

Ribosomal Genes Activity in Aged Down Syndrome Subjects

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Abstract: *Objective:* We aimed to investigate whether rRNA 28S/18S levels decrease with aging in Down Syndrome (DS) individuals and whether these decreased levels are tissue-specific.

Methods: We investigated mature rRNA 28S/18S levels by Northern Blotting in blood cells from 21 younger and 21 older DS individuals in comparison to 42 age-sex-matched controls. We also investigated these levels in oral mucosa and in blood cells from the same DS individuals.

Results: All DS subjects showed no clinical signs of dementia at the time of the study. We did not detect differences in rRNA 28S/18S levels among DS and control groups concerning either aging process or cell types.

Conclusions: Aging process in DS individuals was not characterized by reduced rDNA transcriptional activity and did not indicate a preclinical marker of AD in older DS subjects.

Keywords: Down's syndrome, Trisomy 21, Ageing, Ribosomal Genes Expression, rRNA.

INTRODUCTION

Loss of ribosomal genes has been observed in the aging process of many cell types, such as nervous tissue, cardiac and skeletal striated muscles as well as inhuman adipocytes. Alterations in rRNA biogenesis have also been associated with many diseases [1, 2]. A reduced ribosomal genes transcriptional activity and a preferential degradation of the major 28S subunit in relation to 18S have been verified in leukocytes from patients with Alzheimer disease (AD) [3-5].

Most of the clinical signs associated with normal aging occur prematurely in adult individuals with Down syndrome (DS) who also show early cognitive decline and generally develop neuropathological signs of AD [6].

A previous study conducted by our laboratory confirmed the progressive loss of chromosome 21 with age, in 2-4% of cells, in DS individuals, originally reported by Percy *et al.* [7], who called it an "occult mosaicism". Therefore, older DS should be considered individuals with low levels of cellular mosaicism which could contribute to the phenotypic variance and to AD.

We previously reported a significant decrease of satellite association and AgNOR staining frequencies in lymphocyte chromosomes carrying Nucleolar Organizer Regions (NOR) from older DS in relation to younger DS [8]. Literature shows controversial evidence regarding AgNOR staining frequencies in chromosomes from older DS individuals.

Increase in the rDNA expression has been detected in lactents and infants with DS using this technique and Dermitas [9] proposed that this increase in ribosome biogenesis leading to disturbed protein synthesis may contribute to DS phenotype [9-13].

Reduction in the ability or protein synthesis, quantity of 5.8S and 5S rRNA, tRNA and an increase in the oxidation of RNAs were detected in the cerebral cortex of *post-mortem* patients exhibiting mild cognitive impairment and AD [14, 15]. The authors proposed that ribosome function alterations may be an important marker in AD pathogenesis. Additionally, Honda *et al.* [16] suggested that rRNA acts as a redox center within the neuronal cells probably associated with reduction of protein synthesis.

The aim of our study was to investigate rDNA transcriptional activity through mature rRNA 28S/18S levels in younger and older DS subjects in two distinct tissues showing different embryonic origins and cell types and in age-sex-matched-controls. Thus, we selected blood cells, mesoderm-derived cells and oral mucosa cells, neuroectoderm-derived cells which share the same embryonic origin as neural cells. This is the first report comparing ribosomal transcriptional function in two different tissues from younger and older DS individuals.

METHODS

Procedure

Patients were recruited at the Center of Dental Treatment for Mentally Disabled (CAOE). 42 DS individuals and 42 controls were separated into 4 groups: younger DS patients (YD); elder DS patients (ED); younger control subjects

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(YC); elder control subjects (EC). YD group ranged 6-21 years old and OD presented 35-54 years old. This cut-off was based on literature researches that verified premature aging in DS at 30 years old [17]. Table 1 summarizes sample's characteristics.

Five millilitres of peripheral blood as well as biopsy samples from the healthy maxillary gingival tissue were collected from each patient. This study was approved by the National Health Research Ethics Committee, *Ministério da Saúde*, Brazil. Patients and their caregivers gave us an informed consent according to the Declaration of Helsinki.

