

The molecular basis for cancer development in the individual patient are largely unknown

Possible risk factors:

- Genetic damage - Mutation
- Induced alteration of gene expression
- Chemical agents
- Radiation
- Viruses
- „epigenetic“ factors
- ????????????????

Alone or in Combination

Genes in the News



**"All the News
That's Fit to Print"**

The

NY TIMES 11/3/95

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Research Links One Gene To Most Breast Cancers

New Hope for Predicting and Treating Disease

By GINA KOLATA

A gene that was thought to cause only a small proportion of breast cancers now appears to be at the heart of nearly all of them, researchers report.

The finding may lead to new ways to give a prognosis and to treat breast cancer, but there is no immediate action recommended for women who have breast cancer or are concerned about a genetic predisposition to the disease.

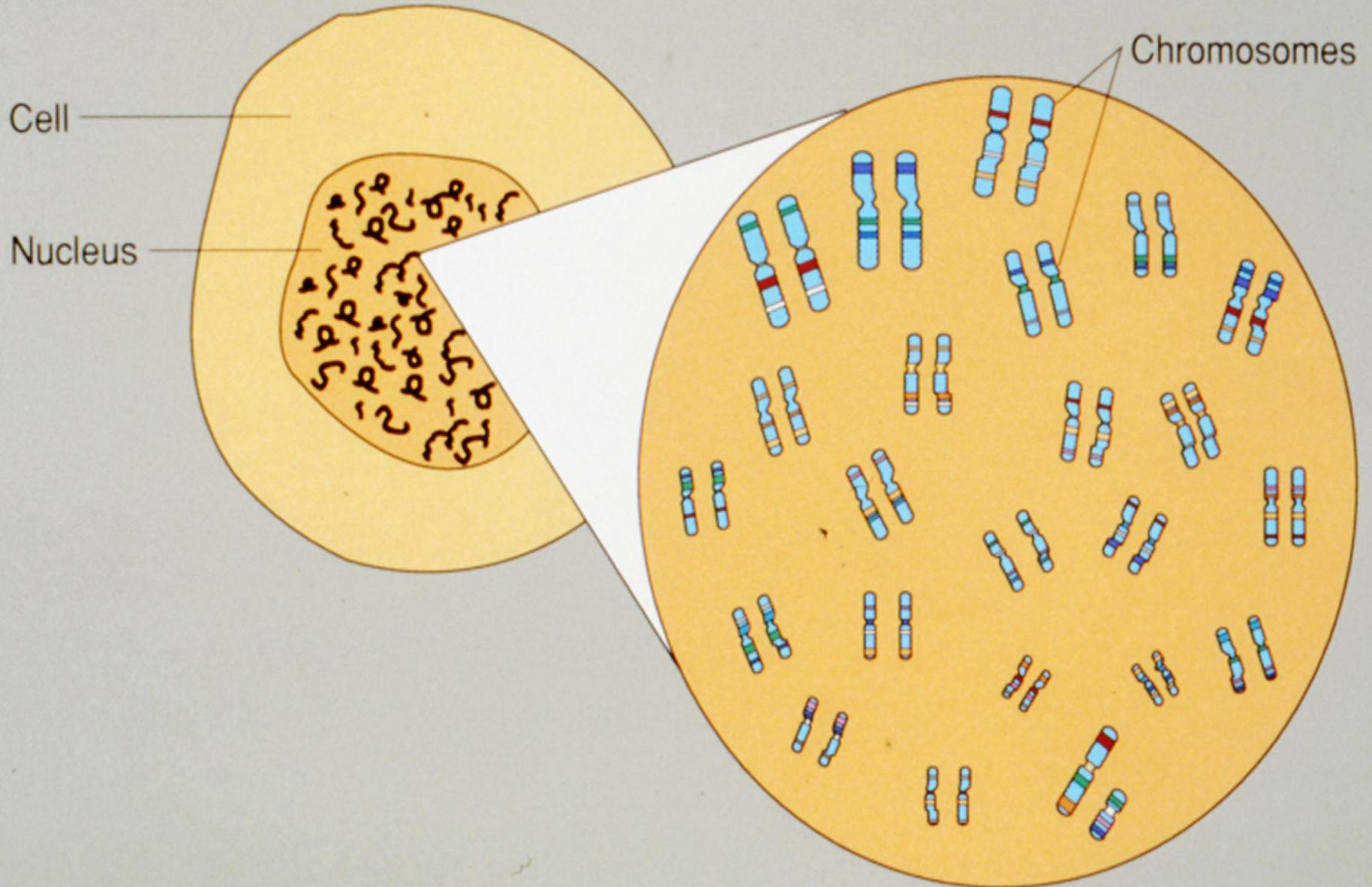
A mutated form of the gene had about a 90 percent chance of developing breast cancer and about a 60 percent chance of developing ovarian cancer in their lifetimes.

But women with familial breast cancers constitute just 5 percent of all women with the disease, so the importance of the finding seemed of minor importance for the vast majority of women who might contract breast cancer.

The role of genes in cancer development

1. Strong hereditary factors,
Mendelian-Genetics of inherited risk, high penetrance
2. Medium inherited influence,
penetrance limited
3. Weak inherited influence, often can only be diffusely
delineated
4. Somatic mutation without recognizable inherited basis
erbliche Basis
5. „Epigenetic“ alterations of gene expression

DNA Molecules





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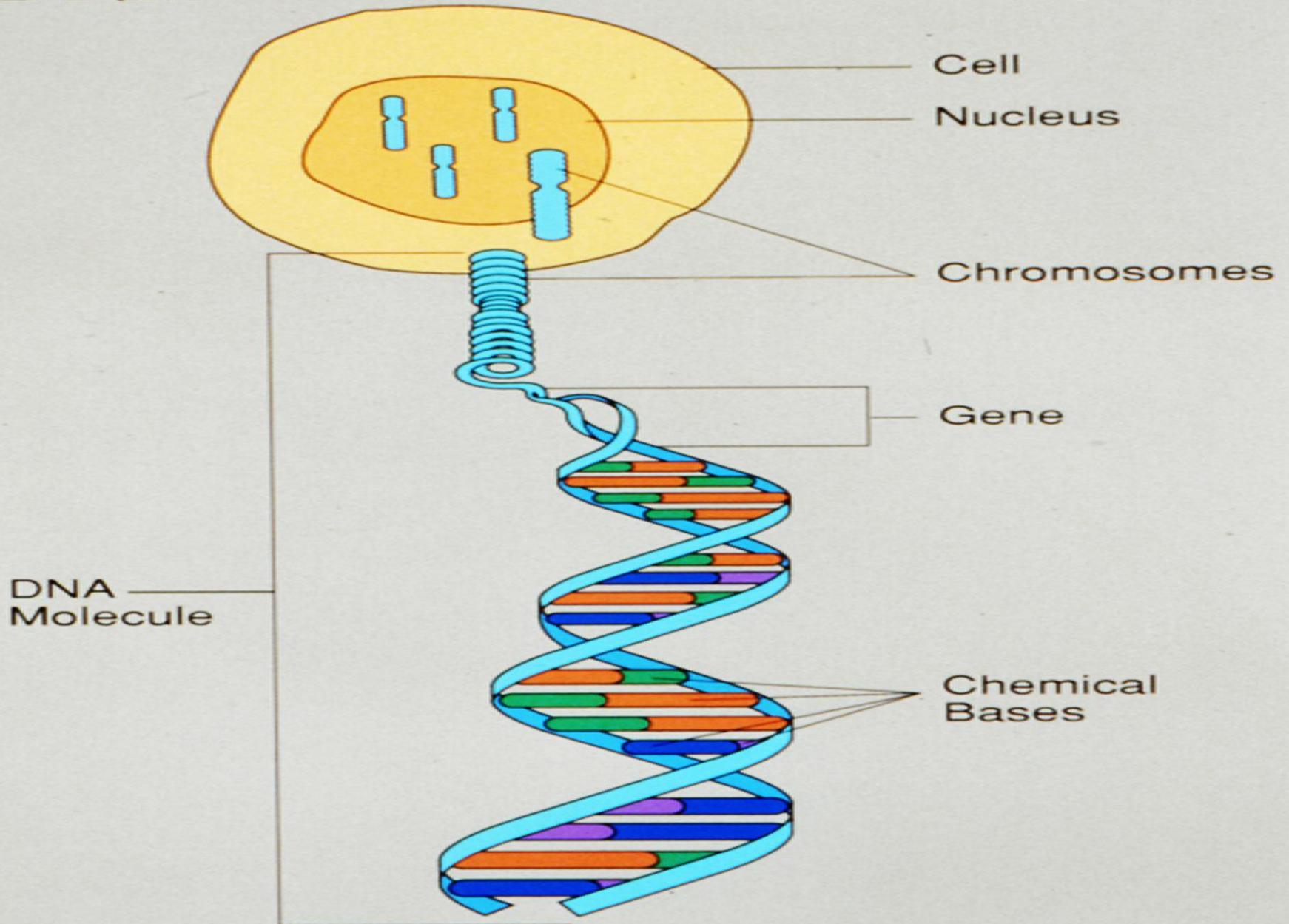


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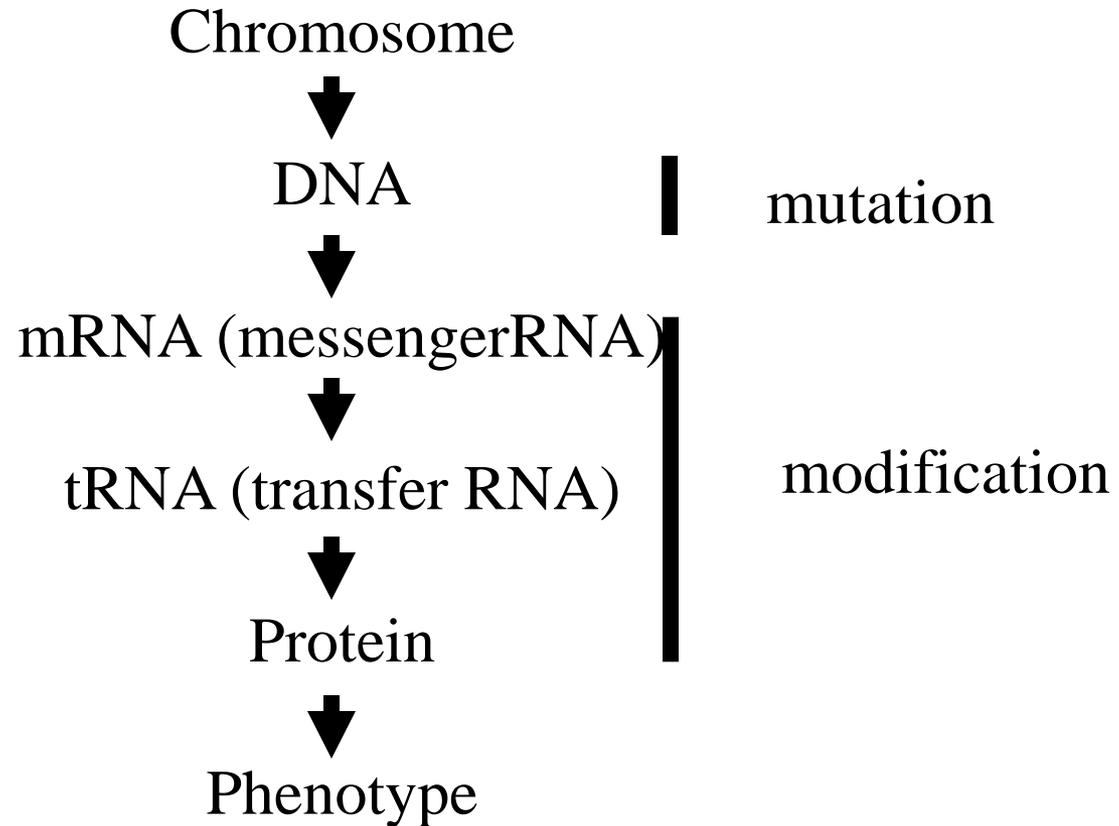
X Y

DNA

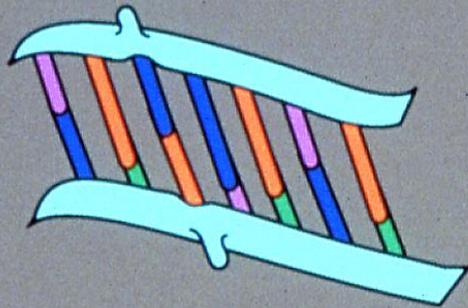


From Genotype to Phenotype-----

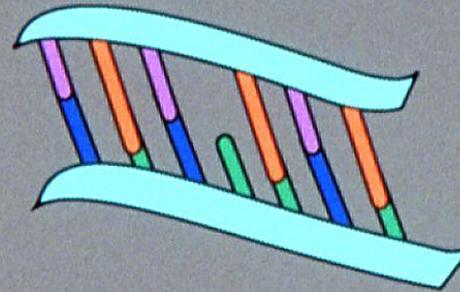
Flow of genetic information („classical“ order)



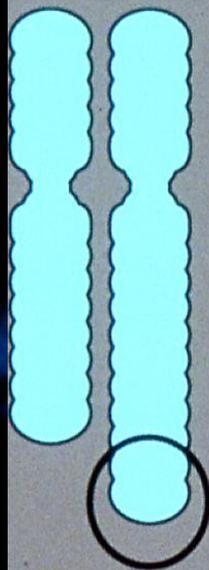
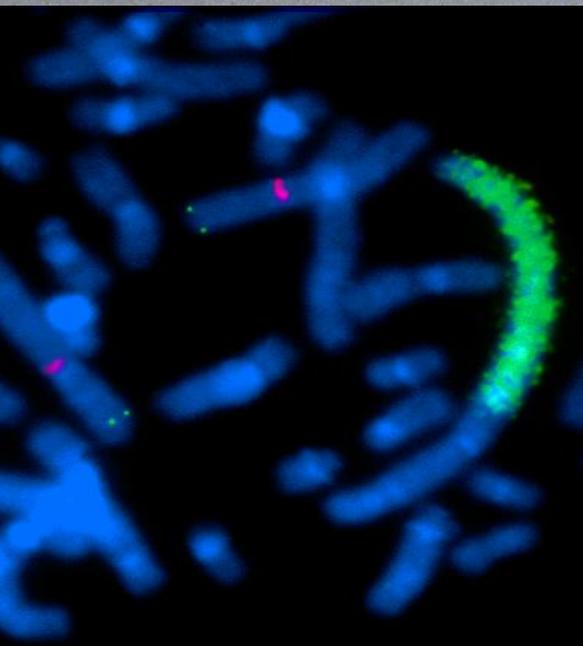
GENE MUTATIONS



