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Variation in human β-defensin genes: new insights from a multipopulation study

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Summary

Human β-defensin 2 (hBD-2) and hBD-3, encoded by *DEFB4* and *DEFB103A*, respectively, have shown anti-HIV activity, and both genes exhibit copy number variation (CNV). Although the role of hBD-1, encoded by *DEFB1*, in HIV-1 infection is less clear, single nucleotide polymorphisms (SNPs) in DEFB1 may influence viral loads and disease progression. We examined the distribution of *DEFB1* SNPs and *DEFB4/103A* CNV, and the relationship between *DEFB1* SNPs and *DEFB4/103A* CNV using samples from two HIV/AIDS cohorts from the United States ($n =$ 150) and five diverse populations from the Coriell Cell Repositories ($n = 46$). We determined the frequencies of 10 SNPs in DEFB1 by using a post-PCR, oligonucleotide ligation detection reaction-fluorescent microsphere assay, and CNV in *DEFB4/103A* by real-time quantitative PCR. There were noticeable differences in the frequencies of *DEFB1* SNP alleles and haplotypes among various racial/ethnic groups. The *DEFB4/103A* copy numbers varied from 2 to 8 (median, 4), and there was a significant difference between the copy numbers of self-identified whites and blacks in the US cohorts (Mann-Whitney U test $p = 0.04$). A significant difference was observed in the distribution of *DEFB4/103A* CNV among *DEFB1* -52G/A and -390T/A genotypes (Kruskal-Wallis $p = 0.017$ and 0.026, respectively), while not in the distribution of *DEFB4/103A* CNV among -52G/A_-44C/G_-20G/A diplotypes. These observations provide additional insights for further investigating the complex interplay between β-defensin genetic polymorphisms and susceptibility to, or the progression or severity of, HIV infection/disease.

Introduction

Human defensins are a family of small, β-sheeted, cationic, antimicrobial and immunoregulatory peptides, which belong to either the α or β subfamily. The former are found in azurophilic granules of phagocytic cells, while the latter are released from epithelial cells (Chen et al., 2006; Ganz, 2003; Klotman and Chang, 2006). Recent studies have suggested that human β-defensins (hBDs) may play an important role in HIV-1 susceptibility and disease progression (Feng et al., 2006; Quinones-Mateu et al., 2003; Sun et al., 2005; Zapata et al., 2008). We have demonstrated that: (1) both R5 and X4 HIV-1 phenotypes induce DEFB4 and DEFB103A mRNAs, encoding hBD-2 and -3, respectively, in normal human oral epithelial cells; (2) hBD-2 and -3 inhibit HIV-1 infection by both phenotypes, with greater activity against X4 viruses; and (3) this inhibition is due to a direct interaction with virions, and through down-modulation of the CXCR4 co-receptor (Quinones-Mateu et al., 2003). A later study confirmed the anti-HIV activity of these hBDs

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(Sun et al., 2005). We subsequently discovered that hBD-3 acts as an antagonist of the CXCR4 co-receptor by promoting its internalization (Feng et al., 2006). Concordant with the results of our *in vitro* study (Quinones-Mateu *et al.*, 2003), our group also found that HIVexposed seronegative and HIV-seropositive Colombian individuals expressed significantly higher levels of *DEFB4* and *DEFB103A* transcripts in oral mucosa than did healthy controls (Zapata et al., 2008).

Single nucleotide polymorphisms (SNPs) in DEFB1, encoding hBD-1, particularly -52G/A (660G/A, rs1799946), -44C/G (668C/G, rs1800972), and -20G/A (692G/A, rs11362), may also play a role in HIV-1 susceptibility and disease progression. By comparing the genotype frequencies between HIV-positive patients and comparable healthy controls, significant associations were observed between -52G/A (Braida et al., 2004; Milanese et al., 2006; Segat et al., 2006), -44C/G (Braida et al., 2004; Segat et al., 2006), and/or -20G/A (Milanese et al., 2006) genotypes and HIV-1 infection status. However, considering the variability in associations found in different (Braida et al., 2004; Milanese et al., 2006) and even the same (Milanese *et al.*, 2006; Segat *et al.*, 2009) populations, it appears that the *DEFB1* genotype associations may be cohort-specific. Other studies have shown that -52G/A, either singly or as haplotype with -44C/G, may influence viral loads in breast milk (Baroncelli et al., 2008) and plasma (Ricci et al., 2009), respectively. Recently, in HIV-1-infected children, -44CG genotype and -52G_-44G haplotype were significantly associated with a slower disease progression (Freguja et al., 2012).

