Role of*TYR* gene variants (rs6482999 &rs7123654) in genetic susceptibility to Vitiligo in Himachal Pradesh Population

Submitted in partial fulfillment of the requirement for the Degree of Master of Technology

In

Biotechnology

Submitted by

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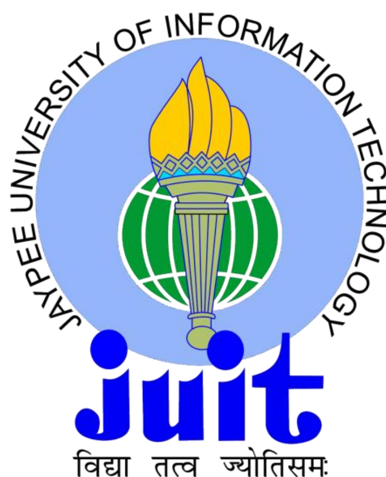

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CERTIFICATE

This is to state that the work titled "**Role of TYR gene variants (rs6482999 and rs7123654) in genetic susceptibility to vitiligo in Himachal Pradesh population**", submitted by "**Sachin Sharma**" in partial fulfillment for the award of degree **Master of Biotechnology** of Jaypee University of Information Technology, Waknaghat has been approved out under my direction. The work done has not been givenmoderately or exclusively to any of the other Institution for the honor or any other degree or diploma .

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SUMMARY

Vitiligo is a disorder of depigmentation, triggered by damage of melanocyte from the lesion site. Variousaspects are supposed to show a role in encouraging Vitiligo. Disease pathogenesis can induced by genetic variations.Mutations in TYR gene can add to the formation of an inactivated enzyme. In this research, we inspected the association of tyrosinase gene polymorphism rs6482999and rs7123654 with vitiligosusceptibility among Himachal Pradesh population.

For the study we recruited 99 patients with vitiligo and 90 matched control samples without any history of vitiligo or any other autoimmune disorder .Informed consent from all the patients werecollected. We showed that the two variants in TYR gene do not influence the susceptibility to vitiligo in an individual. We took help of many techniques which made our work convenient. Through the advantages of polymerase chain reaction- restriction fragment length technique, genotypes were effectivelyattained for the cases and controls .

The allels were recognized by interpreting the band patterns by visualization on agarose gel electrophoresis. Accordingly, appropriate statistical approaches were applied to explain the relation of variants with the susceptibility of the allelic frequencies of these SNPs between cases and control were, rs6482999: p=0.9018; Odds ratio=0.9080; Class interval=0.017-46.85 rs7123654: p=0.1188;Odds ratio=0.412; Class interval=0.13-1.25 which suggested no association of minor allele of both the SNPs with the disease. Probably more number of samples can be genotyped to validate the obtained results .

Signature of Student **Signature of Supervisor**

Name **Name**

Date **Date**

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ABBREVIATION

ABBREVIATION	
bp	Base pair
ºC	Degree Celsius
CI	Confidence interval
DNA	Deoxyribonucleic acid
dNTP	Deoxyribose nucleotide triphosphate
EDTA	Ethylene diamine tetra acetic acid
EtBr	Ethidium Bromide
DHI	di-hydroxy indol
MITF	microphthalmia associated transcription
µl	Microlitre
mins	Minutes
mM	Millimolar
M	Molar
OR	Odds ratio
PCR	Polymerase chain reaction
RFLP	Restriction fragment length polymorphism
ROS	Reactive oxygen species
secs	Seconds
SNP	Single nucleotide polymorphism
TE buffer	Tris – EDTA buffer
UVR	Ultraviolet rays

CHAPTER 1
INTRODUCTION

INTRODUCTION

Vitiligo is an idiopathic skin depigmentation disorder affecting only 1% of the total population. It is characterized by milky white patches on the skin. It is caused by destruction of pigment-forming cells known as melanocytes at the lesional site. Melanocytes are the cells which are responsible for the color of the skin and their destruction leads to depigmentation of the skin.The exact cause of loss of these cells is still not known. But various theories which are further covered in the thesis explain the pathogenesis of vitiligo. The consequences of this disease are not life threatening but can have profound psychological consequences which may range from mild embarrassment to severe loss ofself-esteem and self-confidence.Various research groups are finding the main reason for the occurrence and cause of mechanism of skin pigmentation with a goal of developing some treatment of the disease. Various biological and chemical agents have been developed, that target this disease. Moreover, similar type of treatment cannot be given to all the patients as the disease has various types. Therefore, there is need to develop new biomarkers and various types of methods to predict the outcome of the therapy .

The complex genetics of vitiligo involves multiple susceptibility loci, genetic heterogeneity and incomplete penetrance with gene-gene and gene-environment interactions. In order to clarify the genetic factors, two different principal approaches have applied for the identification of genomic regions or candidate genes that mediate susceptibility to vitiligo. First approach is the genome-wide linkage analyses, which is conducted by scanning of entire human genome for genomic regions that are linked to the development of vitiligo. The other approach is functional candidate gene association (FCGA) analyses that detect specific candidate genes, which are expected to involve in disease on the basis of their priori biological functions .

The goal of our work was to identify potential vitiligo susceptibility genes in the hope that this knowledge may lead to better understanding of disease pathogenesis and more targeted disease treatment.This project is an approach, small yet significant towards the new discoveriesabout vitiligo pathology. Aimingpredominantly over the genetics of the disease, we are presently, looking into the existence of the non-synonymous SNP as well as their association with vitiligosusceptibility .

Significance of the study:

In India, incidence rate of vitiligo has been reported more than any other country around 8.8% (Sehgal and Shrivastava 2007). And treatments which are given to the patients are not satisfactory and are not cost effective. Genetic risk for vitiligo is well supported by multiple lines of evidence(Ortonne,Mosher et.al 1983). Vitiligo is frequently associated with familial clustering and approximately 20% of probands have at least one affected first-degree relatives(Zhang, Liu et.al 2004) .

The risk for first degree relatives of patients with vitiligo to develop the disease is increased by seven to ten fold compared with the risk for the general population(Nath, Majumder et.al 1994).But, now it is well accepted that the inheritance pattern of vitiligo does not follow the simple Mendelian pattern and its mode of heredity suggests that it is a polygenic and multifactorial disease.(Passeron, Ortonne et.al 2005) This is supported by several genome-wide scans and functional gene association (FCGA) studies, which have been performed in the past years and multiple linkages to vitiligo have been identified from different populations and different genetic models for vitiligo. Despite formal proof that vitiligo is genetically dependent, and despite rapid progress in molecular genetics, the gene(s) directly implicated in this skin disorder remain to be identified (Nath, Kelly et.al 2001) .

Moreover, vitiligo affects the life of patient and presence of milky white patch is just not the diagnosis of disease. Modification in single nucleotide in the DNA sequence may disturb how human progresses any kind of disease. If there is some relationship of the SNP in a gene related with the disease it can act as a prognostic marker for the estimation of a treatment result in an individual undergoing a vitiligo therapy .

CHAPTER 2

Review of literature

REVIEW OF LITERATUTE

Vitiligo is an acquired achromia of the skin, the etiology of which is obscure (A. M. A. Arch. Derm 1958). It is mainly characterized by appearance of milky white patches on skin caused by destruction of melanocyte which result in lack of melanin at the lesion site.

The following section explains the structure and function of skin, giving a clear view about melanocyte and the process of formation of melanin, which is the center of attraction of the project .

2.1 Skin- Melanocyte&Melanogenesis

Human skin is the largest organ and it consists of two main layers:

- **Epidermis**
- **Dermis**

Epidermis: - It is a stratified squamous epithelium layer consists of keratinocyte along with melanocyte, dendrocytes (Langerhans cells and Granstein cells) and the dermis, which consist a layer of vascular tissues. Skin act as a physical and chemical barrier and provide protection from harmful environmental stress such as DNA damaging harmful UV rays (Costin and hearing 2007) .

Five layers of skin are:-

- **Stratum corneum**: - The outermost layer of the skin, consisting of keratinized cells.
- **Stratum Lucidum:** - It is a thin, clear layer of dead skin cells in the epidermis named for its translucent appearance under a microscope. It is readily visible by light microscopy only in areas of thick skin, which are found on the palms of the hands and the soles of the feet.
- **Stratum Granulosum:-**It is a thin layer of cells in the epidermis. Keratinocytes migrating from the underlying **stratum spinosum** become known as granular cells in this layer .

- **<u>Stratum Spinosum:</u>** - It is a layer of the epidermis found between the **stratum granulosum** and **stratumbasale.** It also contains cells that change shape from columnar to polygonal .
- **<u>Stratum Basale</u>**: - sometimes referred to as(**stratum germinativum**) is the deepest layer of the five layers of the epidermis, the outer covering of skin in mammals. The stratum basale is a continuous layer of cells .

<u>Dermis</u>: - This layer consists of very strong connective tissues. It is classified into two levels i.e the papillary region and reticular layer.The dermis is made up of matrix of collagen, elastin and network of capillaries and nerves. Collagen contributes to strength, the elastin maintains its elasticity and capillary network provides nutrients to different layers of the skin .

2.1.1<u>Melanogenisis:</u>

Melanocytes are one of the cells which help the skin to play its role and protect us. (Lin and Fisher 2007). Melanocytes, located at the basal layer of epidermis, functionally linked to corefibroblasts in the dermis and to keratinocyte in overlying epidermis, are largelyaccountable for the pigment of the skin and hair, and thus contribute to the skin presence and provide defense against ultraviolet radiation (Lin and Fisher 2007) .

