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A facile PCR-RFLP method for genotyping of *ITPA* rs1127354 and rs7270101 polymorphisms

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Funding information

The research was supported by Armin Pathobiology Laboratory and Baqiyatallah Research Center for Gastroenterology and Liver Diseases Background: Inosine triphosphate pyrophosphatase (*ITPA*) gene single nucleotide polymorphisms (SNPs), rs1127354 and rs7270101, may cause a functional impairment in ITPase enzyme, resulting anemia protection in patients with chronic hepatitis C virus (HCV) infection undergoing ribavirin (RBV)-dependent regimens. The main purpose of this study was to provide and validate a simple, rapid, and inexpensive polymerase chain reaction-restriction fragment length polymorphism (PCR-RFLP) technique for genotyping of *ITPA* rs1127354 and rs7270101 polymorphisms in chronic HCV-infected patients.

Methods: In the current study, 100 Iranian patients with chronic hepatitis C were examined and genotyped for *ITPA* rs1127354 and rs7270101 gene polymorphisms. To genotype rs1127354 and rs7270101 polymorphisms, PCR-RFLP technique and sequencing technique were performed on these samples. To validate the PCR-RFLP method, the PCR-RFLP genotyping results should be 100% concordant with the PCR-sequencing results.

Results: The rs1127354 and rs7270101 polymorphisms of *ITPA* gene were genotyped by PCR-RFLP technique and sequencing simultaneously, and the results of both techniques were 100% concordant in all 100 patients. Both PCR-RFLP and sequencing techniques indicated that the genotypic frequency of rs7270101 was 80% AA, 19% AC and 1% CC, and for rs1127354 was 79% CC, 20% CA and 1% AA, respectively.

Conclusion: We developed and validated a rapid and inexpensive PCR-RFLP technique for the detection of *ITPA* rs1127354 and rs7270101 gene polymorphisms.

KEYWORDS

hepatitis C virus, inosine triphosphate pyrophosphatase gene, polymerase chain reaction, restriction fragment length polymorphism, sequencing, single nucleotide polymorphisms

1 | INTRODUCTION

Inosine triphosphate pyrophosphatase (ITPase) is an enzyme encoded by the human *ITPA* gene (Gene ID: 3704).¹ This gene has 8 exons and 7 introns and is located on the short arm of human chromosome number 20, which, according to GRCh38.p2, is located from nucleotide 3208868 to nucleotide

3227449.² Two functional variants of *ITPA* gene, rs1127354 (NM_033453.3:c.94C>A), P32T (in exon 2) a missense variant and rs7270101 (NM_033453.3:c.124 + 21A>C) (in intron 2) a splice variant have been identified and associated with RBV-induced anemia.^{3,4} ITPase promotes the hydrolysis of inosine triphosphate (ITP) and deoxy inosine triphosphate (dITP) to monophosphate and diphosphate nucleotides (IMP and IDP).⁵ The *ITPA* rs1127354

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and rs7270101 polymorphisms may result in reducing the activity of the ITPase enzyme and subsequent accumulation of ITP and protecting against adenosine triphosphate (ATP) reduction in erythrocytes.^{6,7}

