Original Article Amino acids at positions 30β1 and 57β1 of HLA-DR confer susceptibility to or protection from chronic hepatitis B virus infection

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Received December 1, 2015; Accepted January 31, 2016; Epub March 1, 2016; Published March 15, 2016

Abstract: This study is to investigate whether structures and electrostatic potentials of human leukocyte antigen (HLA)-DRB1 molecules are relative to the outcomes of hepatitis B virus (HBV) infection. Totally 230 subjects were categorized into the recovered HBV infection group (RH, n = 86) and the chronic HBV infection group (CH, n = 144). Genotypes and amino acid sequences of HLA-DRB1 were obtained. Structure templates suitable for modeling were checked in Protein Data Bank. The atomic coordinates of HLA-DRB1 proteins were determined by MODELLER computer algorithm. The analyses for the polymorphic residues of HLA-DRB1 proteins were performed using the stepwise logistic regressions. CH and RH-associated polymorphic residues 57, 30, and 28 had more significant associations with the outcomes of HBV infection compared with other residues according to "Allele" model. CH and RH-associated polymorphic residues 30 and 57 had more significant associations with the outcomes of HBV infection compared with other residues 14, 16, 25, 28, 30, 37, 38, 57 and 85 were significant residues according to "Allele" model. HLA alleles carried significant residues. Special residues influenced the electrostatic properties of HLA-DRB1 pockets. The residues Lys14, Tyr16, Gln25, Glu28, His/Leu30, Leu37, Leu38, Val57 and Ala85, especially His/Leu30 and Val57, in chronic HBV population were significantly enriched. This suggests that the residues 14, 16, 25, 28, 30, 37, 38, 57 and 85, especially 30 and 57, in the HLA-DR β chain critically influence the structural and electrostatic properties of the polymore.

Keywords: Human leukocyte antigen, hepatitis B virus, amino acid polymorphism, three-dimensional structure

Introduction

Hepatitis B virus (HBV) can cause spontaneously recovered HBV infection (RH) and chronic HBV infection (CH) [1, 2]. Some strong genetic factors are found to be involved in the human leukocyte antigen (HLA) complex, especially HLA class II molecules, which influence selection of HBV antigen and the HBV-specific CD4⁺ T cell response [3-5]. HLA class II alleles mainly include HLA-DR, DQ and DP subregions. Since 1983 when HLA class II typing in HBV infection was investigated [6], a number of HLA-DRB1 alleles associated with the outcomes of HBV infection were reported. For example, DRB1*03, *11, *13 and *14 may be protective factors and DRB1*07, *09 and *12 may be susceptible to CH in the global population [7-10]. Recently, reports by Genome Wide Association Studies proved that HLA-DQ and HLA-DP had independent associations with various HBVoutcomes [11, 12]. However, strong LD and ethnic difference in HLA alleles made it difficult to determine which allele was the most relevant. An analysis of structure characters of HLA molecules provided a unifying mechanism [13, 14].

The HLA class II molecules are heterodimeric glycoproteins, which are able to present peptides to CD4⁺ T cells. The primary protein sequences (α 1 and β 1 chains) encoded by the second exon of the HLA class II genes comprise the peptide-binding grooves that accommodate amino acid side chains of the bound peptides.

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Characteristics	CH (n = 144)	RH (n = 86)
Age (means ± SD, years)	38.26 ± 12.60	40.71 ± 13.34
Sex (male:female)	111:33	56:30
HBV DNA	$6.26 \times 10^7 \pm 1.44 \times 10^8$	-
HBsAg-positive	144 (100%)	0 (0%)
Anti-HBs positive	0 (0%)	27 (31.4%)
HBeAg	110 (76.4%)	19 (22.1%)
Anti-HBe	16 (11.1%)	24 (27.9%)
Anti-HBc positive	132 (91.7%)	78 (90.7%)

 Table 1. The demographic and serological description of

 230 subjects

Note: CH, chronic hepatitis B virus infection; RH, spontaneous recovery from hepatitis B. Positive scores for HBsAg, anti-HBc, anti-HBs, HBeAg, and anti-HBe were given as the number of patients (%).

