1	Comparison of simple RNA extraction methods for molecular diagnosis of hepatitis C
2	virus in plasma
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17 Abstract

18	We evaluated the efficacy of four simple RNA extraction methods for the detection of
19	hepatitis C virus (HCV) in plasma samples: silica-membrane-based, magnetic beads-based,
20	boiling with Diethyl Pyrocarbonate (DEPC)-treated distilled water or a commercial lysis
21	buffer. HCV RNA was detected using both real time reverse transcription polymerase chain
22	reaction (RT-PCR) and reverse transcription loop mediated isothermal amplification (RT-
23	LAMP). The magnetic beads-based extraction can be used as an alternative RNA extraction
24	method for on-site HCV detection. Boiling with DEPC-treated distilled water was not
25	appropriate for low HCV load samples and boiling with a lysis buffer was not recommended.
26	

27 Keywords: RNA extraction; HCV; molecular diagnosis; RT-LAMP; RT-PCR; plasma

28 Introduction

29 Hepatitis C virus (HCV) is a leading cause of chronic liver disease, cirrhosis, and liver 30 cancer. The current oral direct-acting antiviral (DAA) combinations can cure 95-99% patients 31 [1], but the majority of HCV-infected people are unaware of their infection status. Testing for 32 antibody to HCV (anti-HCV) is insufficient to diagnose a current HCV infection or ongoing 33 HCV replication. HCV RNA testing is needed. Real time reverse transcription polymerase 34 chain reaction (RT-PCR) is commonly used for HCV RNA detection/quantification in clinical 35 practice. However, this test is rarely available for an on-site diagnosis, especially in remote 36 settings since it requires specific reagents and instruments with high costs. The development 37 of reverse transcription loop-mediated isothermal amplification assay (RT-LAMP) can 38 facilitate the access to molecular testing of HCV. Indeed, the clinical sensitivity and specificity 39 of RT-LAMP has been previously reported as high as 90-100% for HCV detection [2-4]. RT-40 LAMP also stands out in terms of rapidity, simplicity, cost-effectiveness, and accessibility, 41 making it ideal for field or point-of-care use in remote settings where sophisticated and 42 expensive equipment are not available. However, this technique still requires an effective 43 nucleic acid extraction and purification steps. Currently, available commercial nucleic acid 44 extraction kits, mostly based on a silica-based column extraction methodology, are expensive 45 and require a centrifugation process, limiting the use of RT-LAMP for on-site diagnosis or in 46 the field. In this study, we evaluated the efficacy of various simple RNA extraction methods 47 from plasma samples for HCV detection using RT-LAMP and confirmed the presence of HCV 48 RNA in extracted samples with real time RT-PCR.

49 Materials and methods

50 This study used leftover plasma samples of 50 HCV-infected individuals who had HCV
51 viral load testing and genotyping for clinical care at the Faculty of Associated Medical

Sciences, Chiang Mai University. HCV viral load was initially measured using a commercial
real-time RT-PCR assay (COBAS AmpliPrep/COBAS TaqMan HCV Test). The study was
approved by the Human Experimentation Committee (Number 17/64) and the Institutional
Biosafety Committee (Number CMUIBC0363004) of Research Institute for Health Sciences,
Chiang Mai University, Thailand.

57 Viral RNA was extracted from plasma samples using four different methods: 1) 58 NucleoSpin RNA Virus (Macherey-Nagel, Germany) and; 2) NucleoMag Virus kit (Macherey-59 Nagel, Germany) following the manufacturer's recommendations; 3) Boiling with water, 100 60 µL plasma were mixed 1:1 with Diethyl Pyrocarbonate (DEPC)-treated distilled water 61 (Invitrogen, USA) and boiled at 95°C for 10 min [5], the mixture was centrifuged at 8,000 xg 62 for 1 min and supernatant was collected; 4) Boiling with lysis buffer, as above but 100 µL 63 plasma were mixed 1:1 with a commercial lysis buffer (Lysis Buffer RAV1, Macherey-Nagel, 64 Germany). Yield and purity of RNA extracted according the four methods were measured using 65 the NanoDrop[™] 2000/2000c Spectrophotometer.