DS diagnosis was obtained by clinical and cytogenetic exams. We have only included patients with three distinct copies of chromosome 21 in all analyzed metaphases. At the time examination, none of the patients presented any clinical signs or symptoms of dementia.

Total RNA was extracted from blood and gingival biopsy samples using QIAamp RNA Blood Mini Kit® (QIAGEN), following the manufacturer's instructions. rDNA regions

were amplified by polymerase chain reaction (PCR), and β -actin gene (*ACTB*) was used as an internal control. Primers used in the reaction were: 18S sense 5'-ATGGTAGTCG-CCGTGCCTACCAT; 18S antisense 5'-CCCCTGTTGAGTCAAATTAAGCCGCAG; 28S sense 5'-CAGCAGCACTC-GCCGAATCCC; 28S antisense 5'-GCGCCCTGCCCTTCAACAAGA; *ACTB* sense 5'-ATGTACGTTGCTATCCAGGC; *ACTB* antisense 5'-CCTTAATGTACGCACGATTT.

Ten micrograms of extracted RNA were separated by denaturing agarose gel electrophoresis containing 1% formaldehyde and then, transferred to Hybond-N+ nylon membrane (GE). Gene Image kit and CDP Star Detection Module kit (GE, USA) were used to label and detect the probes according to the manufacturer's protocol. Hybridization signals of each probe were quantified by Alpha Imager 2000 (Alpha Innotech Corporation™).

To verify the effect of aging process on rDNA activity, we measured rRNA ratio levels and compared the results of younger and elder groups using ANOVA. Moreover, we also

Table 1. Characterization of the sample. F = female; M = male; YD = young DS; ED = Elder DS; YC = young control; EC=Elder control. SD=Standard Deviation

Subject	Tissue	Age(Years)/Sex			
		YD	ED	YC	EC
1	Oral mucosa/ blood	14/F	37/F	18/M	68/M
2	Oral mucosa/ blood	14/F	43/F	14/M	67/M
3	Oral mucosa/ blood	20/F	51/M	18/F	70/M
4	Oral mucosa/ blood	6/M	39/M	16/M	66/M
5	Oral mucosa/ blood	11/M	38/M	14/M	73/M
6	Oral mucosa/ blood	14/F	44/F	17/M	78/M
7	Oral mucosa/ blood	11/F	41/F	19/M	68/F
8	Oral mucosa/ blood	17/F	44/F	22/F	70/F
9	Oral mucosa/ blood	6/M	45/F	17/M	66/M
10	Oral mucosa/ blood	13/M	36/M	18/M	68/M
11	Oral mucosa/ blood	21/M	50/M	20/M	72/F
12	Blood	16/M	35/F	19/F	61/M
13	Blood	12/F	35/M	19/F	71/F
14	Blood	9/F	47/F	19/F	70/F
15	Blood	17/M	43/F	18/F	62/M
16	Blood	12/M	46/M	18/F	72/F
17	Blood	9/M	38/M	20/M	70/M
18	Blood	13/M	54/M	24/F	74/M
19	Blood	17/F	46/F	23/M	76/F
20	Blood	13/F	44/F	20/M	70/M
21	Blood	13/F	38/F	20/M	76/F
MEAN AGE \pm SD		13.21 \pm 3.95	42.54 \pm 5.38	18.47 \pm 2.49	69.9 \pm 4.29

compared intraindividual measurements to evaluate the effect of each tissue on rDNA activity by paired-samples t-test. For this proposal, a subsample of 10 individuals composed each group. p-value lower than 0.05 was considered significant.

RESULTS

Whereas our paired-samples t-test results showed no significant differences between blood and gingival samples within each group (YD: p=0.229; ED: p=0.089; YC: p=0.085; EC: p=0.34), ED patients presented higher level of rRNA 28S/18S in gingival than in blood cells (p=0.089), although the statistical significance was not reached. In contrast, gingival cells from YC showed lower 28S/18S rRNA ratio levels than blood cells (p=0.085). These controversial findings might be explained by the association of elevated level of cell repair with increased protein synthesis related to periodontal diseases, long-lasting healing process and inflammatory responses in gingival cells from elder DS [18-21].