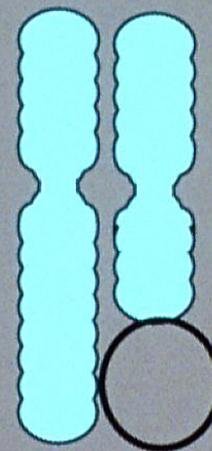
Mismatch



Deletion

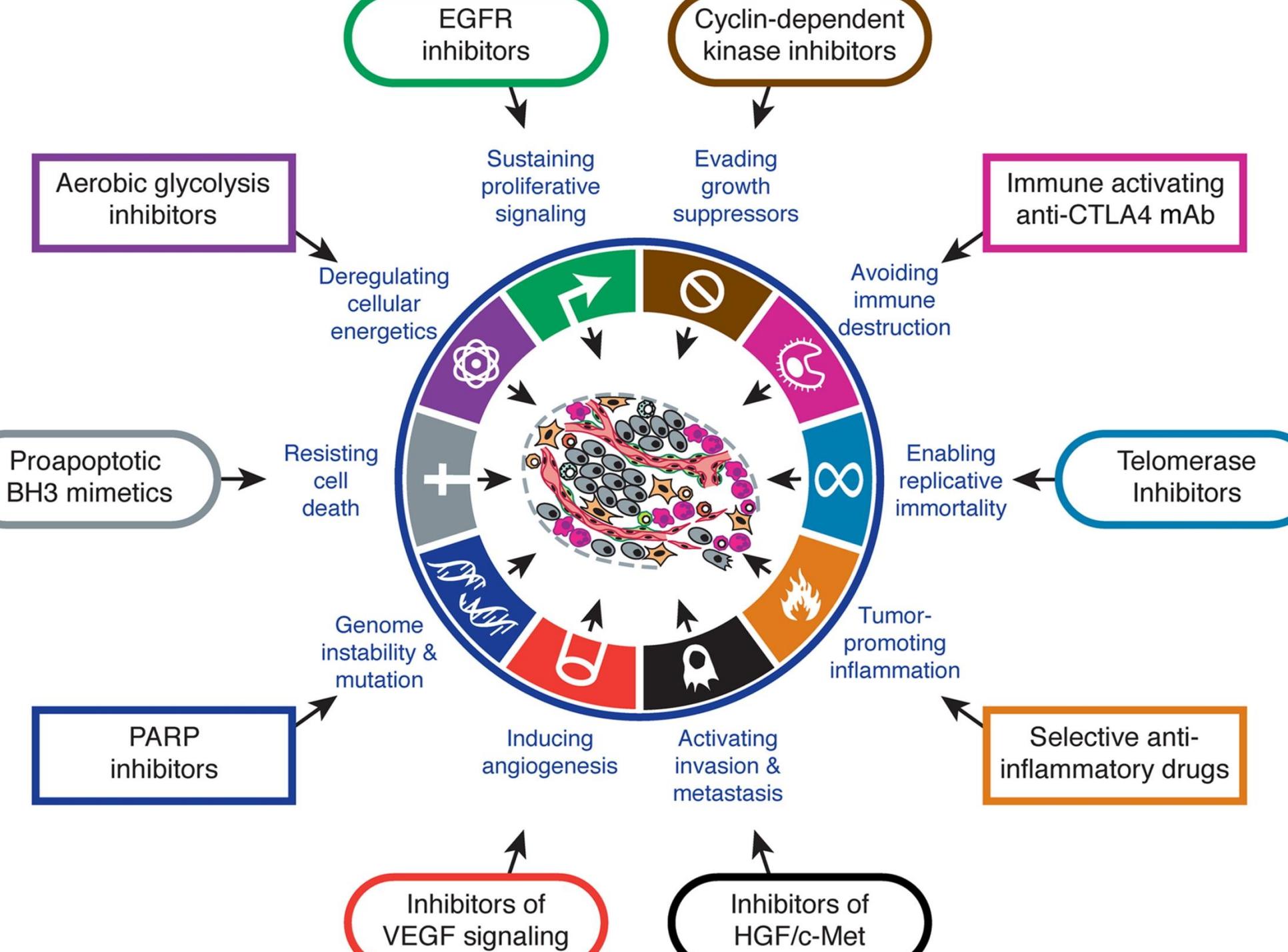


Repetition

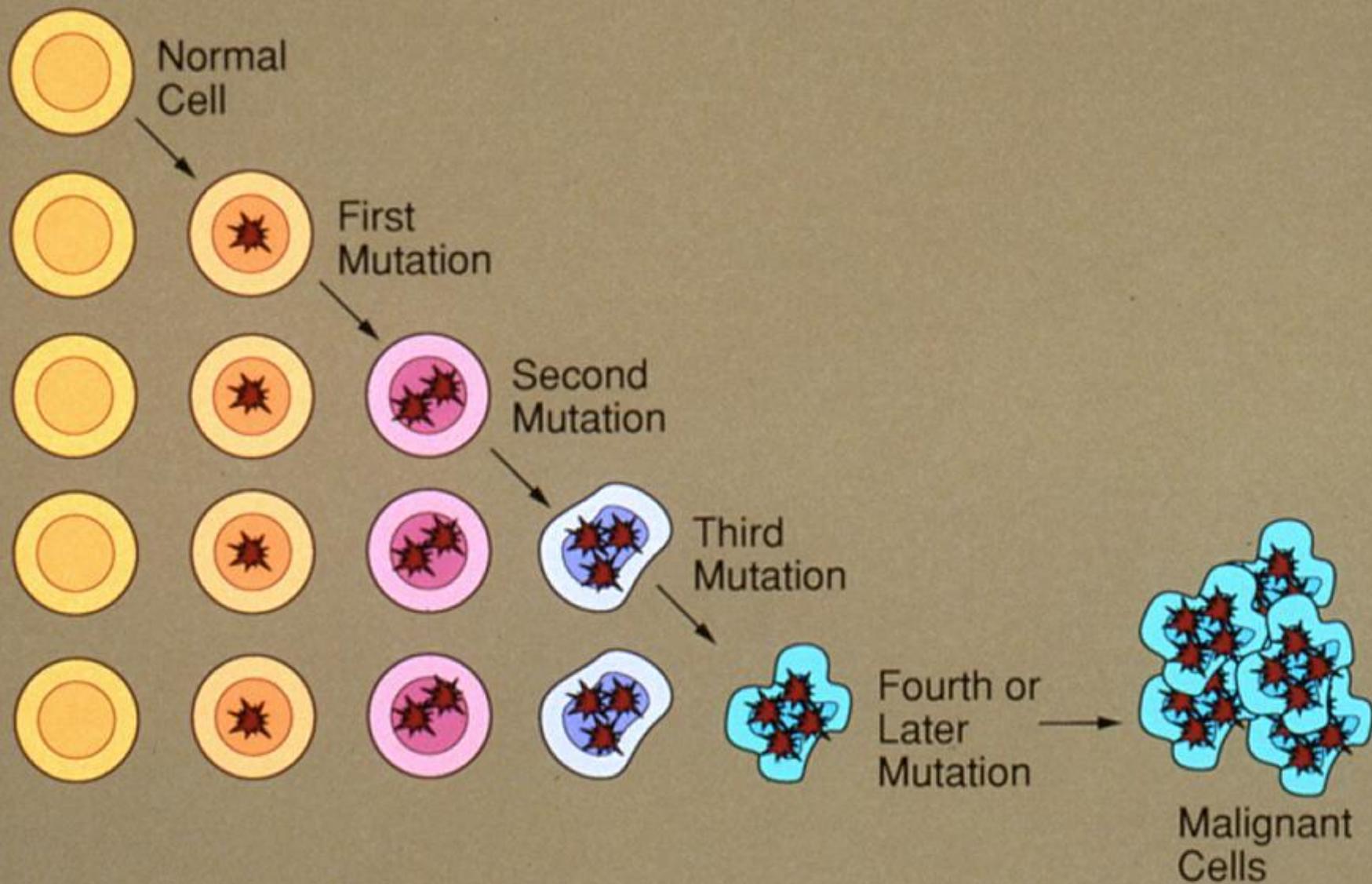


Deletion





Many Mutations Lead to Cancer



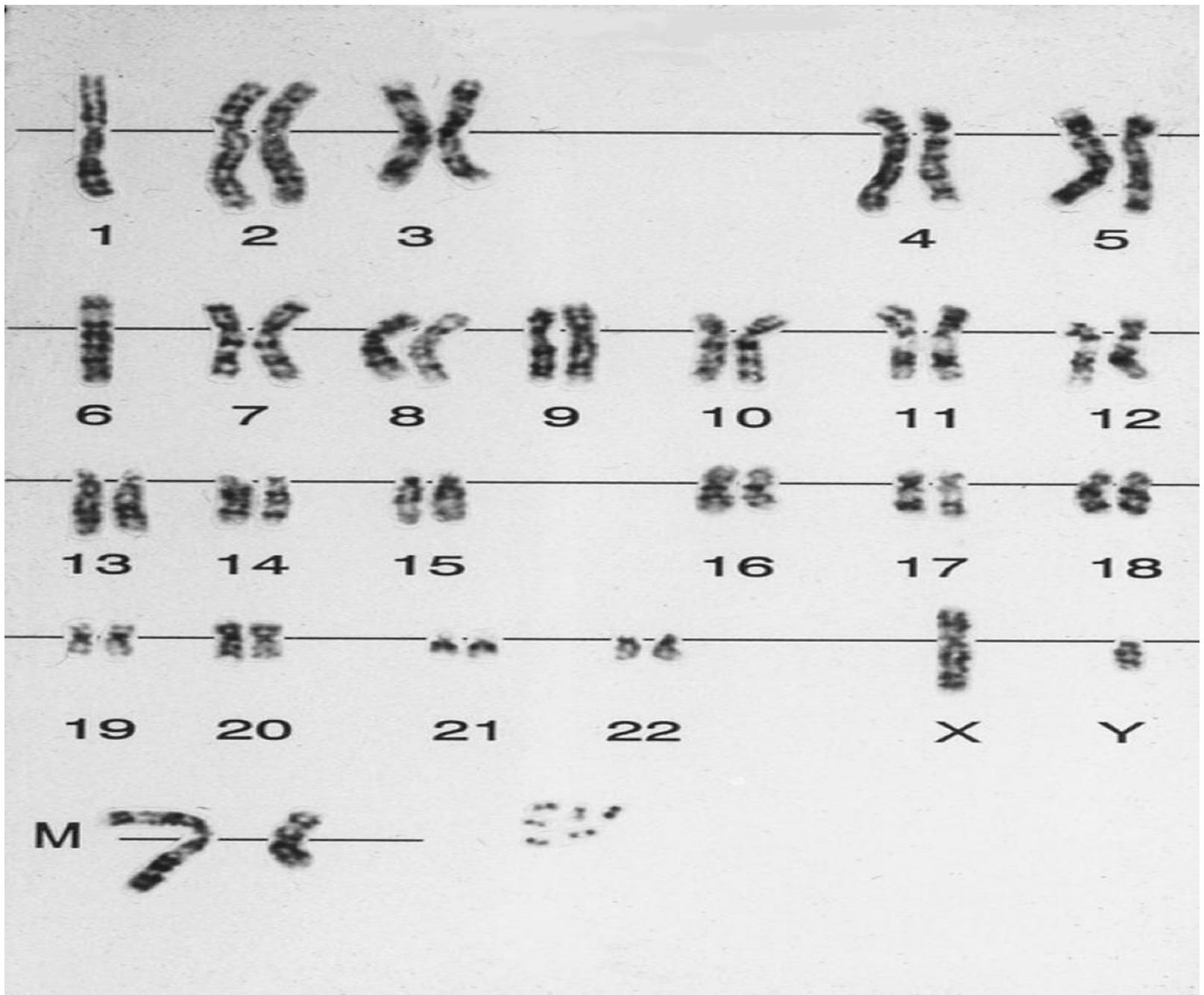
Genomic instability leads to genetic heterogeneity of tumor cell populations

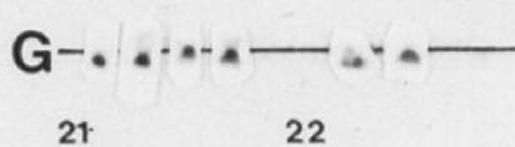
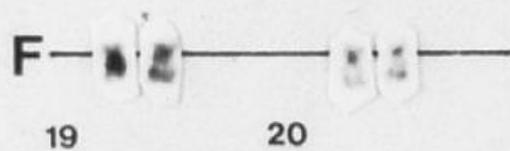
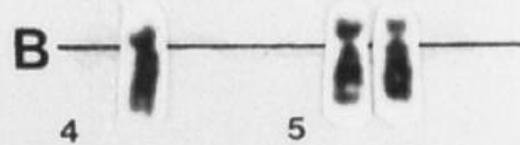
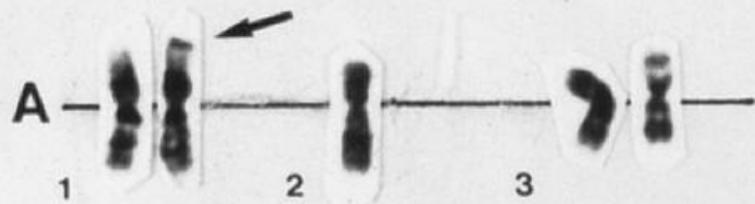
a b c d
e f g h
i