66 For RNA detection by real time RT-PCR, four uL of viral nucleic acid extract were 67 amplified with 400 nM of each HCV forward and reverse primers, and 100 nM of HCV probe 68 [6] of the sensiFAST Probe Lo-ROX One-Step kit. Amplification was performed on the 69 Applied Biosystems 7500 instrument as follows: 45°C for 10 min; 95°C for 2 min; 40 cycles 70 of 95°C for 5 sec and 60°C for 20 sec. The fluorescence signal was measured at 60°C of each 71 cycle. For RNA amplification by RT-LAMP, five μ L of nucleic acid extract were used as 72 previously described [2]. Briefly, RT-LAMP reaction was processed at 65°C for 60 min. The 73 result was visualized with the naked eve based on the color change of reaction mixture induced 74 by pre-added hydroxynaphthol blue. The samples that turned sky blue were considered as 75 positive, while those that remained purple were considered as negative. To evaluate the 76 analytical sensitivity of the four extraction methods, 10-fold serial dilutions of plasma with

HCV viral load of 10⁶ IU/mL in 1X phosphate buffer saline were prepared. Aliquots of each
dilution were extracted by the four extraction methods. All RNA extracts were tested for HCV
RNA by both real time RT-PCR and RT-LAMP. Each reaction was performed in triplicate.

80 **Results**

81 The four extraction methods showed considerably variable quantities of RNA, boiling 82 plasma samples with a commercial lysis buffer provided the highest yield of RNA 83 concentration 695.37 ng/µL and boiling with DEPC-treated distilled water the lowest yield, 0 84 $ng/\mu L$. The purity ranged from 0.14 to 3.46 and was the highest with the silica membrane-85 based extraction (Table 1). Analytical sensitivity on triplicate of serial dilutions of HCV RNA 86 extracts from silica-based membrane and magnetic beads were all detected by real-time RT-87 PCR with similar cycle threshold (Ct) and by RT-LAMP at the 10⁶ concentrations. The 88 numbers of triplicates detected by both techniques decreased when initial concentrations were 89 10⁵ or lower. RNA extracts obtained after boiling in DEPC-distilled water were less well 90 detected at higher Ct than the silica-membrane and magnetic beads RNA extracts. Though 91 boiling with a commercial lysis buffer gave the highest RNA yield, none of the RNA extracts 92 gave a signal by real-time RT-PCR, independently of the initial HCV RNA concentration. The 93 results from RT-LAMP could not be interpreted since the color turned from purple to sky blue 94 immediately after adding the extracted RNA to the reaction mix. Thus, boiling with a 95 commercial lysis buffer was not further evaluated.