The specificity of the peptide-binding grooves is governed by the properties of pockets in the grooves. Typical pockets include pockets P1, P4. P6 and P9. In HLA-DR molecules. HLA-DRa1 chain encoded by HLA-DRA is almost an invariant chain, but HLA-DR β1 chains encoded by HLA-DRB alleles show high polymorphism. Some studies reported that the polymorphic amino acid residues of HLA class II molecules confer susceptibility to or protection from diseases. For example, Asp at residue 57 of HLA-DQB chain is associated with susceptibility to pulmonary tuberculosis [15], but this position can exert protective effect for type I diabetes [16]. The polymorphic residues can influence the structural and electrostatic properties of peptide-binding groove [17], so the determination of the structural and electrostatic properties of the HLA class II peptide-binding groove associated with diseases may help identify disease mechanism. For example, in primary sclerosing cholangitis, Asn at residue 37 and Gly at residue 86 of HLA-DR B1 chain directly and indirectly confer susceptibility to primary sclerosing cholangitis by making pocket P9 more positively charged [18]. In type I diabetes, Asp transform to Ala at residue 57 of HLA-DQ2 and DO8 β chain increases the accessible volume of pocket P9 and imparts it strong positive charge. These changes might confer susceptibility to type I diabetes [19, 20]. A systematic characterization of pocket properties (for example, volume and electrostatic charge) highlights the differences in their ability to accommodate specific amino acid side chain (for example, loose or tight binding). For example, Arg at residue 74 of HLA-DR B1 chain confers susceptibility to the autoimmune polyglandular syndrome type 3 by making pocket P4 more positively charged and increasing the strength of interactions with the bound peptide (Tg2098) [21]. In HBV infection, the HLA-DRB1*130101 allele is associated with self-limited HBV infection and plausibly conveys protection against chronicity [22, 23]. To a certain degree, this is due to the fact that HLA-DR13-positive individuals can preferentially recognize HBcAg141-165 (the minimal epitope is ¹⁴⁷TVVRRRGRSP¹⁵⁶) [22] and induce a vigorous HBV-special CD4⁺ T cell response [23]. However, HBV-associated HLA class II molecules remain controversial, and no attempts

have been made to investigate how specific amino acids affect the structure and electrostatic properties of the peptide-binding groove.

In this study, we aim to investigate how the polymorphic amino acid residues of HLA-DR β 1 chains affect the molecular characteristics of HLA-DR peptide-binding groove and various HBV-outcomes. The analyses were performed in the absence of HBV epitopes to enable direct comparison of the structural and electrostatic properties among different HLA-DR peptide-binding grooves.

Materials and methods

Patients

A total of 230 subjects were categorized into two groups: the recovered HBV infection group (RH, n = 86) and the chronic HBV infection group (CH, n = 144). RH group included patients that were recovered from occult HBV infection (n = 32) and acute HBV infection (n = 54). The former was characterized by hepatitis B surface antigen negative [HBsAg⁻], HBV DNA negative, hepatitis B core antibody positive [anti-HBc⁺] and/or hepatitis B surface antibody positive [anti-HBs⁺] which came from routine physical examinations in clinic service without any clinical symptoms and vaccination history. The latter was [HBsAg]-positive with high-titer IgM of anti-HBc, HBV DNA $\geq 1.0 \times 10^3$ copies/ml and self-limited from liver disease, reversed from HBsAg⁺, and scored anti-HBs⁺ \ge 24 weeks after their initial presentation by symptomatic treatment. The individuals in CH group had been HBsAg persistence for more than 6 months and HBV DNA \geq 1.0×10³ copies/ml. The

