

## Genetic diseases & testing

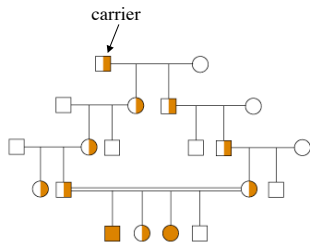
Reading: Chapter 12; and pp 201-202

## Autosomal recessive mutations

### The story of three genetic diseases

#### Phenylketonuria Sickle-Cell Anemia Tay-Sachs Disease

Phenylketonuria (PKU), Sickle-Cell Anemia and Tay-Sachs Disease are autosomal recessive diseases.



Disease is expressed in matings between carriers (heterozygotes).

Most affected individuals have unaffected parents.

Increased frequency with inbreeding.

Frequencies of Sickle-Cell Anemia and Tay-Sachs Disease alleles in different populations.

#### Sickle-Cell Anemia

10-40% of the population in regions of equatorial Africa are carriers

<1% of South Africans are carriers

#### Tay-Sachs

1/25 American Ashkenazi Jews are carriers  
1/300 in the general population are carriers

Why are the frequencies of some disease alleles so high?

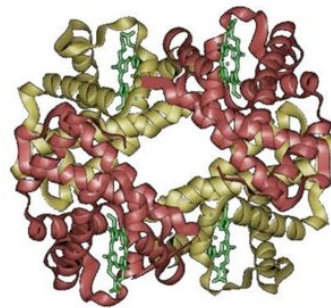
Explanation #1  
Heterozygote advantage

Explanation #2  
Founder effect

## Hemoglobin

Major protein in red blood cells.

Hemoglobin is made of four polypeptide chains--2 alpha and 2 beta chains--and four heme-iron complexes. These complexes bind O<sub>2</sub>.



Hemoglobin releases CO<sub>2</sub> and binds O<sub>2</sub> when CO<sub>2</sub> concentrations are low. *i.e.*, in the lungs. Hb binds CO<sub>2</sub> and releases O<sub>2</sub> when CO<sub>2</sub> concentrations high.

# A single amino acid change in the beta peptide results in sickle cell anemia

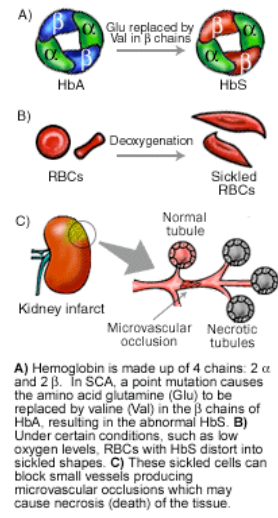
**HBB Sequence in Normal Adult Hemoglobin (Hb A):**

Nucleotide	CTG	ACT	CCT	GAG	GAG	AAG	TCT
Amino Acid	Leu	Thr	Pro	Glu	Glu	Lys	Ser
	3			6			9

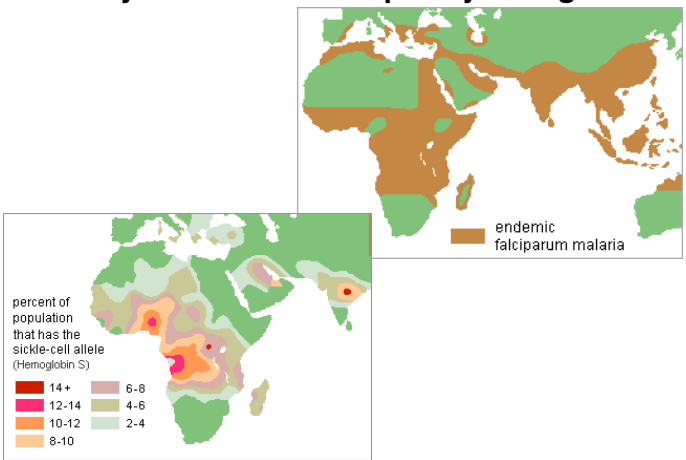
  

**HBB Sequence in Mutant Adult Hemoglobin (Hb S):**

Nucleotide	CTG	ACT	CCT	GTG	GAG	AAG	TCT
Amino Acid	Leu	Thr	Pro	Val	Glu	Lys	Ser
	3			6			9