The rs1127354 and 7270101 polymorphisms have 3 genotypes CC, CA, and AA in which wild-type CC (rs1127354) and wild-type AA (rs7270101) follow by complete activity of ITPase; wild-type CC (rs1127354) and heterozygous AC (rs7270101) follow by 60% activity; heterozygous CA (rs1127354) and wild-type AA (rs7270101), wild-type CC (rs1127354) and homozygous CC (rs7270101) follow by 30%: heterozygous CA (rs1127354) and heterozygous AC (rs7270101) follow by 10% activity; and homozygous AA (rs1127354) and wild-type AA (rs7270101) follow by no activity to ITPase.^{8,9} Mutated ITPA gene is considered as a symptom of benign enzyme disorder. 10,11 This benign disorder leads to the accumulation of ITP in the red blood cells (RBC). It has been determined that ITP can be used as an alternative to GTP in ATP biosynthesis. This will lead to the resistance of those carrying the ITPA variant to anemia and severe hemoglobin decrease following RBV-related treatments.¹² Ribavirin is known as a purine nucleoside analogue and one of the fundamental treatments of chronic hepatitis C.4,13,14 The ITPase activity may lead to anemia induction via endogenous purines.4 Hemolytic anemia, as one of the major side effects of pegylated-interferon/RBV therapy, affects 30% of chronic HCV-infected patients. 15-17 Interactions between RBV and intracellular concentrations of GTP and, as a result, ATP levels in RBCs lead to RBV-induced anemia. 18 Ribavirin decreases the ATP levels followed by GTP decline when enters to the leukocytes and ultimately causes oxidative stress and lysis of RBCs, and subsequently, hemolytic anemia occurs. 19 Studies showed that ITPA gene variations are determining factors for protection against RBV-induced anemia. 9,20 In 2014, Hai and colleagues investigated the relationship between ITPA genotypes and hepatitis C treatment outcomes. They asserted that ITPA rs1127354 is a predictive factor for determining sustained viral response (SVR) in patients with hepatitis C and prognosis factor of RBV post-treatment anemia.²¹ Hence, we assessed the rs1127354 and rs7270101 genotyping for the detection of ITPA gene polymorphisms and the main purpose of our study was to establish a PCR-RFLP method as a rapid and costeffective technique for genotyping of ITPA gene polymorphisms.

Molecular method	Nucleotide sequence (5'→3')	TM(C°)	Amplicon size (bp)
PCR-RFLP	F-5'-AGATGGGCAGCAGAGTTATCG-3'	60	213
	R-5'- AAGACAGAGAAATCCAACCATCTTTTAA <u>G*</u> AA-3'	60	
PCR Sequencing	F-5'-GGAAGGGGCTGGCTTGCTGG-3'	66	353
	R-5'-CCGGCTCCCCCTGGTACTCC-3'	66	

TM, melting temperature; PCR, polymerase chain reaction; PCR-RFLP, polymerase chain reaction-restriction fragment length polymorphism; bp, base pair.

2 | MATERIAL AND METHODS

2.1 | Study population

In this study, 100 patients with chronic hepatitis C (93 males and 7 females) were examined. Patients having HCV antibody and HCV RNA for more than 6 months were considered as chronic HCV-infected patients. These patients were referred periodically to the Armin Pathobiology Laboratory (Tehran, Iran). According to sterile conditions, 5 mL of blood samples was collected and centrifuged at $1000 \times g$ for 10 minutes. Buffy coat of samples was separated and transferred to 1.5-mL sterile tubes. The samples were quickly stored at -20° C and were kept frozen until further examinations. It should be noted that patients were negative for viral infections including HIV or other hepatitis viruses.

2.2 | ITPA Genotyping by PCR-RFLP

According to manufacturer's instructions, DNA of buffy coat from venous blood samples was extracted using QIAmp DNA Blood Mini Kit (Qiagen, Hilden, Germany). The extracted DNA samples were stored at -20° C until later experiments.

The PCR products were performed using ready-to-use Tag DNA Polymerase Master Mix RED (Ampliqon, Denmark). The 10-100 ng of genomic DNA was amplified using 15 pmol of RFLP-F and RFLP-R primer pairs. The sequence of the specific primers of PCR-RFLP for the genotyping of the ITPA gene polymorphism and confirmation of the gene polymorphism are listed in Table 1. The thermal cycling conditions for PCR-RFLP were as follows: 94°C for 5 minutes followed by 35 cycles of 94°C for 20 seconds, 58°C for 20 seconds, 72°C for 20 seconds and the final extension step at 72°C for 5 minutes. The PCR amplicons were visualized under the UV light. In this study, MboII and Xcel restriction enzymes were used to investigate rs7270101 and rs1127354 polymorphisms, respectively. The MboII and XceI enzymes are inactivated at 65°C during 20-minute incubation. The PCR products were digested using 10 units of MboII (5 U/ μ L) and 10 units of XceI (10 U/ μ L) for more than 1 hour for the detection of rs7270101 and rs1127354 polymorphisms, respectively. The digested PCR products were detected by 3% gel electrophoresis.

