International Multidisciplinary Innovative Research Journal An International refereed e-journal - Science Issue

ISSN: 2456 - 4613 Volume - II (2) May 2018

IN SILICO ANALYSIS OF THE IMPACT OF SNPS/SNP HAPLOTYPES ON PROTEIN STRUCTURE AND FUNCTION IN AUTOSOMAL DOMINANT POLYCYSTIC KIDNEY DISEASE

VEERAMUTHUMARI.P¹, MAHALAKSHMI.A², SUJATHA.K³ ISABEL.W⁴

¹Department of Zoology, V.V. Vanniaperumal College for Women, Virudhunagar.

^{2,3,4}Department of Zoology, Lady Doak College, Madurai.

Tamil Nadu, India.

ABSTRACT

Autosomal dominant polycystic kidney disease (ADPKD) is considered as the most common single-gene disorder that results in renal failure. Prevalence polycystic kidney disease in Asia accounts to 2%. Single nucleotide polymorphism (SNPs) is common in autosomal dominant polycystic kindey disease (ADPKD) which occurs in PKD1 and PKD2 genes. The non synonymous single nucleotide polymorphism (nsSNP) of genes introduces amino acid changes in proteins that play an important role in providing genetic functional diversity. In order to treat the genetic disease, the recent research is focused on DNA based designing and natural therapeutic agents to treat genetic diseases. Therefore, this present work is undertaken with an aim to understand the occurrence of SNPs in PKD genes and to employ the existing natural products as a prime solution for the treatment ADPKD- Silent killer. The genotype and allele data of PKD1 from SNP database demonstrated the occurrence of A/G and C/T polymorphisms are increased when compounded with other 762 SNPs available for PKD1 gene. The emerging computational techniques have provided a platform to explore ADPKD disease at the molecular level to understand the variations in the protein structure and the mechanism of ADPKD. The predicted structure of this protein revealed the key residues of the protein which elucidate their structure/function characteristics with special emphasis on invariant conserved residues.

Keywords: Genetic marker, Mutation, Renal failure, Polycystin-1, Polymorphism.

INTRODUCTION

Autosomal dominant polycystic kidney disease found to be occurs worldwide and in all races. ADPKD disease is one of the most commonly inherited conditions in human with an incidence of 1:500 to 1:1000 (Grantham et al., 2006; Grantham and Calvet, 2001; Persu et al., 2002). It is genetically heterogeneous with two genes identified, PKD1 (16P13.3) and PKD2 (4q21)(Igarashi and Somlo, 2002; Hoefele et al., 2011) The proteins encoded by the PKD1 and PKD2 genes are polycystin 1 and polycystin 2 and they interact with each other in the primary cilia of renal epithelial cells and participate in complex signal transduction pathways, which seems to be involved chemosensory/mechanic in functions and have some role in cell proliferation and maturation (Igarashi and Somlo, et al., 2002; Hogan et al., 2010; Hoefele et al., 2011).

The majority of mutations are unique to a single family, recurrent mutations account for 30% of the total. Currently, 978 sequence variants of the PKD1 gene and 193 sequence variants of the PKD2 gene have been published in the Human Gene Mutation Database (HGMD) (http://www.hgmd.cf.ac.uk). The specialized Autosomal Dominant

Polycystic Kidney Disease Mutation Database (PKDB) presents 1,923 different sequence variants of PKD1 and 241 sequence variants of the PKD2 gene (http://pkdb.mayo.edu; Gout *et al.*, 2007; Losekoot *et al.*, (2012). Losekoot *et al.*, (2012) suggested that the gene linkage studies of PKD1 and PKD2 allow accurate presymptomatic diagnosis of the disease which is due to PKD1.

A Single nucleotide polymorphism (SNP) is generally defined as a stable substitution of a single base with a frequency of more than 0.01 in at least one population (Taylor *et al.*, 2001). In human genetic studies, SNPs are simply referred to as bi-alleleic SNPs, which are very rare in the human genome. SNPs have been recognized as an important tool in human genetics and medicine (Miller *et al.*, 2001, Gray *et al.*, 2000).

