## **RNA in diagnostics**



## **RNA in diagnostics**

- 1.) direct RNA diagnostics screening of whole coding region of given gene
- 2.) gene expression analysis:
  - diferential diagnostics of some tumours
  - detection of circulation tumour cells in blood and bone marrow
  - monitoring of course of therapy and detection of residual disease
  - control of graft before autologous transplatation
  - differential display, PTT test, functional tests...

#### RNA

Mammalian cell:

- 10 30 pg total RNA
  - rRNA (28S,18S, 5S)
  - tRNA, snRNA

80-85% 15-20%

mRNA 1-5%
360 000 mRNA molecules/cell,
12 000 different transcripts

typical length of 1 transcript cca 2kb

## **RNA Unstability**

- presence of ribonucleases (RNases) in cell
- RNase
  - very stable
  - do not need cofactors
  - efficient in low concentrations
  - difficult inactivation
  - contamination with RNases : human skin

dust particles (bacterias, fungi)

isolation and analysis of RNA : special approach and methods

## **Stabilisation and storage of RNA**

•gene-expression analysis: analysed RNA must represent *in vivo* expression of sample

•Complications - 1) reduction mRNA (downregulatoin of genes and enzymatic degradation of RNA), 2) expression induction of certain genes

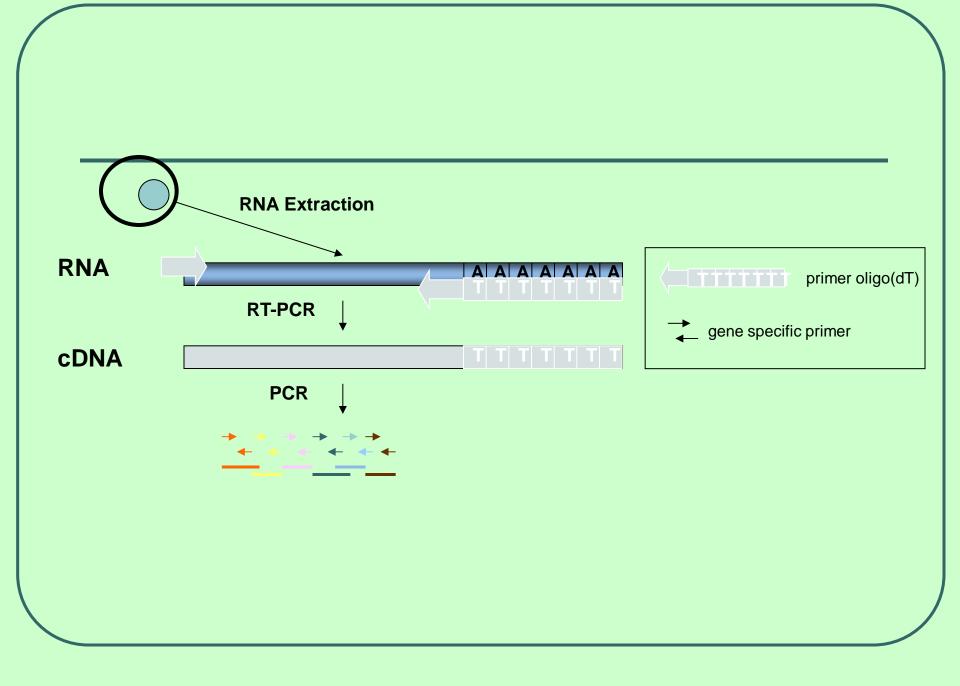
RNA stabilisation in sample:

- immediately frost in liquid nitrogen and store in -80°C
- stabilisation solutions: RNAlater, PAXgene

