


STUDIES OF ASTHMA GENETICS IN INDIAN POPULATION

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Unique asthma research group involving medical and research community across the country

Nat Immunol. 2008; 9(12):1319-22

Immunology in India: an emerging story
Ramesh C. Tripathi
The Indian population has a high prevalence of allergic diseases, including asthma, which is increasing rapidly. This is due to a combination of genetic and environmental factors. The Indian population is genetically diverse, and this diversity may contribute to the high prevalence of allergic diseases. Environmental factors, such as air pollution and changes in lifestyle, are also thought to play a role. The Indian population is also characterized by a high prevalence of infectious diseases, which may also contribute to the high prevalence of allergic diseases. The Indian population is also characterized by a high prevalence of autoimmune diseases, which may also contribute to the high prevalence of allergic diseases. The Indian population is also characterized by a high prevalence of chronic diseases, which may also contribute to the high prevalence of allergic diseases. The Indian population is also characterized by a high prevalence of mental health disorders, which may also contribute to the high prevalence of allergic diseases. The Indian population is also characterized by a high prevalence of cancer, which may also contribute to the high prevalence of allergic diseases. The Indian population is also characterized by a high prevalence of cardiovascular disease, which may also contribute to the high prevalence of allergic diseases. The Indian population is also characterized by a high prevalence of diabetes, which may also contribute to the high prevalence of allergic diseases. The Indian population is also characterized by a high prevalence of obesity, which may also contribute to the high prevalence of allergic diseases. The Indian population is also characterized by a high prevalence of hypertension, which may also contribute to the high prevalence of allergic diseases. The Indian population is also characterized by a high prevalence of stroke, which may also contribute to the high prevalence of allergic diseases. The Indian population is also characterized by a high prevalence of Alzheimer's disease, which may also contribute to the high prevalence of allergic diseases. The Indian population is also characterized by a high prevalence of Parkinson's disease, which may also contribute to the high prevalence of allergic diseases. The Indian population is also characterized by a high prevalence of Huntington's disease, which may also contribute to the high prevalence of allergic diseases. The Indian population is also characterized by a high prevalence of Fragile X syndrome, which may also contribute to the high prevalence of allergic diseases. The Indian population is also characterized by a high prevalence of Down syndrome, which may also contribute to the high prevalence of allergic diseases. The Indian population is also characterized by a high prevalence of Sickle cell anemia, which may also contribute to the high prevalence of allergic diseases. The Indian population is also characterized by a high prevalence of Phenylketonuria, which may also contribute to the high prevalence of allergic diseases. The Indian population is also characterized by a high prevalence of Tay-Sachs disease, which may also contribute to the high prevalence of allergic diseases. The Indian population is also characterized by a high prevalence of Gaucher disease, which may also contribute to the high prevalence of allergic diseases. The Indian population is also characterized by a high prevalence of Niemann-Pick disease, which may also contribute to the high prevalence of allergic diseases. The Indian population is also characterized by a high prevalence of Hurler syndrome, which may also contribute to the high prevalence of allergic diseases. The Indian population is also characterized by a high prevalence of Hunter syndrome, which may also contribute to the high prevalence of allergic diseases. The Indian population is also characterized by a high prevalence of Marfan syndrome, which may also contribute to the high prevalence of allergic diseases. The Indian population is also characterized by a high prevalence of Ehlers-Danlos syndrome, which may also contribute to the high prevalence of allergic diseases. The Indian population is also characterized by a high prevalence of Osteogenesis imperfecta, which may also contribute to the high prevalence of allergic diseases. The Indian population is also characterized by a high prevalence of Achondroplasia, which may also contribute to the high prevalence of allergic diseases. The Indian population is also characterized by a high prevalence of Klinefelter syndrome, which may also contribute to the high prevalence of allergic diseases. The Indian population is also characterized by a high prevalence of Turner syndrome, which may also contribute to the high prevalence of allergic diseases. The Indian population is also characterized by a high prevalence of Down syndrome, which may also contribute to the high prevalence of allergic diseases. The Indian population is also characterized by a high prevalence of Sickle cell anemia, which may also contribute to the high prevalence of allergic diseases. The Indian population is also characterized by a high prevalence of Phenylketonuria, which may also contribute to the high prevalence of allergic diseases. The Indian population is also characterized by a high prevalence of Tay-Sachs disease, which may also contribute to the high prevalence of allergic diseases. The Indian population is also characterized by a high prevalence of Gaucher disease, which may also contribute to the high prevalence of allergic diseases. 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**Identification and characterization of novel
polymorphic loci with asthma and related disorders**




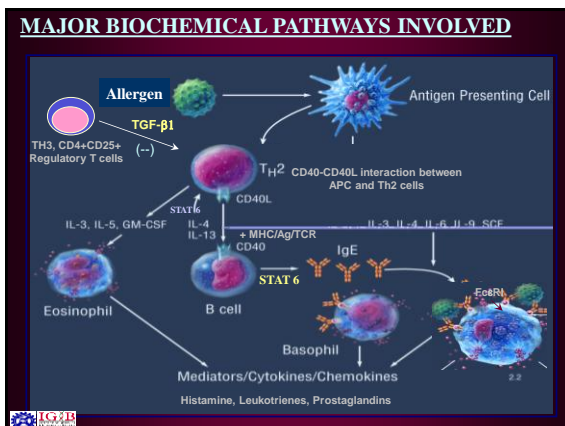
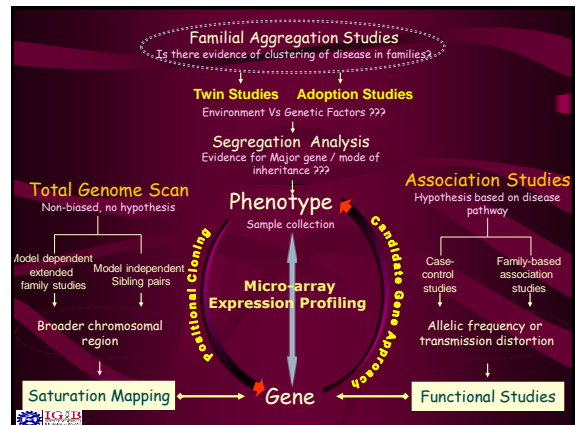
Prevalence of Asthma in India


**Affects 11-12% of the Indian
population, with man days loss equal
to 34%.** PNAS, US 2002

In a study on adolescent school children in Chandigarh, north India, presence of one or more respiratory symptoms was reported by 31% students. 2.6% of the boys while 1.9% of the girls were found to be suffering from asthma.
J Asthma. 2001 Sep;38(6):501-7

**One fourth of the total Indian population is suffering from
various allergic diseases including
Asthma, Allergic and other respiratory disorders.**

Times of India Nov 28, 2004

- ## OBJECTIVES
- To identify polymorphisms and repetitive sequences within and around the asthma susceptibility genes.
 - To establish association of polymorphic loci within these genes with asthma.
 - To functionally validate the association of polymorphic loci with asthma .
 - To identify novel gene(s) associated with asthma.
- 

For the recruitment of the asthma proband, American Thoracic Society (ATS) guidelines are followed. All participants are required to sign informed consent

Inclusion criteria:

1. Age of the Proband should be between 6-35 years.
2. History of asthma as per questionnaire and verified by clinicians.
3. Clinical improvement with inhaled steroids.
4. Reversibility testing with β -2 agonist (more than 15%).
5. Skin test.
6. Clinical parameters :
 - Total and specific IgE.
 - Absolute eosinophil counts (more than 500/cu. mm.).
 - Xray of chest and PNS.