Melanocytes are obtained from the precursor cells called melanoblast which are present at the outer sheath of hair follicle. Melanoblasts basically originate from the neural crest of the embryonic ectoderm (Rawles 1947). Studies related to human embryogenesis demonstrates that undifferentiated melanoblast migrate towards developing epidermis around seventh week of gestation, and thenexist in in the basal epidermal layer (Holbrook, Underwood etal.1989; Suder and Bruzewic 2007) .

Melanocyte cells are basically responsible for production of melanin by the process melanogeneis. Melanogenesis is a highly complex process which involves various enzymes and co-factors. Two different types of melanin are produced, Eumelanin and Pheomelanin. Eumelanin which is the major pigment,initiate in dark skin and black hair and Pheomelanin, which is related with the red hair and freckled skin phenotype.Theprocess of Melanogenisis occurs in the melanosomes. The first step which is rate limiting step in the process leads to

conversion of L-tyrosine to DOPA (dihydroxyphenylalanine) catalyzed by tryosinase. Tyrosinase is regulated by the transcription factor named MITF. DOPA endures oxidation to form dopaquinone which further converted into dopachrome and then to DHI (5, 6 dihydroxy indole carboxylic acid). DHI and DHICA polymerizes to form eumelanin. Cysteine and glutathione reacts with dopaquinone to produce cysteinyldopas which undergo further cyclization to form benzothiazines and higher condensates giving rise to pheomelanins(Taieb 2000; Denat, Kadekaro et al. 2014) .

Melanin production is triggered by ultraviolet rays present in sunlight. UV rays fall on the epidermal layer consisting of keratinocytes which leads to the activation of p53 tumor suppressor protein. Expression of POMC peptides is increased by activation of p53 in keratinocytes (Cui, Widlund et al. 2007).POMC is a precursor of melanotrophic peptides and adrenocorticotrophic hormone.α- MSH secreted by keratinocytes , competitively bind to melanocortin 1 receptor(MC1R) on melanocyte which activate cell signaling pathways, i.e. cAMP and MAP kinase pathway. cAMP fabrication leads to phosphorylation of cAMP reactive element binding protein (CREB) transcription factor family members. (Videira, Moura et al.2013) .

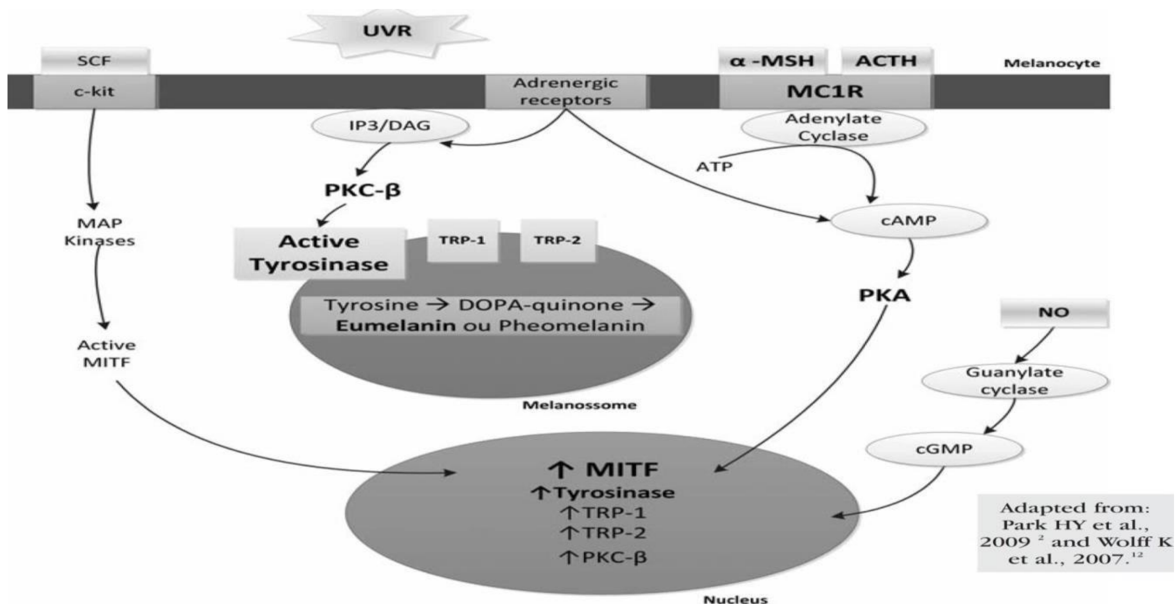

FIG 1: Melanocyte role and depiction of the different signaling pathways regulating melanogenesis: activation factors, receptors, second messengers and melanogenic enzymes. (Park HY et al., 2009 and Wolff K et al., 2007)

(CREB) transcriptionally activates various genes, encoding microphthalmia transcription factor (MITF), master regulator of melanogenesis. It acts as a transcription factor that is crucial to expression of numerous pigment enzymes i.e. tyrosinase. Melanocytes are highly in contact with approximately 36 keratinocytes. Figure 1 shows the melanocyte role and different signaling pathways that regulatesmelanogenesis.(Melanosomes containing the melanin migrate from the center of melanocyte cell body to the end of dendrites and deposit at keratinocytes (Shajil, chatterjee et al .2006).

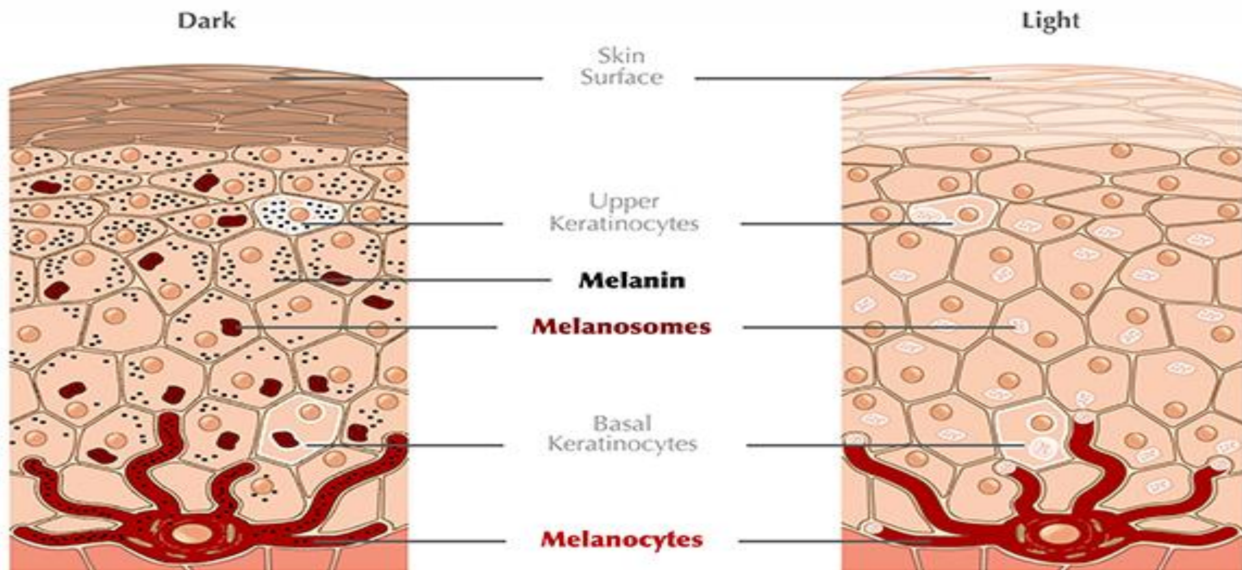

FIG 2: Melanocytes present in dark & light skin.

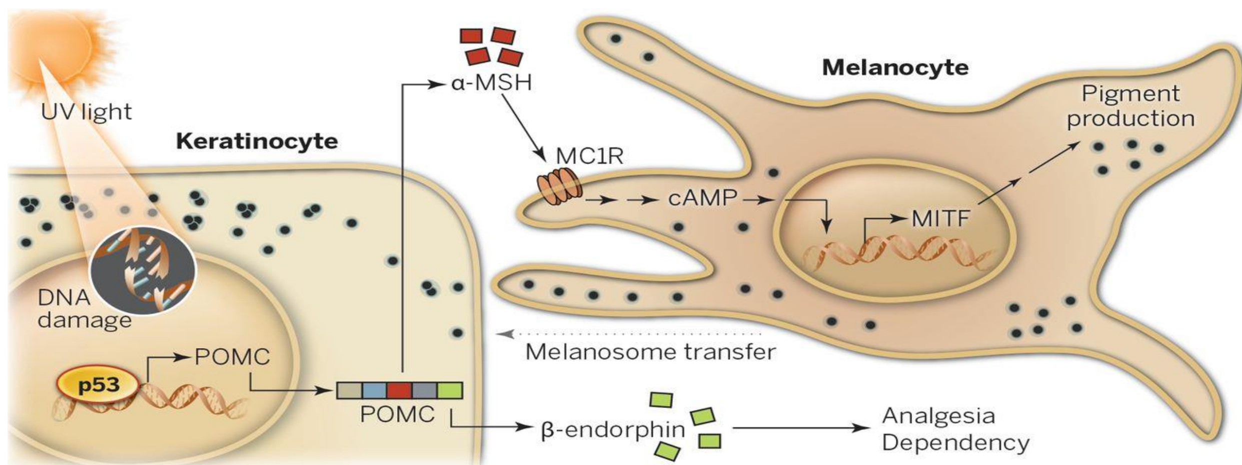

FIG 3: Overview of the melanogenesis process from the melanin production trigger to transfer of melanosome to keratinocyte .