a b u v
w g h
i

a b c d
e m l x
y

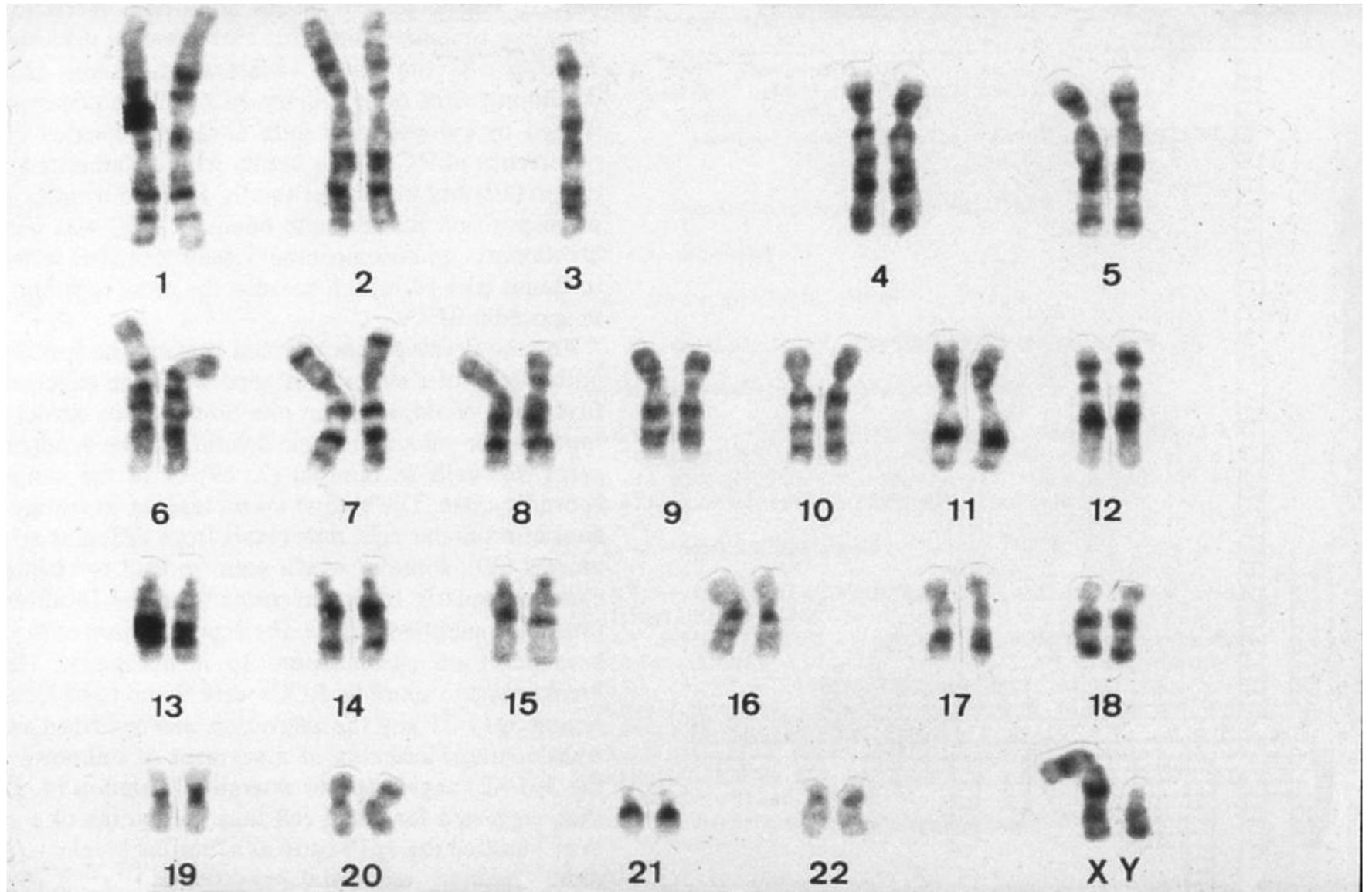
a b k h
p q ü ö
t





unidentified
chromosomes







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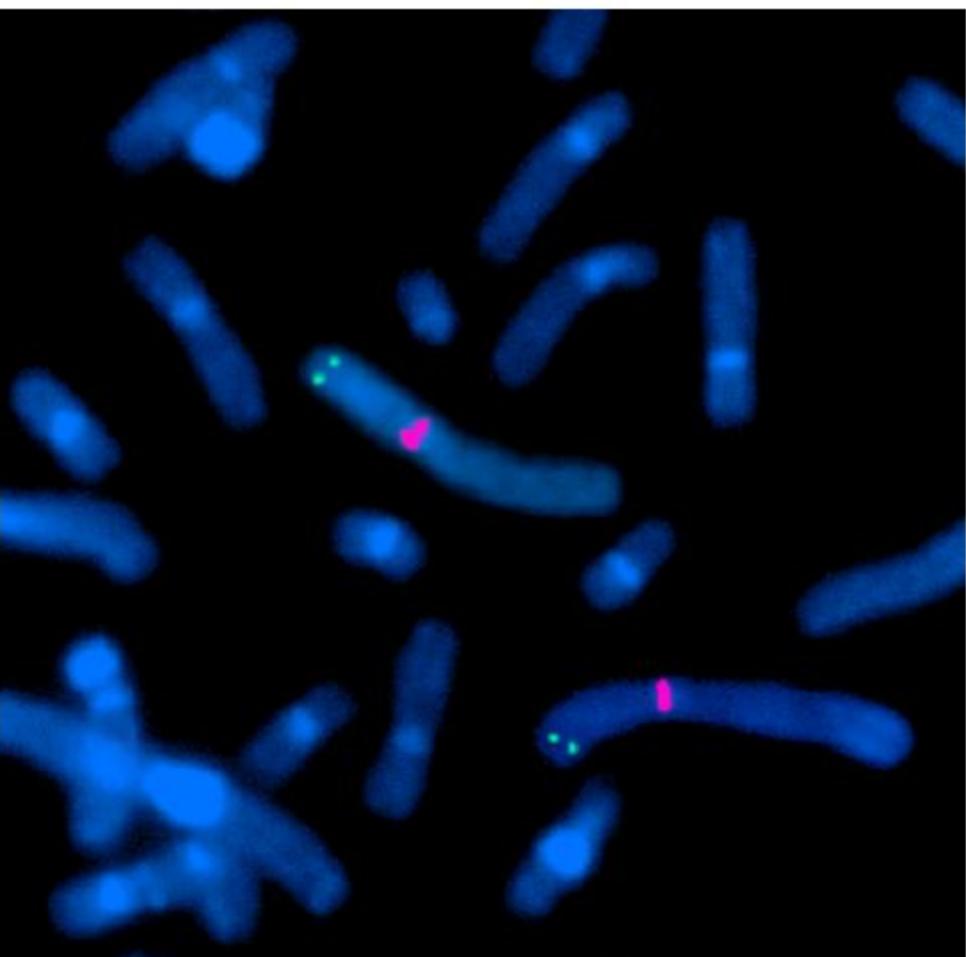
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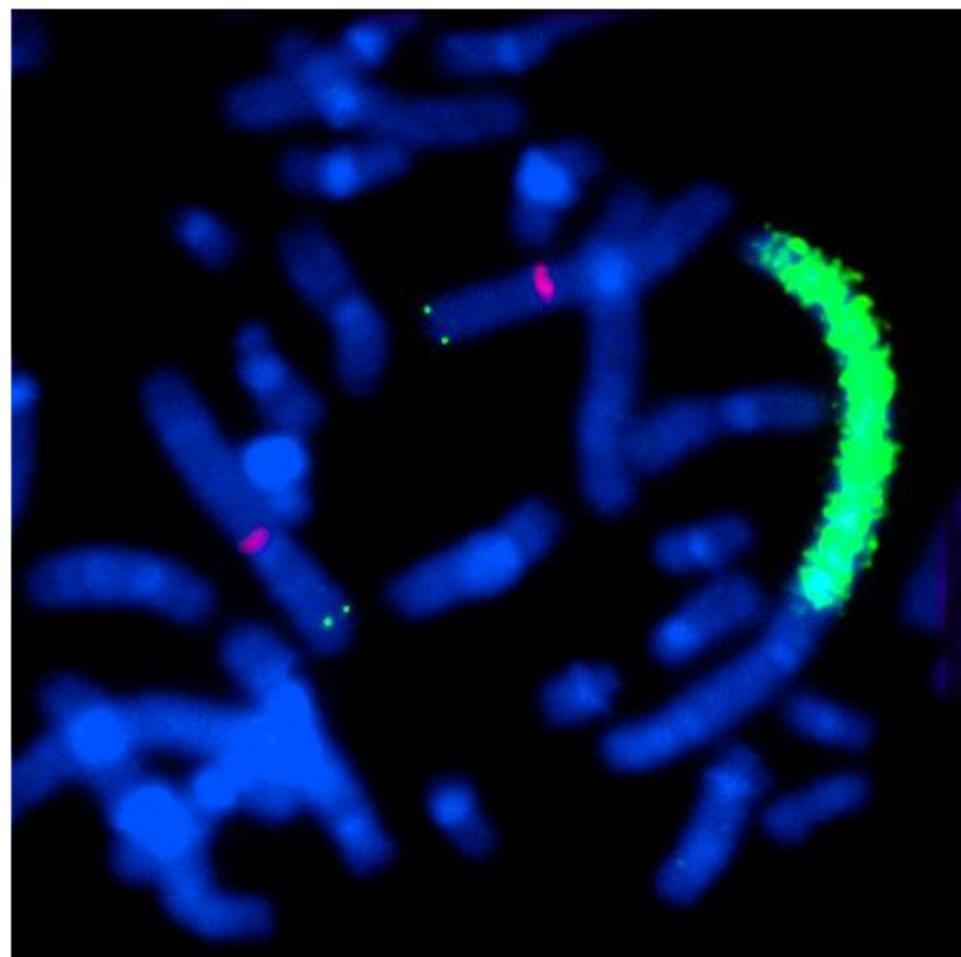
22



XX



Normale Zelle



Tumorzelle

The role of genes during cancer development

- 1. Strong inherited influence,
Mendelian-Genetics of inherited risk with high degree of
penetrance;
individual cancer risk can be well determined by a genetic test
because the likelihood of gene-mutation carriers to develop
cancer is close to 100%**

Cancer predisposition genes

1. *Tumour suppressor genes*

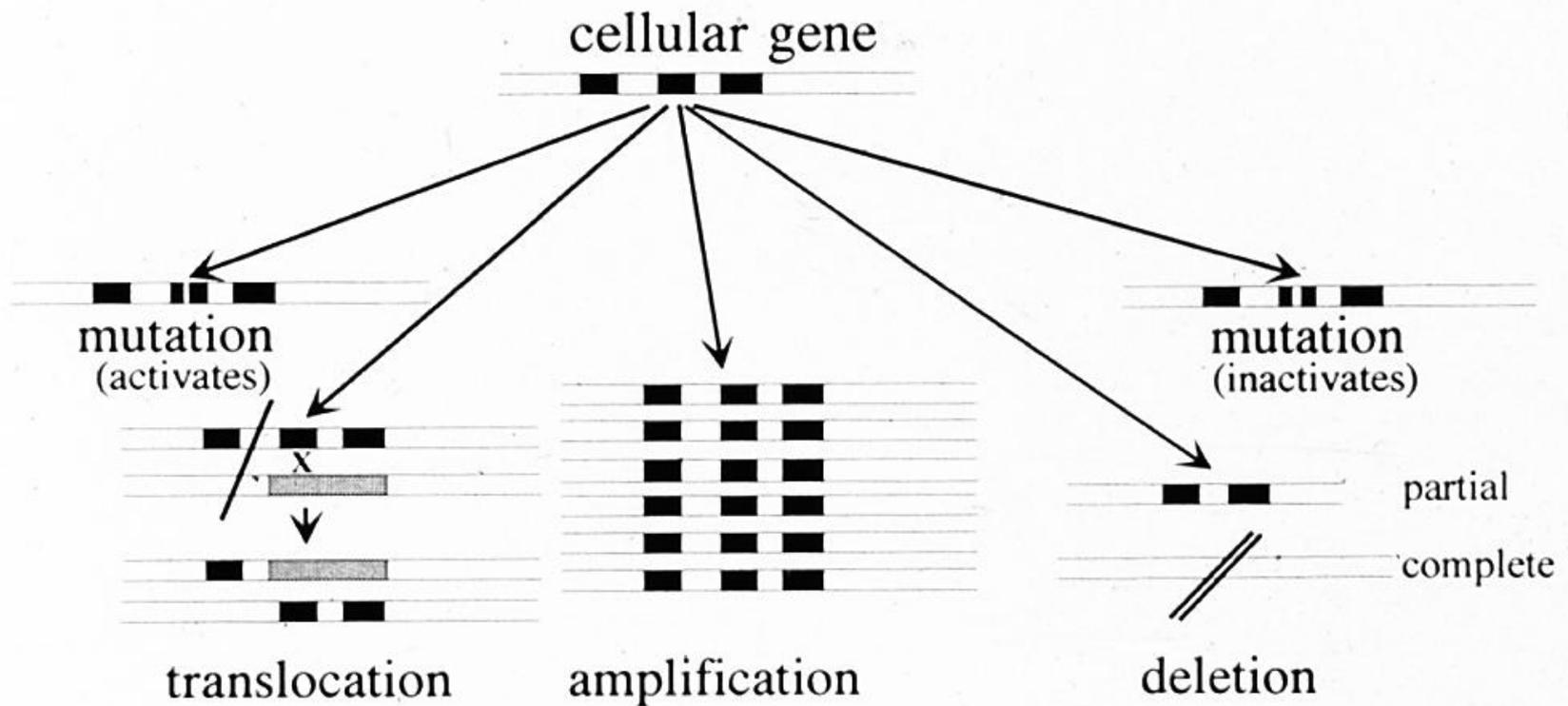
- **gatekeeper genes** (the classic tumour suppressors) limit cell growth by regulating basic cell functions and controlling cell cycling, proliferation, differentiation and apoptosis
- **caretaker genes** correct errors in and repair DNA

both alleles must be inactivated

2. *Oncogenes*

- encode proteins such as growth factors, growth factors receptors, membrane associated signalling proteins or transcription factors; they are activated during cell growth in response to growth promoter stimulation
- oncogenes are abnormally derived from proto-oncogenes; transformation to cancer involves retroviral action, point mutation, chromosome rearrangements (translocation) or amplification