		Single-residue LR	₂-residue Two-residue LR* LR								
Residue	Observed Amino Acids	Basic Model	Basic Model: Residue 14	Basic Model: Residue 16	Basic Model: Residue 25	Basic Model: Residue 28	Basic Model: Residue 30	Basic Model: Residue 37	Basic Model: Residue 38	Basic Model: Residue 85	
		P value	P value	P value	P value	P value	P value	P value	P value	P value	
4	RQ	0.538	0.470	0.776	0.470	0.516	0.616	0.601	0.741	0.762	
9	EKW	0.246	0.984	0.009	0.984	0.260	0.412	0.455	0.036	0.030	
10	EQY	0.809	0.709	0.021	0.709	0.897	0.764	0.598	0.480	0.107	
11	LSVGDP	0.152	0.619	0.008	0.619	0.366	0.378	0.613	0.023	0.023	
12	КT	0.851	0.591	0.014	0.591	0.822	0.669	0.722	0.240	0.095	
13	SHYGFR	0.448	0.012	0.590	0.012	0.787	0.497	0.103	0.844	0.794	
14	ΕK	0.026	-	0.006	0.465	0.028	0.120	0.236	0.010	0.009	
16	ΗYQ	0.005	0.001	-	0.001	0.003	0.027	0.009	0.088	0.263	
25	RQ	0.026	0.586	0.006	-	0.028	0.120	0.236	0.010	0.009	
26	LYF	0.390	0.152	0.301	0.152	0.942	0.201	0.649	0.501	0.513	
28	DEH	0.264	0.284	0.156	0.284	-	0.024	0.635	0.290	0.293	
30	CYLGRH	1.2×10 ⁻³	0.006	0.007	0.006	2.6×10 ⁻⁴	-	0.016	0.013	0.027	
31	IFV	0.772	0.542	0.366	0.542	0.672	0.277	0.611	0.695	0.461	
32	ΥH	0.382	0.147	0.508	0.147	0.270	0.464	0.823	0.411	0.322	
33	Ν	0.272	0.400	0.542	0.400	0.383	0.854	0.965	0.411	0.460	
37	SNYFL	0.015	0.158	0.030	0.158	0.027	0.292	-	0.033	0.071	
38	VAL	0.017	0.007	0.387	0.007	0.018	0.185	0.034	-	0.740	
40	FΥ	0.836	0.767	0.705	0.767	0.265	0.814	0.564	0.164	0.740	
47	FΥ	0.675	0.238	0.790	0.238	0.363	0.276	0.424	0.617	0.332	
57	DYSA	5.6×10 ⁻⁴	0.006	0.015	0.006	3.6×10⁴	0.141	0.001	0.005	0.014	
58	AE	0.050	0.084	0.129	0.084	0.077	0.252	0.261	0.096	0.103	
60	ΥSΗ	0.557	0.866	0.866	0.866	0.801	0.603	0.083	0.813	0.991	
67	LIF	0.774	0.611	0.762	0.611	0.746	0.390	0.520	0.825	0.973	
70	DQR	0.197	0.673	0.881	0.673	0.106	0.355	0.322	0.634	0.975	
71	AEKR	0.439	0.774	0.861	0.774	0.735	0.250	0.947	0.882	0.931	
73	A G	0.056	0.914	0.009	0.914	0.048	0.105	0.398	0.018	0.016	
74	AELQR	0.217	0.632	0.132	0.632	0.235	0.291	0.854	0.044	0.038	
77	ΝT	0.946	0.914	0.789	0.914	0.922	0.573	0.844	0.875	0.859	
78	VY	0.111	0.743	0.008	0.743	0.246	0.583	0.602	0.023	0.020	
85	AV	0.007	0.003	0.360	0.003	0.008	0.137	0.027	0.164	-	
86	GV	0.353	0.088	0.962	0.088	0.146	0.110	0.793	0.964	0.684	

Table 2. Association analyses between residues of HLA molecules and outcomes of HBV infection assuming "Allele" model

Note: Stepwise logistic regression was performed using the "Allele" model. LR, likelihood ratio. *, P values of likelihood ratio tests of whether residue N improves the model when added to a model with one another residue (14, 16, 25, 28, 30, 37, 38, 57, or 85). For all, P < 0.05 is highlighted in bold.

	Single-Residue LR	Two-Residue LR*							
Residue	Basic Model	Basic Model: Residue 16	Basic Model: Residue 25	Basic Model: Residue 37	Basic Model: Residue 38	Basic Model: Residue 57	Basic Model: Residue 85		
	P value	P value	P value	P value	P value	P value	P value		
9	0.176	0.097	0.532	0.242	0.038	0.193	0.034		
13	0.244	0.393	0.031	0.069	0.701	0.520	0.725		
14	0.068	0.032	0.999	0.450	0.017	0.133	0.017		
16	0.047	-	0.027	0.066	0.127	0.137	0.176		
25	0.038	0.017	-	0.342	0.008	0.100	0.008		
30	1.2×10 ⁻³	0.002	0.004	0.010	0.010	0.010	0.017		
37	0.020	0.034	0.188	-	0.033	0.047	0.049		
38	0.019	0.071	0.005	0.029	-	0.057	0.692		
57	0.020	0.083	0.050	0.043	0.060	-	0.097		
78	0.171	0.046	0.816	0.628	0.032	0.505	0.029		
85	0.010	0.054	0.002	0.022	0.238	0.047	-		

 Table 3. Association analyses between residues of HLA molecules and outcomes of HBV infection using a "Genotype" model