TABLE 1 The specific primers for genotyping of *ITPA* gene polymorphisms by PCR-RFLP and PCR sequencing

TM calculation of primers was performed using the Santa Lucia formula.

^{*}The third nucleotide in 3' end of the RFLP-R primer is mismatch nucleotide which is shown by an underline.

2.3 | ITPA genotyping via PCR sequencing

The amount of PCR materials including master mix, forward and reverse primers for sequencing as listed in Table 1, deionized water, and the DNA template was the same as the protocol for PCR-RFLP genotyping of *ITPA* polymorphisms. The samples were transferred to the thermal cycler with the following PCR program: 94°C for 5 minutes followed by 35 cycles of 94°C for 20 seconds, 60°C for 20 seconds, 72°C for 20 seconds, and the final extension step at 72°C for 5 minutes. The PCR products were detected using 2% of agarose gel according to the previous process. PCR products were sequenced using BigDye Terminator V3.1 Cycle Sequencing Kits (Applied Biosystems Inc.) in a 3130XL ABI Genetic Analyzer (Applied Biosystems Inc.) according to manufacturer instructions. Sequencing results were analyzed using Chromas Lite Version 2.1.1 (Technelysium).

2.4 | Validation protocol

To validate the genotyping methods of *ITPA* rs7270101 and rs1127354 polymorphisms, both techniques of PCR-RFLP and sequencing should be 100% concordant.

3 | RESULTS

3.1 | ITPA genomic region and the primer design

Primer-Blast was used to design the specific primers. For this purpose, the exact location of the *ITPA* gene polymorphisms was determined on the human chromosome 20. The location of rs1127354 and rs7270101 polymorphism was at the nucleotide position of 3213196 and 3213247 on chromosome number 20 based on GRCh38.p2. Both polymorphisms are located in close proximity to each other with a distance of 51 nucleotides. As depicted in Figure 1, rs1127354 polymorphism in the ancestral allele appears as C and the rs7270101 as A. It is noteworthy

that the nucleotide sequence containing rs1127354 A allele is recognized by Xcel restriction enzyme with recognition site of 5'-RCATGY-3' and also Mboll targets rs7270101 polymorphism and cuts at 5'-GAAGA-3'. We introduced a mutation in 3 nucleotides downstream of rs7270101 using a mismatch in RFLP-R primer as presented in Figure 1. With the mentioned change in the PCR product, the Mboll restriction enzyme would digest the allele C of rs7270101, while the allele A will not be digested using Mboll. To obtain better results in the PCR-RFLP technique, the reverse primer was selected slightly longer. The characteristics of primers are specified in Table 1.

3.2 | The PCR-RFLP results

Treatment with Xcel restriction enzyme for rs1127354 and Mboll restriction enzyme for rs7270101 was conducted for more than 1 hour. In rs1127354 polymorphism, fragments of digested PCR products as 213, 135, 78 bp (CA); 135, 78 bp (AA); and 213 (CC) were observed, and also in rs7270101 polymorphism, fragments of 213, 173, 40 bp (AC); 173, 40 bp (CC); and 213 (AA) were obvious. Figure 2 represents PCR-RFLP electrophoresis results.

3.3 | The PCR-sequencing results

The rs1127354 and rs7270101 polymorphisms were nucleotides of 208 and 259 from the 5' end of the forward sequencing primer, respectively. Figure 3 represents chromatograms of the sequences and the given genotypes.

3.4 | Validation results

Based on PCR-RFLP method, genotypic frequency of rs7270101 polymorphism was as follows: 80% AA, 19% AC, and 1% CC and these results for rs1127354 polymorphism were as follows: 79% CC, 20% CA, and 1% AA. The both PCR-RFLP and sequencing results were 100% concordant.