Contamination with DNA

PCR primers overlapping border intron/exon digestion with DNases

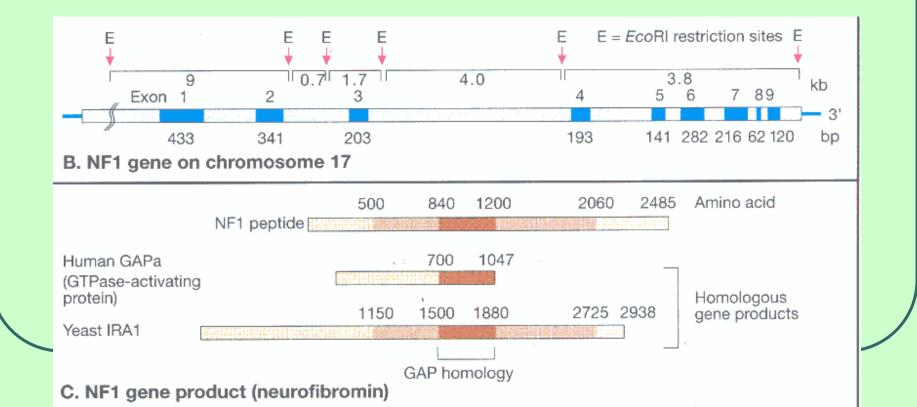
## **Direct RNA diagnostics**



#### **RNA diagnostics of NF1 gene**

NF1 gene: 350 kb, 60 exons, 11 - 13 kb mRNA

- protein neurofibromin: 2818 aminoacids, probably tumour supresor

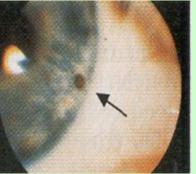


#### Neurofibromatosis type 1 von Recklinhausen disease

#### Autosomal dominant Frequency 1:3000 Locus 17q

50% mutations de novo

Predispositions to tumours of neural system



Lisch nodule



Café-au- lait spots

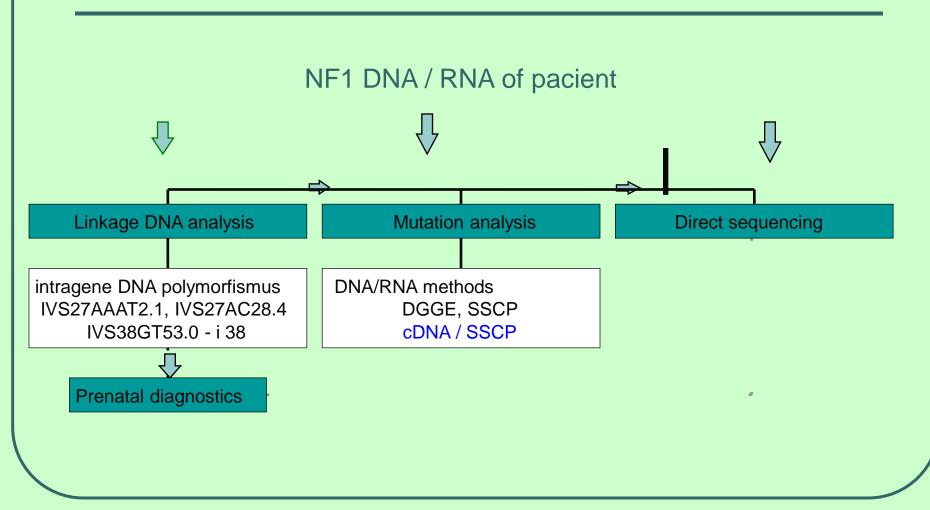


Neurofibromas

#### **Complications in molecular diagnostics of NF1**

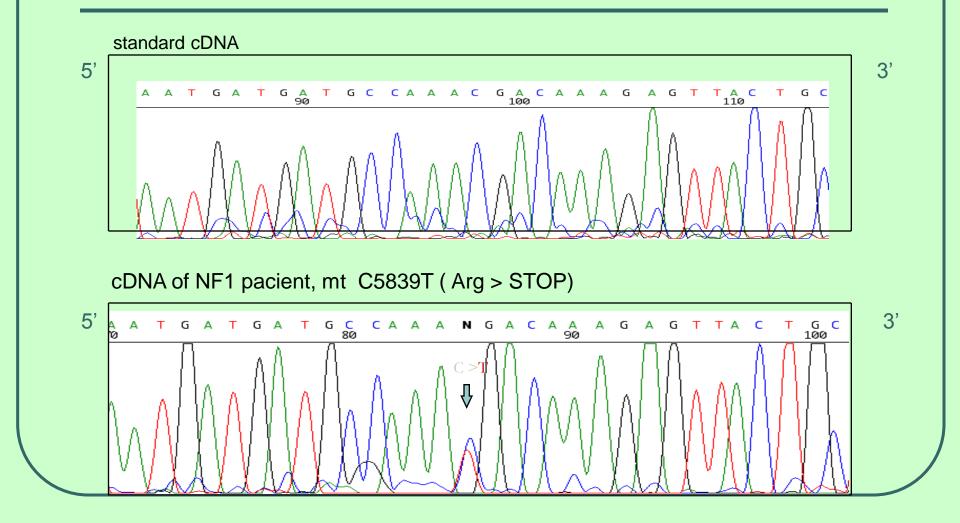
- -problematic clinical diagnosis:
- -up to 50 % cases de novo
- -high mutation speed
- -length of gene (350 kb, 60 exonů)
- -absence of hot spots need to search in whole gene
- -unclear corelation between type of mutation and manifestation
- -different clinical manifestation even in patients with the same mutation

## Strategy of molecular – genetic testing of NF1 patients



<b>CDNA</b> total RNA	- SSCP analysis	II I
cDNA	RT ∏	-
	PCR 🖟	]
NF1 cDNA ( 60 e	exons)	1
P <u>1</u> P3 P2	P5 P7 P P4 P6 P8 SSCP ↓	9 P10
	Sequencing analysis	

