Molecular Basis of Disease

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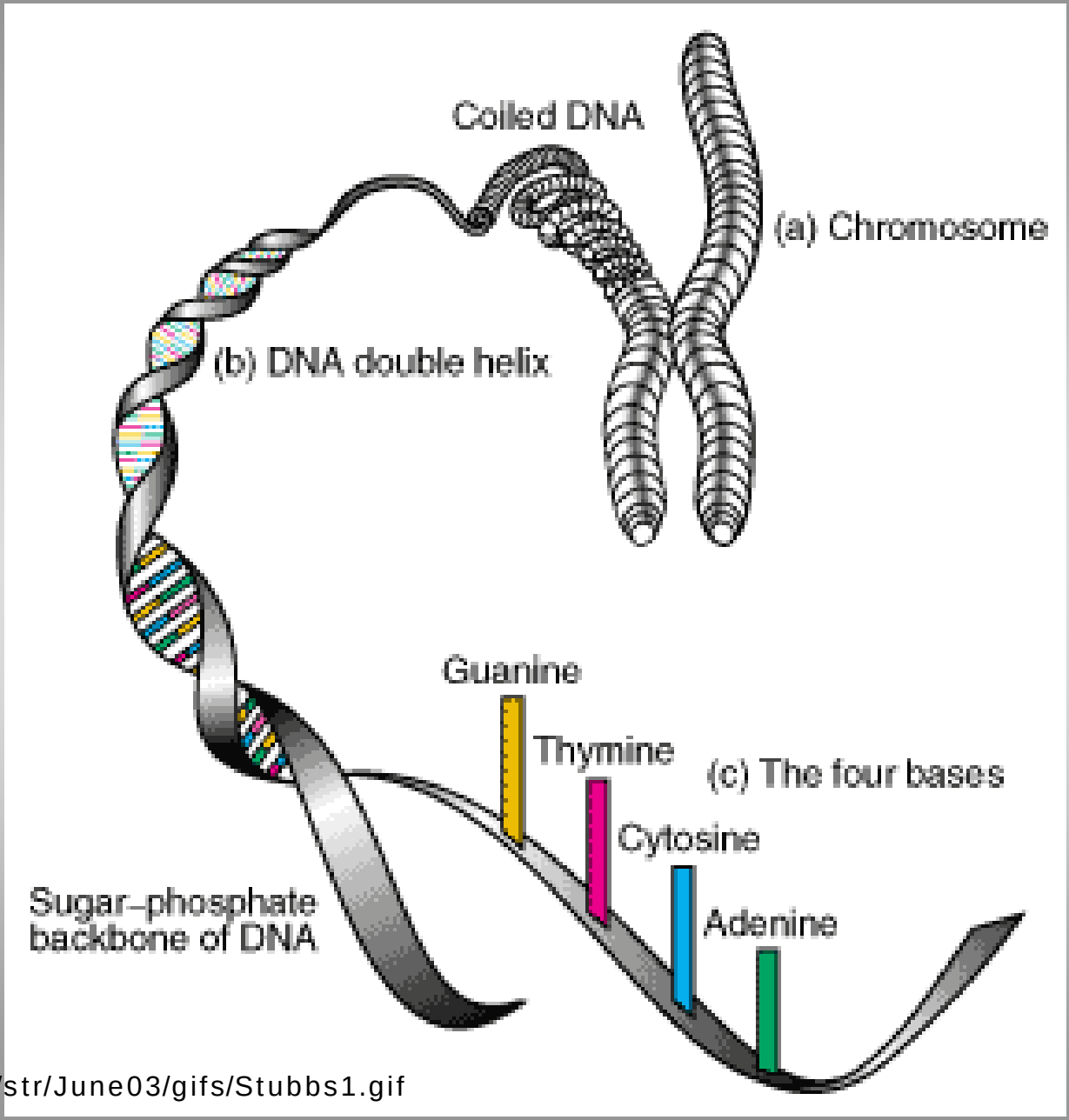
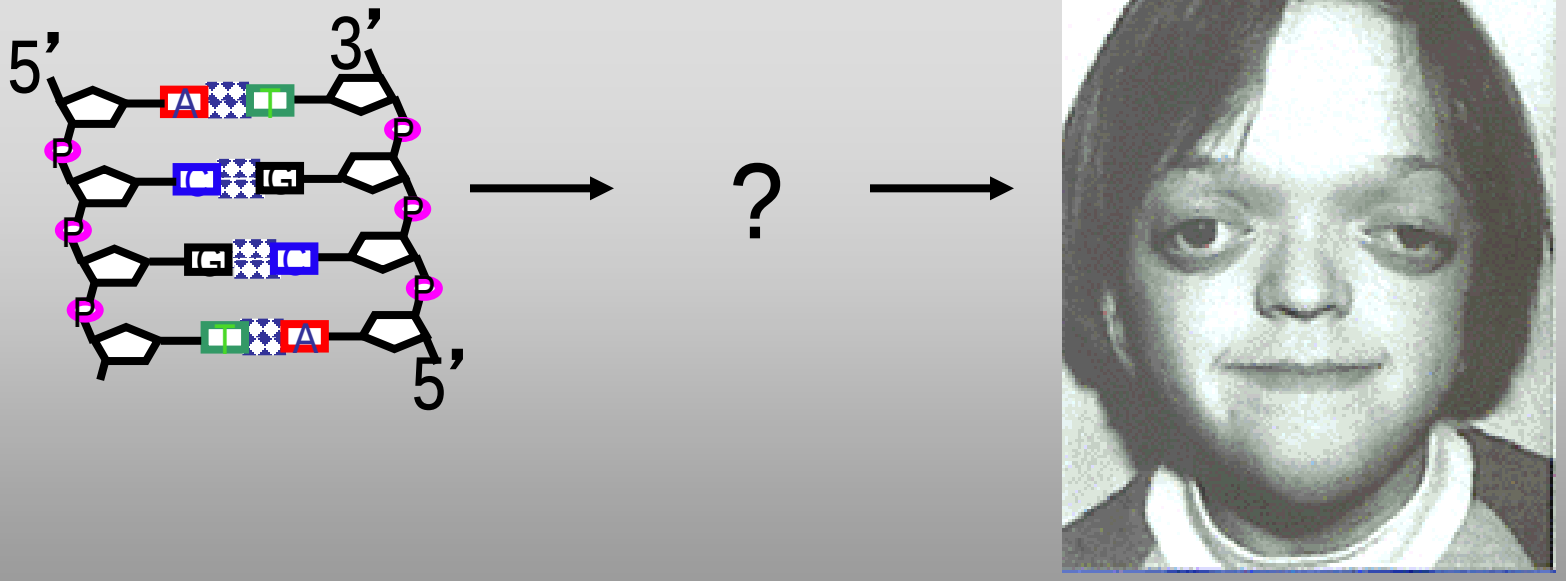


www.llnl.gov/str/June03/gifs/Stubbs1.gif

Genetics:
Some basic molecular definitions

- Central dogma of genetics

DNA ↔ RNA ↔ Protein ↔ Phenotype



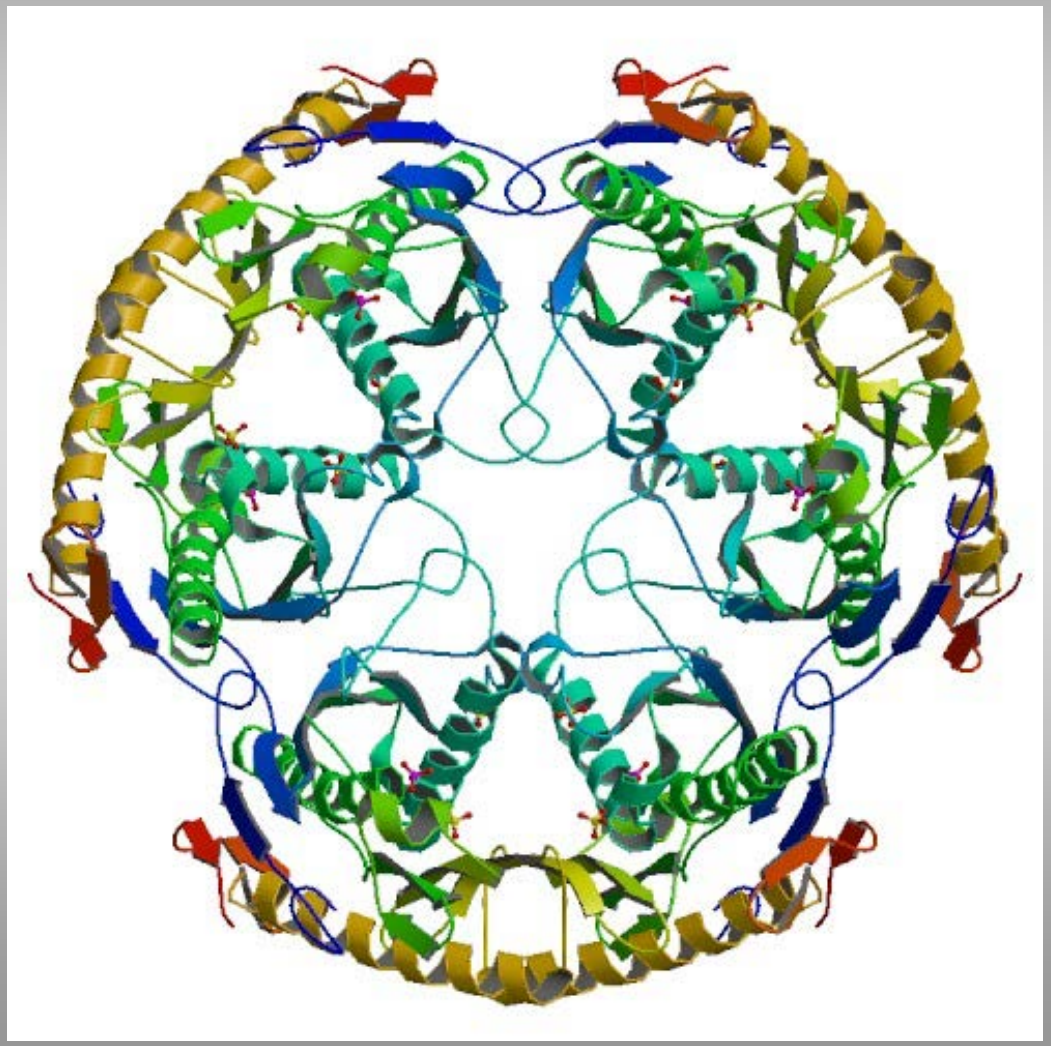
What is a pathogenic mutation?