2.1.2 Melanocyte Distribution and Melanin content

Melanocyte density in the skin of different individuals of different ethnic background is found to be in similar range but melanocyte density in different sites of the skin may differ to an extent. Melanocyte density in the Asian, Black and white individual's skin was found to be in range of 12.2 to 12.8 melanocytes\mm. Though differences in melanocyte are described in dissimilar sites of the body in Asians.Melanin content responsible for skin color .

Total of melanin existingin unirradiated skin from Asian and from White subjects are very alike, however the amount in Black skin it is found to be four folders higher. Difference in melanin production of various ethnic groups may be due to the difference in melanin synthesis, the type of pigment produced, and the mode, howmelanin is distributed within the keratinocytes. Iozumi et.al.reported higher melanin content in melanocytesin cultured cell from black skin compared to white skin and high melanin content and it is due to 10-fold higher catalytic efficiency of tyrosinase. Tyrosinase, the rate limiting enzyme for synthesis of melanin is higher in black skin melanocytes than in Caucasian skin but there is no difference in amount of enzyme .

FIG 4: Main skin types of different populations. (Costin and Hearing 2007)

A large number of genes (approximately 125) are involved in melanogenesis and mutations in any of them accounts to developmental pigmentary disorder (Bennett and Lamoreux 2003). In accumulation to the genes conveyed by melanocytes, signaling issues originating from adjacent tissues play important role in controlling melanogenesis (Tadokoro, Yamaguchi et al.2005). Change in any factor involved in the melanin production or in the regulation of melanocyte will lead to diseases such as albinism, vitiligo etc. (Videria, Mora et al.2013).

Vitiligo is one of the exampleof such diseases where depigmentation of the skin occurs and both genetic and non-genetic factors play an important role .

2.2 VITILIGO: DEPIGMENT AND DISORDER

Vitiligo is an acquired, idiopathic and dermatological disorder which is characterized is seen by presence of white patches of different shape and seizes. It affects both genders male and female equally belonging to any ethnic group. Generally, the average age of onset is considered to be 22± 16 year. (Halder and Chappell 2009) Approximately, half the patients affected from vitiligo are under the age of 20-30 years, approximately 65-75% earlier the age of 35 years. (Jaigirdar, Alam et al.2002) .

Vitiligo is a multifactorial disorder and its etiology still remains elusive, however there have been speculations about it. Scientists have agreed on a "Convergence Theory" which states that there is no one cause for occurrence of this disorder and is a combination of various factors. These factors may include stress, infections, neural abnormalities, melatonin receptor dysfunction, impaired melanocyte migration and genetic susceptibility(Le poole, I.C. et al.1993) .

2.2.1 Prevalance and Incidence

The overall occurrence of this disease is around 1% however its incidence ranges from 0.1 to > 8.8% across the country and the world. Mainly thechiefpresence of thisdisorder has been recorded in Indians followed by Mexico and Japan. This may be because in India, there is a disgracelinked with vitiligo and affected person and their families particularly girls are easilydisliked for marital drive, so people out here go for early consultation(Cho,Kang et al.2000; Handa and dogra 2003; Shajil, Chatterjee et al. 2006) .

In India high rate of the disease was reported in Rajasthan and Gujarat that is around 8.8% (Shajil, Chatterjee et al. 2006). Most of the studies conducted on vitiligo suggested slightly higher prevalence in females and that in 50% of the cases the onset of the disease occurs in childhood. However exceptions to these general observations exist. Childhood vitiligo has been correlated to halo nevi, atopic diathesis, and family history of vitiligo and autoimmunity whereas

postpubescentvitiligo has been linked to acrofacial disease and thyroid disease. It has also been observed that the disease reduces as we move to regions away from the equator (van Driesscheet al.2015) .

2.2.2 Consequences

Vitiligo, considered as a depigmentation disease, is not life threatening disorder but is life challenging disorder which has many psychological consequences which may range from mild embarrassment to loss of self-confidence and self-esteem. (Ongenae, Beelaert et al. 2006) These symptoms are mostly are being observed in the racially darked skinned people where these white parches have become very prominent and can be seen clearly .

During social gatherings, vitiligo patients can experience feelings such as stress, anxiety and loss of self-consciousness and more embarrassment is faced by women as regarding their marriage. (Prasad and Dogra et al.2003; Dolatshi, Ghazi et al.2008).

2.2.3Clinical Classification of vitiligo

There is no uniform classification of this disease, appearance of milky white patches on the skin of different shapes and sizes. Mostly, vitiligo is classified according to their distribution, pattern and classification . Depending on the distribution of white patches on the body vitiligo has been classified broadly as generalized, localized and universal type vitiligo. Generalized vitiligo is then divided into acrofacial, vulgaris and mixed subtypes and localized is subdivided into focal, segmental and mucosal subtypes (Hercogovaet al.2012).

- **Generalized vitiligo**
- Acrofacial:- It can affect, face, head, hands and feet, and preferably involve the perioral region and the extremities of digits.
- Vulgaris:- Patches are scattered and widely distributed.
- Mixed:- It is the concomitant involvement of segmental and non-segmental vitiligo. Patches are of both kinds (acrofacial and vulgaris) .
- **Localized vitiligo**
- Focal :- One or more patches in an area.
- Segmental :- One or more macules present in an unilateral segment of the body.

- Mucosal:-when only one mucosa is affected.

Majorly, the disease is best considered into segmental vitiligo and non- segmental vitiligo mentioned below in table1.

SEGMENTAL VITILIGO	NON SEGMENTAL VITILGO
Begins in childhood	Later onset
Autoimmunity rare	Autoimmunity associated
Frequently facial	Trauma prone site
No family history	Family history is present
Most affected area: Neck and trunk	Affected area neck elbow
Dermatomal, unilateral distribution	Bilateral distribution

Table1: Classification of vitiligo. (Shajil, Chatterjee et al.2006)

Generally segmental vitiligo is considered as localized vitiligo and non segmental vitiligo is generalized vitiligo. (Mohammed, Gomaa et al. 2015) According to another classification, Vitiligo classified as “active” and “stable” vitiligo. (Chen, Yang et al. 2004; Lotti, Gori et al.2008)

- **ACTIVE VITILIGO:** Lesions must have spread within the last three months.
- **STABLE VITILIGO:** Lesions have not changed (depigmenting or repigmenting) within the past three-month to two year period .

2.2.4 Vitiligo Pathogenesis -Theories of Vitiligo

It is still unclear the exact cause behind the occurrence of vitiligo, although it is suggested to be a complex idiopathic disease which involves various factors. Scientists have come up with various theories which might explain the reason why vitiligo occurs, but have concluded that the pathogenesis of vitiligo is a result of all possible factors, there is no one cause leading to this effect, hence it is called the ‘Convergence Theory’ of pathogenesis. The theories involved are :

- Genetic Theory
- Neurochemical Theory

- Oxidative stress Theory
- Autoimmune Theory
- Melanocytorrhagy Hypothesis

Genetic theory:

Vitiligo has been attributed to multiple genes and might follow a multifactorial inheritance (Njoo,Westerhof et al.2001). Genome wide association studies, candidate gene studies, and linkage analysis have been used to identify key genes which might participate in contributing towards occurrence of vitiligo.Genes such as HLA, PTPN22, NALP1 and XBP1 have shown a greater susceptibility toward this condition. In recent studies, around 30 susceptibility loci have been identified with definitive relation to vitiligo and usually correspond to pathways involved in immune system.Genome wide linkage studies and candidate gene studies among different populations have shown that different genes are responsible for depigmentation in various ethnic populations and also most of these genes participate in pathogenesis of autoimmune conditions .

Neurochemical hypothesis:

Given by Lerner in 1959 (Lerner et al.1959). Neurochemical hypothesis states that there is release of neurochemical factor such as norepinephrine and acetylcholine from the peripheral endings that stops the melanin production and gives rise to vitiligo. Both genetic and non-genetic factors contribute for high amount of neurochemical (Shajil, Chatterjee et al.2006; Panja, Bhattacharyaet al.2013). In vitiligo patients high concentration of norephrine is because of reduction of phenyl ethanolamine-N-methyl transferase activity and increase in amount of tyrosine hydroxylase activity. A major population of vitiligo patients reported that their mental stress was primarily stemmed from personal and financial dissatisfication, and hence it was stipulated that a stressful life can trigger the onset of vitiligo.Stressors lead to the discharge of catecholamines(such as melatonin) which shows binding with receptors present in the skin arteriolar wall, ultimately resulting in vasoconstriction, hypoxia, and overproduction of oxygen radicals which target destruction of melanocytes .

Basically, this theory explains the segmental type of vitiligo which shows the unilateral distribution of vitiligo. Taieb suggested that segmental vitiligo is due to the cholinergic sympathetic nerves.

Theory of oxidative stress:

This theory suggests that there is overproduction or inadequate removal of ROS. Oxidative stress theory is said to be the initial stage of vitiligo pathogenesis as the hydrogen peroxide is accumulated on epidermis of active vitiligo patients. Melanogenisis process in which large amounts of ROS are generated and removal of these species are controlled by antioxidant enzymes (Denat, Kadekaro et al.2014) .