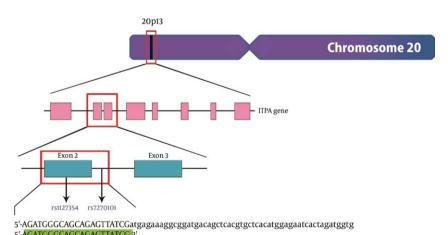


FIGURE 1 Chromosome 20, *ITPA* gene, rs1127354 and rs7270101 polymorphism, and the primers of PCR-RFLP. The third nucleotide in 3' end of the reverse primer is mismatch nucleotide which is shown by an underline

 $at a a g t g t t c t c t t t t c t c t t g g a a c a g g t c g t t c a g a g a t a a g t t t \underline{(rs1127354)[A/C]} c a t g c a c t t t g g t g g c a g a c g c a c t t t g g t g c a c t t t g g t g c a c a c t t t g g t g c a c a c t t t g g t g c a c a c t t t g g t g c a c a c t t t g g t g c a c a c t t t g g t g c a c a c t t t g g t g c a c a c t t t g g t g c a c a c t t t g g t g c a c a c t t t g g t g c a c a c t t t g g t g c a c a c t t t g g t g c a c a c t t t g g t g c a c a c t t t g g t g c a c a c t t t$

3'-AAGAATTTTCTACCAACCTAAAGAGACAGAA-5' cagaaaattgaccgtatgtctctgttttgtttt (<u>rs7270101)[A/C]</u> TTTTTAAAAGATGGTTGGATTTCTCTGTCTT-5'

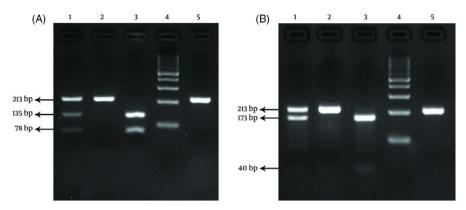


FIGURE 2 The result of PCR-RFLP products after digestion by the Xcel and Mboll enzymes. A, Gel electrophoresis results of PCR-RFLP products after digestion for rs1127354 by the Xcel enzyme. Lane 1, 2 and 3 genotyped as CA, CC, and AA, respectively. Lane 4 indicates the 100-bp gene ruler. Lane 5 is non-digested PCR product. B, Gel electrophoresis results of PCR-RFLP products after digestion for rs7270101 by the Mboll enzyme. Lane 1, 2, and 3 genotyped as AC, AA, and CC, respectively. The lane 4 indicates the 100-bp molecular gene ruler. Lane 5 is non-digested PCR product

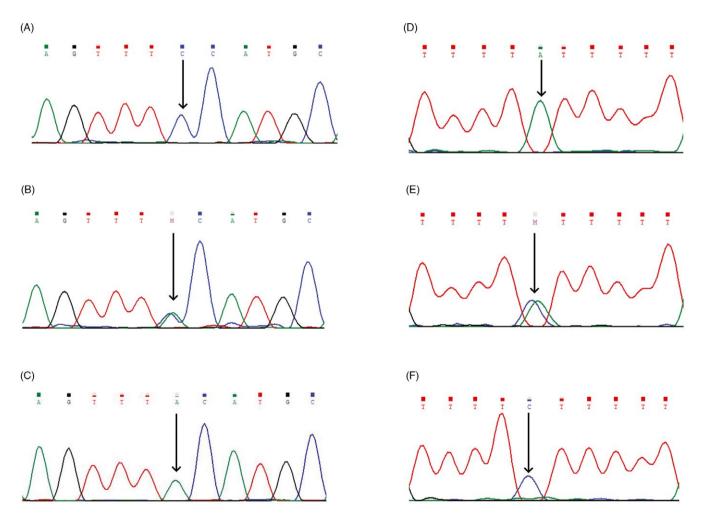


FIGURE 3 PCR-sequencing chromatograms of rs1127354 and rs7270101 polymorphisms. A, Sequencing chromatogram of *ITPA* rs1127354 CC genotype; B, sequencing chromatogram of *ITPA* rs1127354 CA genotype; C, sequencing chromatogram of *ITPA* rs1127354 AA genotype; D, sequencing chromatogram of *ITPA* rs7270101 AC. F, sequencing chromatogram of *ITPA* rs7270101 CC genotype. Arrows show the polymorphic sites

