

APOLIPOPROTEIN AI-CIII GENE POLYMORPHISMS IN A JAPANESE POPULATION

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Summary Apolipoprotein (apo) CIII *Sst*-I genotypes and apo AI *Msp*-I genotypes were investigated in 82 unrelated healthy Japanese, using genomic hybridization analysis with a 2.2 kb fragment of the human apo AI gene. The frequencies of the *S2* and *M2* alleles were 0.34 and 0.40, respectively, and much higher than those in Caucasians. The alleles identified by the apo CIII *Sst*-I and apo AI *Msp*-I polymorphisms were observed to be in linkage disequilibrium ($\Delta=0.206\pm 0.012$, $p<0.001$). Three of the four possible haplotypes were identified: the frequencies of the haplotype were *S1-M1*=0.604, *S2-M2*=0.341, and *S1-M2*=0.055. The data indicate that Japanese are characterized by the common presence of the haplotype *S2-M2* as compared with Caucasians and that the haplotypes identified by the apo CIII *Sst*-I and apo AI *Msp*-I polymorphisms are useful genetic markers for Japanese.

INTRODUCTION

Apolipoprotein (apo) AI is the major protein constituent of high-density lipoprotein (HDL) and apo CIII is a component of chylomicrons, very-low-density lipoproteins (VLDL) and HDL (Herbert *et al.*, 1983). The human apo AI and apo CIII genes are tightly linked and form a gene complex together with the apo AIV gene on the long arm of the chromosome 11 (Karathanasis *et al.*, 1983; Law *et al.*,

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1984; Cheung *et al.*, 1984; Karathanasis, 1985; Elshourbagy *et al.*, 1986). Restriction fragment length polymorphisms related to the apo AI and apo CIII genes have been reported to be associated with coronary atherosclerosis in Caucasians (Ferns *et al.*, 1985; Rees *et al.*, 1985; Ferns and Galton, 1986; Ordovas *et al.*, 1986; Buraczynska *et al.*, 1986). An apo AI-CIII gene polymorphism associated with coronary atherosclerosis is likely to be a linkage marker for a deleterious atherogenic gene in the apo AI-CIII-AIV gene complex. For the study as to the putative atherogenic gene in the apo AI-CIII-AIV gene complex in Japanese, it is important to reveal the characteristics of the genotypes of the apo AI-CIII-AIV gene complex in healthy Japanese populations. In this study, apo CIII *Sst*-I genotypes and apo AI *Msp*-I genotypes were investigated in 82 unrelated healthy Japanese.

MATERIALS AND METHODS

Blood was collected from 82 healthy members of the university staffs and students (age range 20–62; mean age 30 ± 12). DNA was isolated from whole blood cells essentially according to the method of Kunkel *et al.* (1977). Ten μg DNA were digested with 60 units *Sst*-I or *Msp*-I using assay conditions specified by the manufacturers (*Sst*-I, BRL; *Msp*-I, Nippon Gene Co., Ltd., Toyama). Digests of DNA were electrophoresed on 1.0% or 0.85% agarose gels and transferred onto nitrocellulose filters by Southern blotting (Southern, 1975). The filters were pre-hybridized in $6 \times \text{SSC}$; 100 $\mu\text{g}/\text{ml}$ salmon sperm DNA; $10 \times$ Denhart's solution for 7 hr at 68°C . The filters were then hybridized with a ^{32}P -labeled fragment of the human apo AI gene in 1 M NaCl; 10 mM EDTA; 0.1% SDS; 200 $\mu\text{g}/\text{ml}$ salmon sperm DNA; 50 mM Tris-HCl at pH 8.0; $10 \times$ Denhart's solution overnight at 68°C . The probe used was a 2.2 kb *Pst*-I fragment containing the entire coding region plus introns of the apo AI gene (Kessling *et al.*, 1985). The apo AI gene probe was labeled by "nick translation" with ^{32}P -dCTP using a kit (Amersham Radiochemicals). The filters were washed in $0.1 \times \text{SSC}$; 0.1% SDS for 4 hr at 68°C and exposed at -70°C to Kodak XAR-5 film. Fragment sizes were determined by running *Hind*-III digested lambda phage fragments with each batch of digests.

RESULTS

Figure 1 shows representative autoradiograms of the apo CIII *Sst*-I and apo AI *Msp*-I genotypes together with a simplified restriction site map of the apo AI-CIII genes. The *S1* and *S2* alleles of the apo CIII *Sst*-I genotypes were characterized by the fragments of 4.5 kb and 3.2 kb, respectively. For the apo AI *Msp*-I genotypes, the *M1* allele was characterized by the 1.0 and 0.7 kb bands and the *M2* allele by the 1.7 kb band.