mutation of one allele is sufficient to produce uncontrolled cell growth

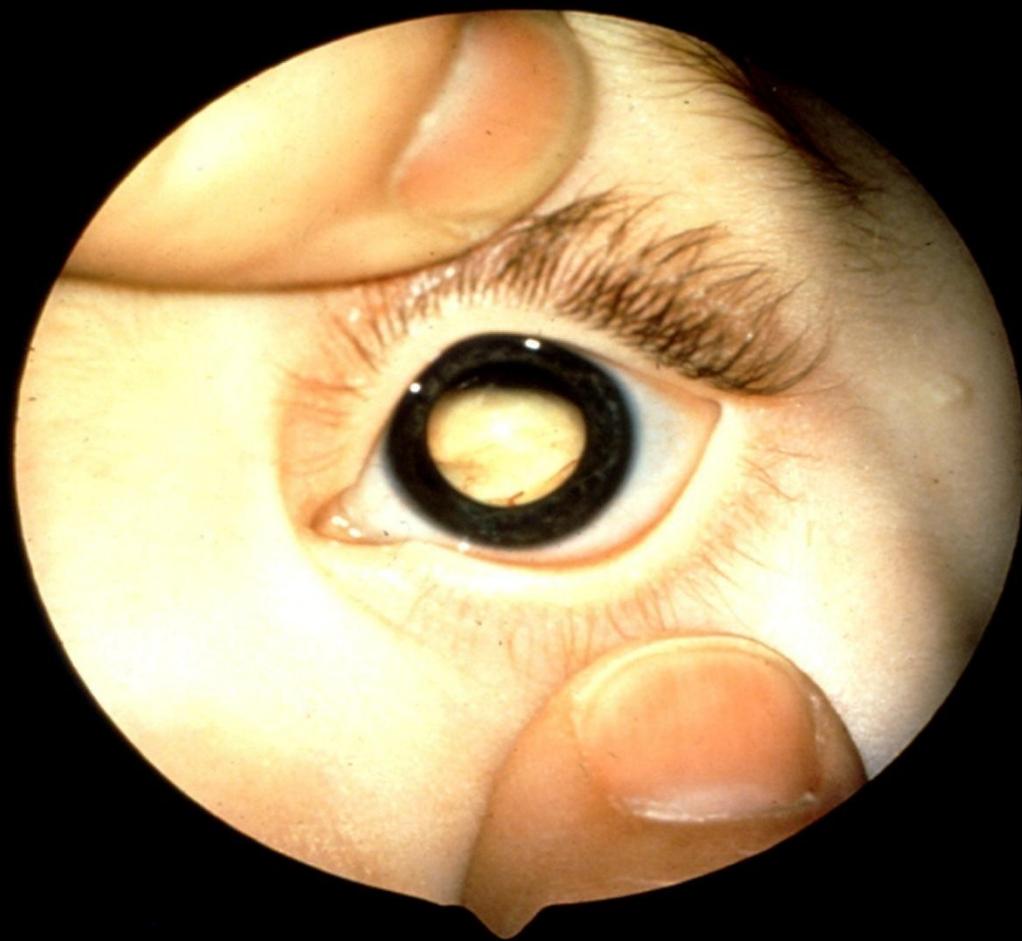


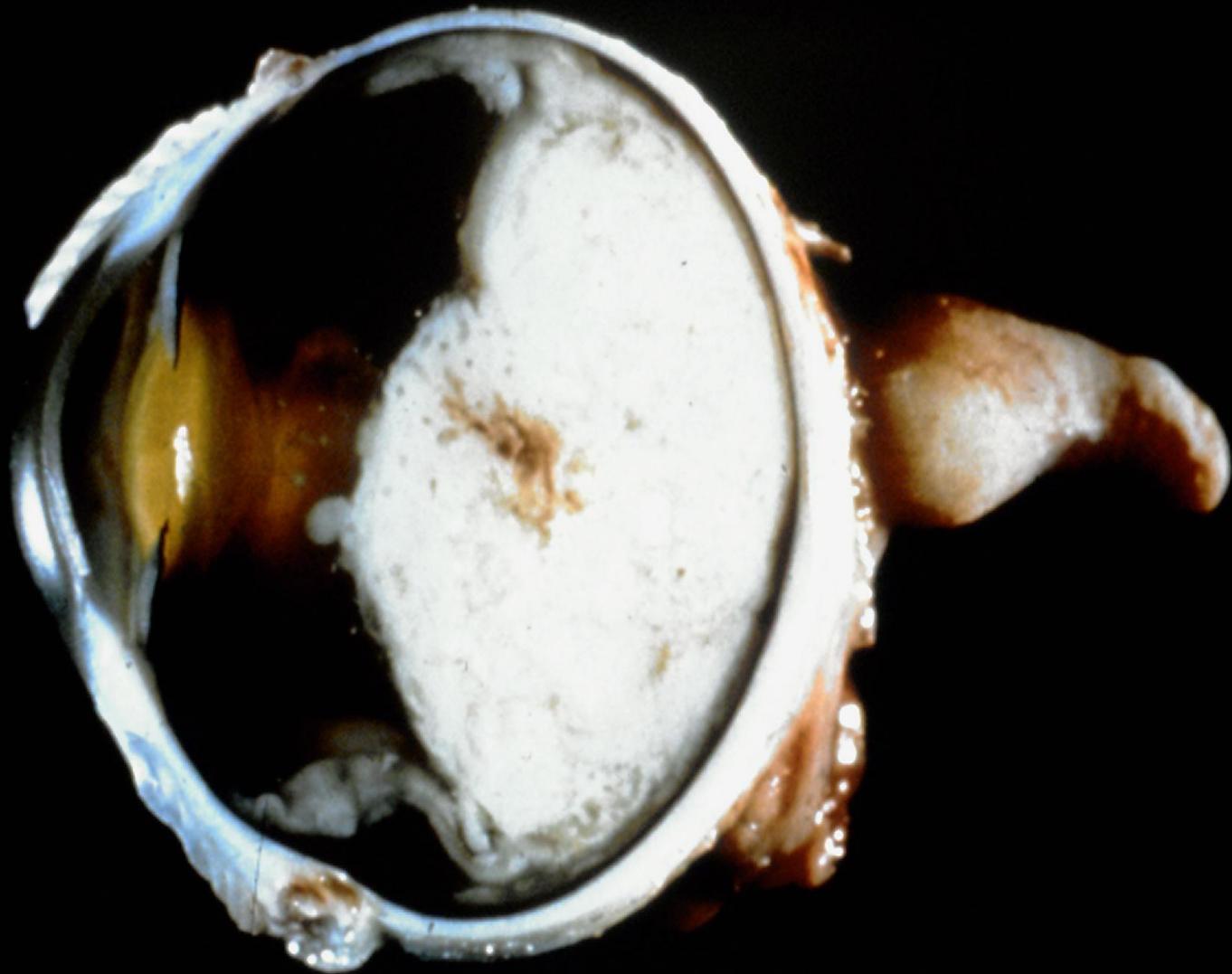
oncogenes

*tumor
suppressorgenes*



Fig. 9-2. Leukocoria as a presenting sign of retinoblastoma





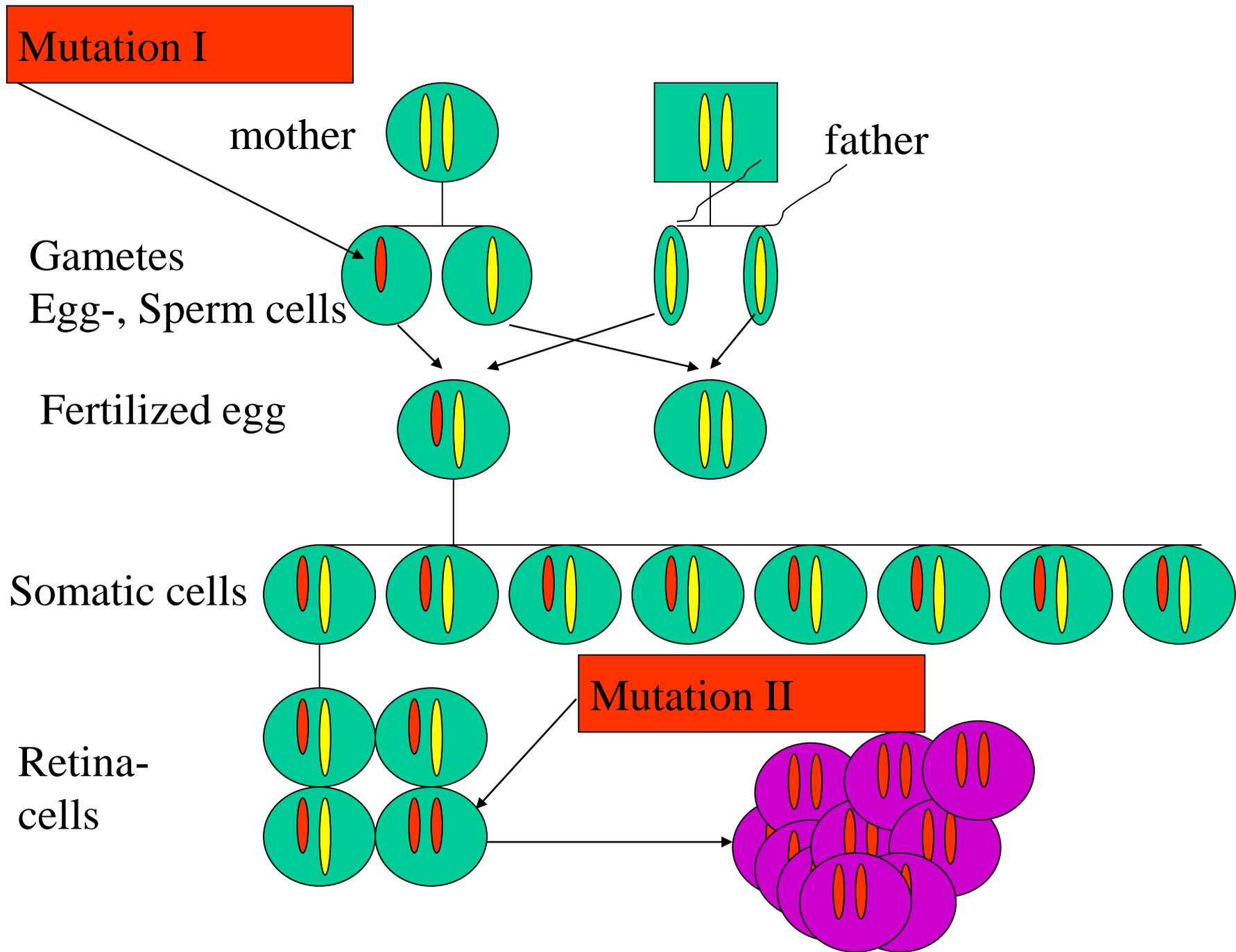


Table 1 | **Hereditary cancer syndromes**

Syndrome	Associated genes	Predominant tumour types or abnormalities
Hereditary breast and ovarian cancer	<i>BRCA1</i> <i>BRCA2</i>	Breast carcinomas, ovarian carcinomas
Carney complex	<i>PRKAR1A</i>	Skin pigment abnormalities, endocrine tumours, schwannomas
Cowden	<i>PTEN</i>	Breast carcinomas, thyroid carcinomas, endometrial carcinomas
Familial adenomatous polyposis	<i>APC</i>	Adenomatous polyps of the colon/rectum, gastrointestinal cancers, papillary thyroid carcinomas
Familial melanoma	<i>CDKN2A</i> <i>CDK4</i>	Cutaneous malignant melanoma, pancreatic cancers
Hereditary papillary renal carcinoma	<i>MET</i>	Papillary renal-cell carcinomas
Hereditary non-polyposis colorectal cancer	<i>MSH2</i> <i>MSH6</i> <i>MLH1</i> <i>PMS1</i> <i>PMS2</i>	Colorectal and endometrial adenocarcinomas
Hereditary diffuse gastric cancer	<i>CDH1</i>	Diffuse adenocarcinomas of the stomach wall
Juvenile polyposis coli	<i>MADH4</i>	Multiple juvenile polyps in the gastrointestinal tract, colorectal and gastrointestinal malignancies
Li-Fraumeni brain	<i>TP53</i>	Breast cancers, soft-tissue sarcomas, tumours, adrenocortical tumours, leukaemia
Multiple endocrine neoplasia type 1	<i>MEN1</i>	Primary hyperparathyroidism, pancreatic islet-cell tumours, anterior pituitary tumours
Multiple endocrine neoplasia type 2	<i>RET</i>	Medullary thyroid carcinomas, pheochromocytomas, mucosal neuromas
Nevoid basal-cell carcinoma	<i>PTCH</i>	Basal-cell carcinomas
Neurofibromatosis type 1	<i>NF1</i>	Neurofibrosarcomas, astrocytomas, melanomas, rhabdomyosarcomas, chronic myeloid leukaemia
Neurofibromatosis type 2	<i>NF2</i>	Bilateral vestibular schwannomas, meningiomas, spinal tumours, skin tumours
Peutz-Jeghers	<i>STK11</i>	Gastrointestinal-tract carcinomas, breast carcinomas, testicular cancers, gynaecological malignancies
Pheochromocytoma	<i>SDHB</i> , <i>SDHC</i> , <i>SDHD</i>	Pheochromocytomas, glomus tumours
Retinoblastoma	<i>RB</i>	Paediatric retinal tumours
Tuberous sclerosis complex	<i>TSC1</i> <i>TSC2</i>	Multiple hamartomas, renal-cell carcinoma, astrocytomas
von Hippel-Lindau	<i>VHL</i>	Renal-cell carcinomas, retinal and central nervous system haemangioblastomas, pheochromocytomas

BRCA1, *BRCA2* – breast and ovarian carcinoma

APC – familial adenomatous polyposis (APC)

MET – hereditary papillary renal carcinoma

MSH2, *MSH6*, *MLH1*, *PMS1*, *PMS2* – hereditary non-polyposis colorectal cancer (HNPCC)

TP53 – Li-Fraumeni syndrome

RET – multiple endocrine neoplasia type 2

NF1, *NF2* – neurofibromatosis type 1 / type 2

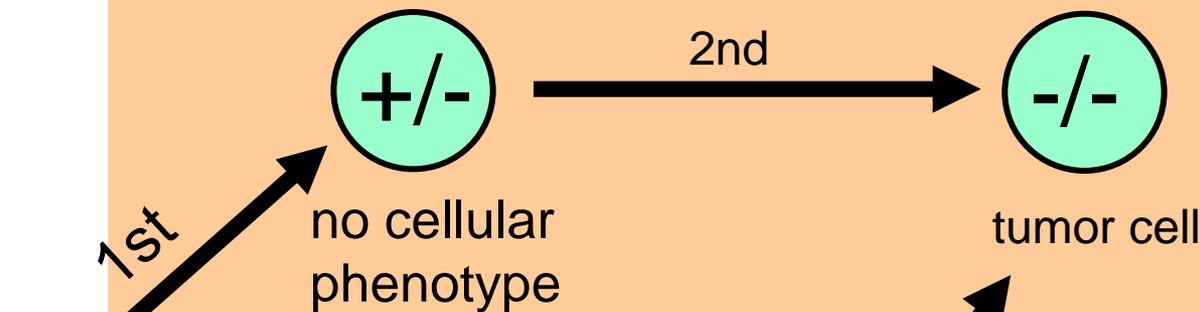
RB – retinoblastoma

■ Oncogene

■ Tumor-suppressor genes

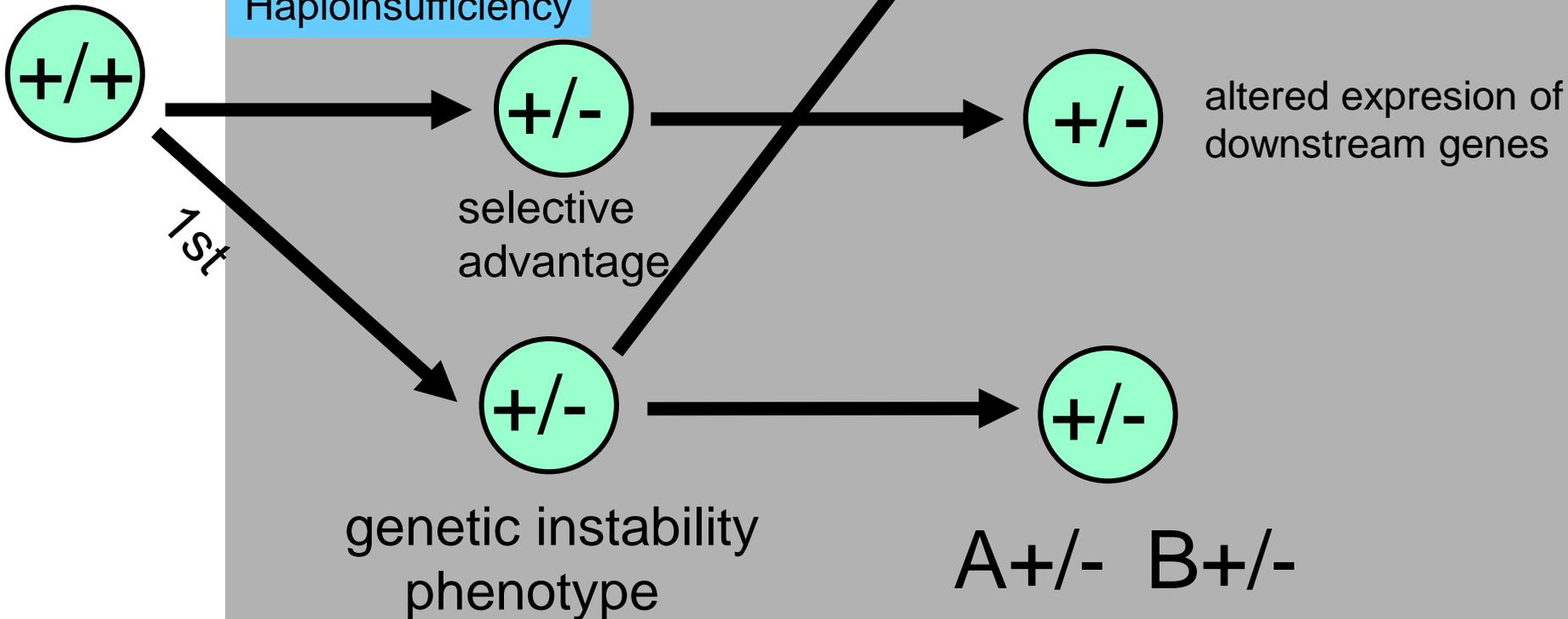
■ Stability genes

Knudson model



p53
Rb1
BRCA2

Haploinsufficiency



The role of genes in cancer development

2. **Medium inherited influence,
Penetrance limited; individual risk hard to evaluate;
gene carriers can develop cancer unpredictably**

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Research Links One Gene To Most Breast Cancers

New Hope for Predicting and Treating Disease

By GINA KOLATA

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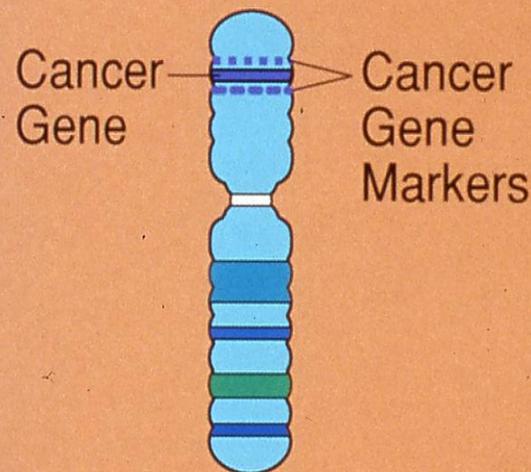
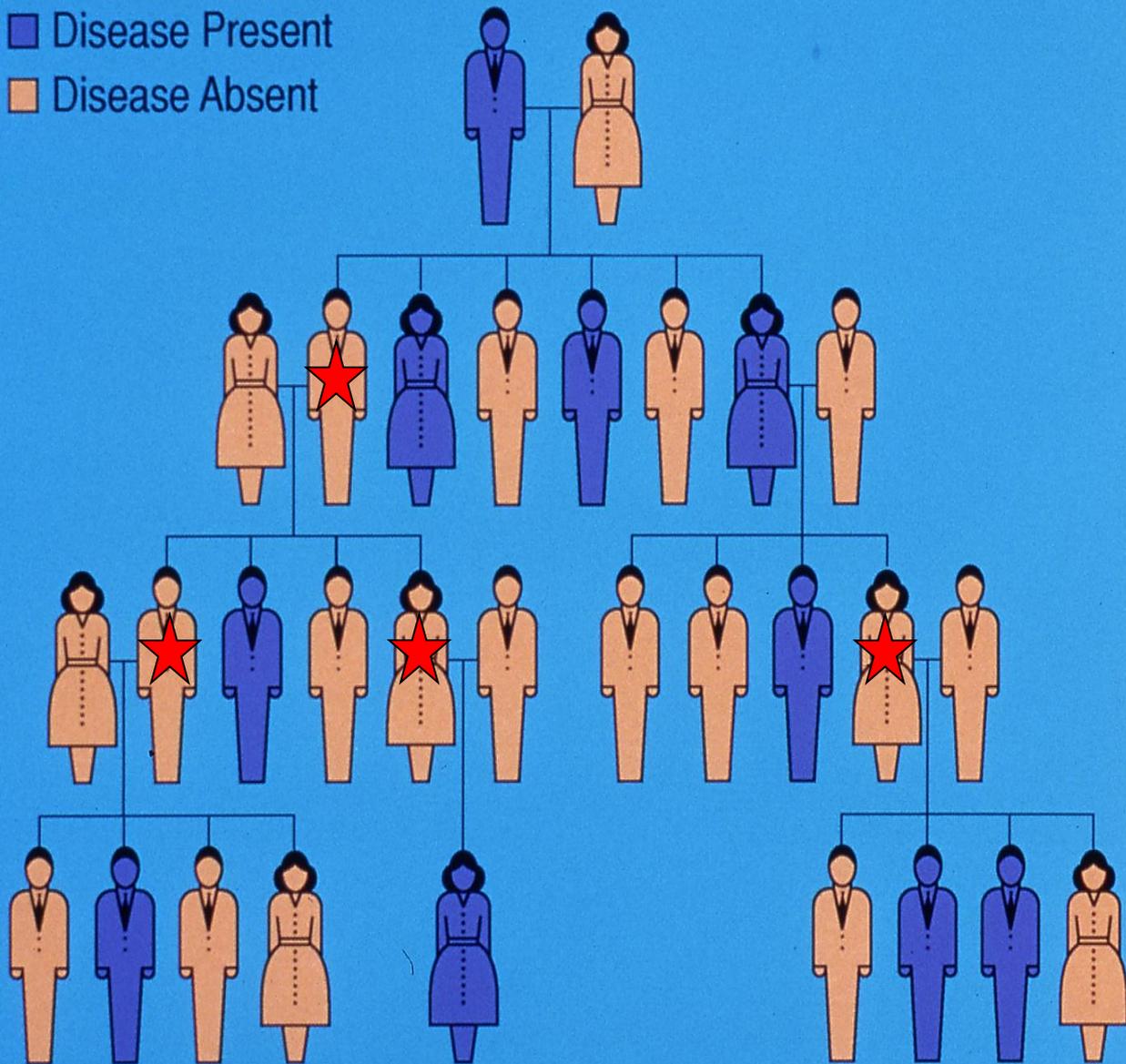
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A mutated form of the gene had about a 90 percent chance of developing breast cancer and about a 60 percent chance of developing ovarian cancer in their lifetimes.

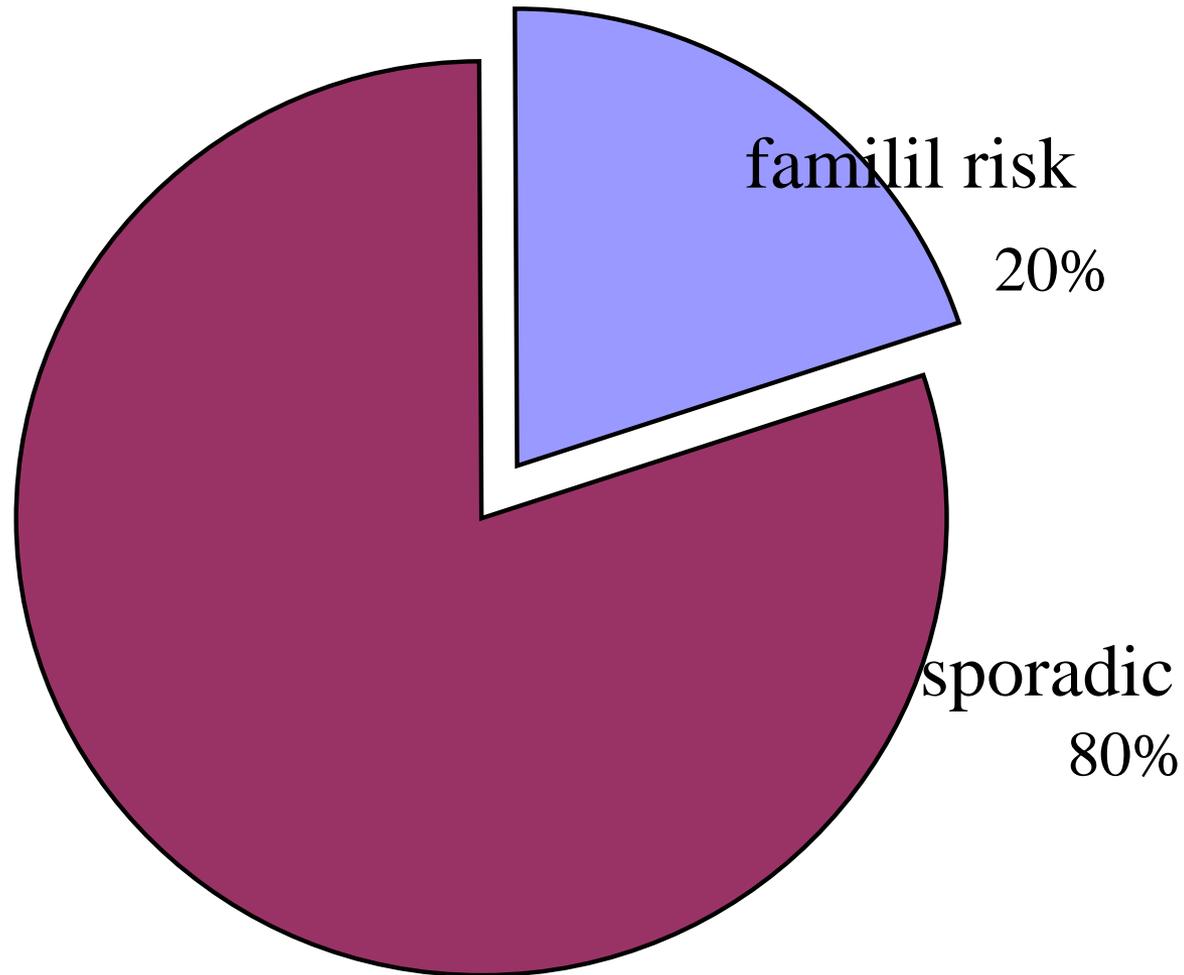
But women with familial breast cancers constitute just 5 percent of all women with the disease, so the importance of the finding seemed of minor importance for the vast majority of women who might contract breast cancer.

