

Part 1

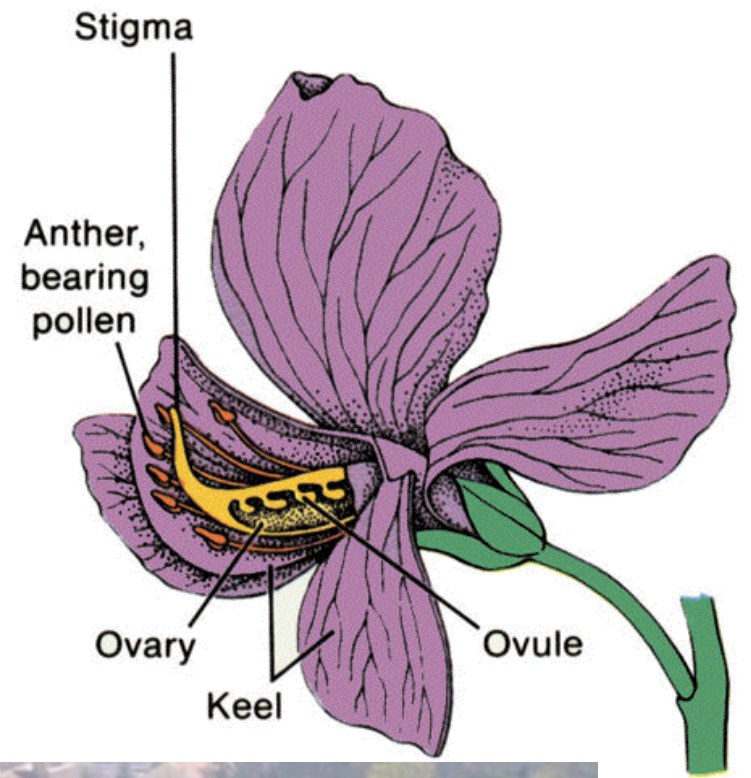
PATTERNS OF SINGLE-GENE INHERITANCE

Genetics implies variation

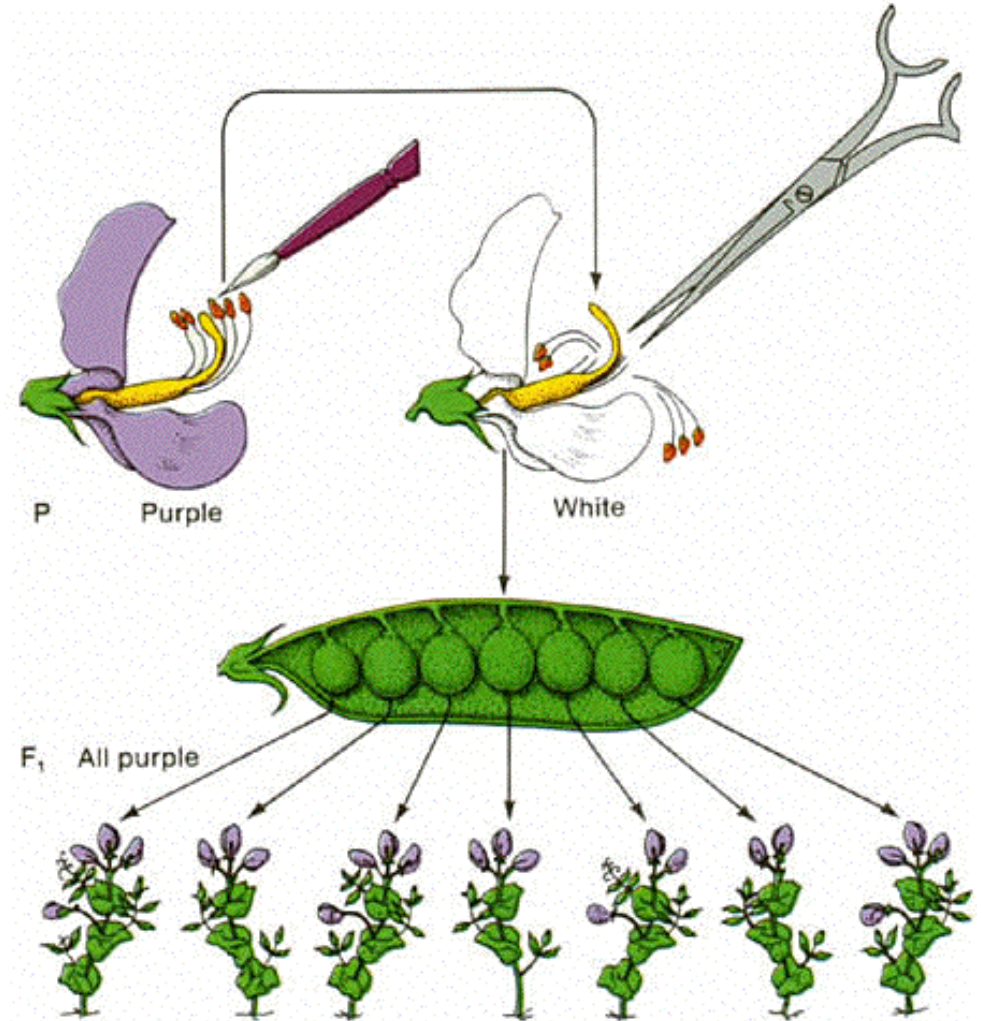
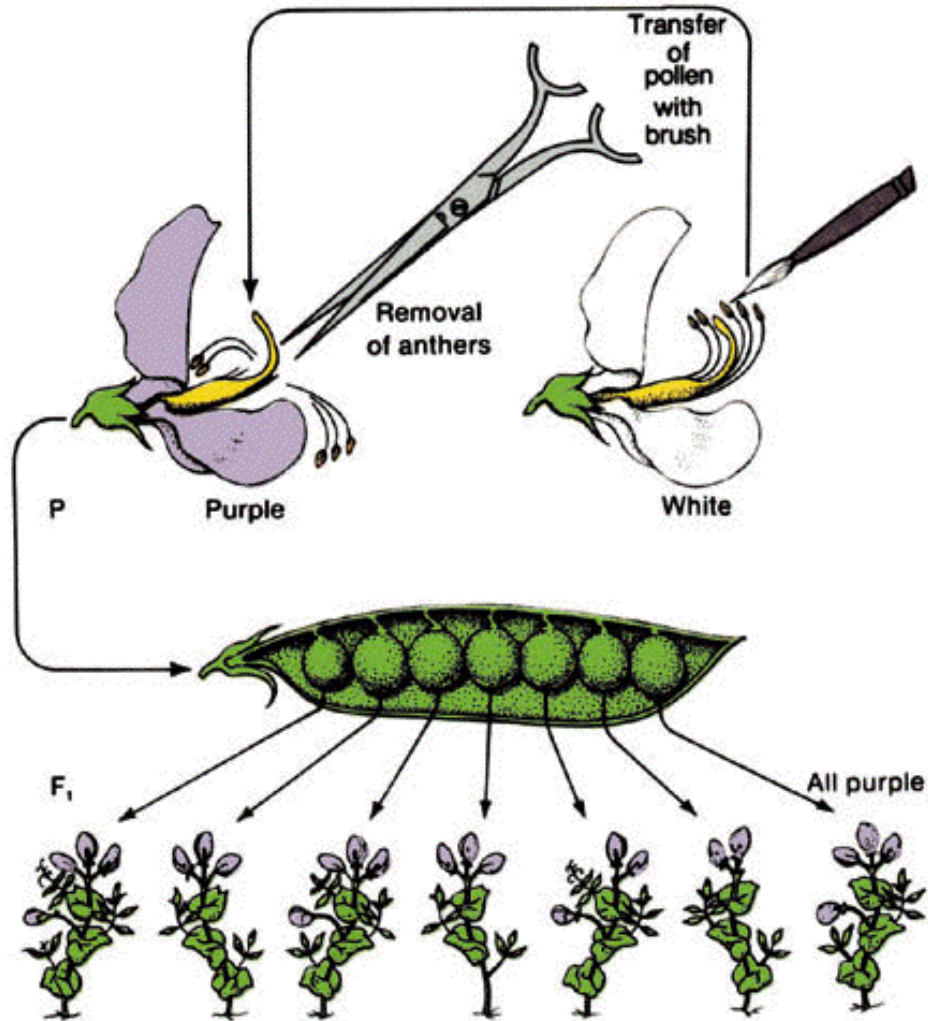
- Genetics = study of inheritance of characters (= traits = features)
- No genetics if no variation



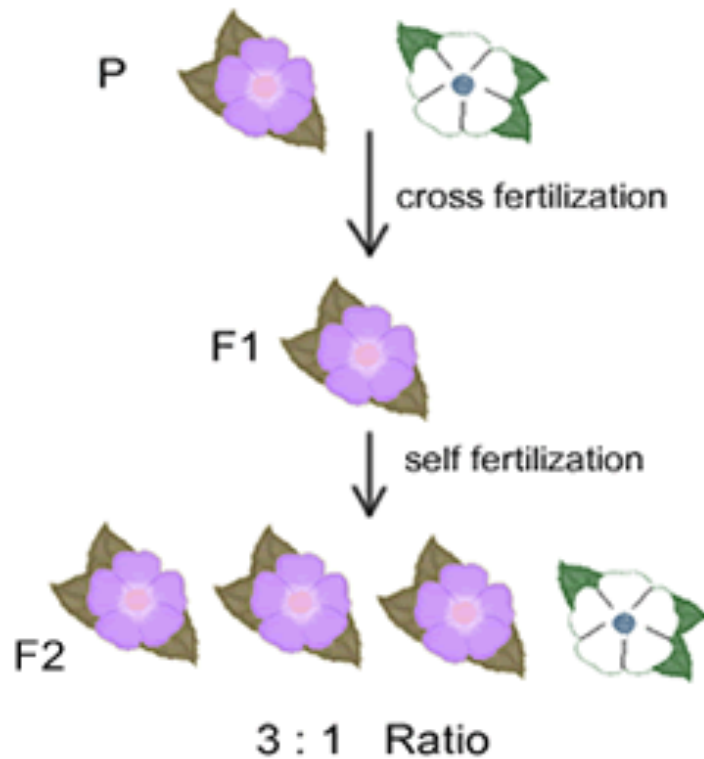
Gregor Mendel
(1822-1884)



Artificial cross-pollination



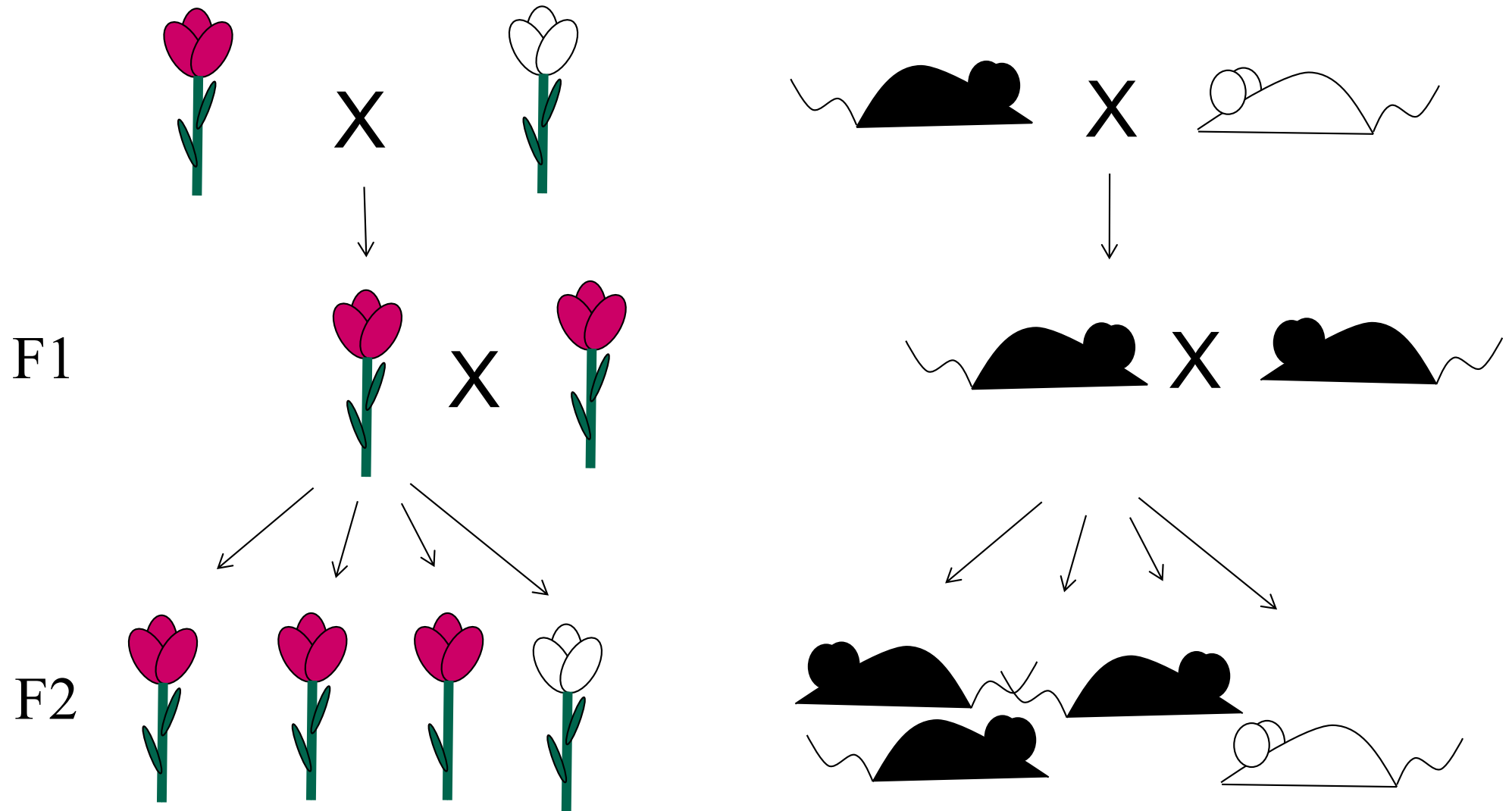
Cross 2 pure strains that differ for 1 character (monohybrid cross)



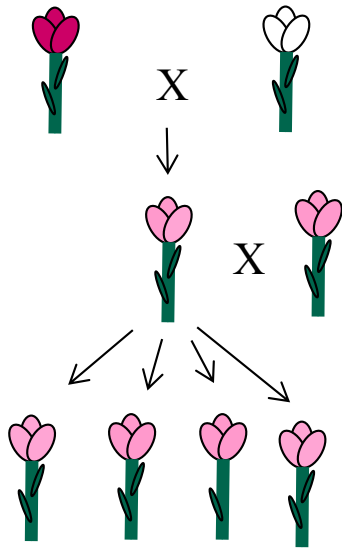
➤ All purple: not simple dilution

➤ White character re-appears

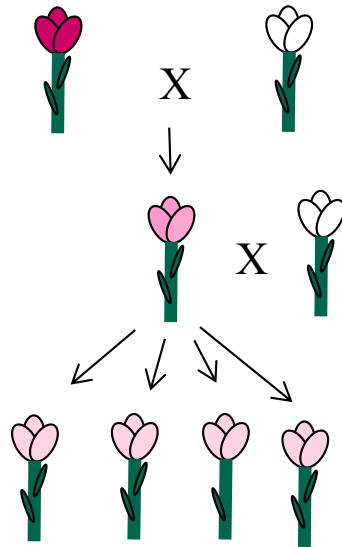
Fixed proportions of phenotypes in offspring



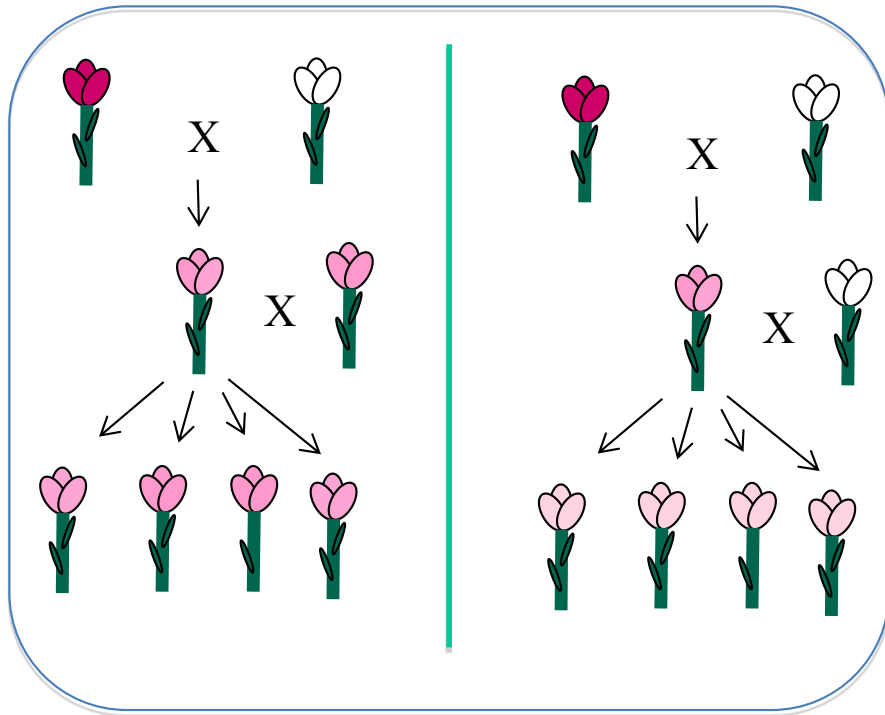
Prior Hypothesis: trait dilution



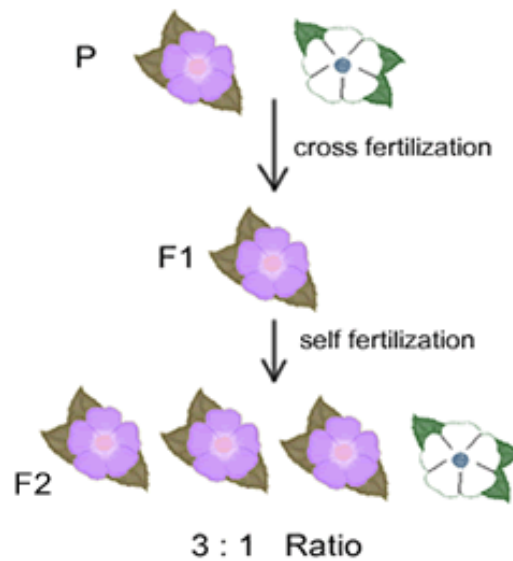
Prior Hypothesis: trait dilution



Prior Hypothesis: trait dilution

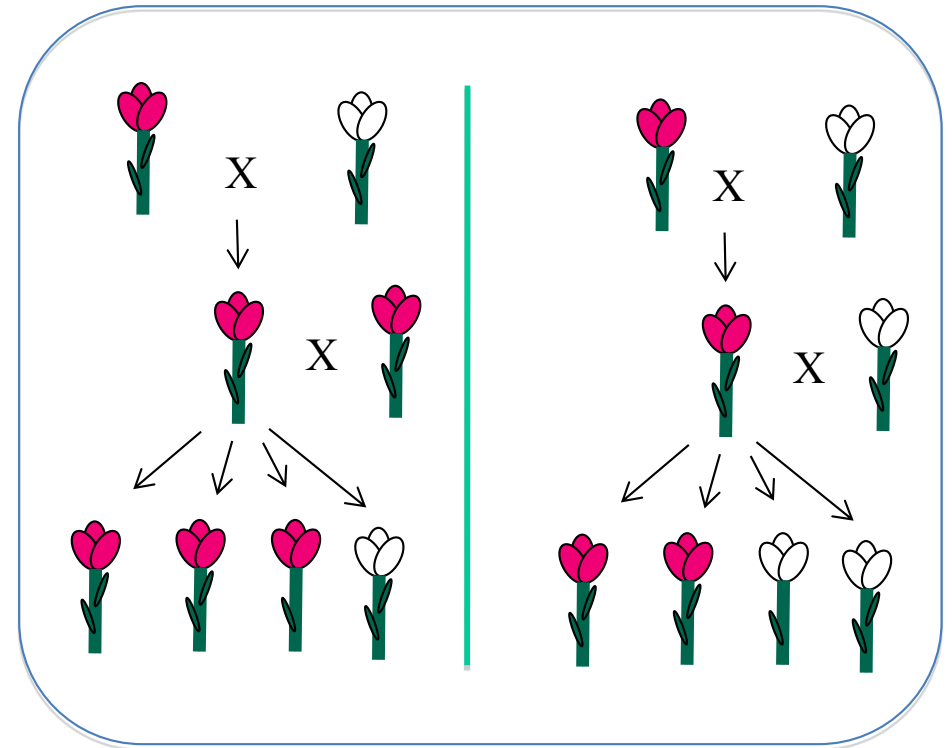
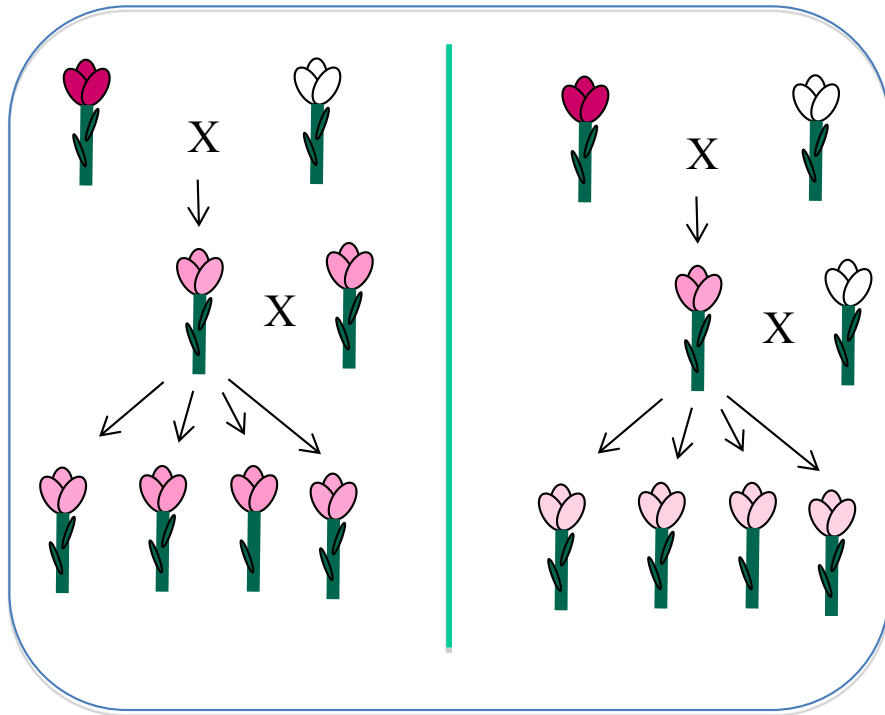


Cross 2 pure strains that differ for 1 character (monohybrid cross)

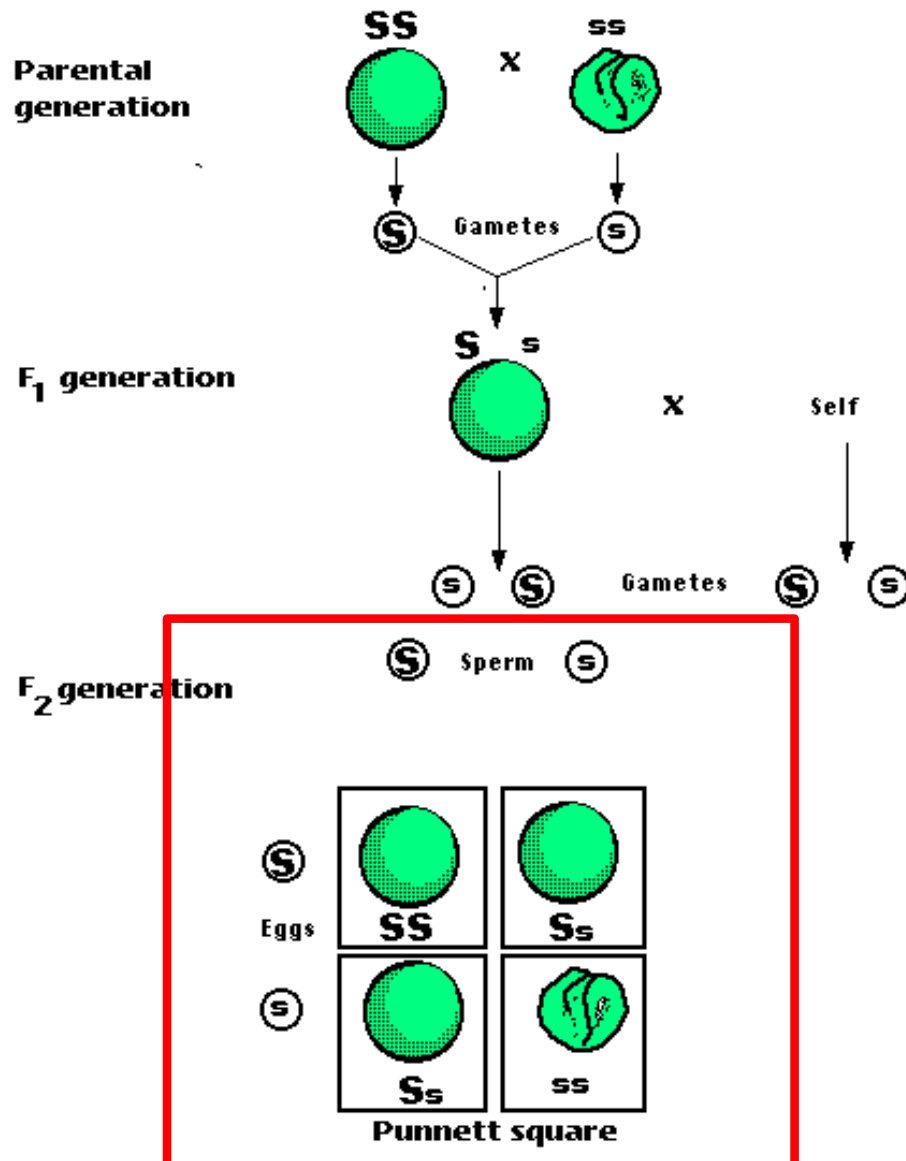


Prior hypothesis: trait dilution

Experimental evidence

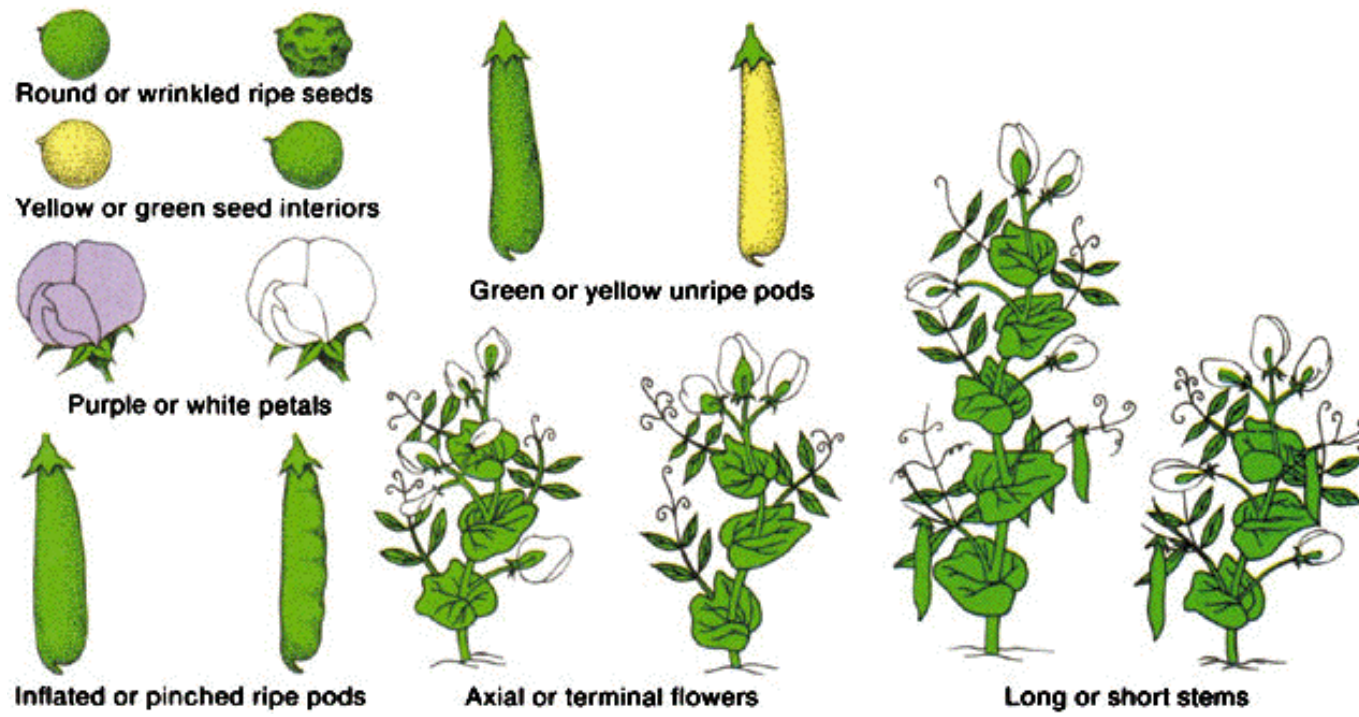


Cross 2 pure strains that differ for 1 character (monohybrid cross)