#### Sequencing of cDNA segment P7 of NF1 gene (exons 28 -32/33)



## Advantages and disadvantages of RNA diagnostics

- Easier and faster screening of multiexonic gene (10 segments of cDNA instead of 60 exons), mRNA is without introns
- Capture of splice mutations in intrones
- Capture of deletion of whole exonu on one allele

- More difficult taking blood for RNA isolation
- Lower stability of RNA
- Longer segments problems with electroforetic separation and sequencing
- Unclear effect of mutation on phenotype level

- cheaper

## **Gene expression analysis**

### **Real-time PCR method**

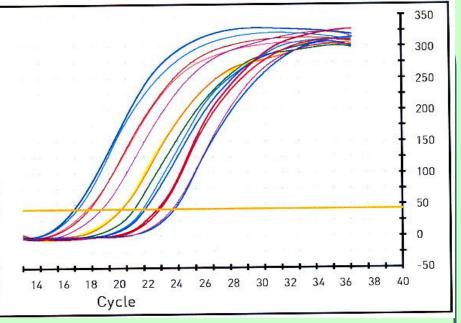
- Real-Time PCR combines DNA amplification with real time amplified product detection in a single tube
- Reliable
- Precise
- Fast
- Universal
- Variability of used probes
- Possibility of detection of more mutation during analysis
- Measurement of fluorescence

Determine differences in mRNA expression

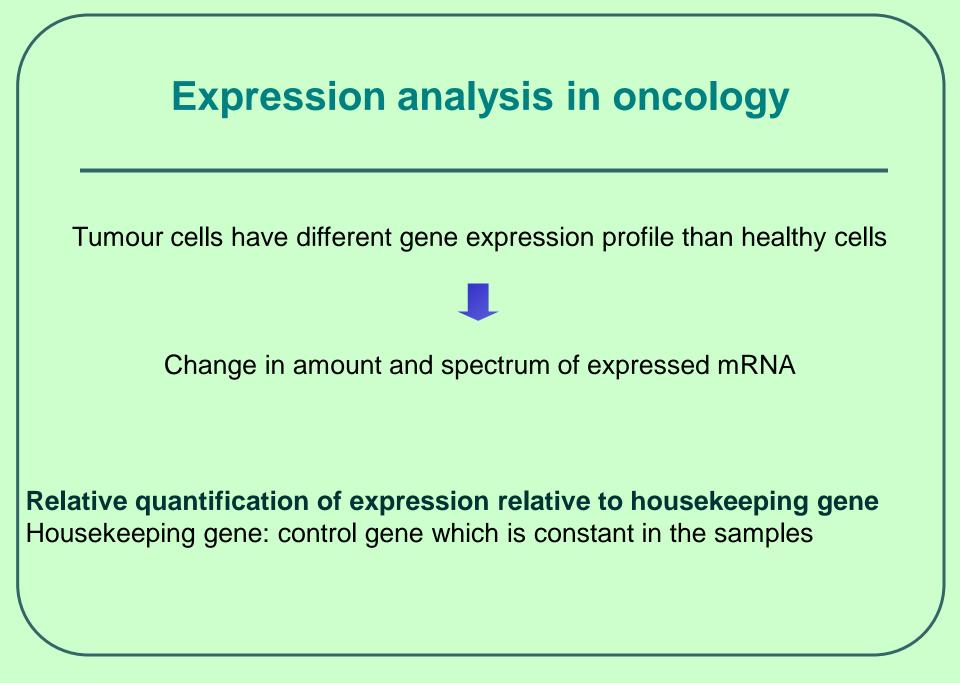
- QUALITATIVE ANALYSIS
   snp single ncleotide polymorphism detection
- QUANTITATIVE ANALYSIS amplicon amount detection

#### Detection

- Two types of Real-Time P
- 1. Specific Sequence Deternal a specific sequence of interproducts. Can be used to (TaqMan)



2. Non-Specific Detection- Detects any dsDNA produced during the reaction (SYBR green)



#### **Oncomarkers**

A tumor marker is a substance found in the blood, urine, or body tissues that can be elevated in cancer. There are many different tumor markers, each indicative of a particular disease process, and they are used in oncology to help detect the presence of cancer.