Searching Disease Families

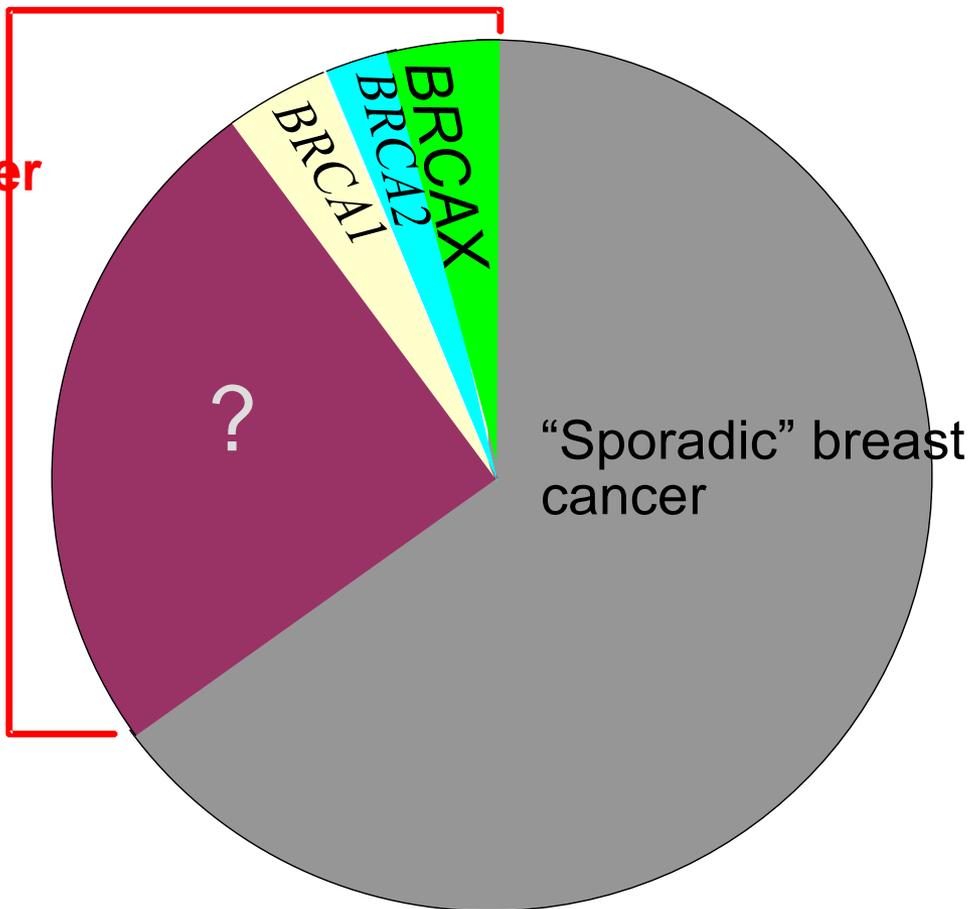
- Disease Present
- Disease Absent



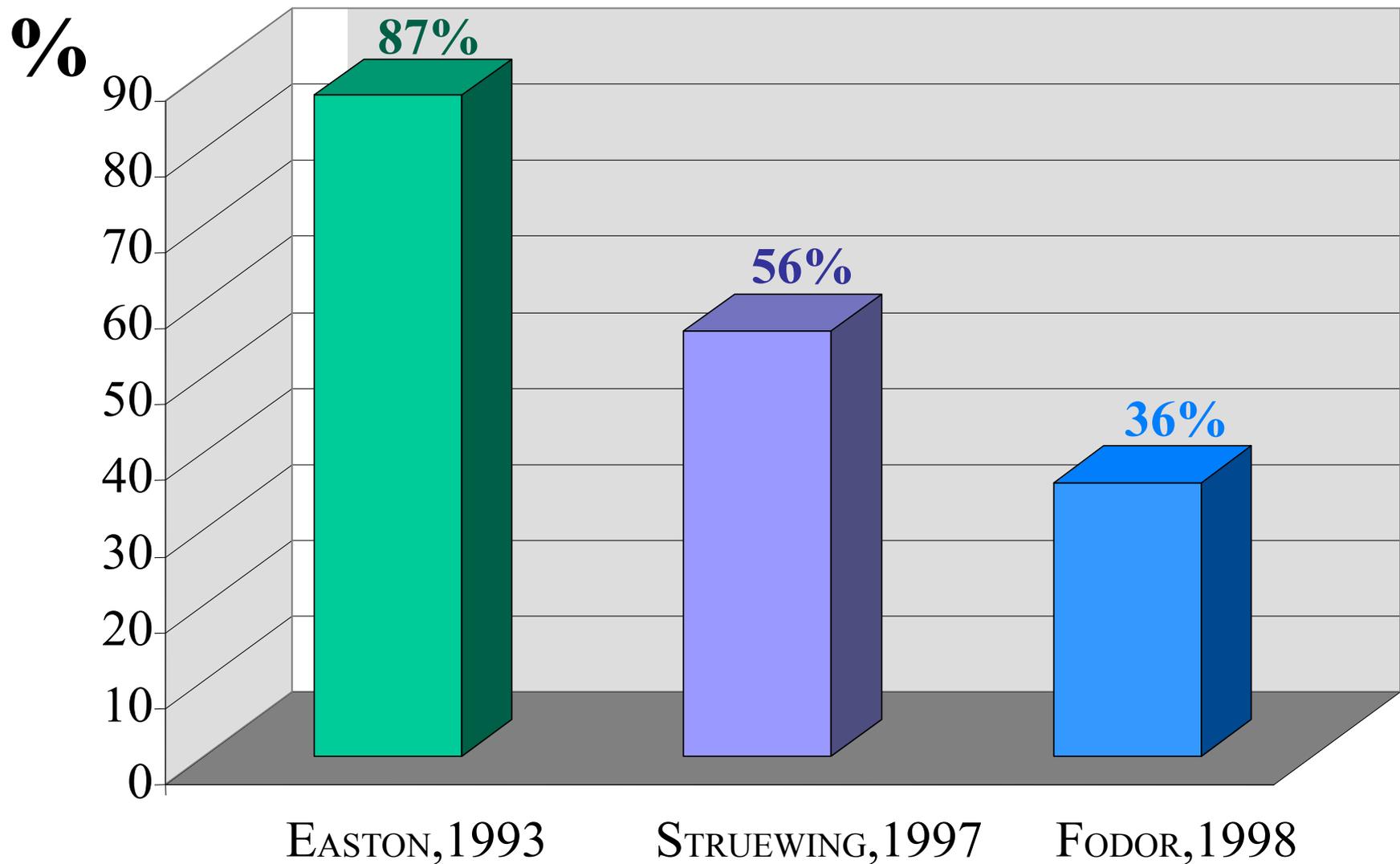
Contribution of inherited factors to breast cancer



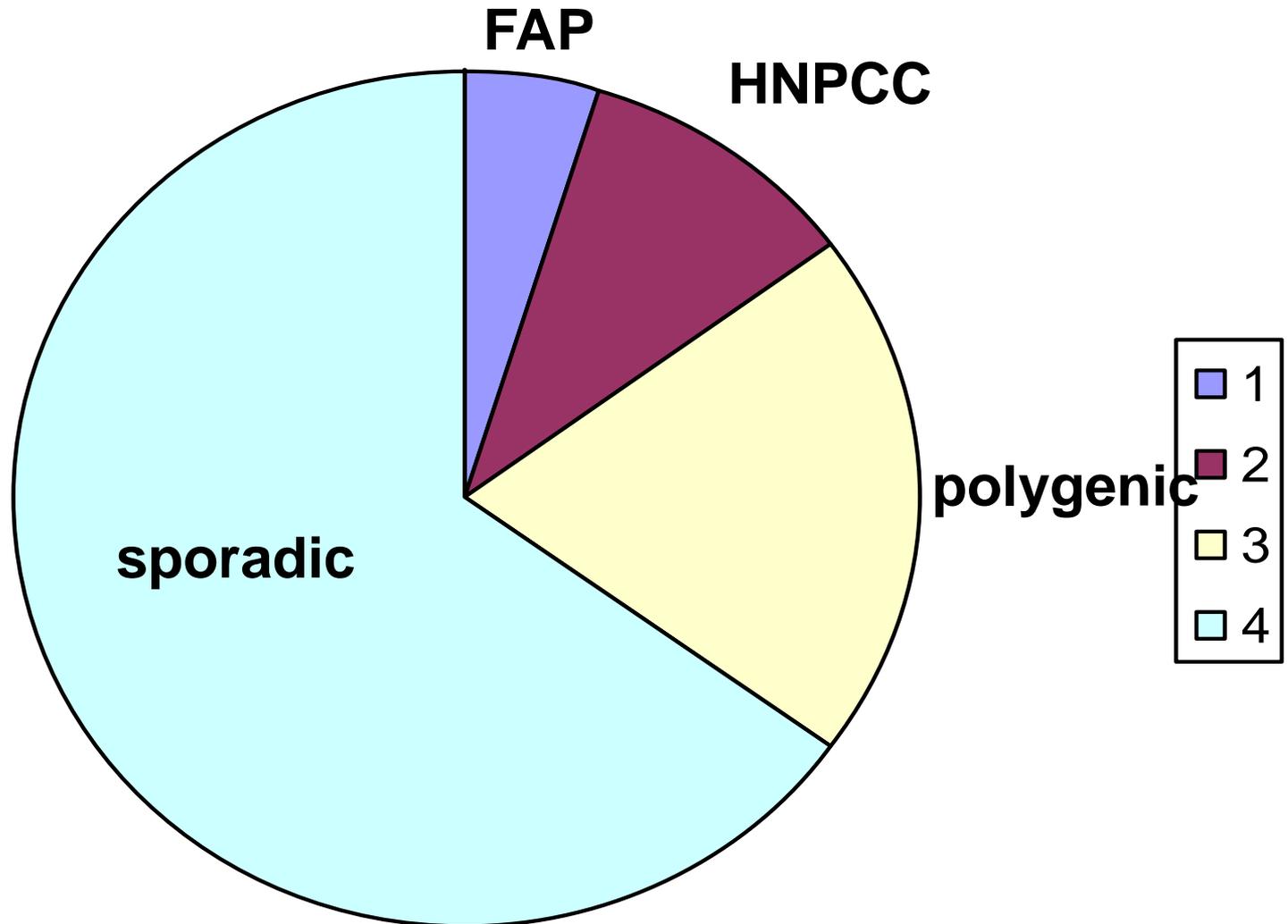
**Genes in
breast cancer**



Lifetime risk for breast cancer - BRCA mutation carriers(>75 years)



Genetics and colorectal cancer



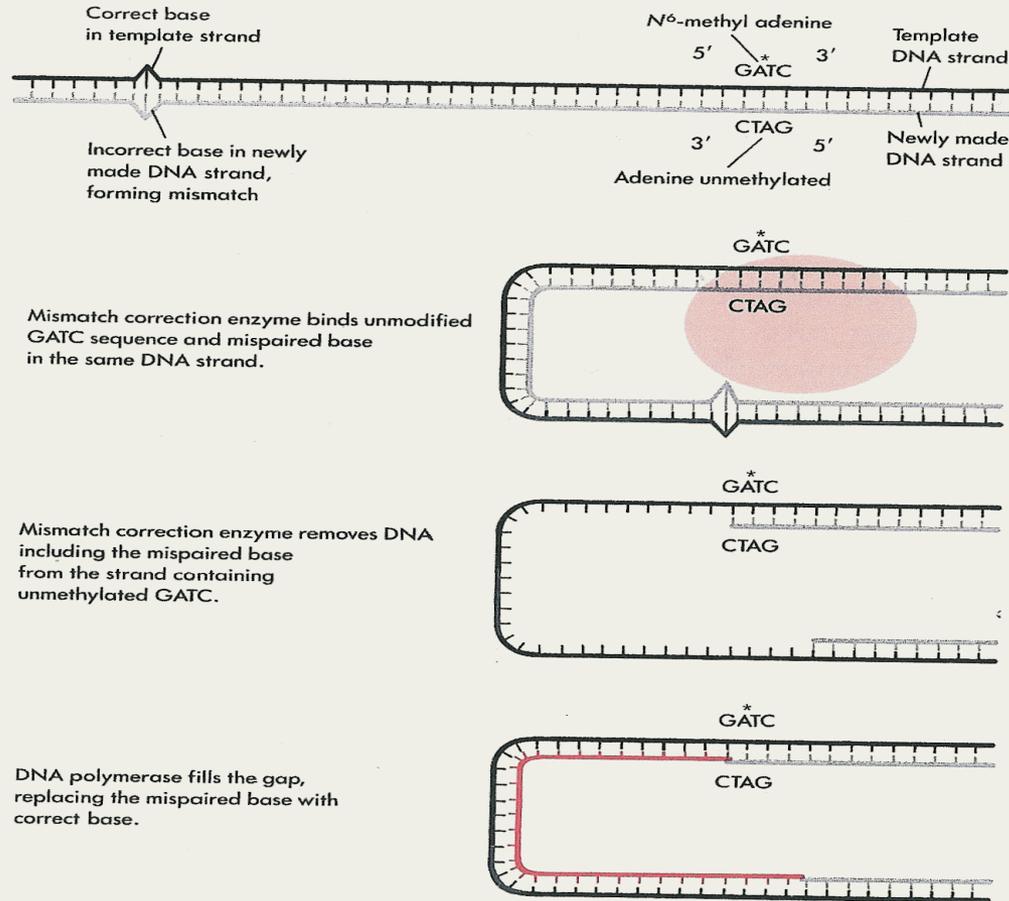


Figure 12-11

A model showing how the *E. coli* mismatch repair system could act to replace an incorrect and mispaired base in double-stranded DNA.

that DNA polymerase leaves about one mistake per 10^8 replicated base pairs. However, not even these usually appear as mutations, since the measured mutation rate can be as low as one mistake per 10^{10} or 10^{11} nucleotides. In *E. coli*, the final degree of accuracy is the responsibility of a **mismatch correction enzyme** encoded by genes *mutH*, *mutL*, and *mutS*. The enzyme scans newly replicated DNA for mismatched base pairs and removes a single-stranded segment containing the wrong nucleotide, thereby allowing a DNA polymerase to insert the correct base when it fills the resulting gap. The obvious problem that this entails is that of distinguishing which base of a mismatched pair is wrong, because both are natural components of DNA. If one of the bases is a methyl group, the mismatch correction enzyme can distinguish between the two strands. In *E. coli*, the mismatch correction enzyme recognizes the unmethylated GATC sequence on the newly made strand and removes a segment of the newly made strand containing the mismatch and the GATC sequence. DNA polymerase then fills the gap with the correct base.