Note: Stepwise logistic regression was performed using the "Genotype" model. LR, likelihood ratio. *, P values of likelihood ratio tests of whether residue N improves the model when added to a model with one another residue (16, 25, 37, 38, 57, or 85). For all, P < 0.05 is highlighted in bold.

demographics and detailed descriptions of the serology were listed in **Table 1**. All subjects had no familial relationship with each other. Subjects were diagnosed according to the Virus Hepatitis Diagnosis Standard of China (2008/ 2010) [1, 2]. None of the subjects were positive for hepatitis viruses A, C and D (HAV, HCV and HDV) or human immunodeficiency virus (HIV) by antibody testing. The study protocol conformed to the 1975 Declaration of Helsinki regulations. The study was approved by the ethics committee of Harbin Medical University. Informed consent was obtained from each participant.

HLA-DRB1 data

Six-digit HLA-DRB1 genotypes were available from a previous data [10]. Amino acid sequences encoded by exon two of HLA-DRB1 alleles were obtained from the IMGT/HLA database (http://www.ebi.ac.uk/ipd/imgt/hla/ambig.html) release 3.12.0 (April 2013).

Three-dimensional modeling

Structure templates suitable for modeling were checked in Protein Data Bank (PDB; http:// www.rcsb.org/pdb/), from which five structures (PDB entries: 3C5J, 1AQD, 1D5M, 1A6A and 2Q6W) were chosen for further calculation for their highest scores of sequence distance (only β chains) compared to the target amino acid

sequence. Multiple sequence alignments were performed with CLUSTAL_W method using DNA-Star (v.7.10, DNASTAR Company, USA) [24]. The atomic coordinates of HLA-DR molecules were determined using comparative protein structure modeling by MODELLER (v.9.13, Andrej Sali, USA) computer algorithm [25]. In order to directly compare the structural and physiochemical characteristics of the peptidebinding groove among different molecules, all calculations were performed in the absence of antigenic peptides. MODELLER generates the new atomic coordinates of the target sequences by satisfying the spatial restraints. Model validation was carried out using Autodock Vina (v.1.1.2, Molecular Graphics Laboratory, USA). Surface electrostatic potentials of each atomic coordinates were calculated and presented by PyMOL (v.1.5.0.3, Delauo Schrodinger LLC, USA) [26] and APBS (v.1.3, APBS Company, USA) [27]. Potentials < -25 kT/e were red, those > 25 kT/e were blue and neutral potentials (0 kT/e) were white.

Statistical analysis

The analyses for the polymorphic residues of HLA-DR β 1 chains were performed using the stepwise logistic regressions. Two models were assumed: i) "Allele" model, in which the count of all amino acids at a given residue was

Amino coid position	Amina agid varianta	Carrier freq	uency n (%)	Dyoluo		95% CI	
		CH (n = 288)	RH (n = 172)	Pvalue	UR		
14	Glu	248 (86)	160 (93)	0.023	0.465	0.237-0.913	
	Lys	40 (14)	12 (7)	0.023	2.151	1.095-4.224	
16	His	209 (73)	145 (84)	0.004	0.493	0.303-0.801	
	Tyr	73 (25)	25 (15)	0.006	1.996	1.211-3.293	
	GIn	6 (2)	2 (1)	0.465	1.809	0.361-9.062	
25	Arg	248 (86)	160 (93)	0.023	0.465	0.237-0.913	
	Gln	40 (14)	12 (7)	0.023	2.151	1.095-4.224	
28	Asp	137 (48)	108 (63)	0.002	0.538	0.365-0.791	
	Glu	106 (37)	37 (22)	0.001	2.125	1.375-3.285	
	His	45 (16)	27 (16)	0.983	0.995	0.592-1.672	
30	Cys	9 (3)	4 (2)	0.617	1.355	0.411-4.468	
	Tyr	138 (48)	112 (65)	3.4×10 ⁻⁴	0.493	0.334-0.728	
	Leu	40 (14)	12 (7)	0.023	2.151	1.095-4.224	
	Gly	45 (16)	27 (16)	0.983	0.995	0.592-1.672	
	Arg	4 (1)	2 (1)	0.836	1.197	0.217-6.606	
	His	52 (18)	15 (9)	0.006	2.306	1.255-4.240	
37	Ser	53 (18)	35 (20)	0.608	0.883	0.548-1.421	
	Asn	66 (23)	44 (26)	0.517	0.865	0.557-1.342	
	Tyr	59 (20)	50 (29)	0.036	0.629	0.406-0.972	
	Phe	58 (20)	28 (16)	0.304	1.297	0.789-2.131	
	Leu	52 (18)	15 (9)	0.006	2.306	1.255-4.240	
38	Val	232 (81)	155 (90)	0.007	0.454	0.255-0.811	
	Ala	4 (1)	2 (1)	0.836	1.197	0.217-6.606	
	Leu	52 (18)	15 (9)	0.006	2.306	1.255-4.240	
57	Asp	121 (42)	94 (55)	0.009	0.601	0.411-0.880	
	Val	137 (48)	54 (31)	0.001	1.983	1.334-2.947	
	Ser	17 (6)	10 (6)	0.969	1.016	0.454-2.273	
	Ala	13 (5)	14 (8)	0.109	0.534	0.245-1.164	
85	Ala	52 (18)	157 (9)	0.006	2.306	1.255-4.240	
	Val	236 (82)	157 (91)	0.006	0.434	0.236-0.797	