From substances produced by normal cells they differ qualitatively – normal cells do not produce them, or quantitatively – they are produced by both types of cells

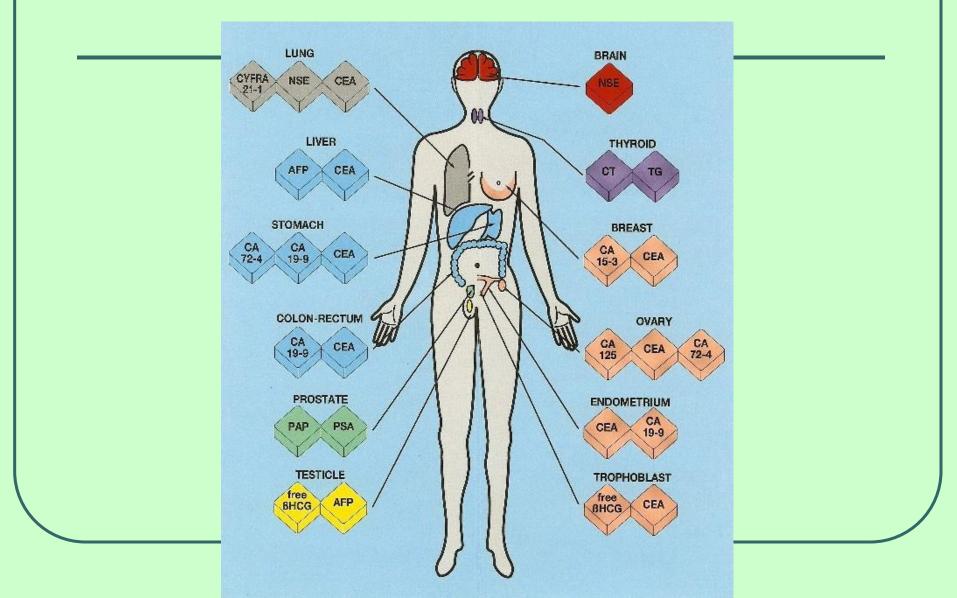
#### **Ideal Oncomarker**

- produced only in malignant cells
- organ specific
- in biological liquids in high concentrations
- level correlates with size of tumour, stage of disease, prognosis and therapy effect
- provides evidence of residual tumour tissue

# Oncomarkes according to chemical structure or biological function

- oncofetal antigens
- enzymes
- hormones
- intracellular oncomarkers
- other non specified substances

#### Onkomarkers: indication according to organ



- Prostate-Specific Antigen: PSA is prostate-specific, not cancer-specific. A variety of conditions can raise PSA levels: prostatitis (prostate inflammation), benign prostatic hypertrophy (prostate enlargement), and prostate cancer. PSA levels can also be influenced by a number of other things.
- Carcinoembryonic Antigen: Although CEA was first indentified in colon cancer, an abnormal CEA blood level is specific neither for colon cancer nor for malignancy in general. Elevated CEA levels are found in a variety of cancers other than colonic, including pancreatic, gastric, lung, and breast. It is also detected in benign conditions including cirrhosis, inflamatory bowel disease, chronic lung disease, and pancreatitis. The CEA was found to be elevated in up to 19 percent of smokers and in 3 percent of a healthy control population.

Thus, the test for oncomarker cannot substitute for a pathological diagnosis.

#### **Detection of minimal residual disease**

Detection of presence of isolated tumour cells in blood, bone marrow and lymphatic system - possible precursors of metastases

Imunohistochemistry - sensitivity 1 : 10 000 Flow cytometry - sensitivity 1 : 100 000 PCR - sensitivity 1: 1 000 000 Real- time PCR - sensitivity up 1 : 10 000 000

## **Human Identity Testing**



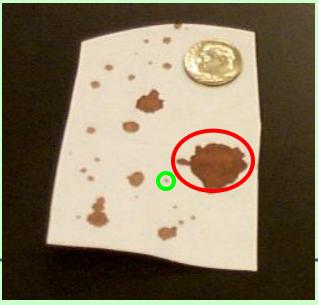
### **Applications:**

Forensic cases - matching suspect with evidence Paternity testing - identifying father Historical investigations Missing persons investigations Mass disasters - putting pieces back together Military DNA "dog tag" Convicted felon DNA databases