Most important question in molecular genetics

Is this gene change pathogenic?

i.e. is this the cause of the disorder

Diagram of the crystal structure of a protein

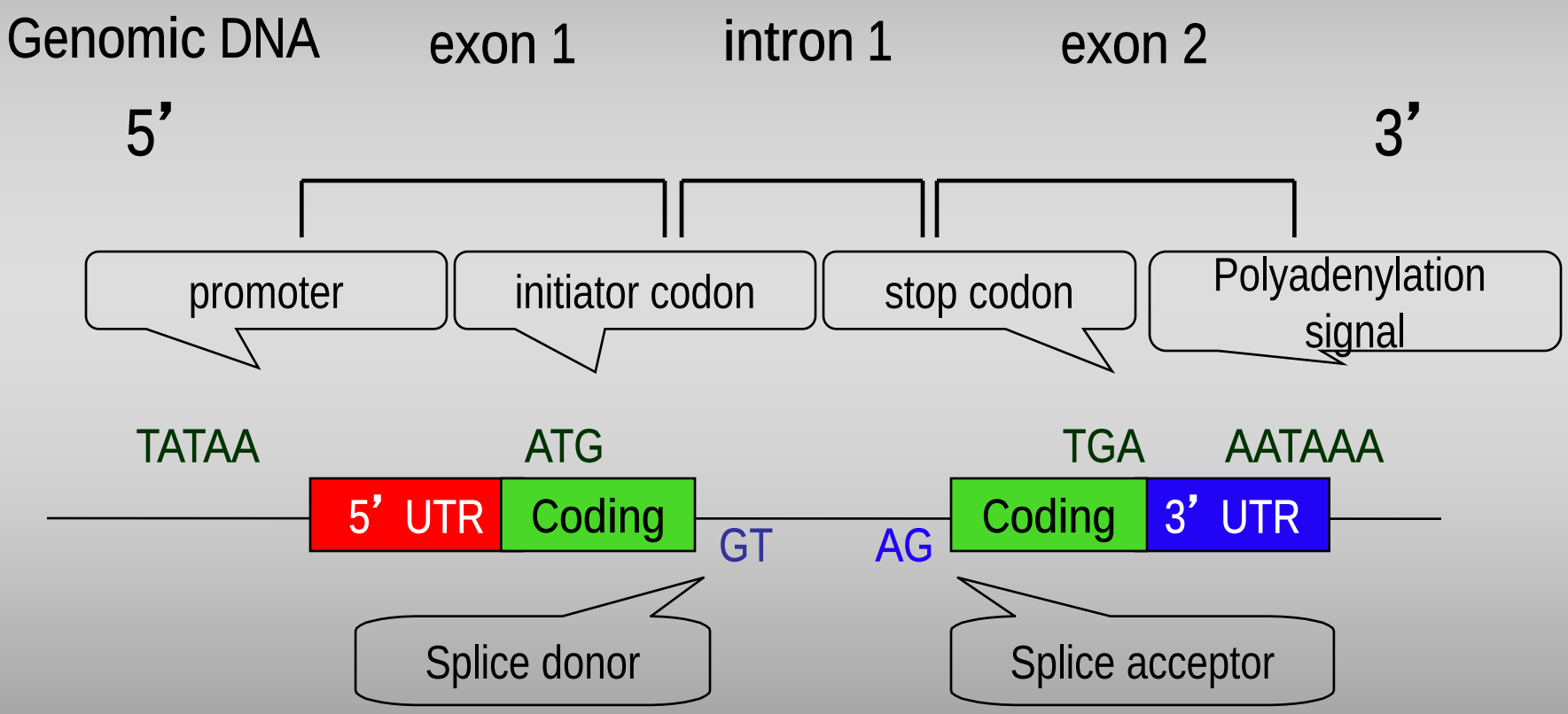


https://en.wikipedia.org/wiki/RNase_PH#/media/File:Crystal_structure_1UDN.jpg

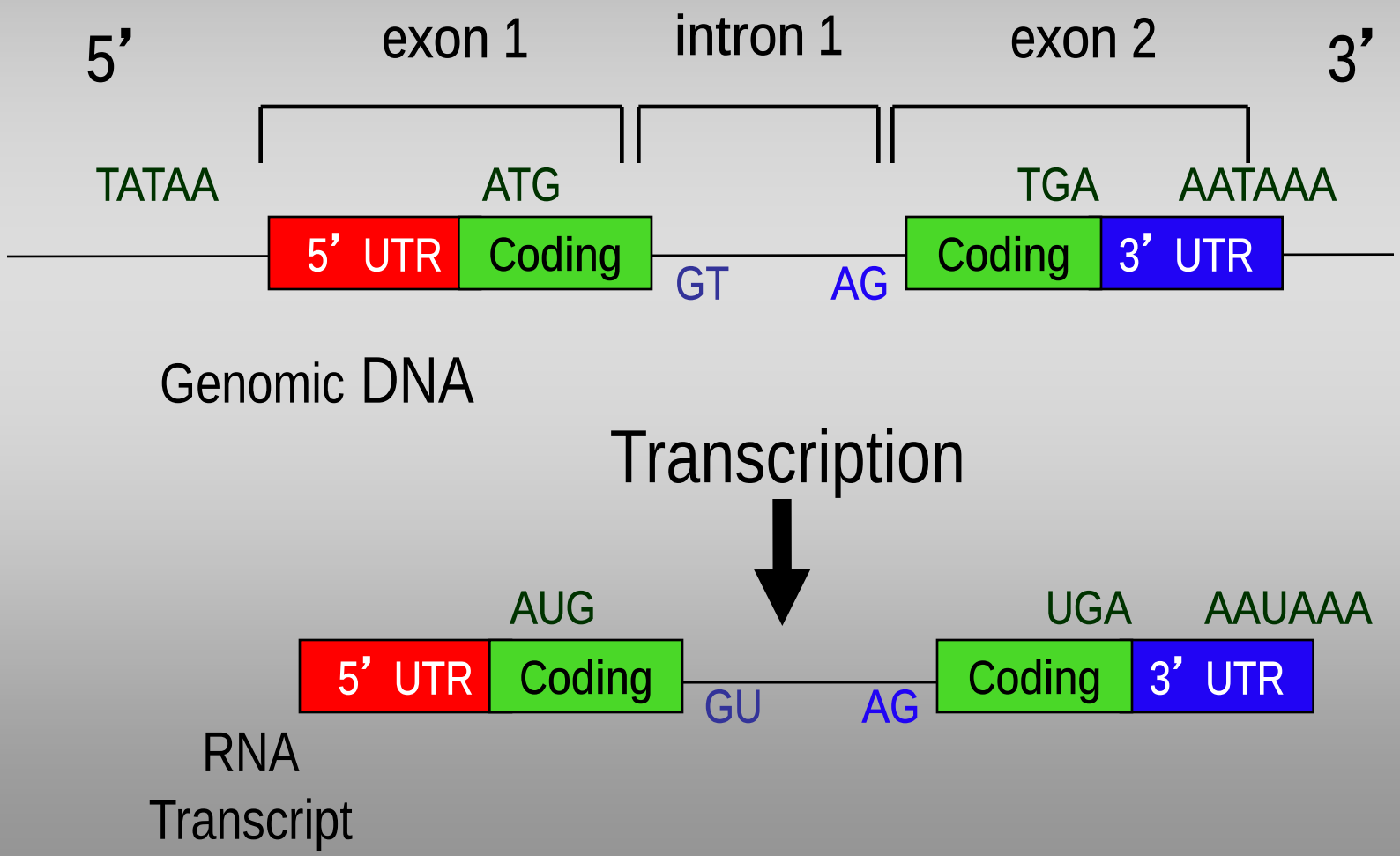
Lecture Outcomes

- Know the different classifications of mutations
- How to determine pathogenicity
- How mutations cause disease
- How mutations are investigated
- Know some unusual behaviour of DNA mutations

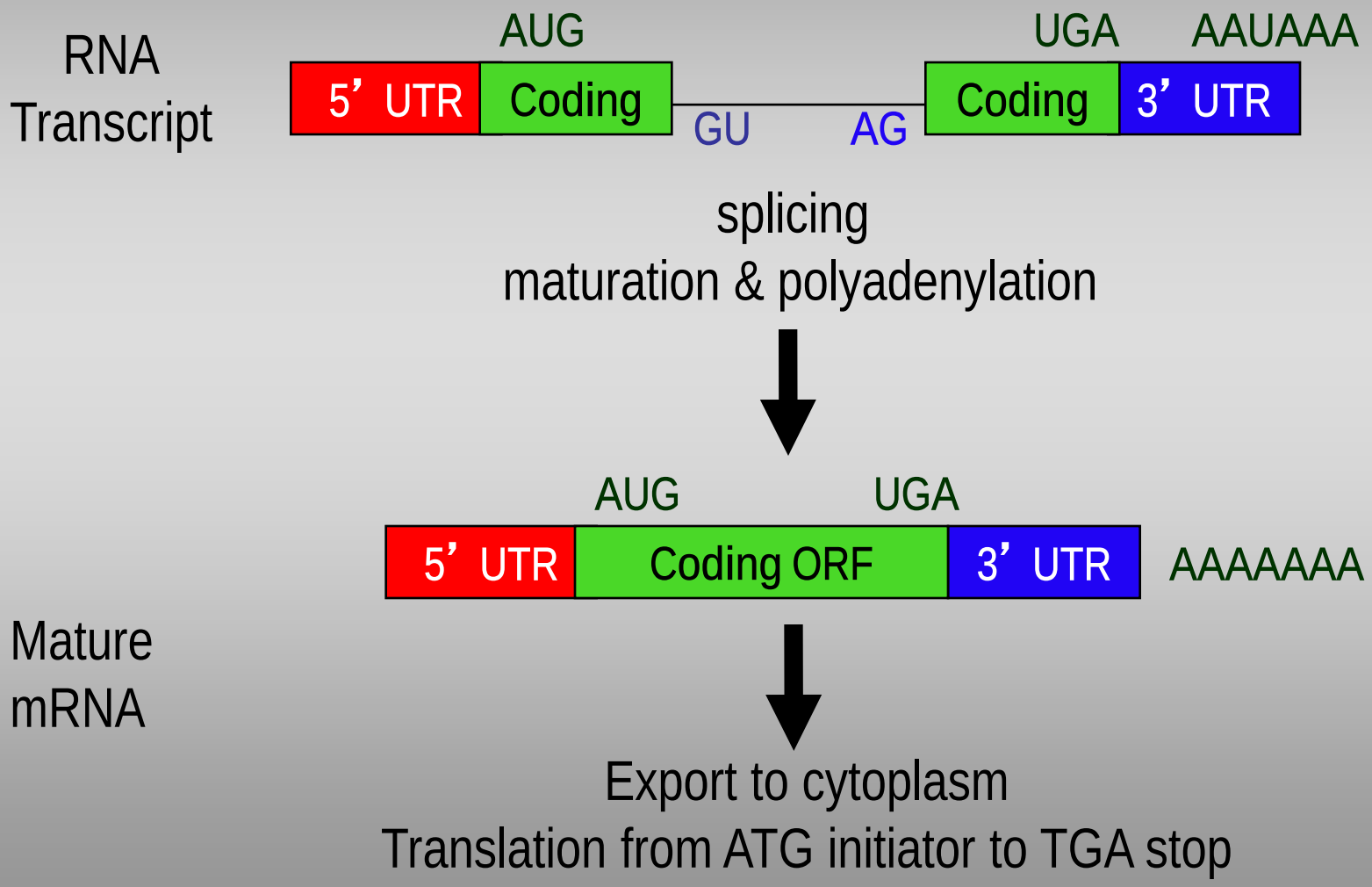
Anatomy of a Gene

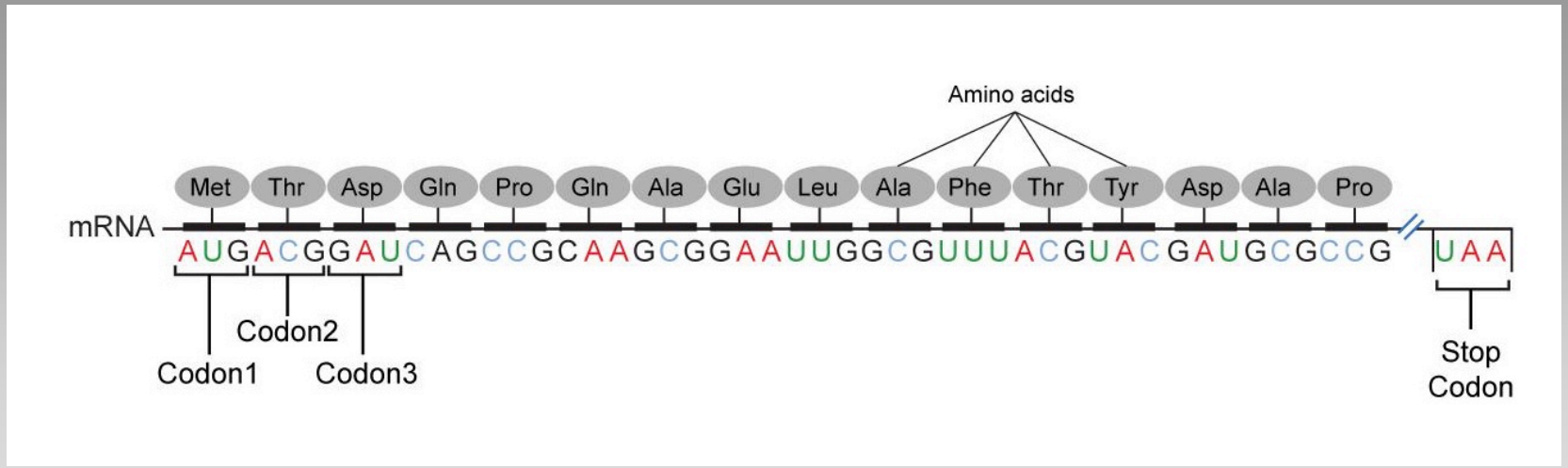


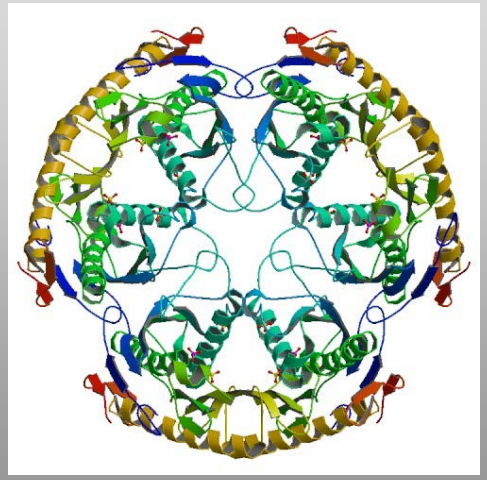
Gene Structure Transcription



Post transcriptional modifications







Mutation Criteria

- Does it affect the function of the protein ?
- It is in a conserved region of the protein ?
- Does it co-segregate with the disorder in the family ?
- Is the change seen in the normal population ?