## Why is the carrier frequency so high?



## Carriers have an advantage in malaria-infested areas

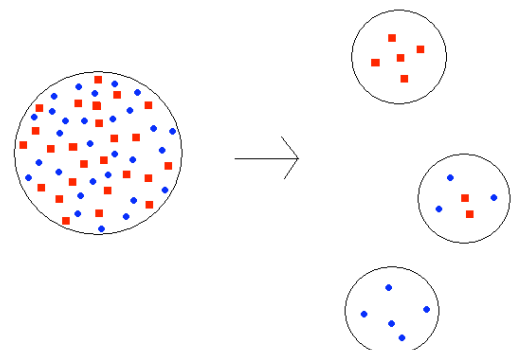
Genotype	disease	malaria
HbA/HbA	normal	susceptible
HbA/HbS	normal	resistant

## Tay Sachs

Progressive disease with an onset in infancy of developmental retardation, followed by paralysis, dementia and blindness. Death occurs in the second or third year of life.

Tay-Sachs disease is caused by mutation in the hexosaminidase A gene, which removes fatty substances called gangliosides. When hexosaminidase A is lacking, gangliosides build up in neurons.

## The Founder Effect



ARTICLE

## MtDNA evidence for a genetic bottleneck in the early history of the Ashkenazi Jewish population

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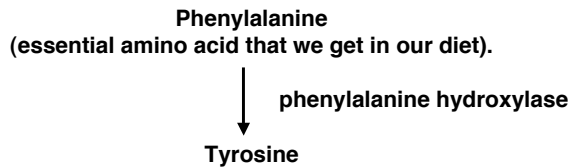
## Tay Sachs Disease Testing

Carriers can be identified by a simple blood test that measures hexosaminidase A activity.

In the 1970s, the families of affected children began a program that focused on education of Jewish groups to the risk of Tay Sachs. The community was also instructed on how to seek genetic testing and counseling. Tay Sachs disease is almost never encountered today in Ashkenazi Jews.

## If left untreated PKU can cause severe mental retardation.

Mutations in the gene encoding phenylalanine hydroxylase cause PKU. 1/14,000 births



## Genetic screening

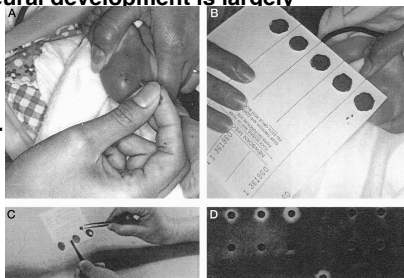
Infants in all states tested for PKU!

Mental retardation from PKU has been eliminated in the U.S.

All newborns are tested for PKU using a simple blood test that measures phenylalanine.

Infants with PKU are placed on a phenylalanine restricted diet. Later in life, after neural development is largely completed, PKU individuals can resume a normal diet.

PKU is described in your textbook on pp248-252.



Tandem Mass Spectrometry has the potential to test for many metabolites in newborns.

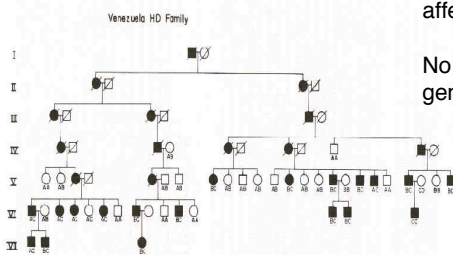
As the genes for more genetic diseases are isolated, molecular genetic approaches can be used to screen for many genetic diseases. In principle, 100s of genetic traits could be screened in the not so distant future.

How many diseases should we test for?

Should we be paying for this?

Who should get the information?