As SNP data for Indian population is found to be limited there is a need for studying this PKD1 and PKD2 gene. In this context, this study focussed towards unravelling the SNP (Veeramuthumari and Isabel, 2013; Veeramuthumari *et al.*, 2013).

MATERIALS AND METHODS

The human C/T polymorphism at position 4058 in exon 45 polymorphic and

wild sequences were analyzed and confirmed with SNP data base, Online Mendelian Inheritance in Man (OMIM) available at National Centre for Biological Information (NCBI) website.

Servers used for the Study:

The sequence search analysis were performed at NCBI- BLASTp and BLASTn (Altschul *et al.*, 1997a; 1997b). The multiple alignments were generated using CLUSTALW (Thompson et al., 1994), the secondary structure was predicted through the SABLE. The fold recognition analysis was carried out by PHYRE

(http://www.sbg.bio.ic.ac.uk/phyre/) and the Transmembrane analysis was performed using the TMHMM server (Sonnhammer et al., 1998). The tools used for mutations and disease analysis are nsSNP polyPhen, analyzer SIFT. PhenoPred, effect Variant Predictor, SNPeffect, PROVEAN, PhenoPred, SNP

& GO, SNPs3D, ModBase, PolyDoms, I-Mutant, MUSTER.

RESULTS AND DISCUSSION

The Polycystic kidney disease -1 and -2 (pkd-1 and pkd-2) gene, function, accession number, name, protein name, number, taxonomic identifier number, taxonomic lineage, the total number amino acid, sequence status, disease, binary interaction, variant number were found in Uniprot and SNP web database (Table:1). The single nucleotide polymorphism in PKD1 and PKD2 are important role in cause of the disease, polycystic kidney disease 1 and polycystic kidney disease 2. The present study demonstrated a single nucleotide polymorphism (SNP) in PKD1 gene at position (amino acid) 4058, the amino acid change is alanine (A) to valine (V), the (SNPs) is found as missense mutation and the deletrious effect of the mutation site (Table:2).

Table:1 Report of PKD1 gene using uniprot /NCBI search:

Gene Name	PKD1							
Protein Name	Polycystin-1							
	Alternative name(s):							
	Autosomal dominant polycystic kidney disease 1 protein							
Organism	Homo sapiens (Human)							
Taxonomic identifier	9606 [NCBI]							
Taxonomic lineage	<u>Eukaryota</u> > <u>Metazoa</u> > <u>Chordata</u> > <u>Craniata</u> > <u>Vertebrata</u> > <u>Euteleostomi</u> > <u>Mammalia</u> > <u>Eutheria</u> > <u>Euarchontoglires</u> > Primates > Haplorrhini > Catarrhini > Hominidae > Homo							
Amino Acid								
Amino Acid	4303							
Sequence status	Complete							
Disease	Polycystic kidney disease 1 (PKD1) [MIM:173900]							
Binary interaction	NPHP1 O15259							
	PKD2 Q13563							
Variant number	VAR_010095, VAR_005547							
Domain	14							
Protein size	460KD							
Exon	46							

(http://www.uniprot.org/uniprot/Q13563#ref11);(Hughes et al., 1995; Mochizuki et al., 1996)

Table: 2 Summary of PKD1 (A/V) gene sequence based prediction

Web Server	Effect				
SNP database	Missense				
Variant effect predictor	Polycystic kidney disease 1 (autosomal dominant				
Uniprot/Swiss-prot	Single nucleotide polymorphism				
(DM)2 – Domain Mapping & Disease	Polymorphism				
mutation					
SIFT	Tolerated (Score: 0.09)				
PolyPhen	Benign (Score:0.007)				
PolyDoms	Nonsynonymous & Synonymous				
MuSTAB	Disease				
PROVEAN	Neutral (Score:-0.739)				
nsSNP analysis	Nonsynonymous				
Signal P4.1 Prediction	Signal peptide present				

