

## Overview

### Useful For

Predicting responsiveness of genotype 1 hepatitis C viral infections to combined pegylated-interferon and ribavirin-based therapies

### Special Instructions

- [Informed Consent for Genetic Testing](#)
- [Multiple Genotype Test List](#)
- [Informed Consent for Genetic Testing \(Spanish\)](#)

### Method Name

Real-Time Polymerase Chain Reaction (PCR) With Allelic Discrimination Analysis

### NY State Available

Yes

## Specimen

### Specimen Type

Varies

### Specimen Required

Multiple genotype tests can be performed on a single specimen after a single extraction. See [Multiple Genotype Test List](#) in Special Instructions for a list of tests that can be ordered together.

### Submit only 1 of the following specimens:

**Specimen Type:** Whole blood

**Container/Tube:** Lavender top (EDTA)

**Specimen Volume:** 3 mL

#### Collection Instructions:

1. Invert several times to mix blood.
2. Send specimen in original tube.

**Specimen Stability Information:** Ambient (preferred) 9 days/Refrigerated 30 days

**Specimen Type:** Saliva

**Patient Preparation:** Patient should not eat, drink, smoke, or chew gum 30 minutes prior to collection.

**Supplies:** Saliva Swab Collection Kit (T786)

**Specimen Volume:** 1 Swab

**Collection Instructions:** Collect and send specimen per kit instructions.

**Specimen Stability Information:** Ambient 30 days

**Specimen Type:** Extracted DNA

**Container/Tube:** 2 mL screw top tube

**Specimen Volume:** 100 µL (microliters)

**Collection Instructions:**

1. The preferred volume is 100 µL at a concentration of 250 ng/µL.
2. Include concentration and volume on tube.

**Specimen Stability Information:** Frozen (preferred)/Ambient/Refrigerated

## Forms

1. **New York Clients-Informed consent is required.** Document on the request form or electronic order that a copy is on file. The following documents are available in Special Instructions:

-[Informed Consent for Genetic Testing](#) (T576)

-[Informed Consent for Genetic Testing-Spanish](#) (T826)

2. If not ordering electronically, complete, print, and send a [Therapeutics Test Request](#) (T831) with the specimen.

## Specimen Minimum Volume

Blood: 0.4 mL

Saliva: 1 swab

## Reject Due To

All specimens will be evaluated at Mayo Clinic Laboratories for test suitability.

## Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Varies	Varies		

## Clinical & Interpretive

### Clinical Information

Individuals with hepatitis C virus (HCV) genotype 1 infections have variable responses to treatment with pegylated-interferon and ribavirin combination therapy. Some individuals will respond to treatment with sustained viral response, while other patients have poor response and fail to achieve sustained viral clearance.

Response to pegylated-interferon and ribavirin combination therapy in HCV genotype 1-infected individuals has been found to be closely associated with a single-nucleotide variant (SNV), designated rs12979860, located 3 kilobases upstream from the interleukin 28B gene locus (*IL28B*, also known as *IFNL3*) present on human chromosome 19.

HCV genotype 1-infected individuals with the CC genotype, as compared to either the CT or TT genotypes, of this SNP in

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*IL28B* have approximately 2- to 3-fold greater rates of sustained viral response to combined pegylated-interferon and ribavirin therapy.(1) Similar increases in sustained viral response rates were observed across various racial groups, including European Americans (95% CI, 1.8- to 2.3-fold), African Americans (95% CI, 1.9- to 4.7-fold), and Hispanics (95% CI, 1.4- to 3.2-fold).(1) The CC genotype has also been associated with a 3-fold increase in rate of spontaneous clearance of HCV.(2,4) The SNV in *IL28B* is only one of many factors that can influence response rates to pegylated-interferon and ribavirin combination therapy in HCV genotype 1 infection, and the SNV genotype result should be interpreted in the context of other clinical factors present in a given patient.

Frequency of the rs12979860 C allele varies across different racial and ethnic groups. The rs12979860 C variant is most frequently present in individuals from East Asia (allele frequency >0.9) and least common in individuals of African origin (allele frequency 0.2-0.5).(2) In a recent US-based study, the favorable CC genotype was observed in 37% of whites, 29% Hispanics, and 14% of African Americans tested.