Table 4. Different amino acids at residue positions that showed strong association with the outcomes of HBV infection

Note: The statistical analysis was performed based on χ^2 test. For all, P < 0.05 is highlighted in bold. OR, odds ratio. Cl, confidence interval.

entered as covariates; ii) "Genotype" model, in which all observed combinations (pairs) of amino acids at a given residue were entered as covariates. "Genotype" model was applied to control the validity of "Allele" model. In both models, the reference was randomly chosen, and thus no assumptions were made on which amino acid or pair of amino acids contributed to high or low risk. The analyses for the frequency of amino acids were performed using χ^2 test. All statistical analyses were performed using the SPSS statistical software package version 17.0 (SPSS, Chicago, IL, USA). *P* < 0.05 was considered statistically significant.

Results

CH and RH-associated polymorphic residues 57, 30, and 28 have more significant associations with the outcomes of HBV infection compared with other residues according to "Allele" model

The amino acid sequences of HLA-DR $\beta1$ chains were determined from the genotype of each

Residue	Amino acid	DR04	DR07	DR08	DR09	DR11	DR12	DR14	DR15	Pocket
14β	Lys		52 (11.3)							4
	Glu	42 (9.1)		26 (5.7)	72 (15.7)	34 (7.4)	67 (14.6)	39 (8.5)	67 (14.6)	
16β	Tyr			26 (5.7)			67 (14.6)			6
	His	42 (9.1)	52 (11.3)		72 (15.7)	34 (7.4)		39 (8.5)	67 (14.6)	
25β	GIn		52 (11.3)							4
	Arg	42 (9.1)		26 (5.7)	72 (15.7)	34 (7.4)	67 (14.6)	39 (8.5)	67 (14.6)	
28β	Glu		52 (11.3)		Ν		67 (14.6)			4,6
	Asp	42 (9.1)		26 (5.7)	Ν	34 (7.4)		39 (8.5)	67 (14.6)	
30β	His				Ν		67 (14.6)			6,9
	Leu		52 (11.3)		Ν					
	Tyr	42 (9.1)		26 (5.7)	Ν	34 (7.4)		39 (8.5)	67 (14.6)	
37β	Leu		Ν		Ν		67 (14.6)	Ν	Ν	9
	Tyr	42 (9.1)	Ν	26 (5.7)	Ν	34 (7.4)		Ν	Ν	
38β	Leu						67 (14.6)			9
	Val	42 (9.1)	52 (11.3)	26 (5.7)	72 (15.7)	34 (7.4)		39 (8.5)	67 (14.6)	
57β	Val		52 (11.3)	Ν	72 (15.7)		67 (14.6)	Ν		9
	Asp	42 (9.1)		Ν		34 (7.4)		Ν	67 (14.6)	
85β	Ala						67 (14.6)			1
	Val	42 (9.1)	52 (11.3)	26 (5.7)	72 (15.7)	34 (7.4)		39 (8.5)	67 (14.6)	

 Table 5. The frequency and percentage of HLA-DR carrying risky and protective amino acids of 9 polymorphic residue positions

Note: The risky amino acids at 9 polymorphic residue positions of HLA-DR β 1 chain were shown in bold. The frequency (numbers) and percentage (in brackets) of HLA-DR β 1 chain in risky and protective amino acids were listed. N, the HLA-DR β 1 chain has an insignificant amino acid at this position.