Types of mutation in DNA sequences

- Deletions
  - Ranges from 1bp to megabases
- Insertions
  - Ranges vary can be as small as 1bp up to megabases
  - Duplication and inversions
- Single base pair substitutions (point mutations)

- Frameshifts
  - Caused by deletions, insertions or splicing errors
- Dynamic mutations
  - Tandem repeats

Types of mutation in DNA sequences

The cat sat on the mat	Wild type
The cat spa to nth ema t	Insertion
The cas ato nt hem at	Deletion
	Frameshifts
The cat	Stop / Nonsense
The car sat on the mat	Missense

Types of mutation in DNA sequences

The cat sat on the mat	Wild type
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	Frameshifts
The cat	Stop / Nonsense
The car sat on the mat	Missense
The cat cat sat on the mat	Triplet expansion (Dynamic mutation)
The tas tac on the mat	Inversion

Point mutations

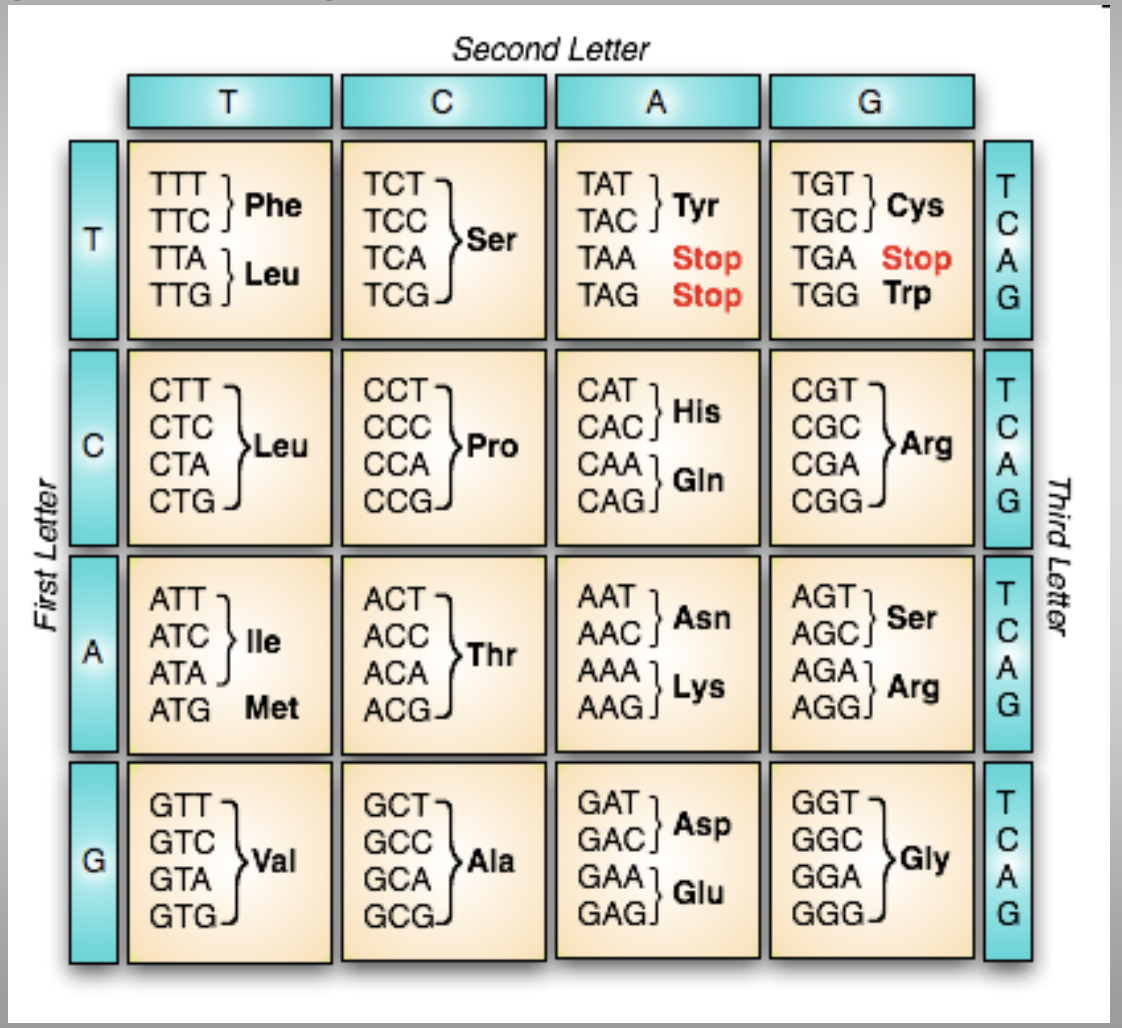
- Can be classified according to their effect on the product of translation
- A *synonymous* mutation
  - changes a codon into another that specifies the same amino acid as the original codon
  - due to redundancies within genetic code
- A *nonsynonymous* mutation
  - changes a codon into another that specifies a different amino acid to that of the original codon

Point mutations

- *Nonsynonymous* mutations
  - Missense mutations
    - replace one amino acid with another
  - Nonsense mutations
    - replace an amino acid codon with a stop codon
  - Splice site mutations
    - create or destroy splicing signals

Missense mutations
(within exon)

- Has it caused a change in amino acid?
  - Some redundancy in the genetic code
  - 20 amino acids and 64 possible codons



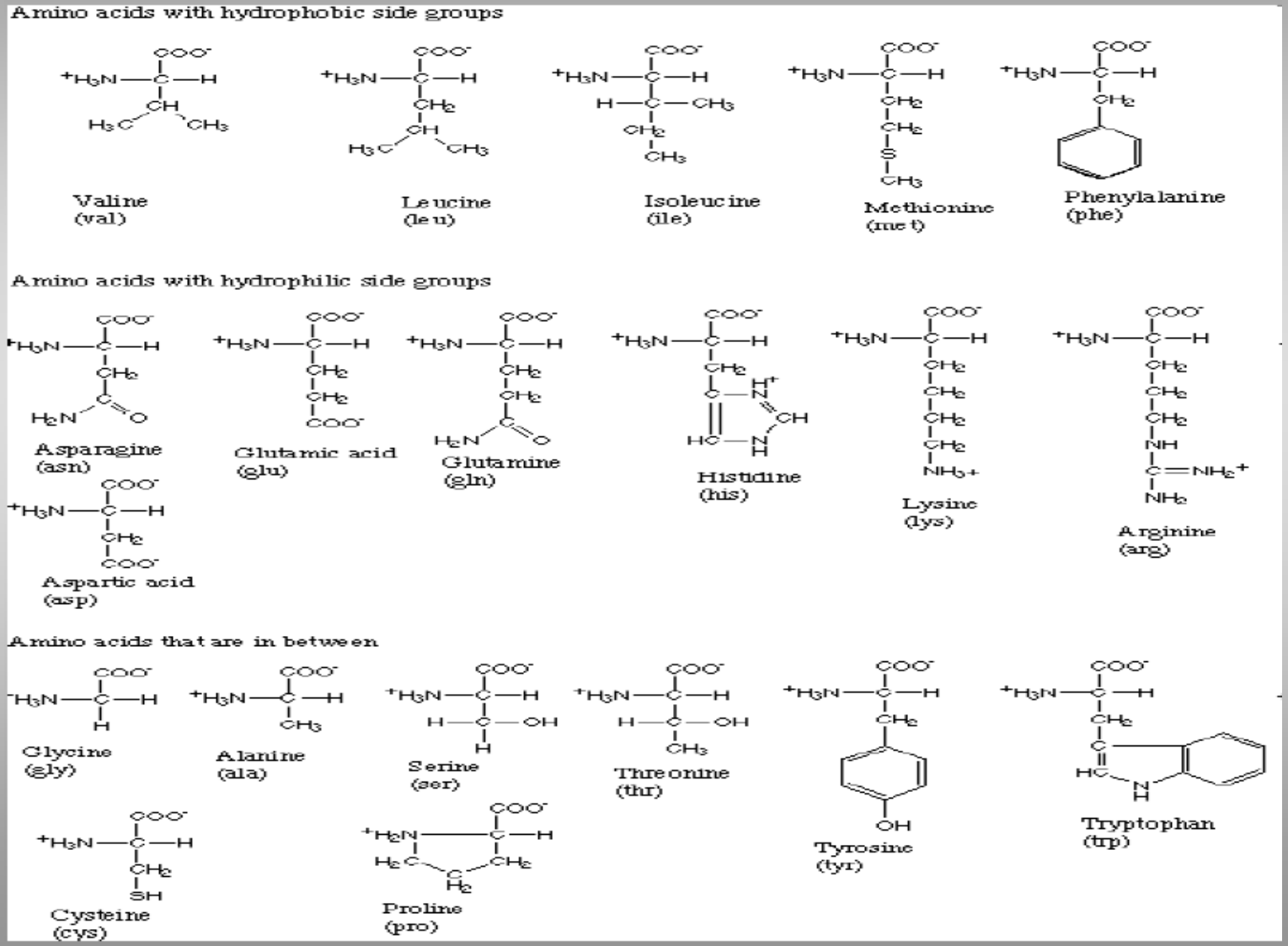
http://biologyofmicroorganisms.blogspot.com/

Missense mutations
(within exon)

Where there has been a change in amino acid

- Has it caused a conserved or non-conservative change in amino acid
  - Change in polarity
  - Change in hydrophobicity

Missense mutations



Grantham Matrix

From: Grantham R. Amino acid difference formula to help explain protein evolution. Science 185:862–4 (1974)

Arg	Leu	Pro	Thr	Ala	Val	Gly	Ile	Phe	Tyr	Cys	His	Gln	Asn	Lys	Asp	Glu	Met	Trp	
110	145	74	58	99	124	56	142	155	144	112	89	68	46	121	65	80	135	177	**Ser**
	102	103	71	112	96	125	97	97	77	180	29	43	86	26	96	54	91	101	**Arg**
		98	92	96	32	138	5	22	36	198	99	113	153	107	172	138	15	61	**Leu**
			38	27	68	42	95	114	110	169	77	76	91	103	108	93	87	147	**Pro**
				58	69	59	89	103	92	149	47	42	65	78	85	65	81	128	**Thr**
					64	60	94	113	112	195	86	91	111	106	126	107	84	148	**Ala**
						109	29	50	55	192	84	96	133	97	152	121	21	88	**Val**
							135	153	147	159	98	87	80	127	94	98	127	184	**Gly**
								21	33	198	94	109	149	102	168	134	10	61	**Ile**
									22	205	100	116	158	102	177	140	28	40	**Phe**
										194	83	99	143	85	160	122	36	37	**Tyr**
											174	154	139	202	154	170	196	215	**Cys**
												24	68	32	81	40	87	115	**His**
													46	53	61	29	101	130	**Gln**
														94	23	42	142	174	**Asn**
															101	56	95	110	**Lys**
																45	160	181	**Asp**
																	126	152	**Glu**
																		67	**Met**

- Method in calculating the significance of the amino acid substitution
- The bigger the score the more likely that the missense mutation has caused a change in the resultant protein structure

Mutation Analysis

It is in a conserved region of the protein ?