Exclusion criteria:

1. Proband must be a non-smoker.
2. Proband is in advanced stages of pregnancy.
3. Diagnosis of ABPA.
4. Patients taking drugs known to produce Eosinophilia.
5. Patients with tropical pulmonary eosinophilia.



Association of *IFNG* gene polymorphism with asthma in the Indian population.

Nagarkatti et al. (2002) J. Allergy Clin. Immunol. 110:410-2.

Established a significant association of a CA-repeat marker in *IFNG* locus on 12q21 with total serum IgE levels.

A previously reported promoter polymorphism at the -333 base pair position was not detected in our population.

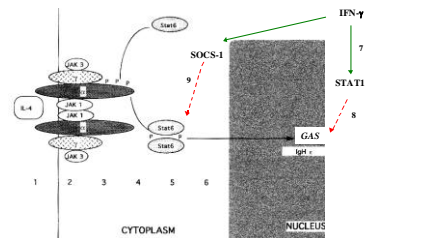
This is the first report on the association of a candidate gene with asthma from the Indian subcontinent.



SIGNAL TRANSDUCER & ACTIVATOR OF TRANSCRIPTION 6 (STAT6)



IL-4 R α Mediated Signal Transduction: Pathway Approach



1. IL4 Binding
2. Receptor dimerization
3. Transphosphorylation of JAKs
4. JAKs phosphorylate tyrosine of IL4 receptor
5. STAT 6 phosphorylation and dimerization.
6. STAT6 translocation to nucleus binding to GAS site.
7. STAT1 activation by IFN-g.
8. Competition between STAT1 and STAT6 for GAS site.
9. SOCS1 activation by IFN-g and inhibition of STAT6.



Summary

- Identified a novel polymorphic CA repeat (R1) in the STAT6 promoter.
- Three novel SNPs found in the intronic regions.
- Established an association of the polymorphic CA repeat R3 with asthma in the Indian population.
- Established a significant association of the 17_15 (R1_ R3) haplotype with asthma in the Indian population ($p < 0.003$).

Nagarkatti R et al (2004) Am J Respir Cell Mol Biol.31(3):317-21.



Clin Genet 2004; 66: 417-425
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CLINICAL GENETICS
doi: 10.1111/j.1399-0004.2004.00353.x

Original Article

A₁₆C haplotype in the *FcεRIβ* gene confers a higher risk for atopic asthma in the Indian population

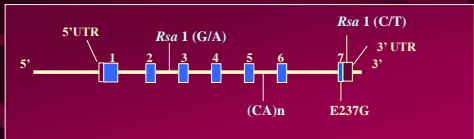
Sharma S, Nagarkatti R, B-Rao C, Niphadkar PV, Vijayan V, Sharma SK, Ghosh B. A₁₆C haplotype in the *FcεRIβ* gene confers a higher risk for atopic asthma in the Indian population.
Clin Genet 2004; 66: 417-425. © Blackwell Munksgaard, 2004

S Sharma*, R Nagarkatti*,
C B-Rao*, PV Niphadkar*,
V Vijayan*, SK Sharma* and
B Ghosh*



A three locus haplotype, A_16_C, in Fc epsilon RI beta gene confers higher risk for atopic asthma

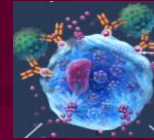
Sharma, S. et al (2004). Clin. Genetics.;66(5):417-25.



Schematic map of the FcεRIβ Gene with polymorphic sites



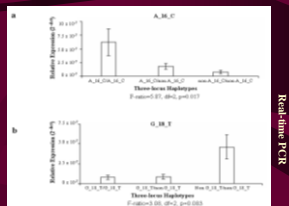
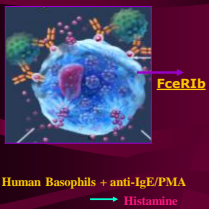
Development of Functional Assay to Validate the Haplotypic Associations obtained



Histamine Release from leukocytes obtained from peripheral blood of patients and controls of selected haplotypes.



Functional validation of polymorphisms/haplotypes in Fc epsilon RI beta gene involved in asthma pathogenesis



Real-time PCR

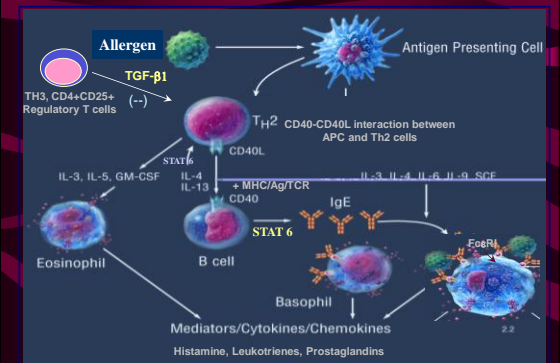
Human Basophils + anti-IgE/PMA
→ Histamine

Genotypes/Haplotype	Number	HR-anti-IgE (%)	HR-A23187 (%)
A_16_C/A_16_C	6	11.01 ± 5.69	13.30 ± 9.37
Non A_16_C/A_16_C	30	4.87 ± 3.74	14.75 ± 15.03
G_18_T/G_18_T	10	3.52 ± 2.22	20.33 ± 20.26
Non G_18_T/G_18_T	26	9.48 ± 6.70	12.81 ± 10.85



Sharma et al. J Allergy Clin Immunol. (2007) 118(4):960-3.

MAJOR BIOCHEMICAL PATHWAYS INVOLVED



TRANSFORMING GROWTH FACTOR β1 (TGFβ1)

- An important profibrotic secretory growth factor implicated in airway remodeling and pulmonary fibrosis
- Can be generated by macrophage, epithelial cells, fibroblast and eosinophils.



CONCLUSIONS

- A novel (CT)_n(CA)_m repeat was identified 24.9 Kb upstream of the +1 site.
- Alleles 21 & 23 were positively and alleles 22 & 24 were negatively associated with asthma for this repeat.
- Genotype CC was the protective genotype for -509C/T polymorphism.
- The haplotypes 21_G_C and 23_G_T were major risk and 22_G_C and 24_G_C were major protective haplotypes for asthma.
- The allelic, genotypic and haplotypic association of TGFβ1 with asthma was correlated with the expression of TGFβ1 in serum.

Ghosh B et al (2005) J Allergy Clin Immunol. 115(3):527-33.