individual in 230 subjects. Thirty-one polymorphic positions with two or more different amino acids were observed (Table 2). First, we numbered different amino acids at the polymorphic residues. Second, a logistic regression was performed for each polymorphic residue and all polymorphic residues were tested with a forward likelihood ratio test. The two lowest P values were detected for residues 57 and 30 (P = 5.6×10⁻⁴ and $P = 1.2 \times 10^{-3}$, respectively) which had the strongest associations with the outcomes of HBV infection. Other residues (14, 16, 25, 37, 38 and 85) were also significant (P <0.05). Third, two-residue models were performed for additional effects on top of residues 57, 30, 14, 16, 25, 37, 38 and 85, respectively. No polymorphic residue had statistical significance with residue 57. The residues 16 and 28 (P = 0.027 and P = 0.024) had statistical significance with residue 30. Significant residues were consistent in the results of overall effect tests with residue 28. The residues 30 and 57 were found to contribute significantly to other residues. These data suggested that residues 57, 30, and 28 had more significant associations with the outcomes of HBV infection compared with other residues.

CH and RH-associated polymorphic residues 30 and 57 have more significant associations with the outcomes of HBV infection compared with other residues according to "Genotype" model

To confirm the validity of the results from the "Allele" model, we performed a stepwise logistic regression using the "Genotype" model in 230 subjects. In the "Genotype" model analyses, residue 30 remained to be CH-associated residues (P = 0.0012). Other residues (16, 25, 37, 38, 57 and 85) were also significant (P < 0.05) except for residue 14 (P = 0.068) and residue 28 (P = 0.114). In the analyses of two-residue models, none of the polymorphic residues had statistical significance on top of residue 30 (**Table 3**). These data indicated that residues 30 and 57 consistently had more significant associations with the outcomes of HBV infection irrespective of statistical models.





HLA-DR09





HLA-DR03 P1

В





HLA-DR14



Figure 1. The electrostatic potential of HLA proteins. The electrostatic potential of (A) risky HLA proteins and (B) protective HLA proteins. The pockets P1, P4, P6 and P9 are labeled at appropriate locations. Potentials < -25 kT/e are shown in red, those > 25 kT/e are shown in blue and neutral potentials (0 kT/e) are shown in white. P1 pockets all present neutral charges. P4 pockets all present negative charges except for HLA-DRB1*030101. All of P6 pockets present negative charges. P9 pockets all present positive charges as shown in (A), and present negative charges as shown in (B). There are significant differences between risky and protective HLA proteins.

CH and RH-associated Lys14βGlu, Tyr16βHis, Gln25βArg, Glu28βAsp, His/Leu30βTyr, Leu37βTyr, Leu38βVal, Val57βAsp, Ala85βVal are related to the outcomes of HBV infection

To define the functions of amino acids at significantly polymorphic residues, we compared the rate of different amino acids at special residues between CH and RH. Residues 14, 25 and 85 were dimorphic. Lys14, Gln25 and Ala85 were significantly higher (P < 0.05; OR: 2.151-2.306; 95% Cl > 1) and Glu14, Arg25 and Val85 were significantly lower (*P* < 0.05; OR: 0.434-0.465; 95% CI < 1) in CH compared with those in RH, and thus became risky and protective factors, respectively. Residues 16, 28, 30, 37, 38 and 57 were over dimorphic. Tyr16, Glu28, His/ Leu30, Leu37, Leu38 and Val57 were significantly higher (P < 0.05; OR: 1.983-2.306; 95% Cl > 1) and His16, Asp28, Tyr30, Tyr37, Val38 and Asp57 were significantly lower (P < 0.05; OR: 0.454~0.629; 95% CI < 1) in CH compared with those in RH, and thus became risky and protective factors, respectively. Other amino acids were unrelated to both CH and RH (Table 4). These data suggested that Lys14, Tyr16, Gln25, Glu28, His/Leu30, Leu37, Leu38, Val57 and Ala85 were risky amino acids and Glu14, His16, Arg25, Asp28, Tyr30, Tyr37, Val38, Asp57, Val85 were protective amino acids for chronic HBV infection.

