Genetic association analysis of the IGFBP7, ADAMTS3, and IL8 genes as the potential osteoarthritis susceptibility that maps to chromosome 4q

C Kawahara, T Forster, K Chapman, A Carr, J Loughlin

PATIENTS AND METHODS

Patients for association analysis

Full clinical details of the 146 female-THR families have been published previously. Association was also tested in a second cohort comprising 244 female patients with hip OA. The probands and cases were ascertained through the Nuffield Orthopaedic Centre and had undergone total hip replacement (THR) and in 375 female controls matched for age. Variants showing evidence for association were subsequently genotyped in 244 female-THR patients with OA. Allele frequencies between the probands (or patients) and the controls were compared by χ² analysis.

Candidate genes

We were conscious of the fact that the chromosome 4q susceptibility gene could be positioned at some distance from the point of maximum linkage. We therefore searched a broad region of 4q for candidates, between markers D4S2971 (4q12, 53.6 Mb) and D4S3042 (4q21.1, 77.3 Mb). We searched the Ensembl (http://www.ensembl.org/, accessed 28 December 2004) and UCSC (http://genome.ucsc.edu/, accessed 28 December 2004) genome browsers. Three candidates were identified and chosen for further investigation (table 1).

Reverse transcription-polymerase chain reaction (RT-PCR)

Articular cartilage biopsy specimens were collected from patients who had undergone joint replacement for OA. The nucleic acid was then extracted as described previously. cDNA was synthesised using random hexamers and served as the template for PCR using primers located in separate exons.

DNA variant detection and genotyping

The exons, the intron-exon boundaries, and the 5’ and 3’ untranslated regions of IGFBP7 (5 exons), ADAMTS3 (22 exons), and IL8 (4 exons) were screened for common DNA variants (rare allele frequency >0.05) by the direct sequencing of 48 female-THR patients. The variants were genotyped by PCR-restriction enzyme analysis. Further details can be obtained from the corresponding author.

Abbreviations: ADAMTS, a disintegrin and metalloproteinase domain with thrombospondin motifs; CI, confidence interval; IGFBP, insulin-like growth factor; IL, interleukin; indel, insertion/deletion; OA, osteoarthritis; OR, odds ratio; RT-PCR, reverse transcription-polymerase chain reaction; SNP, single nucleotide polymorphism; THR, total hip replacement
Statistical analysis
Genetic association, and Hardy-Weinberg equilibrium for the distribution of genotypes, was tested by \( \chi^2 \) analysis with Yates's correction. Odds ratios were calculated with 95% confidence intervals. The pairwise linkage disequilibrium coefficient \( (r^2) \) was calculated using the GOLD program (http://www.sph.umich.edu/csg/abecasis/GOLD/, accessed 28 December 2004).

Haplotype frequencies were accessed using the EH-PLUS program (http://www.iop.kcl.ac.uk/IoP/Departments/PsychMed/GEpiBST/software.stm, accessed 28 December 2004). Haplotype frequencies were compared using \( \chi^2 \).

RESULTS
Expression by OA chondrocytes and DNA variant detection
RT-PCR showed that the IGFBP7, ADAMTS3, and IL8 genes were expressed by OA articular cartilage chondrocytes (data not shown). Fourteen common DNA variants were identified in the three genes, comprising 12 single nucleotide polymorphisms (SNPs) and two insertion/deletion (indel) polymorphisms (table 2). Only one of the variants was exonic, the ADAMTS3 exon 3 SNP. This is an A to G transition coding for the substitution of the arginine at amino acid residue 138 by a lysine (Arg138Lys). This SNP is a member of the dbSNP database, with reference number rs788908 (http://www.ncbi.nlm.nih.gov/SNP/, accessed 28 December 2004). The six IL8 SNPs were all previously identified by Hull et al.