96

97 Table 1. Efficacy of four different extraction methods for molecular diagnosis of HCV in98 plasma.

Plasma	Extraction methods

HCV RNA		Silica-membrane	Magnetic beads-	Boiling with	Boiling with a
level		based	based	DEPC-treated	commercial
(IU/mL)				distilled water	lysis buffer
106	concentration (ng/µL)	345.80 ± 11.44	6.87 <u>+</u> 4.03	125.63 <u>+</u> 16.91	695.37 ± 13.62
	purity (260/280)	3.45 ± 0.04	1.57 <u>+</u> 0.12	0.87 ± 0.02	1.01 <u>+</u> 0.04
	Real time RT-PCR, Ct ^a	24.91 ± 0.29	24.11 <u>+</u> 1.17	29.86 ± 0.77	Undetectable
	(mean <u>+</u> SD)				
	RT-LAMP, no. of	3/3 (100)	3/3 (100)	2/3 (67)	Uninterpreted
	detectable samples (%)				
10 ⁵	concentration (ng/µL)	347.73 <u>+</u> 9.20	1.97 <u>+</u> 0.83	28.30 ± 34.75	636.37 <u>+</u> 1.19
	purity (260/280)	3.44 ± 0.01	1.78 <u>+</u> 0.90	0.99 ± 0.28	1.07 ± 0.04
	Real time RT-PCR, Ct	28.27 ± 1.25	27.42 ± 0.78	32.48 ± 0.98	Undetectable
	(mean <u>+</u> SD)				
	RT-LAMP, no. of	1/3 (33)	1/3 (33)	0/3 (0)	Uninterpreted
	detectable samples (%)				
104	concentration (ng/µL)	326.90 <u>+</u> 47.56	2.80 ± 0.87	0.20 ± 0.14	620.47 ± 10.98
	purity (260/280)	3.43 ± 0.04	1.97 <u>+</u> 0.45	1.85 + 2.06	1.08 ± 0.01
	Real time RT-PCR, Ct	32.84 ± 0.42	32.80 <u>+</u> 1.18	34.87 <u>+</u> 1.01	Undetectable
	(mean <u>+</u> SD)				
	RT-LAMP, no. of	0/3 (0)	0/3 (0)	0/3 (0)	Uninterpreted
	detectable samples (%)				
10 ³	concentration (ng/µL)	318.33 ± 26.13	2.57 ± 0.72	0 <u>+</u> 0.10	551.37 ± 126.27
	purity (260/280)	3.46 ± 0.01	2.48 <u>+</u> 0.73	0.14 <u>+</u> 0.90	1.10 <u>+</u> 0.01
	Real time RT-PCR, Ct	Undetectable	Undetectable	Undetectable	Undetectable
	(mean <u>+</u> SD)				
	RT-LAMP, no. of	0/3 (0)	0/3 (0)	0/3 (0)	Uninterpreted
	detectable samples (%)				

99 ^aCt: Cycle threshold.

Using real time RT-PCR as measurement, RNA extracted from plasma samples using
the silica-membrane-based or magnetic beads-based extraction methods gave positive scores
in 50/50 (100%) (Table 2 and S1 Table). The RNA extracted from boiling with DEPC-treated
distilled water gave 76% detectable rate (38/50). Using RT-LAMP for HCV detection, RNA

104 extracted with the silica-membrane method showed the best results with 66% detectable rate 105 (33/50), while the magnetic beads-based method showed 62% (31/50). Boiling samples with 106 DEPC-treated distilled water provided the less number of samples with HCV RNA detected; 107 only 7 of 50 (14%) tested positive (Table 2 and S1 Table). RT-LAMP results according to the 108 RNA extraction methods, are shown in Fig 1. The analysis of correlation between Ct values 109 of RNA extracted from the three different extraction methods showed an excellent correlation 110 between Ct values of samples extracted with silica-membrane based vs magnetic beads-based 111 methods ($R^2 = 0.88$, Fig 2A). The correlation was less good between Ct values of samples 112 extracted using silica-membrane based vs boiling with DEPC-treated distilled water methods 113 $(R^2 = 0.60, Fig 2B).$

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115 Table 2. Clinical efficacy evaluation of the viral RNA extraction methods for HCV116 detection using real time RT-PCR and RT-LAMP.

HCV viral load	Extraction methods						
(log ₁₀ IU/mL)	Silica-membrane based		Magnetic beads-based		Boiling with DEPC-treated distilled water		
	Real time RT-PCR, Ct	RT-LAMP, no.	Real time RT-PCR, Ct	RT-LAMP, no. of detectable	Real time RT-PCR, Ct	RT-LAMP, no.	
	(mean <u>+</u> SD)	samples (%)	(mean <u>+</u> SD)	samples (%)	(mean <u>+</u> SD)	samples (%)	
6.01-7.00 (N=10)	24.95 <u>+</u> 1.64	10/10 (100)	23.19 <u>+</u> 1.35	10/10 (100)	29.50 <u>+</u> 1.27	3/10 (30)	
5.01-6.00 (N=14)	26.76 <u>+</u> 1.13	13/14 (93)	24.59 <u>+</u> 0.90	12/14 (86)	30.86 ± 0.93	4/14 (29)	
4.01-5.00 (N=14)	29.89 ± 1.37	9/14 (64)	27.89 ± 1.03	9/14 (64)	33.83 ± 1.07	0/14 (0)	
3.01-4.00 (N=12)	32.60 ± 1.44	1/12 (8)	31.21 ± 1.23	0/12 (0)	34.11 ± 0.72	0/12 (0)	
Total (N=50)	50 (100)	33 (66)	50 (100)	31 (62)	38 (76)	7 (14)	

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118

Fig 1. RT-LAMP results of all 50 clinical samples tested, according to the RNA extractionmethods.

