



SPGH
Sociedade Portuguesa
de Genética Humana

Ancestry of the α -MRE Associated with the 3.7kb α -Thalassemia Deletion in the Portuguese Population

Rita Pena¹, Pedro Lopes¹, Gisela Gaspar², Armandina Miranda², Paula Faustino^{1,3}

1. Departamento de Genética Humana, Instituto Nacional de Saúde Doutor Ricardo Jorge, Lisboa;
2. Departamento de Promoção da Saúde e Prevenção de Doenças Não Transmissíveis, Instituto Nacional de Saúde Doutor Ricardo Jorge, Lisboa;
3. Instituto de Saúde Ambiental, Faculdade de Medicina, Lisboa; Portugal.



Introduction

The α -major regulatory element (α -MRE), also known as **HS-40**, is a 350 bp enhancer located upstream of the α -globin gene cluster and has a crucial role in the **long-range regulation of α -globin gene expression**^[1,2]. This element is genetically polymorphic and six haplotypes (A to F) have been identified in different populations (Figure 1). **Haplotype D** was primarily described in **African populations** and is nearly absent in other populations^[3]. In Portugal, the principal molecular basis of α -thalassemia is the **3.7kb deletion** that removes one α -globin gene per allele^[4].

Aims

Identification of the HS-40 haplotypes associated with the common 3.7kb α -thalassemia deletion ($-\alpha^{3.7del}$) in the Portuguese population, and investigation of its ancestry.