DEFB1, DEFB4, and DEFB103A are located in a cluster on chromosome 8p23.1, and are polymorphic. DEFB1 has numerous SNPs (Jurevic et al., 2002; Kim et al., 2009; Prado-Montes de Oca, 2010), with at least 25 SNPs in the coding region [\(http://](http://www.ncbi.nlm.nih.gov/SNP/snp_ref.cgi?locusId=1672) www.ncbi.nlm.nih.gov/SNP/snp_ref.cgi?locusId=1672). Among these, -52G/A, -44C/G, and -20G/A in the exon-1 region have been the focus of a variety of studies related to functional consequences of variation in DEFB1, and DEFB1 genetic associations where these SNPs were considered either singly or as haplotypes (Kalus *et al.*, 2009; Naslavsky *et al.*, 2010; Naslavsky et al., 2009; Prado-Montes de Oca, 2010). In addition, with respect to size, gene content and numeric variability of *DEFB*, the 8p23.1 region represents one of the hotspots of copy number variation (CNV) (Abu Bakar et al., 2009; Hollox et al., 2008). DEFB1 is generally considered a single-copy gene (2 copies per diploid genome [PDG]), and CNVs are very rare (Cagliani et al., 2008). However, the 200 kb DEFB region, containing DEFB4 and DEFB103A, varies en bloc in its copy number (Groth et al., 2008). Individuals carry 2-12 copies PDG (Groth et al., 2008; Hollox et al., 2003; Linzmeier and Ganz, 2005). As with SNPs, CNVs may also affect gene expression and hence determine phenotypes (Ionita-Laza et al., 2009; Zhang et al., 2009). It is therefore not surprising that the *DEFB* CNV is associated with clinically important phenotypes (Hollox, 2008). In addition to CNV, sequence variations between copies (termed as multisite variations) represent a further level of complexity at *DEFB* (Groth *et al.*, 2010; Huse *et al.*, 2008). Furthermore, whether there is any relationship (association, linkage disequilibrium [LD]) between SNPs in DEFB1 and CNV in DEFB4/103A is not clear, and there is some indication that there may not be (Hollox, 2008).

Herein, we report the frequencies of 10 *DEFB1* SNPs (Jurevic *et al.*, 2002) and their haplotypes in two admixed, HIV/AIDS patient populations from the United States, together with five diverse populations from the Coriell Cell Repositories. We also report the distribution of DEFB4/103A CNV, and show, for the first time, that there may be a relationship between *DEFB1* SNPs and *DEFB4/103A* CNV.

Materials and methods

Samples and genomic DNA extraction

De-identified packed blood pellets ($n = 105$), collected from HIV-infected adult subjects, were obtained from the Case Western Reserve University Center for AIDS Research (CFAR) specimen repository. The self-identified racial/ethnic distribution of these subjects was: whites ($n = 37$), blacks ($n = 65$), and Hispanics ($n = 3$). De-identified packed white blood cell pellets ($n = 45$), collected from HIV/AIDS patients, were obtained from the Multicenter AIDS Cohort Study (MACS) (Shepherd et al., 2008). The self-identified racial/ ethnic distribution of these subjects was: white, non-Hispanic ($n = 39$), white, Hispanic ($n =$ 4), and black, non-Hispanic ($n = 2$). DNA samples from five diverse populations (Northern European [NE, $n = 10$], sub-Saharan African [AfSS, $n = 9$], African-American [Af-Am, $n =$ 10], Chinese [CHN, n = 10], and Mexican [MEX, n = 7]) were obtained from the Coriell Cell Repositories, Coriell Institute for Medical Research, Camden, NJ.

Genomic DNAs were extracted from 200 μl of each of the pellets using the QIAamp DNA Blood Mini Kit (Qiagen Inc., Valencia, CA). The CFAR specimen collection protocol and genetic data storage and usage were approved by the Institutional Review Board of University Hospitals Case Medical Center.