The Editors' Choice
 Donald M. Leung, MD, PhD
 Harold S. Nelson, MD
 Wesley J. Gersh, MD
 William W. Busse, MD

THE JOURNAL OF Allergy and Clinical Immunology
 VOLUME 115 NUMBER 3

Serum TGFβ1 levels correlate with its specific risk/protective haplotypes in asthma

Transforming growth factor beta 1 (TGFβ1), an important immunomodulatory molecule, plays both anti-inflammatory and proinflammatory roles in airway remodeling and asthma. Although its predominant function is anti-inflammatory, the secretion of TGFβ1 immediately after an allergic disorder contributes to fibrosis and the irreversible changes associated with airway remodeling in chronic asthma, thus pointing toward a proinflammatory role. To elucidate the role of TGFβ1 in asthma pathogenesis, Nagpal et al in this issue of the Journal (p 919), have identified and genotyped a novel repeat (8739962), in addition, they have screened for haplotype polymorphisms—viz., -1082A, -1082G, -819C/T, and 592C/A—within the gene and have analyzed the association of these polymorphisms independently and at the level of haplotype with asthma and serum TGFβ1 levels. Using unrelated patients with asthma and normal controls from 2 independent cohorts from Rochester and Victoria, the investigators have found major 3-locus risk/protectability and protective haplotypes for asthma. Interestingly, the risk haplotype was associated with higher serum TGFβ1 levels and vice versa. This study thus points toward a proinflammatory role for this cytokine, as it is possible that in the case of chronic asthma lies in the patient population studied here, where the inflammatory conditions have already been established, TGFβ1 concentrations being disturbed.

Clin Exp Allergy 2005; 35:914-919 doi:10.1111/j.1365-2222.2005.02273.x

Interleukin-10 promoter polymorphisms and atopic asthma in North Indians

R. Chatterjee*, J. Batra*, A. Kumar*, U. Mahalingam*, S. Nahid*, P. V. Niphadkari and B. Ghosh*

*Institute of Genomics and Integrative Biology, Mall Road, Delhi, India and *Asthma and Allergy Centre, Mumbai, India

Interleukin-10 promoter polymorphisms and atopic asthma in North Indians:

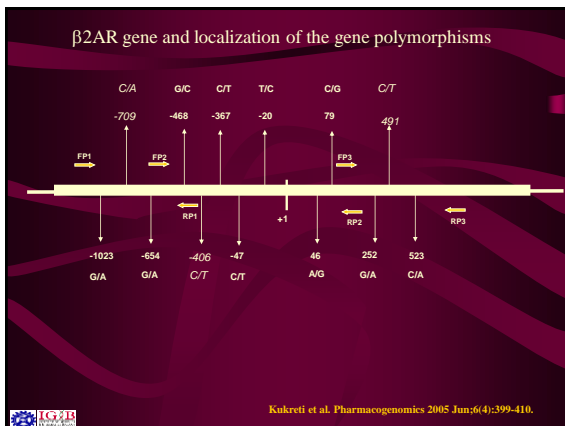
Polymorphism at 1082 A/G, 819 C/T and 592 C/A nucleotides were genotyped in a case-control and a family-based studies.

Provided evidence that the ATA haplotype is positively, whereas GCC and a novel ATC haplotypes are negatively associated with asthma in Indian population.

Chatterjee et al (2005) Clinical and Exptl. Allergy 35, 914-919

β₂-Adrenergic Receptor Polymorphisms and Response to Salbutamol among Indian Asthmatics.

Kukreti, R. -- Ghosh, B. (2005) Pharmacogenomics 6(4), 399-410



SNP Position	Genotype Good Responders	%	Genotype Poor Responders	%	χ ²	P value			
-1023	GG (n=18)	58.0	GG (n=18)	72.0	1.18	0.554			
	GA (n=9) AA (n=4) (N=31)	29.0 13.0	GA (n=5) AA (n=2) (N=25)	20.0 8.0					
-654	GG (n=10) GA (n=23) AA (n=2) (N=35)	28.6 65.7 5.7	GG (n=7) GA (n=20) AA (n=9) (N=36)	19.4 55.6 25.0	5.18	0.075			
	-468 SNP Block	GG (n=2) GC (n=10) CC (n=14) (N=35)	5.7 28.6 40.0	GG (n=1) GC (n=12) CC (n=23) (N=36)			2.7 33.3 64.0	4.09	0.129
46		AA (n=3) AG (n=27) GG (n=11) (N=41)	7.3 65.9 26.8	AA (n=13) AG (n=22) GG (n=4) (N=39)	33.3 56.4 10.3	9.98	0.0068		
	252	GG (n=13) GA (n=20) AA (n=2) (N=35)	37.2 57.1 5.7	GG (n=18) GA (n=16) AA (n=2) (N=36)	50.0 44.5 5.5			1.23	0.538
		523	CC (n=14) CA (n=19) AA (n=2) (N=35)	40.0 54.3 5.7	CC (n=19) CA (n=16) AA (n=1) (N=36)				

NITRIC OXIDE SYNTHASE 2

Significant transmission distortion to the asthmatic probands was seen for allele 3 of the AFM3112B1 (p=0.006).

Allele 3 of N2 is also found to be significantly associated with percentage blood eosinophil (p=0.0006) and asthma severity (p=0.04).

Moreover, it was functionally correlated with high serum NO levels (p=0.007).

Batra J et al. *Thromb* (2007), 62(1): 14-22

INTERFERON GAM


A Case-control study and family based association study have been conducted. An intronic SNP rs1861494 A/G was found to be associated with asthma. Differential affinity of transcription factor(s) for binding to the SNP was demonstrated.

Kumar A and Ghosh B. *Genes Immun*, 2008, 9(4): 294-301

ACID MAMMALIAN CHITINASE (AMCase)

First report of association of promoter and downstream SNPs of the AMCase Gene with atopic asthma and total serum IgE. C to T change at the promoter SNP -1261 leads to abolished binding of transcription factor Oct 1 and thus could be differentially regulating the expression of AMCase leading to asthma.

Chatterjee R et al. *J Allergy Clin Immunol*. 2008, 122(1): 202-8.



Identification of INPP4A as a Novel Candidate Gene Associated with Asthma:

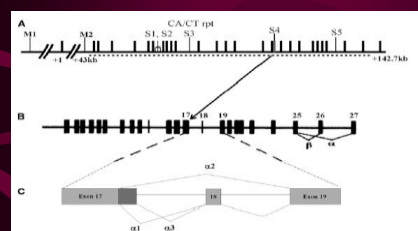
Genomewide-candidate gene approach by combining:

- a) Extracted information form microarray datasets;
- b) Experimental genomic and functional genomic approaches.

Ghosh B et al AJRCCM, 177,712-719, 2008

Genomic Organization of INPP4A Locus

Chromosome 2q11.2 in humans and chromosome 1 in mice
27 Exons spanning 142.7 kb




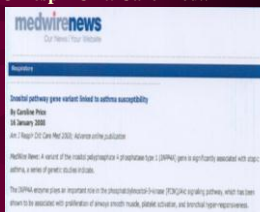
Variant	Sequence	PEST Sequence	PEST score
g1	57AKDCSPPEEESPPGEGWSEAIQPLELTLTDCVAMMSDKDM		+0.36
g2	56ARPEEDFCDFPSSPCFSTMPSTACHG		+7.89
g3 (400-403)	56ARPEEDFCDFPSSPCFSTMPSTACHG		-4.95

Ghosh B et al AJRCCM, 2008


Identification of a novel asthma associated gene, Inositol polyphosphate 4-phosphatase (INPP4A)

Sharma M et al, 2007, Am J Respir Crit. Care Med..