Mikrosatellites

Are present in high copy numbers in the human genome

Single copy

Repeat

Single copy

Mononucleotide	---GGTAGCC	<u>AAAAAA</u> (A)n	CGATCCA-----
Dinucleotide	---TCGCATG	<u>CA CA CA</u> (CA)n	ATTCGCA---
Trinucleotide	---TTAGCAT	<u>CAG CAG</u> (CAG)n	CCAGTGA---
Tetranucleotide	---AATGGTA	<u>CCGG</u> (CCGG)n	GTCACGT-----
Pentanucleotide	---CGATGAT	<u>CCAAG</u> (CCAAG)n	TTACGTA---
Hexanucleotide	---GCTAAGG	<u>CCATTG</u> (CCATTG)n	ACTGTCA---

N

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N

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Importance of Counselors





Benefits of Gene Testin

- Relief
- Fewer Checkups
- Informed Decisions
- Intervention

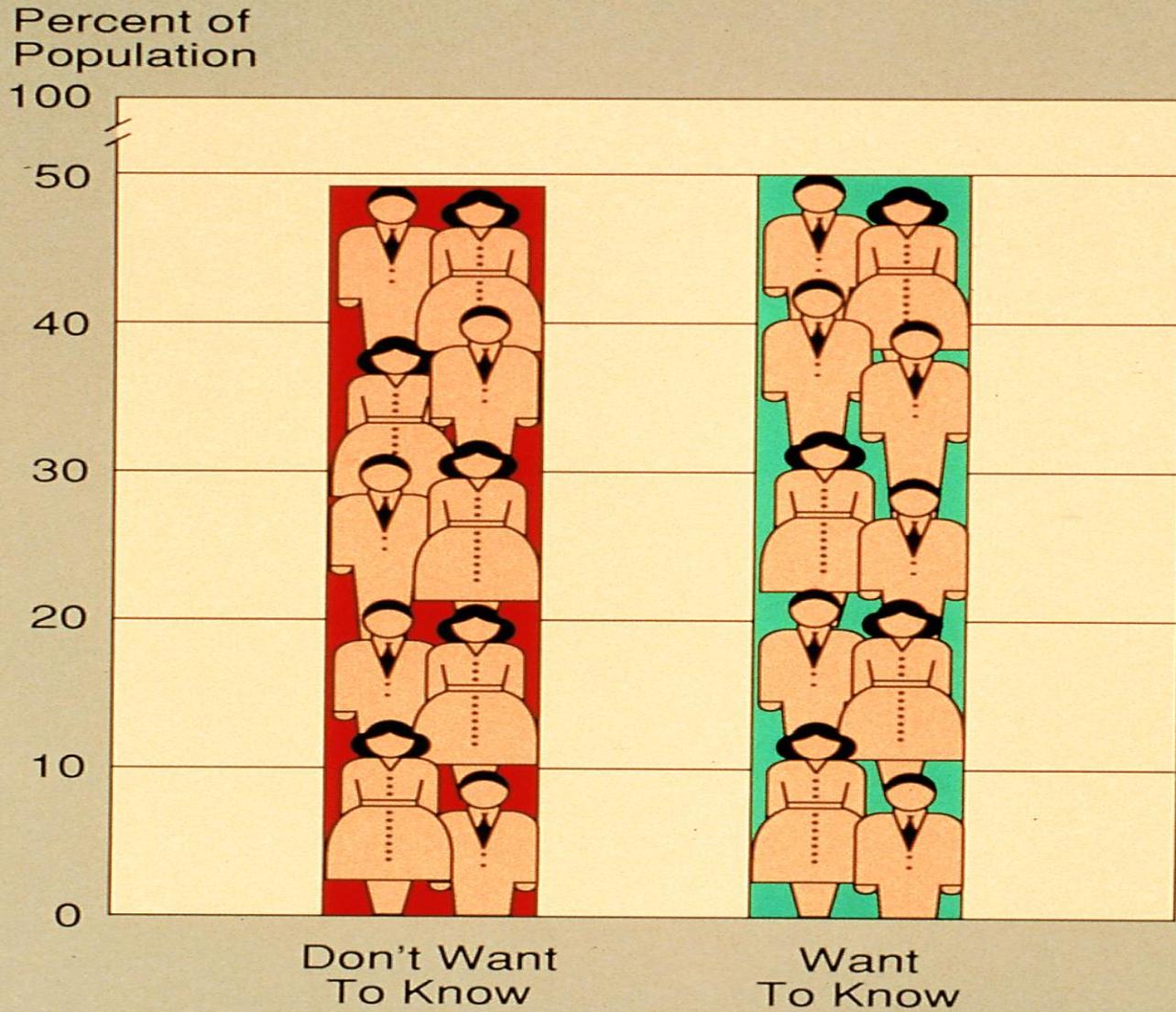


Limitations of Gene Testing

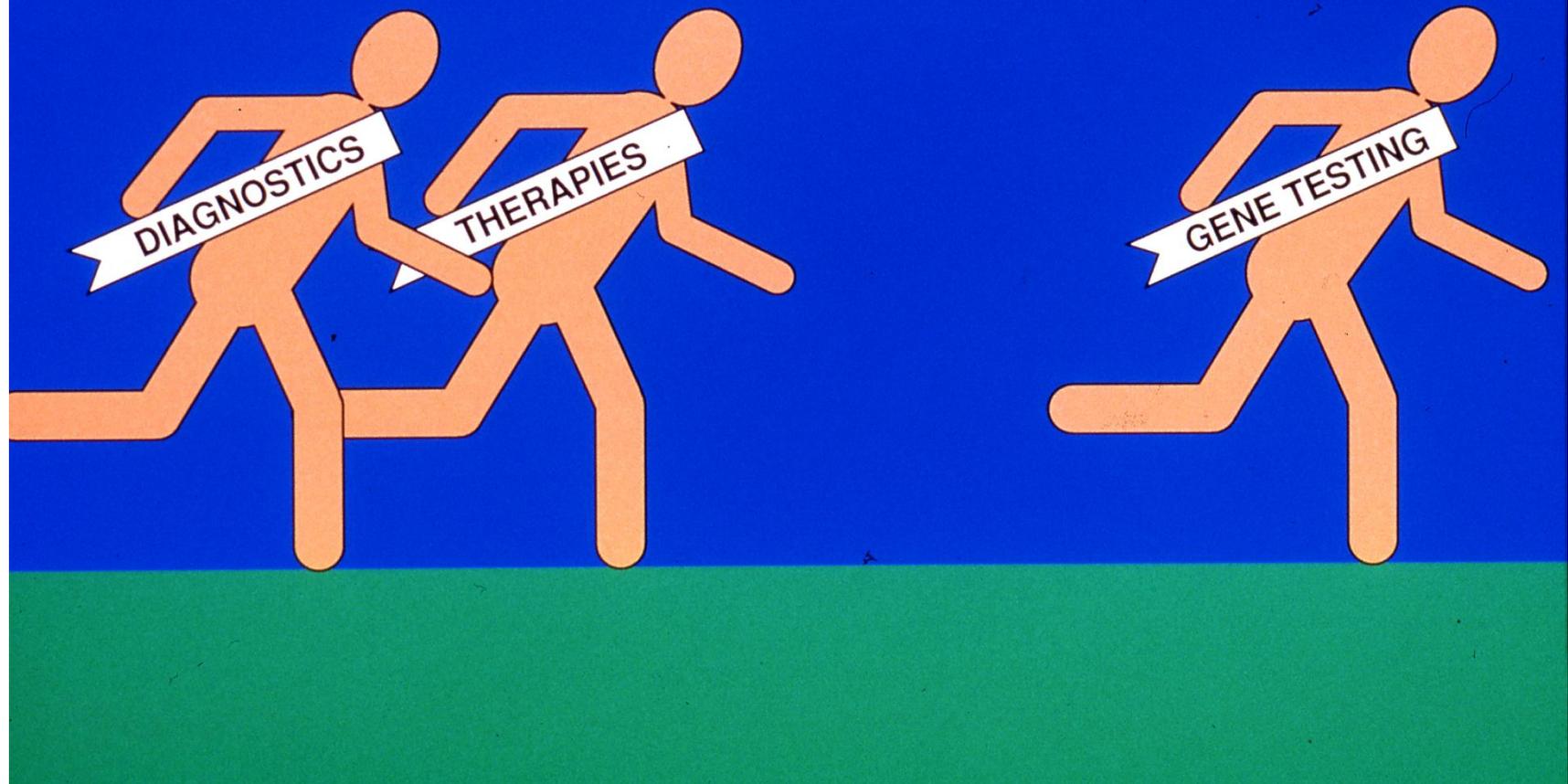
Mutation Present But:

- May Be Acquired, Not Inherited
- May Never Lead to Disease
- May Go Undetected

Difficult Decision



Probleme genetischer Tests



Die Rolle von Genen bei der Krebsentstehung

3. Schwacher erblicher Einfluß, schwer nachweisbar

Hinweise kommen aus der Erkrankung multipler Organe in demselben Patienten, ohne erkennbaren erblichen Hintergrund

vermutete Basis: „ungünstige“ Allel-Kombinationen



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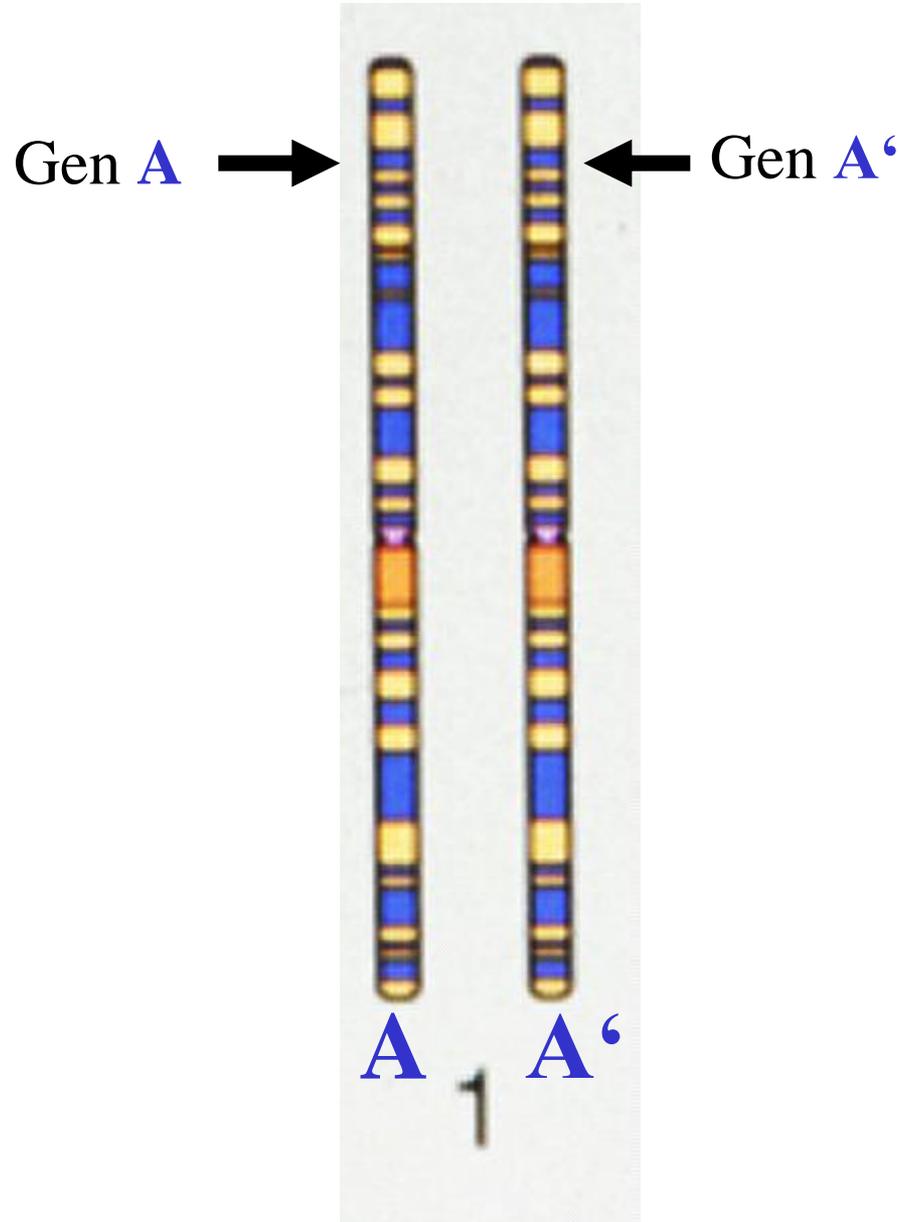


22



X Y

Ist die DNA Sequenz der Gene A und A' identisch??



Ist die DNA Sequenz der Gene A und A' identisch??

Allel A →

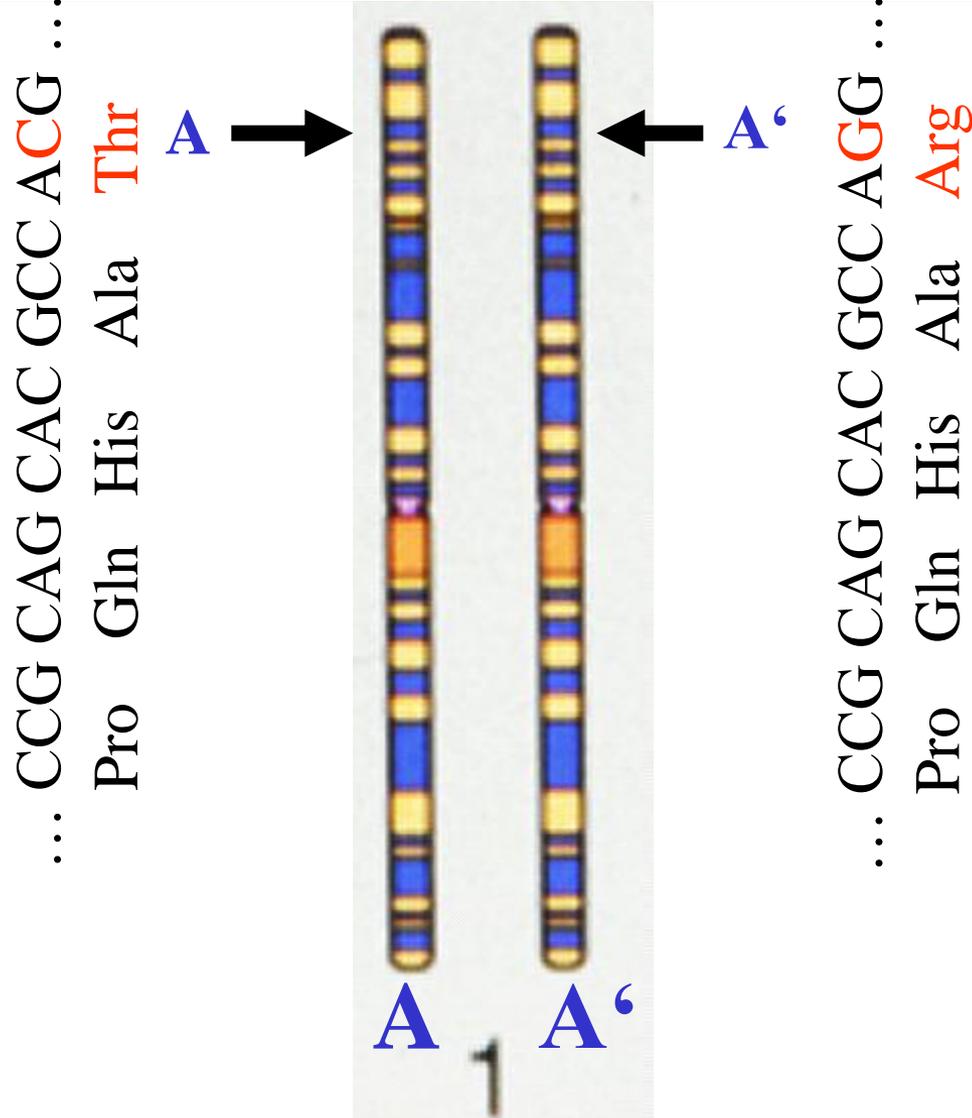
← Allel A'

Unwahrscheinlich

Die Mitglieder der humanen Spezies besitzen zwar die gleichen Gene. Diese Gene kommen aber in unterschiedlichen DNA Sequenzvarianten vor, die als **Polymorphismen** bezeichnet werden.



Polymorphismen kommen in unterschiedlichen humanen Populationen in bestimmten Häufigkeiten vor



Unterschiede der Aminosäuren-Zusammensetzung eines Proteins beeinflussen die Stärke seiner Funktion.

Polymorphismen und Krebsrisiko : Ein Modell-Beispiel

Allel A: starker Schutz, z.B. gegen bestimmte Agenzien

Allel A': schwacher Schutz

Allel-Häufigkeit jeweils 50%

Mutter: A A'

Vater: A A'

Erbschema

	A	A'
A	AA	AA'
A'	AA'	A'A'

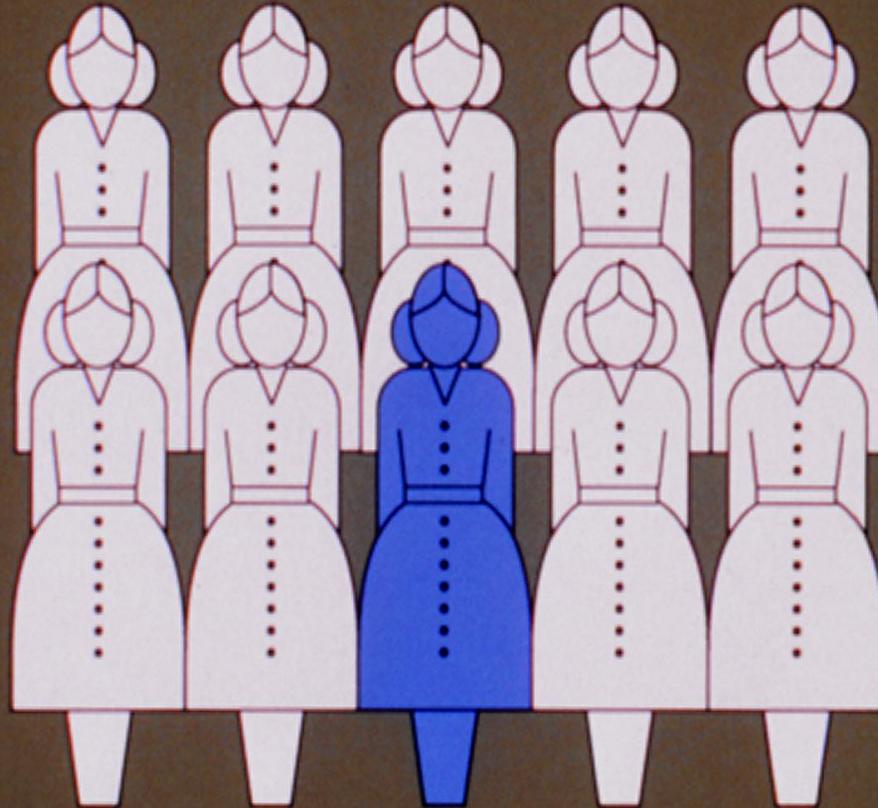
Erhöhtes Risiko gegenüber AA

Die Rolle von Genen bei der Krebsentstehung

4. **Somatische Genveränderungen ohne erkennbare erbliche Basis**

Die überwiegende Anzahl von Krebserkrankungen basiert nicht auf einem erblichen Risiko

Summe aller
Patienten mit
Brustkrebs



■ Erbliche Risiko-Faktoren
bekannt

□ Grund für Krebsentstehung
unbekannt

Jedes Gen hat eine spontane Mutationsrate, die in der Größenordnung von 10^{-7} bis 10^{-9} Veränderungen pro Zellteilung liegt.