DEFB1 **polymerase chain reaction (PCR) and SNP genotyping**

PCR primers were designed based on the *DEFB1* region of the sequence (GenBank accession #NT_023736, nucleotide coordinates 6,726,529-6,717,101) to selectively amplify the exon-1 and exon-2 regions. Sequence homology and specificity of all primer sequences were checked using the $BLAST_n$ program (<http://www.ncbi.nlm.nih.gov>). The primer sequences, PCR buffer, amplification conditions, and method used to perform agarose gel electrophoresis are described in supplementary Table S1.

Genotyping of six SNPs in the exon-1 region $(-610G/A)$ [102G/A, rs2741132], -390T/A [322T/A, rs2738182], -52G/A, -44C/G, -20G/A, and 79T/A [791T/A, rs2293958]), and four SNPs in the exon-2 region (1654G>A [Val38Ile, rs2738047], 1754G/A [rs1047031], 1836A/ G [rs1800971], and 1873T/C [rs5743491]) (Jurevic et al., 2002) was performed by using a high-throughput, post-PCR oligonucleotide ligation detection reaction-fluorescent microsphere assay (LDR-FMA) on the Bio-Plex™ multiplex suspension array system (Bio-Rad Laboratories, Hercules, CA) (Mehlotra et al., 2007; Mehlotra et al., 2006). The LDR primers were designed based on the DEFB1 sequences available through GenBank (accession #NT_023736) and SNPper [\(http://snpper.chip.org/bio/export-sequence/6559\)](http://snpper.chip.org/bio/export-sequence/6559); the primer sequences are provided in supplementary Table S2. The LDR conditions were 95°C for 1 min, 95°C for 15 sec and 60°C for 2 min (31 \times). The *DEFB1* SNP genotypes were determined as previously described (Mehlotra *et al.*, 2007; Mehlotra *et al.*, 2006). The mean and 95% confidence interval (CI) of log-transformed fluorescent values corresponding to each genotype, using the Coriell samples ($n = 46$), are presented in supplementary Table S3.

DEFB4/103A **CNV determination**

For the determination of *DEFB4* and *DEFB103A* copy numbers, the real-time quantitative PCR assay was used as described (Linzmeier and Ganz, 2005). Reference genes TBP (TATA-Box Binding Protein, GenBank accession #AL031259) and DEFB1, specific primer sets producing only one specific product of \sim 150 bp at 54 \degree C annealing temperature, reaction mix, and conditions were used as described (Linzmeier and Ganz, 2005), and the Bio-Rad CFX96™ system (Bio-Rad Laboratories, Hercules, CA) was used for the PCR analysis. Each sample was amplified using 50 ng genomic DNA, and was run in triplicate. Data were analyzed by the comparative Ct method, and the copy numbers were calculated as described

(Linzmeier and Ganz, 2005). The assay results were validated by re-running 12 of the 46 randomly-selected Coriell samples.

Statistical analysis

HaploView v4.2 (Barrett *et al.*, 2005) was used to calculate *DEFB1* SNP frequencies, the Hardy-Weinberg (H-W) equilibrium p values, and Lewontin's D' and correlation coefficient (r^2) parameters as measures of LD between SNPs. PHASE v2.1.1 [\(http://](http://www.stat.washington.edu/stephens/) [www.stat.washington.edu/stephens/\)](http://www.stat.washington.edu/stephens/) was used to infer DEFB1 10-SNP haplotypes and diplotypes. The QI Macros Statistical Process Control Software for Excel (QI Macros 2012) was used to calculate descriptive statistics, and to perform Chi-square (χ^2) test of contingency table and Mann-Whitney U test. SAS v9.2 was used to perform the nonparametric Kruskal-Wallis test to compare DEFB4/103A CNV among DEFB1 diplotypes and SNP genotypes, and to perform Bonferroni (Dunn's) t-test for multiple comparisons. For all statistical analyses, differences were considered significant at $p < 0.05$.

