# CHARACTERIZATION OF MUTANTS AND SPLICE VARIANTS OF HEPATITIS B VIRUS ISOLATED FROM SOUTH AFRICAN BLACK HEPATOCELLULAR CARCINOMA PATIENTS.

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Thesis submitted in compliance for the requirements for the degree of Doctor of Philosophy in the Faculty of Health Sciences at the University of the Witwatersrand

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# **DECLARATION**

I, Michelle Skelton declare that this thesis is my own work. It is be being sub- for the degree of Doctor of Philosophy in the University of the Witwaters Johannesburg. It has not been submitted before for any degree or examinate this or any other University.	srand,
day of(month), 2009	

# **DEDICATION**

I dedicate this thesis to my dear and late grandparents

Lydia Deist, Mary Skelton and Frederick Deist.

### **PRESENTATIONS**

 Conference: Cancer Research UK Beatson International Cancer Conference, pg 115, Scotland, UK.

**Poster**: Michelle Skelton, Gerald C Kimbi, Anna Kramvis and Michael C. Kew (2005). Characterization of hepatitis B virus mutants in hepatocellular carcinoma in southern Africa.

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**Presentation**: Subgenotype A1 splice variants and mutants isolated from serum of South Africa hepatocellular carcinoma patients.

### **ABSTRACT**

Hepatitis B virus (HBV) infection is endemic in Africa. As many as 98% of black Africans are infected during their lives and about 10% (65 million) have chronic HBV infection, which is the cause of 70-80% of all hepatocellular carcinoma (HCC) cases. Despite this high prevalence of HBV and the high incidence of HCC in Africa, relatively few complete HBV genomes from African HCC cases have been deposited in international data bases. In order to gain a clearer understanding of the role of genetic variants and mutants in the development of HCC, the complete genomes of HBV isolated from southern African HCC patients were amplified and molecularly characterized. HBV DNA was extracted from the serum forty HBsAgpositive HCC patients. Twenty six complete genomes were successfully amplified, cloned and sequenced from nine HCC patients.

Phylogenetic analyses of the complete genomes and the individual open reading frames of HBV isolates from the HCC patients, led to the classification of all the isolates within subgenotype A1. No isolates belonging to subgenotype A2 and genotype D were identified, even though these genotypes/subgenotypes have been shown to circulate in South Africa. Three patients contained the uncommon combination of serological subtype *ayw*1 in the subgenotype A1 strain. This combination has been found previously in South Africa and the Phillipines.

Seventy-eight percent of the patients carried HBV strains with the double basic core promoter (BCP) mutation (1762T/1764A), previously shown to reduce HBeAg expression. Furthermore, complete genome sequence analysis has revealed a complex combination of mutations, which include at least three or five of these residues 1753C1762T1764A1766T1768A1809T1812T occurring as the dominant

HBV strains isolated from 5/9 HCC patients. These mutations have previously been shown to regulate gene expression at various levels, to enhance viral replication and simultaneously decrease HBeAg expression.

All five HBV genomes isolated from one patient contained novel complex BCP rearrangements, which introduced 2 HNF1 and 1 putative HNF3 transcription factor binding sites. These mutations can enhance viral replication and simultaneously abolish HBeAg expression at a transcriptional level. Furthermore, truncated core proteins would be expressed from 4/5 isolates and none would express wild-type HBx. Several mutations were identified in the pre-S/S genes of 2/5 isolates, which would result in the expression of novel 3' truncated medium surface proteins (MHBs<sup>t</sup>) and large surface proteins (LHBs<sup>t</sup>). The majority of the mutations would contribute to hepatocyte pathogenesis and transformation by activating cell proliferating pathways.

Two patients also contained rare HBV variants not previously identified in HBV strains from southern Africa. These included an HBV splice variant and a poly (dA) variant from patient 10 and patient 6, respectively. These variants occurred in combination with other isolates within the respective patients.

The envelope genes were characterised in a total of 18 HCC patients, the pre-S gene of HBV contained deletions in 72% of the patients. Deletions across pre-S1/pre-S2, pre-S2 initiation codon mutations with internal deletions, and S gene nonsense mutations were prevalent. Mutated envelope proteins have been shown to accumulate within the hepatocyte endoplasmic reticulum (ER) and are a characteristic histopathological hallmark of HCC known as ground glass

hepatocytes. HBV induced ER stress has been shown to dysregulate several cell cycle regulatory pathways, which contribute to HCC.

In addition several novel LHBs<sup>t</sup> and MHBs<sup>t</sup> have been described. These potential transactivators require further investigation. The HBV mutations described in this study have been associated with increased risk for HCC.

Despite the obvious heterogeneity HBV displays within and between patients, there are common characteristics shared between the HBV variants which emerge during the development of HCC. These include the BCP and pre-C (1753C1762T1764A1766T1768A1809T1812T) mutations and the pre-S/S mutations. These mutations are able to affect HBV replication and gene expression, and may work synergistically to promote liver dysfunction and HCC.

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### LIST OF ABBREVIATIONS

ε encapsidation signal

aa amino acid

ALT Alanine aminotransferase

APC Antigen presenting cell

ASC Asymptomatic chronic carrier

AS Asymptomatic chronic carrier (pertaining to figures)

ASHV Arctic squirrel hepatitis B virus

bp base pair

BCP Basic core promoter

BQW Best quality water

cccDNA Covalently closed circular DNA

COR Cohesive overlap region

COUP-TF Chicken ovalbumin upstream promoter transcription factor

CURS Core upstream regulatory sequence

DHBV Duck hepatitis B virus

DNA Deoxyribonucleic Acid

DNAML DNA maximum likelihood

DR1 Direct repeat one

DR2 Direct repeat two

ERK Extracellular signal-regulated kinase

ENHI Enhancer one

ENHII Enhancer two

ER Endoplasmic reticulum

ESLD End stage live disease

GGH Ground glass hepatocyte

GHSV Ground squirrel hepatitis B virus

HBcAg Hepatitis B core antigen

HBeAg Hepatitis B e antigen

HBsAg Hepatitis B surface antigen

HBV Hepatitis B virus

HCC Hepatocellular carcinoma

HHBV Heron hepatitis B virus

HNF Hepatocyte nuclear factor

IFN Interferon

IPTG isopropyl-beta-D-thiogalactopyranoside

kb kilobase

LB Luria-Bertini broth

LHBs Large surface proteins

LHBs<sup>t</sup> Truncated large surface proteins

MAPK Mitogen activated protein kinase

MHBs Medium surface proteins

MHBs<sup>t</sup> Truncated medium surface proteins

mRNA messenger RNA

Myr Myristoylation

NEIGHBOR neighbour-joining

NG N-glycosylation

NRE Negative regulatory element

OG O-glycosylation

ORF Open reading frame

PCR Polymerase chain reaction

PK Protein kinase

PKC Protein kinase C

Pol polymerase

Poly A polyadenylation signal

PPAR α peroxisome proliferator activated receptor α

PHYLIP phylogeny inference package

RT reverse transcriptase

RXR α retinoid X receptor α

SHBs Small (major) surface proteins

TBP TATA binding protein

TP terminal protein

Top I Topoisomerase I

TR2 Human testicular receptor 2

URR Upstream regulatory element

UV Ultraviolet

WHO World Health Organization

WHV Woodchuck hepatitis B virus

WMHBV Woolly Monkey hepatitis B virus

YMDD Tyrosine, Methionine, Aspartic acid, Aspartic acid

YIDD Tyrosine, Isoleucine, Aspartic acid, Aspartic acid

YVDD Tyrosine, Valine, Aspartic acid, Aspartic acid