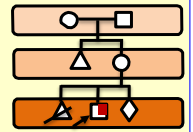




Rishi Vansh



All India Institute of Medical Sciences, Rishikesh
Department of Paediatrics

Volume 1, Issue 5 **October 2020**

Editorial Board

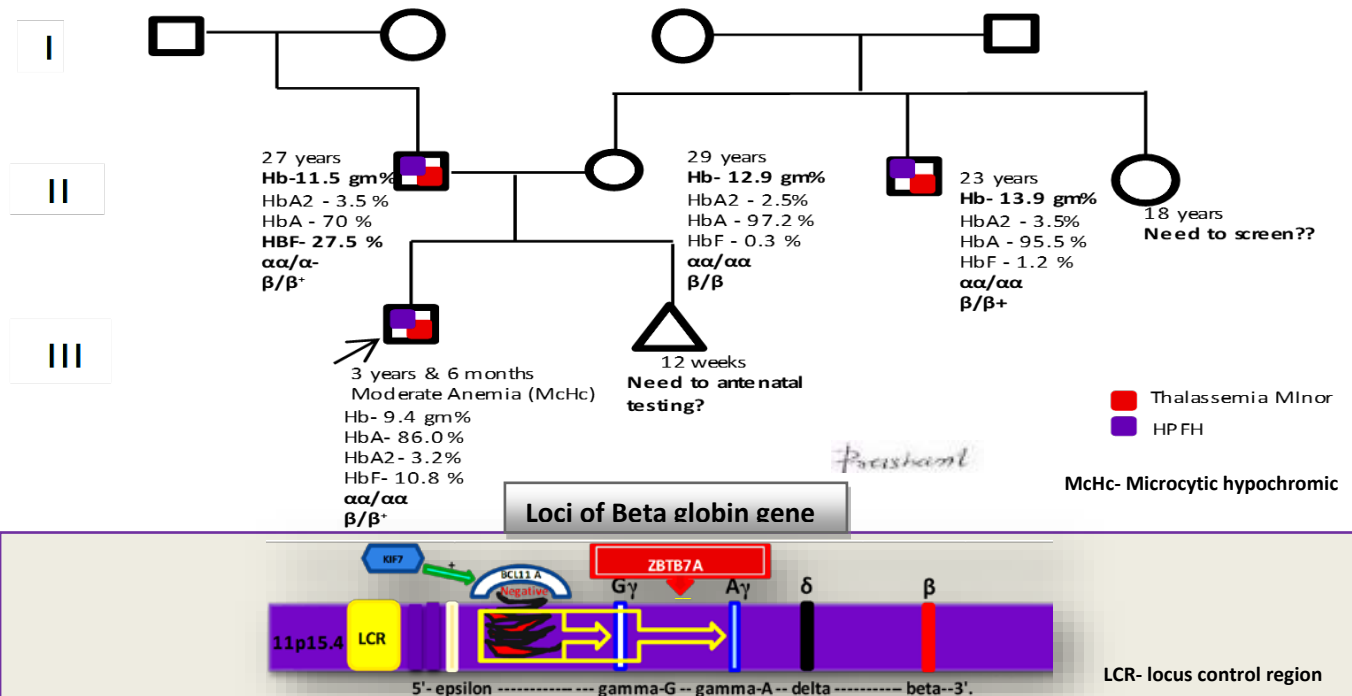
Chief Patron	Prof. Ravi Kant (Director & CEO)
Patron	Prof. Manoj Gupta (Dean academic)
President	Prof. N. K. Bhat (HOD)
Editor	Dr. Prashant Kumar Verma
Asso. Editor	Dr. Vyas K Rathaur
Assis. Editors	Dr. Raksha Ranjan
	Dr. Sonalika Mehta

From the desk of Editor

The Department of Paediatrics is publishing a monthly newsletter for faculty and residents. The newsletter is related to genealogical parlance and deliberate attempt to enhance awareness for genetic disorders with recent updates.

Hb(hemoglobin) Genetic Facts - III

HBG (1&2) Genes



Insight:

1. What is the proportion of Hereditary persistence of fetal hemoglobin (HPFH) in the population?
2. What are the known genetic loci for alternation of HBG1/2 genes expression?
3. Does ectopic SIRT1 expression enhance HBG 1/2?
4. What is the X-linked beta thalassemia?
5. Why is it essential to do further research for inducers of HBG1/2 genes?