- More likely to affect function if changes in an region conserved across species (orthologs) or between members of a gene family (paralogs)
- Indicative of critical function

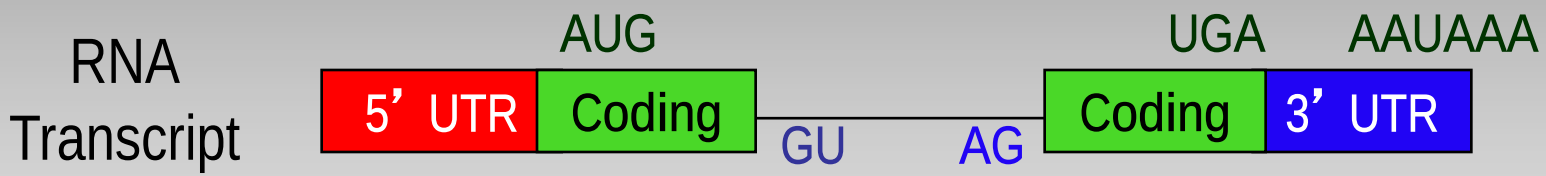
Does it co-segregate with the disorder in the family ?

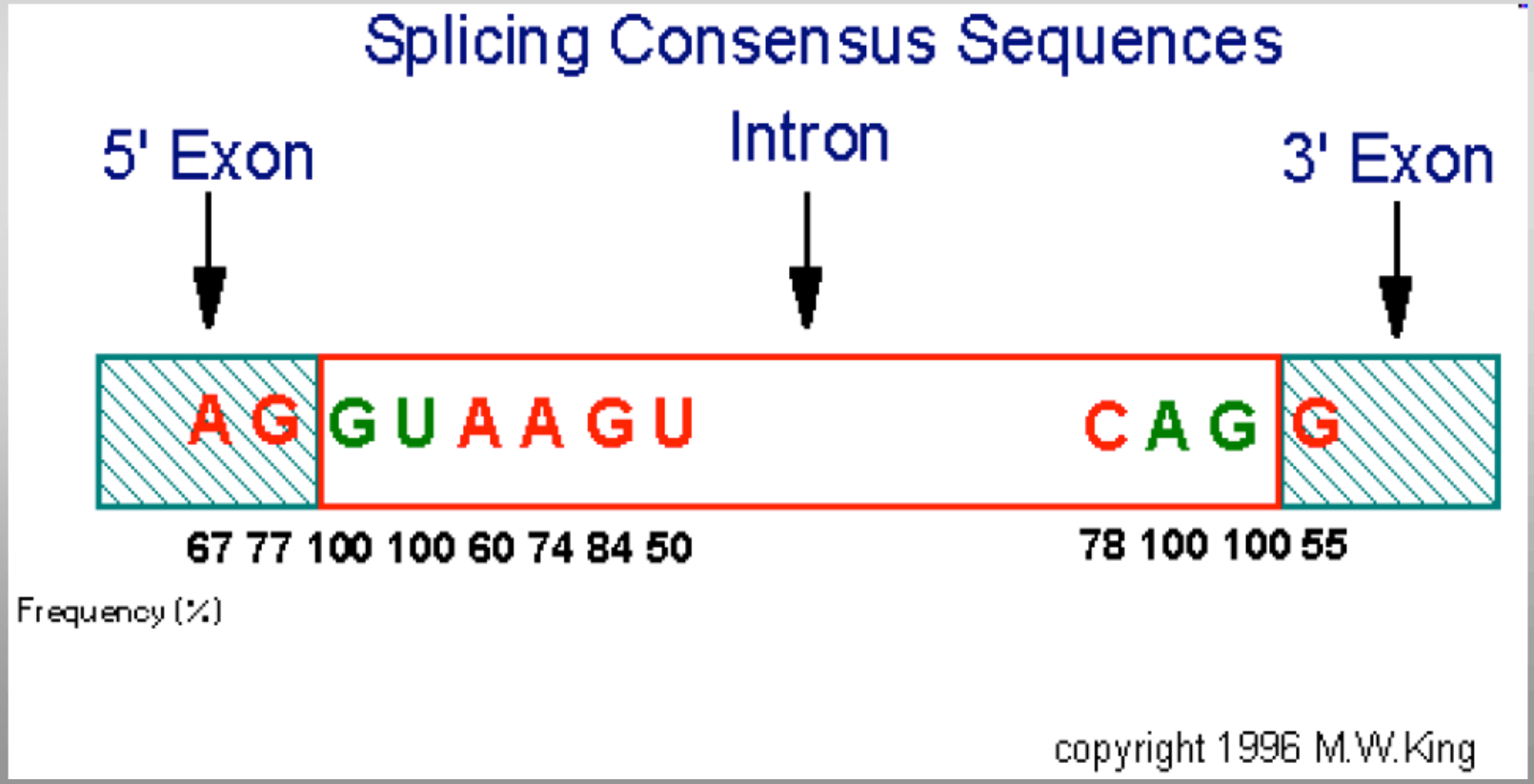
- Is the gene change only found in affected members

Is the change seen in the normal population ?

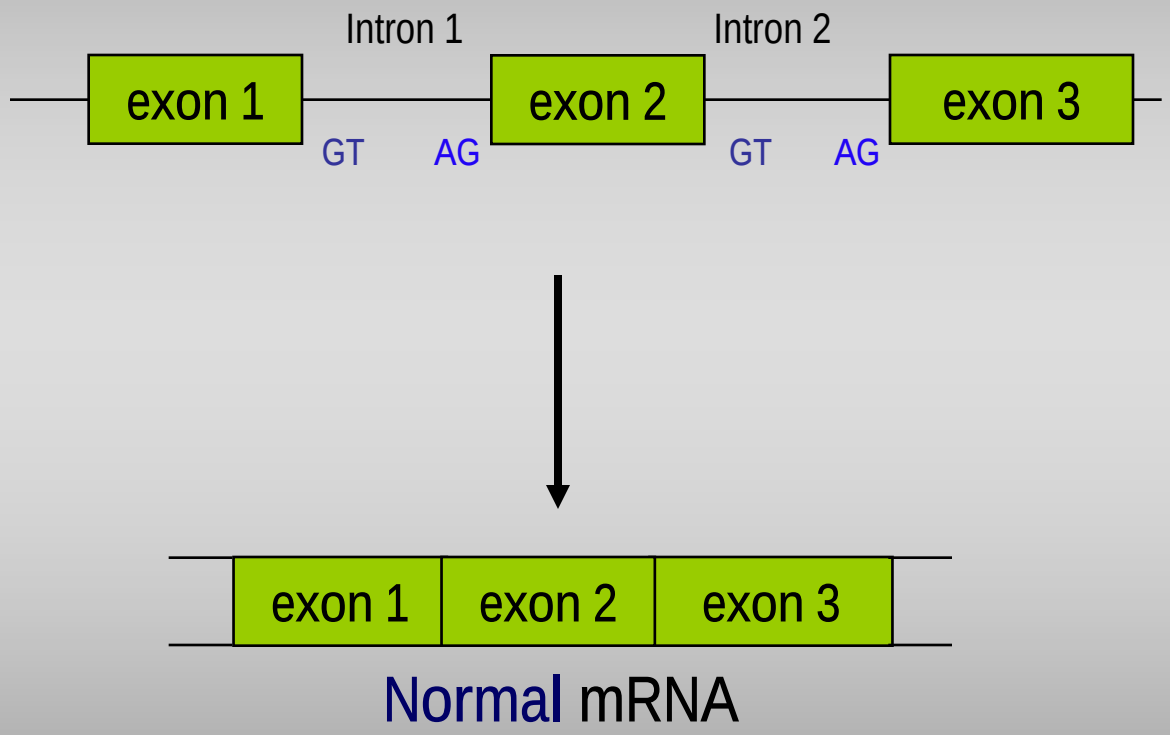
- Has a sample of the normal population been screen

Splice site

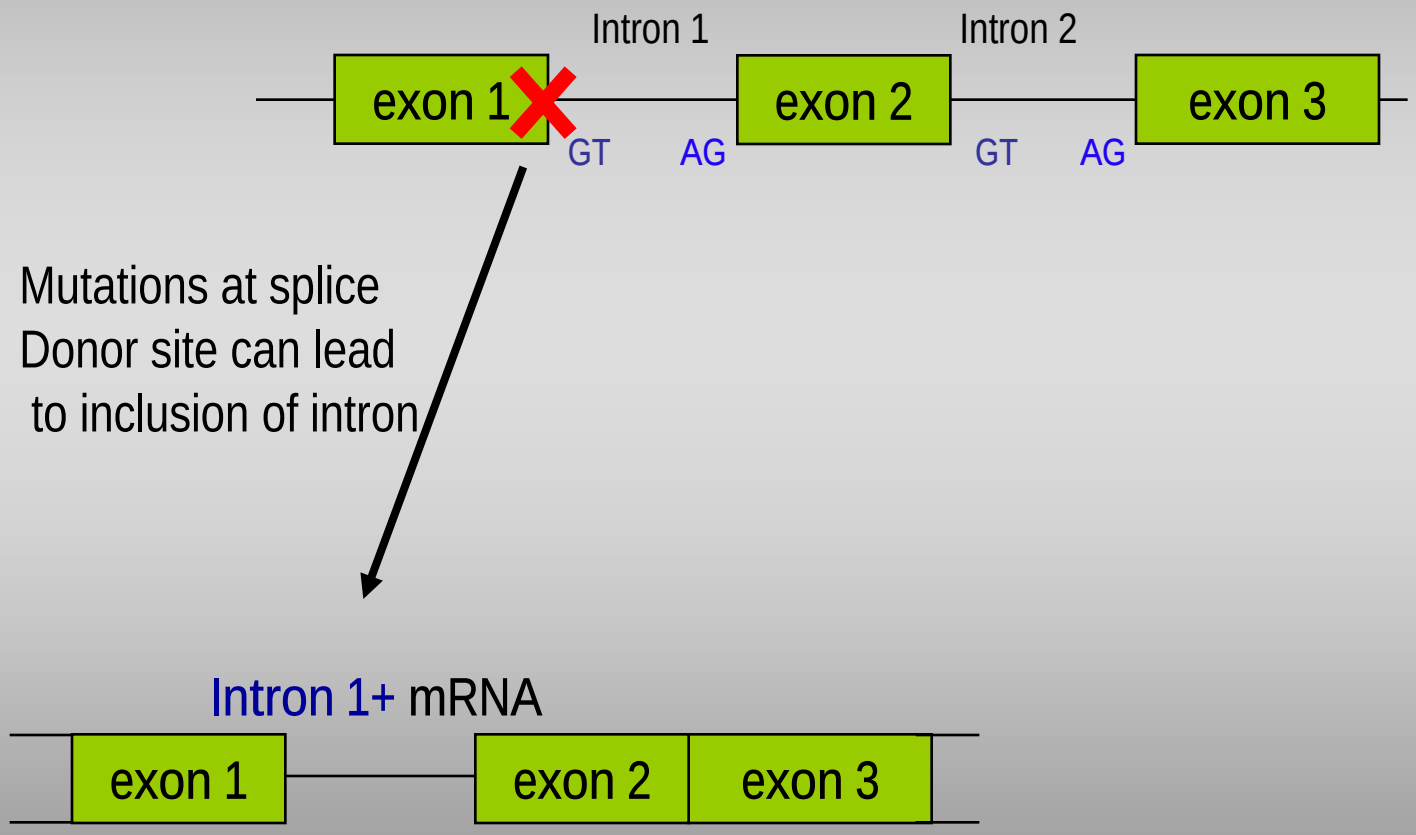

RNA
Transcript
AUG
UGA
AAUAAA
5’ UTR
Coding
GU
AG
Coding
3’ UTR


Splicing Consensus Sequences
5' Exon
Intron
3' Exon
A G
G U A A G U
C A G
G
67 77 100 100 60 74 84 50
78 100 100 55
Frequency (%)
copyright 1996 M.W.King