Results

DEFB1 **SNP-allele frequencies and H-W equilibrium**

The DEFB1 SNP-allele frequencies in two HIV/AIDS cohorts, CFAR and MACS, and five Coriell populations are presented in Table 1. These results do not include the three Hispanic patient samples in the CFAR cohort, and the four white, Hispanic, and two black, non-Hispanic patient samples in the MACS cohort. The SNP-genotype data for all these samples $(n = 9)$ are presented in supplementary Table S4. Taken collectively, higher frequencies of the six exon-1 SNPs were observed, compared with the frequencies of the four exon-2 SNPs (Table 1). The frequencies of the -44G and 79A alleles were noticeably higher in white HIV/ AIDS patients, NE, and MEX, and those of the 1754A allele were noticeably higher in white HIV/AIDS patients, NE, and CHN. On the other hand, the frequencies of the 1654A and 1836G alleles were noticeably higher in black HIV patients, AfSS, and Af-Am. These results indicate that the *DEFB1* SNPs are distributed differently among different racial/ ethnic groups, although a formal test to determine the statistical significance of these frequency differences was not performed due to low sample sizes of the Coriell populations. We calculated expected genotype numbers for each of the *DEFB1* SNPs in each population. For all SNPs, the expected genotype numbers did not differ significantly from the observed genotype numbers in any of the populations (data not shown), indicating no deviation from H-W equilibrium.

DEFB1 **SNP-SNP LD patterns**

We quantified the extent of LD among the *DEFB1* SNP pairs in all populations (Figure 1A-1H). Strong LD, defined by high values for both D' (0.8) and r^2 (0.5) parameters (Ferlin et al., 2010), was observed between SNP pairs -390T/A – -52G/A and -44C/G – 79T/ A in all populations. Inter-population differences in the LD patterns occurred: strong LD was observed between SNP pairs -610G/A – -390T/A and -610G/A – -52G/A in white HIV/ AIDS patients, NE, CHN, and MEX, but not in black HIV patients, AfSS, and Af-Am; strong LD was also observed between a number of additional SNP pairs in CHN, which was not evident in any other population; and white HIV/AIDS patients and black HIV patients/ Af-Am showed differences in pattern and extent of LD when compared with NE and AfSS, respectively. It is well-known that in the US populations, demographic factors, such as recent migration and admixture, have contributed to the distribution and extent of disequilibrium (Ardlie et al., 2002).

DEFB1 **haplotype profiles**

We inferred *DEFB1* 10-SNP haplotypes using PHASE v2.1.1 (Table 2a). Assuming random associations among the eight polymorphic SNPs (Table 1), one can predict 256 different haplotypes (2^8). However, only nine haplotypes ($8 + 1$) would be possible if mutations are the only evolutionary forces acting to create new alleles, and other forces, such as recombination, recurrent mutation, and gene conversion, do not occur (Bonnen *et al.*, 2002). We inferred a total of 13 haplotypes in our study populations, which is closer to the theoretical minimum. Of these, four haplotypes, GTGCATGGAT (0.05-0.31), GTGCATGAAT (0.05-0.2), GTGGGAGGAT (0.05-0.3), and AAACGTGGAT (0.22-0.55), together accounted for the majority of total chromosomes examined. Considerable differences in the haplotype profiles were noticed between the populations of European ancestry (white HIV/AIDS patients and NE) and African ancestry (black HIV patients, AfSS, and Af-Am).

We then determined the frequencies of 3-SNP haplotypes (-52G/A_-44C/G_-20G/A) (Table 2b). As expected from the 10-SNP haplotype data, GCA (0.29-0.44), GGG (0.05-0.3), and ACG (0.28-0.6) were the predominant haplotypes among all populations.

DEFB4/103A **CNV distribution**

In all samples combined (total $n = 187$ [CFAR, $n = 102$; MACS, $n = 39$; Coriell, $n = 46$]), the copy numbers ranged from 2 to 8 (median, 4). Copy numbers 2 ($n = 35$), 3 ($n = 54$), 4 (n $= 61$), and 5 (n = 28) were highly prevalent, whereas 6, 7, and 8 were uncommon (n = 3) each). We compared *DEFB4/103A* CNV distribution between the two major racial groups in the US; i.e., self-identified whites and blacks. For this analysis, CNV results of CFAR white patients were combined with those of MACS white, non-Hispanic patients (total $n = 76$), and then compared with those of CFAR black patients ($n = 65$). We observed a significant difference in the CNV distribution between the two groups (white [median, 3], black [median, 4], Mann-Whitney U test $p = 0.04$). No difference was observed in the CNV distribution between CFAR white patients ($n = 37$) and MACS white, non-Hispanic patients $(n = 39)$ (Mann-Whitney *U* test $p = 0.47$).