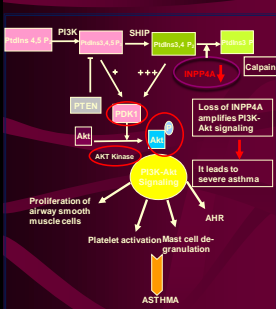
Opening new avenues for therapeutic intervention by modulating PI3K-Akt pathway



Loss-of-function of inositol polyphosphate-4-phosphatase reversibly increases the severity of allergic airway inflammation.


Ghosh et al, *Nature Commun.* 3:877 doi: 10.1038/ncomms1880 (June 2012)

Discovery of a novel link between metabolic diseases and asthma



- Inositol polyphosphate-4-phosphatase A (INPP4A) is the terminal enzyme in PI3K-Akt Pathway.
- Excess activation of PI3K-AKT pathway causes inflammatory diseases like asthma.
- Calpain mediated loss of INPP4A leads to severe asthma by activating PI3K-AKT pathway.
- Stability of INPP4A critically determines the PI3K-AKT signaling.
- Stability of INPP4A could be altered by immune or non-immune conditions (metabolic diseases).
- INPP4A could serve as a novel target for steroid resistant asthmatics.

Restoration of INPP4A reverses severity of asthma




INNP4A could be a novel link between metabolic diseases and asthma

Emerging Interface Between Metabolic Syndrome and Asthma.

Agrawal et al., *Am J Respir Cell Mol Biol* Vol 44, pp 270-275, 2011

Asthma-like symptoms are increased in the metabolic syndrome.
Lee et. al, J Asthma 46, 339-42, 2009



Posttranscriptional regulation of interleukin-10 expression by hsa-miR-106a

Anil Sharma¹, Manish Kumar², Jyotirmoi Aich³, Manoj Haribaran³, Samir K. Brahmachari⁴, Anurag Agrawal¹, and Balaram Ghosh^{1*}

¹Molecular Immunogenetics Laboratory and ²IC, B. Ramachandran Knowledge Centre for Genome Informatics, Institute of Genomics and Integrative Biology, Mal Road, Delhi 110007, India
³Edited by Gaurav Tanna, University of Colorado Health Science Center, Denver, CO, and approved February 11, 2009 (available for review September 3, 2008)



doi:10.1093/nar/nkn1422 Published online 15 April 2009

Gene stopper spotted

Geneticists have identified a new mechanism that stops the synthesis of the interleukin-10 (IL-10) gene, a key orchestrator of the immune system. This could provide new insights into managing various immunological diseases such as cancer, rheumatoid arthritis, asthma and infectious diseases.

IL-10 plays an important role in immune-regulatory events. Its dysregulation means one could suffer from any of these immunological diseases.

Using a combination of bioinformatics and molecular approaches, they found that microRNA (hsa-miR-106a) regulates IL-10 expression. They identified a novel microRNA-mediated regulatory mechanism for IL-10, in which expression of hsa-miR-106a inhibits the synthesis of IL-10 through post-transcriptional regulation. A cluster of six microRNAs including hsa-miR-106a, present on chromosome 5, is over expressed in 60% of human T-cell leukaemia.



Co-authors: Anil Sharma (left) and Balaram Ghosh



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Posttranscriptional regulation of interleukin-10 expression by hsa-miR-106a.
 Bisharma A, Kumar M, Aich J, Haribaran M, Brahmachari SK, Agrawal A, Ghosh B
Proc Natl Acad Sci U S A 2009 Apr 7; **106**(14): 5761-6 [abstract on PubMed]
 [Citations on Google scholar] [related articles] [track this item]

Selected by J Richard L. Stevens
 Published 7th Apr 2009
 Refereed/Reviewed

<p>Informative</p> <p>MicroRNA 106a (miRNA 106a), only growth response (IGOR), specificity protein 1 transcription factor (SP1), IL-10</p>	<p>Study in cell culture suggest that miRNA 106a, E2F1 and SP1 could be targets to treat inflammatory diseases. In cell culture, miRNA 106a downregulated production of the anti-inflammatory cytokine IL-10. Additional computational and in vitro studies showed that E2F1 and SP1 regulated miRNA 106a transcription, resulting in a decrease in IL-10 expression. Ongoing studies are evaluating the role of these regulatory mechanisms in inflammatory diseases. ACR2008 N 35 AGRI1, a formulation of Lactobacillus factor engineered to secrete human IL-10, is in a Phase I/II trial to treat ulcerative colitis (UC).</p> <p>See/IX 21(7), doi:10.1038/nrn1309.2009.543 Published online April 2, 2009</p>	<p>Disseminated information</p> <p>Sharma, A. et al. <i>Proc. Natl. Acad. Sci. USA</i>, published online March 23, 2009. doi:10.1073/pnas.0908743106 Contact: Balaram Ghosh, Institute of Genomics and Integrative Biology, Delhi, India e-mail: bghosh@igib.ac.in</p>
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Let-7 microRNA-mediated regulation of IL-13 and allergic airway inflammation

Manish Kumar, MSc, Tanveer Ahmad, MSc, Anil Sharma, PhD, Ulaganathan Mabalrajran, MBBS, PhD, Ankur Kulkreshtha, MTech, Anurag Agrawal, MD, PhD, and Balaram Ghosh, PhD *Delhi, India*
(J Allergy Clin Immunol, November 2011;128:1077-85.)

Key findings:

- 1) Let-7 family of microRNA regulates IL-13 post-transcriptionally.
- 2) Let-7 microRNA is down regulated under allergic inflammatory conditions.
- 3) Exogenous administration of let-7 microRNA mimics alleviates asthmatic phenotypes in mice model of allergic asthma.