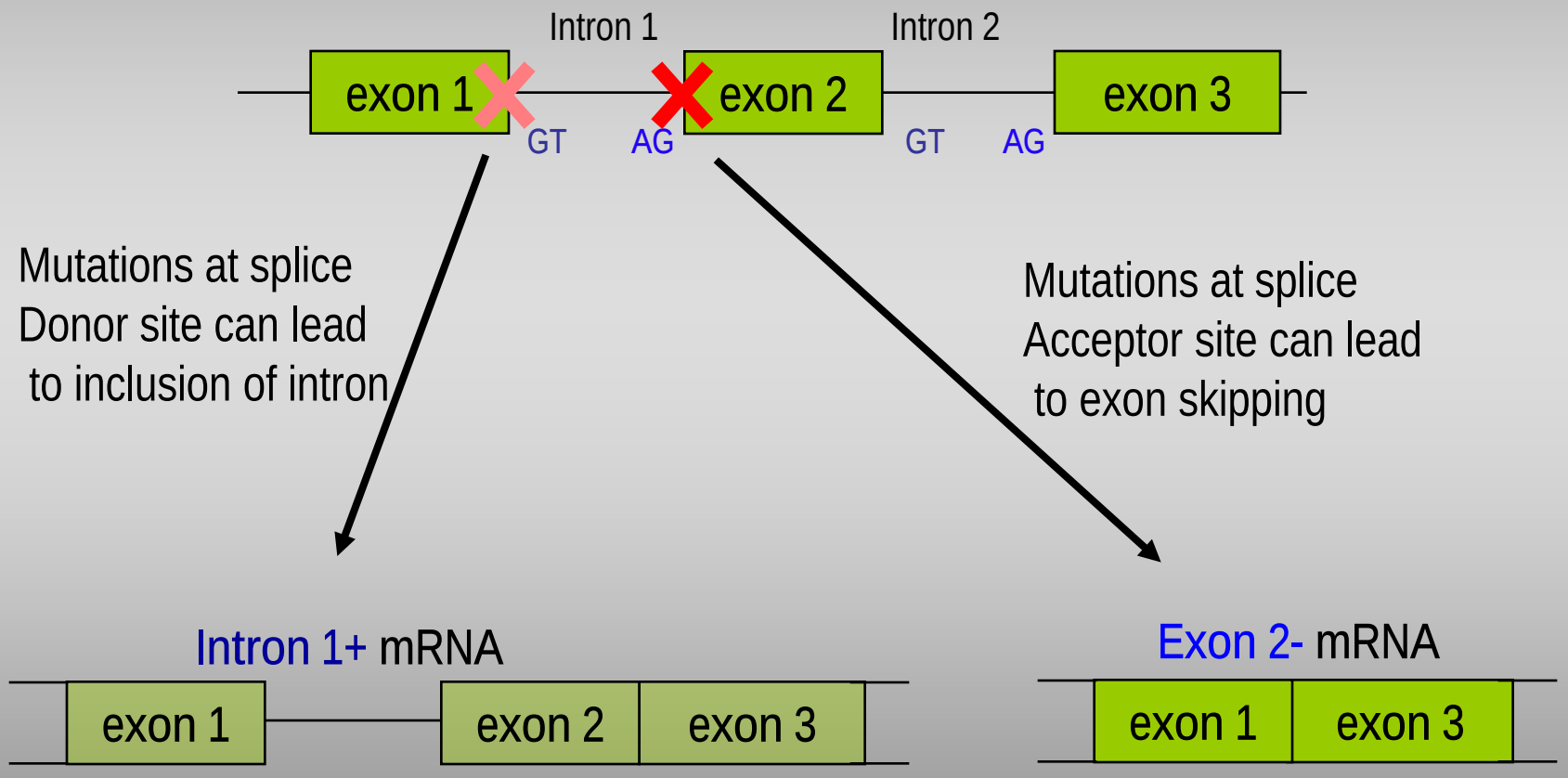
Introns are spliced out when mRNA is made



Spice site mutations



Spice site mutations



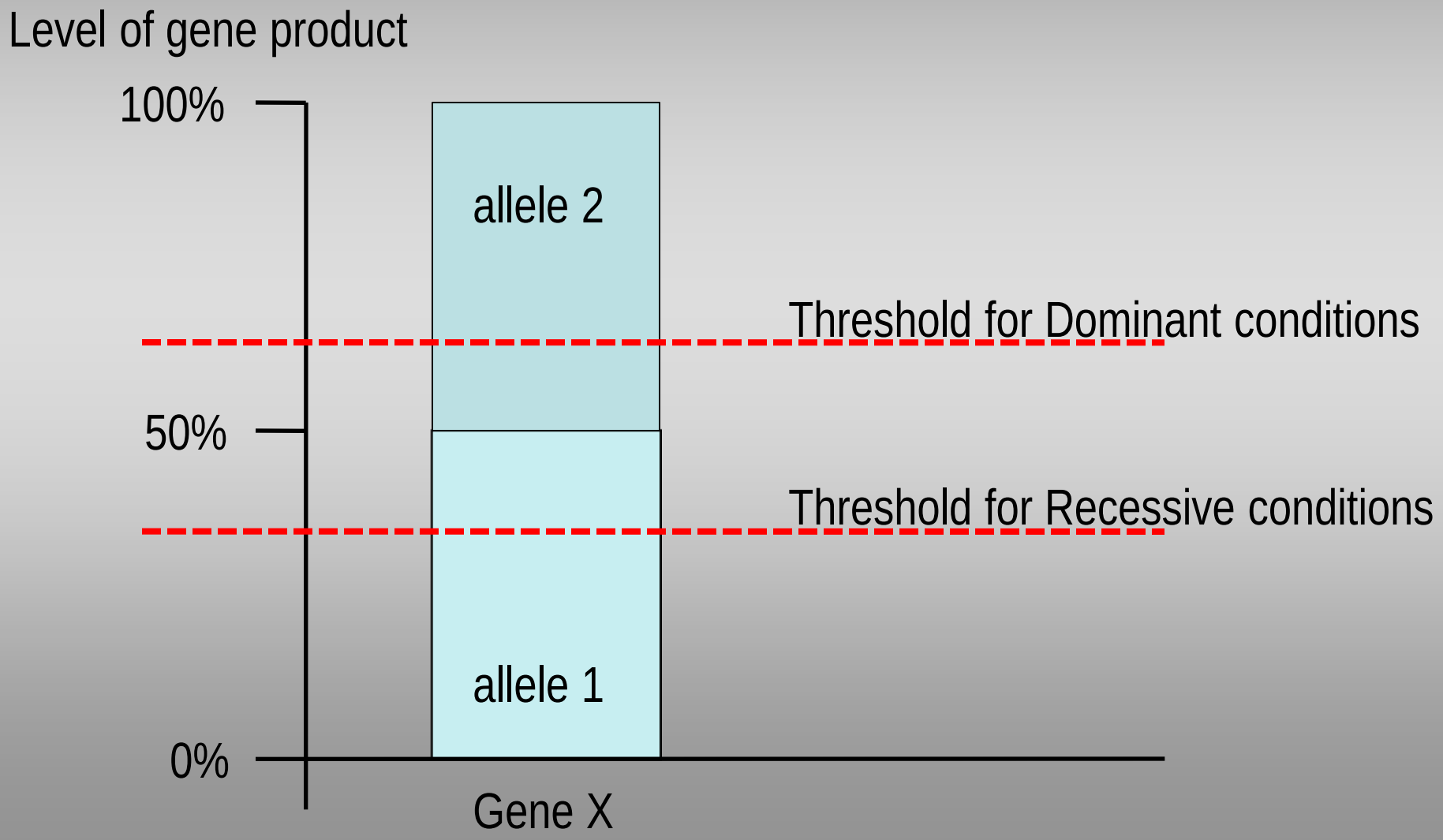
A Mutation Can Cause Disease by:

- Loss of function (Abolition)
- Modification of gene product

A Mutation Can Cause Disease by:

1. Loss of function (Abolition)
    - Due to non-functioning or truncated protein
        - Usually due to intragenic mutations
        - Marfan syndrome, Duchennes muscular dystrophy
    - Haploinsufficiency
        - Usually refer to submicroscopic chromosomal deletions
        - William syndrome
    - Dominant negative
        - Deafness syndromes, Collagen disorders

Disease Manifestation



Dominant negative

- Special class of loss of function
  - The mutation produces a none functioning protein
  - The none functioning protein interferes with the protein of the normal functioning homologous gene
  - Resulting in no effective gene product

A Mutation Can Cause Disease by:

2. Modification
   - Creating a poorly functioning protein
     - Beckers muscular dystrophy
   - Abnormal activation of protein (overexpression)
     - Cancer genes
   - Gain of function of protein (novel function)
     - Huntington disease, cancer genes (philadelphilia chromosome-fusion protein)

Types of DNA testing

Direct testing:

The DNA from a consultand is tested to see whether or not it contains a given pathogenic mutation.

Indirect testing (gene tracking):

Linked markers are used in family studies to discover if the consultand inherited the disease carrying chromosome/allele from a parent.

Polymerase Chain Reaction (PCR) DNA Amplification:

- Very efficient at amplification of template DNA to yield products for analysis.
- DNA can be extracted from various sources blood specimens, mouthwash or tissue specimens.
- Only requires small amounts of patient genomic DNA.
- Best at amplifying small specific segments of DNA

PCR movie

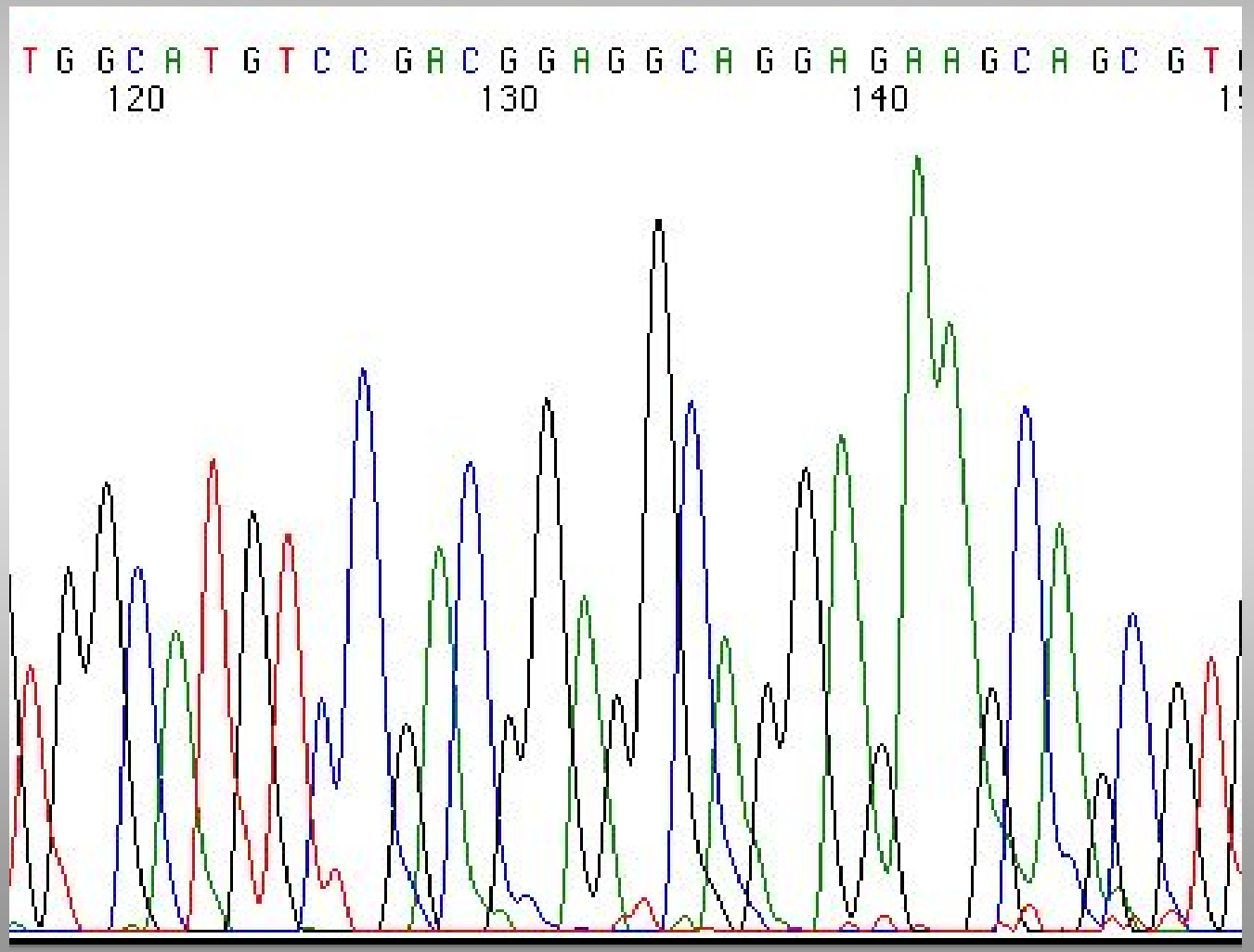
DNA amplification by PCR

- Requires knowledge of targeted sequence
  - To be able to design primers
- Specificity is dictated by two short (~25 bases) synthetic single stranded DNA molecules or oligonucleotides (primers)
- Mis-priming
- Preferential amplification of normal allele (PCR drop out)