Our ANOVA results showed no difference of 28S/18S rRNA ratios among groups (F=0.283, p=0.959), even when blood and gingival samples were analyzed separately (F=0.056, p=0.982; F=0.389, p=0.772, respectively). Using a smaller sample and a different technique, we have previously reported no significant differences in 28S:18S rRNA ratios in blood cells from younger and older DS [22]. These findings confirmed another study in lymphocytes and skin fibroblasts from DS adult individuals and controls by dot blot [23].

Our results concerning mature rRNA 28S/18S levels in blood and in oral mucosa cells from the same DS and control individuals did not differ between these tissues (Table 2).

The comparison of rRNA levels among all groups including both tissues also failed to reveal significant differences (Table 2). Moreover, rRNA levels in blood cells from 42 DS and 42 age-sex-matched controls did not differ significantly (data not shown).

DISCUSSION

Our results confirm those of McQuillan & Choo [23] who observed no significant differences in rRNA levels in lymphocyte and skin fibroblast cells from eight DS adults and controls using slot dot procedure. Our findings also confirm those from Borsatto-Galera [22] in our laboratory, who verified no significant differences in mature rRNA levels in blood cells from eight young and eight older DS individuals in comparison with age-sex-matched controls using the same technique.

The rRNA biogenesis is a complex and multi step process beginning in NOR chromosome regions and nucleoli where pre-rRNA is modified by almost 80 small nucleolar RNPs (snoRNPs), by other 150 non-ribosomal proteins and by many non-coding small RNAs. An efficient transcription of rDNA by Pol I needs the formation of a preinitiation complex (PIC) which includes Upstream Binding Factor (UBF) and Selectivity Factor 1 (SF1) on the promoter region. UBF mediates recruitment of Pol I by its interaction with this enzyme as well as with many other factors. A subset of small subunit ribosomal proteins (snoRNPs) and non-ribosomal factors assemble co-transcriptionally with the pre-RNA to form a terminal knob, the first pre-ribosomal particle on the path to the small ribosomal subunit.

Synthesis of rRNA is also influenced by some genes related to cell cycle, cell proliferation and cell differentiation,

Table 2. rRNA 28S/18S from gingival (G) and blood (B) tissues from each individual: younger Down syndrome (YDB and YDG), older Down syndrome (ODB and ODG), Younger controls (YCB and YCG) and elderly controls (OCB and OCG). SD= standard deviation; p= p value

Subject	YD		OD		YC		OC	
	B	OM	B	OM	B	OM	B	OM
1	0.90	0.86	0.93	0.91	1.03	1.04	0.92	1.10
2	0.68	0.72	0.61	0.66	0.72	0.63	0.61	0.62
3	0.92	0.77	0.83	0.9	0.91	0.57	0.81	0.89
4	1.12	0.97	1.22	1.24	1.26	1.06	1.46	1.32
5	1.24	1.19	1.16	1.11	1.23	1.23	1.04	1.17
6	0.86	0.86	0.92	0.97	0.72	0.77	0.9	0.80
7	1.05	1.14	0.95	1.00	0.97	0.97	0.89	0.91
8	0.94	1.00	0.98	0.95	1.00	1.02	1.06	0.96
9	1.07	0.8	1.18	1.23	1.21	1.19	1.21	0.74
10	1.12	1.13	1.12	1.21	1.16	0.90	1.15	0.94
Mean	0.99	0.94	0.99	1.02	1.02	0.94	1.01	0.95
± SD	± 0.16	± 0.17	± 0.19	± 0.18	± 0.20	± 0.12	± 0.24	± 0.28
Paired t - Test p=	0.229		0.089		0.085		0.34	

such as *TP53*, *RB* and *MYC*, whose importance in this process is becoming more and more evident. Furthermore, ribosomal RNA synthesis by Pol I is crucially dependent upon nutrient availability and drives ribosome biogenesis, a process close linked to cell growth and proliferation [24-27].

