




















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This information is provided by NYS ONI. All rights reserved. Contact the Office of the Public Administrator at (607) 765-6800 or visit us online. Not a NYS employee. In patients with chronic hepatitis C (CHC), liver biopsy remains the only tool for clinical management. Biopsies are taken every 1-3 years to monitor liver disease progression, predict outcome of therapy and assess the need for anti-hepatitis C therapies. However, up to 1/3 of the biopsies taken are inadequate for grading. In addition, liver biopsies are highly invasive and associated with morbidity, ethical and legal issues. Thus, there is a need for new approaches that could replace or complement liver biopsy. Recent advances in the knowledge of molecular biology of chronic hepatitis C have made it possible to identify non-invasive methods to monitor liver disease such as non-invasive biomarkers. This dissertation aims to identify non-invasive biomarkers in patients with CHC that could replace liver biopsy by predicting and monitoring liver disease progression, as well as assessing the need of anti-HCV therapies. In this paper we have used a method to identify non-invasive biomarkers using the liver transcriptome: microarray-based methylated DNA immunoprecipitation (mDIP) in the search for potential biomarkers of liver fibrosis. Our aim was to identify, from a set of patients undergoing liver biopsy, potential biomarkers associated to liver fibrosis. We have identified 82 genes with a significant correlation to fibrosis and validated this findings in an independent group of patients. Particularly relevant is the gene *KLF4* that was independently validated in both groups using quantitative polymerase chain reaction (q-PCR) and reverse transcription-qPCR. Finally, we have used the mDIP technology to analyze the methylation state of the gene *KLF4* in two pairs of liver tissue from patients undergoing liver biopsy. We observed a state of methylation alteration of the gene *KLF4 595f342e71

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