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Fig 2. Correlation analysis between cycle threshold (Ct) values obtained by real time RTPCR using extracted RNA (n =50) from silica-membrane based and magnetic beadsbased extraction methods (A) and boiling using DEPC-treated distilled water extraction
methods (B).

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- 127

128 Discussion

129 Our study showed variable sensitivities of molecular HCV detection in plasma samples 130 depending on the RNA extraction method used. The silica-membrane based extraction method 131 combines the selective binding properties of a silica-based membrane with the speed of 132 microspin technology which employs a simple bind-wash-elute process. As noted, the eluates 133 of this kit contain both viral nucleic acids and carrier RNA which may exceed the amount of 134 authentic nucleic acids of virus when quantified by photometric method. However, the 135 extracted RNA from this method is suitable for HCV molecular diagnosis by real time RT-136 PCR, and by RT-LAMP when using samples with a high viral load. Previous studies also 137 showed that this method was suitable for RNA isolation from plasma and ready-for-use in 138 subsequent reactions for viral detection [7, 8]. This extraction method is fast but the most 139 expensive of the four extraction methods tested. Furthermore, it requires a centrifuge for the 140 separation steps. The magnetic beads-based extraction method is based on the reversible 141 adsorption of nucleic acids to paramagnetic beads. This method uses only magnetic separator 142 for separation magnetic beads containing nucleic acids and solution. It does not need a

143 centrifugation step but requires careful pipetting to remove the solution from the beads. In this 144 method. 200 µL plasma sample was used, compared to only 100-150 µL of sample in the other 145 three methods which may lead to an increase in the RNA extraction capacity. Previous studies 146 also recommended the magnetic bead technology for viral RNA extraction from serum or 147 plasma [9, 10]. Our results showed that Ct values from HCV samples extracted by magnetic 148 beads-based method and silica-membrane based method correlated well. Thus, it can be used 149 as an alternative extraction method. However, samples with low viral loads may cause a false 150 negative result when used with RT-LAMP detection. Boiling is a simple and rapid method to 151 release viral RNA from samples, it takes about 15 min. Previous studies suggested that simple 152 or direct boiling without any additional purification steps can be used as an alternative RNA 153 isolation method to detect viral infections in clinical samples [5, 11]. However, this method 154 vielded the lowest RNA concentration and purity, as compared to others. This might be 155 explained by a degradation of RNA during boiling and no additional step for concentration. 156 Plasma samples showed a slightly decreased sensitivity when processed by boiling prior to 157 amplification. When using real time RT-PCR for detection, the Ct values from HCV samples 158 extracted by boiling were slightly higher than those of RNA extracts by silica-membrane and 159 magnetic beads-based extraction methods and did not strongly correlate. Although the boiling 160 method could be used as a cost-effective alternative to expensive extraction methods, it can 161 only be used when samples have a high viral load. Boiling samples with a commercial lysis 162 buffer provided the highest RNA concentration, a quite low purity of RNA. This might be due 163 to the RNA carrier contained in the lysis buffer and the absence of additional step to remove 164 the lysis buffer components or purification prior to amplification. We were unable to detect 165 any HCV RNA in all RNA extracts and the results of RT-LAMP could not be interpreted. This 166 may be due to an effect of inhibitors created or released by boiling. Thus, boiling plasma 167 samples with a commercial lysis buffer cannot be used for RNA extraction in viral detection.

168 The limitation of this study may be the relatively low number of samples and the diversity of169 HCV genotypes tested.

In summary, the magnetic beads-based extraction method can be used as an alternative method of plasma RNA extraction for HCV detection. This method is simple, rapid, inexpensive, and does not require a centrifugation process which makes it suitable for on-site diagnosis or in the field when combined with RT-LAMP technique. This approach will contribute to identify new HCV viremic cases and to reaching the long-term goal of HCV eradication.