The multiple sequence alignment of polcystin-1 and polcystin-2 was carried out by CLASTALW. The evolutionary conservation at the position in which the missense mutation was observed revealed that this particular polymorphism is conserved across the species. Hence they reported that *in silico* analysis using powerful software tools can facilitate predicting the phenotypic effect of non-synonymous coding SNPs on the physico-chemical properties of the concerned protein such information is critical for genotype –phenotype correlation and also to understand disease biology

Bycroft et al., (1999) also stated that the PKD domain was first identified in the polycystic kidney disease protein PKD1, and contains an Ig-like fold. PKD1 is involved in adhesive protein-protein and protein-carbohydrate interactions. Most of these domains are present in the extracellular parts of proteins involved in interactions with other proteins. The domain is most often found in proteins archaebacteria and some vertebrates. Polycystic kidney disease gene 1 protein

contains 14 repeats and it is the major locus of the common genetic disorder autosomal dominant polycystic kidney disease. The PKD domain motif search predicted to be a globular domain that contains an antiparallel β sheet. The domains do not contain conserved cysteines, and they are extracellular domains.

The BLAST search for proteins with similar sequences and known 3D structure was performed (Altschul et al., 1997a; 1997b). Nucleotide sequence of pkd1 showed that 200 blast hits, wild and mutant showed 100% and 99% sequence similarities. The BLASTp search of polcystin-1 found that 100 blast hits on query sequence. Both the search showed to be 100 and 99% identity. The current study also focused on modelling of polycystin-1 hence the study did protein structure database search which was observed to be less query coverage on both the sequence of these proteins. It was found to be low E-vlaue (<0.001) hence very significant (Table:3a & 3b).

Table:3a NCBI-BLAST against Nucleotide Sequence of Polycystin-1 wild and mutant (BLASTn)

Acc.No.	Source	Length	Score	Query	Sequence	E -
		(bp)	(bits)	cover	Identity (%)	Value
	Wild	d				
NM_000296.3	Homo sapiens polycystic	14135	26103	100%	100%	
	kidney disease 1 (autosomal					0.0
	dominant) (PKD1), transcript					0.0
	variant 2, mRNA					
NM_001009944.2	Homo sapiens polycystic	14135	26088	100%	99%	0.0
	kidney disease 1 (autosomal					
	dominant) (PKD1), transcript					
	variant 1, mRNA					
	Muta	nt				
NM_000296.3	Homo sapiens polycystic	14135	26097	100%	99%	0.0
	kidney disease 1 (autosomal					
	dominant) (PKD1), transcript					
	variant 2, mRNA					
NM_00100994	Homo sapiens polycystic	14135	26083	100%	99%	0.0
	kidney disease 1 (autosomal					
	dominant) (PKD1), transcript					
	variant 1, mRNA					

E-value must be low as possible, E-value <0.001; very significant

Source: https://blast.ncbi.nlm.nih.gov/Blast.cgi

Table: 3b NCBI-BLAST against Protein Sequence of Polycystin-1 cation channel wild and mutant (BLASTp):

Acc.No.	Source	Length	Score	Query	Sequence	Е-		
		(bp)	(bits)	cover	Identity	Value		
					(%)			
Wild								
AAC34211.1	PKD1 [Homo sapiens]	402	791	100%	99%	0.0		
	_							
XP_005255427.1	PREDICTED: polycystin-	402	799	100%	99%	0.0		
	1 isoform X5 [Homo							
	sapiens]							
Mutant								
AAC34211.1	PKD1 [Homo sapiens]	402	793	100%	100%	0.0		
XP_005255427.	PREDICTED: polycystin-	402	801	100%	100%	0.0		
	1 isoform X5 [Homo							
	sapiens]							