Genotyping and association analysis
Only the ADAMTS3 SNP (−19) showed evidence for association in the 146 female-THR probands, with a \( p \) value of 0.015. The rare allele of this SNP had a raised frequency in the probands (0.07) versus the controls (0.03). The odds ratio (OR) for the minor allele was 2.29 (95% confidence interval (CI) 1.22 to 4.29). Because this result could represent a false positive we genotyped the SNP in an independent cohort of 244 female-THR cases. We also genotyped these cases for the ADAMTS3 indel, which had approached significance in the female-THR probands, and for the ADAMTS3 exon 3 SNP, the only exonic variant. None of the three variants was associated in the 244 cases (table 3). The minor allele of the (−19) SNP was raised in the cases (0.05) compared with the controls (0.03), a pattern observed for the probands. When the probands and cases were combined and compared with the controls, there was no significant difference for the (−19) SNP. However, the \( p \) value of 0.022 and the OR of 1.91 (95% CI 1.13 to 3.23) were not as significant as those obtained for the probands alone (\( p = 0.015, \ OR = 2.29 \)). Increasing the sample size had reduced the significance of the association.

Of the six ADAMTS3 variants genotyped, three variant combinations had a pairwise \( r^2 \) value >0.20: (−7)/(−244), with an \( r^2 \) of 0.23; (−7)/(+316), with an \( r^2 \) of 0.60; and (−244)/(+316), with an \( r^2 \) of 0.27. We estimated the frequency of the eight possible haplotypes for these three variants in the 146 female-THR probands and in the 375 female controls (data not shown). There was no significant difference (\( p = 0.17 \)). The eight possible IL8 haplotypes we noted that two haplotypes were extremely common and accounted for over 93% of the variation of the allele that is less common in the controls; \( \Delta \) linkage disequilibrium (complete LD when \( r^2 = 1.0 \)).

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Table 1 Candidate genes

<table>
<thead>
<tr>
<th>Gene</th>
<th>HUGO* gene name</th>
<th>MIM† number</th>
<th>Cytogenetic position</th>
<th>Physical position (Mb)</th>
<th>Protein</th>
</tr>
</thead>
<tbody>
<tr>
<td>IGFBP7</td>
<td>602867</td>
<td>4q12</td>
<td>57.8</td>
<td>Insulin-like growth factor binding protein 7</td>
<td></td>
</tr>
<tr>
<td>ADAMTS3</td>
<td>605011</td>
<td>4q3.3</td>
<td>73.6</td>
<td>A disintegrin and metalloproteinase with thrombospondin motifs 3</td>
<td></td>
</tr>
<tr>
<td>IL8</td>
<td>146930</td>
<td>4q13.3</td>
<td>75.1</td>
<td>Interleukin 8</td>
<td></td>
</tr>
</tbody>
</table>


Table 2 IGFBP7, ADAMTS3, and IL8 common DNA variants detected by direct sequencing

<table>
<thead>
<tr>
<th>Gene</th>
<th>Location</th>
<th>Position</th>
<th>Nucleotide change</th>
<th>Amino acid substitution</th>
<th>Allele frequency†† (allele numbers) and p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>IGFBP7</td>
<td>Intron 2</td>
<td>+4†</td>
<td>T/A</td>
<td>0.38 (279/465)</td>
<td>0.41 (116/168)</td>
</tr>
<tr>
<td>ADAMTS3</td>
<td>Intron 1</td>
<td>−7††</td>
<td>Indel**</td>
<td>0.45 (351/397)</td>
<td>0.39 (108/172)</td>
</tr>
<tr>
<td>ADAMTS3</td>
<td>Intron 2</td>
<td>−244†</td>
<td>A/T</td>
<td>0.31 (229/511)</td>
<td>0.33 (94/190)</td>
</tr>
<tr>
<td>ADAMTS3</td>
<td>Intron 2</td>
<td>−128††</td>
<td>T/C</td>
<td>0.08 (63/818)</td>
<td>0.10 (29/229)</td>
</tr>
<tr>
<td>ADAMTS3</td>
<td>Exon 3</td>
<td>+316††</td>
<td>A/G</td>
<td>In complete LD‡‡ with variant ADAMTS3 intron 2 (−244)</td>
<td>0.33 (97/195)</td>
</tr>
<tr>
<td>ADAMTS3</td>
<td>Intron 12</td>
<td>−19††</td>
<td>A/C</td>
<td>0.03 (32/712)</td>
<td>0.07 (19/269)</td>
</tr>
<tr>
<td>ADAMTS3</td>
<td>Intron 15</td>
<td>−66&quot;</td>
<td>T/A</td>
<td>0.19 (140/598)</td>
<td>0.18 (51/239)</td>
</tr>
<tr>
<td>ADAMTS3</td>
<td>3’ UTR</td>
<td>+937&quot;</td>
<td>G/A</td>
<td>0.08 (330/414)</td>
<td>0.46 (131/155)</td>
</tr>
<tr>
<td>IL8</td>
<td>Promoter</td>
<td>−251‡</td>
<td>A/T</td>
<td>In complete LD‡‡ with variant IL8 promoter (−251)</td>
<td>0.44 (330/414)</td>
</tr>
<tr>
<td>IL8</td>
<td>Intron 1</td>
<td>396‡</td>
<td>C/T</td>
<td>In complete LD‡‡ with variant IL8 intron 3 (1633)</td>
<td>0.44 (330/414)</td>
</tr>
<tr>
<td>IL8</td>
<td>Intron 2</td>
<td>1238‡</td>
<td>Indel**</td>
<td>Could not be genotyped owing to pol (A) run</td>
<td></td>
</tr>
<tr>
<td>IL8</td>
<td>Intron 3</td>
<td>1633‡</td>
<td>T/C</td>
<td>0.42 (310/420)</td>
<td>0.44 (125/161)</td>
</tr>
<tr>
<td>IL8</td>
<td>3’ UTR</td>
<td>2767‡</td>
<td>A/T</td>
<td>0.40 (295/437)</td>
<td>0.43 (125/163)</td>
</tr>
</tbody>
</table>