176

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197 References

- Luo A, Xu P, Wang J, Li Z, Wang S, Jiang X, et al. Efficacy and safety of directacting antiviral therapy for chronic hepatitis C genotype 6: A meta-analysis. Medicine.
 200 2019;98(20):e15626. Epub 2019/05/18. doi: 10.1097/md.00000000015626.
 PubMed PMID: 31096473; PubMed Central PMCID: PMCPMC6531202.
- 202 2. Hongjaisee S, Doungjinda N, Khamduang W, Carraway TS, Wipasa J, Debes JD, et
 203 al. Rapid visual detection of hepatitis C virus using a reverse transcription loop204 mediated isothermal amplification assay. International journal of infectious diseases :
 205 IJID : official publication of the International Society for Infectious Diseases.
 206 2021;102:440-5. Epub 2020/11/02. doi: 10.1016/j.ijid.2020.10.082. PubMed PMID:
 207 33130211; PubMed Central PMCID: PMCPMC7794100.
- 3. Nyan DC, Swinson KL. A method for rapid detection and genotype identification of hepatitis C virus 1-6 by one-step reverse transcription loop-mediated isothermal amplification. International journal of infectious diseases : IJID : official publication of the International Society for Infectious Diseases. 2016;43:30-6. Epub 2015/12/22.
 doi: 10.1016/j.ijid.2015.12.002. PubMed PMID: 26686938.
- 213 4. Zhao N, Liu J, Sun D. Detection of HCV genotypes 1b and 2a by a reverse
 214 transcription loop-mediated isothermal amplification assay. Journal of medical

- 215 virology. 2017;89(6):1048-54. Epub 2016/12/10. doi: 10.1002/jmv.24747. PubMed
 216 PMID: 27935066.
- 5. Fereidouni SR, Starick E, Ziller M, Harder TC, Unger H, Hamilton K, et al. Sample
 preparation for avian and porcine influenza virus cDNA amplification simplified:
 Boiling vs. conventional RNA extraction. Journal of virological methods.
 2015;221:62-7. Epub 2015/05/02. doi: 10.1016/j.jviromet.2015.04.021. PubMed
 PMID: 25929989.
- 6. Chen L, Li W, Zhang K, Zhang R, Lu T, Hao M, et al. Hepatitis C Virus RNA RealTime Quantitative RT-PCR Method Based on a New Primer Design Strategy. The
 Journal of molecular diagnostics : JMD. 2016;18(1):84-91. Epub 2015/11/28. doi:
 10.1016/j.jmoldx.2015.07.009. PubMed PMID: 26612712.
- 7. Gonzalez-Perez I, Armas Cayarga A, García de la Rosa I, Josefina González González
 Y. Homemade viral RNA isolation protocol using silica columns: a comparison of
 four protocols. Analytical biochemistry. 2007;360(1):148-50. Epub 2006/11/23. doi:
 10.1016/j.ab.2006.10.022. PubMed PMID: 17113029.
- 230 8. Li X, Mauro M, Williams Z. Comparison of plasma extracellular RNA isolation kits
 231 reveals kit-dependent biases. BioTechniques. 2015;59(1):13-7. Epub 2015/07/15. doi:
 232 10.2144/000114306. PubMed PMID: 26156779.
- 9. Albertoni GA, Arnoni CP, Barboza Araujo PR, Andrade SS, Carvalho FO, Castello Girão MJB, et al. Magnetic bead technology for viral RNA extraction from serum in blood bank screening. The Brazilian Journal of Infectious Diseases. 2011;15(6):54752. doi: https://doi.org/10.1016/S1413-8670(11)70249-5.
- 237 10.Pichl L, Heitmann A, Herzog P, Oster J, Smets H, Schottstedt V. Magnetic bead
 238 technology in viral RNA and DNA extraction from plasma minipools. Transfusion.

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239 2005;45(7):1106-10. Epub 2005/07/01. doi: 10.1111/j.1537-2995.2005.04356.x.