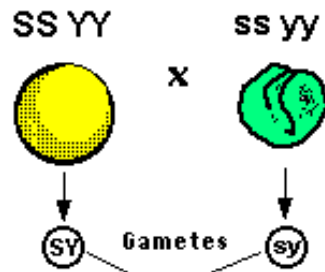


- Smooth or wrinkled
- All F₁ individuals are smooth (= filia 1)
S character is dominant, wrinkled is récessif
- But wrinkled character reappears in F₂ !
25% of F₂ individuals are wrinkled
- Best explained by INDEPENDANT SEGREGATION of 2 allelomorphic variants of one hereditary factor:
S or s

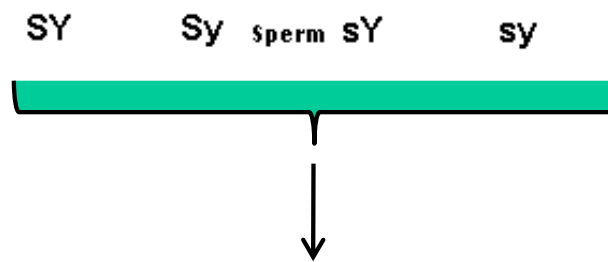
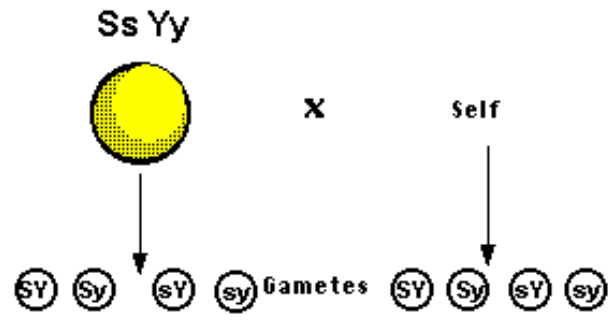
The 7 character differences studied by Mendel



Parental generation



F₁ generation



F₂ generation →

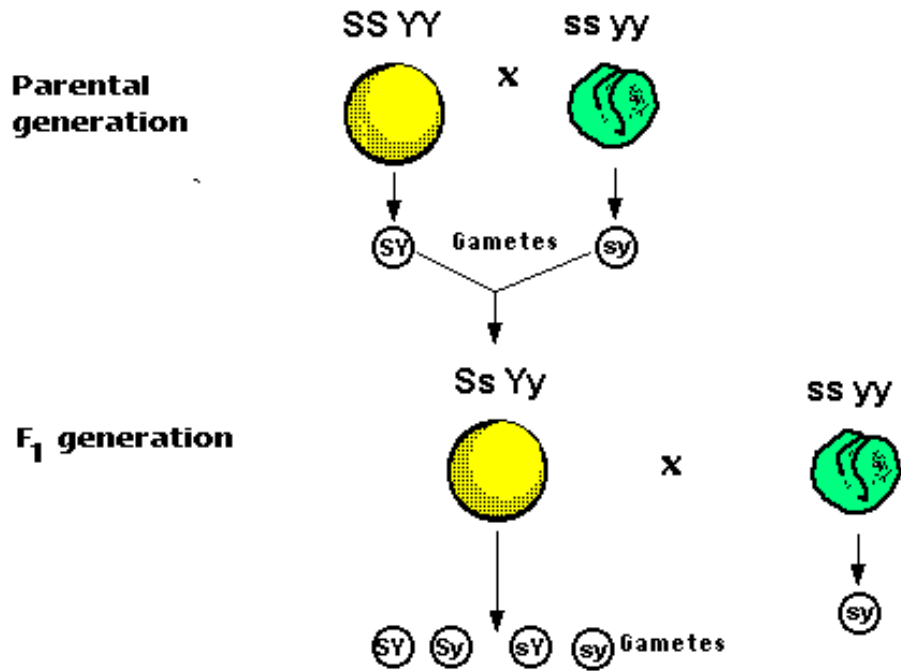
Dihybrid cross (2 characters)

- Independent assortment of hereditary character
- Ratio 9:3:3:1 of phenotypes

	SY	Sy sperm	sY	sy
SY	SSYY	SSYy	SsYY	SsYy
Sy	SSyY	SSyy	SsyY	Ssyy
sY	sSYy	sSYy	ssYY	ssYy
sy	sSyY	sSyy	ssyY	ssyy

Punnett square

Backcross



- Cross F1 hybrid (SsYy) with a double recessive homozygote (ssyy)
- Unmasks the genotype of the F1 hybrid
- With independent assortment of hereditary factors, expect phenotypes in the following proportions:
.25/.25/.25/.25

	SY	Sy	sY	sy
sy	sSY ^Y	sSyy	ssy ^Y	ssyy
	1/4 Smooth Yellow	1/4 Smooth green	1/4 rough Yellow	1/4 rough green

Mendel's observations

- Uniformity of hybrids in first generation (F1)
- Independent segregation of several couples of characters in second generation (F2)
 - « purity of gametes: each contain only one hereditary factor for one character » = one allele of each gene
- Independent disjunction of characters in F2

Mendel's laws

1. Law of **segregation**

- Each gamete contains one or the other of the two allelomorphic factors (alleles)
later found to fit meiotic separation of pat and mat chromosomes

2. Law of **independent assortment**

- Pairs of alleles from different genes enter gametes independently of one another

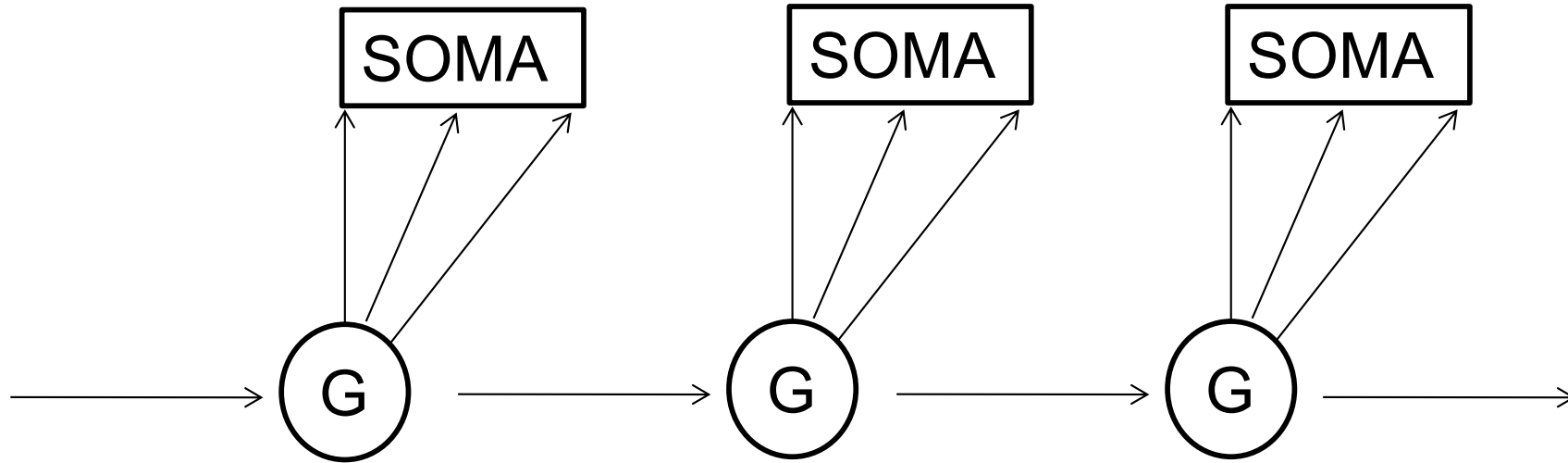
except if genes closely located on same chromosome (linkage)

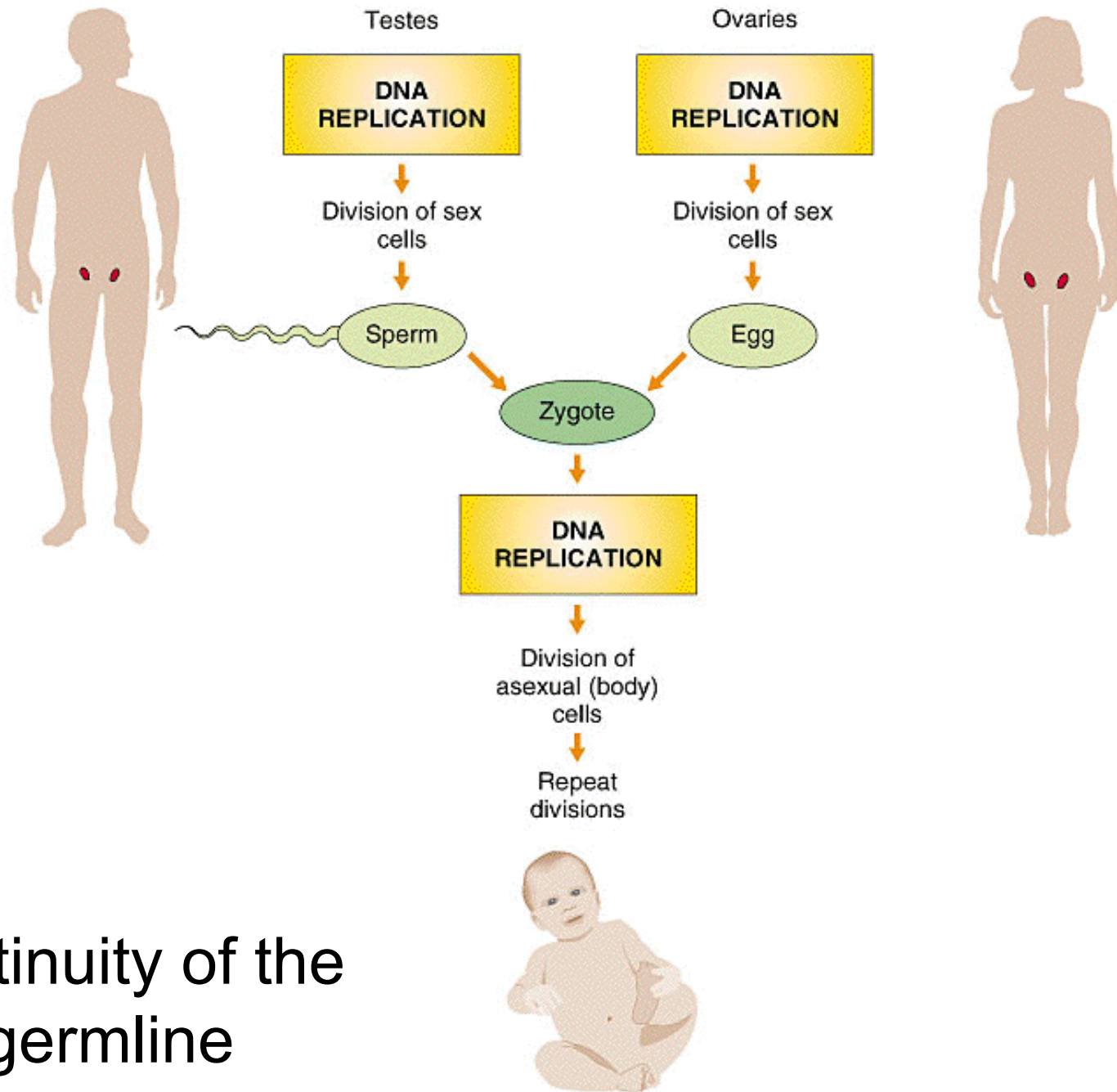
Independent segregation of the two alleles of each gene

Loci, genes, alleles, mutation

- Locus = position in genome
 - gene, or contiguous genes (HLA locus), or SNP, any piece of DNA
- Alleles = alternative variants at one locus
 - Prevailing allele = wild type
- Mutation = change in an allele causing a change in phenotype
- Genotype = individual set of alleles at one locus, or several loci, or whole genome (*music score*)
- Phenotype = observable expression of a genotype (*concert*)
 - Morphological
 - Clinical
 - Cellular
 - Biochemical
 - ...
- Pleiotropy = diversity of phenotypic effects
- Gene = ?

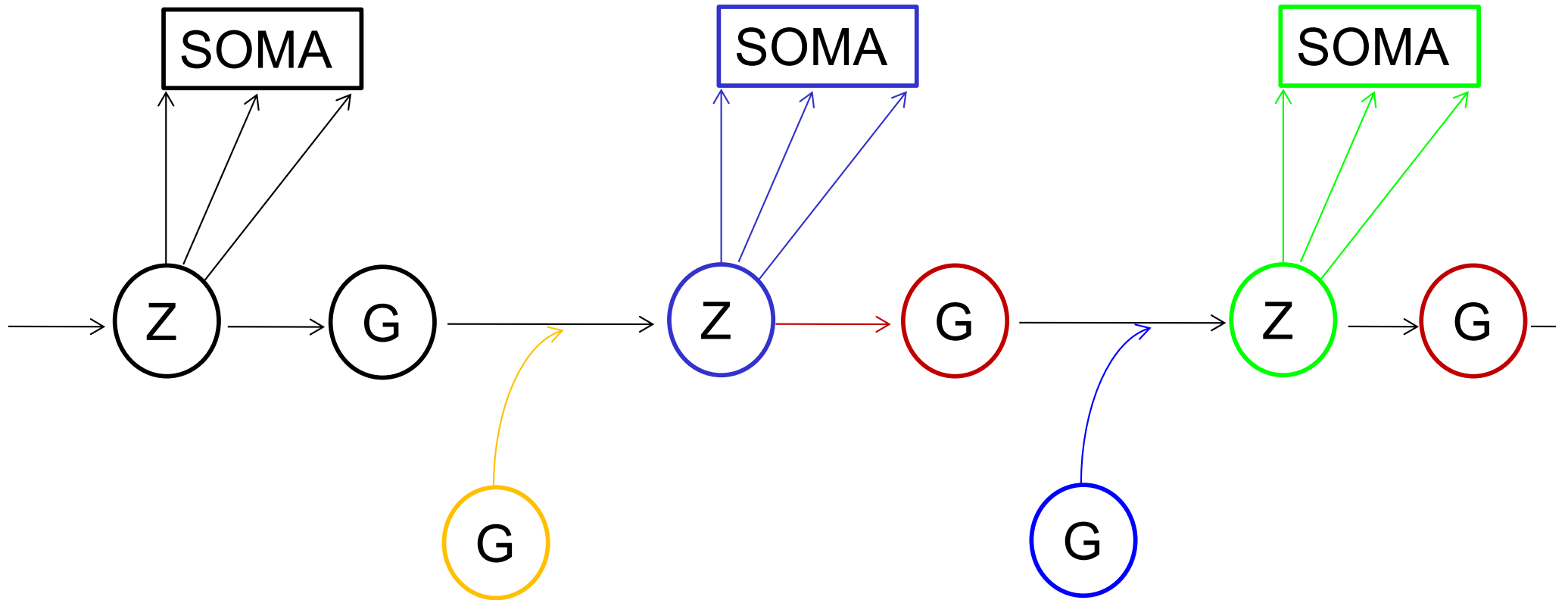
The germ-line



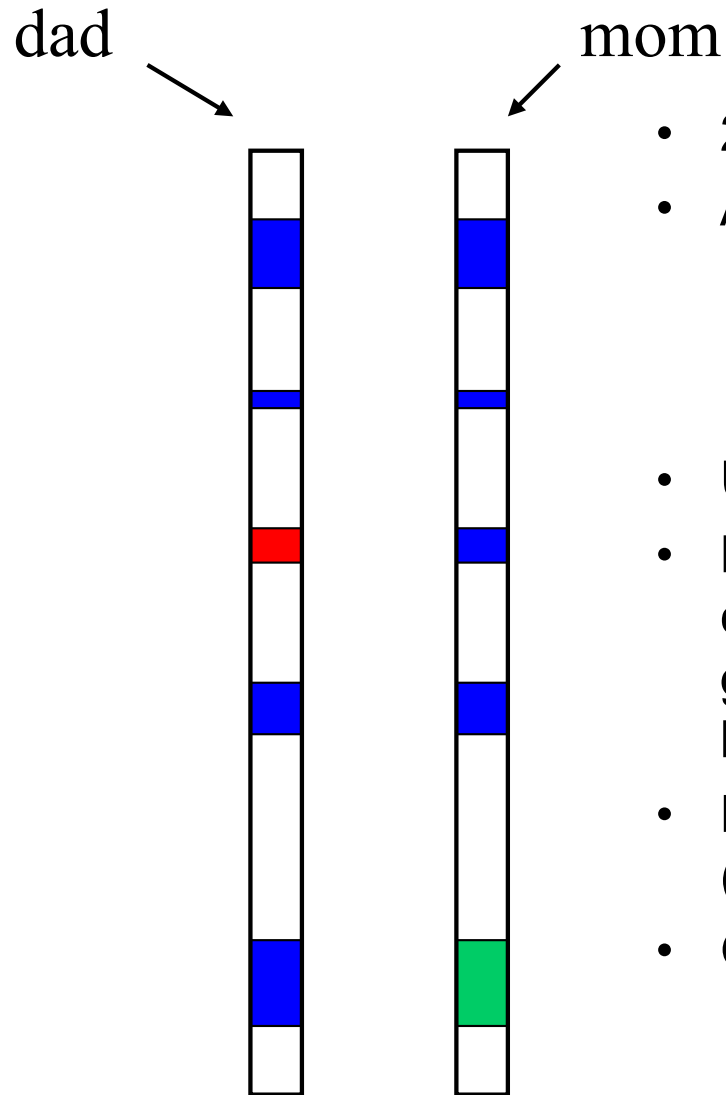


Continuity of the
germline

Sexual reproduction

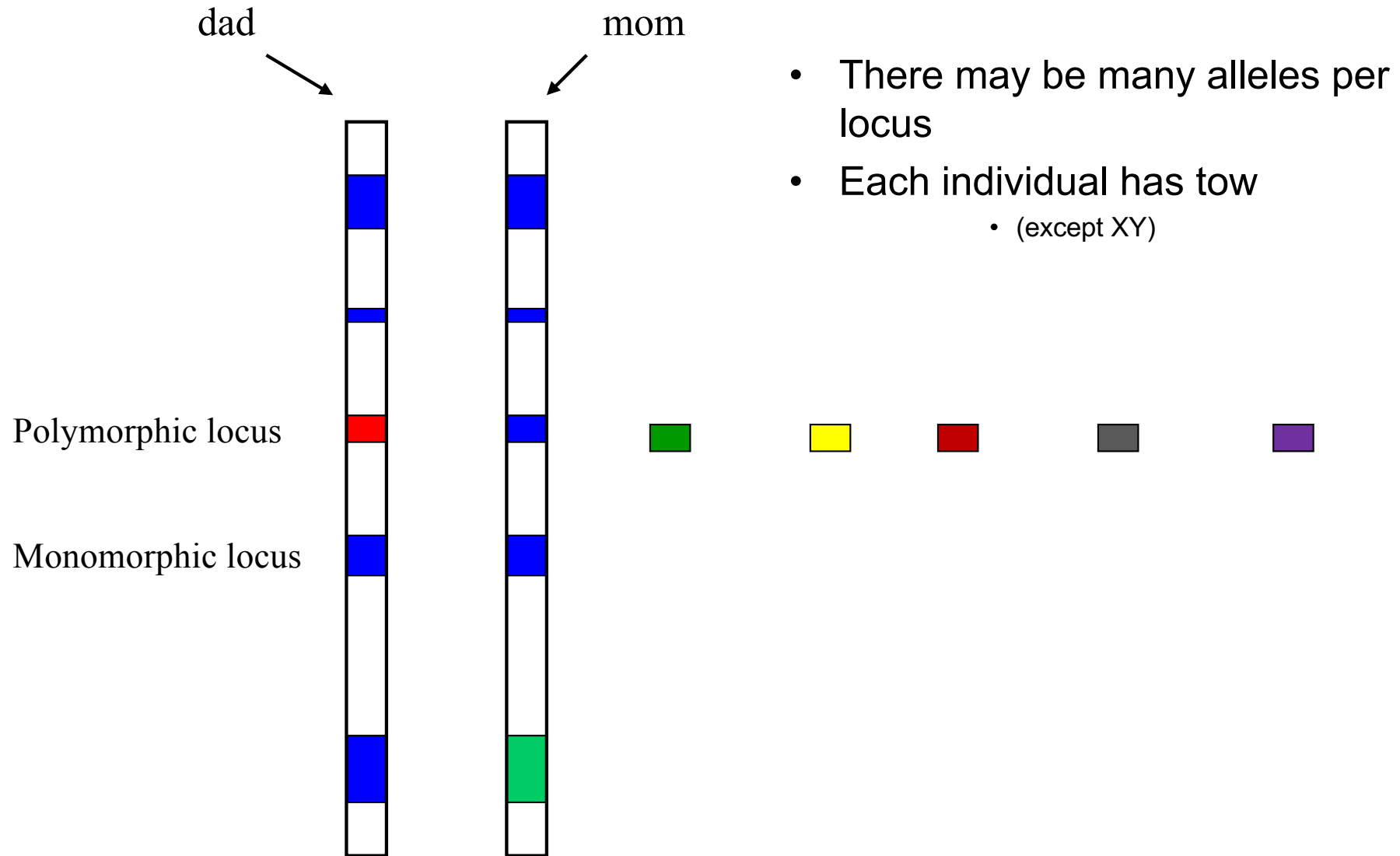


The genome: 20.000 genes, 2 copies each



- 2 alleles of each gene
- Allele polymorphism
 - SNPs: Single Nucleotide Polymorphisms
 - CNPs: Copy Number Polymorphisms
 - other
- Unique combination in each person
- Largely encodes our physical characters (height, weight, color, blood groups...) and partly our psychological/behavioural characters
- No clear limit between polymorphism (normal) and mutation (pathogenic)
- Good or bad in different contexts

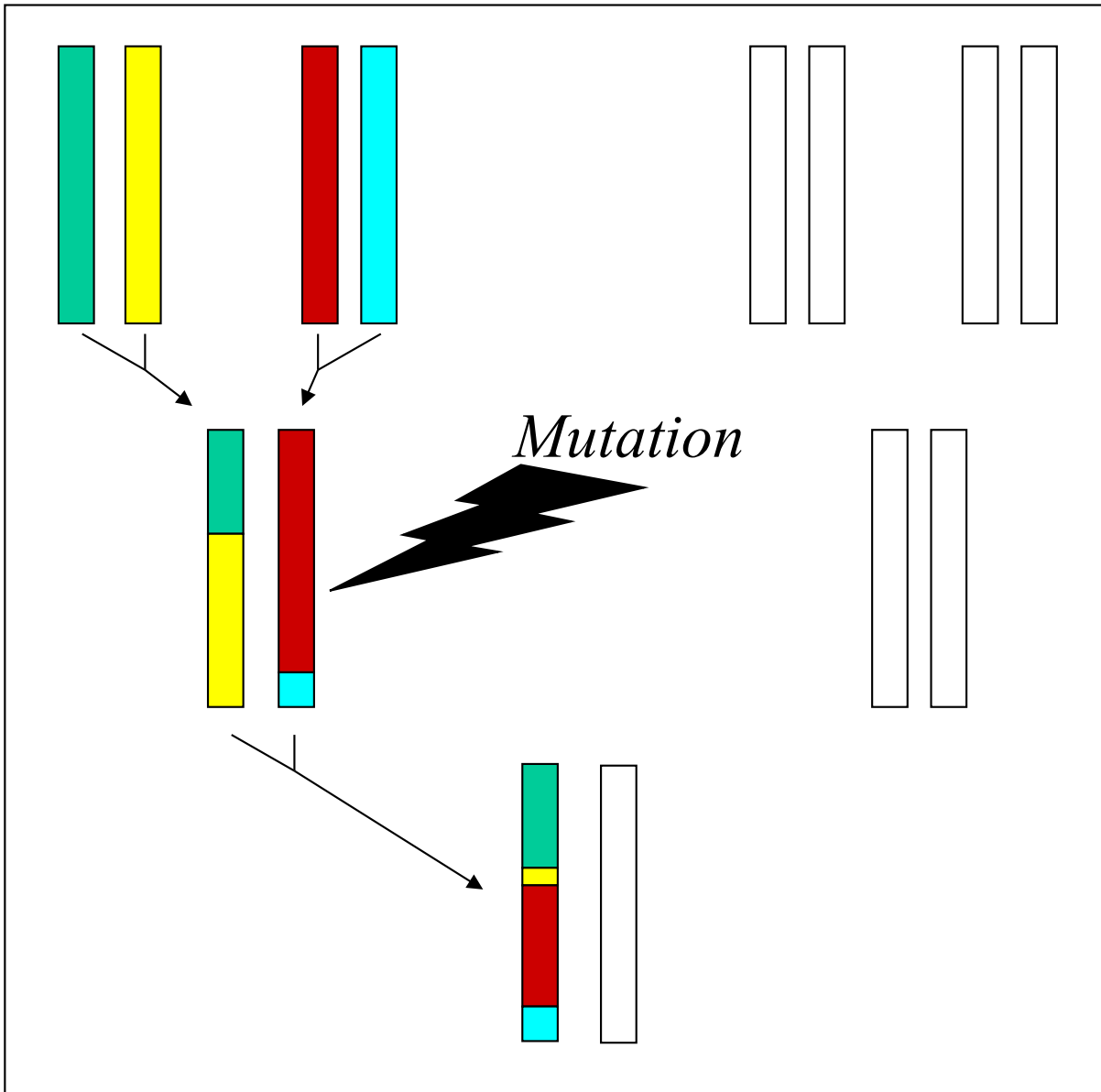
Locus: 2 alleles per individual ; Pool of alleles in population



Syntenly, linkage, LD

- Syntenly = location on the same chromosome
= pieces of one colinear DNA molecule
- Linkage = syntenly close enough for transmission together in
>50% gametes
- LDisequilibrium = association of particular alleles at linked loci
< close linkage / recent ancestor

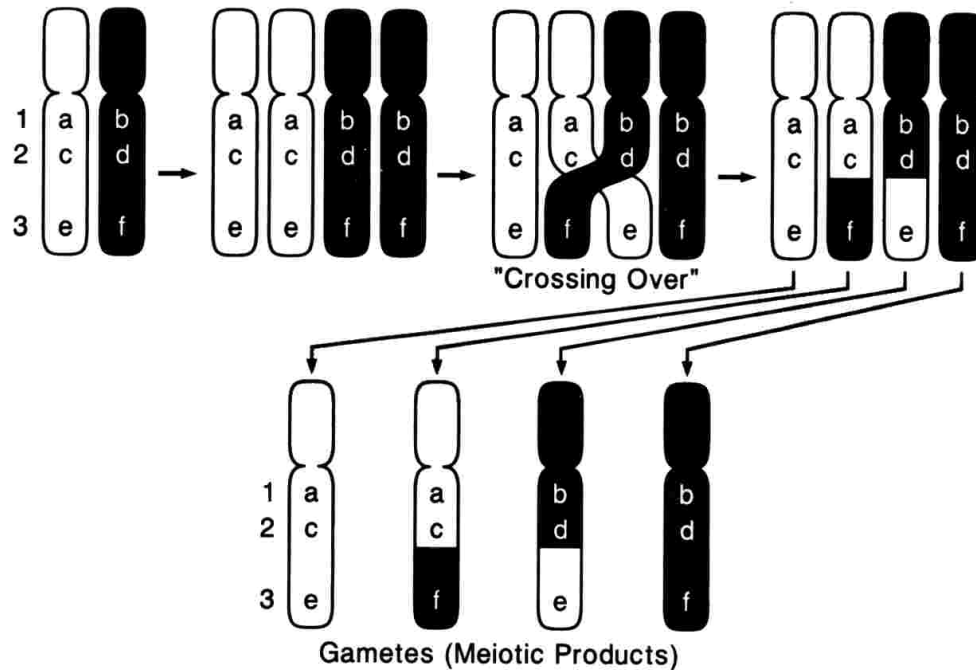
Meiosis produces diversity by assembly



Ultimate origin of
diversity = mutation

Meiotic Recombinations (crossing-overs)

A. Meiotic Recombination



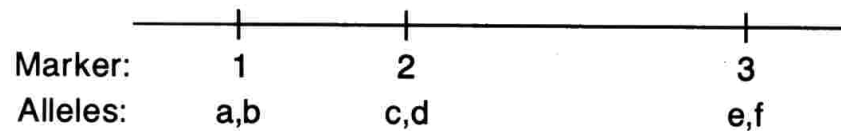
- 1 cM = distance between loci that are separated in 1% gametes

=>genetic distance, genetic map
– (genetic linkage map)

- 1 cM \approx 1Mb. 3000 cM, 3 Gb.