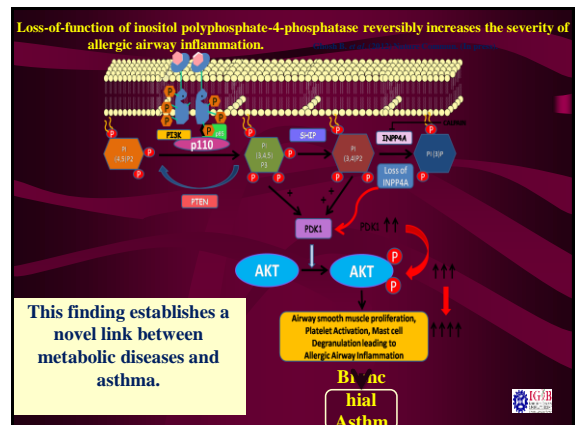
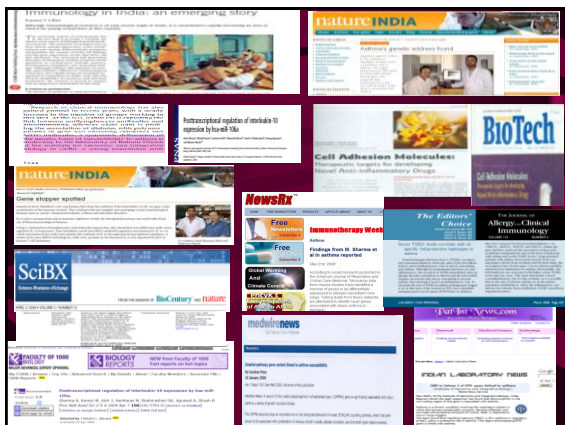
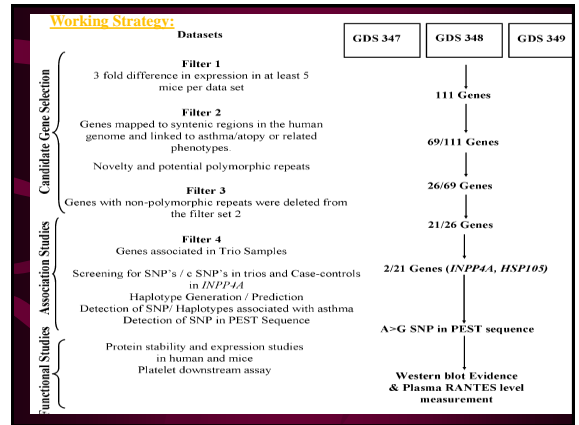
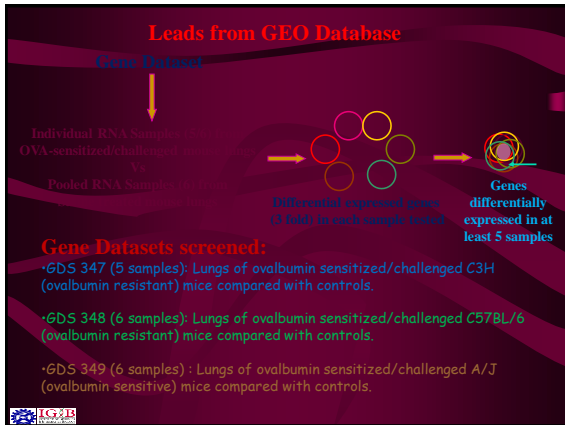
SIGNIFICANCE

- **Developing genetic finger prints of atopic asthmatics in Indian population.**
- **Identifying responsive population/individuals to drugs for better efficacy and limited side effects.**
- **Developing better diagnostic and therapeutic modalities for asthma.**
- **Identification of INPP4A gene establishes a novel link between metabolic diseases and asthma.**

ACKNOWLEDGEMENTS

Rana Nagarkatti C.B.Rao Mamta Sharma Shilpy Sharma Suresh Kumar Jyotsna Batra Rajshekhar Chatterjee U. Mahalrajran Amrendra Kumar Sanober Nahid Anurag Agrawal S.K.Brahmachari FGU Sequencing Facility, IGIB	Clinical Collaborators V.Vijayan, Director VPCI Raj Kumar, Asst. Prof., VPCI S.K.Sharma, Prof., Medicine AIIMS P.V. Niphadkar, Mumbai J.P.Rishi, SMS Hospital, Jaipur Vivek Atahya, SMS Hospital, Jaipur Rajendra Prasad, KG's Hospital, Lucknow Brajen Lahkar, Downtown Hospital, Guwahati & All Participating Volunteers (Patients and Controls)
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Funding from CSIR, DBT, DST, Govt. of India, Indo-European Bilateral Program



Suggestive evidence of association of C-159T functional polymorphism of *CD14* gene with atopic asthma in the North and Northwest Indian population.

Sharma, M., Batra, J., Mabalirajan, U., Goswami, S., Ganguly, D., Lahkar, B., Kumar, A., Bhatia, N K. and Ghosh, B. (2004). *Immunogenetics* ;56(7):544-7.

Allelic and genotypic distribution of C-159T polymorphism in case vs control groups (P=187, C=227).

p values: allelic = 0.0048 , genotypic= 0.0146

The transmission disequilibrium test (TDT)

Allele	Transmitted	Non-Transmitted	Total
C	54	33	87
T	33	54	87
Total	87	87	174

χ^2 TDT = 5.069, DF = 1, p < 0.025

Chemokine Receptor 5 (*CCR5*) Δ 32 deletion and atopic asthma in Indians.

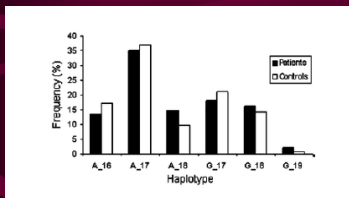
J Batra, M Sharma, R Chatterjee, S Sharma, U Mabalirajan and B Ghosh (2004) *Thorax* 2005;60(1):86.

Controls 11/367 were heterozygous
Patients 17/215 were heterozygous
(p = 0.0009)

36 families from North-east & 48 families from North-west
2 members from a North-west family were found homozygous

Association of an Intragenic Microsatellite Marker in *CC16* gene with Asthma in Indian Population.

Sharma, S. and Ghosh, B. (2004) *J. Human Genetics* 2004;49(12):677-83.



p = 0.016

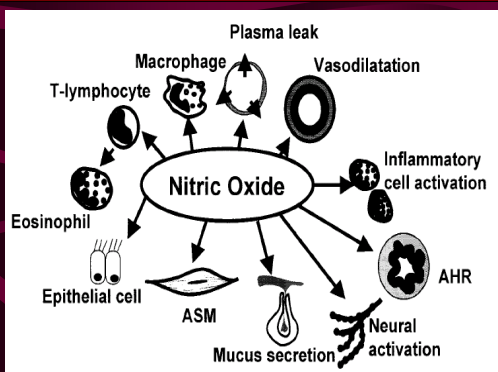
PATENT FILED

Ghosh B, Sharma S and Nagpal K. Genetic variants of human **Transforming Growth Factor Beta1 (TGF β 1)** and prediction of susceptibility for immunological disorders. Submitted for PCT patent, June 2004.

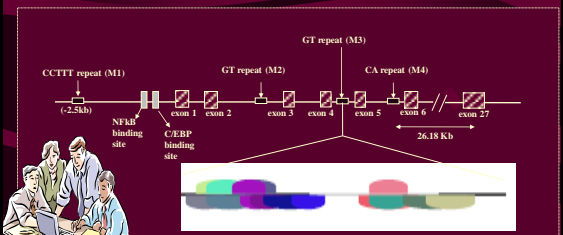
Ghosh, B., Rao, C-B., Brahmachari, S.K., Guleria, R., Das, C., Bhatnagar, P. and Kukreti, R A method for predicting an individual's bronchodilatory response to a beta agonist. Submitted for PCT patent, March 2004.

Ghosh, B., Nagarkatti R., and Rao, C.-B. Detection of predisposition to atopic disorders by screening for human **Signal transducer and Activator of Transcription-6 (STAT-6)** gene variants. Submitted for PCT patent, November, 2002.