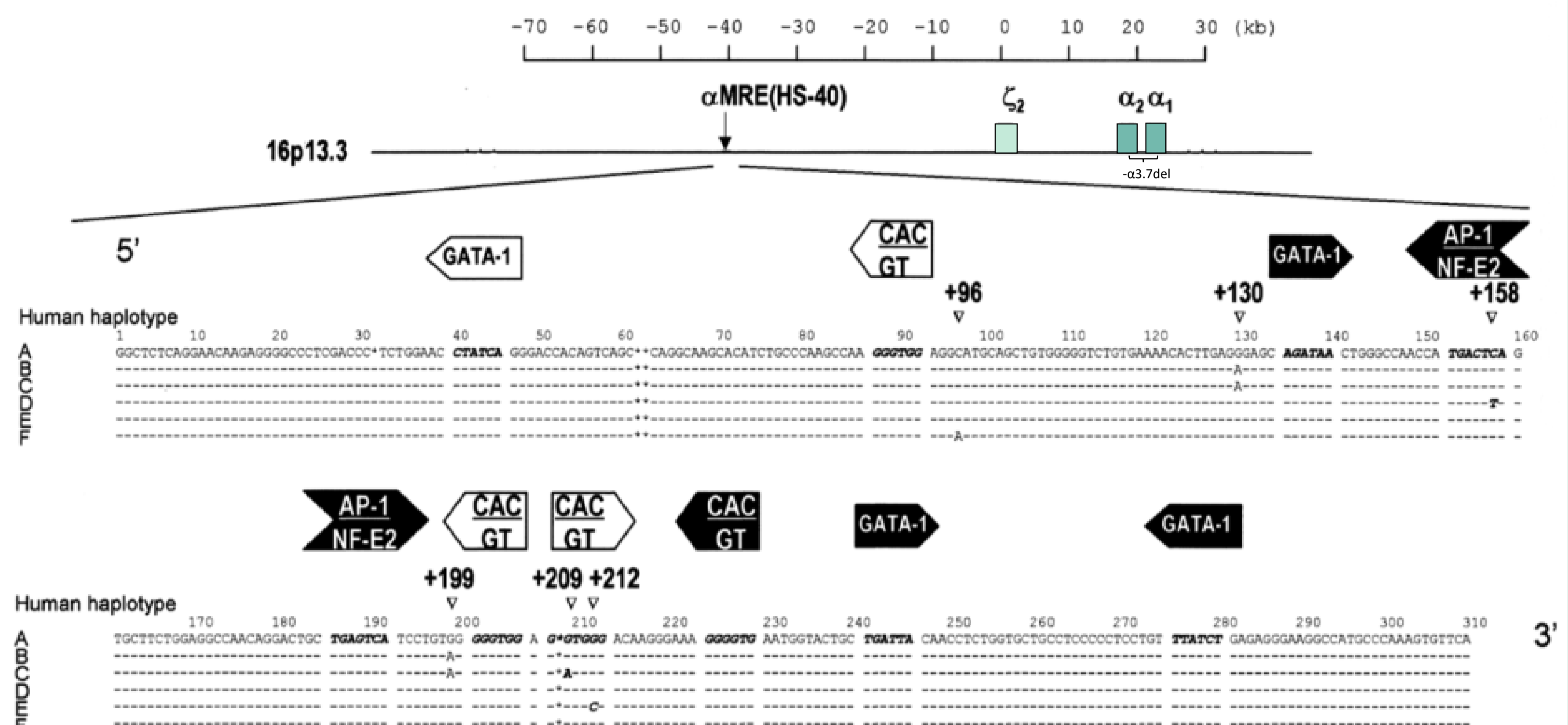


Figure 1 - Schematic representation of the α -globin gene cluster and the upstream regulatory region. Functional genes ζ_2 , α_2 and α_1 are represented as blue boxes and the major regulatory element or HS-40 is indicated by a black arrow. The human HS-40 sequence is shown below the α -cluster. The small bars represent sequence similarity, while the asterisks represent gaps in comparison with the human sequence. The position and direction of the binding sites for nuclear factors GATA-1, AP-1/NF-E2, and the CAC/GT binding factors are indicated as arrows. Dark arrows represent the binding sites occupied *in vivo*; white arrows represent binding sites that are not occupied *in vivo*. The human HS-40 haplotypes are indicated next to each sequence as A to F. The numbers indicate the position of the polymorphic sites in the HS-40 sequence. Adapted from [3].

Materials and Methods

1. We selected **111 Portuguese individuals** previously characterized by Gap-PCR for the presence of the $-\alpha^{3.7del}$;
2. A fragment containing the **HS-40** was amplified by PCR and Sanger sequenced;
3. Statistical analysis was performed using *R* software.

Table 1 - HS-40 genotypes in the Portuguese population without the α -thalassemia 3.7kb deletion ($\alpha\alpha/\alpha\alpha$), with the deletion in heterozygosity ($-\alpha^{3.7}/\alpha\alpha$) and in homozygosity ($-\alpha^{3.7}/-\alpha^{3.7}$)

α -globin genotype	HS-40 genotypes						
	AA	AB	AD	BB	BC	BD	DD
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
$\alpha\alpha/\alpha\alpha$ (n = 50)	18 (36.0)	20 (40.0)	1 (2.0)	8 (16.0)	3 (6.0)	0 (0.0)	0 (0.0)
$-\alpha^{3.7}/\alpha\alpha$ (n = 34)	15 (44.1)	13 (38.2)	3 (8.8)	3 (8.8)	0 (0.0)	0 (0.0)	0 (0.0)
$-\alpha^{3.7}/-\alpha^{3.7}$ (n = 27)	7 (25.9)	7 (25.9)	10 (37.0)	0 (0.0)	0 (0.0)	1 (3.7)	2 (7.4)
Total (n = 111)	40 (36.0)	40 (36.0)	14 (12.6)	11 (10.0)	3 (2.7)	1 (0.9)	2 (1.8)

n = number of individuals

- 71.4% of AD individuals are homozygous for the $-\alpha^{3.7del}$
- **Genotype AD** is the most common in individuals with the $-\alpha^{3.7}/-\alpha^{3.7}$ genotype

Table 2 - HS-40 haplotypes in the Portuguese population without the α -thalassemia 3.7kb deletion ($\alpha\alpha/\alpha\alpha$), with the deletion in heterozygosity ($-\alpha^{3.7}/\alpha\alpha$) and in homozygosity ($-\alpha^{3.7}/-\alpha^{3.7}$)