Recent experiments have shown that rRNA gene expression is regulated by chromatin remodeling factors, small non-coding RNAs and epigenetic events, including histone acetylation and methylation and DNA methylation in many organisms. These epigenetic regulation mechanisms also involve a reallocation of the majority of rDNA from perinucleolar heterochromatin into the nucleolus [25, 28].

The regulatory role of the new non-coding rRNA transcripts that correspond to polyadenylated RNAs containing portions of 18S and 28S rRNA genes is still being elucidated [29]. It is well known that AgNOR staining counts detect proteins complexed with pre-rRNA in the beginning of rRNA biogenesis which occur in NOR regions and nucleoli and are substrate for staining reaction. On the other hand the analysis using Northern blotting technique detects the presence of mature rRNA levels subunits after pre-rRNA processing and exportation to the cytoplasm compartment [25].

The discrepancy between our present findings related to mature rRNA levels and our previously results, analyzing rDNA transcriptional state through AgNOR staining technique, was probably due to the different experimental strategies and approaches to evaluate rRNA biogenesis, detecting different molecular elements, cell cycle phases, cell proliferation and differentiation conditions as well as the responses to environmental modifications.

The dynamic nature of nucleoli has been progressively clarified, including the nucleolar composition changing in response to external stimuli. Epigenetic regulation establishes an interface between environmental responses and gene determination.

Although there are few reports comparing AgNOR staining counts in human chromosomes with slot dot techniques they show a good agreement between the cytological approach and the molecular investigation [3-5].

Previous works conducted by our laboratory have confirmed an age-related loss of chromosome 21 in 2-4% of cells from DS, classified as "occult mosaicism" [7, 8]. Moreover, FISH interphase technique revealed that lymphocyte cells were more prone to lose 21q telomere regions than oral mucosa cells obtained from the same 11 DS individuals, aged from 5-54 years old. The authors proposed that cell repair was more efficient in oral mucosa cells mainly due to the higher proliferation rate of this tissue than to a germ layer origin [8, 30].

Transcriptional profile in blood cells of DS and AD using different methodologies, such as SAGE libraries and distinct microarray platforms revealed, as expected, common and distinct expression of some families of genes in both diseases.

Fehlbaum-Beurdeley *et al.* [31] verified 133 genes in blood cells whose expression pattern may distinguish AD patients from controls. These genes were involved in five major pathways occurring in macrophages and lymphocytes, such as to the transforming growth factor-beta signaling,

oxidative stress, cytoskeletal organization, inflammatory and immune responses, lipid-raft, cholesterol homeostasis and the ubiquitin proteasome system. These findings confirmed previous results obtained in the same cells by Maes *et al.* [32], who also verified differential expression of genes involved in DNA repair and in novel pathways of beta-amyloid deposition.

Transcriptional analysis in blood cells and in lymphoblastoid cells of Down's syndrome subjects revealed that most of the chromosome 21 transcripts are compensated for the gene-dosage effect and some were highly expressed [33, 34]. These highly expressed genes were related to some major functions, such as cytosolic ribosome, protein biosynthesis, immune response, regulation of protein metabolism, RNA processing, oxidative phosphorylation and cell cycle among others [33].

A briefly comparison between DS and AD transcriptional profiles reveal some distinct as well some common genes expressed in both disorders. A further critical and methodological accurate comparison of profiles of DS and AD may provide distinct transcriptome related to each disease.

These distinct transcriptome profiles may also be responsible for the discrepancy between our AgNOR and rRNA 28S/18S findings in DS and AD subjects. With certainty these studies still requires replication of data under many aspects. Furthermore, recent advances associated with rRNA biogenesis, gene expression and proteomics are progressively clarifying many aspects of these complex and dynamic processes.

CONCLUSION

Therefore, the aging process in DS individuals was not characterized by reduced rDNA transcriptional activity and did not indicate a preclinical marker of AD in older DS subjects.

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