We then compared *DEFB4/103A* CNV distribution among *DEFB1* diplotypes and SNP genotypes. For this analysis, we considered $-52G/A -44C/G -20G/A$ diplotypes and the SNP genotypes of all samples combined (total $n = 187$). We observed a total of nine 3-SNP diplotypes among all 187 samples. The distribution of *DEFB4/103A* CNV among these diplotypes is presented in Figure 2 and Table 3. A χ^2 test of contingency table revealed random distribution of CNV among the diplotypes $(\chi^2 = 34.87, df = 48, p = 0.922)$. Comparisons of means by Kruskal-Wallis test also suggested no significant difference in the distribution of *DEFB4/103A* CNV among the *DEFB1* diplotypes ($p = 0.109$).

Lastly, while no significant differences were observed in the distribution of DEFB4/103A CNV among -44C/G and -20G/A genotypes (Kruskal-Wallis $p = 0.315$ and 0.716, respectively), a significant difference was observed in the distribution of DEFB4/103A CNV among -52G/A genotypes (Kruskal-Wallis $p = 0.017$). We then performed Bonferroni (Dunn's) t-test for multiple comparisons to identify which -52G/A genotype groups differ in the distribution of *DEFB4/103A* CNV. This analysis revealed that -52AA (mean CNV = 4.19, $n = 36$) was significantly different from -52GA (mean CNV = 3.44, $n = 94$) (Simultaneous 95% CI, 0.19-1.33). Since -52G/A is in complete LD with -390T/A in all populations (Figure 1A-1H), a significant difference was also observed in the distribution of DEFB4/103A CNV among -390T/A genotypes (Kruskal-Wallis $p = 0.026$). Bonferroni (Dunn's) t-test for multiple comparisons revealed that -390AA (mean CNV = 4.16 , n = 37)

was significantly different from -390TA (mean CNV = 3.44, n = 93) (Simultaneous 95% CI, 0.15-1.29).

Discussion

In the present study, utilizing samples from two HIV/AIDS cohorts from the US and five diverse populations from the Coriell Cell Repositories, we made the following significant observations regarding β-defensin genetic variation: We observed that there were noticeable differences in the frequencies of *DEFB1* SNP alleles (Table 1) and haplotypes (Tables 2a and 2b) among various racial/ethnic groups. To the best of our knowledge, the information regarding comparative distribution of DEFB1 polymorphisms among various populations is limited and, among admixed, HIV/AIDS patient populations from the US, is not available. The majority of studies have been conducted in European populations (Braida *et al.*, 2004; Carter et al., 2010; Ricci et al., 2009; Schaefer et al., 2010). Limited information is available regarding the distribution of *DEFB1* polymorphisms in other populations, such as Asian (Chen et al., 2007; Kim et al., 2009; Leung et al., 2006), African (Mozambican) (Baroncelli et al., 2008), Brazilian (Milanese et al., 2006; Segat et al., 2009), American, either mixed (Jurevic et al., 2003; Ozturk et al., 2010) or Caucasian-American and Af-Am (Boniotto et al., 2004), and Mexican (Prado-Montes de Oca et al., 2006). Our DEFB1 SNP-allele and haplotype frequency results are in agreement with those previously reported for comparable populations. Furthermore, our comparative DEFB1 SNP-allele and haplotype frequency results indicate noticeable differences among diverse populations, thus providing highly valuable information for future genetic studies of the etiology of diseases where hBD-1 could play an important modulatory role.

We observed that in our study samples, *DEFB4/103A* copy numbers varied from 2 to 8 (median, 4). Using different methods, it has been consistently found that these genes vary from 2 to 12 copies PDG, and the copy numbers between 2 and 6 are common, with a modal copy number of 4 in most populations (Fode et al., 2011a; Fode et al., 2011b; Hollox, 2008; Linzmeier and Ganz, 2005; Taudien et al., 2010). Thus, our results regarding *DEFB4/103A* CNV, in all samples combined, are in agreement with the published findings. We also observed that there was a significant difference between the copy numbers of two major racial groups in the US; i.e., self-identified whites and blacks. Although in all populations the modal DEFB4/103A copy number is 4, there appear to be differences in the mean copy numbers, with the distribution of Chinese and Yorubans (from Ibadan, Nigeria) shifted slightly towards higher copy numbers compared with European populations (Hollox, 2008). However, in a recent study, there was no significant difference in the mean copy numbers between European and Ghanaian populations (Fode et al., 2011a). Using our Coriell samples, we compared the *DEFB4/103A* copy numbers between NE and the populations of African ancestry (AfSS and Af-Am, combined), and found no significant difference (Mann-Whitney U test $p = 0.13$). Thus, our finding that a significant difference in the copy numbers occurs between self-identified whites and blacks from the US could be unique to admixed populations or these particular sets of samples, and therefore requires further investigations.