Pulmonary Effects of Nitric Oxide



***i*NOS Gene Polymorphisms in Indian Population**



NOS2A is composed of twenty seven small exons and spans approximately 43 kb on chromosome 17q11. Region having promoter and first six exons is enlarged.

Bioinformatics approach: use of Repeatmasker to identify any microsatellite repeat in and around inducible Nitric Oxide Synthase.

Batra et al, *Thorax* 2007 Jan;62(1):16-22.

Association of iNOS polymorphisms with asthma

- Four polymorphic microsatellite repeats viz; a CCTTT repeat 2.5 kb upstream of transcription start site (M1), a novel GT repeat (BV680047) in intron 2 (M2), a GT repeat (AFM311ZB1) in intron 4 (M3) and a CA repeat (D17S1878) in intron 5 (M4) are identified in iNOS gene.
- A significant transmission distortion to the asthmatic probands was seen for allele 3 of the AFM311ZB1 (p=0.006).
- Allele 3 of M3 is also found to be significantly associated with percentage blood eosinophil (p=0.0006), asthma severity (p=0.04) and high serum NO levels (p=0.007).
- The promoter repeat (M1) is found to be associated with serum total IgE (p=0.028). Individuals carrying allele 4 of this repeat has high serum IgE (p<0.0001) as well as NO levels (p=0.0046).

Batra et al. Thorax 2007;62(1):16-22.

Chemokine Receptor 5 (CCR5) Δ32 deletion and atopic asthma in Indians.

J Batra, M Sharma, R Chatterjee, S Sharma, U Maballirajan and B Ghosh (2004) Thorax 2005;60(1):86.

Controls 11/367 were heterozygous
Patients 17/215 were heterozygous
(p = 0.0009)

36 families from North-east & 48 families from North-west
2 members from a North-west family were found homozygous

Eotaxin

We observed for the first time a highly significant association of the newly studied (GAAGGA)n hexanucleotide repeat with asthma (p=3x10⁻⁹), log10IstE (p=0.0058) and eotaxin levels (p=0.004).

We further identified G, A, C, 8 as an important risk haplotype associated with high IStE and plasma eotaxin levels.

Batra et al. JMG 2007 June

TUMOR NECROSIS FACTOR (TNF)

AACACG is the most frequent haplotype in the control population (p=0.0016).

Differential binding of nuclear proteins to the A and C allele of TNFA-863>A polymorphism was also demonstrated by electrophoretic mobility shift assay (EMSA).

Sharma et al. Am J Respir Cell Mol Biol. 2006 May 25

N-ACETYLTRANSFERASE (NAT) 2

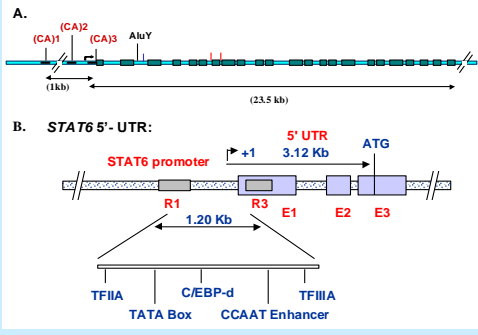
A study cohort of 219 atopic asthmatic unrelated patients and 210 normal healthy controls.

C48T was found to be associated with asthma binary trait, log10 serum total IgE and percentage of peripheral blood eosinophil counts.

Fast acetylators have protective advantage over the slow acetylators against asthma and atopy and could serve as a genetic marker

Batra et al. Pharmacogenomics, Jul 2006, Vol 7, No 5

Genomic Organization of the STAT6 Gene



Narankatti et al. Am J Respir Cell Mol Biol. 2004 Sep;31(3):317-21

Frequency (relative frequency) of R1_R3 Haplotypes in patients and controls estimated by PHASE. Haplotypes with relative frequencies > 0.025 (2.5 % of sample size) in either of the groups have been depicted below.

Haplotype (R1_R3)	Patients N (relative frequency)	Controls N (relative frequency)	Odds-ratio (OR)	p-value
16_14	21 (0.047)	17 (0.040)	1.1719	0.6539
16_15	84 (0.187)	46 (0.108)	1.886	0.001
16_17	28 (0.062)	21 (0.050)	1.2733	0.41
17_14	2 (0.004)	18 (0.042)	0.1007	0
17_15	32 (0.071)	12 (0.028)	2.6284	0.0031
22_17	21 (0.047)	21 (0.050)	0.939	0.8433
23_16	2 (0.004)	20 (0.047)	0.0902	0
23_17	50 (0.111)	38 (0.09)	1.2697	0.2905
24_15	12 (0.027)	2 (0.005)	5.7808	0.0063
24_16	3 (0.007)	30 (0.071)	0.0881	0
24_17	46 (0.102)	47 (0.111)	0.9133	0.679
24_18	8 (0.018)	11 (0.026)	0.6796	0.4075
25_16	4 (0.009)	11 (0.026)	0.3367	0.0523
25_17	21 (0.047)	9 (0.021)	2.2572	0.036
Sub-total	334 (0.743)	303 (0.715)		
Other haplotypes	116	121		
Total	450	424		

Narankatti et al. Am J Respir Cell Mol Biol. 2004 Sep;31(3):317-21

TRANSFORMING GROWTH FACTOR β1 (TGFβ1) AND ASTHMA: a Foe or a Friend ????

Role as a Foe:

- Produced in exaggerated quantities by eosinophils and fibroblasts from patients with severe and mild asthma.
- TGFβ1 mRNA levels in eosinophils are increased in patients with severe asthma.
- TGFβ1 is implicated in several aspects of fibrosis:
 - Increases synthesis by fibroblasts of many components of extracellular matrix (ECM)
 - Decreases synthesis of enzymes and increases synthesis of inhibitors of these enzymes that degrade the ECM

Role as a Friend:

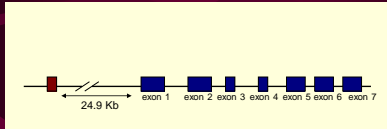
- Indirectly inhibits T-cell activation by modulation of antigen presentation function and deactivating macrophages
- Inhibit IgE synthesis
- Inhibits proliferation of mast cells, eosinophils and basophils
- Abrogates established asthma conditions in mice.

TGFβ1

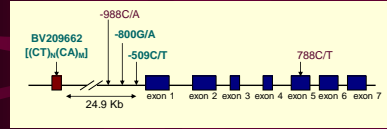
- Considered as a prime candidate gene for asthma and atopy
- Chromosomal position-19q13.1-13.2, linked to mite sensitivity (a major risk factor for asthma)

Blumenthal MN et al. *Genes Immun.* 2004 May;5(3):226-31.