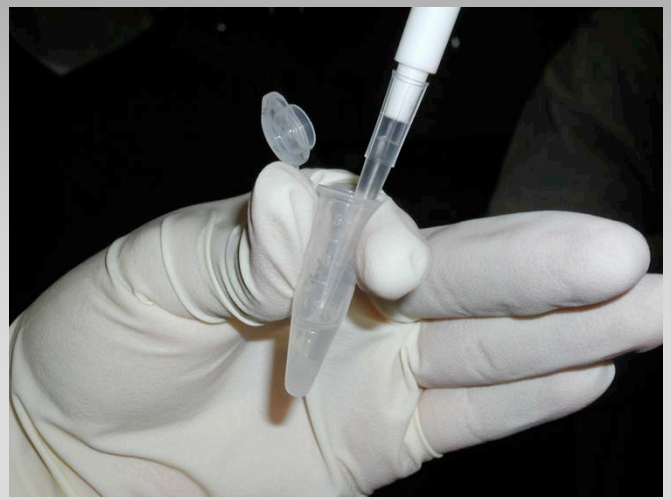
Mutation Detection Techniques

- Sanger Sequencing
- Next Generation Sequencing (massive parallel sequencing)
- Gel electrophoresis

Sanger Sequencing



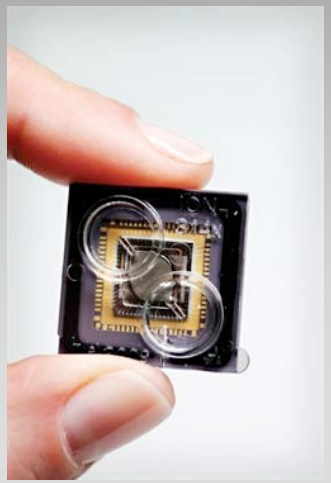
Sanger Sequencing



- Gold standard
- Well established (~20years)
- Robust

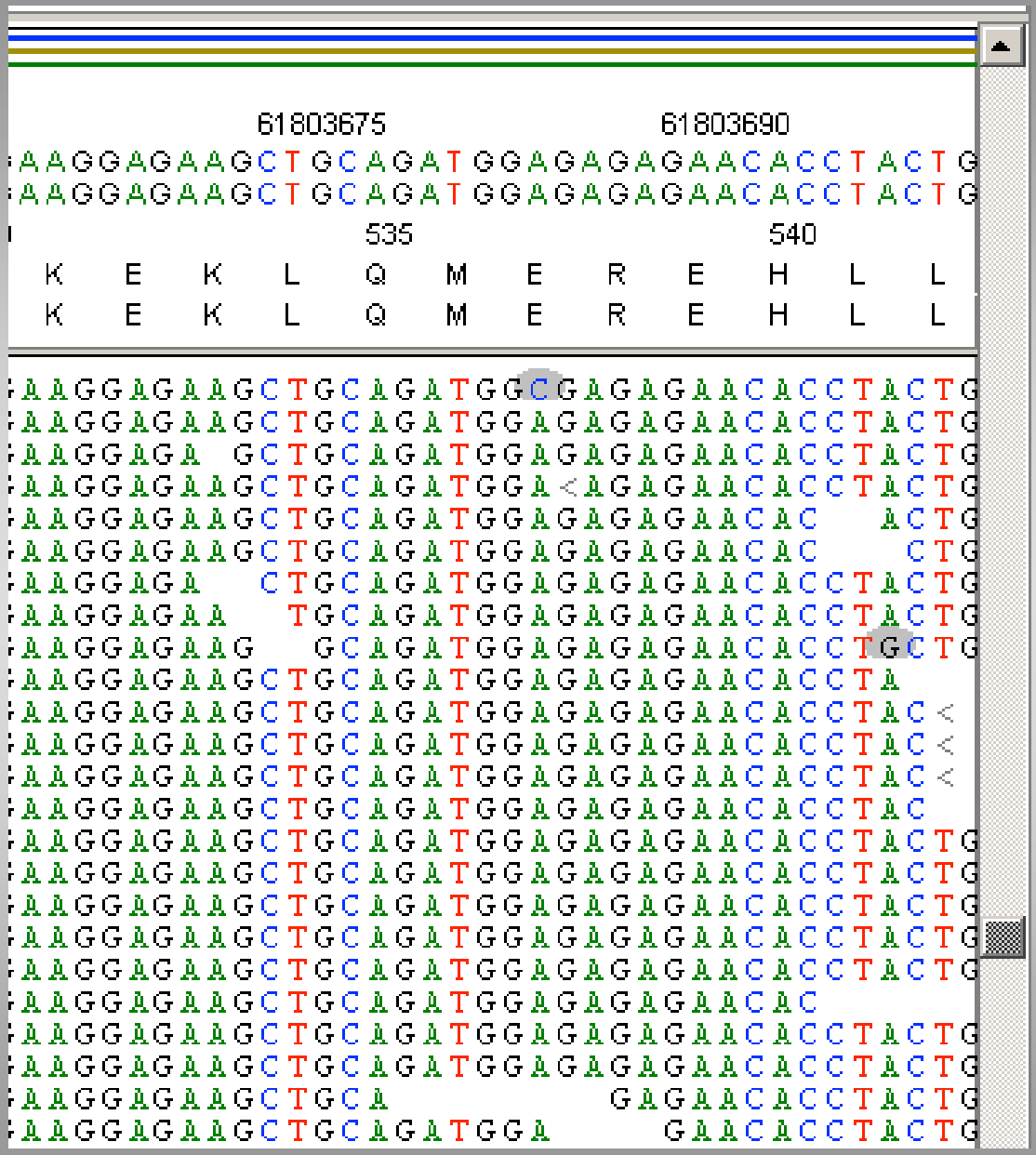
- one reaction = 1 sequencing reaction
- optimal sequencing length (500bp-900bp)
- sequencing 1 gene will require multiple reactions
- labour intensive and time consuming

Next Generation Sequencing



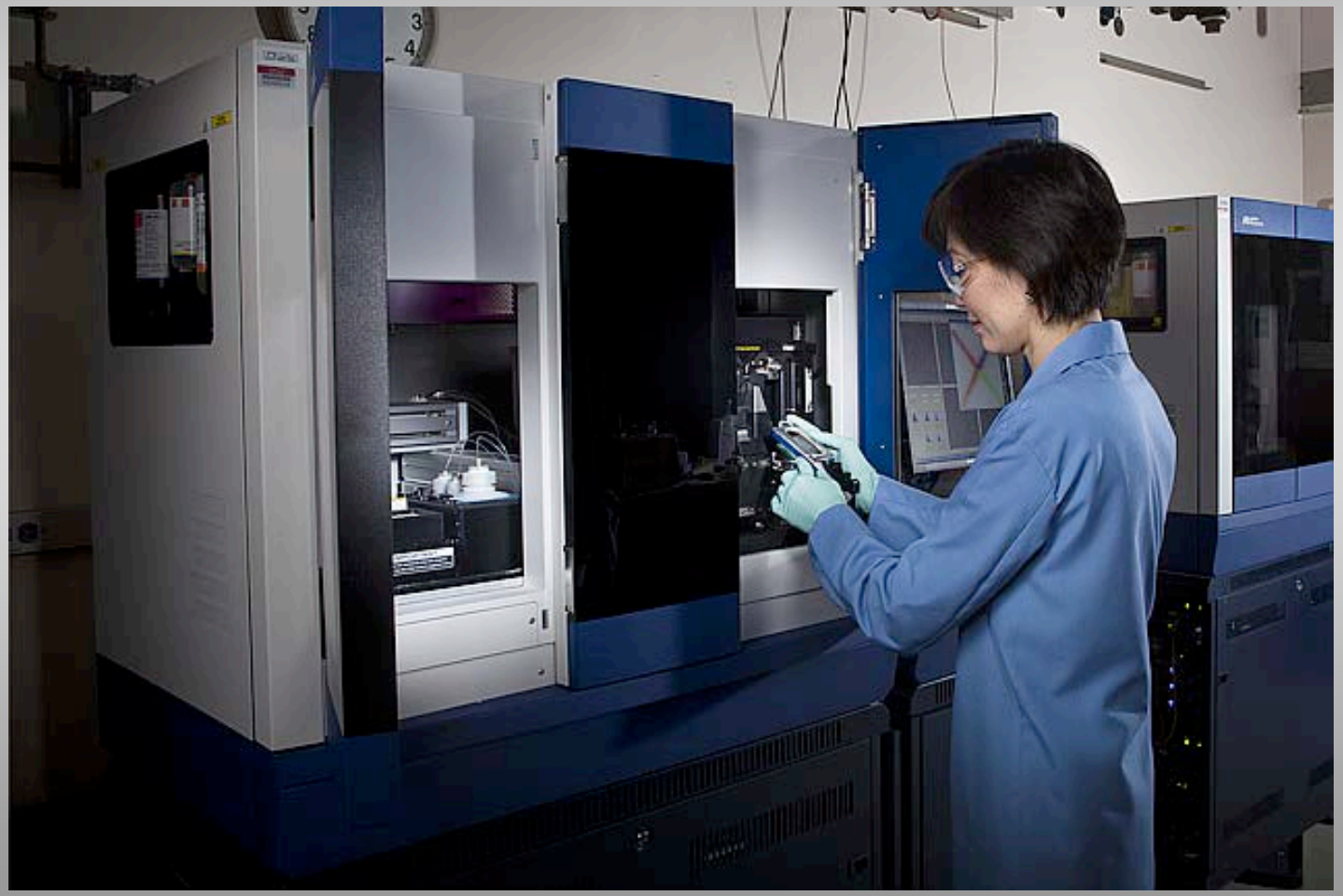
=> 1 million

- Very expensive (getting cheaper)
- High volume of data
- High number of genetic variants of unknown significance
- Require sophisticated bio-informatics
- Good for multi-gene analysis (exome or whole genome)