α -globin genotype	HS-40 haplotypes			
	A	B	C	D
	x (%)	x (%)	x (%)	x (%)
$\alpha\alpha/\alpha\alpha$ (n = 50; x = 100)	57 (57.0)	39 (39.0)	3 (3.0)	1 (1.0)
$-\alpha^{3.7}/\alpha\alpha$ (n = 34; x = 68)	46 (67.7)	19 (27.9)	0 (0.0)	3 (4.4)
$-\alpha^{3.7}/-\alpha^{3.7}$ (n = 27; x = 54)	31 (57.4)	8 (14.8)	0 (0.0)	15 (27.8)
Total (n = 111; x = 222)	134 (60.4)	66 (29.7)	3 (1.3)	19 (8.6)

n = number of individuals; x = number of alleles

- In individuals with the $-\alpha^{3.7}/-\alpha^{3.7}$ genotype **haplotype D** is the second most frequent

Distribution of HS-40 haplotypes and genotypes are **significantly different** between groups with and without the $-\alpha^{3.7del}$ ($p < 0.001$)

Results and Discussion

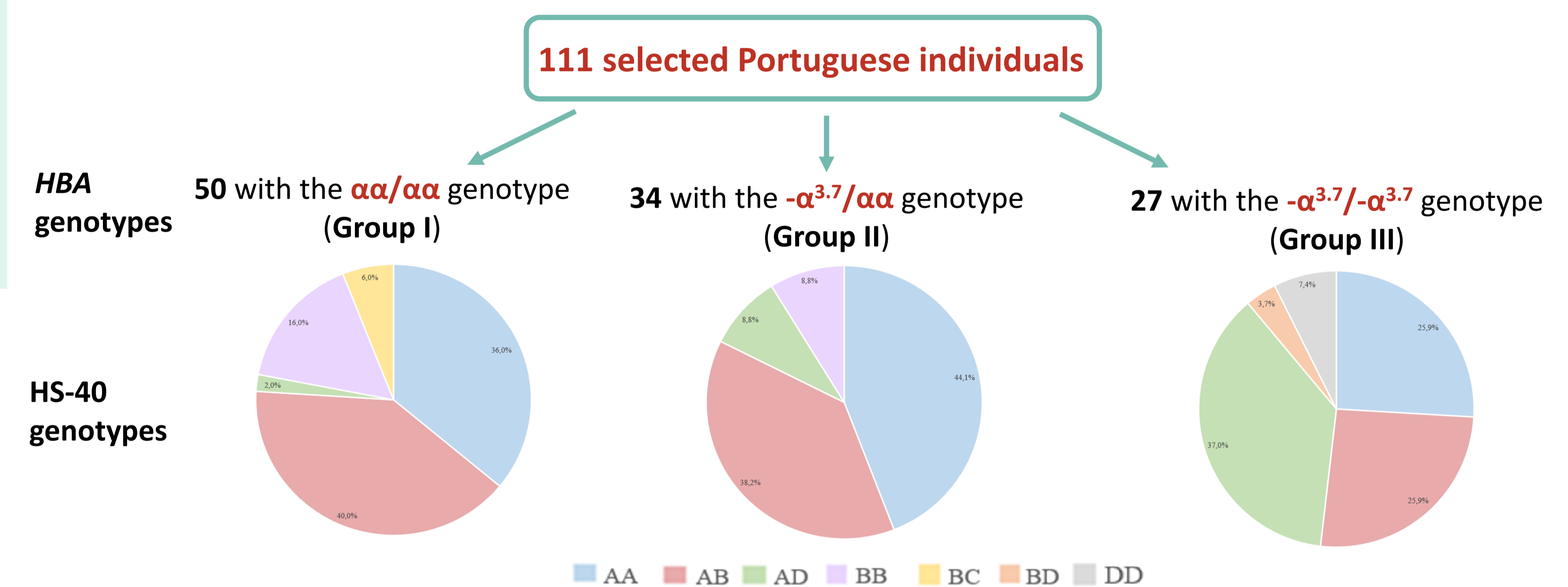


Figure 2 - Graphic distribution of the different HS-40 genotype frequencies (in %) according to the corresponding α -globin genotypes of the studied Portuguese individuals. (I) group without the 3.7kb α -thalassemia deletion ($\alpha\alpha/\alpha\alpha$); (II) group with the 3.7kb deletion in heterozygosity ($-\alpha^{3.7}/\alpha\alpha$); (III) group with the 3.7kb deletion in homozygosity ($-\alpha^{3.7}/-\alpha^{3.7}$).