- Recombinations mix the alleles
=> equilibrium

B. Genetic Map



- At least 1 Cr-ov per chromosomal arm

Genetic linkage map (cM), physical map (Mb)

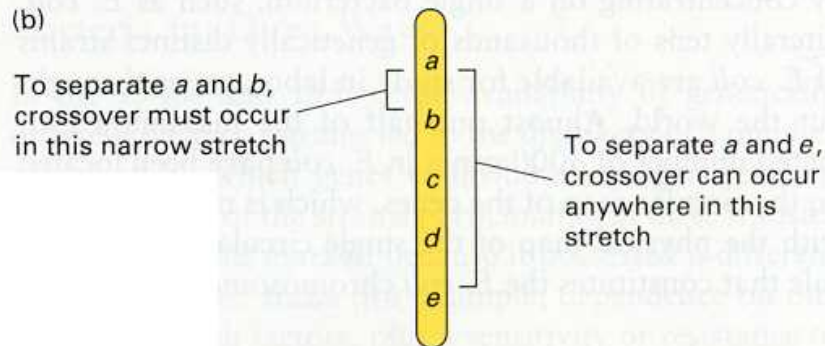
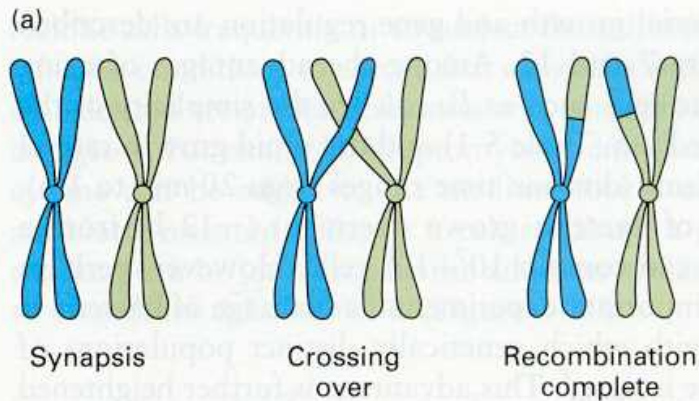
1% recombinant gametes \Leftrightarrow 1cM

1 centimorgan (1 cM)

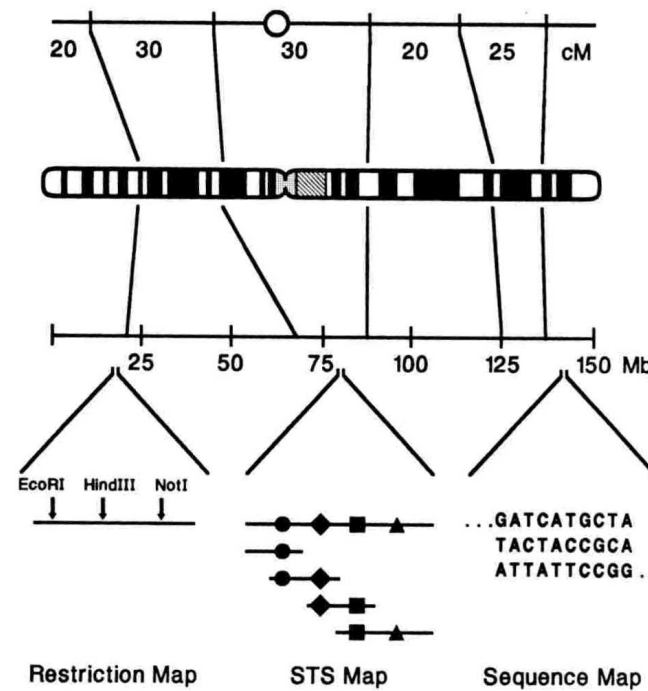
Genetic Map

Cytogenetic Map

Physical Map



The basis of classic gene-mapping techniques.



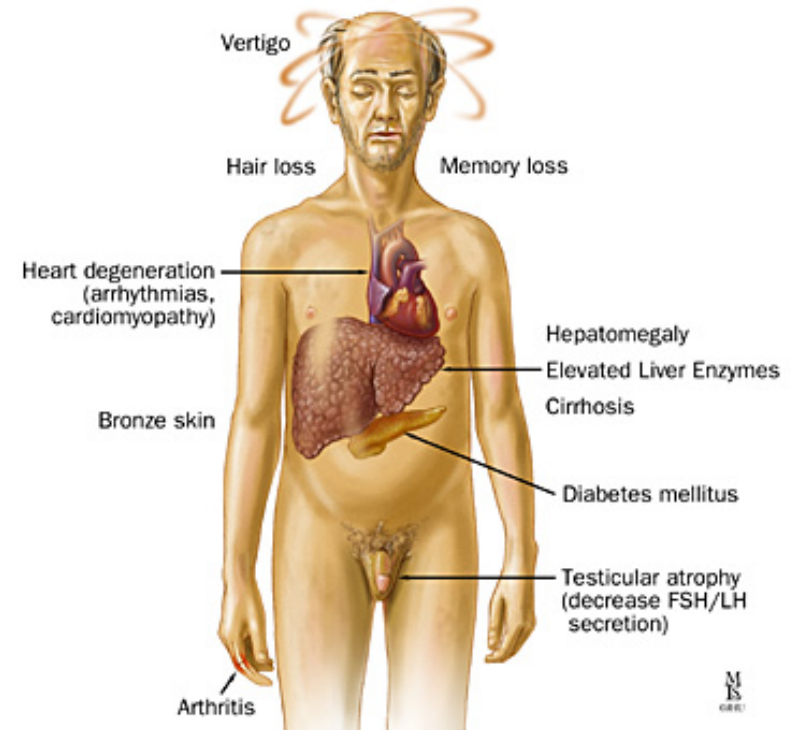
1 cM \equiv ~1 Mb (1.000.000 bp)

Hemochromatosis: excessive avidity for iron

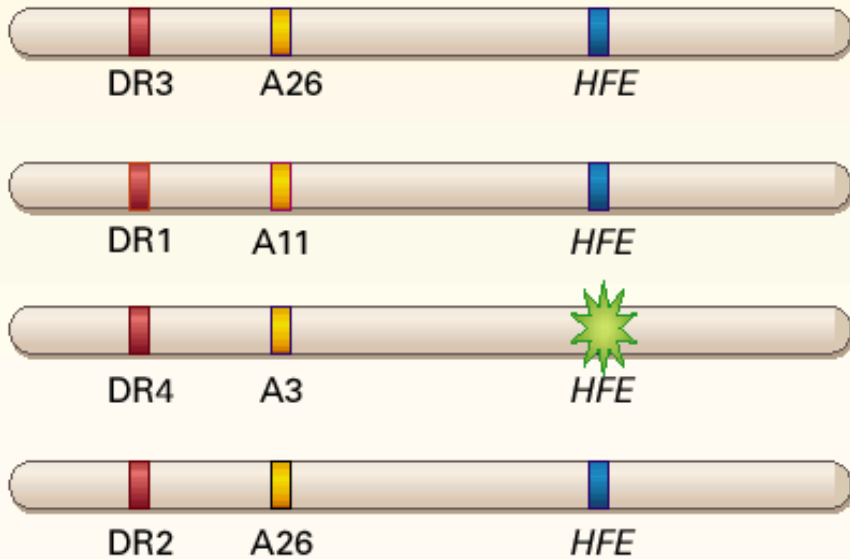
- Genetic basis, essentially AR, HFE gene
- HFE gene linked to HLA-A gene



- Mutated allele **HFE* C282Y** which causes hemochromatosis is associated with allele **HLA-A3**



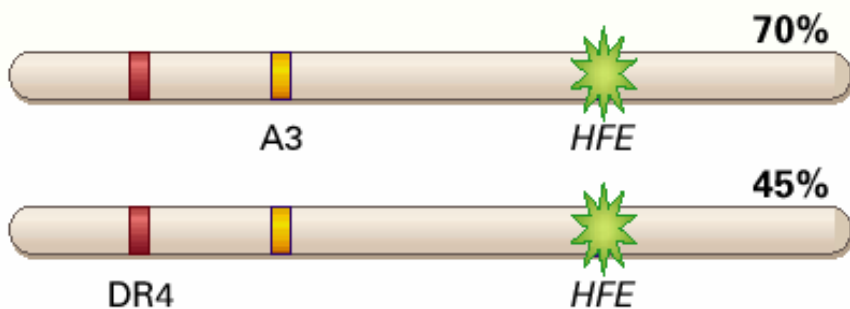
Linkage disequilibrium



Time



Chromosomes in current population with hemochromatosis mutation



Linkage disequilibrium LD

- HLA-A3 :
 - General population : 15%
 - Hemochromatosis : 70%
- Mutation appeared 1! x not too long ago

Most common HFE mutation appeared 70 generations ago in a celtic, HLA-A3 subject



Linkage disequilibrium(LD)

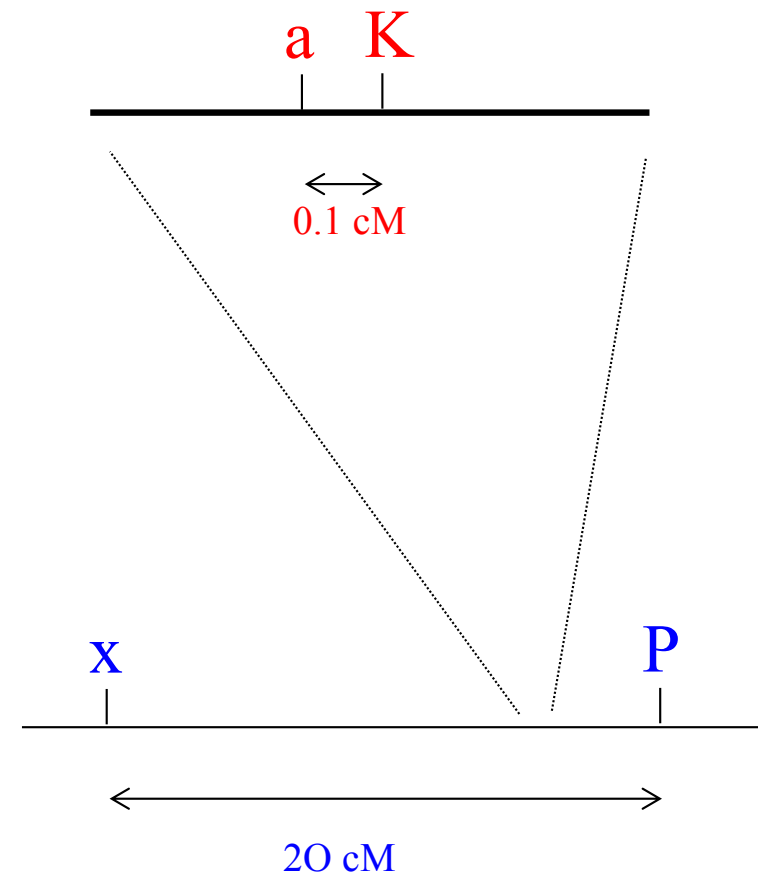
- Locus K,L,M,N
Locus a,b,c,d

a remains with K

$$f(a,K) \gg f(a) \cdot f(K)$$

- Locus P,Q,R
Locus x, y

$$f(x,P) = f(x) \cdot f(P)$$



Genetic characters / disorders (traits)

- Single-gene (monofactorial) Mendelian: fixed proportions in offspring
+ mtDNA: maternal-inherited
- Chromosomal
- Complex

Phenotype inheritance from single-gene cause

- AD Htz mutation
- AR Bi-allelic mutation
- X-linked Hemizygous mutation
- maternal mtDNA mutation

NECESSARY and SUFFICIENT to cause disease

>5000 diseases. See <http://www.ncbi.nlm.nih.gov/sites/entrez?db=omim>

MUTATION AFFECTING HEALTH as % of live birth

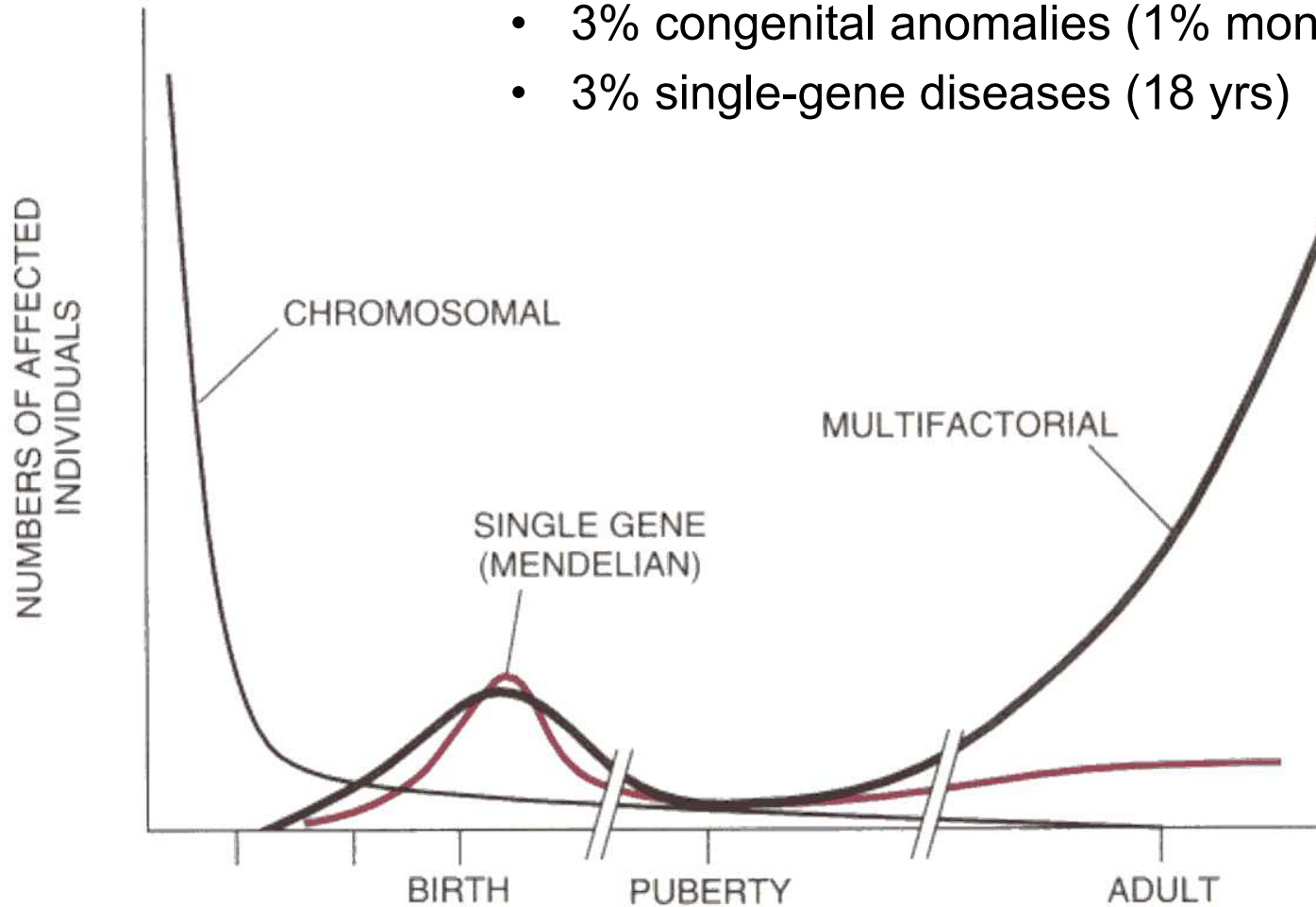
• GENE MUTATION	
AD	0.90
AR	0.25
X-linked	<u>0.05</u>
Total gene mutation :	1.20
• GENOME / CHROMOSOME MUTATION	
Autosomal trisomies (mainly T21)	0.14
Other unbalanced autosomal aberrations	0.06
Balanced autosomal aberrations	0.19
XO, XXX, XXY	<u>0.21</u>
Total chromosome mutation :	0.60

Impact of genetic diseases

Incidence

Prevalence:

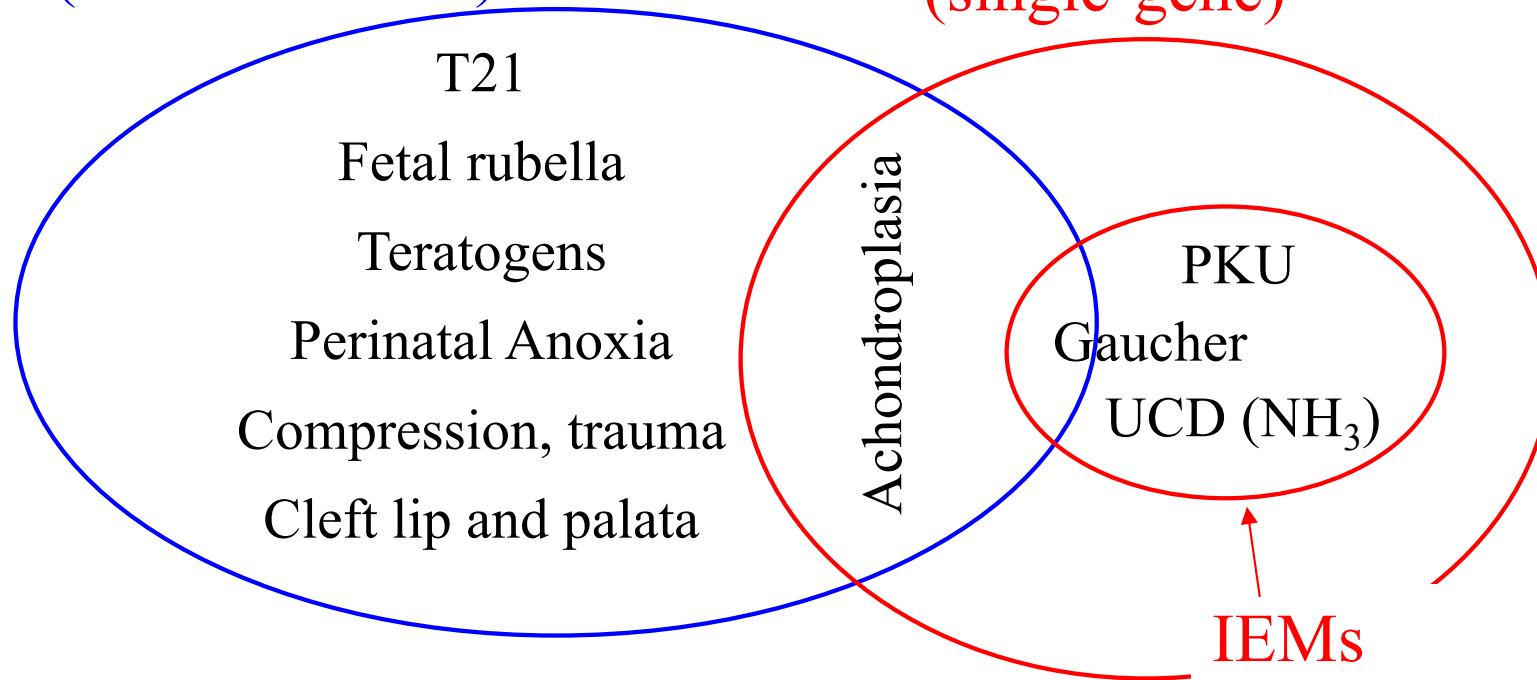
- 3% congenital anomalies (1% monogenic)
- 3% single-gene diseases (18 yrs)



Births defects and Inborn Errors of Metabolism

BIRTH DEFECTS

Congenital anomalies
(various causes) *



INBORN ERRORS of
METABOLISM (IEM)
(single-gene) **

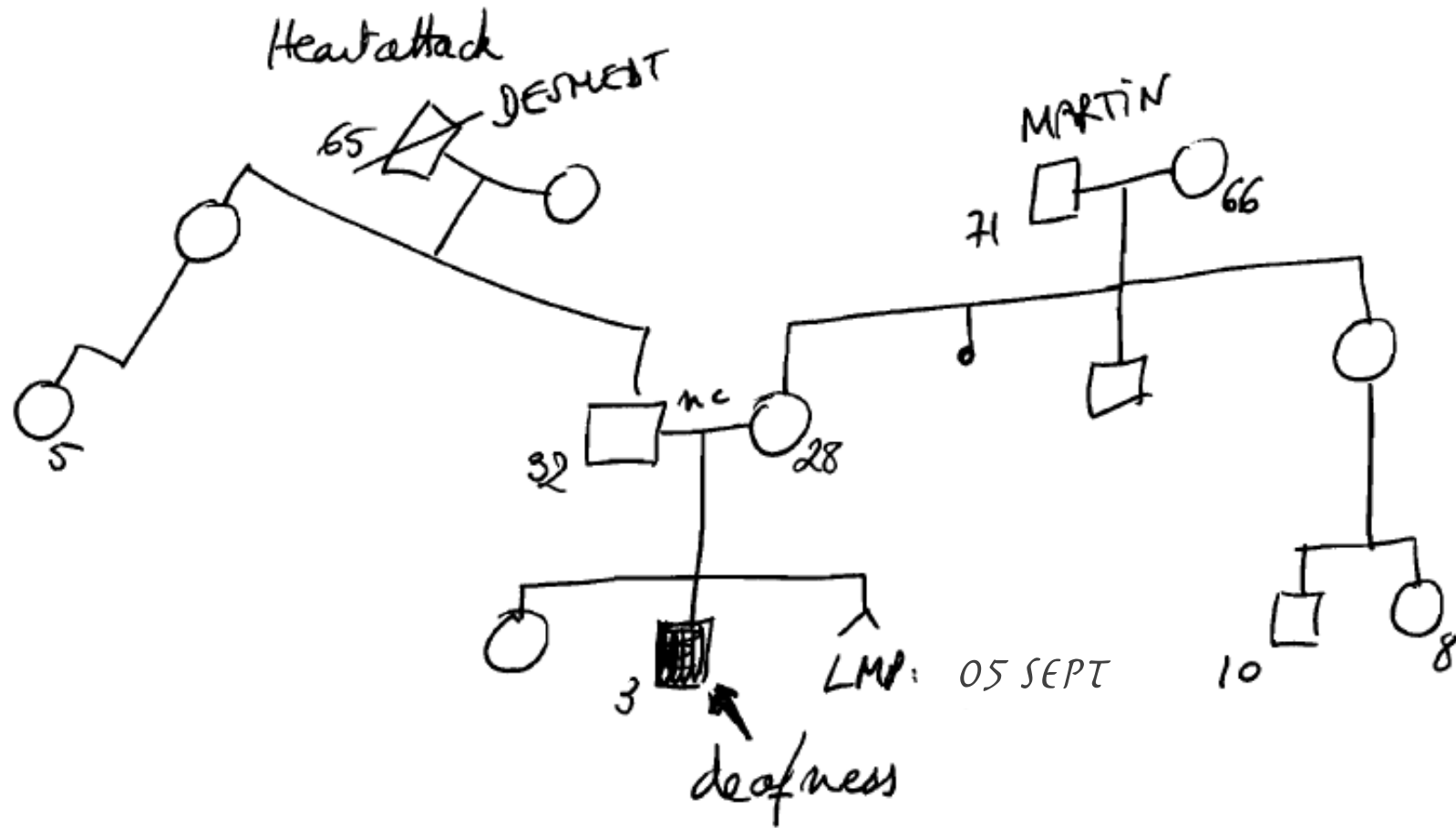
* 3% [live] newborns

** 3 % general population

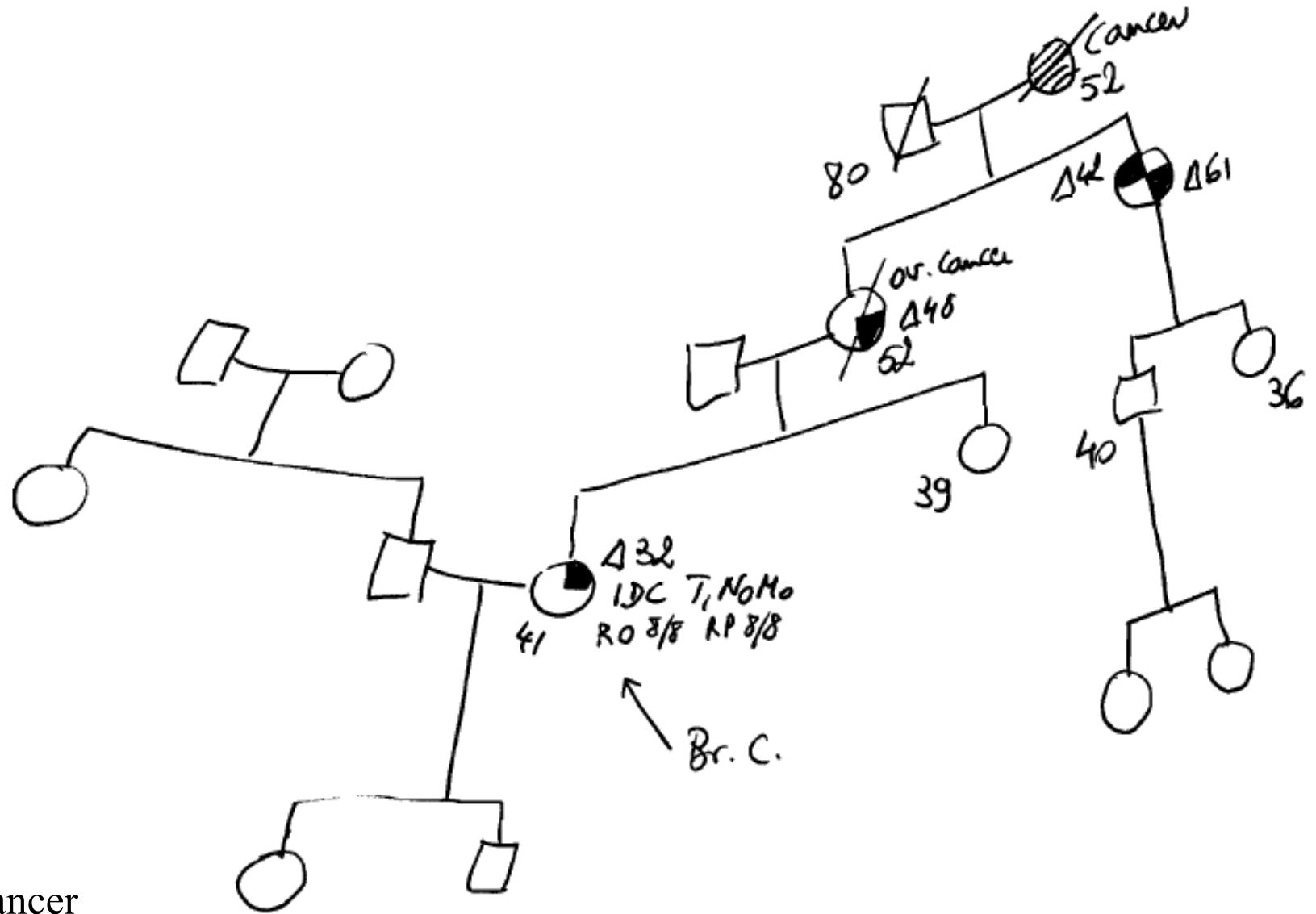
Symbols in pedigree charts



	Normal male, female			<i>Séparation</i>
	Sex unknown or irrelevant			Consanguineous marriage
	Points to proband (= index case)			Illegitimacy
	Affected male, female			Marriage No offspring
	Abortion or stillbirth			Monozygotic twins
	Female carrier (heterozygous) for x-linked trait			Dizygotic twins
	Pregnancy			Zygoty uncertain
	Adopted			Examined (or tested)
	Two normal males and three normal female sibs			
	Sibs in chronological order of birth			
	Carrier male, female (heterozygous for recessive autosomal trait)			
	Asymptomatic Carrier male, female for dominant autosomal trait)			