## Huntington's Disease (HD) is inherited as an autosomal dominant trait



Affected person has an affected parent

No skipping of generations

Fig. 13-6 Partial pedigree of a Venezuelan family with many members affected with Huntington's disease. A, B, C, and D refer to restriction fragment length polymorphisms (see text and Table 13-4). They indicate close linkage of the gene for this disorder with haplotype C in this family. (From Gasella et al., 1983, courtesy of J. F. Gusella, reprinted by permission from Nature. © 1983 Macmillan Journals Ltd.)

Huntington's disease (HD) is a late onset, progressive disorder of the central nervous system that affects 1 in 10,000 individuals in the U.S. The disorder usually begins to affect adults between the ages of 30-50 years old. Initial symptoms include irritability, clumsiness, depression and forgetfulness. These progress to more severe mental and physical impairment that leads to death.

Folksinger Woody Guthrie, who died of the disease, was first thought to be an alcoholic and later schizophrenic, before he was properly diagnosed.



## Molecular basis for Huntington's disease

HD is caused by an increase in the number of repeats of three nucleotide bases, CAG, which translates into increases in the amino acid glutamine in the Huntington protein. The normal version of the HD gene has between 6 and 34 copies of CAG. The mutation which causes Huntington's increases the number of repeats to 37 or more. There appears to be a correlation between the number of CAG repeats and the age of disease onset. People with more than 60 repeat can develop HD before age 20. Most people with late adult onset HD have between 37 and 52 repeats.

Gene	Triplet Repeat	Normal Copy	Copy in Disease	MIM/OMIN Number
Spinal and bulbar muscular atrophy	CAG	12-34	40-62	313200
Spinocerebellar ataxia type 1	CAG	6-39	41-81	164400
Huntington disease	CAG	6-37	35-121	143100
Hiv-River syndrome	CAG	7-34	54-70	140340
Michudo-Joseph disease	CAG	13-36	68-79	109150
Fragile-X syndrome	CGG	5-52	230-72,000	309550
Myotonic dystrophy	CTG	5-37	50-72,000	160900
Friedreich ataxia	GAA	10-21	200-900	229300

## A hypothetical case

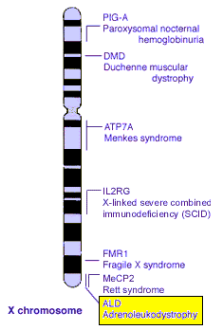
An airline pilot informs his doctor that his father has just died from HD. It is conceivable that HD could impair his functioning as a pilot.

Does the airline pilot have a duty to his passengers to have the PCR test?

Does the airline have the right to know?

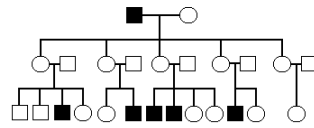
Does the physician have the right to inform the airline of his patient's father?

# X-linked diseases



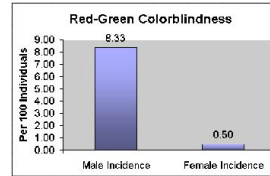
Positions of some genes associated with X-linked inherited diseases.

# Colorblindness is an recessive X-linked trait.



Color-blindness: X-Linked Recessive

Grandfather to Grandson Transmission thru a Female



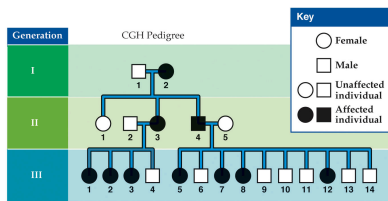
Trait usually expressed only in males.

Sons of carrier females have a 50% chance of being affected.

Affected males do not have affected children.

Trait skips generations.

# Congenital Generalized Hypertrichosis is an X-linked dominant trait.



Daughters, but not sons, can inherit the trait from their fathers.

Daughters and sons can inherit the trait from their mothers.

The trait is present in each generation or is lost.



Congenital Generalized Hypertrichosis is one medical syndrome that could have contributed to the werewolf myth.

Scientists are interested in this atavistic syndrome as its understanding could shed light on how during our evolution we lost hair from parts of our body.

Shao-Lin martial arts master Su Kong Tai Djin.