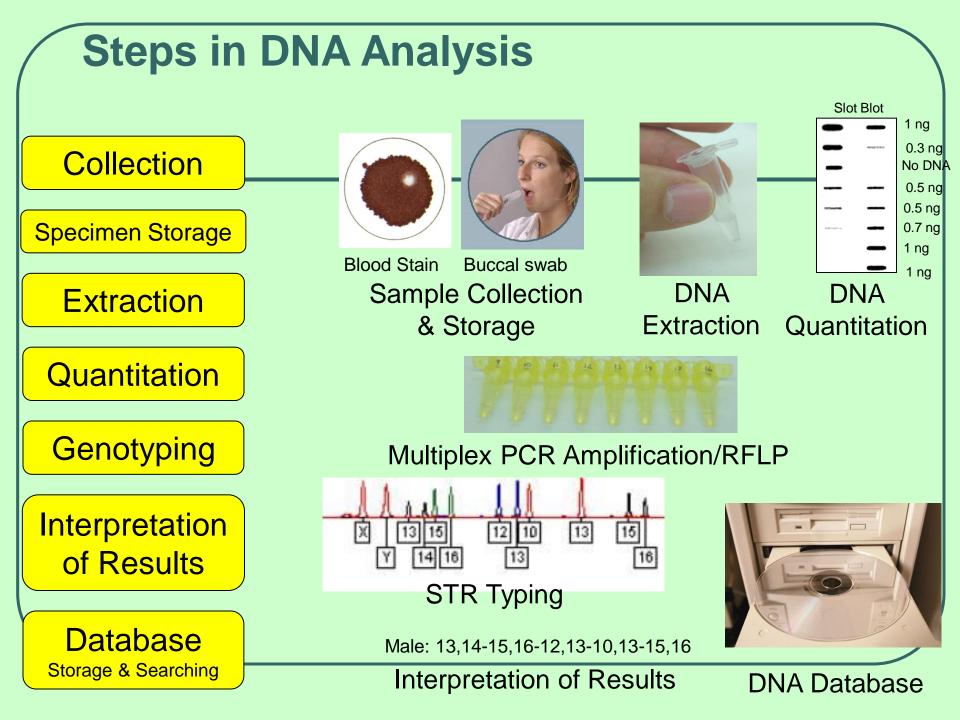
## **Sources of Biological Evidence**

- Blood
- Semen
- Saliva
- Urine
- Hair
- Teeth
- Bone
- Tissue





Blood Stain: Only a very small amount of blood is needed to obtain a DNA profile



### What Type of Genetic Variation?

Length Variation

short tandem repeats (STRs)

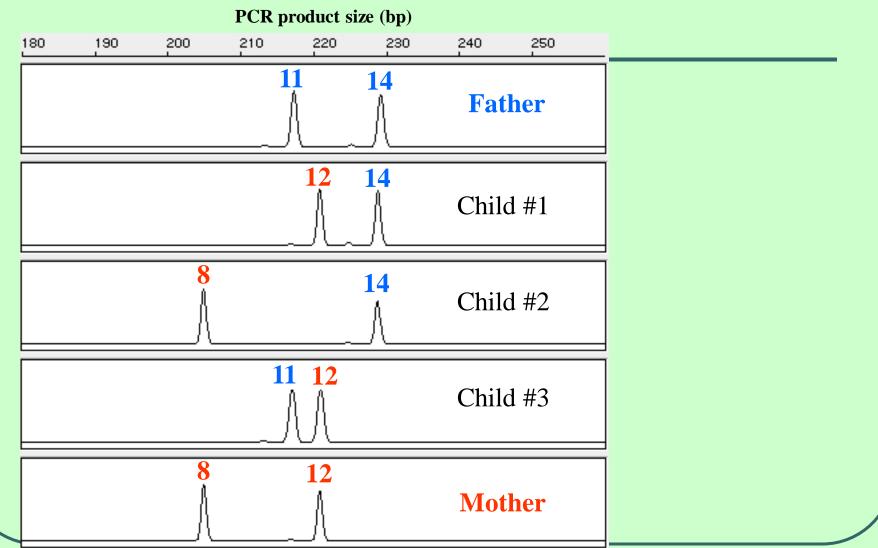
CTAGTCGT(GATA)(GATA)(GATA)GCGATCGT

Example of three alleles: Allele 1: ...AGA... Allele 2: ...AGAAGAAGA... Allele 3: ...AGAAGAAGAAGAAGA...

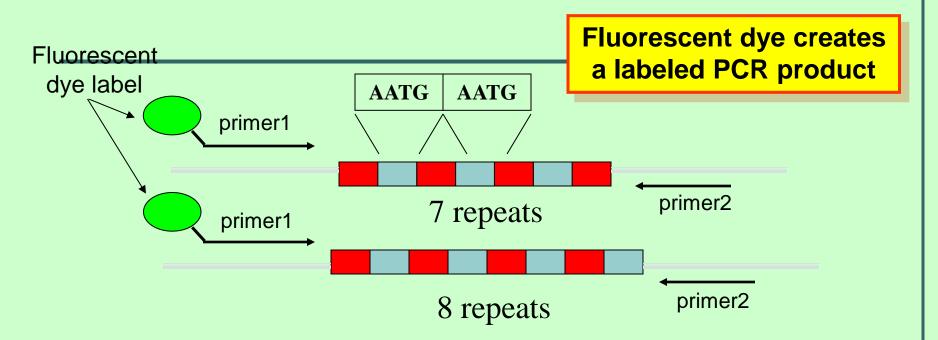
•Sequence Variation <u>GCTAGTCGATGCTC(G/A)GCGTATGCTGTAGC</u> single nucleotide polymorphisms (SNPs) insertions/deletions