Working pedigree



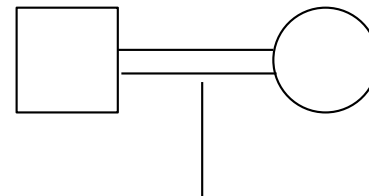
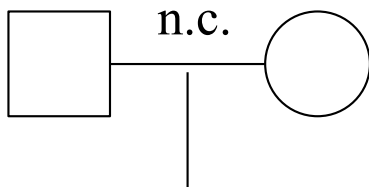
Working pedigree (breast cancer)



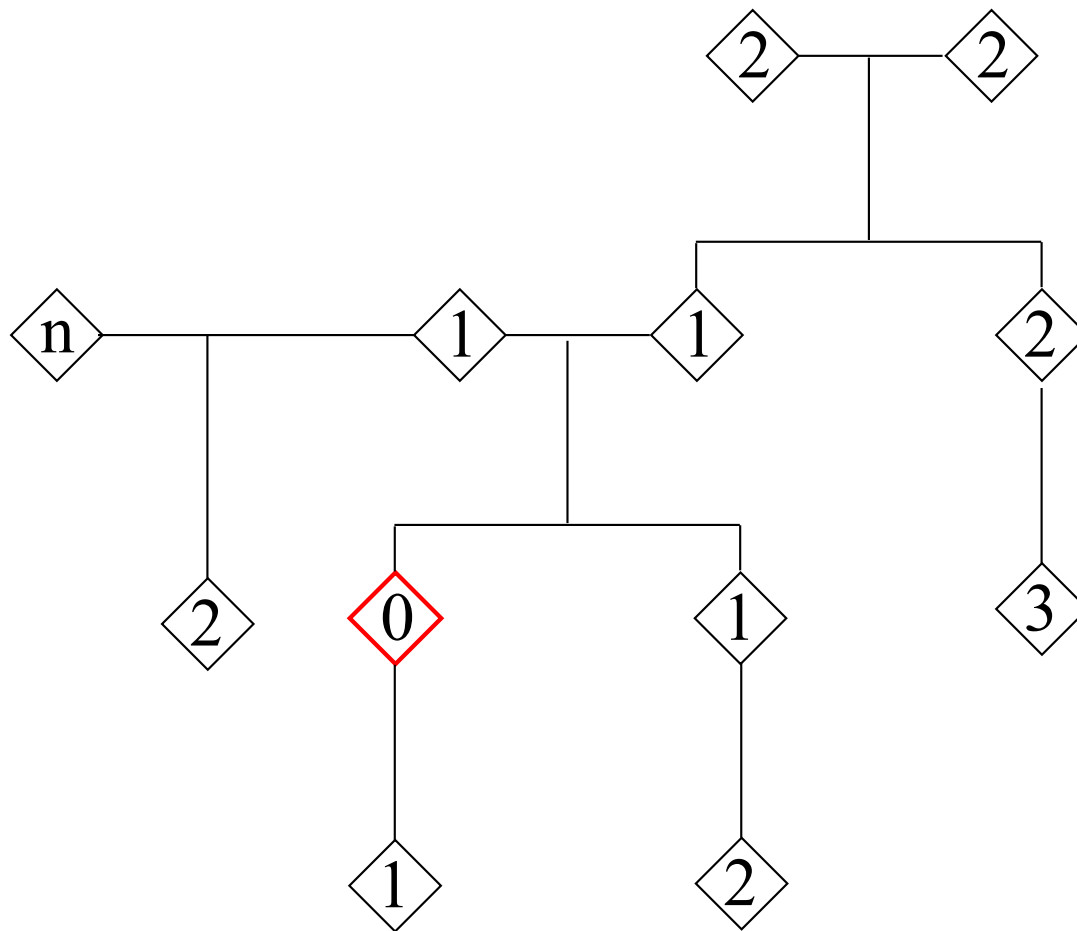
-  Breast cancer
-  Ovarian cancer

consanguinity

- Always enquire specifically about consanguinity
 - Are your parents cousins? (first cousins, ...)
 - Are your grandparents (!) « cross-related » ?
- Annotate the pedigree, also if not consanguineous : ' n.c. '



Degrees of relationship

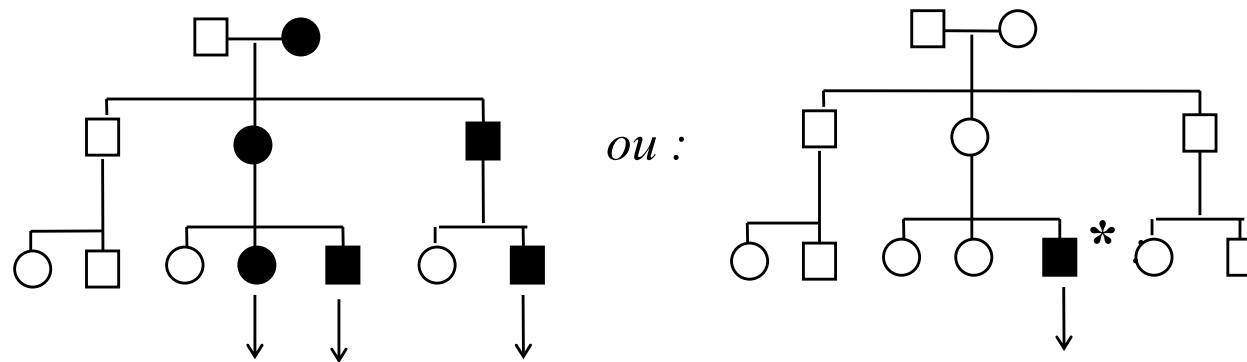


d°	relat	common alleles
1		.50
2		.25
3		.125

Patterns of single gene inheritance

AUTOSOMAL DOMINANT

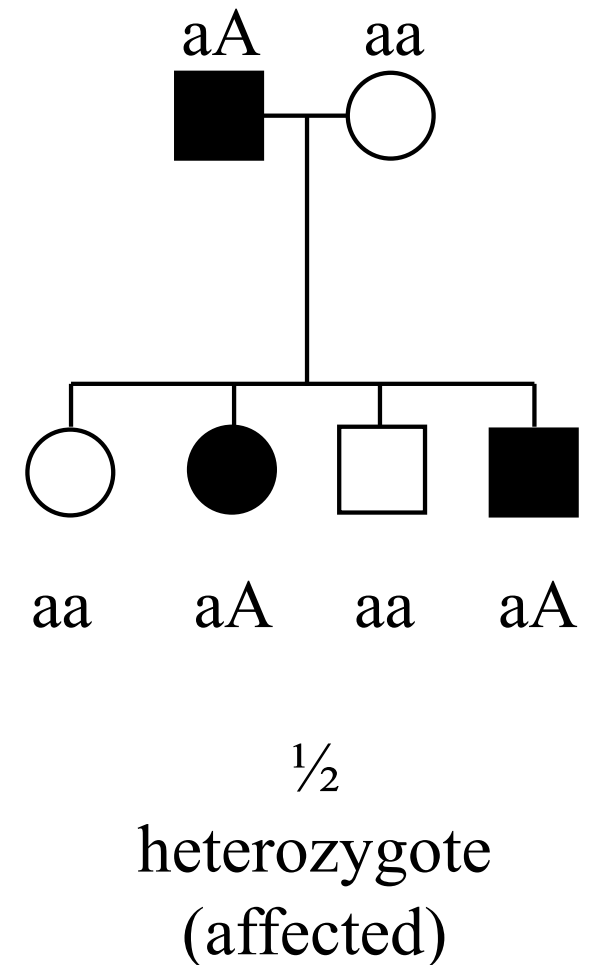
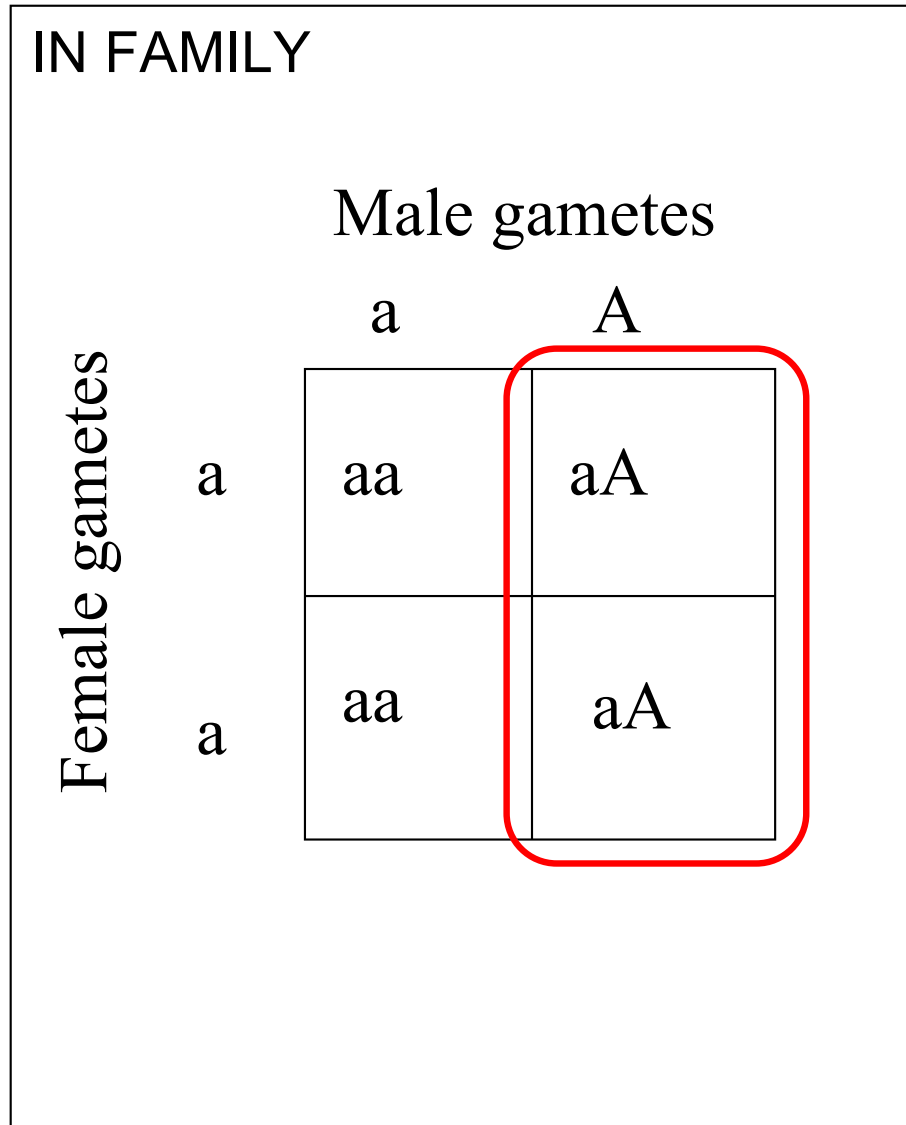
AD phenotype: vertical transmission.
Genotype: hts mutation in autosome.



- Risk in each offspring = 50%
- M et F equally affected, equally transmitting
- Male to male transmission possible
- * : Neomutation (fresh mutation): AD disease starts here.
 - No ethnical prevalence (rare exceptions).
 - Increased mean paternal age.

Punnett square

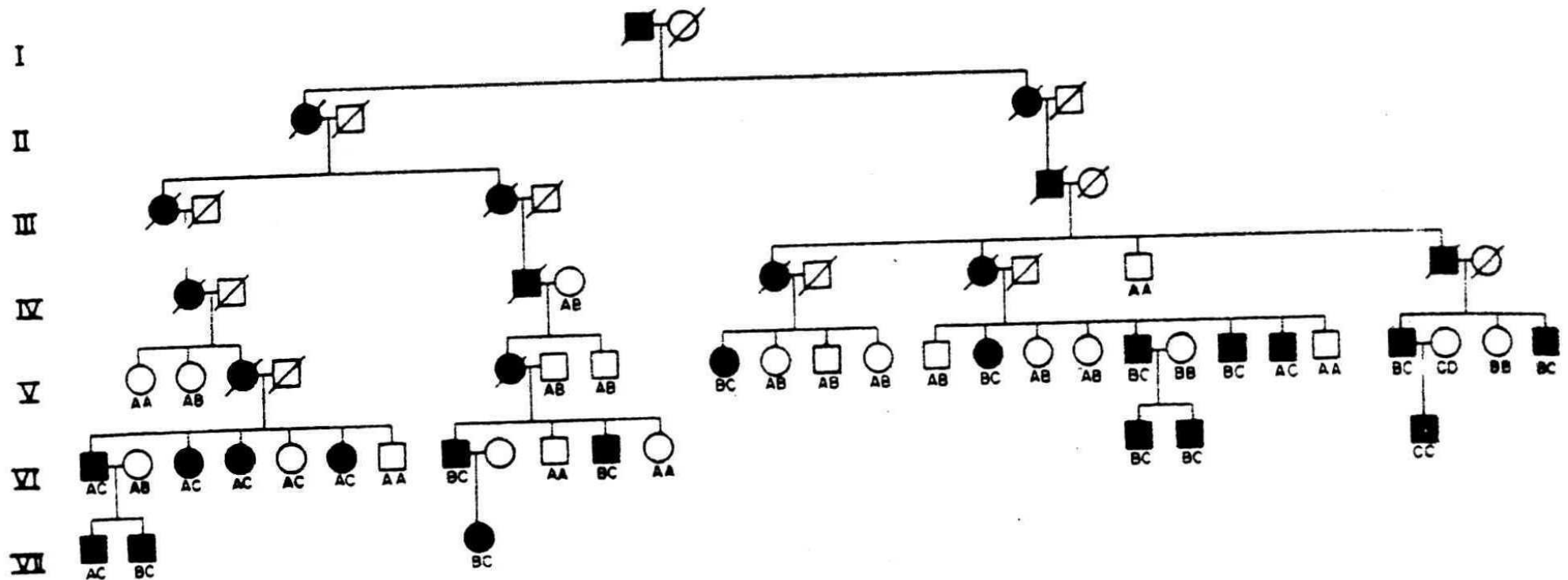
Probability of genotype in offspring



Huntington : autosomal dominant inheritance

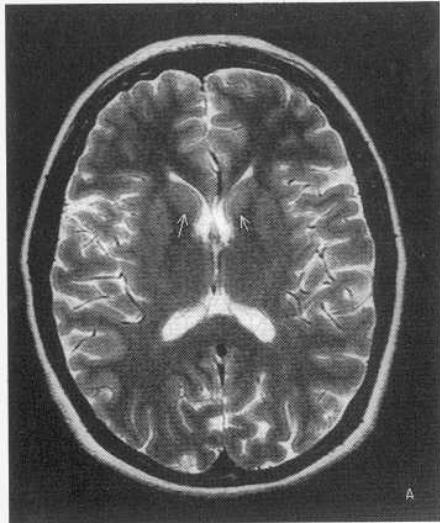
NATURE VOL. 306 17 NOVEMBER 1983

Gusella et al.

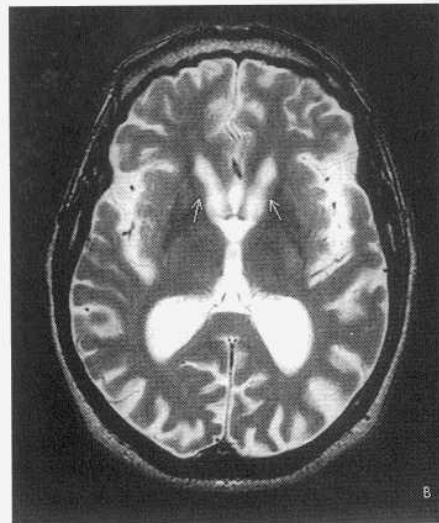


=> One single genetic factor causes disease
(monofactorial, genetic).

Huntington disease



(a) Normal volunteer
(Courtesy of Dr M. Lowry, Hull, UK.)



(b) Huntington's disease

- Neurons in striatum (caudate nucleus) degenerate
- ↓ GABA

AD = approximation

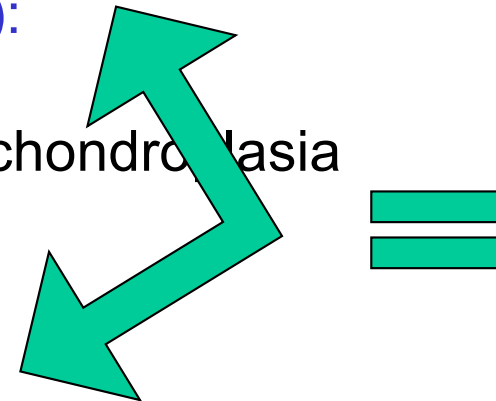
- **Dominance:** phenotype independent of 2nd allele

- **Semi-dominance (incomplete dominance):**

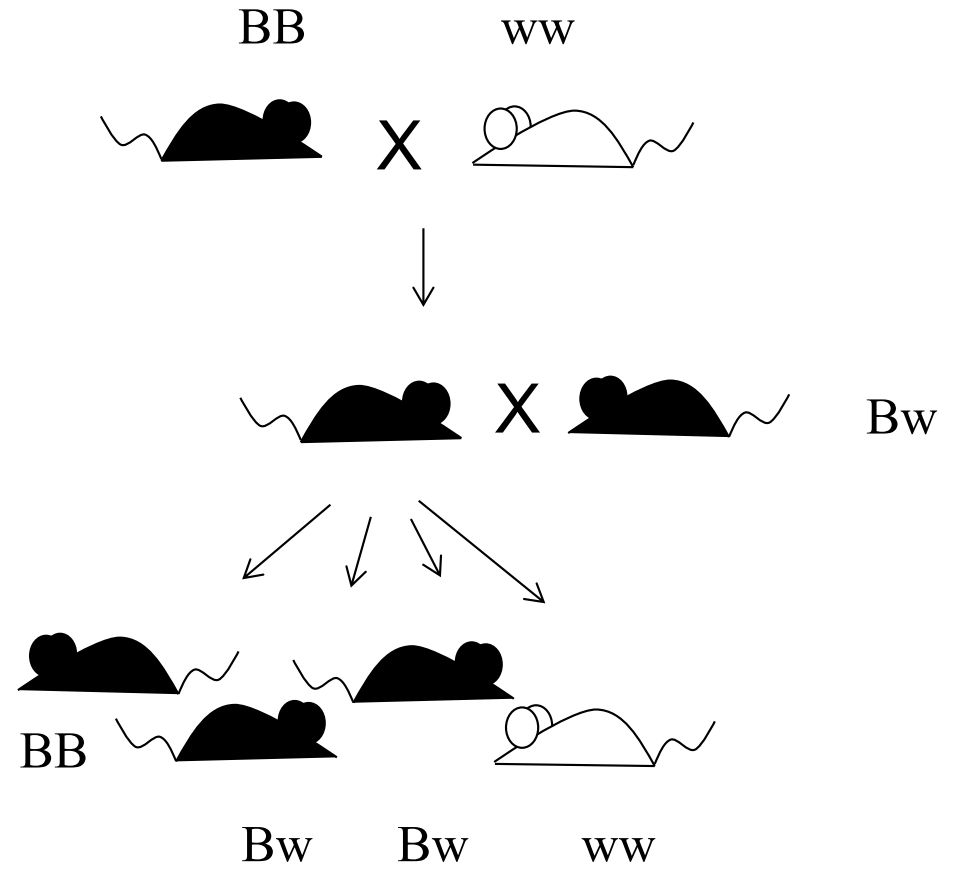
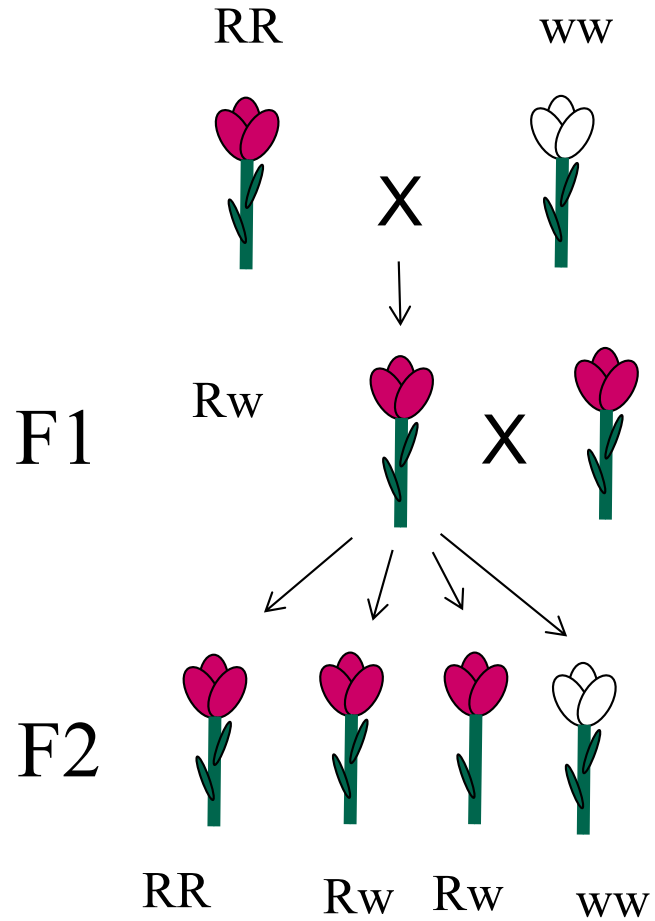
hmz expresses trait more than htz : eg, achondroplasia

- **Co-dominance:**

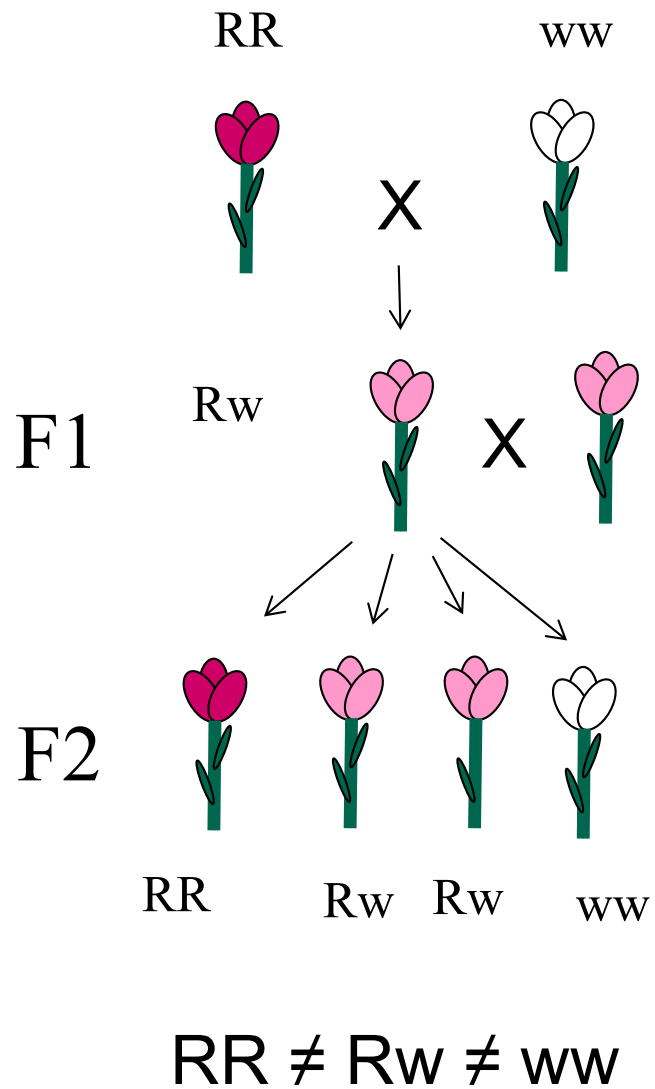
both alleles expressed : eg, ABO blood group



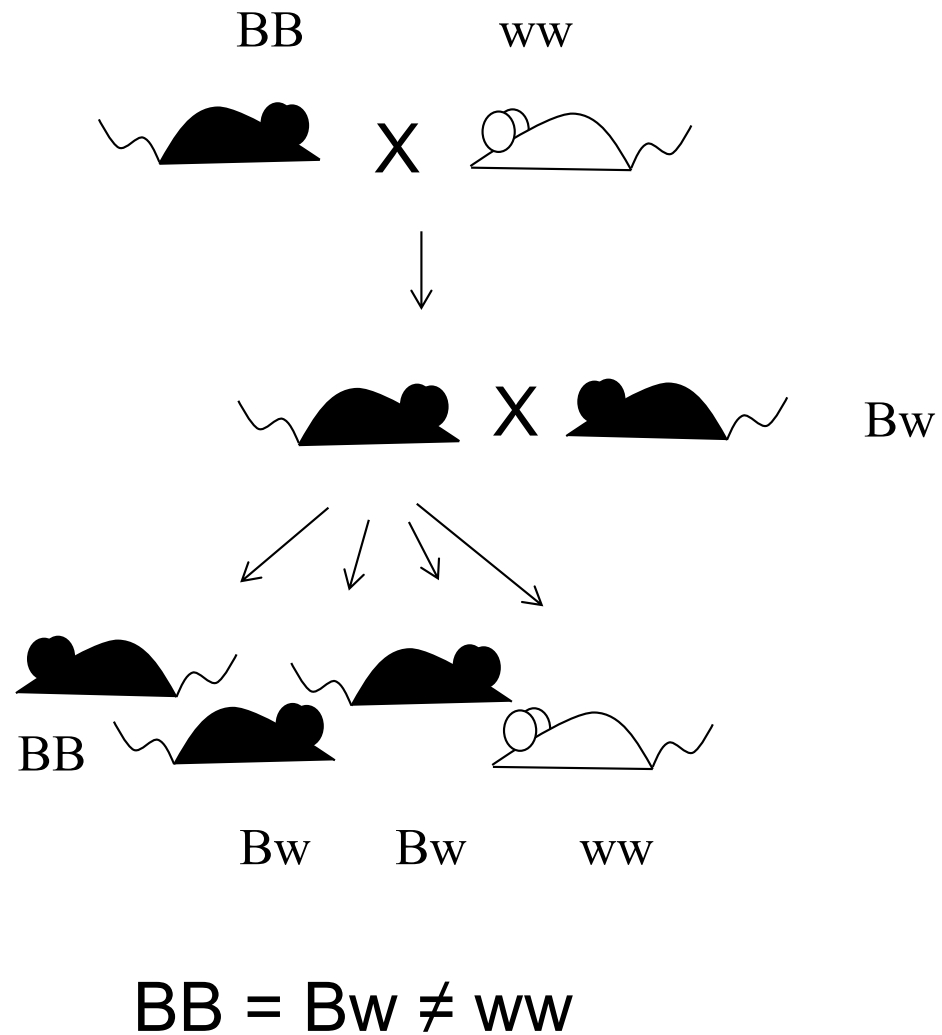
Dominant



Semi-dominant

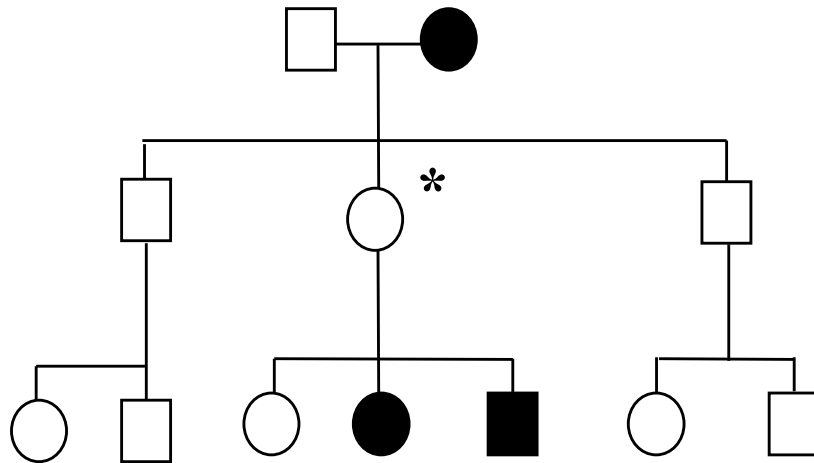


Dominant



Clinical variability of genetic phenotypes

- **PENETRANCE**: % of mutation carriers who express phenotype
- **EXPRESSIVITY**: clinical severity of the phenotype.