4 | DISCUSSION

In the present study, a total of 100 patients with chronic hepatitis C have been investigated whom 79 (79%) were wild-type homozygous (CC), 20 (20%) mutated heterozygous (CA), and one (1%) person mutated homozygous (AA) for rs1127354 of the *ITPA* gene and these results for rs7270101 were as follows: 80 (80%) wild-type homozygous AA, 19 (19%) mutated heterozygous AC, and 1 (1%) mutated homozygous CC.

Since now, several studies have been conducted in the field of genotypic frequencies of ITPA polymorphisms gene and the pharmacological effects of these polymorphisms on Peg-IFN/RBV posttreatment anemia.²² In a study conducted by Fellay et al, 1280 patients with chronic hepatitis C infection from European-American, African-American, and Spanish populations were studied. Using microarray technique design to study the genomic-wide association study (GWAS), they found that individuals with mutated polymorphisms at rs1127354 and rs7270101 compared to those patients with wild-type homozygotes (wild type) for both of these polymorphisms experience fewer abnormalities and less decrease in hemoglobin levels after treatment with Peg-IFN/RBV. Genotypic frequency of rs1127354 was found as 1114 (87%) wild-type (CC), 156 (12.2%) heterozygote (CA), and 10 (0.8%) recessive homozygous. The results of the current study are quite consistent with Fellay's study and also other studies in other populations.9

In 2015, Chen et al²³ estimated the effect of *ITPA* polymorphism status on severe anemia and treatment responses to construct a clinically practical predictive index for severe anemia and their results showed that among 405 patients the CC genotype was present in 66.4% of patients and 33.6% had the AA or the CA allelic variants ("AA or CA" as a combo variable) at rs1127354. *ITPA* polymorphism can influence hemoglobin levels and sustained virological response (SVR) rates and also the incidence of RBV dose reduction in Sofosbuvir plus RBV treatment.^{24,25} These studies all agree on the effect of rs1127354, as a recessive allele, which is a protective factor against post-treatment anemia.

In a study conducted by Domingo et al²⁶ on 73 Spanish patients co-infected with HCV-HIV undergoing Peg-IFN/RBV, it was found that the rs7270101 polymorphism does not affect hemoglobin decline in the first month of treatment. In the present study, from a total of 100 patients with chronic hepatitis C, 79 (79%) were wild-type homozygote, 20 (20%) were heterozygote, and one (1%) was homozygous for rs1127354 polymorphism of *ITPA* gene. These findings represent that the genotypic frequency of this polymorphism is relatively common in most populations around the world, and also, our study is perfectly consistent with the study of Fellay et al⁹ and other studies conducted in other populations.

Studies have shown that the *ITPA* gene plays a prominent role in immunosuppressive treatments of multiple sclerosis (MS). In one study, analysis of the results indicated the correlation between *ITPA* gene polymorphisms and MS via PCR-RFLP technique.²⁷

In the study of Sharafi et al²⁸ on IL28B polymorphism to evaluate the response to hepatitis C treatment, they showed that

the PCR-RFLP technique was convenient to use and inexpensive. However, the method of sequencing is a standard and validated, but it is expensive and requires experienced technician.²⁹

The PCR-RFLP technique used in this study to detect rs1127354 and rs7270101 polymorphisms of *ITPA* gene is up to date and also inexpensive compared to other techniques. Regarding the history of the previous research, we decided to perform PCR-RFLP and sequencing techniques to determine the rs1127354 and rs7270101 polymorphism of *ITPA* gene.²⁸

In conclusion, we compared the two techniques to find the appropriate method. The result showed that all the 100 samples tested with PCR-RFLP technique and sequencing have exactly the same results. As sequencing method is a standard method, comparison with this method has shown that the PCR-RFLP is a reliable and acceptable technique and is proposed to reduce the costs in studies requiring an examination of the *ITPA* gene polymorphisms.