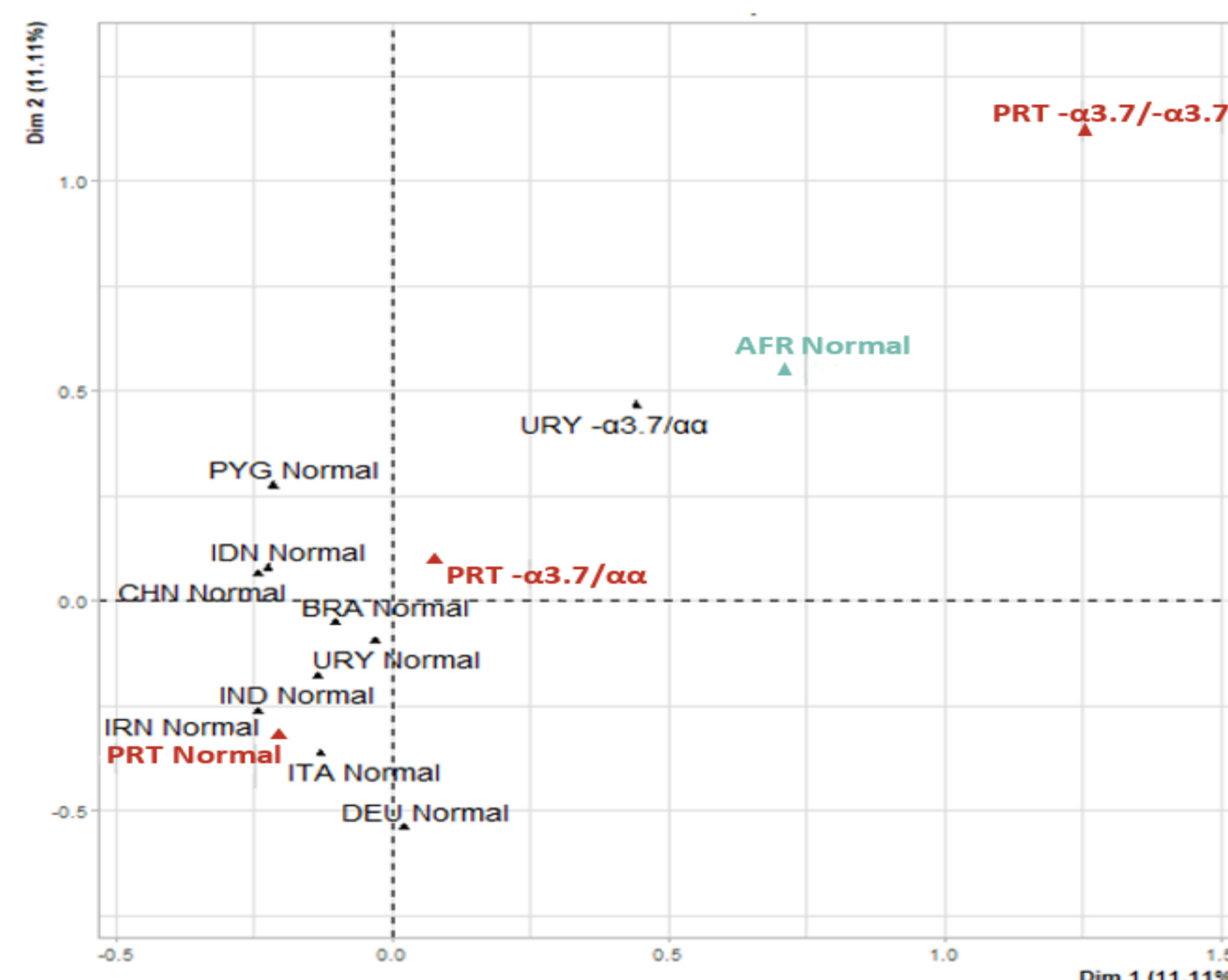


Figure 3 - Multiple correspondence analysis of the HS-40 genotypes in diverse geographic populations. AFR: African; BRA: Brazilian; CHN: Chinese; DEU: Dutch; IDN: Indonesian; IND: Indian; IRN: Iranian; ITA: Italian; PRT: Portuguese; PYG: Pygmies; URY: Uruguayan. All the genotypes from foreign populations were collected from [3,5-7]. The Portuguese populations investigated in this study are marked as **PRT normal** (group I); **PRT $-\alpha^{3.7}/\alpha\alpha$** (group II) and **PRT $-\alpha^{3.7}/-\alpha^{3.7}$** (group III).

Portuguese individuals without the $-\alpha^{3.7del}$

Grouped with other European populations

Portuguese individuals with the $-\alpha^{3.7del}$

More closely related to the African population

Conclusions

- This study revealed for the first time an association of a specific HS-40 haplotype with the common $-\alpha^{3.7del}$ in the Portuguese population, and its likely African ancestry;
- These results may have clinical importance as **haplotype D** has an alteration in the consensus sequence of the transcriptional factors AP1/NF-E2 binding site and *in vitro* experiments showed a **decrease in its enhancer activity on α -globin genes** [8].

References

- [1] J. Ferrão, M. Silva, L. Gonçalves, et al. Widening the spectrum of deletions and molecular mechanisms underlying alpha-thalassemia, *Ann. Hematol.* 96 (2017) 1921–1929. <https://doi.org/10.1007/s00277-017-3090-y>.
- [2] D.M. Ribeiro, M.F. Sonali, Regulation of human alpha-globin gene expression and alpha-thalassemia, *Genet. Mol. Res.* 7 (2008) 1045–1053. <https://doi.org/10.4238/gmr7-4gmr472>.