## **Paternity Testing**

#### Family Inheritance of STR Alleles (D13S317)



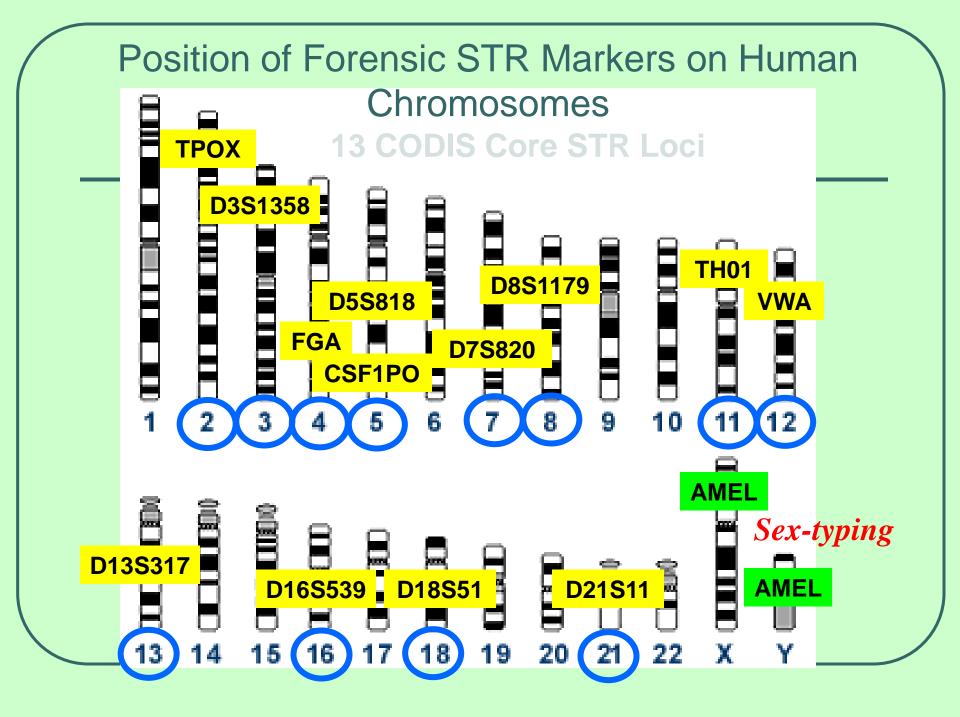
## Short Tandem Repeats (STRs)