AUTHOR CONTRIBUTIONS

Seyed Ehsan Alavian, Heidar Sharafi, Seyed Moayed Alavian, Bita Behnava, Maryam Keshvari, and Ali Pouryasin designed the study; Seyed Moayed Alavian, Bita Behnava, and Maryam Keshvari contributed to the sample collection; Seyed Ehsan Alavian, Heidar Sharafi, and Mohammad Pouryasin performed the study; Paniz Shirmast, Seyed Ehsan Alavian, and Heidar Sharafi analyzed the data; and Paniz Shirmast, Seyed Moayed Alavian, Heidar Sharafi, Mohammad Pouryasin, and Ali Pouryasin drafted the manuscript.

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REFERENCES

- Lin S, McLennan AG, Ying K, et al. Cloning, expression, and characterization of a human inosine triphosphate pyrophosphatase encoded by the ITPAGene. J Biol Chem. 2001;276: 18695-18701.
- Burgis NE, Cunningham RP. Substrate specificity of RdgB protein, a deoxyribonucleoside triphosphate pyrophosphohydrolase. J Biol Chem. 2007;282:3531-3538.
- von Ahsen N, Oellerich M, Armstrong VW. Characterization of the inosine triphosphatase (ITPA) gene: haplotype structure, haplotype-phenotype correlation and promoter function. *Ther Drug Monit*. 2008:30:16-22.
- Jimmerson LC, Urban TJ, Truesdale A, et al. Variant inosine triphosphatase phenotypes are associated with increased ribavirin triphosphate levels. J Clin Pharmacol. 2017;57:118-124.
- Behmanesh M, Sakumi K, Abolhassani N, et al. ITPase-deficient mice show growth retardation and die before weaning. Cell Death Differ. 2009;16:1315.
- Liu Z, Wang S, Qi W, et al. The relationship between ITPA rs1127354
 polymorphisms and efficacy of antiviral treatment in Northeast
 Chinese CHC patients. Medicine. 2017;96:e7554.
- Rembeck K, Lagging M. Impact of IL28B, ITPA and PNPLA3 genetic variants on therapeutic outcome and progression of hepatitis C virus infection. *Pharmacogenomics*. 2015;16:1179-1188.

- Ahmed WH, Furusyo N, Zaky S, et al. Pre-treatment role of inosine triphosphate pyrophosphatase polymorphism for predicting anemia in Egyptian hepatitis C virus patients. World J Gastroenterol. 2013:19:1387
- Fellay J, Thompson AJ, Ge D, et al. ITPA gene variants protect against anaemia in patients treated for chronic hepatitis C. Nature. 2010:464:405-408.
- Sumi S, Ueta A, Maeda T, Ito T, Ohkubo Y, Togari H. A Japanese case with inosine triphosphate pyrophosphohydrolase deficiency attributable to an enzymatic defect in white blood cells. *J Inherit Metab Dis.* 2004;27:277-278.
- Simone PD, Pavlov YI, Borgstahl GE. ITPA (inosine triphosphate pyrophosphatase): from surveillance of nucleotide pools to human disease and pharmacogenetics. *Mutat Res.* 2013;753:131-146.
- Thompson AJ, Fellay J, Patel K, et al. Variants in the ITPA gene protect against ribavirin-induced hemolytic anemia and decrease the need for ribavirin dose reduction. Gastroenterology. 2010;139:1181-1189.
- Sharafi H, Alavian SM, Keshvari M. Efficacy of 24-week pegylated interferon alpha and ribavirin combination therapy in highly selected patients infected with hepatitis C virus genotype 1. Hepat Mon. 2015;15:e24955.
- Sandoughdaran S, Alavian SM, Sharafi H, et al. Efficacy of Prolonged Treatment With Pegylated Interferon (Peg-IFN) and ribavirin in thalassemic patients with hepatitis c who relapsed after previous Peg-IFN-based therapy. Hepat Mon. 2015;15:e23564.
- Pineda-Tenor D, García-Álvarez M, Jiménez-Sousa MA, Vázquez-Morón S, Resino S. Relationship between ITPA polymorphisms and hemolytic anemia in HCV-infected patients after ribavirin-based therapy: a meta-analysis. *J Transl Med.* 2015;13:320.
- Behnava B, Sharafi H, Keshvari M, et al. The role of polymorphisms near the IL28B gene on response to peg-interferon and ribavirin in thalassemic patients with hepatitis C. Hepat Mon. 2016;16:e32703.
- Keshvari M, Alavian SM, Behnava B, Pouryasin A, Craig JC, Sharafi H. Impact of IFNL4 rs12979860 and rs8099917 polymorphisms on response to Peg-Interferon-alpha and Ribavirin in patients with congenital bleeding disorder and chronic hepatitis C. J Clin Lab Anal. 2017;31:e22063.
- Paeshuyse J, Dallmeier K, Neyts J. Ribavirin for the treatment of chronic hepatitis C virus infection: a review of the proposed mechanisms of action. Curr Opin Virol. 2011;1:590-598.
- Hitomi Y, Cirulli ET, Fellay J, et al. Inosine triphosphate protects against ribavirin-induced adenosine triphosphate loss by adenylosuccinate synthase function. *Gastroenterology*. 2011;140:1314-1321.
- Pouryasin M, Keshvari M, Sharafi H, et al. The ITPA and C20orf194 polymorphisms and hematological changes during treatment with

