



ISSN: 0975-833X

RESEARCH ARTICLE

AMINISATELLITE TANDEM REPEAT OF HUMAN TELOMERASE REVERSE TRANSCRIPTASE (hTERT MNS16A) IN SUDANESE PATIENTS WITH ESSENTIAL THROMBOCYTHAEMIA

\*Hassan Kamal Hassan, Hiba -M-Haneen, Mohammed Eltayeb Aboalhasan, Elshazali Widaa Ali and Ibrahim Khider Ibrahim

Department of Haematology, Faculty of Medical Laboratory Sciences, Al Neelain University, Sudan

ARTICLE INFO

Article History:

Received 17<sup>th</sup> October, 2014  
Received in revised form  
24<sup>th</sup> November, 2014  
Accepted 25<sup>th</sup> December, 2014  
Published online 23<sup>rd</sup> January, 2015

Key words:

Essential Thrombocythaemia,  
Human telomerase reverse  
Transcriptase (hTERT) and  
A Minisatellite tandem Repeat (MNS16A).

ABSTRACT

**Background:** Essential Thrombocythaemia {E.T.} also known as essential thrombocytosis is a rare chronic blood disorder characterized by the overproduction of platelets by megakaryocytes in the bone marrow. It is one of four myeloproliferative disorders (disorders characterized by increased production of a particular line of blood cell).

Telomerase is a reverse transcriptase enzyme that can elongate the TTAGGG repeats of telomeres in cells, where it is expressed to sustain cellular immortality. The components of telomerase include RNA subunit (human telomerase RNA), a reverse transcriptase catalytic subunit, human telomerase reverse transcriptase (hTERT) and other associated proteins. A minisatellite tandem repeat (MNS16A) located in the downstream of the human telomerase reverse transcriptase (hTERT) gene; recently identified and reported to have an effect on hTERT expression and telomerase activity.

**Objective:** The purpose of this study was to determine the hTERT (MNS16A) variants among Sudanese patients with ET.

**Materials and Methods:** A total of 50 patients diagnosed with ET attending to the radiation and isotope center of Khartoum (RICK) Sudan, and 50 healthy volunteer as control group were enrolled in this study. For molecular analysis genomic DNA was extracted from participant's EDTA anticoagulated blood samples by salting out method and analyzed by allele specific PCR for determination of hTERT (MNS16A) variant.

**Results:** A total of 50 patients diagnosed with ET attending to the (RICK) Sudan, their ages ranged between 42-79 years (mean±SD: 55±15), They were correlated with 50 healthy volunteers as control group their ages ranged between 42-75 years (mean±SD: 60±8). 42(84%) of patients were suffering from massive splenomegaly, four (8%) of patients were suffering from hepatomegally and also four (8%) of patient were suffering from splenohepatomegaly. The hTERT (MNS16A) genotypes 271\271, 271\302 and 302\302 were observed among studied patients while 271\302 genotype was observed among the control subjects.

**Conclusion:** In summary we conclude that the (hTERTMNS16A) 271\302 variant was significantly associated increased susceptibility for ET.

Copyright © 2015 Hassan Kamal Hassan et al. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

INTRODUCTION

Essential Thrombocythaemia (ET) also known as essential thrombocytosis is a rare chronic blood disorder characterized by the overproduction of platelets by megakaryocytes in the bone marrow (Beer et al., 2009). It is one of four myeloproliferative disorders (disorders characterized by increased production of a particular line of blood cell) (Beer et al., 2009). It is an indolent condition. The most common symptoms are bleeding, blood clots, increased white blood cell count, reduced red blood cell count, headache, nausea, vomiting, abdominal pain, visual disturbances, dizziness,

fainting, enlarged spleen and numbness in the extremities (Fu et al., 2013; Fu et al., 2012; Tefferi et al., 2011). A mutation in the JAK2 kinase (V617F) is present in 40–50% of ET cases, (Beer et al., 2009; Vannucchi et al., 2010). Telomerase reverse transcriptase is a catalytic subunit of the enzyme telomerase, which together with the telomerase RNA component (TERC) comprises the most important unit of the telomerase complex (Weinrich et al., 1997; Kirkpatrick and Mokbel, 2001). TERT is responsible for catalyzing the addition of nucleotides in a TTAGGG sequence to the ends of a chromosome's telomeres (Shampay and Blackburn, 1988). This addition of repetitive DNA sequences prevents degradation of the chromosomal ends following multiple rounds of replication (Poole et al., 2001). Normal human cells undergo a definite number of cell divisions when grown in culture and ultimately stop dividing and undergo what is called