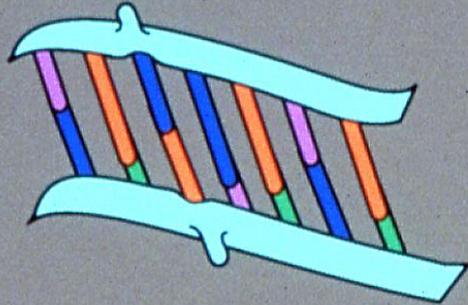
Das humane Genom besteht aus etwa 3 Milliarden Einzelbausteinen, die im Verlaufe jeder Zellteilung exakt kopiert werden müssen.

Kopierfehler werden in der Regel durch spezielle Proteinsysteme korrigiert. Bleibende Fehler führen zur Mutation.

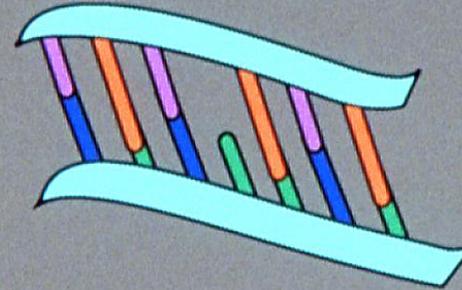
Konsequenz kann sein:

- kein Effekt; in Zusammenhang mit Mutationen anderer Gene kann in Abkömmlingen der Zelle ein Effekt auftreten
- Zelltod
- Veränderung des Zellwachstums

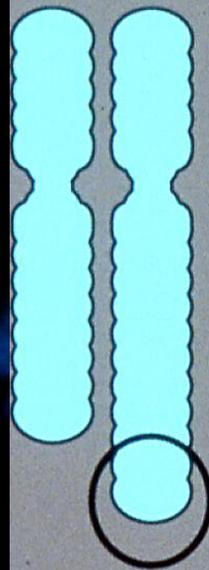
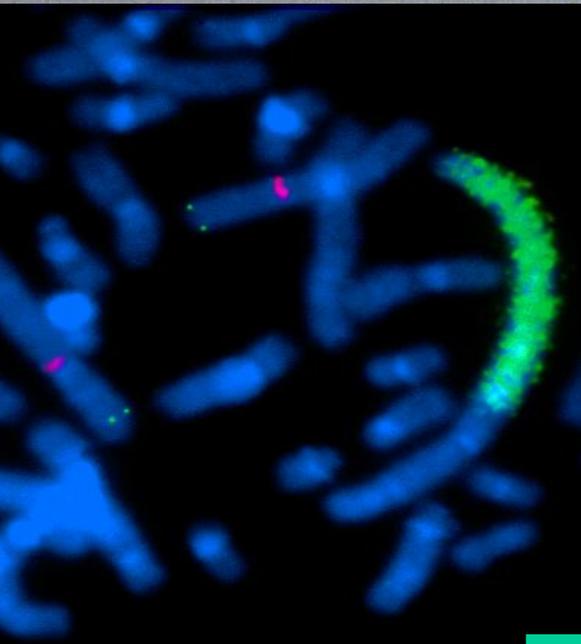
Haupt-Typen von Mutationen



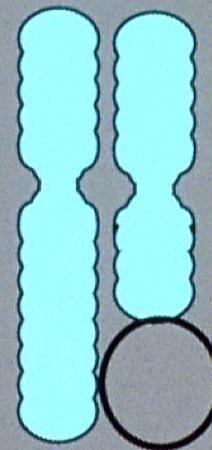
Fehl-Paarung



Verlust



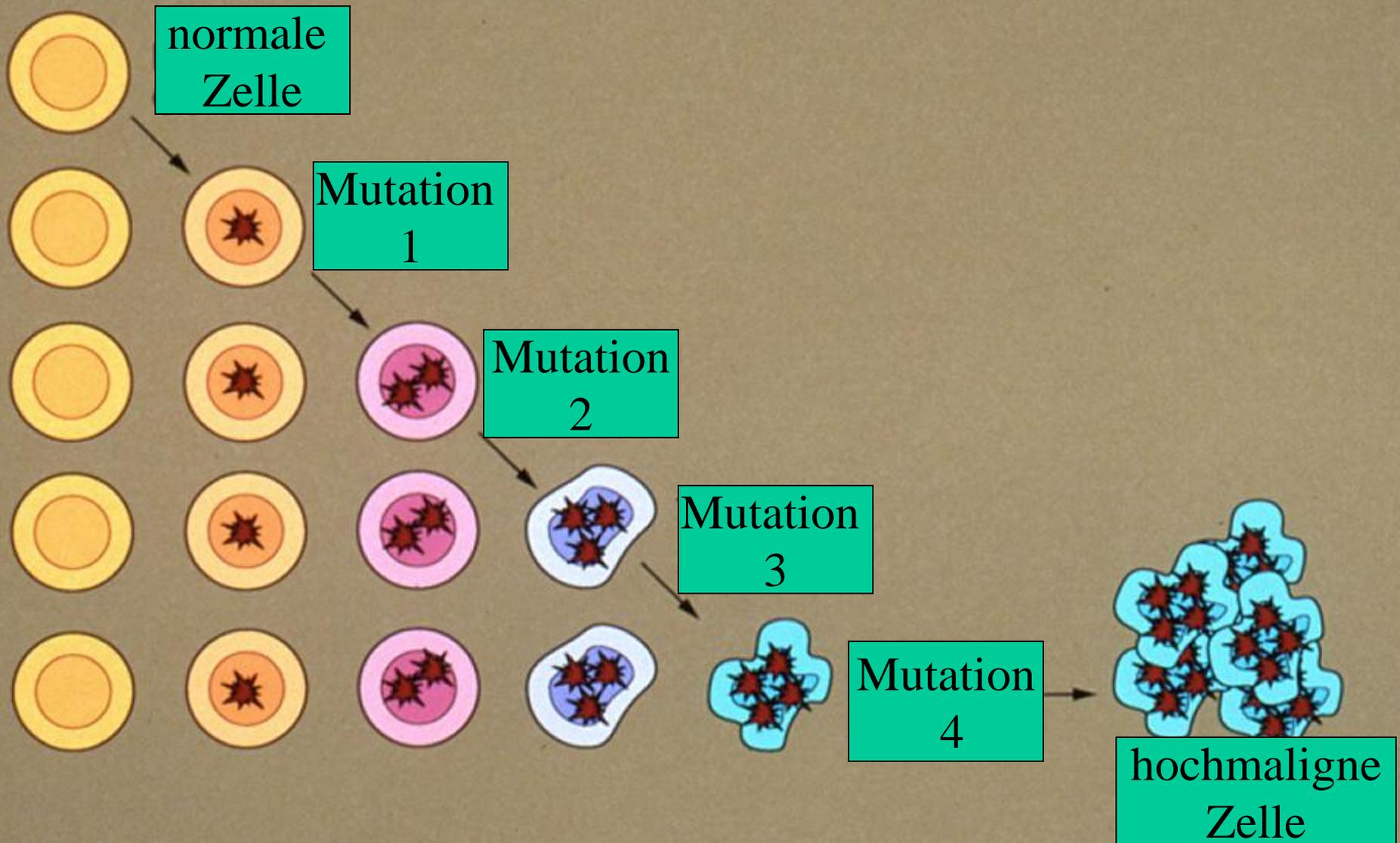
Vervielfachung



Verlust



Krebs ist das Resultat einer Vielzahl von Mutationen



Genetische Instabilität führt zur genetischen Heterogenität von Tumorzell-Populationen

a b c d
e f g h
i

a b u v
w g h
i

a b c d
e m l x
y

a b k h
p q ü ö
t

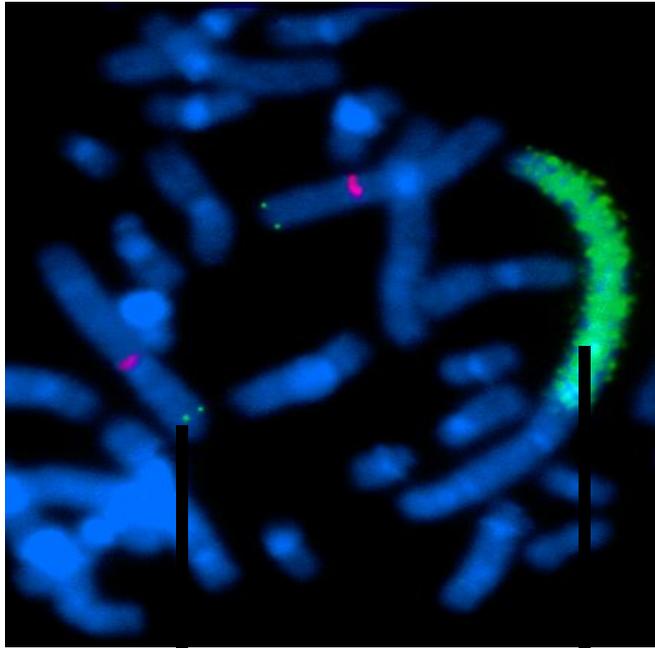
Die Rolle von Genen bei der Krebsentstehung

5. „**Epigenetische**“ **Veränderungen der Genexpression**

Wahrscheinlich, aber im Einzelfall schwer nachweisbar, da eine genetische Veränderung in einem der ca. 30.000 Gene des Menschen nicht auszuschließen ist.

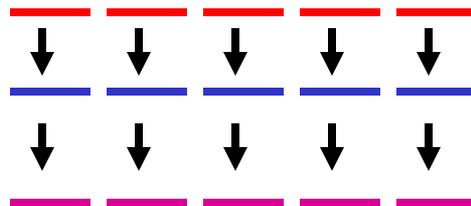
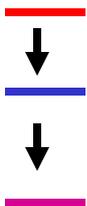
Der Phänotyp einer Zelle wird durch die regulierte Stärke von Genen bestimmt. „Induzierte“ Veränderungen der Genexpression können den Phänotyp, also die Zell-Vermehrung, verändern!

Beispiel: Genvermehrung
führt zur abnormal
erhöhten Expression
und ist häufig an
Krebsentstehung
beteiligt



normales Gen

vermehrtes Gen



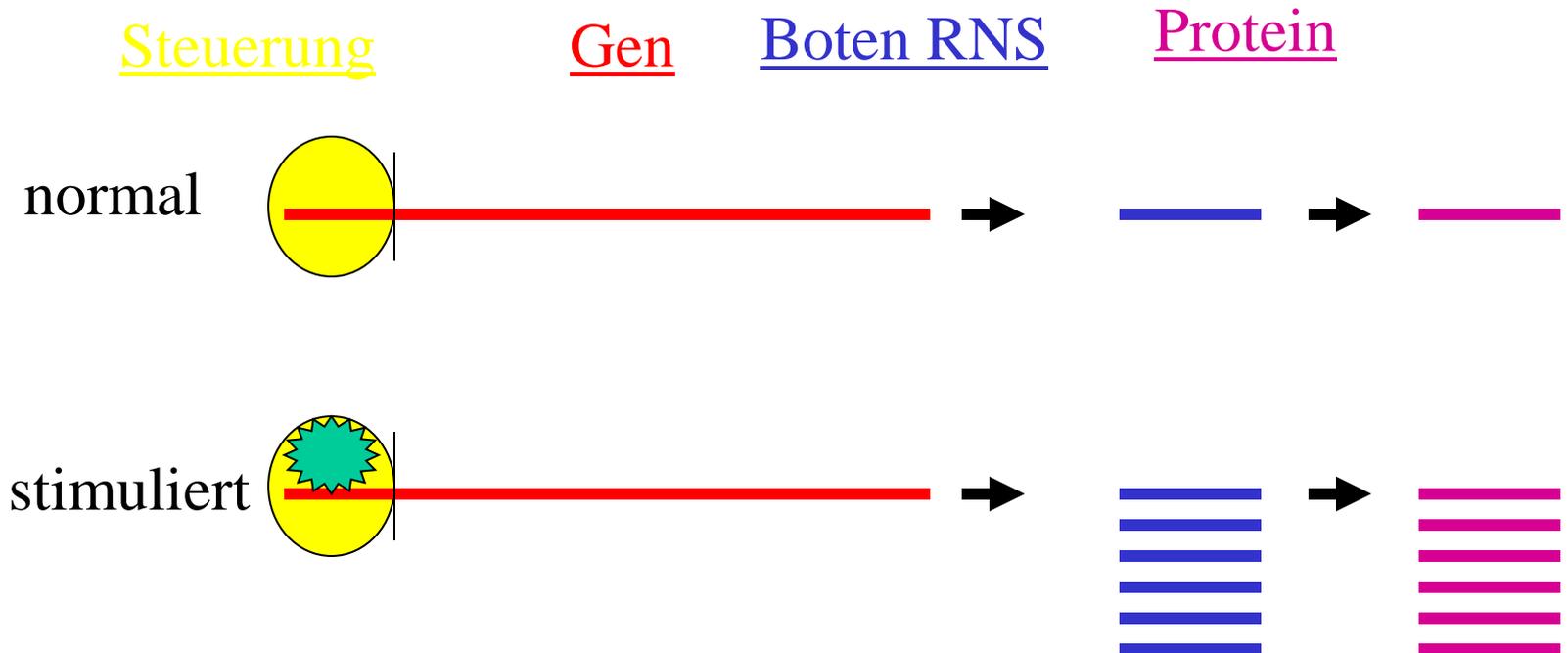
(bis zu 1000 Genkopien)

Boten RNS

Protein

Die Expression von Genen kann durch äußere Einflüsse abnormal verändert werden. Abnormale innere Einflüsse können ebenfalls eine Rolle spielen. Als Folge kann sich der Phänotyp der Zelle verändern.

Modell: Stimulation der Genexpression durch eine chemische Substanz



Die Rolle von Genen bei der Krebsentstehung

1. Starker erblich-genetischer Einfluß, Mendel-Genetik der Vererbung des Risikos mit hohem Ausprägungsgrad
2. Mittlerer erblich-genetischer Einfluß, Ausprägungsgrad begrenzt
3. Schwacher erblicher Einfluß, häufig nur diffus ableitbar
4. Somatische Genveränderungen ohne erkennbare erbliche Basis
5. „Epigenetische“ Veränderungen der Genexpression



Human tumor cells growing in vitro

↓ Purify tumor cell DNA



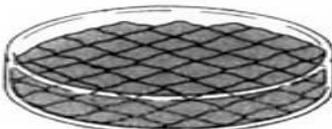
Very big DNA

↓ Shear



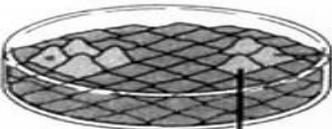
30-50 kb DNA

↓ Calcium phosphate precipitation



NIH/3T3 mouse cells

↓ 2 weeks



Focus of transformed cells (primary transfectant)