Schematic map of the TGFβ1 Gene

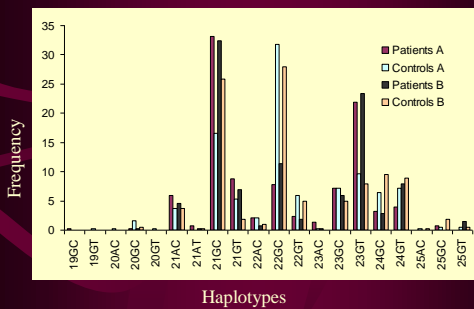


TGFβ1 GENE POLYMORPHISMS IDENTIFIED IN INDIAN POPULATION



Nagpal et al. *J Allergy Clin Immunol.* 2005; 115(3):527-33

COMPARISON OF HAPLOTYPE FREQUENCIES IN TWO INDEPENDENT COHORTS



Nagpal et al. *J Allergy Clin Immunol.* 2005; 115(3):527-33

HAPLOTYPE ANALYSIS

- 21_G_C and 23_G_T were the most frequent in the patient population
OR = 2.49 with 99% CI= (1.58, 3.94) [p = 0.00001],
OR = 2.64 with 99% CI= (1.51, 4.59) [p = 0.00001]
- 22_G_C and 24_G_C were the most frequent in the control population
OR = 0.18 with 99% CI = (0.10, 0.31) [p = 0.00001],
OR = 0.48 with 95% CI = (0.24, 0.98) [p = 0.00001]

Nagpal et al. *J Allergy Clin Immunol (In Press).*

TGFβ1 LEVELS CORRESPONDING TO ASSOCIATED ALLELES, GENOTYPES AND HAPLOTYPES

(CT) _n (CA) _m Allele	Number	Log TGFβ1 levels (±SE)	F-ratio	DF	P-value
21	50	1.73(±0.03)	4.59	3	0.004
22	33	1.59(±0.04)			
23	37	1.76 (±0.04)			
24	15	1.62 (±0.06)			
-509 C/T Genotype			9.63	2	0.0002
CC	28	1.62 (±0.06)			
CT	46	1.79 (±0.05)			
TT	7	2.24 (±0.13)			
Haplotype			6.87	2	0.0019
22_G_C/22_G_C	5	1.41 (± 0.13)			
22_G_C/Non22_G_C	20	1.61 (± 0.07)			
Non22_G_C/Non22_G_C	47	1.83 (± 0.04)			
23_G_T/23_G_T	3	2.09 (±0.15)	4.77	2	0.01
23_G_T/Non23_G_T	23	1.79 (±0.05)			
Non23_G_T/Non23_G_T	46	1.66 (±0.04)			

Nagpal et al. *J Allergy Clin Immunol.* 2005; 115(3):527-33

Classification of Drugs

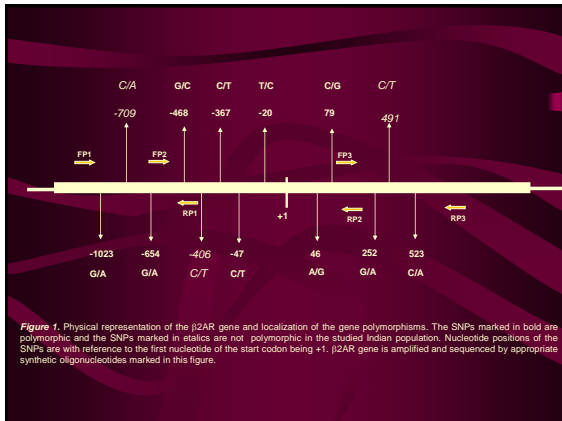
- Quick relief medications
 - β-adrenergic agonist
 - Methylxanthine
 - Anticholinergics
- Long term control medications
 - Glucocorticoids
 - Leucotrine inhibitors
 - Mast cell stabilizing agents
 - Receptor antagonists
- Miscellaneous

Quick Relief Medications

- Inhibit smooth muscle contraction
 - Adrenergic stimulants
 - Drugs – catecholamines, resorcinols and saligenins
 - Mechanism of action
 - stimulation of β -adrenergic receptors
 - ↓
 - Activation of G-proteins
 - ↓
 - Formation of cyclic AMP
 - ↓
 - Smooth muscle relaxation
 - Limitations
 - Effective only when administered either inhalation or parental
 - Considerable chronotropic and inotropic cardiac effects

Quick Relief Medications

- Agents with highly selective action
 - Resorcinol – metaproterinol, terbutaline, fenoterol
 - Saligenin – commonly used albuterol (Salbutamol)
 - Highly selective for respiratory tract
 - Deviod of cardiac side effects except high doses
 - Active by all routes
 - Bypass metabolic processes
 - Side effect – tremor
 - Salmeterol
 - Congener of albuterol
 - Long acting
 - Effective in nocturnal and exercise induced asthma
 - Limitations – non for acute use, cumulative side effects



SNP Position	Genotype Good Responders	%	Genotype Poor Responders	%	χ^2	P value
-1023	GG (n=18) GA (n=6) AA (n=6) (N=30)	58.0 20.0 22.0	GG (n=18) GA (n=5) AA (n=7) (N=30)	72.0 16.7 11.3	1.18	0.564
-468	GG (n=10) GA (n=20) AA (n=2) (N=32)	28.1 62.5 5.7	GG (n=7) GA (n=20) AA (n=9) (N=36)	19.4 55.6 25.0	5.18	0.075
-468 SNP Block	GG (n=2) GG (n=18) CC (n=14) (N=34)	5.7 54.0 40.0	GG (n=1) GG (n=13) CC (n=23) (N=37)	2.7 35.1 62.2	4.00	0.123
46	AA (n=3) AG (n=2) GG (n=1) (n=6)	7.5 33.3 16.7 27.8	AA (n=13) AG (n=2) GG (n=6) (n=21)	33.3 9.5 28.6	9.98	0.0098
252	GG (n=13) GA (n=20) AA (n=5) (N=38)	37.2 57.1 5.7	GG (n=18) GA (n=16) AA (n=6) (N=36)	50.0 44.4 16.6	1.23	0.538
523	CC (n=14) CA (n=16) AA (n=2) (N=32)	43.8 50.0 5.7	CC (n=18) CA (n=16) AA (n=1) (N=35)	51.4 45.7 2.8	1.33	0.513

Publications on Asthma Genetics

Nagarkatti R. and Ghosh, B. (2002) Identification of single-nucleotide and repeat polymorphisms in two candidate genes, interleukin 4 receptor (*IL4RA*) and signal transducer and activator of transcription protein 6 (*STAT6*), for Th2 mediated diseases. *J. Human Genetics* 47 (12): 684-687.

Ghosh, B., Sharma, S and Nagarkatti, R. (2003) Genetics of asthma: Current research paving the way for development of personalized drugs. *Ind. J. Med. Res.* 117, pp185-197.

Nagarkatti, R., Raj Kumar, Sharma, S. K. and Ghosh, B. (2004) Polymorphisms in the Interleukin 4 (*IL4*) gene and asthma in the North Indian population. *Int. Arch. Allergy & Immunol.* 134, 206-212.

Nagarkatti, R., Rao, C. B., Vijayan, V., Sharma, S. K. and Ghosh, B. (2004) *Signal Transducer and Activator of Transcription 6* haplotypes and asthma in the Indian population. *Am. J. Resp. Cell Mol Biol*; 31(3):317-21.