\*Corresponding Author: Hassan kamal Hassan,  
Department of Haematology, Faculty of Medical Laboratory Sciences,  
Al Neelain University, Sudan.

replicative senescence. The number of cell divisions attained before senescence is approximately 50 divisions (Ruddon, 2003). One main difference between young, replicating cells and their senescent counterpart is the length of specialized tails at the end of chromosomes called telomeres. Telomeres are specialized high-order chromatin structures that cap the ends of eukaryotic chromosomes. Telomeric DNA is composed of repetitions of the TTAGGG hexanucleotides that are bound to specific Proteins called telomeric binding proteins. Every time a cell divides, 50 to 100 base pairs are lost a cellular signal is eventually triggered to stop cell division (Mondello *et al.*, 2004). Germline cells and to some extent stem cells and lymphocytes overcome this end replication problem and maintain cellular proliferation by expressing telomerase.

Telomerase is a ribonucleoprotein complex that contains several proteins and RNA. Three human cDNA encoding the telomerase proteins complex have been identified, cloned and characterized *Htert* (human telomerase reverse transcriptase) and human telomerase associated protein 1 (TP1). *hTERT* gene expression holds promise in the diagnosis of malignancy because its expression is much stronger in immortalized cell lines and human malignancy than in normal or premalignant cells. In the last few years, telomerase had attracted considerable interest as a promising diagnostic marker in the distinction of benign from malignant lesions (Blackburn *et al.*, 2001). (MNS16A)-aminisatellite, is a class of variable number tandem repeat (VNTR), is a section of DNA that consists of a short series of nucleobases (10–60 base pairs) (Minisatellite *et al.*, ?). Minisatellites, which are often simply referred to as VNTRs, occur at more than 1,000 locations in the human genome. Minisatellites can sometimes be confused with the other family of VNTR, the microsatellites (also called "Short Tandem Repeats" or STRs), which are also sections of DNA but only consist of around 2–6 base pairs<sup>(14)</sup>. Thus, minisatellites are longer in length than microsatellites. This minisatellite was shown to have promoter activity dependent on the number of tandem repeats. The structure of MNS16A was found to be characterised by two repeat elements forming a 23bp, or when separated by a CAT trinucleotide insertion, a 26bp core sequence. The sequence containing the CAT insert represents a transcription factor binding site for GATA-1. Four different variable number of tandem repeats (VNTRs) VNTR-243, VNTR-274, VNTR-302 and VNTR-333, named on the basis of their PCR fragment size, have been described (Wang *et al.*, 2003)

## Objective

The purpose of this study was to determine the *hTERT* (MNS16A) variants among Sudanese patients with ET.

## MATERIALS AND METHODS

### Patients and Samples

#### Study population

A total of 50 Sudanese patients with ET admitted to Radiation and Isotopes Center of Khartoum (RISK) during the period

from March to September 2014 were enrolled in this study. In addition, 50 healthy individuals were used as a control group.

### Sample collection and DNA extraction

Blood samples were collected from all patients and control subjects in Ethylene Diamine Tetra Acetic Acid (EDTA) anticoagulant containers and genomic DNA was extracted by salting out method.