61803675
61803690
535
540
K E K L Q M E R E H L L
K E K L Q M E R E H L L


520
525
M E A Q D K S R K E
M E A Q D/V K S R K E

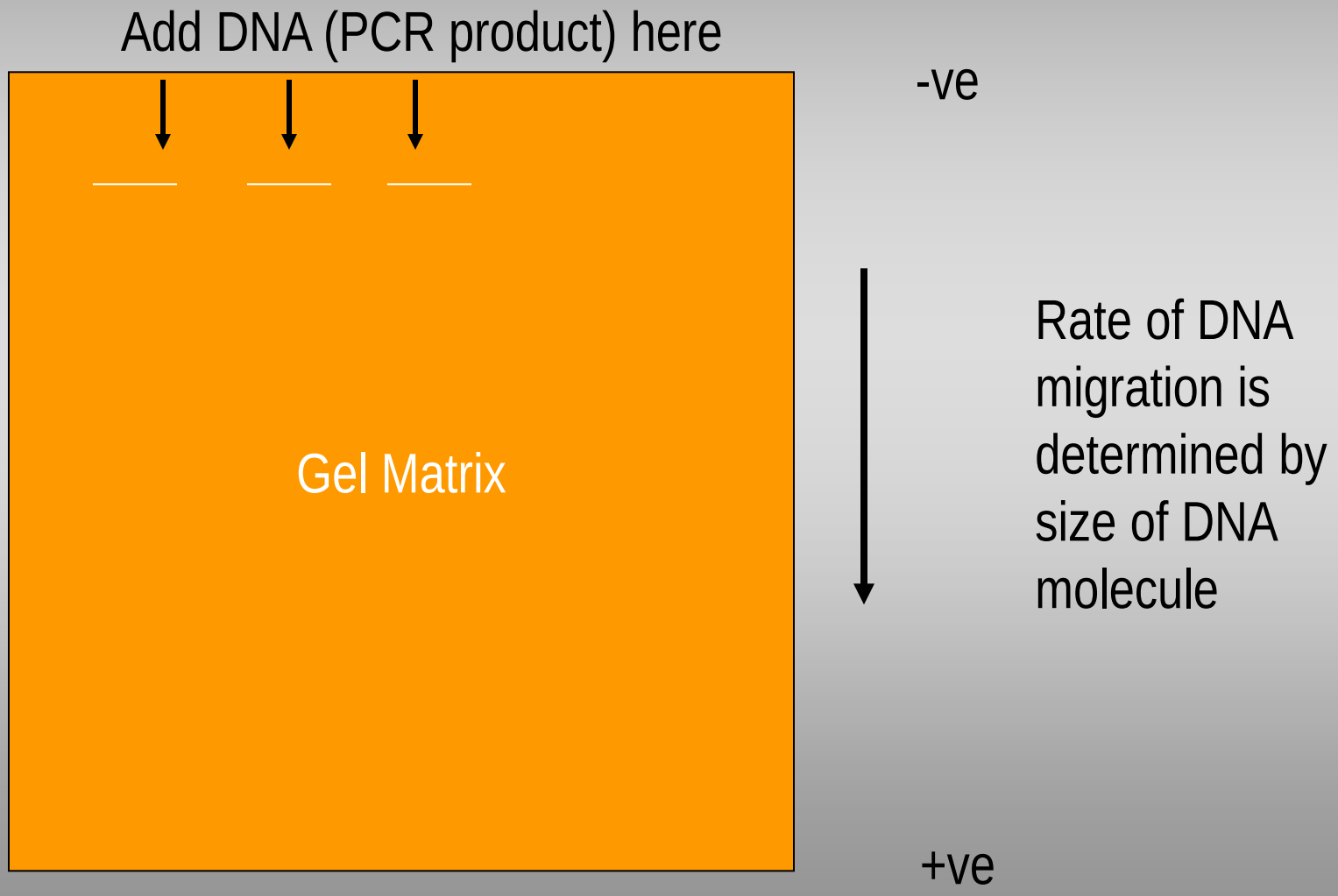
Next Generation Sequencer



Third Generation Sequencing

(on the horizon)

Gel Electrophoresis

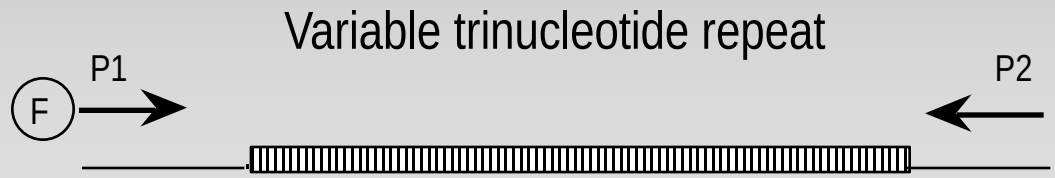


Triplet Repeat Analysis

Huntington's Disease

- Autosomal dominant disorder
- Incidence of 1 in 10,000
- Neurodegenerative disorder
- Triplet repeat expansion
- Onset in the third decade
- Progressive deterioration of cognitive function leading to dementia
- Associated with abnormal movement

Huntington’s disease CAG PCR



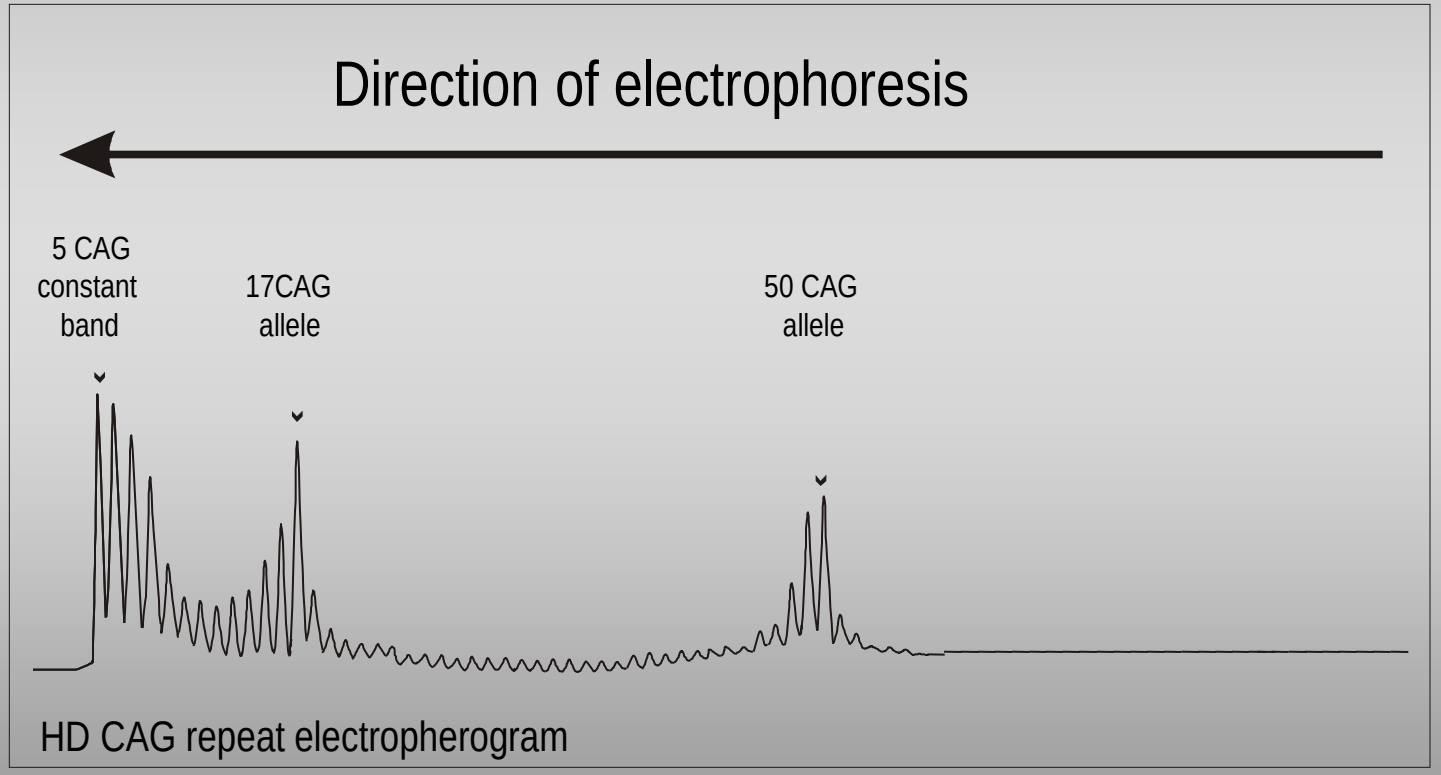
Fluorescent primer P1

PCR amplification of CAG repeat within the Huntington gene on chromosome 4

Huntington’s disease CAG PCR

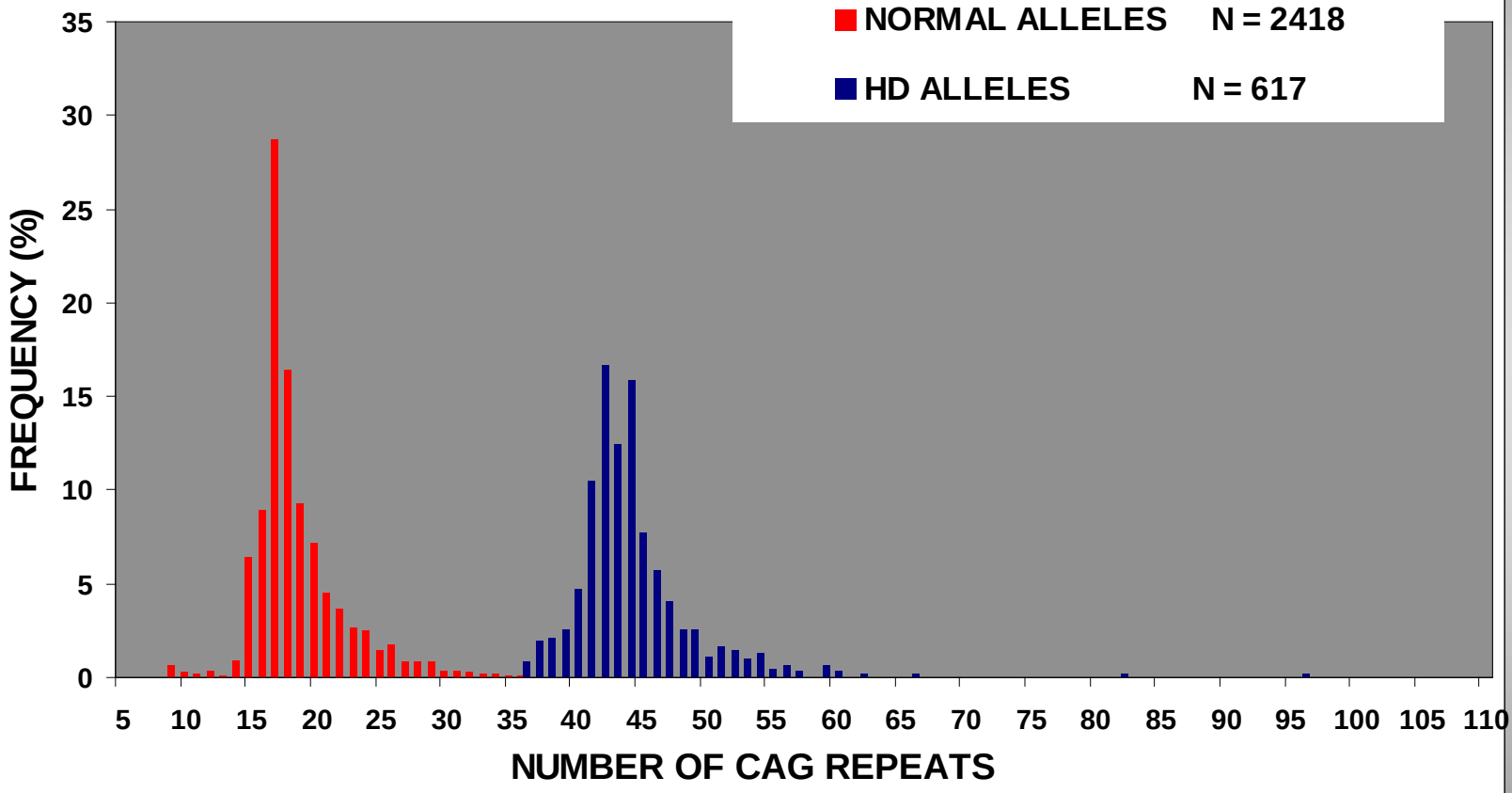
- Amplification of variable repeat gives a range of sizes or alleles.
- PCR products resolved on high resolution poly-acrylamide gel on automatic laser fluorescent sequencer for exact sizing.
- Distinct size ranges are seen for affected HD population and normal population.