Table 1 presents the distribution and allele frequencies of the apo CIII *Sst*-I genotypes and apo AI *Msp*-I genotypes in 82 unrelated healthy Japanese. The

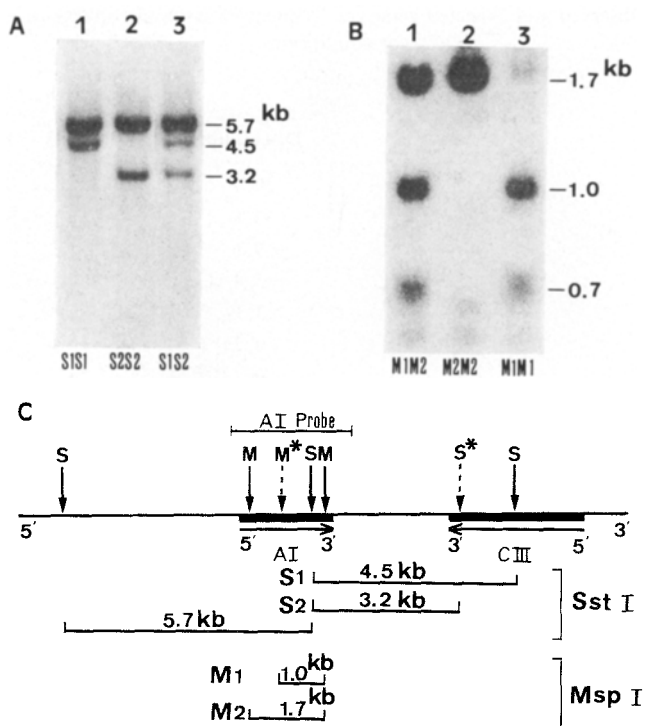


Fig. 1. Autoradiograms of apo CIII *Sst*-I genotypes (A) and apo AI *Msp*-I genotypes (B), and a simplified restriction site map of the apo AI-CIII genes (C). S* and M* represent the polymorphic sites for the enzyme *Sst*-I and *Msp*-I, respectively.

Table 1. Distribution and allele frequencies of the apo CIII *Sst*-I genotypes and apo AI *Msp*-I genotypes.

	N	Genotypes (%)			Allele	
		<i>S1S1</i>	<i>S1S2</i>	<i>S2S2</i>	<i>S1</i>	<i>S2</i>
Apo CIII <i>Sst</i> -I						
Observed	82	37 (45.1)	34 (41.5)	11 (13.4)	0.66	0.34
Expected	82	35.7	36.8	9.4		
Apo AI <i>Msp</i> -I						
Observed	82	32 (39.0)	35 (42.7)	15 (18.3)	0.60	0.40
Expected	82	29.5	39.4	13.1		

Expected values calculated from allele frequencies.

observed numbers are close to those calculated on the assumption that the Hardy-Weinberg equilibrium is observed (for the apo CIII *Sst*-I genotypes, $\chi^2=0.50$, d.f. = 2, $0.70 < p < 0.75$; for the apo AI *Msp*-I genotypes, $\chi^2=0.96$, d.f. = 2, $0.50 < p < 0.70$).

Table 2. Observed and expected genotype frequencies assuming linkage disequilibrium or equilibrium.

Genotype	Observed (N)	Expected	
		Disequilibrium ^a	Equilibrium ^b
<i>S1S1M1M1</i>	32	29.9	14.4
<i>S1S2M1M2</i>	30	33.8	14.5
<i>S2S2M2M2</i>	11	9.6	2.0
<i>S1S1M1M2</i>	5	5.4	15.8
<i>S1S2M2M2</i>	4	3.1	6.2
<i>S1S1M2M2</i>	0	0.2	6.8
<i>S1S2M1M1</i>	0	0	13.3
<i>S2S2M1M1</i>	0	0	4.3
<i>S2S2M1M2</i>	0	0	4.7
Total	82	82	82

^a Expected values calculated from haplotype frequencies: $SI-M1=0.604$, $S2-M2=0.341$, $SI-M2=0.055$. ^b Expected values calculated from gene frequencies: $SI=0.66$, $S2=0.34$, $M1=0.60$, $M2=0.40$.