### *hTERT* (MNS16A) variant Analysis

*hTERT* (MNS16A) variant was detected using allele specific PCR (PCR-TC 412, UK). Two microliter ( $\mu$ l) of DNA was amplified in a total volume of 20  $\mu$ L containing 0.5  $\mu$ l of each sense primer (5'-AGGATTCTGATCTCTGAAGGGTG-3'), and antisense primer (5'-TCTGCCTGAGGAAGGACGTAT-3'), 4  $\mu$ l Master mix (GoTaq® Green Master Mix, Promega, USA) and 13  $\mu$ l sterile distilled water. The cycling conditions include initial denaturation at 95°C for 5 minutes; 35 cycles of 95°C for 30 seconds (denaturation), 60°C for 45 seconds (annealing), and 72°C for 1 minute (extension) and; final extension at 72°C for 10 minutes. Four  $\mu$ l of the PCR product (ready to load) and 50 bp DNA ladder (SOLIS BIODYNE, ESTONIA) was electrophoresed on 2% Agarose gel, stained with ethidium bromide and then demonstrated by gel documentation system (SYNGENE, JAPAN). We observed three alleles 271/271, 302/302 and 302/271.

### Statistical analysis

Data of this study was analyzed by statistical package for social sciences (SPSS), correlation between *hTERT* tandem repeat variants and qualitative variables were tested by cross-tabulation and chi-square test, means of age and duration were compared by anova test.

### Ethical considerations

This study was approved by the faculty of medical laboratory sciences, Al Neelain University, and informed consent was obtained from each participant before sample collection.

## RESULTS

A total of 50 patients diagnosed with ET attending to the RISK, their ages ranged between 42-79 years ((mean $\pm$ SD: 55 $\pm$ 15), They were correlated with 50 healthy volunteers as control group their ages ranged between 42-75 years (mean $\pm$ SD: 60 $\pm$ 8), there was 42 (84%) of patients were suffering from massive splenomegaly, four (8%) of patients were suffering from hepatomegaly and four (8%) of patients were suffering from splenohepatomegaly. There were three genotypes of *hTERT* (MNS16A) detected among patients which are 271\271, 271\302, 302\302 while only one genotype was detected among control which is 271\302. The frequency of *hTERT* (MNS16A) genotype among patients showed that the 271\271 genotype was detected in 6% (3) of patients, 271\302 was found in 70% (35) of patients and the 302\302 was detected in 24% (12) of patients; while control subjects presented with only one genotype 271\271. The genotype

271\271 was detected in two males and one female of patients, 271\302 genotype was detected in 20 males and 15 females of patients while 302\302 detected in seven males and five females of patients. The statistical analysis of the result showed that there is significant difference between patients genotypes and controls genotype (P.Value is 0.000), but there is insignificant difference between patients genotype with patients age, gender and duration of the disease. the result showed that the splenomegaly was detected among three patients with 271\271 genotype also in 29 patients with 271\302 genotype and in 10 patients with 302\302 genotype, hepatomegaly detected among three patients with 271\302 genotype also in one patient with 302\302 genotype and not detected among patient with 271\271 genotype while splenohepatomegaly was detected in three patients with 271\302 genotype also in one patient with 302\302 genotype and not detected among patients with 271\271 genotype, there is insignificant different between patients genotype when compared with spleno\hepatomegaly and there is insignificant difference also between treated and untreated patients when compared with patients genotype. There was statistically significant association between ET and the genotype 271\302 (OR:2.2,CI:1.9-2.5 and p.value:0.00) but not with the genotypes 271\271 (OR:0.485,CI:-0.659-1.62 p.value:0.403) and 302\302 (OR:0.432,CI:-0.115-0.979 and p.value:0.120).

Table 1. The P.Value of different variables

Variable	P.Value
Pt genotype\pt genotype	0.000
Pt genotype\control genotype	0.000
Pt genotype\pt age	0.464
Pt genotype\pt duration	0.788
Treated Pt	0.87
Untreated Pt	0.77

Table 2. The odds ratio of different genotypes

Genotype	Odds ratio	Confident interval	P.Value
271\271	0.485	-0.659-1.628	0.403
271\302	2.2	1.9-2.5	0.000
302\302	0.432	-0.115-0.979	0.120