Scoring of HD electropherogram



HD CAG repeat electropherogram

FREQUENCY OF CAG REPEAT ALLELES IN THE SCOTTISH NORMAL AND HUNTINGTON'S DISEASE POPULATIONS

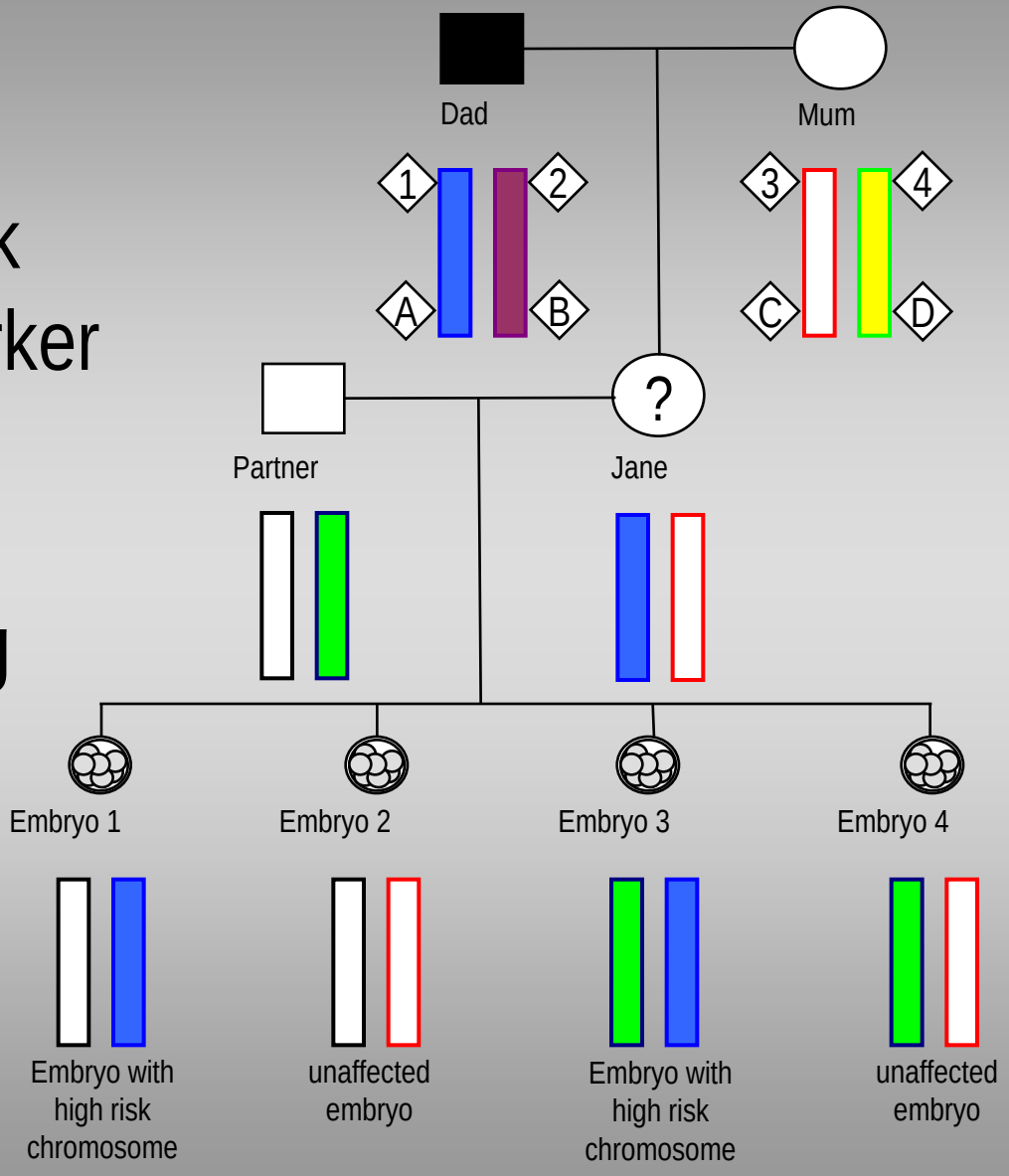


HD PCR size ranges

- Normal individuals in our population have alleles in the 8 to 35 CAG repeat range.
- A repeat size of 36 repeats or greater is diagnostic of HD.
- Alleles between 36 and 39 repeats are frequently associated with later onset of symptoms.
- Alleles between 27 and 35 repeats are potentially unstable and rare expansions into the affected range have been seen.

Identifying high risk haplotype by link marker analysis

Exclusion testing



Which technique for what type of test

- Direct DNA sequencing:
  - PCR fragments of 150-850 bp for mutation scanning
  - For confirmation of mutation
- Next Gen sequencing: Multi-gene analysis
- PCR then Gel electrophoresis
  - fluorescent sizing of products:
    - trinucleotide repeats
    - microsatellite repeats (up to 400bp)
- Southern blotting of digested DNA: methylation sensitivity and larger size range. 500bp to 20kb.

Case 1: Craniosynostosis

Definition: Premature closure of the fibrous joints between the bones of the skull

- Prevalence: 343 per million
- Saggittal synostosis most common account for 57% (M>F)
- Coronal synostosis accounts for 18%-29% (F>M)

Isolated craniosynostosis accounts for the majority of cases

- Most cases are sporadic
- Familial isolated craniosynostosis
  - 2% of sagittal synostosis
  - 8% of coronal synostosis
- Autosomal dominant mode of inheritance
    - Syndromic craniosynostosis
    - >90 syndromes characterised

Fibroblast Growth Factor Receptor 2
FGFR2

Chromosomal location: 10q26

Point mutations in the third immunoglobulin loop and transmembrane domain are associated with 5 cranio-synostotic syndromes.

These mutations lead to constitutive activation of the receptor.

Mutations	Syndrome
	Crouzon
	Jackson-Weiss
	Pfeiffer
	Apert
	Beare-Stevenson

Clinical heterogeneity

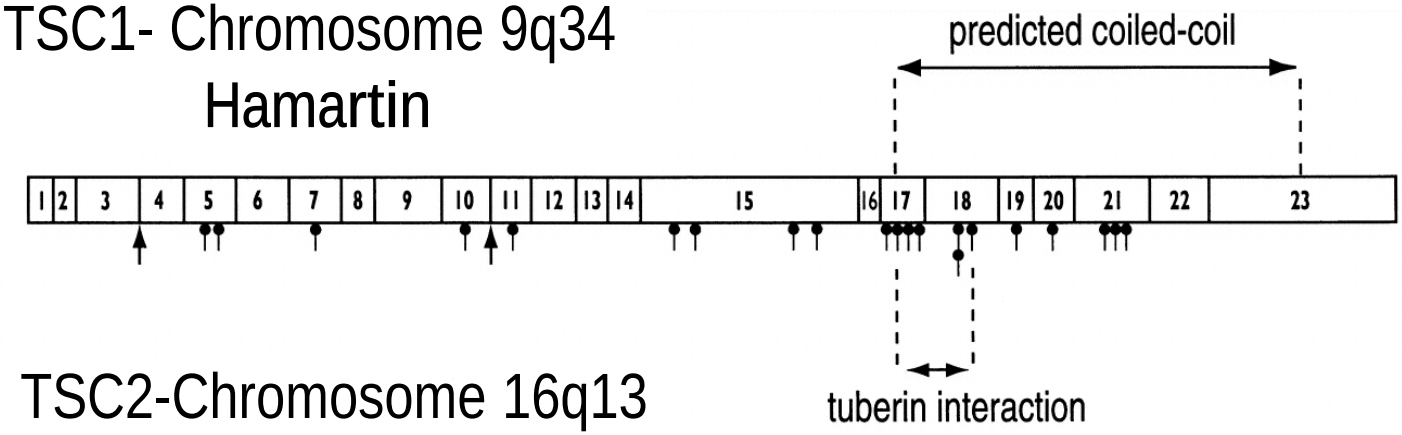
http://www.nidcr.nih.gov/NR/rdonlyres/3C4AFD26-75DB-41D8-A3CF-E00470739212/0/diagfibroblast.gif

Case 2: Tuberous Sclerosis

- Autosomal dominant condition
- Characterized by harmatomatous lesions
- Multisystem involvement
- Prevalence of 1 in 6,000
- 2/3 sporadic (new mutations)
- 1/3 familial

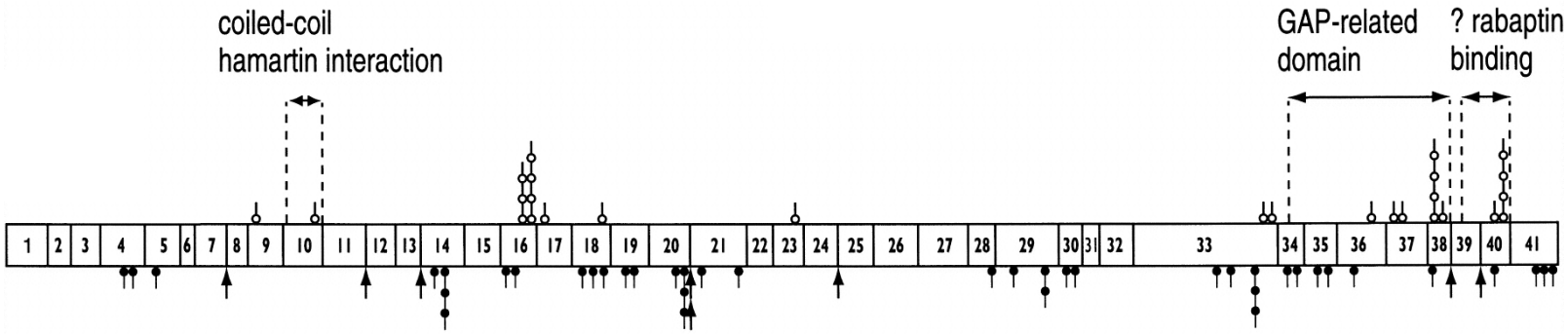
TSC1- Chromosome 9q34

Hamartin

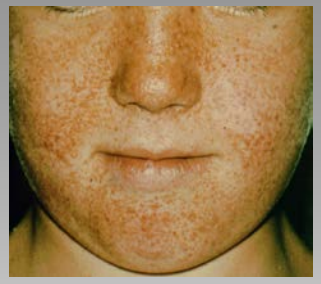


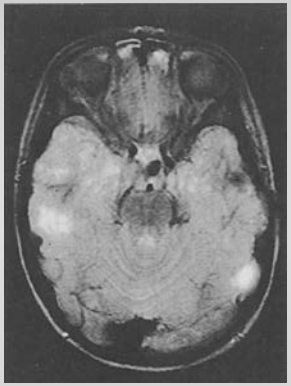
TSC2-Chromosome 16q13

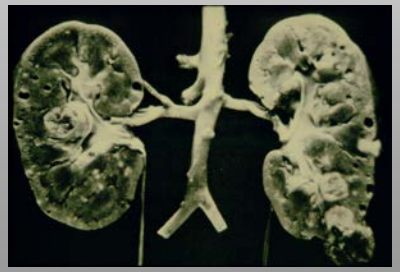
Tuberin



Gene	% of Familial cases	% of Sporadic cases
TSC1	50%	~10%
TSC2	50%	~60% - 70%







TSC1
TSC2

Epilepsy

Developmental delay

Behavioural problems

Locus heterogeneity

Summary 1
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The cat spa to nth ema t	Insertion
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The cat cat sat on the mat	Triplet expansion (Dynamic mutation)
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Summary 2
Mutation Criteria

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Summary 3
A Mutation Can Cause Disease by:

Abolition (Loss of function)

- Due to non-functioning or truncated protein
- Haploinsufficiency
- Dominant negative

Modification

- Creating a poorly functioning protein
- Abnormal activation of protein (over-expression)
- Gain of function of protein (novel function)