We observed a significant difference in the distribution of *DEFB4/103A* CNV among DEFB1 -52G/A genotypes, but not in the distribution of DEFB4/103A CNV among -52G/ A_-44C/G_-20G/A diplotypes. Furthermore, since -52G/A is in complete LD with another DEFB1 SNP -390T/A, a significant difference was observed in the distribution of DEFB4/103A CNV among -390T/A genotypes as well. To our knowledge, whether DEFB4/103A CNV has a relationship (association, LD) with *DEFB1* SNPs has not been reported elsewhere. However, evidence from family studies, HapMap phase II data from four ethnically diverse populations, and genomic characteristics of the 8p23.1 region suggests that *DEFB* CNV is likely not associated with neighboring SNP alleles (Hollox,

2008). It is important to recognize that our results, based on comparing the means of copy numbers by a nonparametric test, Kruskal-Wallis, are not indicative of an association between *DEFB4/103A* CNV and *DEFB1* SNPs. Nevertheless, they provide a basis for a more in-depth investigation of genetic variation in and around these loci: Determination of DEFB copy number diplotypes (Hollox, 2008) and application of LD/haplotype analysis approach (Conrad et al., 2009; de Smith et al., 2008; Menard et al., 2009) may provide a better assessment of association between DEFB4/103A CNV and DEFB1 SNPs.

In conclusion, our observations suggest that there may be an interracial difference in DEFB4/103A copy numbers between admixed populations, and a relationship between DEFB1 SNPs and DEFB4/103A CNV. Given the emerging significance of DEFB1 SNPs (Baroncelli et al., 2008; Braida et al., 2004; Freguja et al., 2012; Milanese et al., 2006; Ricci et al., 2009; Segat et al., 2009; Segat et al., 2006) and DEFB4- and DEFB103A-encoded hBD-2 and hBD-3, respectively, (Feng et al., 2006; Quinones-Mateu et al., 2003; Sun et al., 2005; Zapata et al., 2008) in influencing HIV infection and disease, these observations deserve further exploration. Future studies will help unravel the complex interplay between β-defensin genetic polymorphisms and susceptibility to, or the progression or severity of, HIV infection/disease, complementing our current efforts to further lessen the morbidity and mortality due to this global killer.

Supplementary Material

Refer to Web version on PubMed Central for supplementary material.

Acknowledgments

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Fig. 1A-1H.

Heat maps of pairwise LD measurements for the 10 SNPs in *DEFB1*. 1A, CFAR white patients; 1B, MACS white, non-Hispanic patients; 1C, NE; 1D, CFAR black patients; 1E, AfSS; 1F, Af-Am; 1G, CHN; and 1H, MEX. Color scheme: bright red, $D' = 1.0$ and LOD score 2.0; blue, $D' = 1.0$ and LOD score < 2.0; and white, $D' < 1.0$ and LOD score < 2.0. Numbers represent r^2 values. r^2 values of 1.0 are not shown (the box is empty).

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Fig. 2.

Dot plot showing distribution of DEFB4/103A copy numbers among DEFB1 3-SNP diplotypes.

Each circle represents number of individuals, which are provided in Table 3.

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Table 1

DEFB1 SNP-allele frequencies in various groups of samples DEFB1 SNP-allele frequencies in various groups of samples

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MACS patients were white, non-Hispanic.

MACS patients were white, non-Hispanic.

 k HE = Northern European, AfS S = African sub-Sahara, Af-Am = African-American, CHN = Chinese, MEX = Mexican. NE = Northern European, AfS S = African sub- Sahara, Af-Am = African-American, CHN = Chinese, MEX = Mexican.

Table 2a

DEFB110-SNP haplotype frequencies in various groups of samples DEFB1 10-SNP haplotype frequencies in various groups of samples

 $\vec{r}_{\rm As}$ described in Table 1. As described in Table 1.

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