Basically, there are 5 important pathways in Hydrogen peroxide overproduction in vitiligo(. (Mohammed, Gomaa et al. 2015):

- Inhibition of thioredoxin/thioredoxinreductase by calcium
- NADPH oxidase activities increased by the cellular infiltrate
- Nitric oxide synthase(NOS) activities increased
- Defective recycling of 6BH4
- Catecholamine formation increased as levels of monoamine oxidase A (MAO) increased

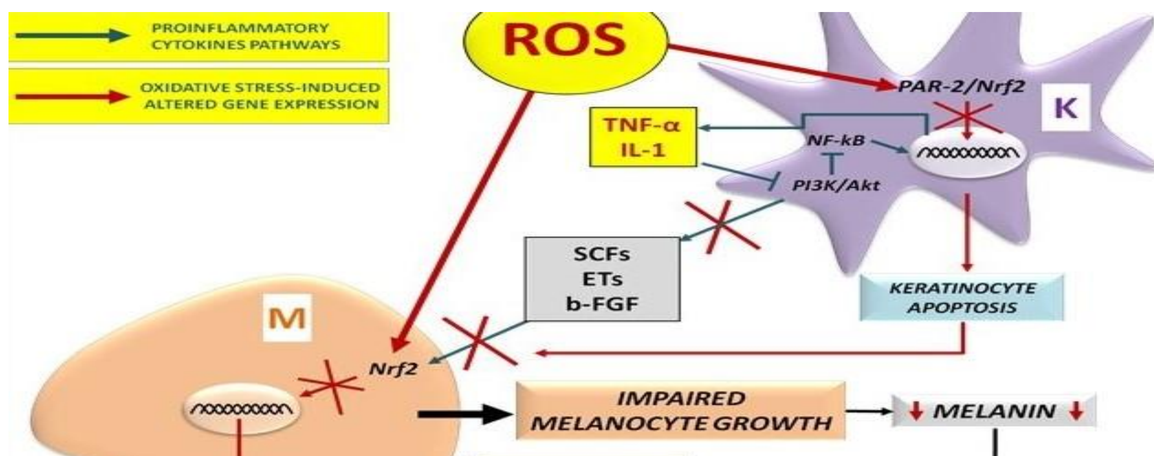

FIG 5: Production of (ROS). (Denat, Kadekaro et al.2014)

If there is any defect in any of these anti-oxidant enzymes there will be accumulation of large radical species which will lead to production of vitiligo patients and also leads to occurrence of this hypothesis. It can be said that the biochemical defects in the melanin synthesis pathway, are cause of generation of reactive oxygen species (Passi, Grandinettiet al.1998) .

Autoimmune Theory:

As, said earlier neural theory explains the segmental form of vitiligo, similarly, generalized vitiligo or non-segmental vitiligo occurrence are explained by this hypothesis. Epidemological studies reported that there is presence of autoantibodies against melanosomalproteins such as tyrosine the blood of vitiligo patients which supported this theory.This theory is also associated to other autoimmune diseases .

Melanocytorrhagy Hypothesis: It suggests that melanocyte loss occurs due to defective cell adhesion coupled with friction or other types of stresses. Other stressors include ROS, catecholamines, or autoimmune elements.Defective cell adhesion has shown key role in pathogenesis of vitiligo, as the synthesis of extracellular matrix components by keratinocytes may be impaired, the presence of focal gaps in the basement membrane and affect the formation of basement membrane .

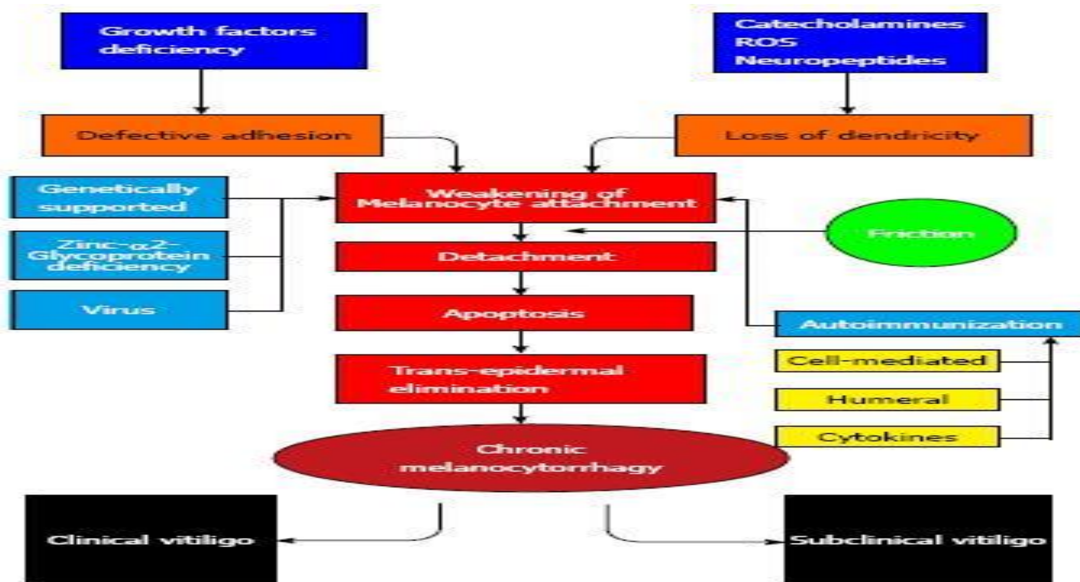

FIG 6: Pathogenesis of vitiligo (Mohammed GF et al (2015)

2.2.5 Genetics of Vitiligo :

Genetic factors show a great part in the etiology of the disease. Vitiligo is considered to be complex genetic disorder. Various studies revealed that a family history for vitiligo occurs in 38% of patients. (Njoo and Westerhof 2001). However, the strict mode of inheritance remains uncertain. Hereditary origin of the disease is regulated by a cluster of recessive alleles located at several unlinked autosomal loci which might betangled in the generation of oxidative stress, melanin biosynthesis, autoimmunity, that mightmutually confer the vitiligo phenotype. (Nath, Majumder et al.1994) .

Genetics of vitiligo is characterized by incomplete penetrance, multiple susceptibility loci and genetic heterogeneity(Alkhateeb ,Fain et.al 2003). Approaches for the identification of genes involved in vitiligo pathogenesis have taken a number of forms, initially focusing on biological candidates and differential expression analyses. In the last decade, technological advances enabled by human genome project, and methodological advances applied to the analyses of polygenic, multifactorial diseases, have permitted more global approaches, including a genome-wide scans and FCGA studies. As the result, there has been considerable progress in identifying susceptibility genes for vitiligo.

2.3 Tyrosinase gene:

The TYR gene deliversdirectionsfor making an enzyme called tyrosinase. This enzyme is existing in melanocytes, which are the cells that produce a pigment called melanin. Melanin is a substance that gives pigment to skin, hairs and eyes. Melanin is likewise originate in the light-sensitive tissue at the back of the eye (the retina), where it shows an important role in normal vision. The main step of tyrosinase is the production of melanin. It changes a protein (amino acid) called tyrosine to another compound called dopaquinone. Asequenceof reactions convert dopaquinone to melanin in the skin, hair follicles, the colored part of the eye (the iris), and the retina .

Oculocutaneous albinism

More than 100 mutations in the TYR gene have been known in people with oculocutaneous albinism type 1 (King RA, Pietsch.2003). These mutations alter the normal

production of melanin. Most TYR mutations reduce the activity of tyrosinase, preventing melanocytes from producing any melanin throughout life. These mutations cause a form of oculocutaneous albinism called type 1A (OCA1A). People with this form of albinism have white hair, light-colored eyes, and very pale skin that do not tan .

Tyrosinase

Tyrosinase can be generally categorized as polyphenol oxidase enzyme and plays an important role in catalyzing melanogenesis in humans. It is a 75kDa, copper containing enzyme with activities involving o-hydroxylation of monophenols into their corresponding di-phenols and the oxidation of o-diphenols to o-quinones using molecular oxygen, which readily polymerises to form melanin .

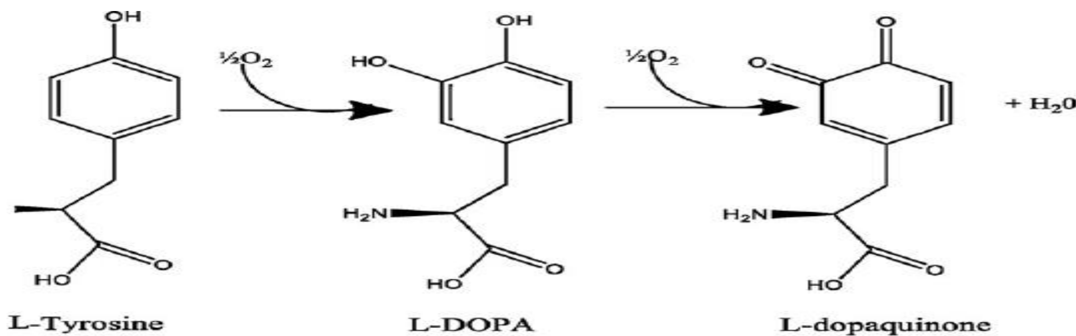

FIG 7:- Reactions catalyzed by Tyrosinase.