*Relative to end of preceding exon; ††relative to start of following exon; †‡relative to start of exon 3; †−relative to last nucleotide of termination codon; †*relative to the IL8 gene transcriptional start site; ‡‡of a single (A) nucleotide; ††of the allele that is less common in the controls; ‡linkage disequilibrium (complete LD when \( r^2 = 1.0 \)).
Previously reported this phenomenon in a European population (haplotypes 1 and 12 of that publication). There was no significant difference in the frequency of the IL8 haplotypes between our OA probands and our controls (p = 0.20).

**DISCUSSION**

Selecting candidate genes for an association analysis is a subjective venture influenced by current, and probably limited, knowledge of the biological basis of trait variability. As a first step toward identifying the chromosome 4q hip OA susceptibility we investigated three genes that map within the linkage interval, that have a role in skeletal biology, and which are expressed in OA articular cartilage chondrocytes: IGFBP7, ADAMTS3, and IL8.

Insulin-like growth factors (IGFs) maintain the steady state metabolism of proteoglycans in articular cartilage, and a number of studies have examined the role of the IGFs and the insulin-like growth factor binding proteins (IGFBPs) in OA. Two interesting recent findings are that IGF-I can reverse the insulin-like growth factor binding protein 5 proteolysis in OA probands (p = 0.20). There was no significant difference in the frequency of the IL8 haplotypes between our OA probands and our controls (p = 0.20).

<table>
<thead>
<tr>
<th>Table 3</th>
<th>Genotyping of the ADAMTS3 SNPs intron 1 (–7), exon 3 (+316), and intron 12 (–19) in an additional cohort of 244 female-THR cases</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ADAMTS3 SNP</strong></td>
<td><strong>Allele frequency (allele numbers) and p value</strong></td>
</tr>
<tr>
<td>Intron 1 (–7)</td>
<td></td>
</tr>
<tr>
<td>Female controls</td>
<td>0.45 (331/397)</td>
</tr>
<tr>
<td>Female probands</td>
<td>0.38 (286/458)</td>
</tr>
<tr>
<td>Intron 12 (–19)</td>
<td></td>
</tr>
<tr>
<td>Female controls</td>
<td>0.03 (22/712)</td>
</tr>
</tbody>
</table>

**ACKNOWLEDGEMENTS**

This research was supported by the Arthritis Research Campaign and by Research into Ageing. We thank Ms Kim Chipsham who helped to organise the collection of the patient and family samples used in this study. We acknowledge the encouragement of Professor Shoichii Kokubun.

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Ethical approval for the study was obtained from the Oxfordshire Clinical Research Ethics Committee and informed consent was obtained from all subjects. The authors declare that they have no competing interests.

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Accepted 22 August 2004

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Ann Rheum Dis 2005 64: 474-476
doi: 10.1136/ard.2004.027342

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