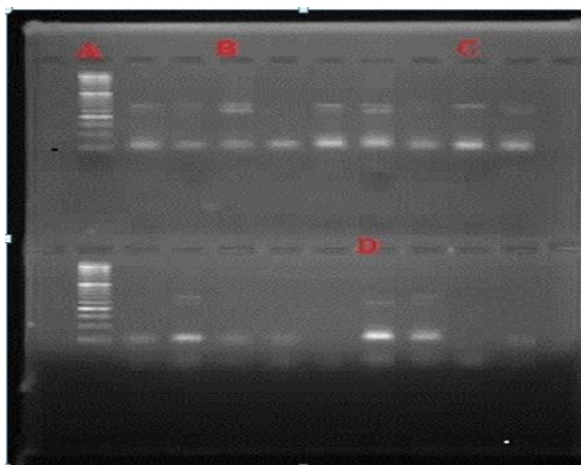


Fig. 1. Showed MNS16A genotypes which were performed using allele specific PCR (electrophoresis in 2% agarose gel). Genotype patterns: A:ladder 50bp . B : ( 302, 271) bp C : (302\302) and D: ( 271\271) bp.

## DISCUSSION

Essential thrombocythemia is one of the most importance diseases, which is more commonly diagnosed at the age of 60, predominately in women. A small minority of people with ET may later develop acute leukemia or myelofibrosis, both of which can be life-threatening. Researchers have provided evidence that telomere dysfunction play an important role in cancer development. MNS16A is a polymorphic tandem repeats minisatellite of human telomerase (hTERT) gene that influences promoter activity of hTERT and thus implicates to relate with risk of several malignancies (Xia *et al.*, 2013). However, results on association between MNS16A and cancer risk remain controversial. This study was performed to investigate the association between the hTERT (MNS16A) variant genotypes 271\271, 271\302, 302\302 and essential thrombocythemia in Sudanese patients. The present study showed that there were two alleles 302, 271 among Sudanese patients with ET, this finding is disagree with study done by Yan wang *et al.* (2008) which showed that there was four alleles 333, 302, 272, 243 in non Hispanic population and also disagree with study done by Xianoping xia *et al.* (2013) which showed that there was 11 alleles of hTERT (213, 240, 243, 271, 272, 274, 299, 302, 331, 333, 364) among different diseases. The current study showed that the variant genotype 302\271 of MNS16A was associated with a significantly increased risk of essential thrombocythemia (OR: 2.2, CI: 1.9-2.5 and p.value:0.00). While study done by Yanwang *et al.* (2008) showed that the variant genotypes 302\271, 302\243 and 243\243 of MNS16A were associated significantly with increased risk of breast cancer [OR=1.50, 95% confidence interval CI=1,15—1,96]. In the present study the long allele 271\302 was more common in ET patients and this finding is differ from finding of a study done by Yan wang *et al.* (2008) which reported that the short allele 243\ 271 was more common in cancer patients and also differ from study done by Xianoping xia *et al.* (2013) which found that the short alleles had a higher relationship with the disease than the long allele. The present study agrees with study done by Yan wang *et al.* (2008) which showed that there was no association between patient's hTERT genotype and their age. The overall findings of our study in comparison with other studies reflect that there was a difference in Sudanese patient's hTERT genotypes from some studies may be due to ethnic difference or technical sensitivity based difference.

## Conclusion

In summary we conclude that the (hTERT MNS16A) 271\302 variant was significantly associated with ET risk. This work verified the important role of MNS16A minisatellites in ET predisposition.

## Acknowledgement

By the grace of Almighty Allah and his help I completed this study, all praise to Him. My gratitude goes to Dr. Ibrahim Khider Ibrahim, my supervisor who guides me to complete this work. All appreciation to the staff of Haematology Department (Al Neelain University) who handed me a lot of favors specially Hiba -M-Haneen. Finally special thanks to patients who were so cooperative and hospitable despite their pain.