The mechanism by which the *IL28B* genotype mediates response to pegylated-interferon and ribavirin combination therapy among HCV genotype 1-infected individuals is not yet understood and is the subject of intense ongoing research. The impact of the *IL28B*-related alteration on response rates in patients infected with HCV genotypes other than genotype 1 is still being investigated.

### Reference Values

An interpretive report will be provided.

### Interpretation

An interpretative report will be provided.

### Cautions

Rare variants may be present that could lead to false-negative or false-positive results. If results obtained do not match the clinical findings (phenotype), additional testing should be considered.

Samples may contain donor DNA if obtained from patients who received non-leukoreduced blood transfusions or allogeneic hematopoietic stem cell transplantation. Results from samples obtained under these circumstances may not accurately reflect the recipient's genotype. For individuals who have received blood transfusions, the genotype usually reverts to that of the recipient within 6 weeks. For individuals who have received allogeneic hematopoietic stem cell transplantation, a pretransplant DNA specimen is recommended for testing.

For liver transplant patients, the *IL28B* genotype of the recipient and the donor are independent predictors of sustained virologic response with combined pegylated-interferon and ribavirin therapy.(3)

This test does not detect variants other than the rs12979860 single-nucleotide variant.

### Clinical Reference

1. Ge D, Fellay J, Thompson AJ, et al: Genetic variation in IL28B predicts hepatitis C treatment-induced viral clearance. *Nature*. 2009 Aug;461(7262):399-401
2. Thomas DL, Thio CL, Martin MP, et al: Genetic variation in IL28B and spontaneous clearance of hepatitis C virus. *Nature*. 2009 Oct;461(7265):798-801
3. Charlton MR, Thompson A, Veldt BJ, et al: Interleukin-28B polymorphisms are associated with histological recurrence

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and treatment response following liver transplantation in patients with hepatitis C virus infection. *Hepatology*. 2011 Jan;53(1):317-324

4. Thompson AJ, Muir AJ, Sulkowski MS, et al: Interleukin-28B polymorphism improves viral kinetics and is the strongest pretreatment predictor of sustained virologic response in genotype 1 hepatitis C virus. *Gastroenterology*. 2010 Jul;139(1):120-9.e18. doi: 10.1053/j.gastro.2010.04.013

## Performance

### Method Description

Genomic DNA is extracted from whole blood or saliva. Genotyping for the *IL28B* single nucleotide variant is performed using a polymerase chain reaction (PCR)-based 5'-nuclease assay. Fluorescently labeled detection probes anneal to the target DNA. PCR is used to amplify the section of DNA that contains the variant. If the detection probe is an exact match to the target DNA, the 5'-nuclease polymerase degrades the probe, the reporter dye is released from the effects of the quencher dye, and a fluorescent signal is detected. Genotypes are assigned based on the allele-specific fluorescent signals that are detected. (Unpublished Mayo method)

### PDF Report

No

### Day(s) Performed

Monday through Friday

### Report Available

3 to 7 days

### Specimen Retention Time

Whole Blood/Saliva swab: 2 weeks; Extracted DNA: 2 months

### Performing Laboratory Location

Rochester

## Fees & Codes

### Fees

- Authorized users can sign in to [Test Prices](#) for detailed fee information.
- Clients without access to Test Prices can contact [Customer Service](#) 24 hours a day, seven days a week.
- Prospective clients should contact their account representative. For assistance, contact [Customer Service](#).

### Test Classification

This test was developed and its performance characteristics determined by Mayo Clinic in a manner consistent with CLIA requirements. It has not been cleared or approved by the US Food and Drug Administration.

**CPT Code Information**

81283

**LOINC® Information**

Test ID	Test Order Name	Order LOINC® Value
IL28Q	IL28B Genotype, V	60279-7

Result ID	Test Result Name	Result LOINC® Value
610145	IL28B Genotype	60279-7
610146	IL28B Phenotype	In Process
610147	Interpretation	69047-9
610148	Additional Information	48767-8
610149	Method	85069-3
610150	Disclaimer	62364-5
610151	Reviewed by	18771-6