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**Title:** A study of immunogenetic markers associated With tuberculosis and diabetes mellitus

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**Body:** Diabetes mellitus (DM) is an important predisposing factor for tuberculosis (TB). The rising prevalence of DM in TB-endemic areas may adversely affect TB control. Hence we hypothesized that this susceptibility to mycobacterial infection is due to a defective Th1-cytokine response. The in vitro T cell assays were investigated in New Sputum Smear Positive (NSS+) New Sputum Smear Negative (NSS-), TB with DM (TBDM), DM patients and Healthy Controls (HC) in response to the r32Kda Ag BCG. IFN- $\gamma$  & IL-10 levels in culture supernatants and serum Vitamin D levels were estimated by ELISA (pg/ml). ARMS-PCR was carried out to study the SNPs. The mean proliferative responses were low in all patients vs HC ( $1.07 \pm 0.33$ ;  $1.2 \pm 0.59$ ;  $1.15 \pm 0.5$ ;  $1.16 \pm 0.57$  &  $1.6 \pm 0.97$ ). The mean IFN- $\gamma$  levels were significant for (NSS+  $6.74 \pm 4.14$ ;  $23.66 \pm 14.96$ ;  $p < 0.0004$  &  $9.37 \pm 4.44$ ;  $23.66 \pm 14.96$   $p < 0.01$  in NSS- &  $6.17 \pm 4.42$ ;  $32.08 \pm 8.8$   $p < 0.03$  in TBDM); for IL-10 ( $9.88 \pm 3.45$ ;  $34.18 \pm 11.74$   $p < 0.04$  in NSS+  $70.74 \pm 16.5$ ;  $14.37 \pm 4.14$   $p < 0.01$  in TBDM &  $69.01 \pm 15.29$ ;  $13.99 \pm 3.9$ ;  $p < 0.01$  in DM) compared to HC. Most of the patients had insufficient (24-74pg/ml) levels of Vitamin D where NSS+ patients have shown deficient levels. AA & AT genotypes of IFN- $\gamma$  ( $p < 0.009$ ; 95% C.I 0.266-0.853;  $p < 0.032$  95% C.I 1.038-2.653 in NSS+ &  $p < 0.037$  95% C.I. 0.261-0.991;  $p < 0.001$  95% C.I. 1.349-4.208 in DM); GA & GG genotypes of IL-10 -1082(G/A) were significantly associated in all the groups of patients ( $p < 0.0001$ ). The study may help to identify the inflammatory cytokine markers in diabetics who are prone to develop TB.