Incomplete penetrance:

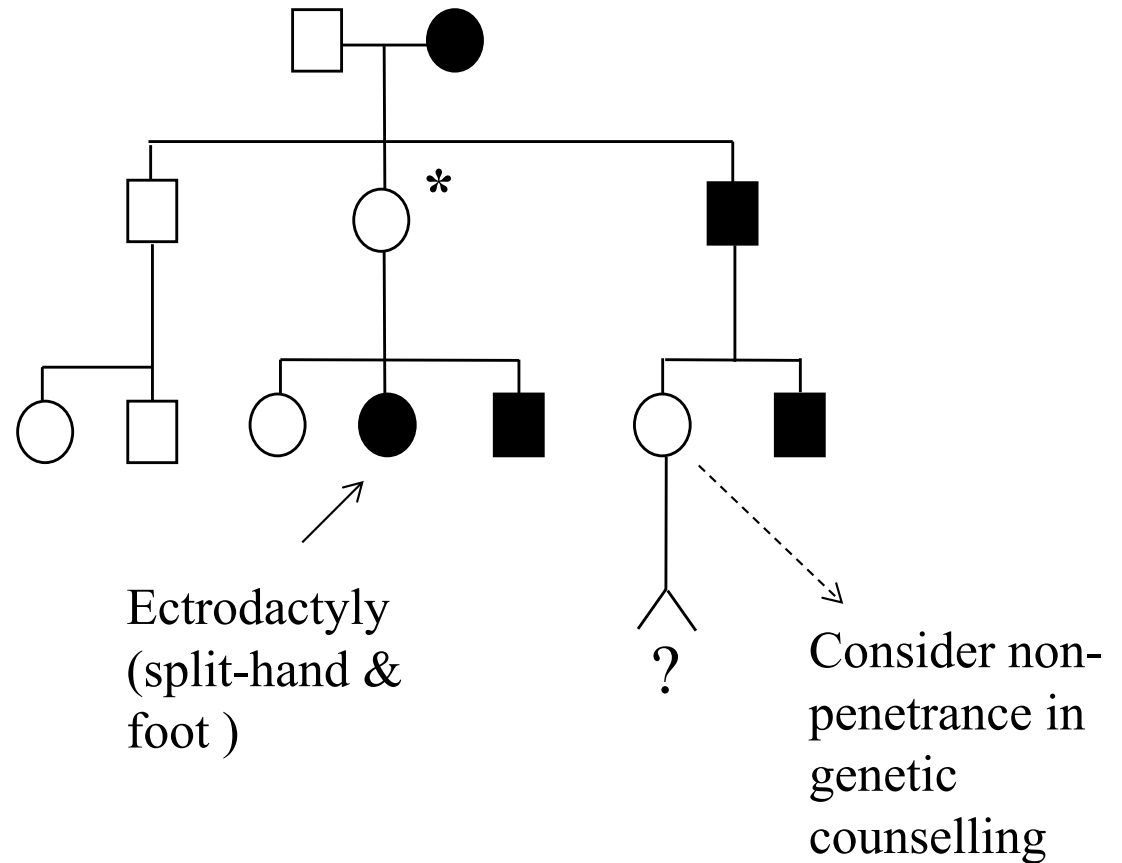
* « non-penetrant » subject :

=> Age-related penetrance

=> Sex-related penetrance

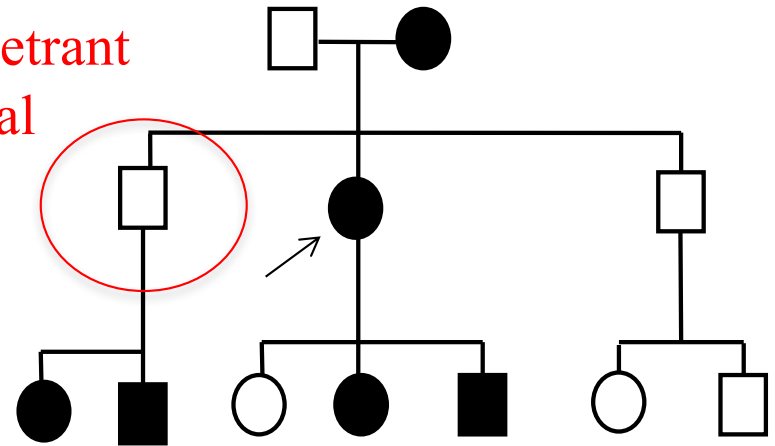
Incomplete penetrance

PENETRANCE: % of mutation carriers who express phenotype



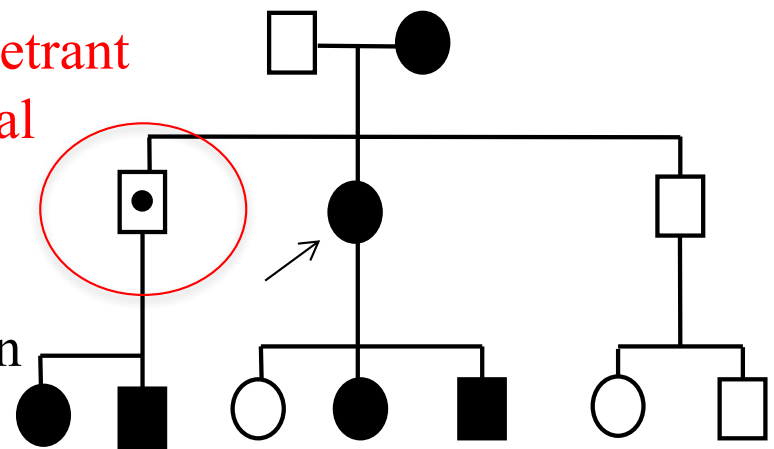
Incomplete penetrance

Non penetrant individual



Non penetrant individual

Dot in symbol = carrier of dominant mutation



Age-related penetrance

MEN2

- Medullary Thyroid Carcin
Pheochromocytoma
hyperPTH
- Some have MTC < 15 yrs
- 30% have no sign at 70 yrs

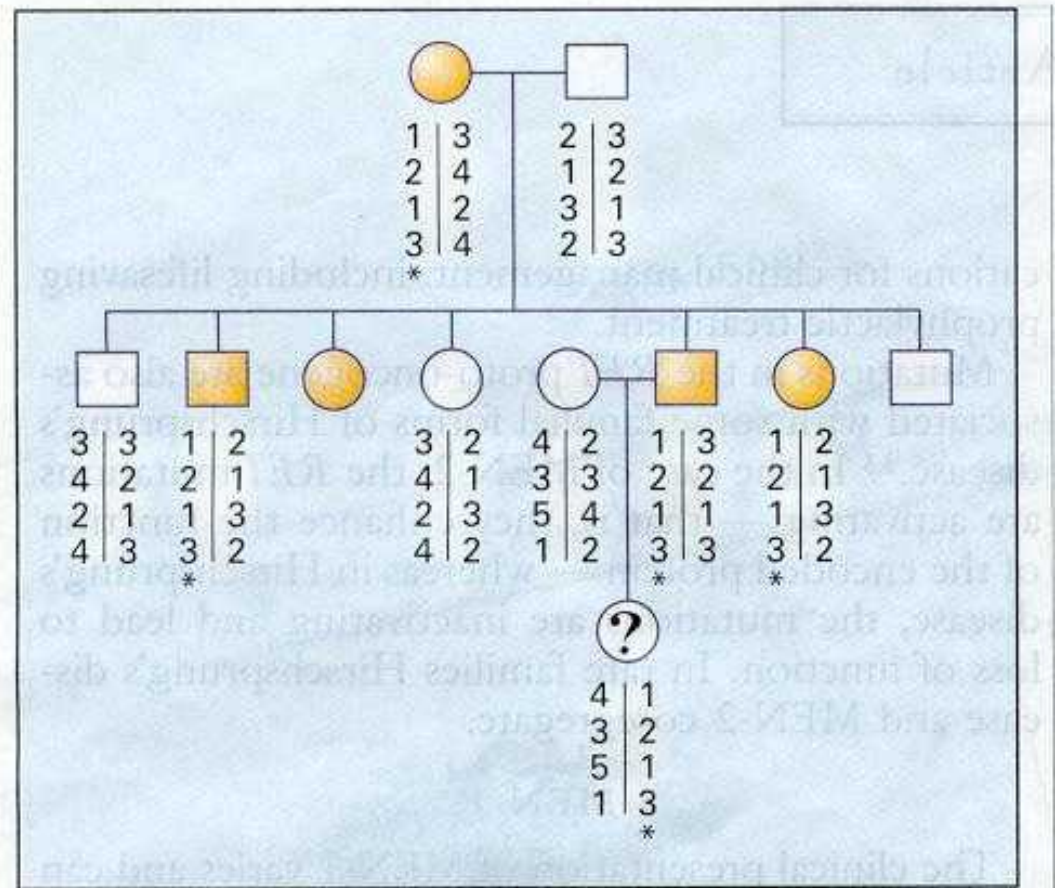
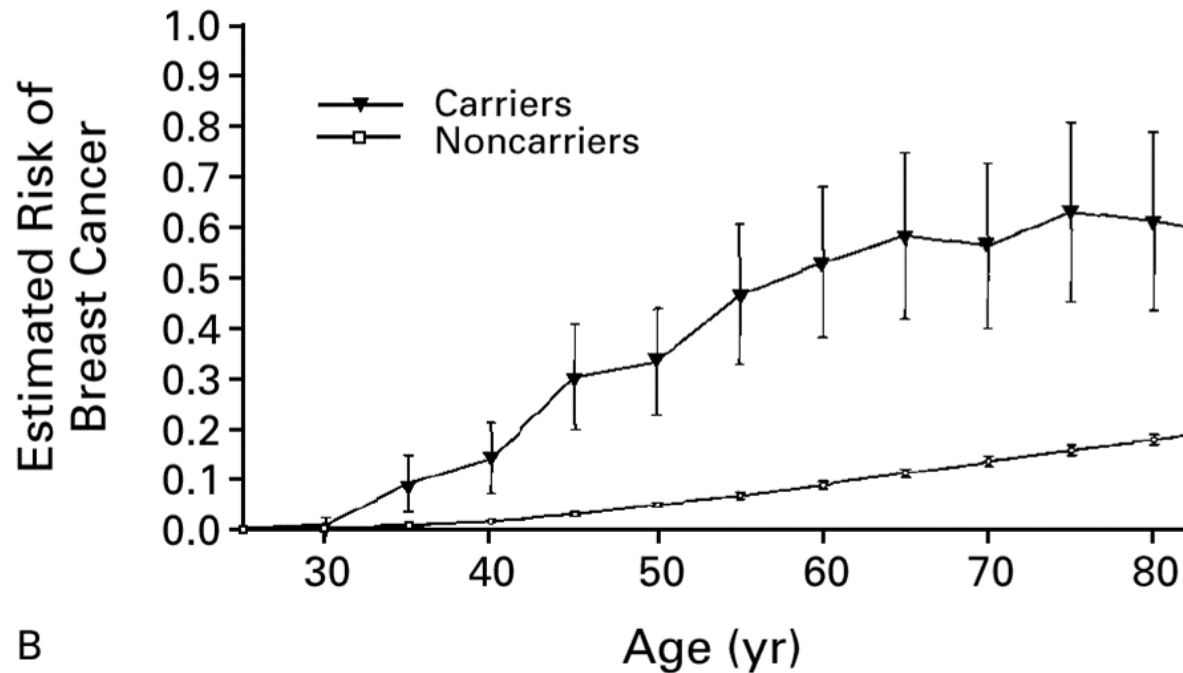


Figure 1. Pedigree of a Family with MEN.

Eng 1996

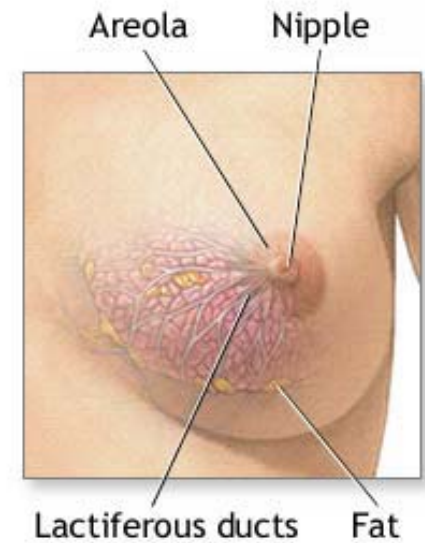
Sex- and age- related penetrance

Penetrance, BRCA1 – linked breast cancer



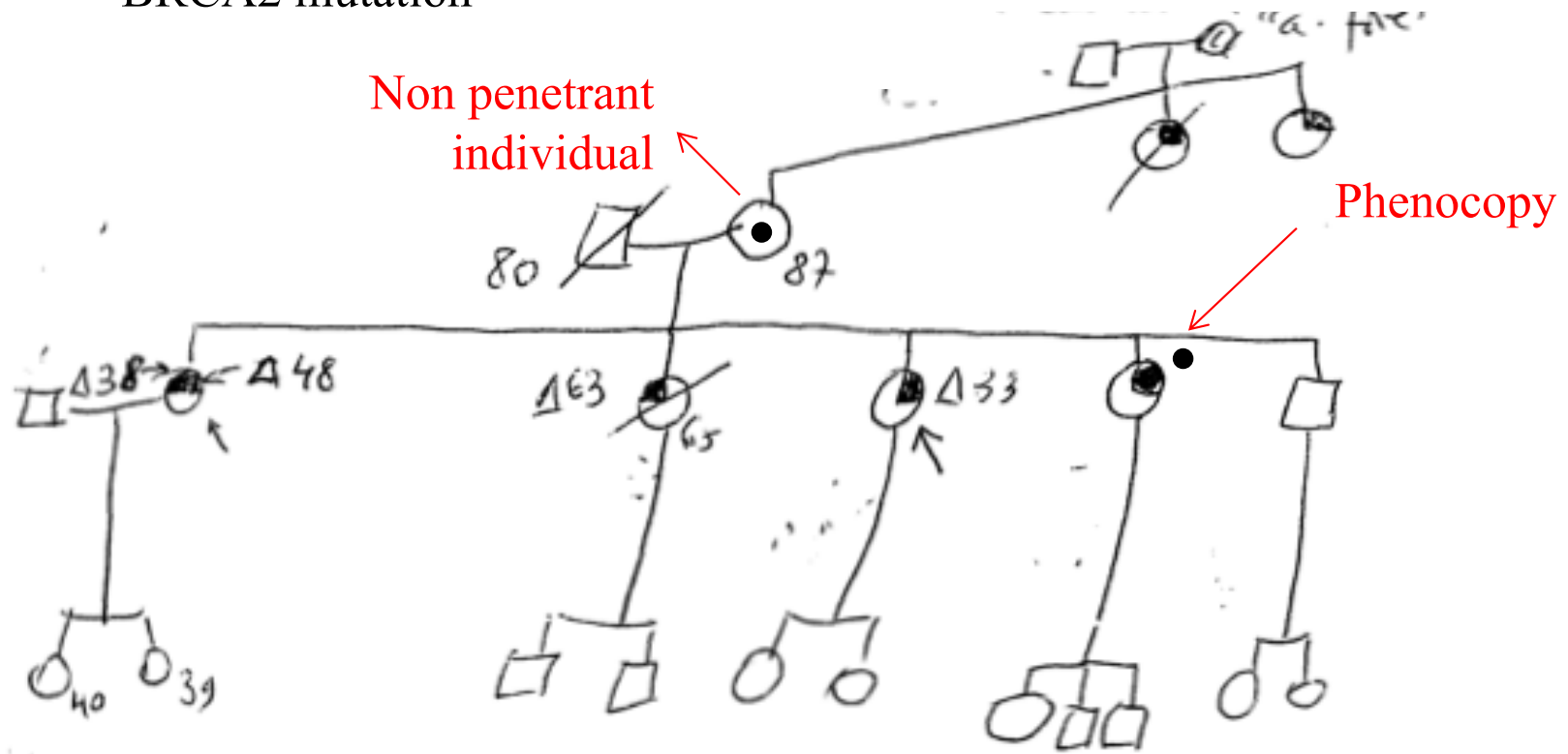
B

Struewing et al. 1997, NEJM 336: 1401-8.



Incomplete penetrance

BRCA2 mutation



Male-limited precocious puberty is a sex-limited AD dis. expressed only in males

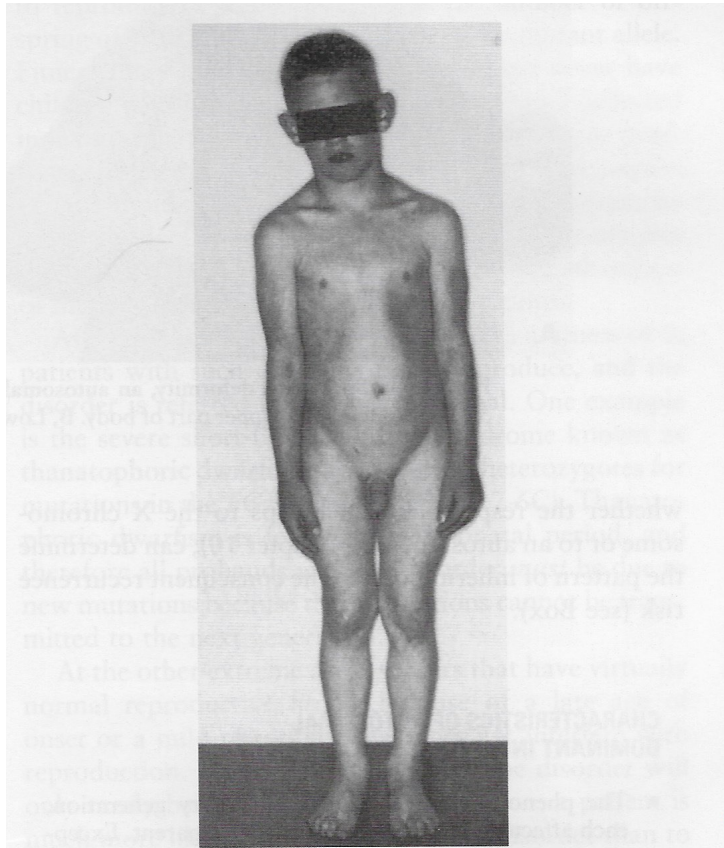


Figure 7-7 Male-limited precocious puberty, a sex-limited autosomal dominant disorder expressed exclusively in males. This child, at 4.75 years, is 120 cm in height (above the 97th percentile for his age). Note the muscle bulk and precocious development of the external genitalia. Epiphyseal fusion occurs at an early age, and affected persons are relatively short as adults.

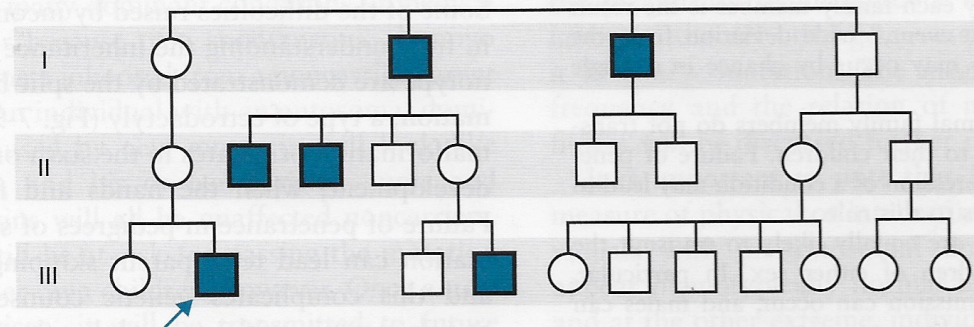
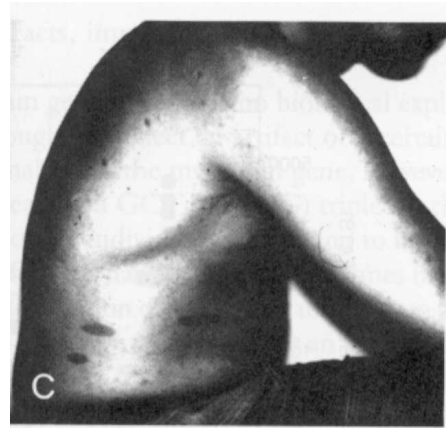


Figure 7-8 Part of a large pedigree of male-limited precocious puberty in the family of the child shown in Figure 7-7. This autosomal dominant disorder can be transmitted by affected males or by unaffected carrier females. Male-to-male transmission shows that inheritance is autosomal, not X-linked. Transmission of the trait through carrier females shows that inheritance cannot be Y-linked. *Arrow* indicates proband.

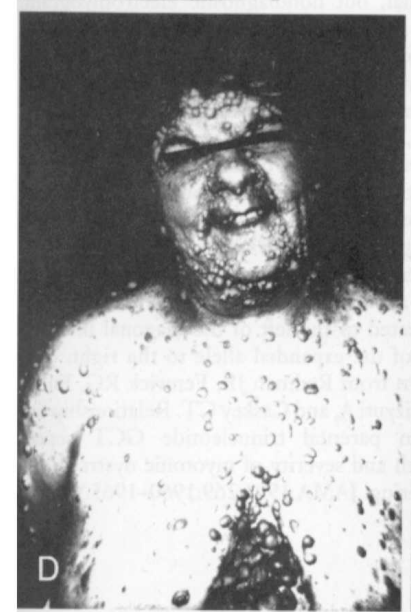
Variable expressivity

Mecanisms :

- Genetic
 - Mutated locus, 2nd allele
 - Modifier gene(s)
 - Dynamic Mutations (rare)
- Epigenetic
- Environnemental
- Stochastic

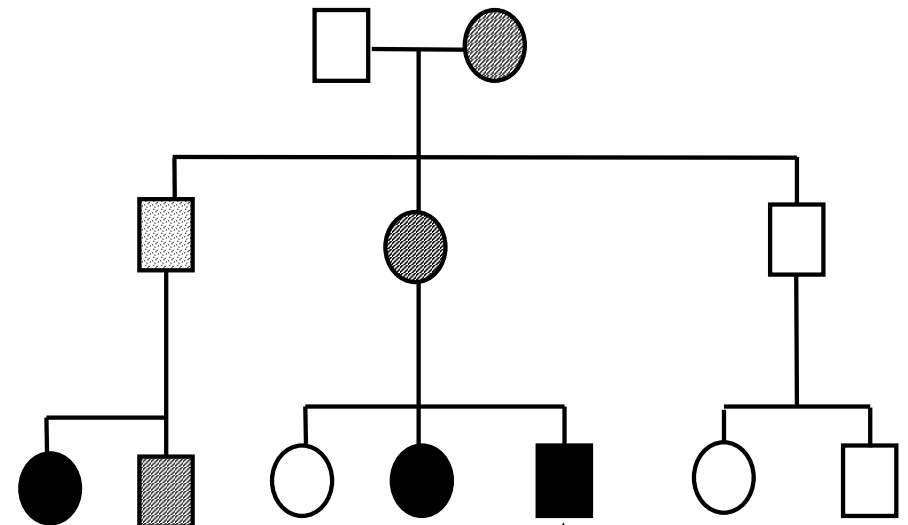


NF1



Variable expressivity, intrafamilial

- Same family, same mutation
- Hence, mere detection of mutation (eg prenatally) does not predict severity
- Especially if loss-of-fn mutation
- ex: NF1



Mild disease

Severe disease,
early onset

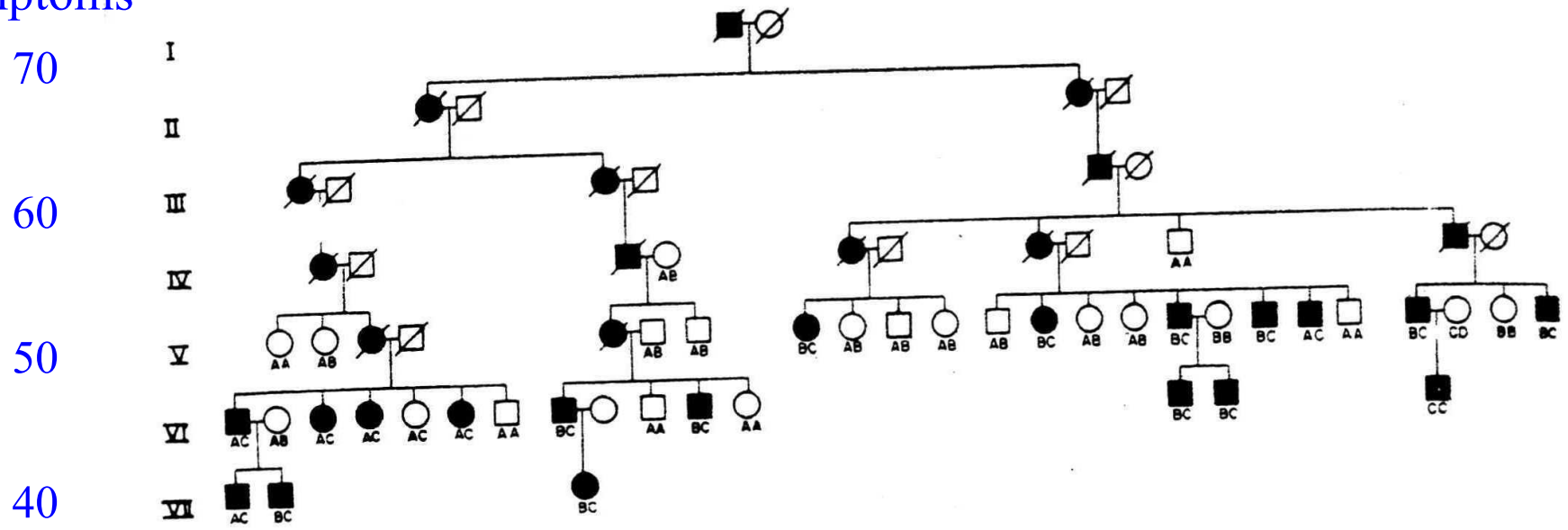
Location of spots:
truly random

Huntington : anticipation

Mean age at onset of symptoms

NATURE VOL. 306 17 NOVEMBER 1983

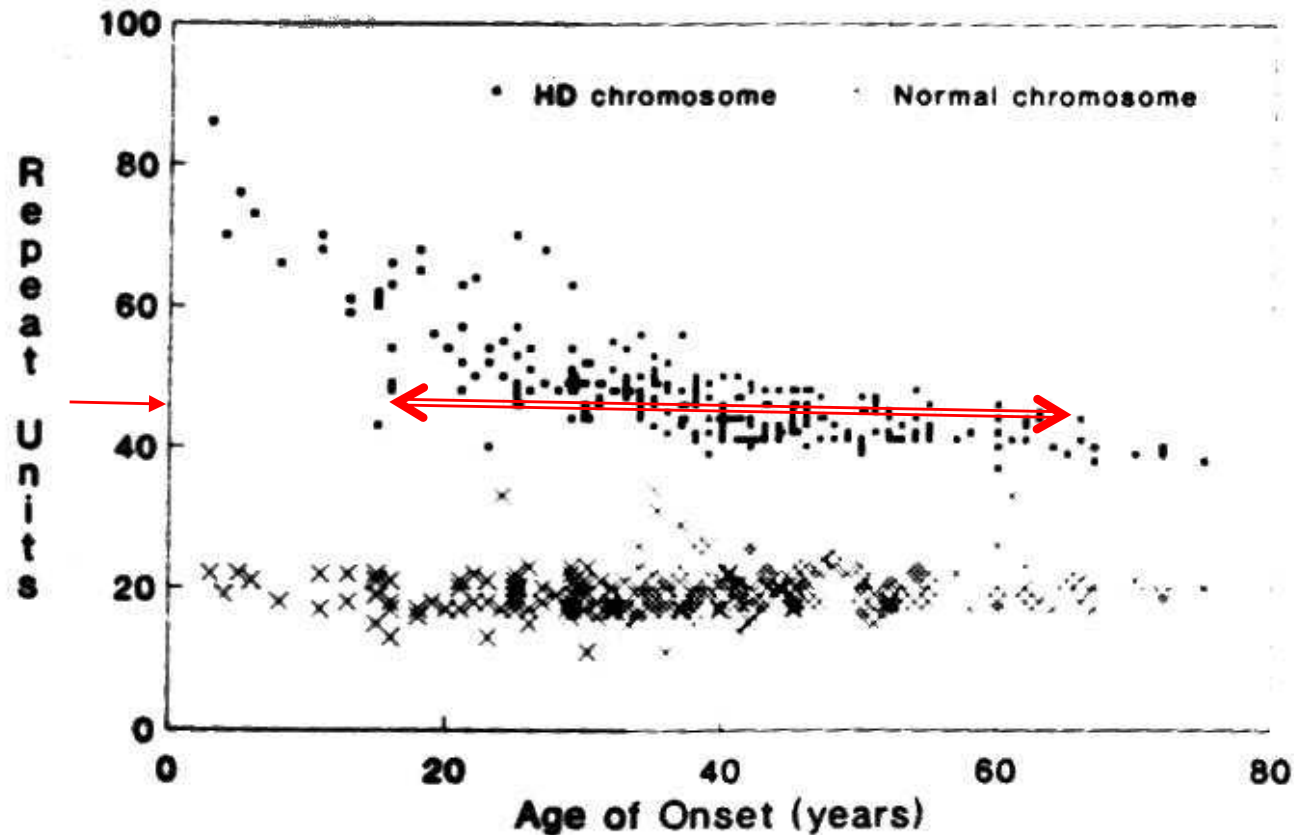
Gusella et al.