Chromosomal Location

"Cytogenetic Location: 11q14.3, which is the long (q) arm of chromosome 11 at position14.3. Molecular Location: base pairs 89,177,565 to 89,295,759 on chromosome 11" (Homosapiens Annotation Release 108, GRCh38.p7) (NCBI)

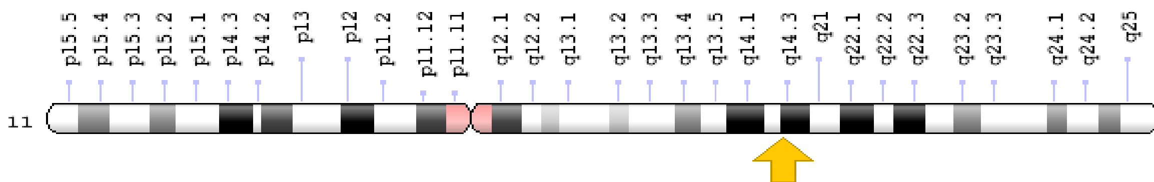

FIG 8: TYR gene in genomic location .

(Source:http://atlasgeneticsoncology.org/Genes/TYRID42738ch11q14.html)

Other Terms for This Gene

- LB24-AB
- Monophenol monooxygenase
- OCA1A
- OCAIA
- SK29-AB
- Tumor Rejection Antigen AB
- TYRO_HUMAN

Tyrosinases are copper containing metalloproteins and the primary function of copper ions is to facilitate electron transfer, which is the basis of its catalyzing action. Tyrosinase has been classified as Type 3 copper protein with absorption maxima at about 600nm and 330nm .The copper atoms are located in a helix bundle, coordinated by three conserved histidine residues .

2.3.1 Single Nucleotide polymorphism:

Single Nucleotide polymorphism is a change in single nucleotide inDNA sequence that is present at a frequency of greater than 1% in a population. These are single base variation in coding regions that cause an amino acid substitution in the correspondent proteins. These variations occur naturally throughout a person's DNA once in every 300 nucleotides on an average, which means there are roughly 10 million SNPs in the human genome. Thes are most prevalent in introns and can be called biological markers which can assist scientists in locating genes that are associated with disease. But when a variation occurs in the coding region of a genome, it is probable that it will affect the phenotype more seriously and may play a major role in causing a diseased condition. These missense variants constitute the most similar group of SNPs. By SNP genotyping information, researchers can investigate disease-associated genes and analyze the genetic structure of a particular population.

SNPs may be synonymous or can be silent or simply occur in the non-coding regions. Synonymous mutations don't affect much as the nucleotide change doesn't change the amino acid it codes for, on the contrary, a non-synonymous SNP changes the amino acid being coded and hence the resultant protein. Therefore, documentation of various variations in many genes and investigation of their effects may lead to better understanding of their impact on gene

function. We have picked two SNPs (rs6482999 and rs7123654) for genotyping by PCR-RFLP and to assess the association of these with vitiligo .

S.No	SNP ID	Transition	Ancestral	MAF
1	rs6482999	C>T	C	C=0.4888/2448
2	r7123654	C>T	C	C=0.4866/2437

Table 2: SNPs (rs6482999&rs7123654) with their minor allelic frequency.

2.3.2 <u>SNP Genotyping: PCR RFLP:</u>

SNP genotyping is usually accomplished by many ways which include hybridization, allele-specific polymerase chain reaction, DNA sequencing, oligonucleotide ligation and endonuclease cleavage. Each of the above mentioned approaches has specific advantages and disadvantages. To perform genotyping of SNPs by applying PCR-RFLP, at SNP position there should be restriction site for any restriction enzyme that is easy and cost-effective method and can be used in small research laboratories.

The PCR-RFLP methods allow very simple way of detecting point mutations.This method allows differentiation of homozygous and heterozygous samples at the target point mutations, along with the genotyping of multiple mutations. This method is convenient for simple experiments involving only qualitative confirmation of presence or absence of SNPs without additional experimental techniques.

PCR-RFLP involves steps:

- PCR: Biochemical reactions to form alleles-specific products
- RFLP: Detection procedures to identify the products

Polymerase chain reaction

The polymerase chain reaction is a technique in molecular biology that helps to amplify a part of a template DNA molecule. The technique depends upon thermal cycling which consists of cycles of repeated heating and cooling of reaction for DNA melting and enzymatic replication of the DNA. Basically there are three major steps in polymerase chain reaction, which are repeated for 35 cycles. This is done on an autosomal thermo cycler, which can heat and cool the tubes with the reaction mixture in a very short interval of time.

- **DENATURATION:**
  In this step, reaction is heated to 94-98^{0}C for 15-25 seconds. It results in melting of DNAby breaking the hydrogen bonds among the complementary bases, givingssDNA molecules.

- **ANNEALING**:
  As temperature lowers down to its annealing temperature, primers anneals with single strand DNA that is short of oligonucleotide primer sequence bind with the complementary region of DNA and forms a stable bond.

- **EXTENSION:**
  72^{0}C is the ideal temperature for the TAQ polymerase enzyme. The polymerase adds dNTP's from 5' to 3' and reading the template from 3' to 5' side. The initation of DNA synthesis occurs at 3'-hydroxyl end of each primer. TAQ polymerase enzyme is used to extend the primers by joining the bases complementary to DNA strands .

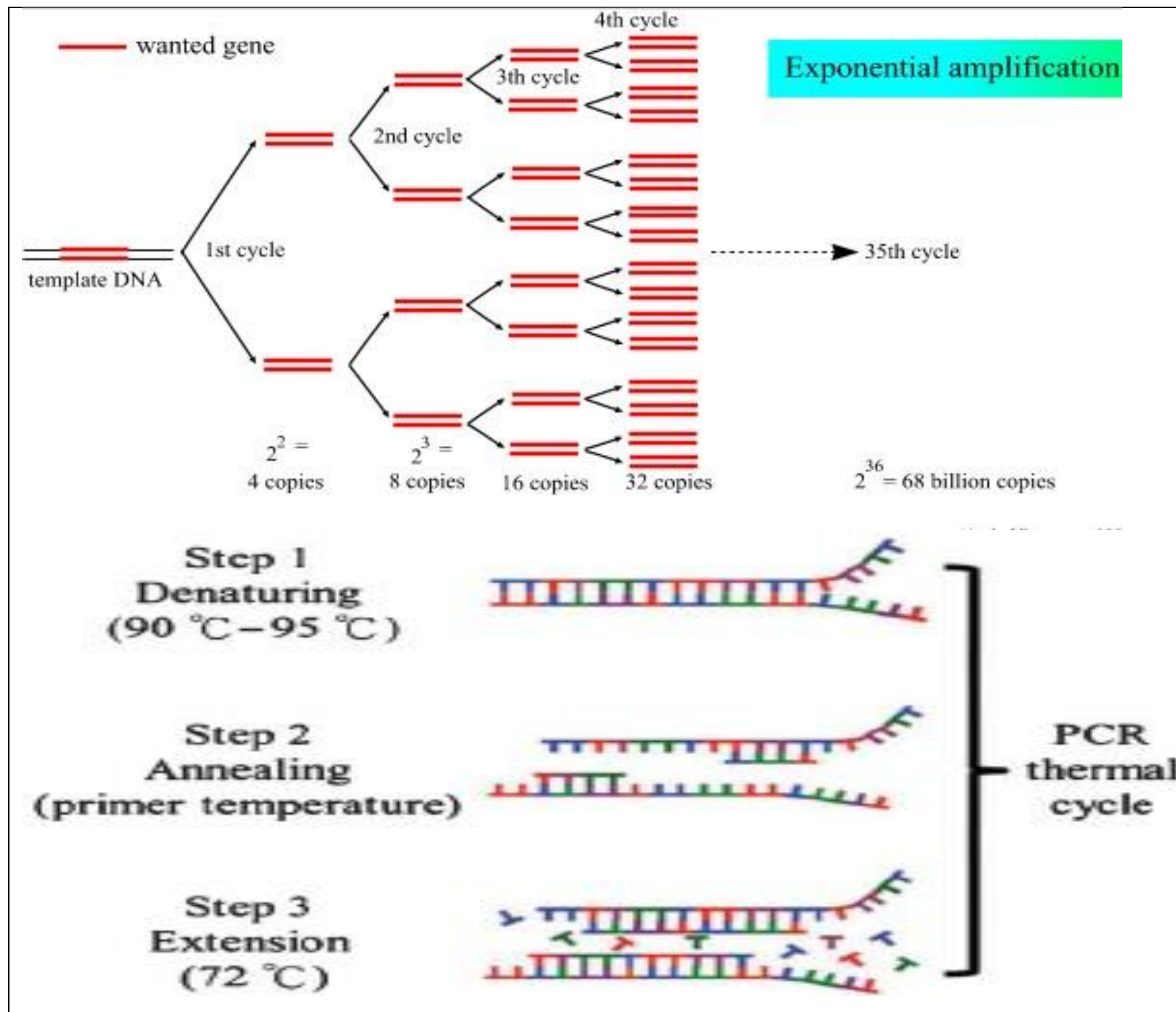

FIG.9: Major steps of PCR amplification cycle.

Restriction fragment length Polymorphism (RFLP):

RFLP arise because single base pair change can either generate or terminate the sites recognized by specific restriction enzymes, which leads to variation among individual in the length of the fragment formed from identical regions of genome. A single base pair change that is SNP is detectable genetic marker by RFLP because a mutated site is no longer cleaved by enzyme in question. Two chromosomes differ by such a mutation are then distinguishable on the basis of RFLP, which arises because a particular cleavage site is present in DNA molecule .

CHAPTER 3

OBJECTIVE

OBJECTIVE:

In our study we would discover the association of tyrosinase gene polymorphisms (rs6482999 and rs7123654) with vitiligo susceptibility which might be used as prognostic markers for vitiligo susceptibility.