Distribution of the combined *Sst*-I and *Msp*-I genotypes are given in Table 2. Since none of the 82 subjects have the genotypes, *S1S2M1M1*, *S2S2M1M2* and *S2S2M1M1*, all the *S2* allele is considered to be associated with the *M2* allele at least in this population. As shown in Table 2, the distribution of the combined genotypes is compatible with there being three of the four possible haplotypes: the frequencies of the haplotypes are $SI-M1=0.604$, $S2-M2=0.341$, and $SI-M2=0.055$ ($\chi^2=1.21$, d.f.=4, $0.80 < p < 0.90$). The linkage disequilibrium parameter (D) calculated using the haplotype frequencies (Yasuda, 1978) is 0.206 ± 0.012 ($p < 0.001$). In contrast, the distribution of the expected values assuming equilibrium between two polymorphic sites were highly significantly different from the observed ($\chi^2=129.7$, d.f.=4 or $\chi^2=118.9$, d.f.=8 after Yates' correction; $p < 0.001$).

DISCUSSION

The apo CIII *Sst*-I polymorphism arises from a C-G transversion in the 3' non-coding region of the apo CIII gene (Karathanasis *et al.*, 1983). The apo AI *Msp*-I polymorphism arises from the presence or absence of a *Msp*-I site in the third intron of the apo AI gene (Seilhamer *et al.*, 1984). Several researchers have investigated the frequencies of the alleles of the apo CIII *Sst*-I genotypes or the apo AI *Msp*-I genotypes, or both in healthy Caucasians but only 35 healthy Japanese were analyzed for the genotypes before this study (Rees *et al.*, 1985; Kessling *et al.*, 1985; Vella *et al.*, 1985; Ferns and Galton, 1986; Deeb *et al.*, 1986; Acton *et al.*, 1986; Rees *et al.*, 1986). A summary of their data is presented in Table 3 together with our

Table 3. Summary of the frequencies of the alleles and haplotypes of the apo CIII *Sst*-I and apo AI *Msp*-I genotypes in healthy subjects obtained in previous studies.

	N	Alleles				Haplotypes		
		<i>S1</i>	<i>S2</i>	<i>M1</i>	<i>M2</i>	<i>S1M1</i>	<i>S1M2</i>	<i>S2M2</i>
Caucasians								
Rees <i>et al.</i> (1985)	52	1.00	0.00					
Kessling <i>et al.</i> (1985)	77	0.94	0.06					
Vella <i>et al.</i> (1985)	81	0.96	0.04					
Ferns and Galton (1985)	48	0.99	0.01 ^a	0.94	0.06 ^a	0.94	0.05	0.01
Deeb <i>et al.</i> (1986)	101	0.94	0.06					
Acton <i>et al.</i> (1986)	53	0.95	0.05					
Japanese								
Rees <i>et al.</i> (1986)	35	0.61	0.39	0.56	0.44	0.56	0.057	0.39
This study	82	0.66	0.34	0.60	0.40	0.60	0.055	0.34

^a $S2=0.02$ in $N=74$ and $M2=0.07$ in $N=63$.

data. Both the *S2* and *M2* alleles are uncommon in healthy Caucasians and the *S2* allele has been reported to be associated with coronary atherosclerosis at least in local Caucasian populations (Ferns *et al.*, 1985; Rees *et al.*, 1985; Ferns and Galton, 1986; Deeb *et al.*, 1986; Acton *et al.*, 1986). The results of the present study indicate that both the *S2* and *M2* alleles are common in healthy Japanese. The frequencies of the *S2* and *M2* alleles observed in this study are similar to those for 35 healthy Japanese reported by Rees *et al.* (1986) as shown in Table 3. There were no differences in both the frequencies of the *S2* and *M2* alleles between Japanese myocardial infarction survivors and healthy subjects (Sato *et al.*, 1987).

The presence of linkage disequilibrium between the *S2* and *M2* alleles has been reported in both the Caucasians and Japanese (Ferns and Galton, 1986; Rees *et al.*, 1986). In this study, it was clearly demonstrated that the allele identified by the apo CIII *Sst*-I and apo AI *Msp*-I polymorphisms are in linkage disequilibrium in Japanese ($\Delta=0.206\pm 0.012$, $p<0.001$). Three of the four possible haplotypes were identified: the haplotype frequencies were $S1-M1=0.604$, $S2-M2=0.341$ and $S1-M2=0.055$. The haplotype frequencies are similar to those for 35 healthy Japanese reported by Rees *et al.* (1986) as given in Table 3. Japanese are characterized by the common presence of the haplotype *S2-M2* (Table 3). The heterozygosity of the haplotypes calculated from the result of this study is 0.52. Therefore the haplotypes identified by the apo CIII *Sst*-I and apo AI *Msp*-I polymorphisms are useful genetic markers for Japanese. Indeed the haplotypes have been effectively used for the genetic analysis of hypertriglyceridemia and myocardial infarction in Japanese (Rees *et al.*, 1986; Sato *et al.*, 1987).

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