Anticipation = clinical observation (phenotype)

Molecular correlate : progressive expansion of triplets with generations

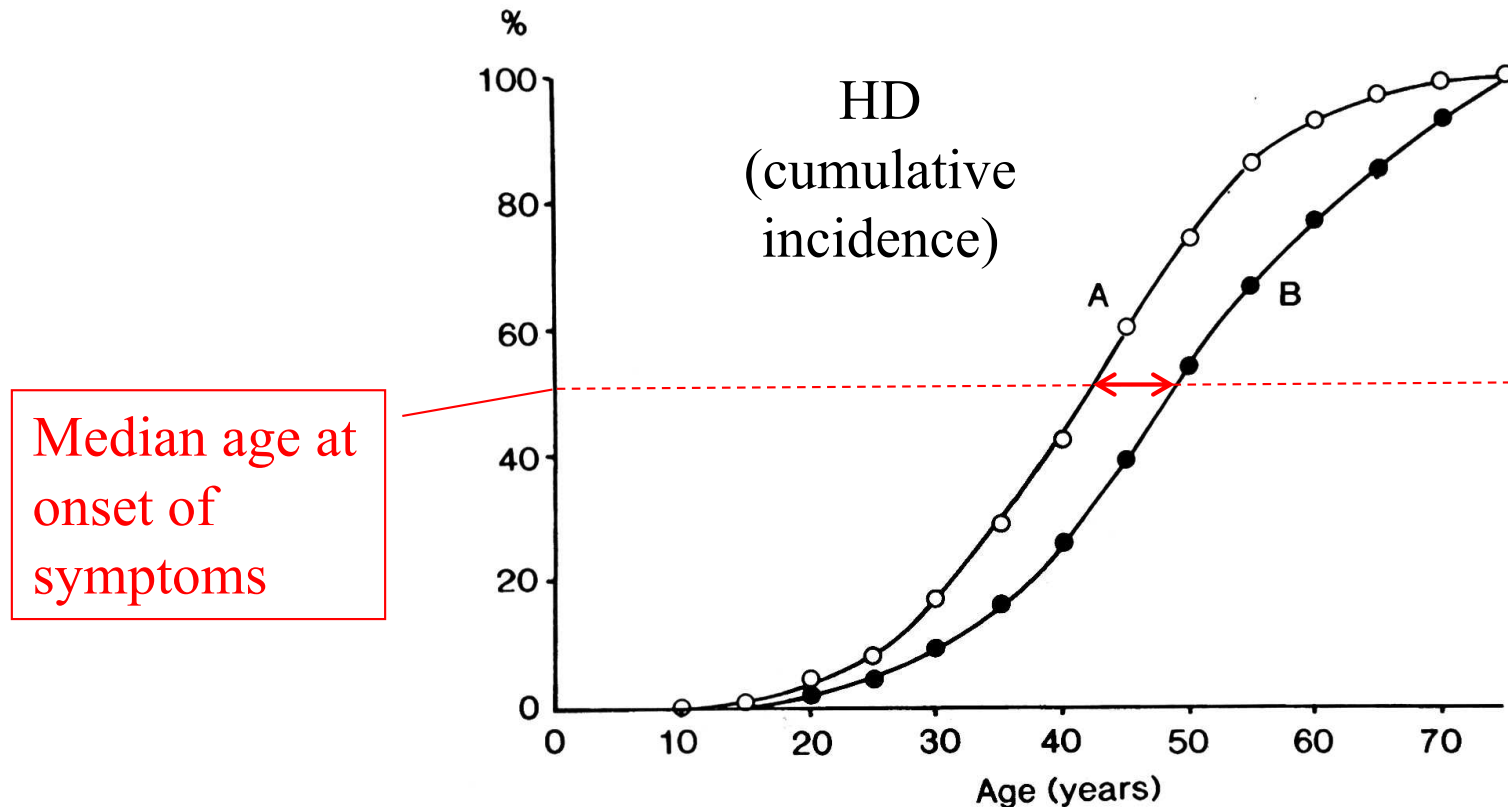
HD: dynamic mutation



- Juvenile HD alleles (>50)
- Classical HD alleles (>36)
- Low penetrance alleles
- Unstable alleles
- Normal alleles

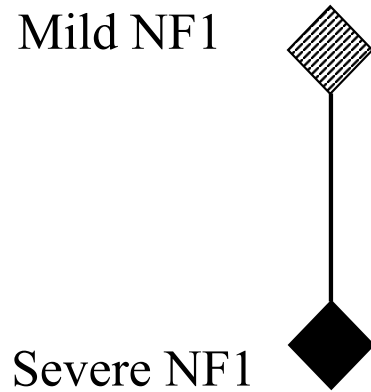
- $n \uparrow \Rightarrow \text{age at onset} \downarrow$.
- Statistical only.
No reliable individual predictions.
- Anticipation parallels $\uparrow n$ over generations.

Ascertainment bias (not linked to anticipation)

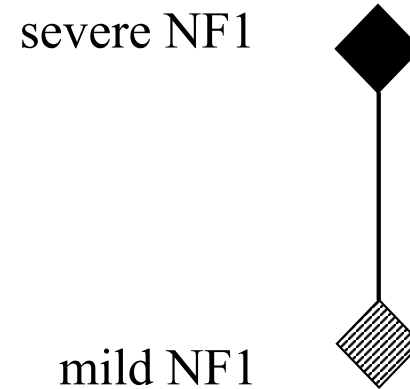


- A: retrospective: patients who consulted because of symptoms
→ biased for increased severity, earlier onset
- B: prospective: mutation carriers.
→ Includes those who would not have consulted.

Variable expressivity interpreted as anticipation



May be reported as possible anticipation



Not reported as possible anticipation

Less frequent (reduced fitness)

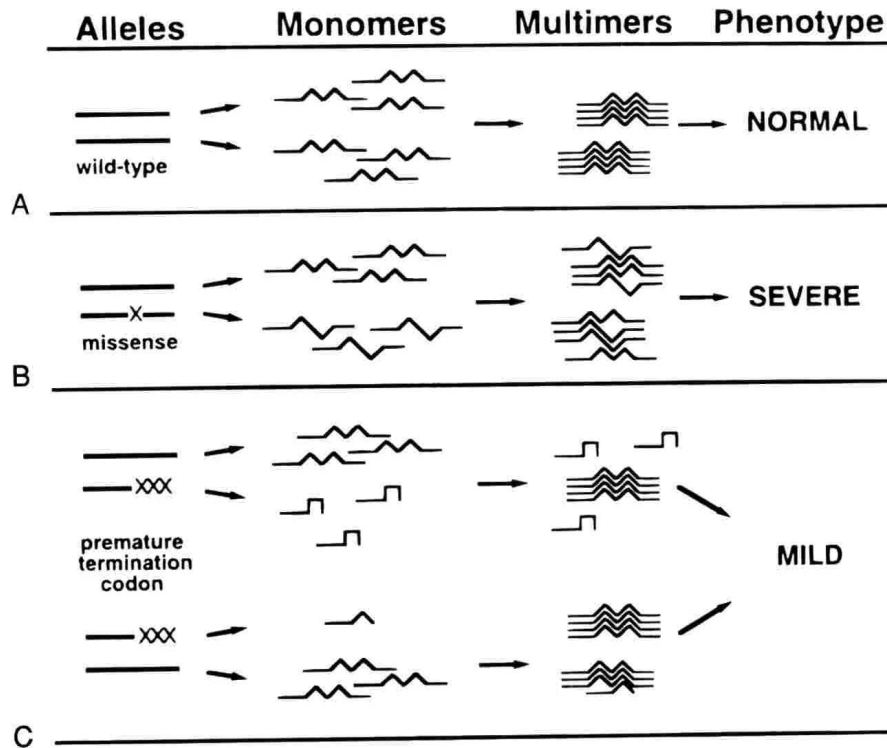
Some mechanism for dominance

Most genes have robust functional reserve:

>10% gene activity (e.g. enzymic) enough for normal fn
==> why phenotype in htz?

- Haploinsufficiency (>50% not enough) → Acute intermittent Porphyria
- Gain of toxic fn → Huntington
- Dominant negative effect (multimer) → Marfan, THR,
- Somatic mutation of 2nd allele frequent → Cancers héréditaires
- Dose effect (triplication) → Charcot Marie Tooth
- Ectopic expression → Corticoids-remediable HTN

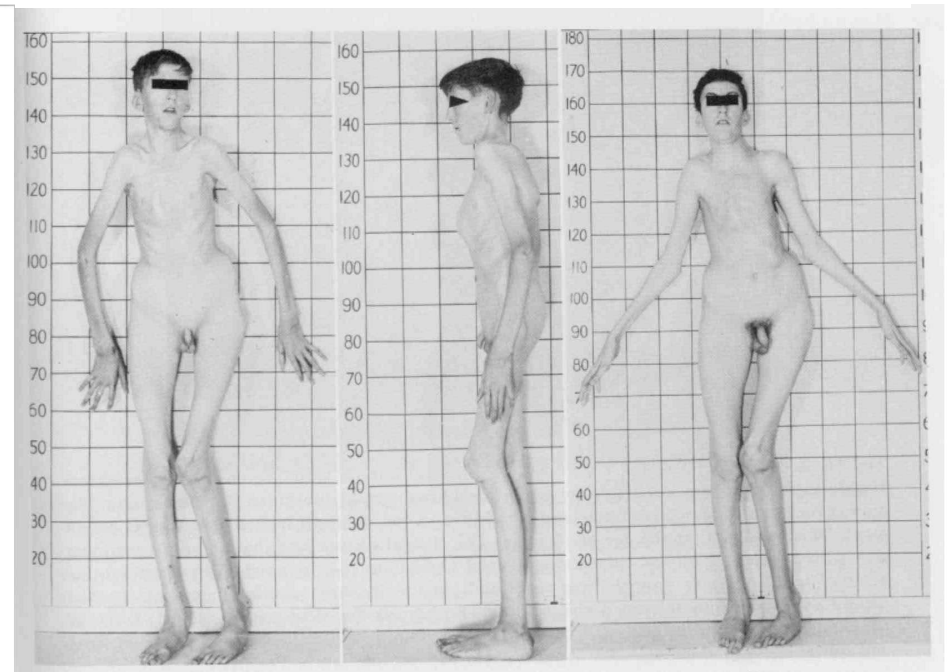
Dominant negative (antimorphic) alleles



- Mutated allele loses fn AND interferes with wt allele
- >1 subunit (dimers, multimers): 1 mutation hampers whole structure

- Usually cause more severe phenotype than null mutation
 - Osteogenesis imperfecta
 - Marfan

Marfan Syndrome (FBN1 gene)



Mutations affect Fitness

- Natural selection favours or hampers chances to transmit gene
 - Survival, up to reproducing age
 - Find a mate (sexual selection)
 - Be fertile
 - Raise children to reach reproducing age
 - ...
- Positive selection (adaptive change)
- Negative selection (purifying selection)
 - **Fitness** = (# offspring) / (mean # offspring in population)

ex: $f = .95$

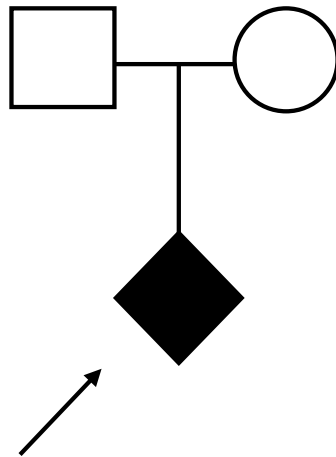
after 10 generations: $.95^{10} = .60$

after 20 generations: $.95^{20} = .36$

after 100 generations: $.95^{100} = .0060$

New mutations (fresh mut, neomutations)

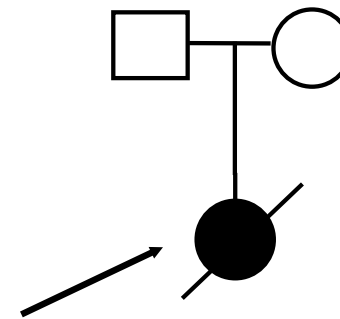
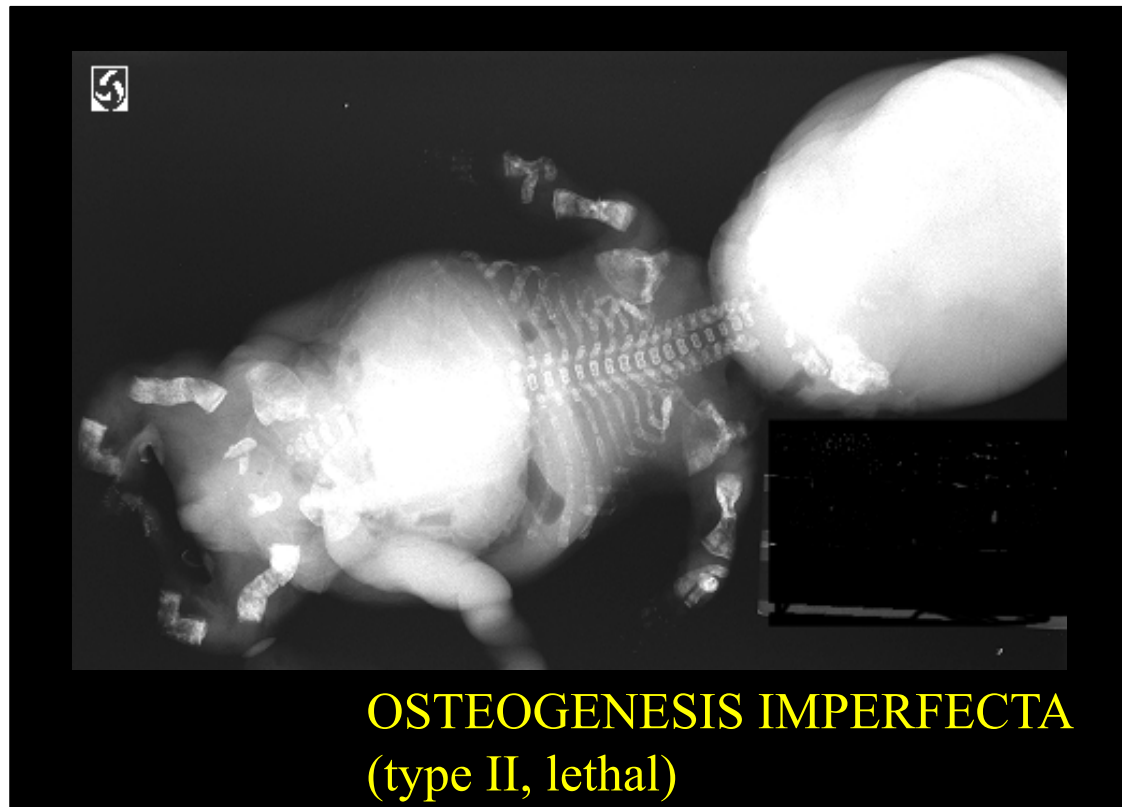
- Sporadic. No ethnic preponderance
- Cause a fraction of AD cases, disease-specific
- Fraction reflect effect of disease on *fitness* (f)
 $f = (\text{No offspring of individual}) / (\text{mean No offspring in population})$



<i>disease</i>	<i>% neomutations</i>
<i>Huntington Chorea</i>	<i>< 1%</i>
<i>Fam Adenom Polyposis</i>	<i>10-25%</i>
<i>Polykystosis</i>	<i>25%</i>
<i>NF1</i>	<i>50%</i>
<i>Tuberous sclerosis</i>	<i>80%</i>
<i>Achondroplasia</i>	<i>90%</i>
<i>Lethal OI</i>	<i>~100%</i>

New mutation lethal OI

- Procollagen gene, hts mutation, lethal phenotype (fitness = 0)
- New mutations only

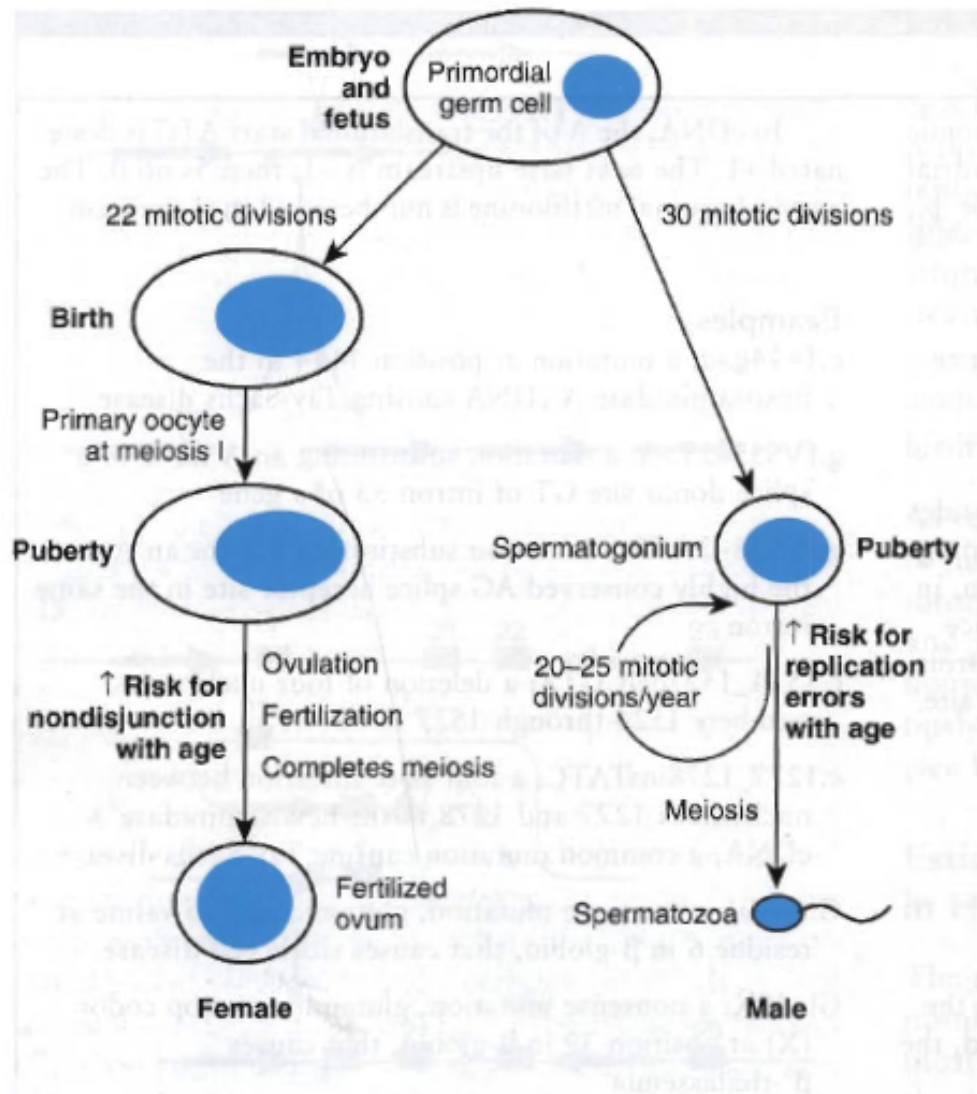


Achondroplasia



- FGFR3 gene
- Neomutations
=> **no LD** with
close markers in
different subjects

New mutations are more frequent in male germ-line + paternal age effect



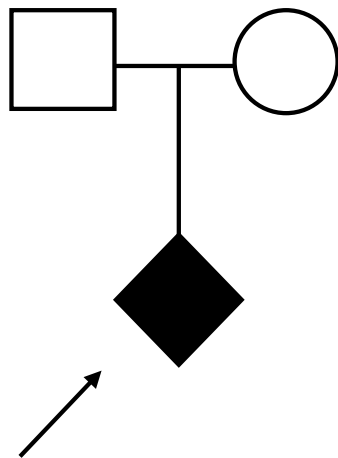
DNA replication:
mutation rate 10^{-10}
 2×3.10^9 bp/cell
 10^{11} cells

This is true for point mutations

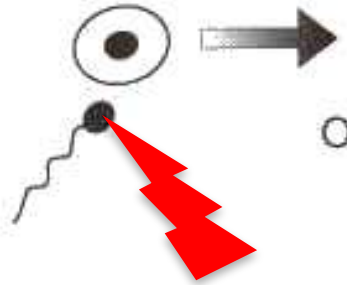
Large deletions are more frequent in female transmission

New mutations in AD disease

- f = fitness
 μ = mutation rate / generation
 q = allele frequency
- $\mu = (1-f)q$
 $f = 0 \rightarrow q = \mu$



Neomutation in germline

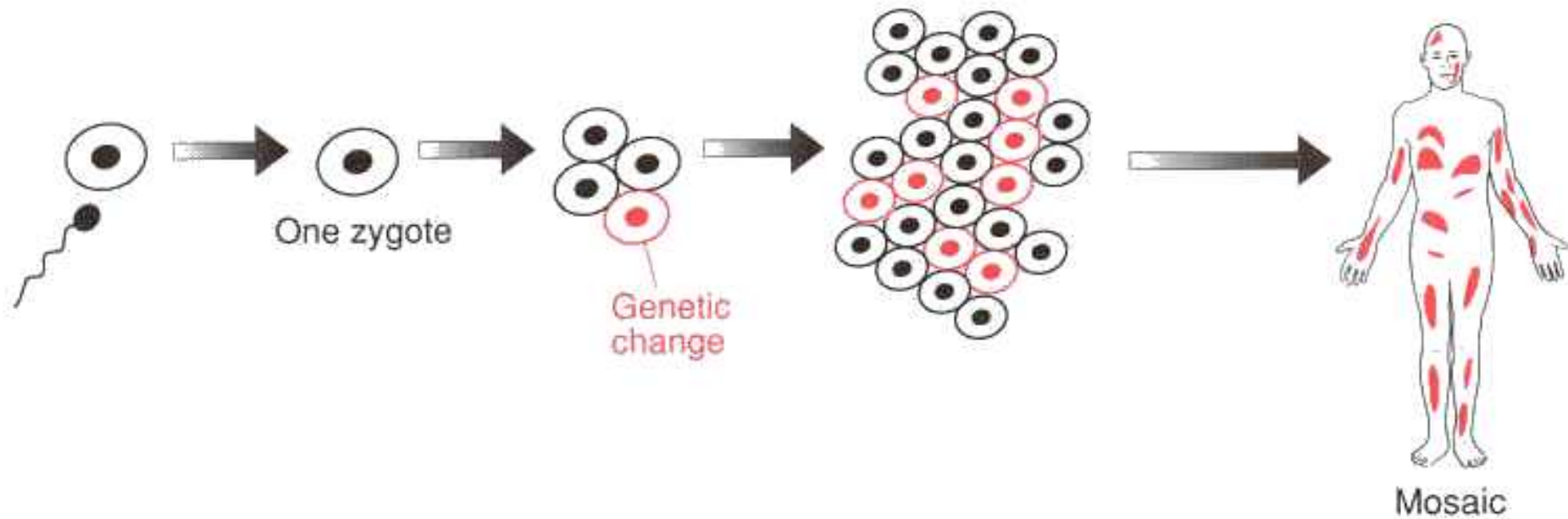


- Affects one allele
- In one gamete
- heterozygous
- May be lethal in utero
- Or asymptomatic
- Or in between: phenotype in heterozygous carrier subject

Typically

- 30-60 new point mut in newborn
- Of which 1 is in coding sequence

Mosaic



Neomutation in one postmitotic cell during development

Heterozygous

Phenotype if mutation produces dominant effect in mutated cells

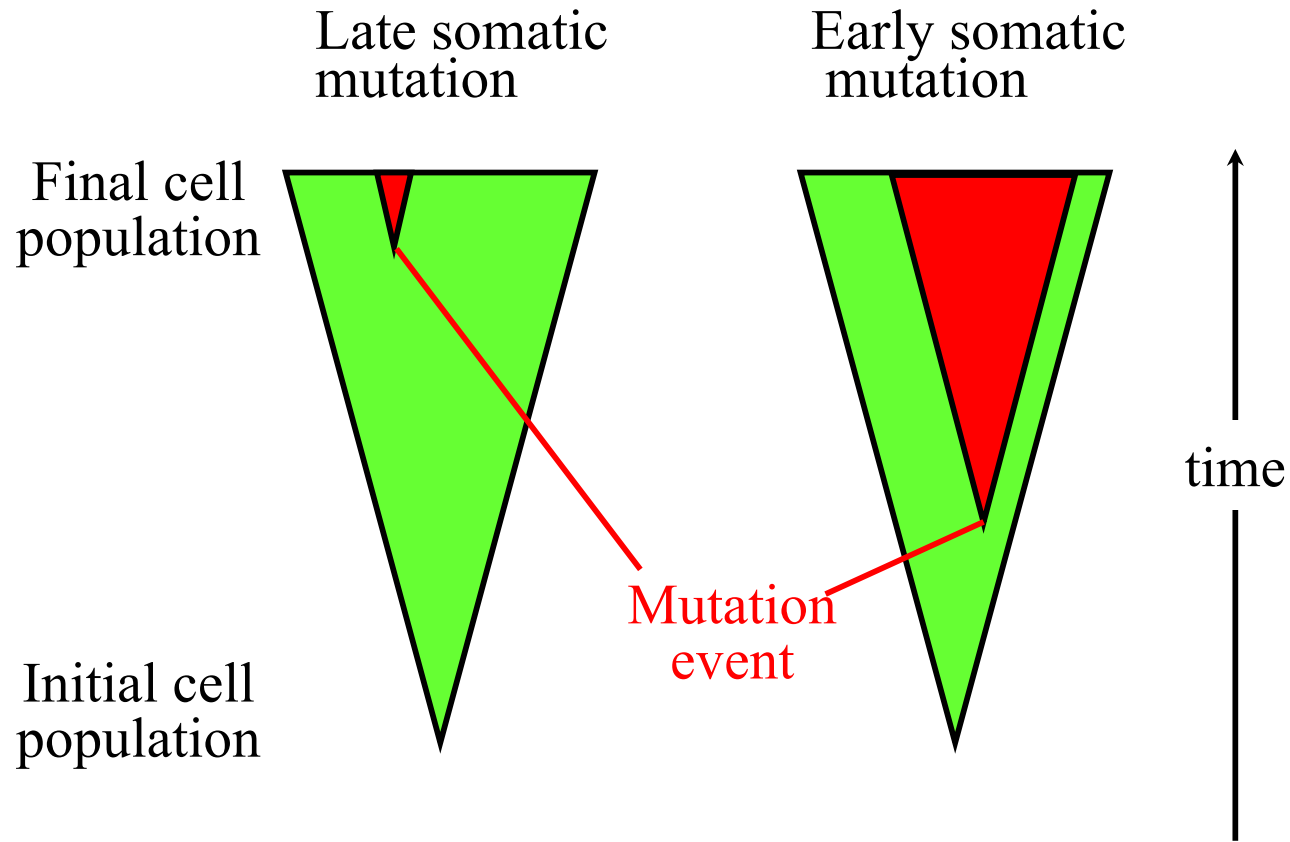
Somatic mosaic: segmental NF1



FC Victor Dermatology Online Journal 11 (4): 20

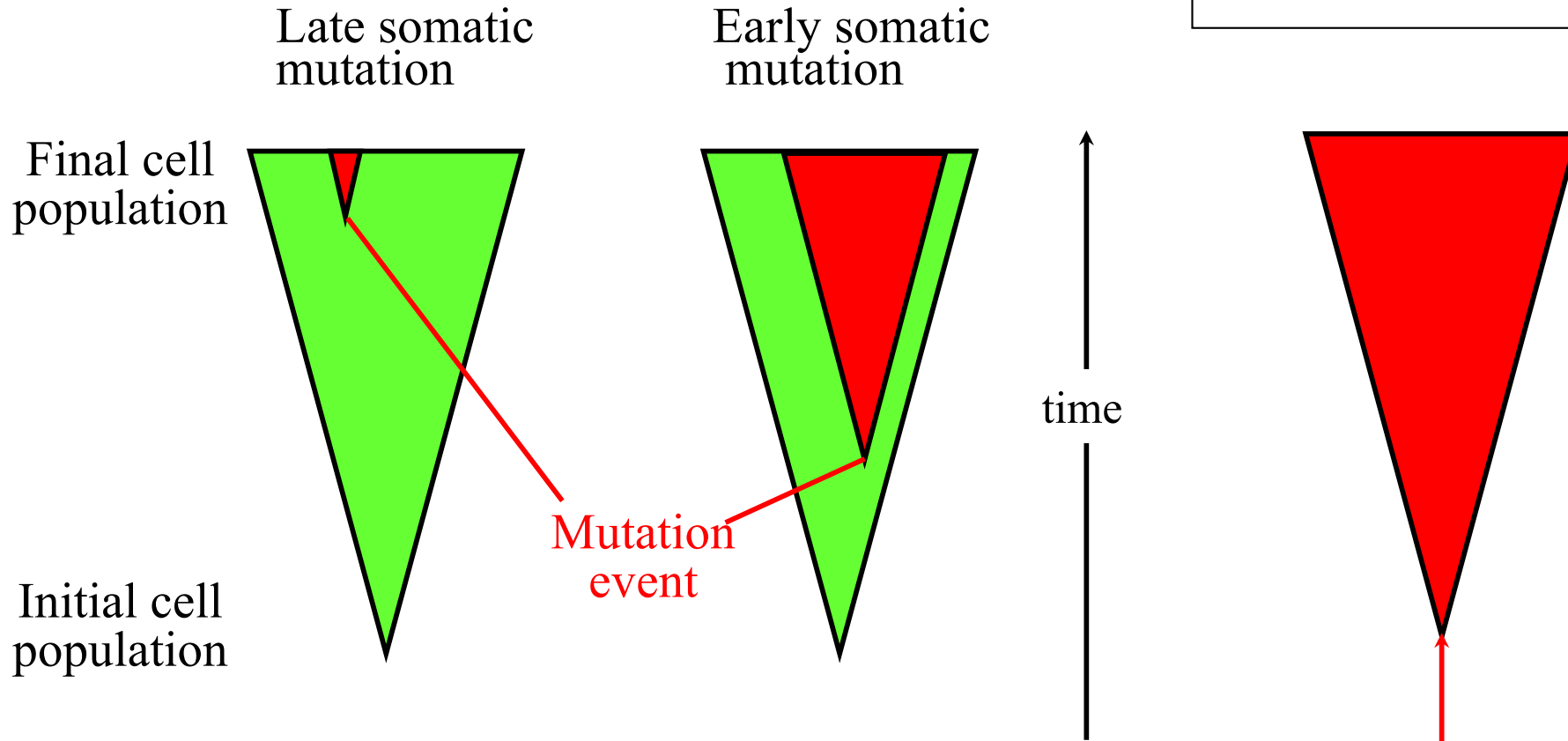
NF1 gene mutation, in population of patient's cells
Sporadic