E-value must be low as possible, E-value <0.001; very significant

Source: http://www.ncbi.nlm.nih.gov/blast/Blast.cgi

The protein encoded by PKD1 (polycystin1) and PKD2 (polcystin2) interact in the plasma membrane to participate in signalling pathways that regulate renal tubular cell maturation. That is the coil structure located in exon 12 denotes the calcium binding EF hand domain. The coil-coil domain mediates the interaction between polcystin1 polycystin2 is located in exon 12 and exon 13 (Hateboer et al., 2000). Hateboer et al., studied the mutation, which is predicted to in EF hand domain, this leads to protein truncation, certain frameshift or nonsense mutations in PKD2 may affect mRNA stability, resulting in null allele. This particularly likely when the mutation occurs close to the 5' end (Pei et al., 1999)

The study will be focused on interaction of polycystin-1(PC-1) and polcystin-2 (PC-2) between them and other proteins; and docking as future perspectives. It leads to DNA based drug designing for the polycystic kidney disease and for other hereditary diseases. The initial part of the work the current study found that there is an interaction of PC-1 and PC-1. It also found that the interaction happens in the C- terminal tail of PC-1 interacts with the corresponding region of PC-2. They also interacts with other

proteins like nephronophthisis 1(NPHP1), cadherin 1, type 1(CDH1), cadherin-associated protein), beta 1 (CTNNB1), paxillin (PXN), tuberous sclerosis (TSC2), paired box 2(PAX2), transient receptor potential cation channel (RPV1), cAMP responsive element binding protein 1(CREB1). Hence the study concluded that the polcystin-1 and polycystin-2 play an important role in human and needed more work on it.

REFERENCES

- Grantham JJ, Chapman AB and Torres VE.. (2006)Volume progression in autosomal dominant polycystic kidney disease: the major determining factor clinical outcomes. Clin J AmSoc *Nephrol.*.1: 148–57.
- Grantham JJ and Calvet PJ., (2001)
 Polycystein-2, the protein mutated in autosomal dominant polycystic kidney disease (ADPKD), is a Ca2+
 - permeable nonselective cation chennel. *Proc Natl Acad Sci USA*.
 98 (3): 790-792.
- Persu A, Stoenoiu T and Messiaen
 S., (2002) Modifier effect of ENOS
 in autosomal dominant polycystic
 kidney disease. *Hum Mol Genet*.
 11: 229-241.

- Igarashi P and Somlo S., (2002.)
 Genetics and pathogenesis of polycystic kidney disease. *J Am Soc Nephrol.* 13:2384-2398.
- Hoefele J, Mayer K, Scholz M and Klein HG., (2011)
 "Novel PKD1 and PKD2 mutations in autosomal dominant polycystic kidney disease (ADPKD). Nephrol. Dial. Transplant. 26:2181-2188.
- 6. Hogan MC, Masyuk TV, .Page LJ, Kubly VJ, Bergstralh EJ, Li X, Kim B, King BF, Glockner J, Holmes III Rossetti S, . Harris PC, DR. Nicholas F, LaRusso NF and . Torres VE., (2010) Randomized clinical trial long-acting of somatostatin for autosomal dominant polycystic kidney and liver disease. J Am Soc Nephrol. **21**: 1052 – 1061.
- 7. http://www.hgmd.cf.ac.uk
- 8. http://pkdb.mayo.edu
- 9. Gout AM, Martin NC, Brown AF and Ravine D., (2007) PKDB: polycystic kidney disease mutation database—a gene variant database for autosomal dominant polycystic kidney disease. *Hum Mutat.* **28**:654–659.