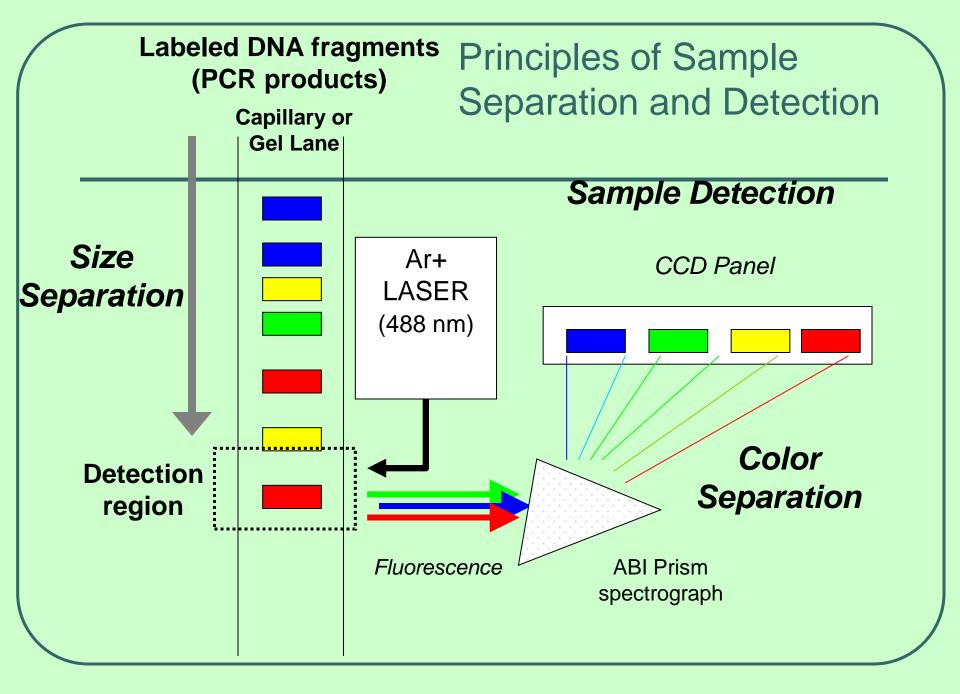


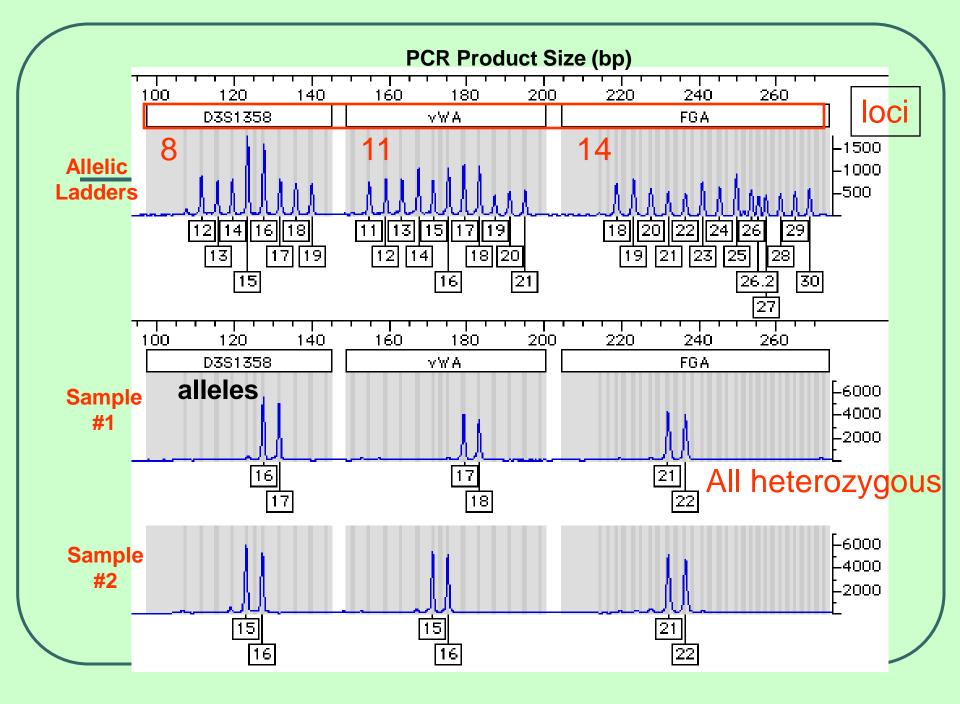
## the repeat region is variable between samples while the flanking regions where PCR primers bind are constant

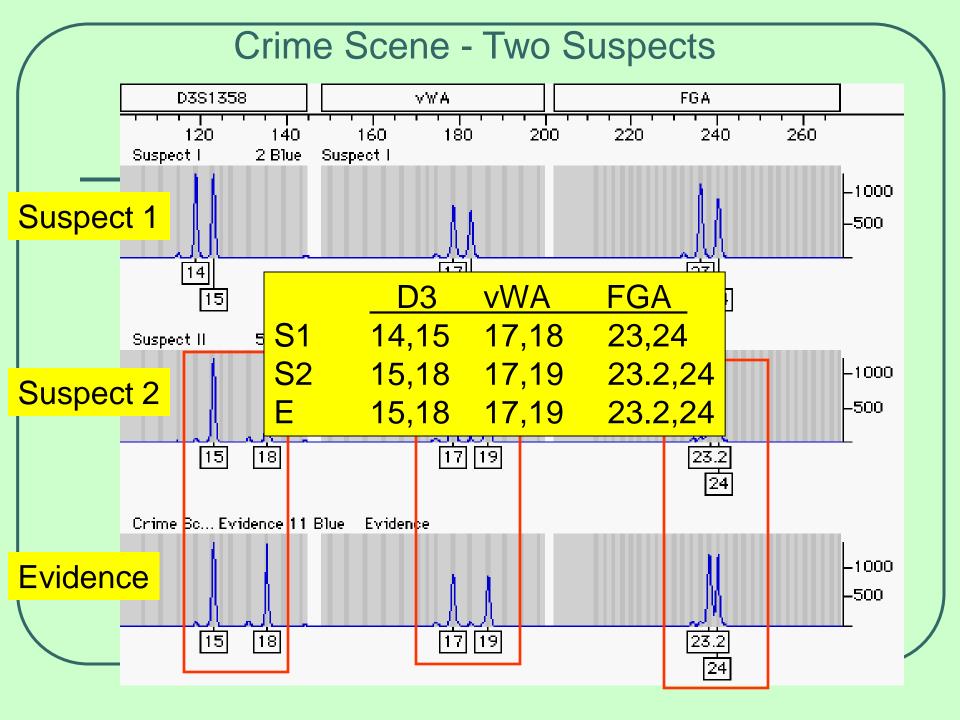
Homozygote = both alleles are the same length Heterozygote = alleles differ and can be resolved from one another