Somatic mutation in embryo => Mosaic



Somatic mutation in embryo => Mosaic

mutation in germline



Phenotypic effect if dominant in mutated cell

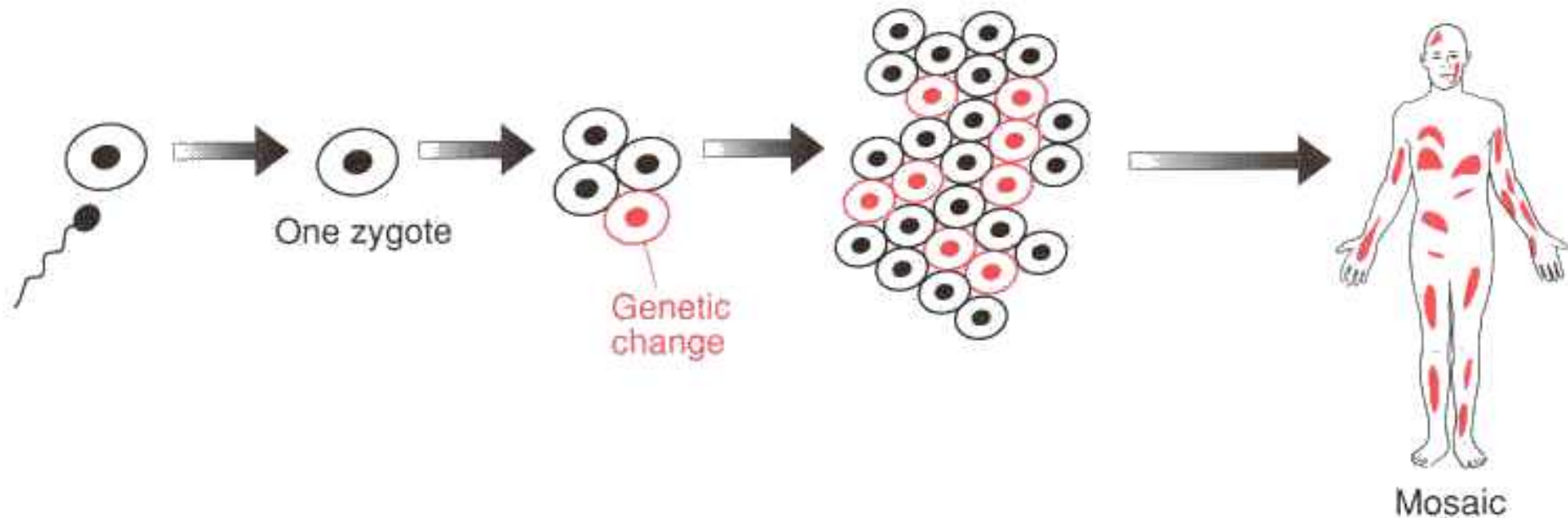
Visible example: naevi

Proportion of mutated allele in blood: 0 – 50%

Mutation event

50%

Mosaic



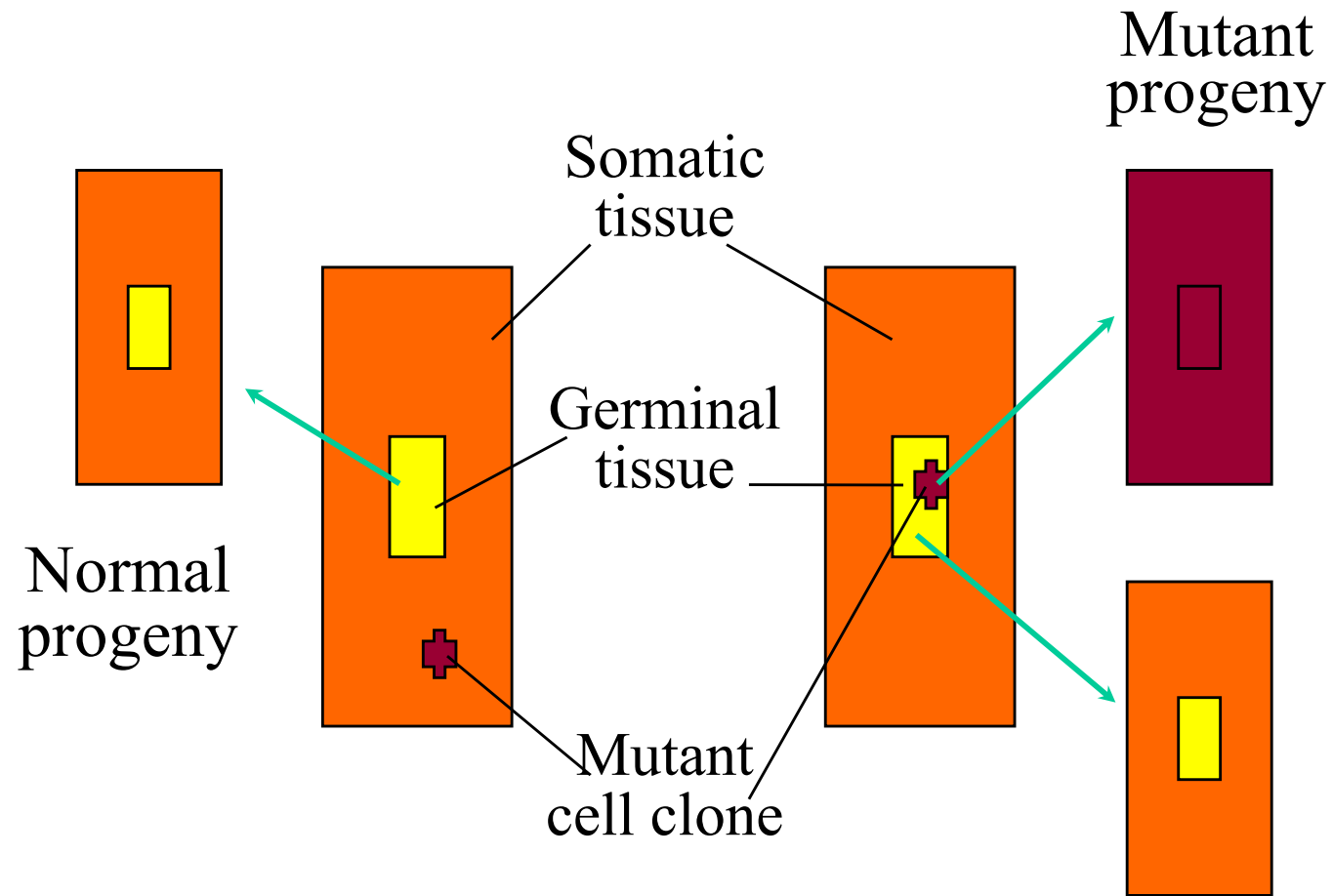
Neomutation in one postmitotic cell during development

Heterozygous

Phenotype if mutation produces dominant effect in mutated cells

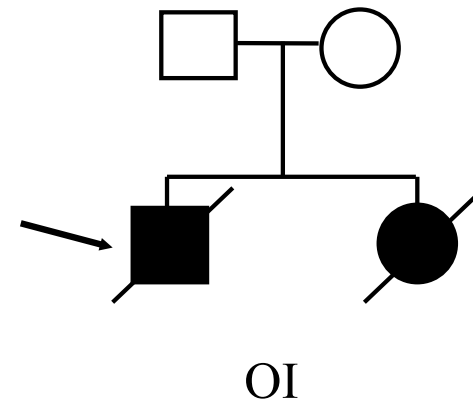
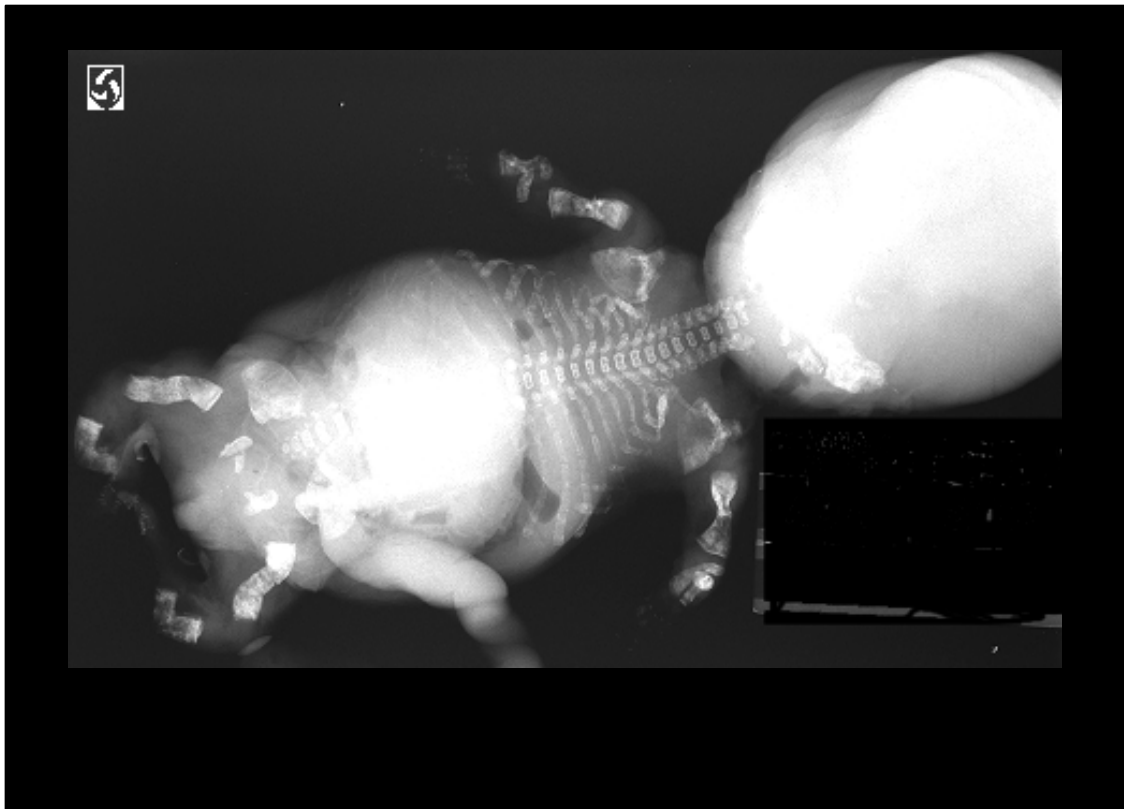
Proportion of mutation in individual = 0 – 50%

Somatic and/or **germ-line mosaic**



Germ-line mosaic in lethal OI

- Procollagen gene, hts mutation, lethal phenotype (fitness = 0)
- New mutations only
- 2 affected children here because germ-line mosaic in father (no mutation in bone cells)



Germ-line mosaics

THOMPSON & THOMPSON GENETICS IN MEDICINE

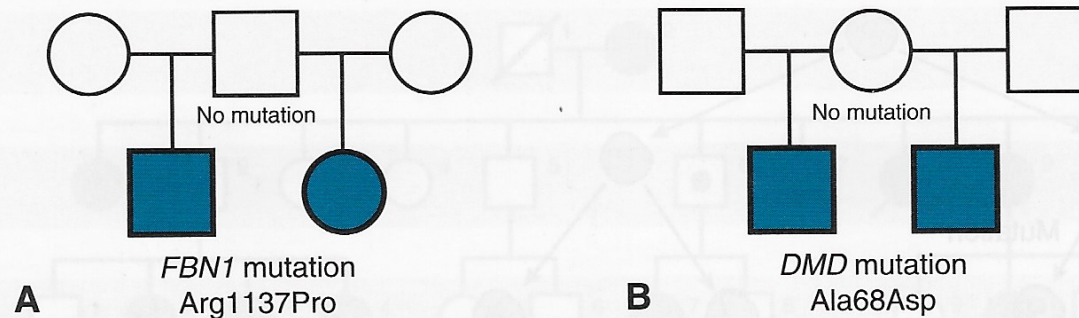


Figure 7-18 Pedigrees demonstrating two affected siblings with the autosomal dominant disorder Marfan syndrome (Family A) and the X-linked condition Becker muscular dystrophy (Family B). In Family A, the affected children have the same point mutation inherited from their father, who is unaffected and does not carry the mutation in DNA from examined somatic tissues. He must have been a mosaic for the *FBN1* mutation in his germline. In Family B, the affected children have the same point mutation inherited from their mother who is unaffected and does not carry the mutation in DNA from examined somatic tissues. She must have been a mosaic for the *DMD* mutation in her germline.

Parent-of-origin effect

See part about Genomic Imprinting

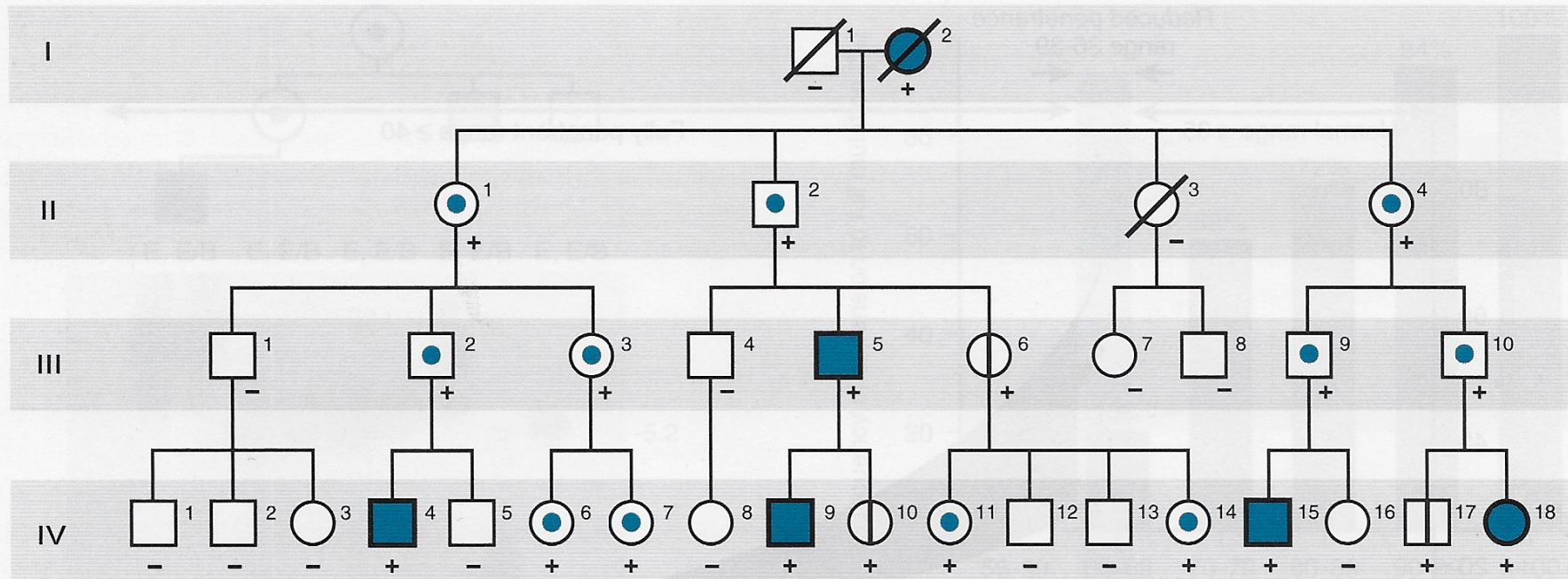


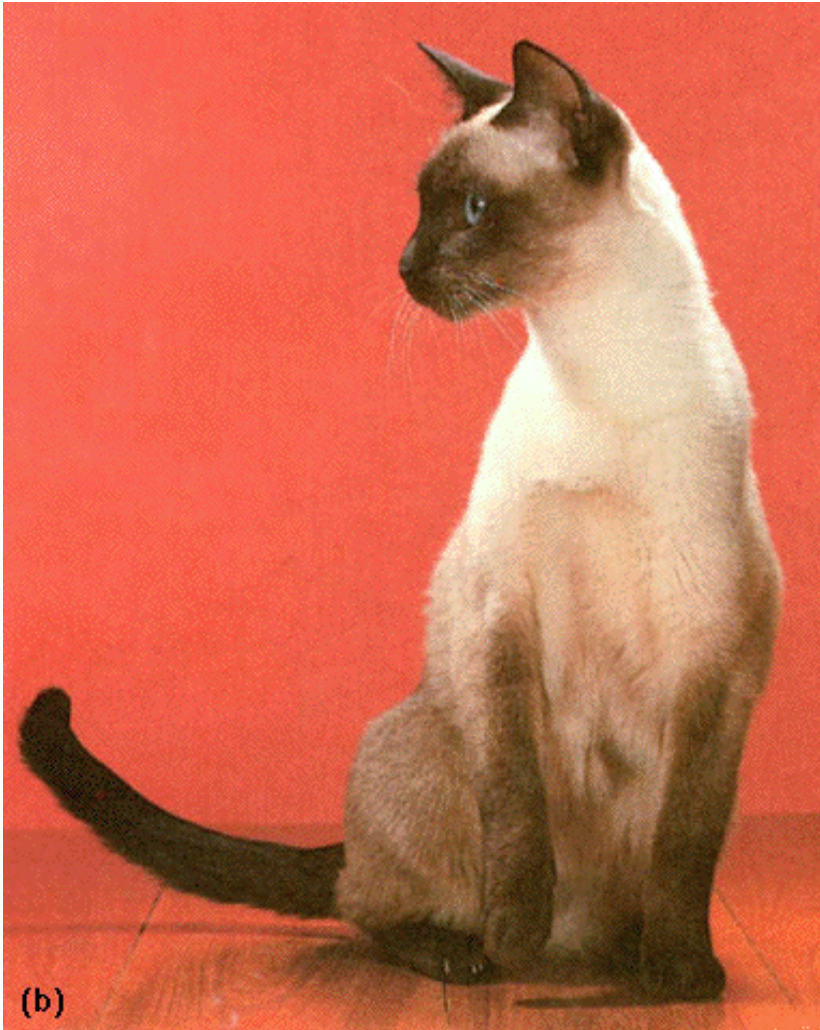
Figure 7-19 Pedigree of a family with paraganglioma syndrome 1 caused by a mutation in the *SDHD* gene. Individuals II-1, II-2, II-4, III-2, III-3, III-9, III-10, IV-6, IV-7, IV-11, and IV-14 each inherited the mutation from their mothers but are unaffected. However, when the males in this group pass on the mutation, those children can be affected. In addition to the imprinting, the family also demonstrates the effect of reduced and age-dependent penetrance in the children (III-6, IV-10, IV-17) of heterozygous fathers. The + and - symbols refer to the presence or absence of the *SDHD* mutation in this family.

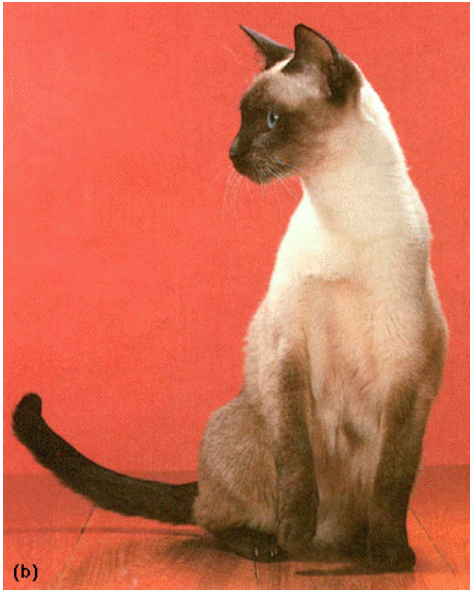
Gene interactions

- Siamese cat
Himalayan mouse
Himalayan rabbit

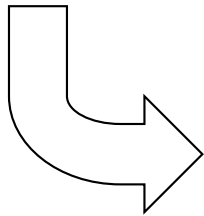
t° -sensitive allele in C gene of colour deposition. Recessive. C^h/C^h prevents colour deposition in warmer parts of the body

- Albino cat: No pigment produced (tyrosinase -/-)

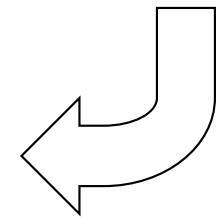




EPISTASIS
epistatic gene (Albino)
masks the effect of
another gene (Siamese)



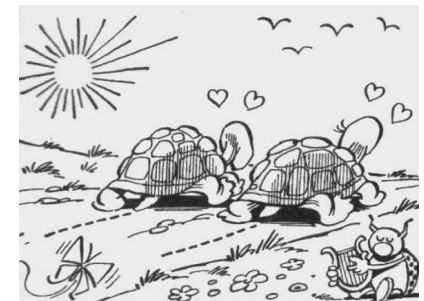
Siamese albino



Non-Siamese albino

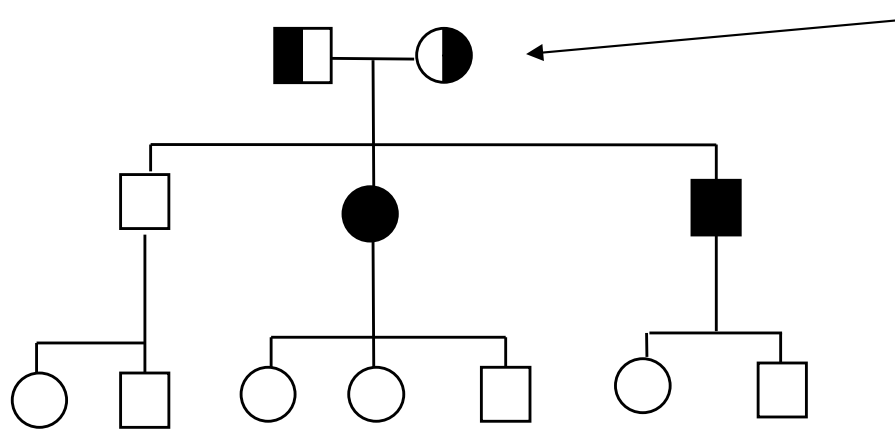
Patterns of single-gene inheritance

AUTOSOMAL RECESSIVE



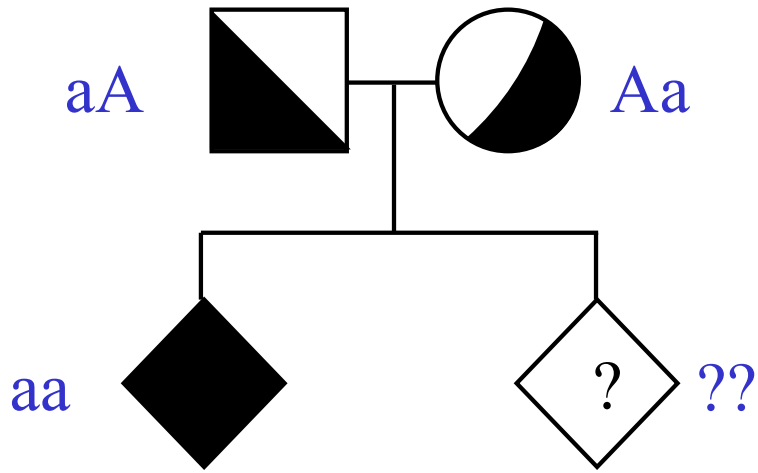
AR phenotype: horizontal transmission

Genotype: bi-allelic mutations, one gene, autosome



- Heterozygote, healthy carrier
- We all are healthy carriers of hts mutation which, when hms, cause severe disease
 - ~1 mutation compatible with post-natal life
 - 2-3 mutations causing miscarriage / non-implantation (?)

Krabbe disease (AR)



Affected child



New pregnancy risk = 25 %



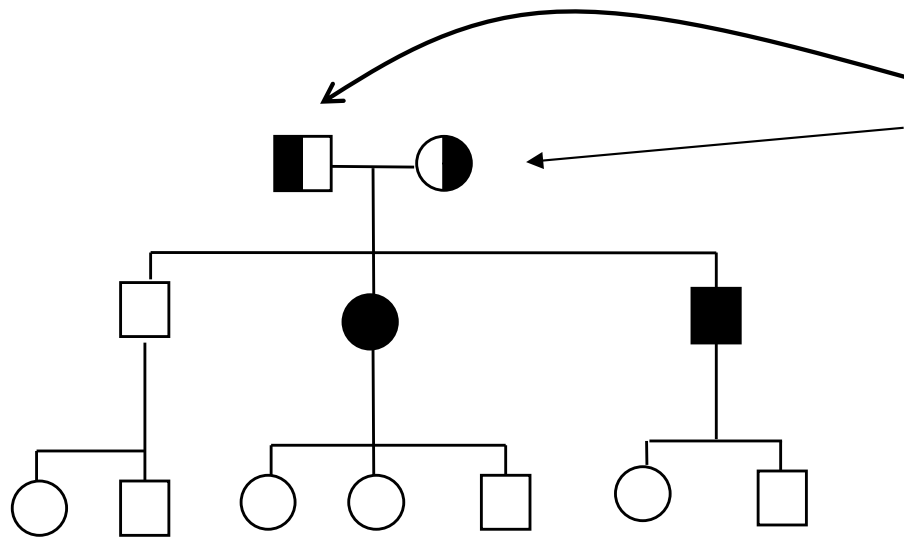
PUNNETT'S SQUARE

		Male gametes	
		A	a
Female gametes	A	AA	Aa
	a	aA	aa

→ Prenatal diagnosis (CVS, 10 wks.)