Objectives of study are:

- To forecast SNPs of*TYR* gene using bioinformatics tool.
- Sample collection from vitiligo and healthy controls individuals and DNA isolation.
- Optimization and standardization of PCR cycling conditions for the SNPsrs6482999 and rs7123654.
- To genotype SNPs rs6482999and rs7123654by PCR-RLFP in cases and control individual residing in North India
- To express the genetic relationship, if any, among polymorphism in tyrosine gene and exposureto vitiligo by statistical analysis.

Chapter 4

MATERIALS AND METHODS

OBJECTIVE 1:

PREDICTION OF SNPs USING BIOINFORMATIC TOOL:

SNPs related to TYR gene were predicted by using bioinformatics tool i.e.ensembl.

OBJECTIVE 2:

Study Population:

The study group comprised99 infected cases and 90healthy control samples. The diagnosis of vitiligo was clinically based on the presence of milky white patches on the skin. A overall of control persons with no history of vitiligo were included; they corresponds to patients with respect to sex, age and geographicdissemination. Conductance of study was approved by the ethics Institutional Review Board of the Dr. Rajendra Prasad Governmental College and Jaypee University of Information Technology. The significance of the study was described to all the fellows and written consent was achieved from all the cases and controls.

Sample Collection:

Venous blood was collected in EDTA coated vials from both infected and healthy subjects and carefully transported to laboratory under cold chain. Genomic DNA from blood samples was isolated using a standard inorganic method proposed by *Miller et al* and stored at -20^0C. Our study includes two SNPs (rs6482999 and rs7123654).

Isolation of Genomic DNA from Whole Blood Sample

- 300µl blood sample was pippetted in 2ml eppendorf. Further Red blood cells lysis buffer was added and was kept for incubation on a rocker at a room temperature until RBCs completely lysed. (Appendix 2.6)
- Centrifugation was done at 13,000 rpm for 1 min to attain a creamish White blood cell pellet.
- Discard the supernatant and add 400µl of TE buffer and incubate for 56^0C for 30 min on water bath.(appendix 2.7).

- ➢ Subsequently 160 µl of 7.5 M ammonium acetate was added to solution and was mixed vigorously for about 1min on vortexer. Centrifuge the mixture at 13,000 rpm for 15 mins at RT, which results in separation of the precipitated protein as pellet.
- ➢ Supernatant then wastransferred into sterile micro-centrifuge. Absolute ethyl alcohol was added to this chilled native analysis.
- ➢ DNA obtained was further centrifuged at 13,000 rpm for 10 mins. The latter were subsequently washed into 150 µl of 70% ethanol.
- ➢ The dried pellet was dissolved IN 40µL TE Buffer by incubating at 65◦C for 10 mins. The dissolved DNA was stored at 20^0C till further use. (Appendix 2.8).
- ➢ The DNA quantification was done using the Nano Drop plus Spectrophotometer.
- ➢ The concentration of DNAwas checked by determining the absorbance of sample at A_{260}on a spectrophotometer .

OBJECTIVE 3:

Genotyping SNPs (rs6482999 and rs7123654)

Genotyping of polymorphisms was carried out by PCR-RFLP method as both the SNPs consists naturalrestriction site. PRIMER3 software was used for the designing of primers (Forward and Reverse) mentioned in **Table 3.**

Primer Sequences		
	rs6482999	**rs7123654**
Forward Primer	5' CATTGGCTGTTTCCATTCCT3'	5'CCTAAAAGGCCTGTGACACC3'
Reverse Primer	5'GTGCTGGCTGCACATTAGAA 3'	5'GACCAAACTGGTATTGTCCACTT3 '
Amplicon Size	554bp(345+209)	597bp(359+238)

TABLE 3: Nucleotide sequences of the Primers used.

Polymerase chain reaction was performed in total volume of 10µl for both the SNPs. All the constituents used in the reaction for two SNPs (rs6482999 and rs7123654) are mentioned in Table 4 .

Reaction component	rs6482999 per reaction volume (µl)	rs7123654 per volume reaction (µl)
Master mix	4.5	4.5
Primer (Forward)	0.2	0.2
Primer (Reverse)	0.2	0.2
MQ Water	4.1	4.1
DNA Template	1	1
Total	10	10

Table 4: Constituents used in PCR reaction for the amplification of DNA

PCR Cycling Conditions:

PCR cycling conditions for both the SNPs are mentioned in Table 5.

STEP	TEMPERATURE	TIME	CYCLES
Initial Denaturation	95^0C	3min	
Denaturation	95^0C	30sec	30cycles
Annealing	(rs7123654) 54^0C (rs6482999) 54^0C	30sec 30sec	
Extension	72^0C	30sec	
Final Extension	72^0C	5min	
Final Hold	4^0C	Infinite	

Table 5: PCR cycling conditions for the amplification of genomic DNA.

Analysis of PCR products:

Agarose gel electrophoresis was conducted for analyzing of PCR products by using 2.5% gel containing ethidium bromide (0.5mg\ml). DNA marker of 100 bp was used. Electrophoresis was conducted for 30 to 45 min at 100 or 150 Volts in electrophoresis unit containing 1X TAE buffer. Bands were visualized under U.V. trans illuminator.

Restriction fragment length polymorphism (RFLP):

Amplified products were digested using restriction enzyme to detect which genotype is existing in specific individual. PCR products of rs6482999& rs7123654 are digested usingApaI&AseI respectively. Reaction conditions of RFLP for both the SNPs are given below in Table 6 .

SNPs	Enzyme used	Restriction site	PCR-product	Cut smart buffer	Restriction enzyme	Nuclease free water
rs6482999	ApaI	5´...GGGCCC...3´ 3´...CCCGGG...5´	10	1.5	0.05	3.4
rs7123654	AseI	5´...ATTAAT...3´ 3´...TAATTA...5´	10	1.5	0.2	3.4

Table 6: Components used for RFLP with respective restriction enzymes.

rs6482999 (C>T)		rs7123654 (C>T)	
Genotype	**Band size (bp)**	**Genotype**	**Band size (bp)**
CC	209+345	**CC**	238+359
CT	209+345+554	**CT**	238+359+597
TT	209	**TT**	238

Table 7: Digested band pattern of SNP rs6482999 and rs7123654.

OBJECTIVE 4: Statistical Analysis:

"Statistical analysis was done using online tool (https://www.medcalc.org/calc/odds_ratio.php) to measure the relation of tyrosinase gene polymorphism towards vitiligo susceptibility. Fisher exact test was used to study the significant differences in genotype and allele frequencies between cases and controls (http://www.quantpsy.org/fisher/fisher.html). A chi-squared test was used to governobserved control genotype frequencies followed to Hardy-Weinberg equilibrium (HWE) expectation using online HWE calculator (http://www.had2know.com/academics/hardy-weinberg-equilibrium-calculator-2alleles.html). If $p<0.05$ observed frequency is considered to be in disequilibrium. Odds ratios and 95%CI wereconsideredtocalculate the risk associated with variant allele. Software Review Manager V5.3 was used to calculate odds ratio. The importance of odd ratio was determined by Z test and $p<0.05$was measured statistically significant .

CHAPTER 5

OBSERVATIONS & RESULTS

Observations & Results:

99 diseased patients and 90 control subjects were genotyped for rs6482999and rs7123654in *TYR*gene. The genotype distribution for both the SNP revealed no deviation from Hardy-Weinberg equilibrium in control population (p>0.05). Genotyping of the SNPs in the *TYR* gene revealed that the mutant allele T of SNPrs6482999 was found in 74% of controls and 70% of cases. The mutant allele T of SNP rs7123654was found in 71% of controls and 66% of cases. The allelic frequencies of these two SNPs between vitiligo and control were, rs6482999: p= 0.9018; rs7123654: p= 0.1188, which suggested no association of minor allele of both the SNPs with vitiligo .

Genotype /Allele	**Vitiligo (n/N[%])**	**Control (n/N[%])**	**Odds ratio (OR)**	**95% CI**	**p-value**
rs6482999(C>T)					
CC	0/99[0]	0/90[0]			
CT	60/99[61]	47/90[52]			
TT	39/99[39]	43/90[48]	0.90	0.017 to 46.855	0.9018
C	60/198[30]	47/180[26]			
T	138/198[70]	133/180[74]			
rs7123654(C>T)					
CC	13/99[13]	5/90[6]			
CT	41/99[41]	43/90[48]			
TT	45/99[46]	42/90[46]	0.412	0.135 to 1.255	0.1188
C	67/198[34]	53/180[29]			
T	131/198[66]	127/180[71]			

Table 8: Allele and genotype distribution of the tyrosinase polymorphism in cases (N=99) and control (N=90)