- 10. Losekoot M., Ruivenkamp CAL, Tholens AP, Grimbergen JEMA, Vijfhuizen L, Vermeer S, Dijkman HB, Cornelissen EAM, Bongers **EMHF** and Peters DJM., (2012) Neonatal onset autosomal dominant polycystic kidney disease (ADPKD) in a patient homozygous for a PKD2 missense mutation due uniparental disomy. **J** Med Genet. 49: 37-40.
- 11. Taylor JG, Choi EH, Foster CB and Chanock SJ., (2001) Using genetic variation to study human disease. *Trends Mol Med.* **7**; 507-512.
- 12. Gray IC, Campbell DA and Spurr NK., (2000) Single nucleotide polymorphisms as tools in human genetics. *Hum Mol Genet.* **9**:2403-2408.
- 13. Veeramuthumari P and Isabel W., (2013) Identification of C/T genetic marker in autosomal dominant polycystic kidney disease among South Indian population (Madurai). International journal of Pharmaceutical Research and Bioscience. 2(6):628-639.

- 14. Veeramuthumari P, Srividhya, and Isabel, W., (2013) Evaluation of PKD2 gene(G/C) polymorphism in patients with autosomal dominant polycystic kidney disease among South Indians (Madurai). *Journal of Drug Discovey and Therapeutics*. **1**(5):37-41.
- Altschul SF, Gish W, Miller W, Myers EW, and Lipman DJ.,
 (1997a) Basic local alignment search tool. *J Mol boil*. 215, 430-410.
- 16. Altschul SF, Madden, TL, Schaffer AA, Zhang J, Zhang Z, Miller W and Lipman DJ., (1997b) Grapped BLAST and PSI-BLAST: a new generation of protein database search programs. *Nucleic Acid Res.* **25**:3389-402.
- 17. Thompson JD, Higgins DG and Gibson TJ., (1994) CLUSTAL W: improving the sensitivity of progressive multiple sequence alignment through sequence weighting position-specific penalties and weight matrix choice. Nucleic Acid Res. 22:4673-80.
- 18. http://www.sbg.bio.ic.ac.uk/phyre/

- 19. Sonnhammer EL, von Heijne G and Krogh A., (1998) A hidden Markov model for predicting transmembrane helices in protein sequences. In: Proc. Sixth Int. Conf. on Intelligent systems for molecular biology. Glasgow J, Littlejohn T, Major F, Lathrop R, Sankoff D and Sensen C, (Ed). *Menlo Park, CA*,. AAAI Press. 175-182.
- 20. (http://www.uniprot.org/uniprot/Q1
 3563#ref11);
- 21. Hughes J, Ward CJ, Peral B, Aspinwall R, Clark K, San MJ, Gamble V and Harris PC., (1995)
 The polycystic kidney disease 1 (PKD1) gene encodes a novel protein with multiple cell recognition domains. *Nat. Genet.* 10:151–160.
- 22. Mochizuki T, Hayashi T, Xenophontos SL, Veldhuisen B, Saris JJ, Reynolds DM, Cai Y, Gabow PA, Pierides A, Kimberling WJ, Breuning MH, Deltas CC, Peters DM and Somlo S., (1996) PKD2, a gene for polycystic kidney disease that encodes an integral membrane protein. *Science*. 272: 1339–1342.

- 23. Bycroft M, Bateman A, Clarke J, Hamill SJ, Sandford R, Thomas RL and Chothia C., (1999) The structure of a PKD domain from polycystin-1: implications for polycystic kidney disease. **EMBO J. 18**(2), 297-305.
- 24. https://blast.ncbi.nlm.nih.gov/Blast.cgi
- 25. http://www.ncbi.nlm.nih.gov/blast/
 Blast.cgi
- 26. Hateboer N, Veldhusen B, Peters D, Breuning MH, Dijk MA, Afzal AR, Jeffery S, Saggar AK, Torra R, Dimitrakov D, Matinez I, Sanz S, Krawczak M and Ravine D., (2000) Location of mutations within the PKD2 gene influences clinical outcome. *Kidney Int* 57: 1444-145.
- 27. Pei Y, Watnick T, He N, Wang K, Liang Y, Parfrey P, Germino G and St George-Hyslop P., (1999) Somatic PKD2 mutations in individual kidney and liver cysts support a "two-hit" model of cystogenesis in type 2 autosomal dominant polycystic kidney disease. *J Am Soc Nephrol.* 10: 1524–1529.