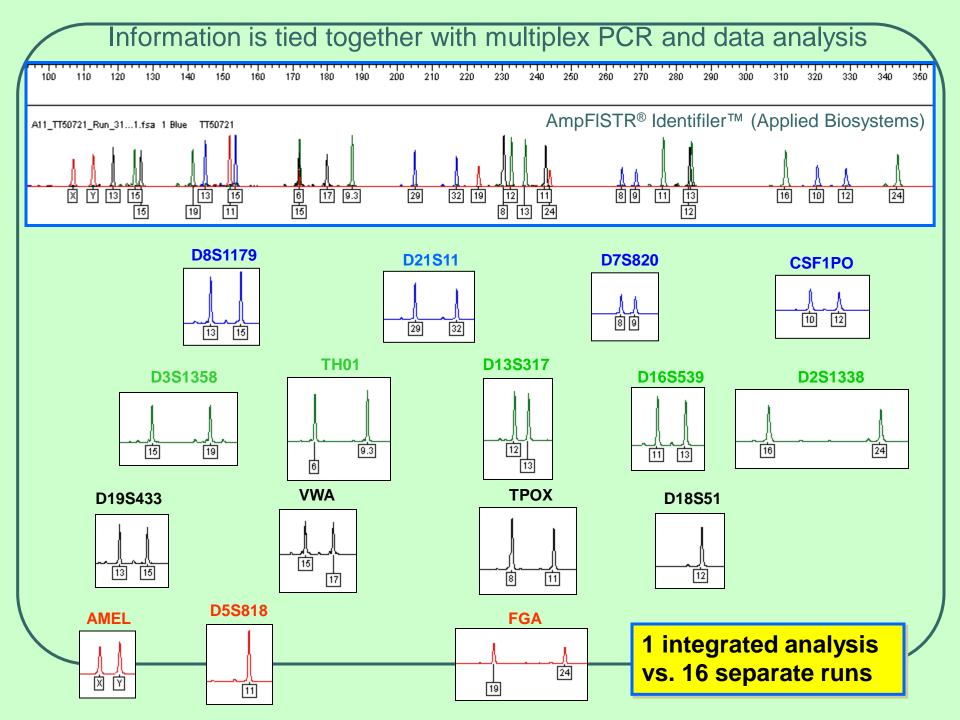
**Primer positions define PCR product size** 











Г	DNA Profile Frequency								
7		100 125	150	175 20	0 225	250	275 300	325	350
	AmpFISTR <sup>®</sup> Identifiler™		TH	<b> </b> 01	TPOX	D7		CSF	
	(Applied Biosystems)	D19 D3		Da Da	D'	I3	<b>D16</b>		2
		AMEL	D8	VWA	<b>FGA</b>	1 1	D18	Ĭ	í l
			1.1.11						
		Locus	allele	value	allele	value	frequency,	1 in	
		D3S1358	16	0.2315	17	0.2118		10.20	
		VWA	17	0.2628	18	0.2219		8.57	
		FGA	21	0.1735	22	0.1888		15.26	
		D8S1179	12	0.1454	14	0.2015		17.07	
		D21S11	28	0.1658	30	0.2321		12.99	
		D18S51	14	0.1735	16	0.1071		26.91	
		D5S818	12	0.3539	13	0.1462		9.66	
		D13S317	11	0.3189	14	0.0357		43.92	
	PI = paternity index	D7S820	9	0.1478				43.28	
	= 2(0.2315)(0.2118) =	D16S539	11	0.2723	13	0.1634		11.24	
	0.0981 or 1 in 10.2	THO1	6	0.2266				18.83	
		ΤΡΟΧ	8	0.5443				3.35	
		CSF1PO	10	0.2537				15 <b>.09</b>	
	The Random Mate						asian popu	ulation	
is <b>1 in 1.56 quadrillion (10</b> 15)									

#### **CODIS DNA Database**

## **Combined DNA Index System**

Used for linking serial crimes and unsolved cases with repeat offenders

Requires 13 core STR markers

- For independent loci, the genotype frequencies can be combined through multiplication...
- Profile Probability = Combined paternity index (CPI) = (P1)(P2)...(Pn) = 1 in a very large number...

#### **Genetic Privacy Concerns**

- The DNA profile itself is neutral (and uninformative) just a string of numbers like a Social Security Number
- DNA markers used in forensics were selected to be neutral and are located away from or between genes rather than being part of gene products and therefore are not generally thought to be associated with any genetic disease

Concern is really with the DNA sample collected would it be retained and used for any other type of testing? (e.g., Armed Forces DNA Repository can only be used for identifying combat casualties)

#### **PCR for DNA Profile**

#### Steps:

- 1. DNA sample analyzed for STR alleles present in population members
- 2. Analyze **population frequency**, how often combinations of alleles present
- Population frequencies for each STR allele multiplied to estimate probability

#### **Combined Frequencies**

STR	Allele	Frequency in population	<b>Combined frequency</b>
Α	1	1 in 25	
В	2	1 in 100	A1 × B2 (1 in 25 × 1 in 100) = 1 in 2500
с	3	1 in 320	A1 × B2 × C3 (1 in 25 × 1 in 100 × 1 in 320) = 1 in 800,000
D	4	1 in 75	$A1 \times B2 \times C3 \times D4 (1 \text{ in } 25)$ $\times 1 \text{ in } 100 \times 1 \text{ in } 320 \times 1 \text{ in } 75)$ $= 1 \text{ in } 60 \text{ million}$