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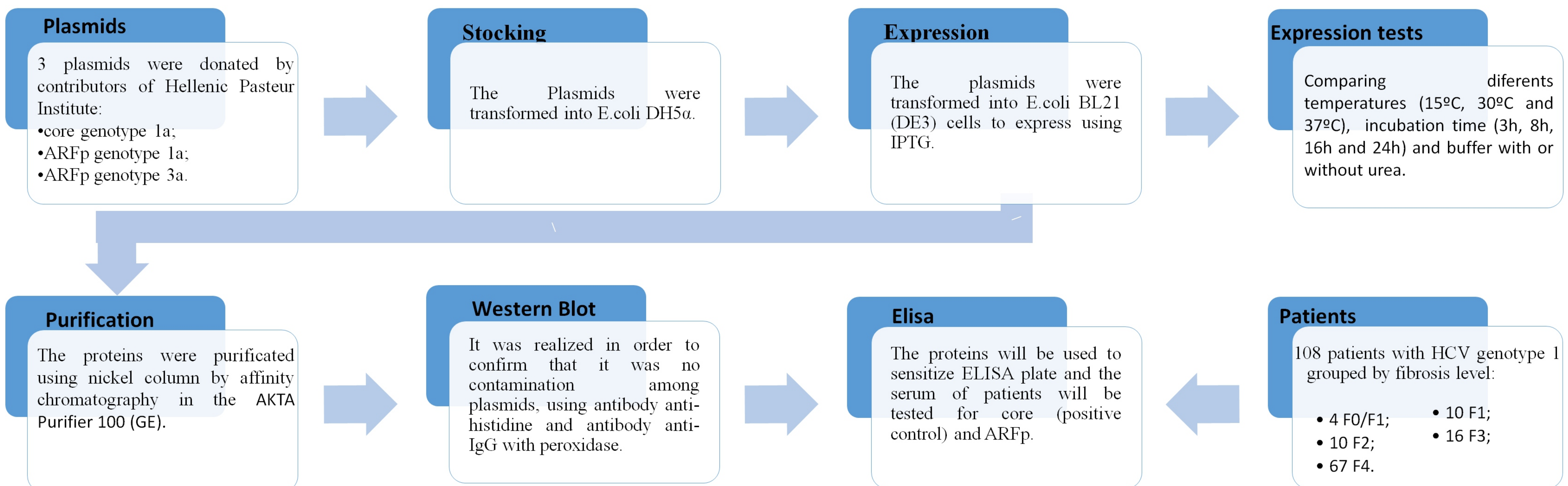
INTRODUCTION

- 79 million people are infected with Hepatitis C virus (HCV) and per year 400,000 people die from diseases related to HCV infection (WHO, 2017);
- In chronic hepatitis C, there is progression of liver fibrosis, which can develop cirrhosis and hepatocellular carcinoma (HCC) (WHO, 2017);
- Fibrosis can be classified in a five - level severity scale, from F0, without fibrosis, to F4, which is cirrhosis (Nguyen-Khac E and Capron D, 2006);
- The HCV genome has a main open reading frame (ORF) that originates a precursor polyprotein, but in the alternative reading frame -2 / + 1, an additional protein, ARFp (Alternative Reading Frame protein) is synthesized (Xu et al., 2001);
- ARFp is expressed during natural HCV infections and stimulates specific immune responses, but it is not essential in viral replication. Its function is still unclear, but may be related to carcinogenesis (Fiorucci et al., 2007);
- Previous studies have shown a higher prevalence of anti-ARFp antibodies in patients with cirrhosis compared to patients without cirrhosis, but did not consider the different stages of fibrosis within the non-cirrhotic group (Dalagiorgou et al., 2011).

OBJECTIVES

- To detect anti-ARFp antibodies in HCV positive patients with different levels of fibrosis as a biomarker of progression of hepatic disease in Hepatitis C;
- To determine the proportion of HCV patients infected with genotypes 1, 2 and 3 with anti-ARFp antibodies according the fibrosis level (F0 to F4);
- To determine the proportion of HCV patients infected by genotype 1 with anti-ARFp antibodies with HCC versus non-HCC patients with cirrhosis (F4).

MATERIALS AND METHODS



RESULTS