AR phenotype: **bi-allelic** mutations,

loss of function

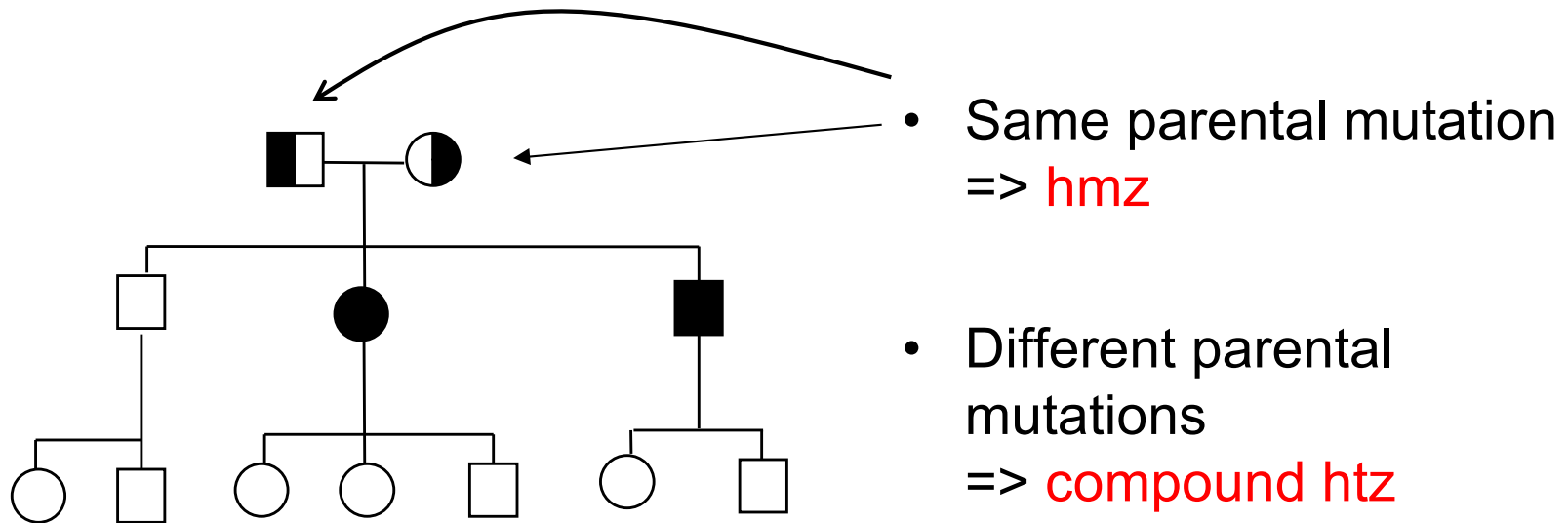


- Same parental mutation
=> **hmz**

- Different parental mutations
=> **compound htz**

AR phenotype: **bi-allelic** mutations,

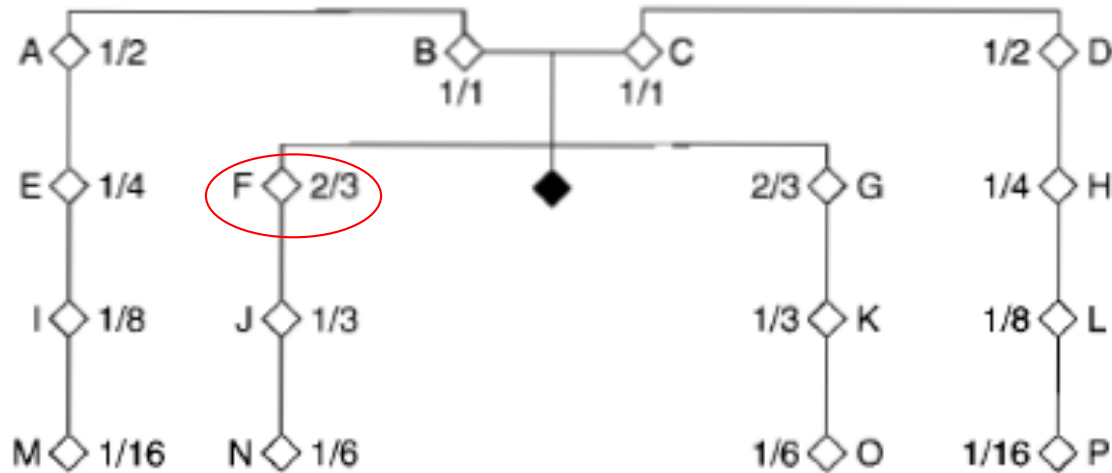
loss of function



Loss of function: variable

- Complete (severe mutation)
- Partial (mild mutation)
- Minimal (minor mutation, polymorphism)

Probability of being a carrier, AR disease



Male gametes

		A	a
Female gametes	A	AA	Aa
	a	aA	

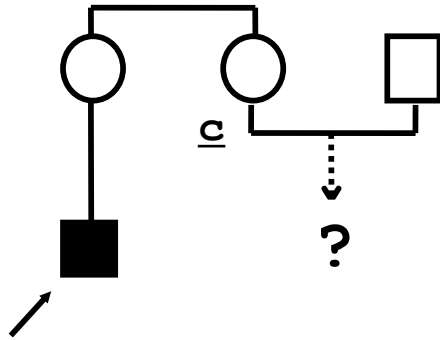
Cystic Fibrosis, CF



- Syndrome :
 - COPD
 - Pancreatic insufficiency
 - Na et Cl elevated in sweat
- Vas deferens agenesis (CBAVD)
- No MR

- 1/2500 children affected at birth
1/25 healthy carriers

Genetic counselling in CF



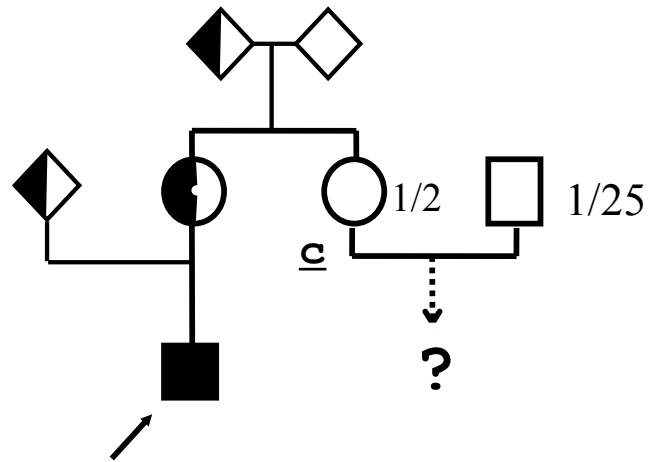
Cystic Fibrosis (Northern EU) $1/2500$

– Carriers in general population ($1/25$)

– Risk = $1/2 \times 1/25 \times 1/4 = 1/200$

.

Genetic counselling in CF



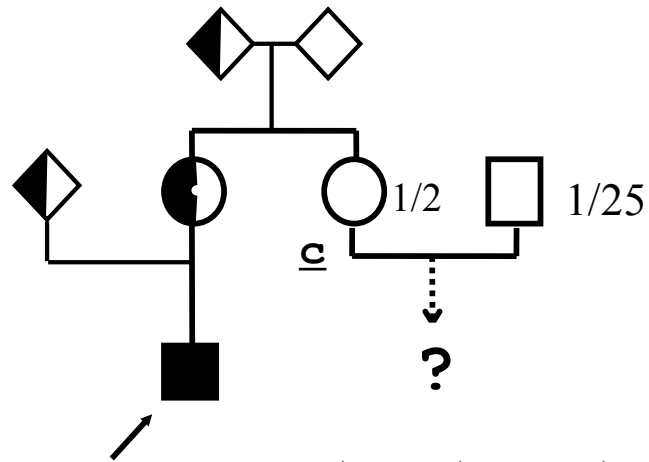
Cystic Fibrosis (Northern EU) $1/2500$

– Carriers in general population ($1/25$)

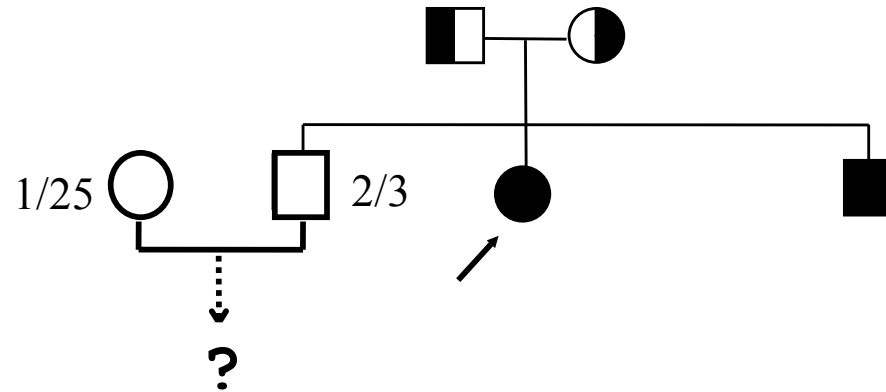
– Risk = $1/2 \times 1/25 \times 1/4 = 1/200$

.

Genetic counselling in CF



$$\frac{1}{2} \times \frac{1}{25} \times \frac{1}{4} = \frac{1}{200} = 0.05$$

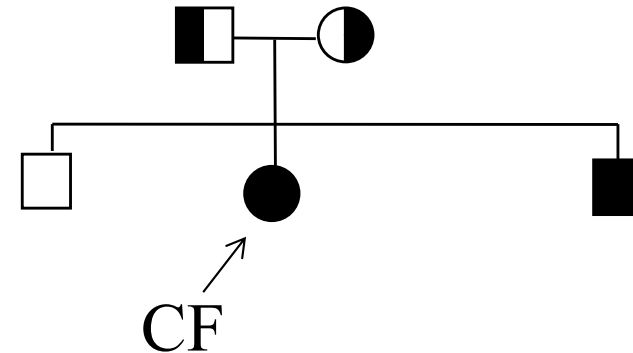


$$\frac{2}{3} \times \frac{1}{25} \times \frac{1}{4} = \frac{2}{300} = 0.067$$

Cystic Fibrosis (Northern EU) 1/2500 affected at birth
 – Carriers in general population 1/25

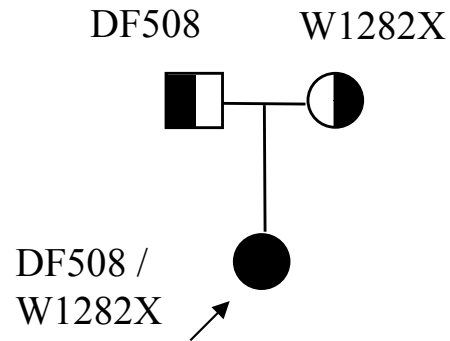
Genotype – phenotype correlation

- Pancreatic sufficiency is concordant in sibs
 - Depends on mutation



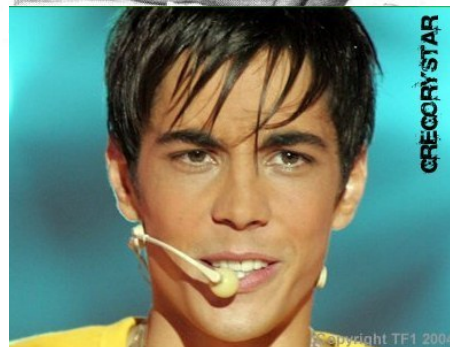
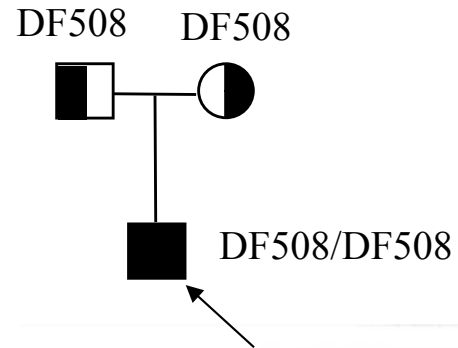
- Lung disease severity is less concordant
 - Depends on mutation and on environment (Pseudomonas infection, ...)

Variable expressivity, AR disease (CF)



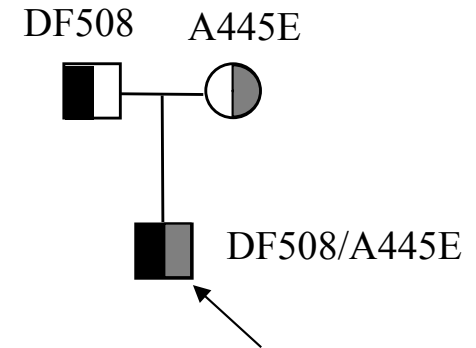
No sign in hts parents

Homoz severe mutation



Modifier genes
(TGFb1,...)

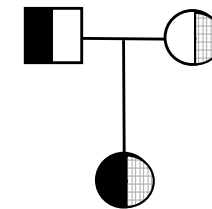
Severe + mild mutation



Pancreas sufficient
Lung variable

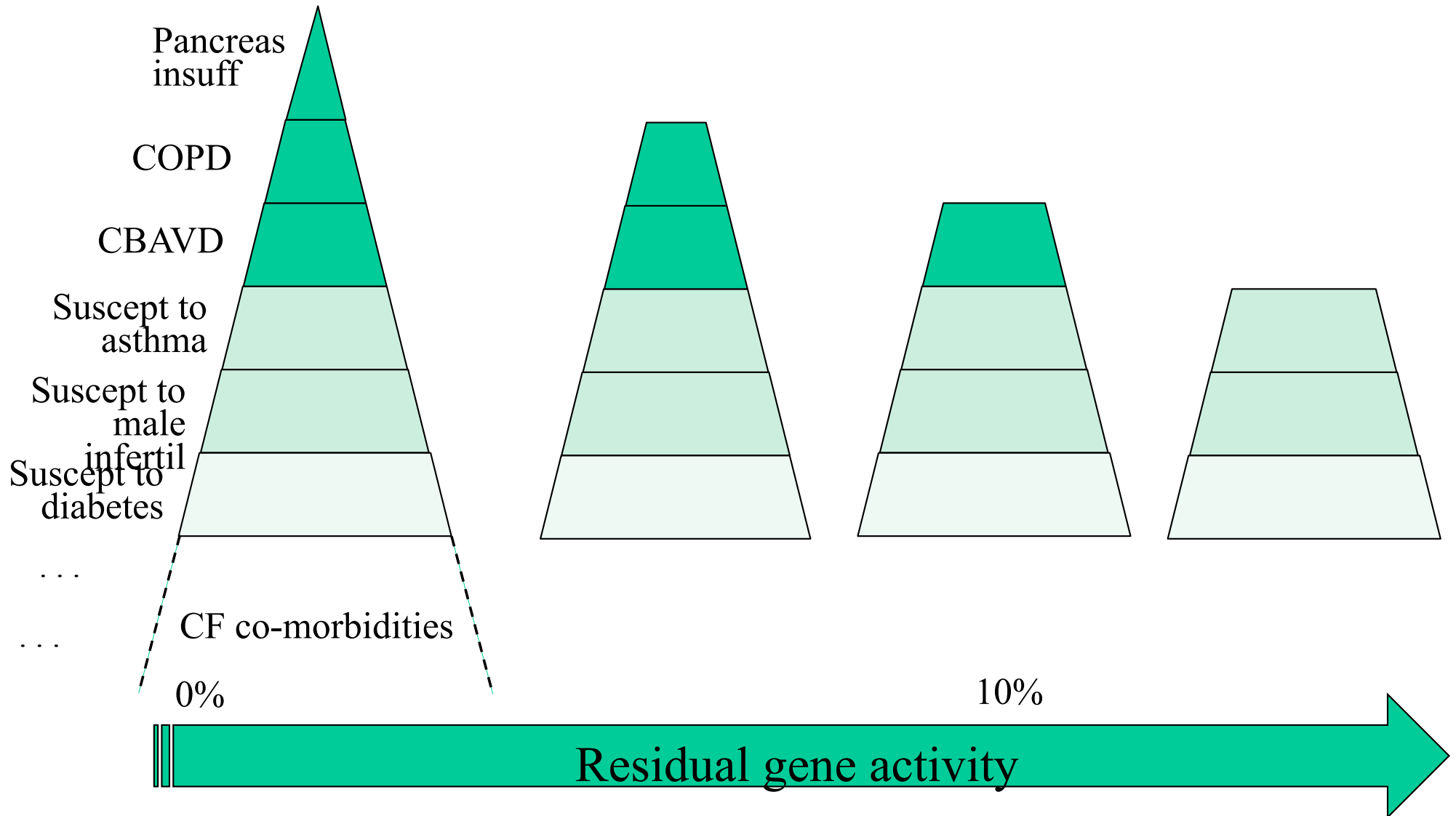
Severe + minor mutation

DF508 **hypomorphic** allele



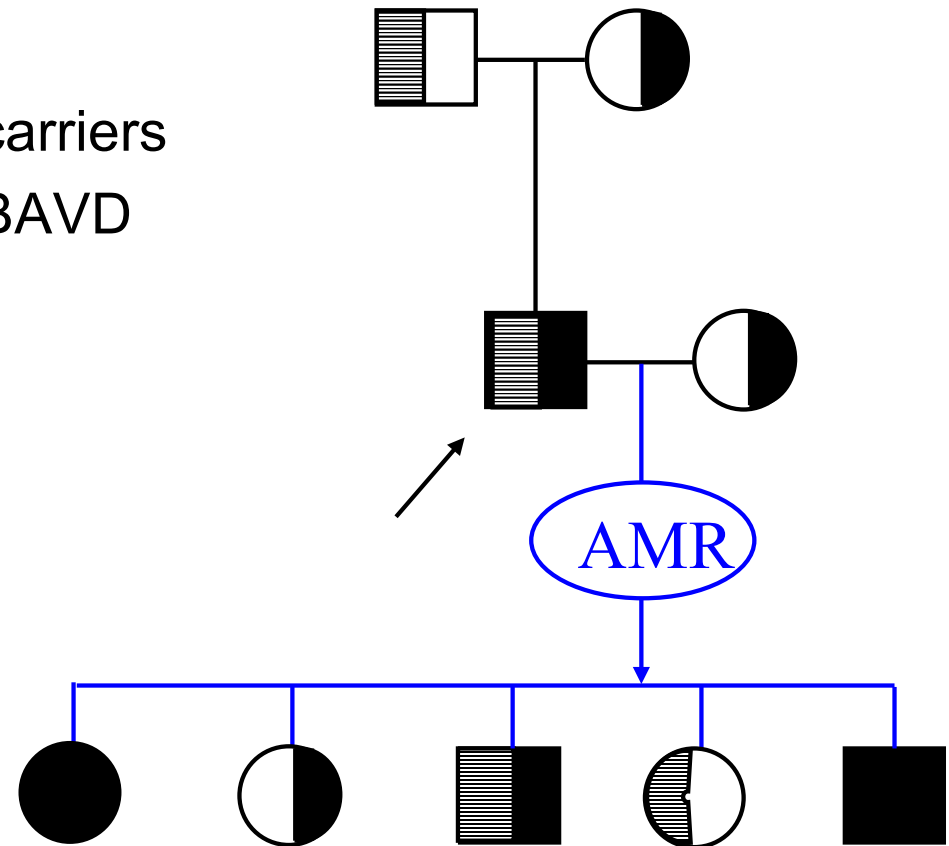
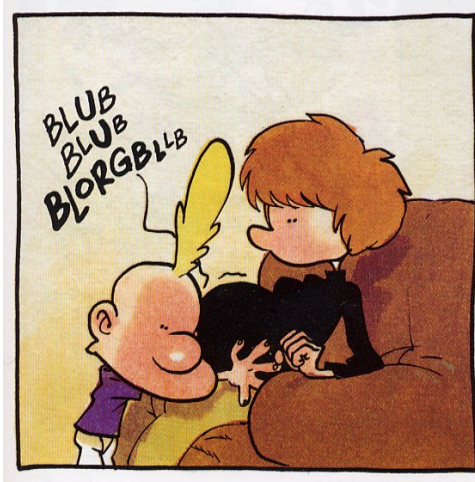
Healthy... or almost (CBAVD)

Increased gene activity removes phenotypic features



CBAVD, AMR and CF

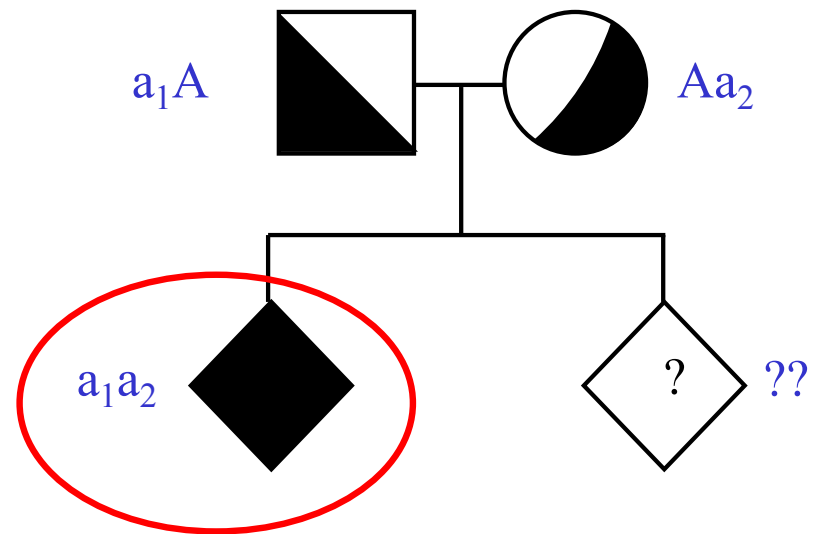
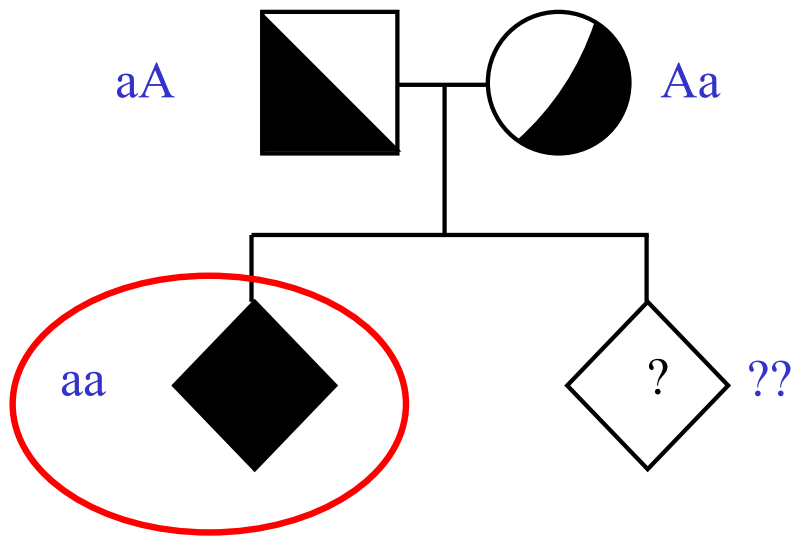
- Assisted Medical Reproduction for men with CBAVD
- 4% of partner women are CF carriers
- If carrier, offspring at risk of CBAVD and of CF



bi-allelic mutations

➤ homozygote

➤ compound heterozygote



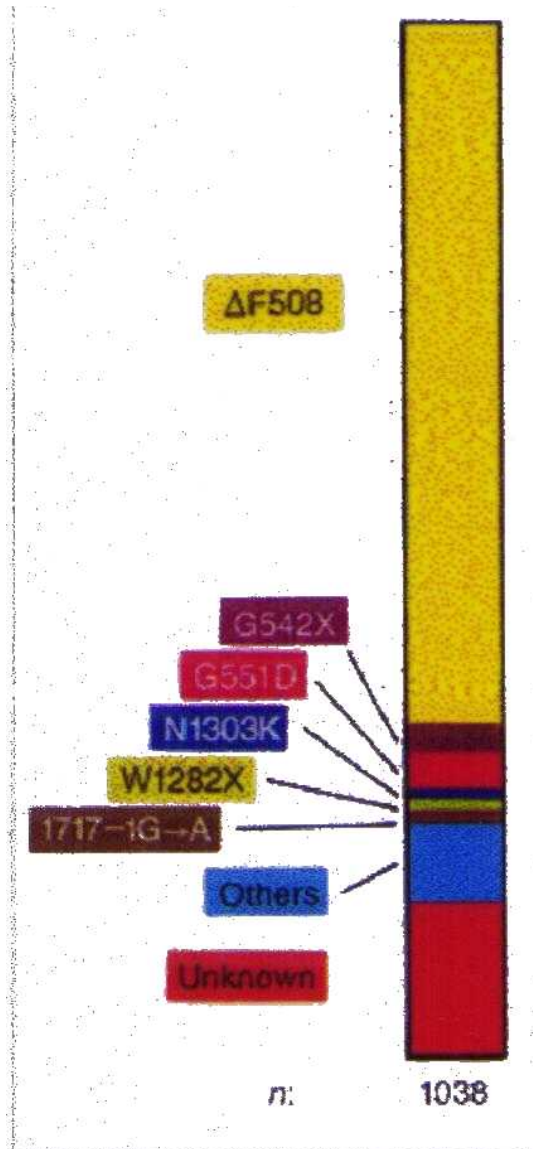
Heterogeneity of mutations

- Practical nomenclature A / a of alleles conceals a great diversity of DNA sequences : $a = a_1 + a_2 + a_3 + \dots + a_n$
- Ex: CF (CFTR gene): mutations with complete loss of function
 - Many missense mutations G551D, N1303K
 - Many nonsense mutations W1282X, G542X
 - Many indels DF508
 - Many splicing mutations 1717-1 G>A
 - Many chromosomal mutations

All severe mutations = allele « a » in A,a nomenclature

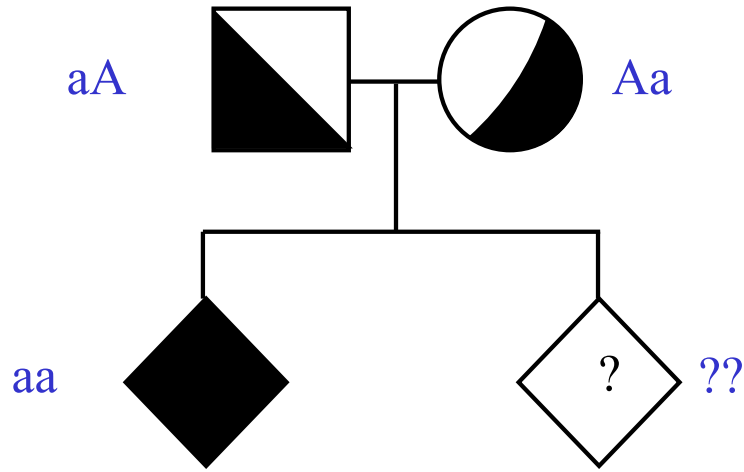
All are silent in htz, and cause CF when hmz or compound htz

Allelic heterogeneity



- CF: one gene, one locus
- Many mutations
- Ethnic prevalences

b-thalassemia (AR)



Affected child



New pregnancy
risk = 25 %

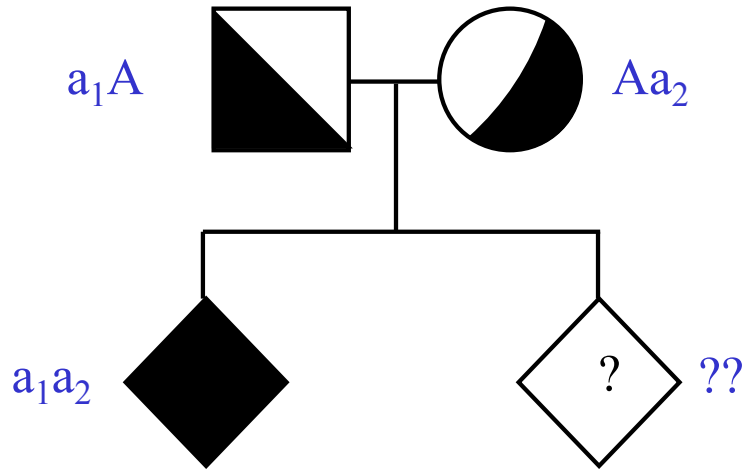


PUNNETT'S SQUARE

		Male gametes	
		A	a
Female gametes	A	AA	Aa
	a	aA	aa

→ Prenatal diagnosis
(CVS, 10 wks.)

b-thalassemia (AR)



Affected child



New pregnancy
risk = 25 %



PUNNETT'S SQUARE

		Male gametes	
		A	a_1
Female gametes	A	AA	Aa_1
	a_2	a_2A	a_1a_2

→ Prenatal diagnosis
(CVS, 10 wks.)

AR transmission = approximation

- CF is truly recessive (?)
- HbS carriers have some signs if hypoxia
- Beta-thalassemia carriers have microcytosis (sometimes low Hb)
- Some carriers of Wilson disease have low Ceruloplasmin
 - Because their 2nd allele is hypomorphic?