HLA-DR12 and HLA-DR07 carry more risky amino acids than other HLA-DR

To define the HLA-DR molecules carrying risky and protective amino acids, we performed statistical analysis for the frequency and percentage of HLA-DR carrying risky and protective amino acids of 9 polymorphic residue positions (**Table 5**). In 230 subjects, only DR07 at the residue 14 of HLA-DR β 1 chain carries the risky amino acid Lys (11.3%); DR08 and DR12 at residue 16 of HLA-DR β 1 chain carry the risky amino acid Tyr (5.7% and 14.6%, respectively); only DR07 at residue 25 of HLA-DR β 1 chain carries the risky amino acid Gln (11.3%); DR01, DR07, DR10, and DR12 at residue 28 of HLA-

DR β 1 chain carry the risky amino acid Glu (2.8%, 11.3%, 1.3% and 14.6%, respectively); DR07 and DR12 at residue 30 of HLA-DR β 1 chain carry the risky amino acid Leu and His (11.3% and 14.6%, respectively); only DR12 at residues 37 and 38 of HLA-DR B1 chain carries the risky amino acid Leu (14.6%); DR07, DR09 and DR12 at residue 57 of HLA-DR β 1 chain carry the risky amino acid Val (11.3%, 15.3% and 14.6%, respectively); and only DR12 at residue 85 of HLA-DR \beta1 chain carries the risky amino acid Ala (14.6%). At the 9 polymorphic residues, other HLA-DR B1 chains carry protective or insignificant amino acids. Therefore, HLA-DR12 B1 chain totally carries 7 risky amino acids; HLA-DR07 ß1 chain totally carries 5 risky amino acids; and ß1 chains of HLA-DR01, DR08, DR09 and DR10 have 1 risky amino acid, while other HLA-DR ß1 chains have no risky amino acid. The percentage of HLA-DR carrying risky and protective amino acids of the 9 polymorphic residue positions was \geq 5% (Table 5). These data indicated that HLA-DR12 and 07 confer susceptibility to chronic HBV infection.

The risky and protective amino acids at 9 polymorphic residues of HLA-DR β 1 chain influence the electrostatic properties of HLA-DR pockets

In order to define the influence of the risk and protective amino acids carried by HLA-DR β1 chain on the electrostatic properties of HLA-DR pockets, we screened out HLA-DR03, DR07, DR09, DR11, DR12, DR13 and DR14 for further studies. Structure templates suitable for modeling were: DR52a_2Q6W_β for HLA-DR07 β 1 chain, DR1_1AQD_ β for HLA-DR09 β 1 chain, DR4_1D5M_ β for HLA-DR11 β 1 chain, DR52c_3C5J_ β for HLA-DR14 β 1 chain and DR3_1A6A_ β for HLA-DR12, DR03 and DR13 β1 chain. Three-dimensional structures of the analyzed HLA-DR peptide-binding groove were similar (only one structure was shown in Figure 1, and others are shown in Table 5). However, the special amino acids carried by different HLA-DR B1 chains influenced the electrostatic

properties of HLA-DR pockets (Figure 1). Residue 85 was located in pocket P1 that had neutral charge; Residues 14, 25 and 28 were located in pocket P4 that was mainly negatively charged, excepted for DR03 that had positively charged pocket P4; Residues 16, 28, and 30 were located in pocket P6 that was negatively charged; Residues 30, 37, 38 and 57 were located in pocket P9. For HLA-DR07, DR09, and DR12 that carry more risky amino acids (Table 5), pocket P9 was mainly positively charged. For HLA-DR03, DR11, DR13 and DR14 that carry protective amino acids (Table 5), pocket P9 was negatively charged. These data suggested that His/Leu30, Leu37, Leu38, Val57 in HLA-DR07, DR09, and DR12 ß1 chain made pocket P9 positively charged and conferred susceptibility to chronic HBV infection, while Tyr30, Tyr37, Val38, Asp57 in HLA-DR03, DR11, DR13 and DR14 \beta1 chain made pocket P9 negatively charged and conferred protection against chronic HBV infection.

Discussion

In this study, we found that 9 residues had statistical significance in 31 polymorphic residues. Lys14 Glu, Tyr16 His, Gln25 Arg, Glu28 Asp, His/Leu30 Tyr, Leu37 Tyr, Leu38 Val, Val57 Asp and Ala85 Val had statistical difference between CH and RH group, and distinguished HLA-DR07, DR09, and DR12 from HLA-DR03, DR11, DR13, and DR14 according to their influence on the size and electrostatic properties of HLA-DR pockets.

In pocket P1, most of the residues are conserved, except for residues 85 and 86 [28]. Gly β 86Val can change the size of P1 and determine the selection of anchors [29, 30], but no difference exists between CH and RH. Ala β 85 that was only presented in HLA-DR12 had statistical significance. Although it did not influence the electrostatic potential of P1, Ala β 85, as a small residue, increased the size of P1 [31] and categorized HLA-DR12 into risk factors, suggesting that residue 85, on a certain extent, could influence the outcomes of HBV infection.