## REFERENCES

- Beer, P.A. and Green, A.R. 2009. "Pathogenesis and management of essential thrombocythemia." (PDF). Hematology / the Education Program of the American Society of Hematology. American Society of Hematology. Education Program: 621–8. doi:10.1182/asheducation-2009.1.621. PMID 20008247.
- Blackburn EH. Switching and Signaling at the telomere. *Cell*. 2001, 106: 661-673. doi:10.1371/journal.pone.0073367
- Frewin, R and Dowson, A. October 2012. "Headache in essential thrombocythemia." (PDF). *International Journal of Clinical Practice*, 66 (10): 976–83. doi:10.1111/j.1742-1241.2012.02986.x. PMC 3469735. PMID 22889110.
- Fu, R., Zhang, L. and Yang, R. November 2013. "Paediatric essential thrombocythemia: clinical and molecular features, diagnosis and treatment.". *British Journal of Haematology*, 163 (3): 295–302. doi:10.1111/bjh.12530. PMID 24032343.
- Kirkpatrick, K.L. and Mokbel, K. 2001. "The significance of human telomerase reverse transcriptase (hTERT) in cancer". *Eur J Surg Oncol* 27 (8): 754–60. doi:10.1053/ejso.2001.1151. PMID 11735173.
- Minisatellite at the US National Library of Medicine Medical Subject Headings (MeSH).
- Mondello, C. and Scovassi AI. 2004. Telomeres, telomerase, and apoptosis. *Biochemistry and Cell Biology*, 4:498-507.
- Poole, J.C., Andrews, L.G. and Tollesbol T.O. May 2001. "Activity, function, and gene regulation of the catalytic subunit of telomerase (hTERT)". *Gene* 269 (1-2): 1–12. doi:10.1016/S0378-1119(01)00440-1. PMID 11376932.
- Ruddon, R.W. Biochemistry of cancer. In: Sherman SI and Gillenwater AM, editors. Cancer and Medicine. London: BC decker INC. 2003, pp.143-144.
- Shampay, J. and Blackburn, E.H. January 1988. "Generation of telomere-length heterogeneity in *Saccharomyces cerevisiae*". *Proc. Natl. Acad. Sci., U.S.A.* 85 (2): 534–8. doi:10.1073/pnas.85.2.534. PMC 279585. PMID 3277178.
- Tefferi, A. March 2011. "Annual Clinical Updates in Hematological Malignancies: a continuing medical education series: polycythemia vera and essential thrombocythemia: 2011 update on diagnosis, risk-stratification, and management.". *American Journal of Hematology*, 86 (3): 292–301. doi:10.1002/ajh.21946. PMID 21351120.
- Turnpenny, P. and Ellard, S. 2005. Emery's Elements of Medical Genetics, 12th. ed. Elsevier, London.
- Vannucchi, A.M. June 2010. "Insights into the pathogenesis and management of thrombosis in polycythemia vera and essential thrombocythemia.". *Internal and Emergency Medicine*, 5 (3): 177–84. doi:10.1007/s11739-009-0319-3. PMID 19789961.
- Wang, L., Soria J. C., Chang Y. S., Lee H. Y., Wei Q. and Mao, L 2003. Association of a functional tandem repeats in the downstream of human telomerase gene and lung cancer. *Oncogene* 22, 7123–7129. CrossRef Medline Web of Science Google Scholar.
- Weinrich, S.L., Pruzan, R., Ma, L., Ouellette M., Tesmer V.M., Holt, S.E., Bodnar, A.G., Lichtsteiner, S., Kim, N.W., Trager, J.B., Taylor, R.D., Carlos, R., Andrews, W.H., Wright, W.E., Shay, J.W., Harley, C.B., Morin, G.B. December 1997. "Reconstitution of human telomerase with the template RNA component hTR and the catalytic protein subunit hTRT". *Nat. Genet.* 17 (4): 498–502. doi:10.1038/ng1297-498. PMID 9398860.
- Xia, X., Rui, R., Quan, S., Zhong, R., Zou, L, et al. 2013. MNS16A Tandem Repeats Minisatellite of Human Telomerase Gene and Cancer Risk: A Meta-Analysis. *PLoS ONE* 8(8): e73367.
- Yan Wang, Zhibin Hu, Jie Liang, Zhanwei Wang, Jinhai Tang, Shui Wang et al. 2008. A tandem repeat of human telomerase reverse transcriptase (hTERT) and risk of breast cancer development and metastasis in Chinese women *Carcinogenesis* vol.29 no.6 pp.1197–1201, doi:10.1093/carcin/bgn099

\*\*\*\*\*