- pegylated-interferon plus ribavirin in patients with chronic hepatitis C. *Hepat Mon.* 2016;16:e35278.
- 21. Hai H, Tamori A, Enomoto M, et al. Relationship between inosine triphosphate genotype and outcome of extended therapy in hepatitis C virus patients with a late viral response to pegylated-interferon and ribavirin. *J Gastroenterol Hepatol*. 2014;29:201-207.
- 22. Kobayashi T, Hige S, Terashita K, et al. Anemia and thrombocytosis induced by ribavirin monotherapy in patients with chronic hepatitis C. *J Gastroenterol*. 2012;47:1228-1237.
- 23. Chen S-H, Peng C-Y, Lai H-C, et al. An index to predict ribavirininduced anemia in asian patients with chronic genotype 1 hepatitis C. *Hepat Mon*. 2015;15:e27148.
- Morio K, Imamura M, Kawakami Y, et al. ITPA polymorphism effects on decrease of hemoglobin during sofosbuvir and ribavirin combination treatment for chronic hepatitis C. J Gastroenterol. 2017;52:746-753.
- Murakawa M, Asahina Y, Nagata H, et al. ITPA gene variation and ribavirin-induced anemia in patients with genotype 2 chronic hepatitis C treated with sofosbuvir plus ribavirin. Hepatol Res. 2017;47:1212-1218.
- Domingo P, Guardiola JM, Salazar J, et al. Association of ITPA gene polymorphisms and the risk of ribavirin-induced anemia in HIV/hepatitis C virus (HCV)-coinfected patients receiving HCV combination therapy. Antimicrob Agents Chemother. 2012;56: 2987-2993.
- Shirvani Z, Fardi S, Behmanesh M, Sahraian MA. Association study of SNP of ITPA gene with multiple sclerosis in Iranian population. 11th International Congress of Immunology and Allergy; 2012.
- Sharafi H, Pouryasin A, Alavian SM, et al. Development and validation of a simple, rapid and inexpensive PCR-RFLP method for genotyping of common IL28B polymorphisms: a useful pharmacogenetic tool for prediction of hepatitis C treatment response. *Hepat Mon.* 2012:12:190.
- Pouryasin M, Sharafi H, Behnava B, Alavian SM, Keshvari M, Pouryasin A. A simple PCR-RFLP method for genotyping of IFNL4 rs368234815 polymorphism in patients with chronic hepatitis C. Lab Med. 2017;48:51-56.

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