Sharma, S, Nagarkatti, R, B-Rao C, Niphadkar, P.V., Vijayan, V, Sharma, S.K. and Ghosh, B (2004). A three locus haplotype, A₁₆ C₁ in Fc epsilon RI beta gene confers higher risk for atopic asthma *Clin. Genetics*;66(5):417-25.

Publications on Asthma Genetics

Sharma, M., Batra, J., Mabalirajan, U., Goswami, S., Ganguly, D., Lahkar, B., Kumar, A., Bhatia, N K. and Ghosh, B. (2004) Suggestive evidence of association of C-159T functional polymorphism of *CD14* gene with atopic asthma in the North and Northwest Indian population. *Immunogenetics* ;56(7):544-7.

Sharma, S. and Ghosh, B. (2004) Association of an Intragenic Microsatellite Marker in *CC16* gene with Asthma in Indian Population. *J. Human Genetics* (In press).

J Batra, M Sharma, R Chatterjee, S Sharma, U Mabalirajan and B Ghosh (2004) *Chemokine Receptor 5 (CCR5) Δ32* deletion and atopic asthma in Indians. *Thorax* (In press).

Batra, J, Niphadkar, P.V, Sharma, S. K. and Ghosh, B. (2004) *Uteroglobin-Related Protein1 (UGRP1)* gene polymorphisms and atopic asthma in the Indian population. *Int. Arch. Allergy & Immunol.* (In Press)

Nagpal, K., Sharma, S., B-Rao, C., Nahid, S., Niphadkar, P.V., Sharma, S.K. and Ghosh, B. (2004) *Transforming Growth Factor beta1 (TGFB1) Haplotypes and Asthma in Indian Population.* *J Allergy Clin Immunol* (In Press).

SIGNIFICANCE

- Current therapy is symptomatic relief of asthma and is not equally effective in all asthma patients and having side effects.
- Newly developed drugs are predicted to be equally ineffective in some patients.
- Genotyping and haplotyping of target genes will help in identifying responsive population/individuals to drugs.
- Identifying polymorphisms in genes encoding interacting proteins may develop better predictive value.
- Identifying protective and risk alleles, genotypes and haplotypes in asthma associated genes may help in better management of asthma.
- Functionally correlating the expression profile of the genes with the associated haplotypes and genotypes may develop a causal relationship with the disease and thus may help to develop better modalities for therapeutic intervention.

Asthma Medication-Role of β_2 -Adrenergic receptor

Commonly used drugs - Salbutamol and its derivatives

- Inhibit smooth muscle contraction
 - Adrenergic stimulants
 - Drugs – catecholamines, resorcinols and saligenins
 - Mechanism of action
 - stimulation of β -adrenergic receptors
 - ↓
 - Activation of G-proteins
 - ↓
 - Formation of cyclic AMP
 - ↓
 - Smooth muscle relaxation
- Limitations
 - Effective only when administered either inhalation or parenteral
 - Considerable chronotropic and inotropic cardiac effects

Using a genomewide candidate gene approach, we demonstrate

A Gene Polymorphism is Present in LD with INPP4A with Asthma
S1 and M3 Loci - Thr/Ala SNP A+110832G (S4)

Outline sketch of the working strategy

Genomic Organization of INPP4A Locus

Western blot analysis indicated a functional role of this SNP in regulating INPP4A protein stability

Proposed Role of INPP4A in ASTHMA Pathogenesis

Sharma M et al, 2007, Am J Respir Crit. Care Med. Medicine news, Caroline Price, 16th January 2008, Insulin pathway gene linked to asthma susceptibility. FUNDING: Project Head SMM 0006 and NWP 0033

INPP4A was identified to be novel asthma gene using population genetic studies

VARIANT	PEST SEQUENCE	PEST SCORE
G1	573 EALYPLLTLLTDCVAMMSDK608	+5.36
G2	Absent	Absent
G3 (604 Thr)	584 TPSSPCPSTMPSTACH607	+7.49 (A)
G3 (604 Ala)	584 TPSSPCPSTMPSTAACH607	+4.95 (G)

Fine mapping and association studies on INPP4A led to the identification of A+110832G Thr/Ala polymorphism associated with asthma.

The allele A is transmitted more to the asthmatic individuals

whereas the allele G is transmitted more to the non-asthmatic individuals

Conclusions

INPP4A is significantly decreased in allergic airway inflammation

- Calpains degrade INPP4A *in vivo* and *in vitro*
- Calpain inhibitor, calpeptin, alleviates asthma fetures.
- siRNA mediated knockdown of INPP4A worsens asthmatic. phenotype
- Overexpression of INPP4A attenuates asthma.
- Loss of INPP4A was sufficient to induce asthma like features in naïve mice without any sensitization and challenge.

Discovery of a novel link between metabolic diseases and asthma

Restoration of INPP4A reverses severity of asthma

2012

EXTRACELLULAR SIGNALING AND SIGNALING

• Allergy, metabolic syndrome, environmental stress, and infections have all been linked to asthma.

• External environmental factors are the starting point of

Abnormal signaling in airway epithelium (PI3/Akt pathway) and organelle stress (ER-mitochondria) may determine asthma severity or risk.

Agrawal et al, Physiological Genomics, 40, 1-7, 2009

Inositol Polyphosphate 4 Phosphatase Type I (INPP4A)

INPP4A:

- Magnesium independent enzyme
- Dephosphorylates 4-position phosphate of Inositol 1,3,4 triphosphate, Inositol 3, 4 bisphosphate and Phosphatidylinositol 3,4 bisphosphate
- Important regulator in PI3-AKT pathway

Mouse Inpp4a null mutant:

One base pair deletion in the exon 10

Neuron loss and severe locomotor instability (weeble phenotype)
Neuron, 32, 203-212, 2001; Nature Letters, 32, 1-5, 2010

Loss of INPP4A associated with cancer, acute myeloid leukemia
Nature. 458, 97-101, 2009; J. Virol. 78, 1971-1980, 2004



FCεR1β **INTERFERON GAI**

Development of Functional Assay to Validate the Haplotypic Associations obtained in FCεR1β
 Sharma S, Clin Genetics, 2004
 Sharma et al, JACI, 2006
 Sharma S, Ghosh B, IAAL, 2009

A Case-control study and family based association study Have been conducted. An insertion SNP (rs1042541) in FCεR1β was found to be associated with asthma. Differential affinity of transcription factor(s) for binding to the SNP was demonstrated. Kumar A and Ghosh B. Immun., 2008.

Transforming Growth Factor-β (TGFβ)

A novel (CT)n(CA)m repeat polymorphism (BY209662) 24.9 kb upstream of *TGFβ1* was identified
 A novel 3-locus haplotype, 23_G_T, was found to be significantly associated with asthma ($P = 0.00001$ in cohorts A and B) as well as with higher serum TGF-β1 level ($P = .01$)
 Nagpal K et al, JACI, 2005

The Editors' Choice
 This Reviewer's Choice
 Allergy - Clinical Immunology

nature INDIA
 Asthma's genetic origins found

β2-Adrenergic Receptor Polymorphisms and Response to Salbutamol among Indian Asthmatics