- [3] C.L. Harteveld, M. Muglia, G. Passarino, et al. Genetic polymorphism of the major regulatory element HS-40 upstream of the human α -globin gene cluster, *Br. J. Haematol.* 119 (2002) 848–854. <https://doi.org/10.1046/j.1365-2141.2002.03917.x>.
- [4] M.J. Peres, M.H. Carreiro, M.C. Machado, et al. Rastreo neonatal de hemoglobinopatias numa população residente em Portugal, *Acta Med. Port.* 9 (1996) 135–139. <https://doi.org/10.4000/17633>.
- [5] D.M. Ribeiro, M.S. Figueiredo, F.F. Costa, et al. Haplotypes of α -globin gene regulatory element in two Brazilian native populations, *Am. J. Phys. Anthropol.* 121 (2003) 58–62. <https://doi.org/10.1002/ajpa.10193>.
- [6] A.M. Soter, B.F. Piellusch, L. da Silva, et al. Alpha thalassemia and alpha-MRE haplotypes in Uruguayan patients with microcytosis and hypochromia without anemia, *Genet. Mol. Biol.* 44 (2021) 1–6. <https://doi.org/10.1590/1678-4685-gmb-2020-0399>.
- [7] S. Alimohammadi-Bidhendi, S. Azadmehr, M. Raziqpour, et al. Regulatory Mutation Study in Cases with Unsolved Hypochromic Microcytic Anemia and α -Major Regulatory Element Haplotype Analysis in Iran, *Hemoglobin.* 45 (2021) 37–40. <https://doi.org/10.1080/03630269.2021.1882482>.
- [8] M.R. Loyd, Y. Okamoto, M.S. Randall, et al. Role of AP1/NFE2 binding sites in endogenous α -globin gene transcription, *Blood.* 102 (2003) 4223–4228. <https://doi.org/10.1182/blood-2003-02-0574>.

Acknowledgements: We would like to thank the Technology and Innovation Unit of DGH/INSA for the Sanger sequencing analyses.