- **240** PubMed PMID: 15987354.
- 241 11.Jitendra K B, Rajeev R, Biswajit D, Saravanan S, Bramhadev P. The direct boil RT242 mPCR: A simple and rapid method for detection of foot-and-mouth disease virus
 243 genome in clinical samples without nucleic acid extraction. Indian journal of
 244 veterinary pathology. 2017;41(1):12-7.
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246 Supporting information

- 247 S1 Table. Clinical efficacy evaluation of the viral RNA extraction methods for HCV
- 248 detection using real time RT-PCR and RT-LAMP by samples

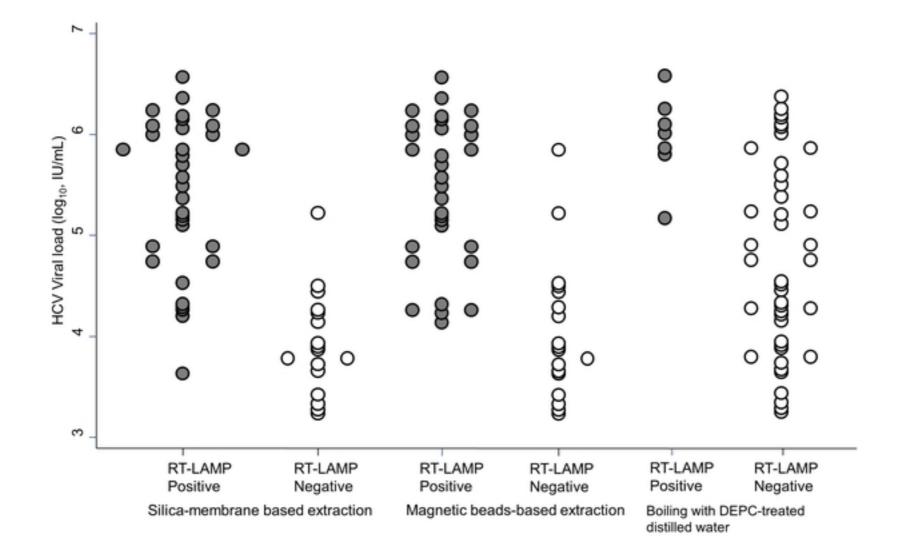


Figure 1

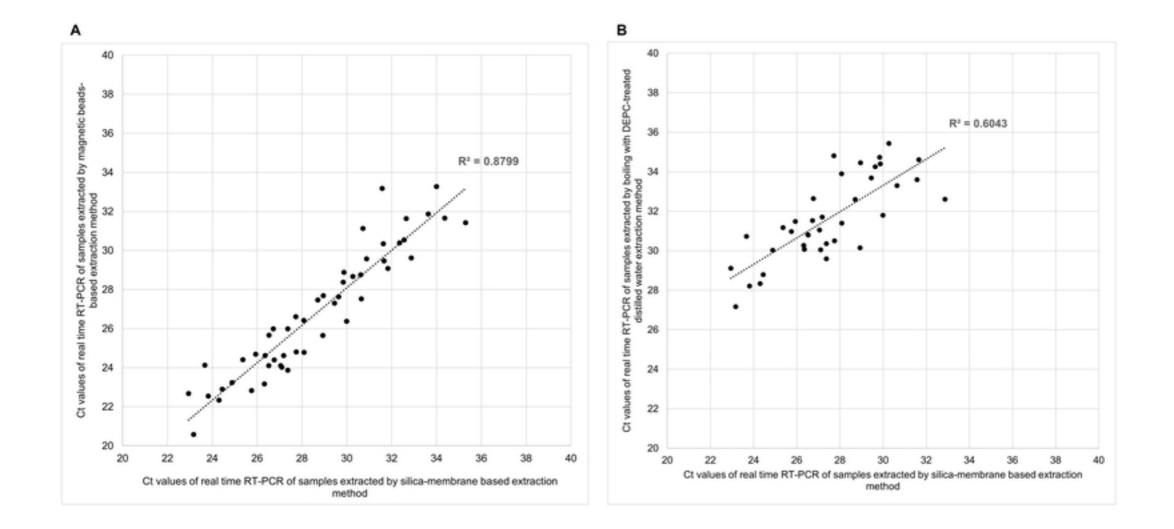


Figure 2