GRADIENT PCR GEL IMAGE:

rs6482999

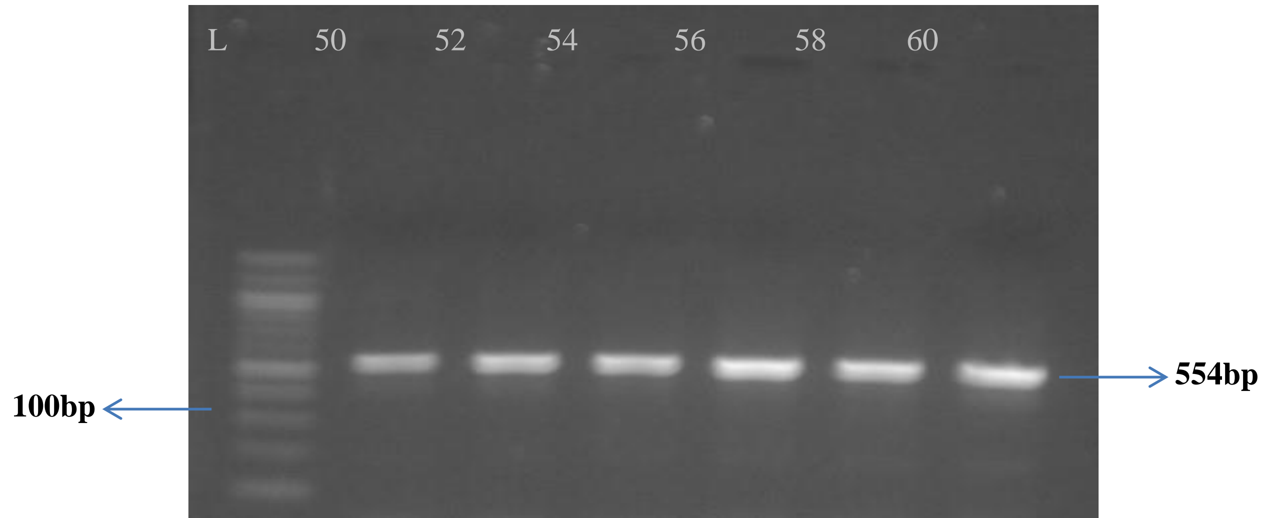

Fig 10(a): Amplification of DNA sample at different annealing temperatures 50ºC - 60ºC **Lane 2-Lane 7**; **Lane 1:** 100 bp ladder

rs7123654

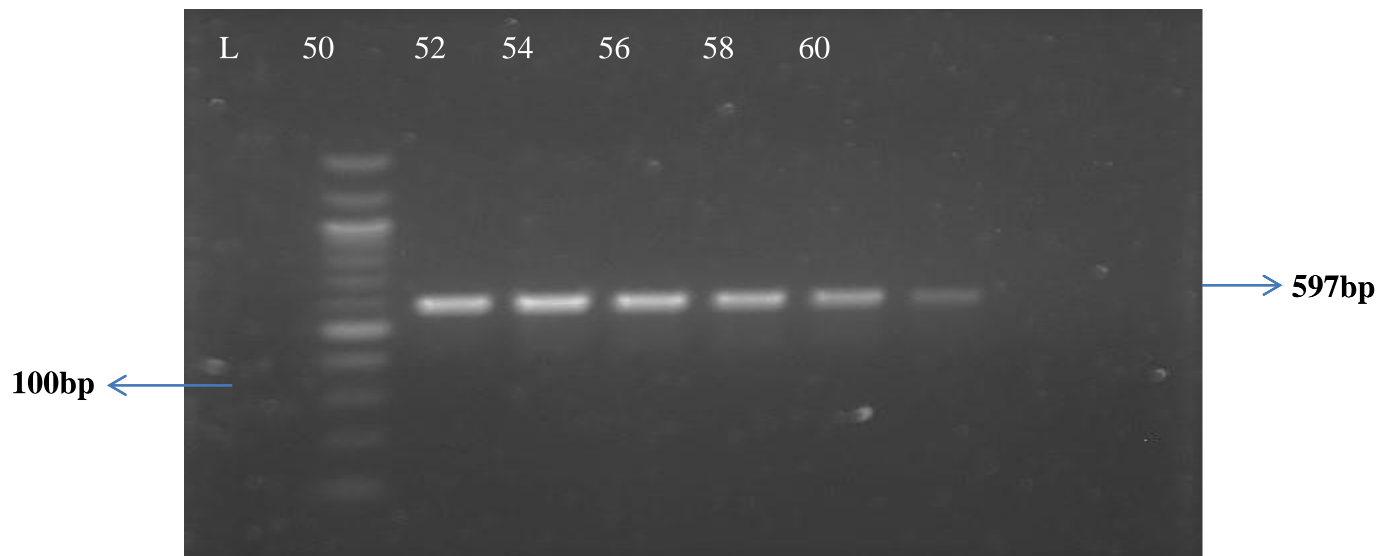

Fig 10(b): Amplification of DNA sample at different annealing temperatures 50ºC - 60ºC **Lane 2-Lane 7;Lane 1:** 100 bp ladder

PRODUCT AMPLIFICATION:

rs6482999

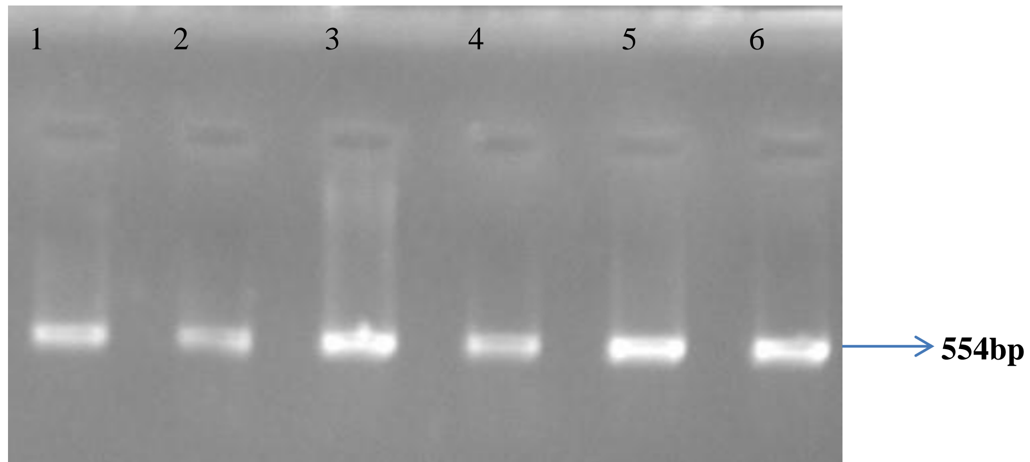

Fig 11(a): Amplification of 6 DNA samples at single annealing temperature 54ºC.**Lane 1-Lane 6**: DNA samples: 1-6 .

rs7123654

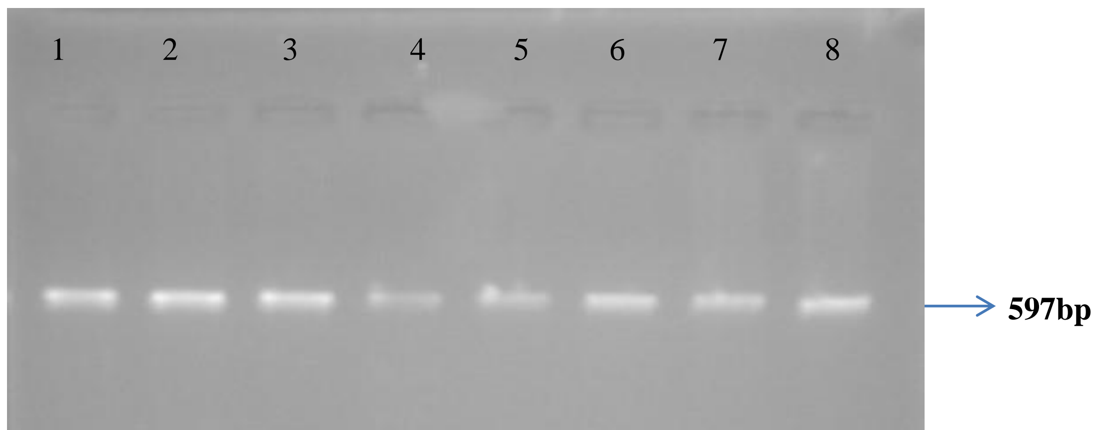

Fig 11(b): Amplification of 8 DNA samples at single annealing temperature 54ºC.**Lane 1-Lane 8**: DNA samples: 40-48 .

DIGESTED GEL IMAGES BY RESTRICTION ENZYME:

rs6482999

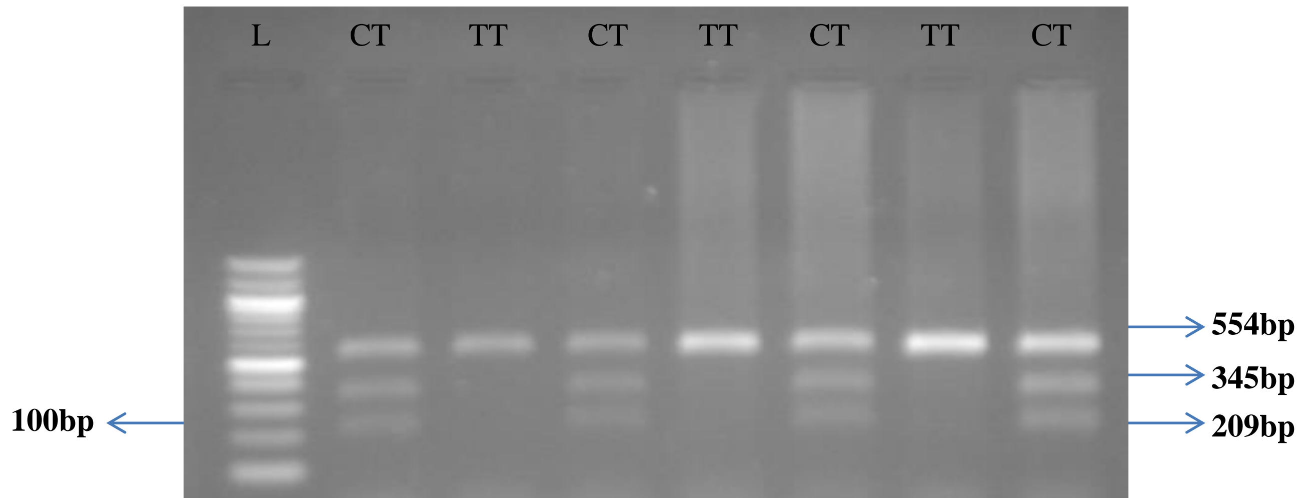

Fig 12(a): Digestion of 7 DNA samples at single annealing temperature 54℃**. Lane 1:** 100bp ladder**, Lane 2- Lane 8 :** DNA samples 268-274 .