The β 70Arg/71Arg/74Glu combination belonging to larger amino acids led to smaller pocket P4 of DR14 and DR09 [30, 32]. The attraction of Arg β 71 by Glu β 28 left Asp β 70 alone at the rim of the pocket, led to a slightly acidic environment and increased the size of pocket P4 of

DR12 and DR07. The pocket P4 of HLA-DR03 had a large positive surface produced by residues \beta70Gln/71Lys/74Arg [28], which was consistent with our result by surface electrostatic potential calculation. However, residues 70, 71 and 74 in our study had no statistical difference while residues 14, 25 and 28 had. Therefore, residue 28Glu might make DR12 and DR07 different from other alleles and hence, becoming a risk factor for the chronicity of HBV infection. However, the risk amino acids Lys and Gln carried by residues 14 and 25 were only presented in HLA-DR07. In addition, the whole sizes of Lys (135 Å³) and Gln (114 Å³) were similar to those of the protective amino acids Arg (148 Å³) and Glu (109 $Å^3$). Only the electric charges of Gln (neutral charge) and Glu (negative charge) were different, making the negative charges of pocket P4 of DR07 lower than those of other alleles.

The bound peptide stability of pocket P6 was dominated by residues 71 and 30, and its specificity was dominated by β11. Tyrβ30 conferred a far more acidic character, weakened one partial positive charge and allowed less space in the pocket [29]. The acidic residues Gluß11 and Aspβ66 can form salt bridges with a positively charged anchor, diminishing their mutual repulsion in parallel [29]. HLA-DR03, DR11, DR13 and DR14 were mainly identical at amino acids that comprised pocket P6, so their binding preferences should be the same. The P6 size of HLA-DR12 was increased, because Hisβ30 and Argβ71 were attracted to Gluβ28 but not Gluß11 [31]. The structure of HLA-DR07 was similar with HLA-DR12, and they might have similar binding ability. Therefore, residues Gluß28 and Hisß30 might make DR12 and DR07 different from other alleles and hence, becoming risk factors for the chronicity of HBV infection. However, influence of residue 16 that also had statistical significance, was not described for the structure of pocket P6. At residue 16, Tyr of DR12 is a neutral amino acid rather than a more common positively charged His. Therefore, it was suggested that Tyr might increase negative charges of the pocket P6 of DR12.

The size and preferences of pocket P9 were determined by the salt bridge established between Asp β 57 and Arg α 76 that generated a small pocket [33]. However, other residues such as β 9, β 30, β 37, β 38, and β 60 also made

important contributions to the preferences of this pocket. In our dataset, the residues 30, 37, 38 and 57 had statistical significance. HLA-DR03 and HLA-DR13 presented Tyrß30, Asnß37, Val38 and Aspß57, while HLA-DR11 only differed at β 37 (Tyr β 37). Although HLA-DR14 presented Ala₆₅₇ and Phe₆₃₇, which were different from other protective molecules, the standard hydrophobic residues Ileα72 and Meta73 made a smaller pocket P9 [30]. At the same time, they all had an electronegative pocket P9. However, HLA-DR07, DR09, and DR12 presented no Asp at residue 57, leading to the absence of an intact salt bridge. In addition, compared with HLA-DR03, His and Leu presented in residues 30, 37 and 38 of HLA-DR12, and Leu presented in residue 30 of HLA-DR07 were smaller. Therefore, they can produce larger and opener P9 [31, 32, 34]. In addition, the lack of Aspß57 made the P9 pocket produce surplus positive charges around the free Argα76-favoring acidic residues[35], making the P9 pockets of HLA-DR07, DR09 and DR12 present positive charges.

In summary, our data indicated that the residues 14Glu, 16His, 25Arg, 28Asp, 30Tyr, 37Tyr, 38Val, 57Asp and 85Val, especially 30Tyr and 57Asp, in chronic HBV population were significantly enriched. We interpret these data to suggest that the residues 14, 16, 25, 28, 30, 37, 38, 57 and 85, especially 30 and 57, in the HLA-DR β chain critically influence the structural and electrostatic properties of the peptide-binding groove, and thus the range of peptides presented. In the future, we will take advantage of these achievements to develop novel HBV-specific epitopes.

Acknowledgements

This work was supported by the Science and Technology Project of Educational Department of Heilongjiang Province, China (No. 12521186).

Disclosure of conflict of interest

None.

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