Plausible tenets

HBG Genes {Two tandem alleles HBG2 (Gy) and HBG1 (Ay)} found on Chr. 11p15.4

- Differ at residue 136 where glycine is found in HBG2 and alanine is found in the **HBG1 (HBG1 predominant at birth)**
- SIRT1 promotes the looping of the LCR to HBG promoter & inhibit the **HBG suppressors** BCL11A, KLF1, HDAC1/ C2
- Among **First Vertebrate globin genes** show the **negative relationship** with cytosine methylation and transcription

Phenotype

- HBG2: Cyanosis, transient neonatal (AD)
- HBG1 & G2: Fetal hemoglobin quantitative trait locus 1 (AD)

Hereditary persistence of fetal hemoglobin

- **Define:** A multifactorial trait with increased HbF in $\geq 2^{\text{nd}}$ year of life
- **F cells:** A subset of RBCs distributed unevenly among red cells
 - **Pancellular:** Higher expression of HbF (up to 40 %)
 - **Heterocellular:** Lower expression of HbF although these stand for a spectrum, HbF range from $\approx 0.8\%$ to 5%, present in 10 to 15% of individuals
- Biochemical studies showed that most of the HbF had gamma-A (HBG1), with a small (10%) amount of the gamma-G (HBG2)
- High fetal hemoglobin (HbF, $\alpha 2\gamma 2$) levels **improve** the **clinical manifestations** of sickle cell disease and β thalassemia

Multiple genetic loci influenced HBG1/2 expression

Fetal Hemoglobin Quantitative Trait Locus 1; HBFQTL1/ HPFH, Delta-beta thalassemia	AD	HBG1/G2
Fetal Hemoglobin Quantitative Trait Locus 2; HBFQTL2	AD	6q22.3-q23.1
Fetal Hemoglobin Quantitative Trait Locus 3; HBFQTL3	XL D?	Xp22.2 (FCPX locus)
Fetal Hemoglobin Quantitative Trait Locus 4; HBFQTL4	?	8q
Fetal Hemoglobin Quantitative Trait Locus 5; HBFQTL5	AD	2p16.1
Fetal Hemoglobin Quantitative Trait Locus 6; HBFQTL6	?	KLF1
Chromosome 2p16.1-P15 Deletion Syndrome	Isolated case	2p16.1-p15 Deletion
??? not reported in human	?	LRF/ZBTB7A
Cyanosis, Transient Neonatal; TNCY	AD	HBG2
Intellectual Developmental Disorder with Persistence of Fetal Hemoglobin,	AD	BCL11A
Diamond-Blackfan Anemia 1; DBA1	AD	RPS19
Diamond-Blackfan Anemia 3; DBA3	AD	RPS24
Thrombocytopenia with Beta-Thalassemia, XLTT	XLR	GATA1
Anemia, Congenital Dyserythropoietic, Type IV; CDAN4,	AD	KLF1

Many epigenetics changes have been studied in vitro to enhance HBG genes expression.

- **GATA1:** binds at sequence 5'-[AT]GATA[AG]-3' within regulatory regions of globin genes and possibly alters globin genes switching
- **RPS19 & 24:** Required for pre-rRNA processing and maturation of 40S ribosomal subunits. Involved in many protein synthesis
- **BCL11A (2p16.1):** BAF Chromatin Remodeling Complex Subunit.
- **LRF/ZBTB7A:** keeps the nucleosome density necessary for gamma-globin gene silencing in adults. Knockout of LRF in immortalized adult human erythroid cells resulted in HbF levels of greater than 60%
- **KLF1:** A transcriptional activator, high-level expression of the adult beta-globin promoter by binding to its CACCC element. Need for proper expression of BCL11A

Hydroxyurea effect on HbF - **highly variable**, from 2% to greater than 30% (**Pharmacogenetic**) and *still exact* mechanism elusive.

Pharmacogenetic: Concerning to genes deciding drug metabolism while **pharmacogenomics** includes all genes in the genome that may decide drug effect

Epigenetic Mechanism: All molecular mechanism which alter DNA transcription without changing the DNA sequence

Types: Epigenetic changes for long term adapted and short term adapted

- **Long term adapted mechanism:** chromatin remodeling and reorganization, nucleosome remodeling/repositioning, histone modifications, DNA methylation and hydroxymethylation and other epigenetic techniques
- **Short term adapted mechanism:** noncoding RNA regulation; and RNA editing. regulation of gene transcription, depending on the targeting site in the promoter—Mostly used for therapeutic purposes

Thought Riveting:



What will be the effects on other genes expression in **BCL11A knock down stem cells**?



Is there any **specific and selective molecule** for enhancing HBG 1/2 genes transcription?



Would amendment of epigenetic mechanism be the newer therapy for beta thalassemia in future?



What will be probable molecular mechanism for diverse types of **HBFQTL**?