rs7123654

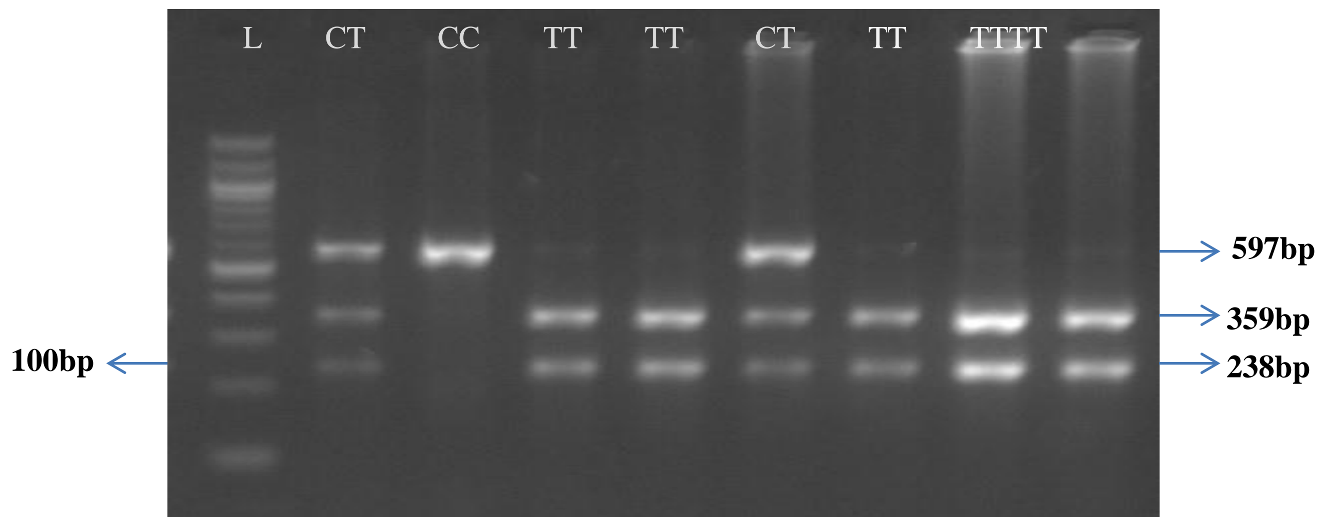

Fig 12(b): Digestion of 8 DNA samples at single annealing temperature 54℃**. Lane 1:** 100bp ladder**, Lane 2-Lane 9:** DNA sample: 264-271 .

Chapter 6
Discussion

DISCUSSION:

Vitiligo is a sustaineddefaming disease which mainly affects melanocytes from epidermis layer, leading to the growth of white (de-pigmented) spots on the skin. It is a complex disorder with multiple genes and environmental triggers playing a role in inducing disease expression. A family based study with vitiligo pathogenesis tells that genetic factor is considered to be one of the determinants in vitiligo.

In the current study, we examined vitiligo patients for genetic variations in TYR gene. In our research, we focused on the association of SNP rs6482999 and rs7123654 in TYR gene with the risk of vitiligo in north India population. The two SNPs considered here were chosen on the basis of earlier identified genetic relations with other physiopathological conditions. We showed that the two variants in TYR gene do not influence the susceptibility to vitiligo in an individual. To the best of my knowledge, no previous report on association of TYR gene variant with vitiligo in any population is present. This is the first report linking TYR gene and it's SNP with vitiligo in north India population.

We took help of many techniques which made our work convenient. Through the advantages of polymerase chain reaction – Restriction fragment length polymorphism technique, genotypes were effectively obtained for the cases and controls. Subsequently, appropriate statistical methods were applied to explain the relation of variants with the susceptibility towards the disease.

The allelic frequencies of these SNPs between cases and control were, rs6482999: p=0.9018; rs7123654: p=0.1188, which proposed no relation of minor allele of both the SNP with the vitiligo. The corresponding statistical parameters as given below ;

rs6482999: odds ratio (OR) =0.90; 95% confidence interval (CI) =0.0170-46.8558

rs7123654: odds ratio = 0.4121and CI=0.1353-1.2552.

Therefore the results showed that the selective variants were not associated with the risk of vitiligo.

CHAPTER 7

CONCLUSION & FUTURE PROSPECTS

CONCLUSION & FUTURE ROSPECTS:

Computational study has now got very much importance to screen the disease specific SNP at molecular level. In this study we used bioinformatics tool for prediction of SNPs..Also we genotyped the predicted nsSNPs in 99vitiligo samples and 90 healthy samples to find out their role in vitiligo. The results from our study suggests that the nsSNPrs6482999&rs7123654 has no role in vitiligo.

Documentation of novel genes that are related towards vitiligo susceptibility would be a great benefit and can act as one of the prognostic marker that will help identifying the individual at the risk of vitiligo at a former stage of disease. Besides, it will also assist to regulate the appropriate therapeutic and prophylactic approaches.

The work which we have done provides support for additional prospective studies to confirm the contribution of TYR gene variants in vitiligo . Therefore, it has been found that both the SNPs are not deleterious in their effects and do not have any potential to increase the risk of vitiligo. This approach paved the way of researchers in prioritizing SNPs, and also in identifying and short listing “candidate ns-SNPs" for further confirmatory analysis.

Moreover, as vitiligo is a multifarious disease, both gene-gene interactions and gene-environment relations may occur, and a single genetic variation is questionable to be sufficient to predict the overall risk. Consequently, additional research is desirable to explain the role of other functional SNPs of TYR gene and other genes tangled in similar biological pathways that may be involved in etiology of vitiligo. Although insignificant ,the data can be used to study futher the etiological factores of this disease .

APPENDIX

➢ GLASSWARES AND INSTRUMENTS

Glassware's

- Beaker – 1000ml,500ml,100ml
- Eppendorfs (autoclaved)-2ml.1.5ml,0.5ml,0.2ml
- Autoclaved micro tips (100-1000ul,20-200ul,0.1-10ul)
- PCR Tube stand
- Capped Bottles
- Measuring cylinder – 500ml,100ml,10ml
- Eppendorfs stand

INSTRUMENTS

- PCR Tube stand
- Micro pipette
- Thermo-cycler
- Spinner
- Weighing balance
- Autoclave
- Incubator
- Laminar Air Flow
- Hot air oven
- pH meter
- Rocker
- Refrigerator (-80℃,-20℃,-4℃)
- Vortex
- Centrifuge
- Water bath
- Agarose Gel Electrophoresis chamber
- UV trans illuminator

2. REAGENTS

- **Di-sodium ethylene diamine tetra acetate (0.5M,Ph 8.0)**
  - Take 186.1g of Na_2EDTA and add to it 800ml of milliQ water.
  - Stir vigorously on magnetic stirrer.
  - Adjust ph to 8.0 with 10M NaOH.
  - Make up the volume to 1000ml.

- **Tris (hydroxymethyl) aminomethane-chloride, Tris-Cl (1M,pH8.0)**
  - Take 121.2g Tris Base in 800ml of distilled water.
  - pH 8 was adjusted by adding 1N HCl.
  - Make up the volume to 1L by adding MQ water.

- **Tris-Cl (1M:pH 7.3)**
  - In 800ml of distilled water add 121.2g of Tris base.
  - ph 7.3 was adjusted by adding 1N HCl.
  - Make up the volume to 1L.
- **Ammonium Chloride, NH_4Cl (1M)**
  - In 800 MQ water dissolve 53.5g of ammonium chloride .
  - Make up the volume to 1L.

- **10% SDS**
  - In 70ml of distilled water dissolve 10g of SDS.
  - Heat to 68^{*}C to mix the solution.
  - Make up the volume to 1L.
- **Red Blood Cell Lysis Buffer**
  - **COMPOSITION :**Tris 10mM , ph – 8.0;EDTA 1mM ; NH_4Cl 125mM, ph 8.0
    i. EDTA (0.5M) 2ml
    ii. Tris (1M,ph-8.0) 10ml
    iii. NH_4Cl(1M) 125ml

Mix the above reagent in MQ water to obtain final volume of 1L.

- **Tris – EDTA(TE) buffer (pH 8.0)**
    - **COMPOSITION :** Tris 10Mm;EDTA 1mM , pH 8.0
        1. EDTA (0.5M) 2ml
        2. Tris (1M , pH8.0) 10ML

Mix the above reagent in distilled water to obtain absolute volume of 1L

- **Tris – EDTA (TE) buffer (pH7.3)**
    - **Composition : Tris 10Mm;EDTA 1Mm,pH7.3**
        1. EDTA(0.5M) 2ml
        2. Tris (1M, pH7.3) 10ml

Mix the above reagents in distilled water to obtain absolute volume 1L.

- **Ammonium Acetate (7.5M)**
    - In 20ml of MQ water dissolve 28.9g of ammonium acetate salt.
    - Final volume was adjusted to 50ml .

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