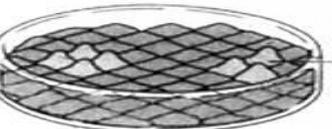
↓ Purify DNA from primary transfectant



↓ Shear



↓ Transfect DNA wait 2 weeks

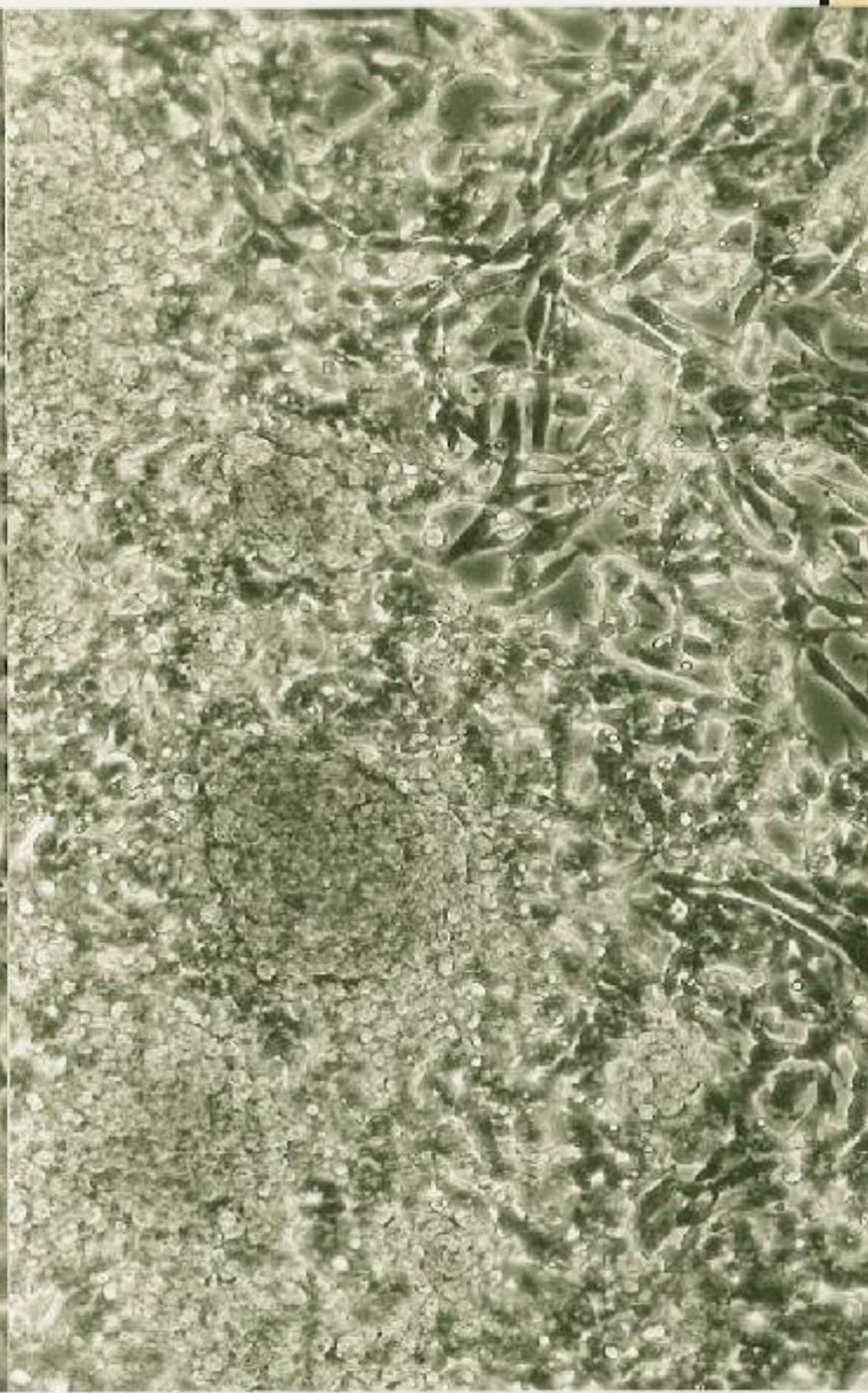
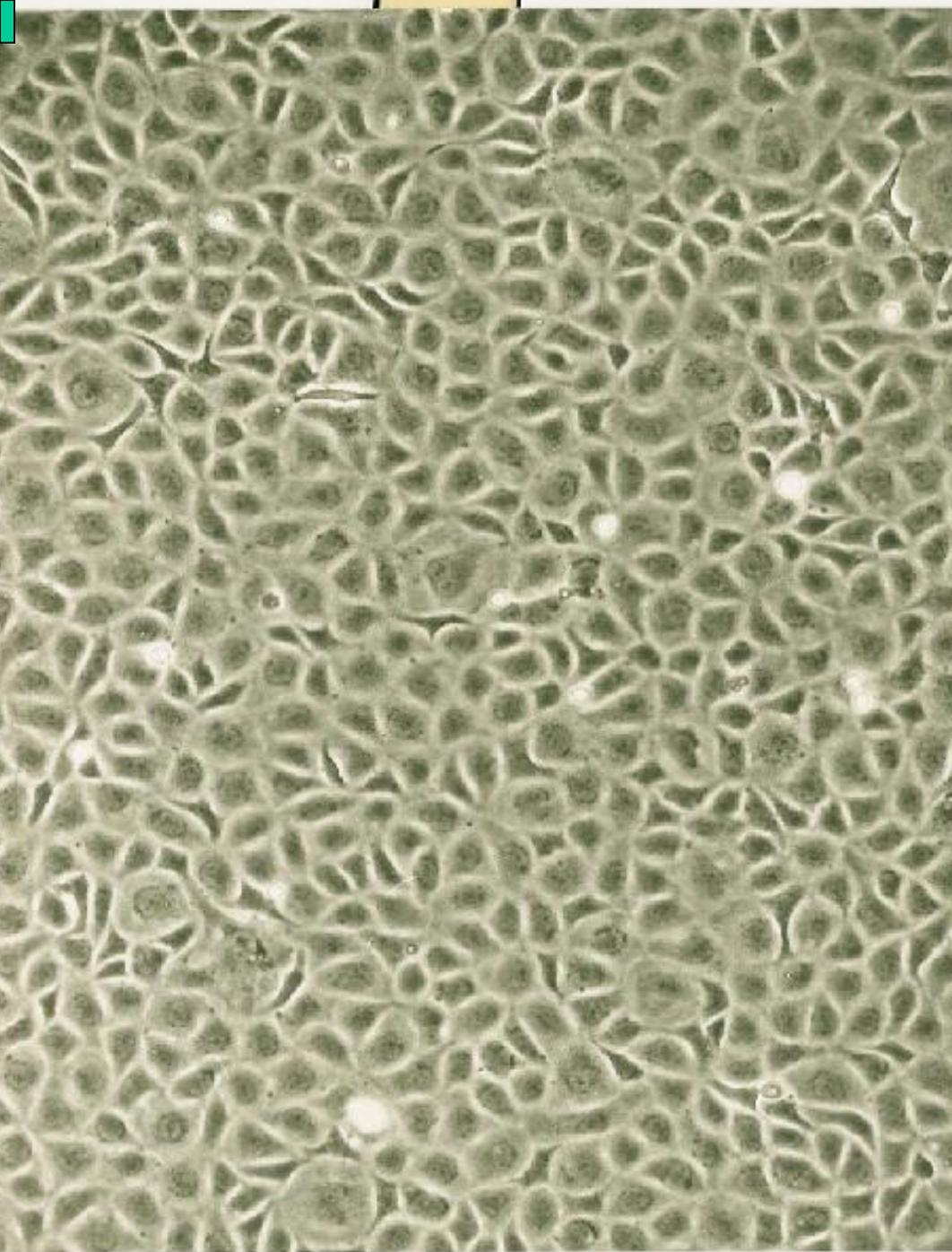


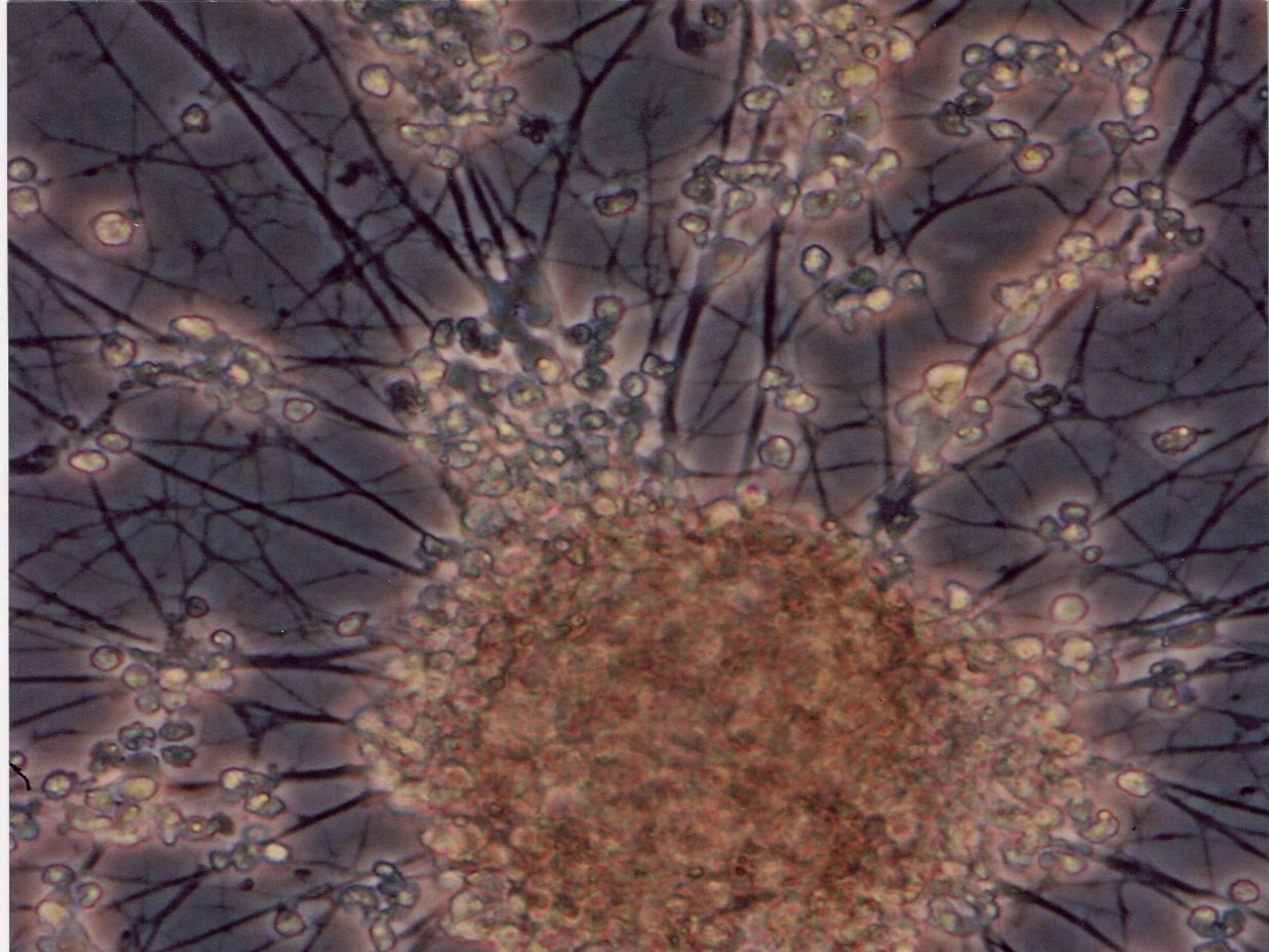
Focus (secondary transfectant)

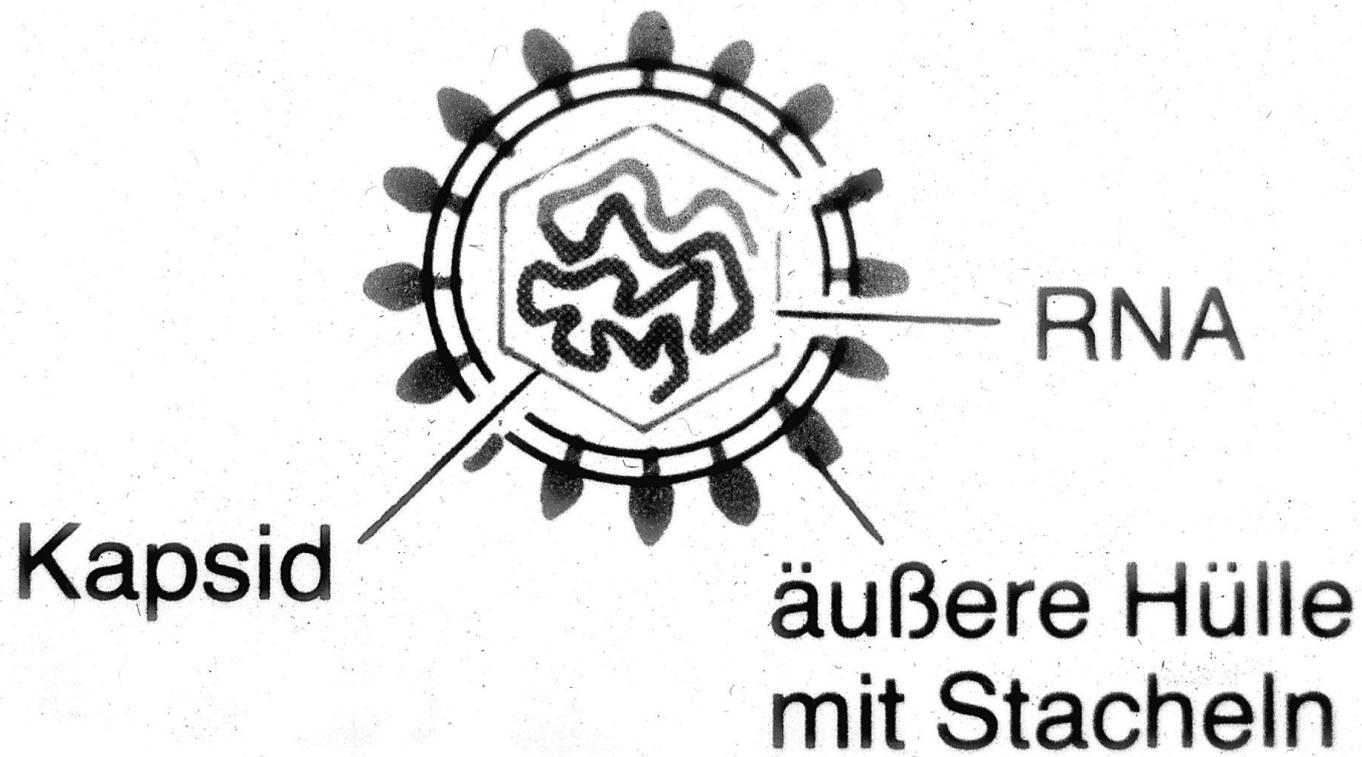
↓ Repeat procedure

Tertiary transfectants

↓ Etc.



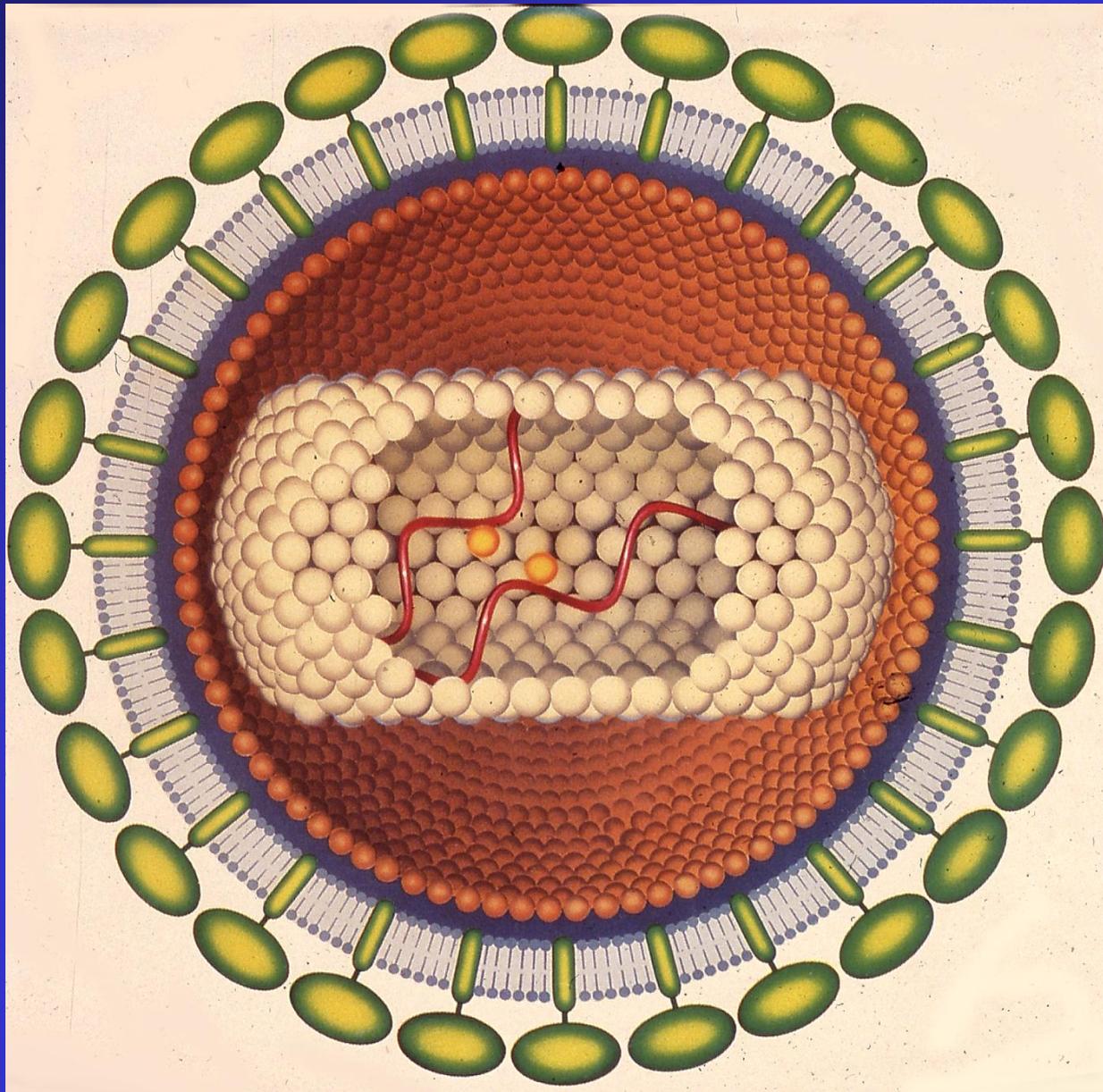


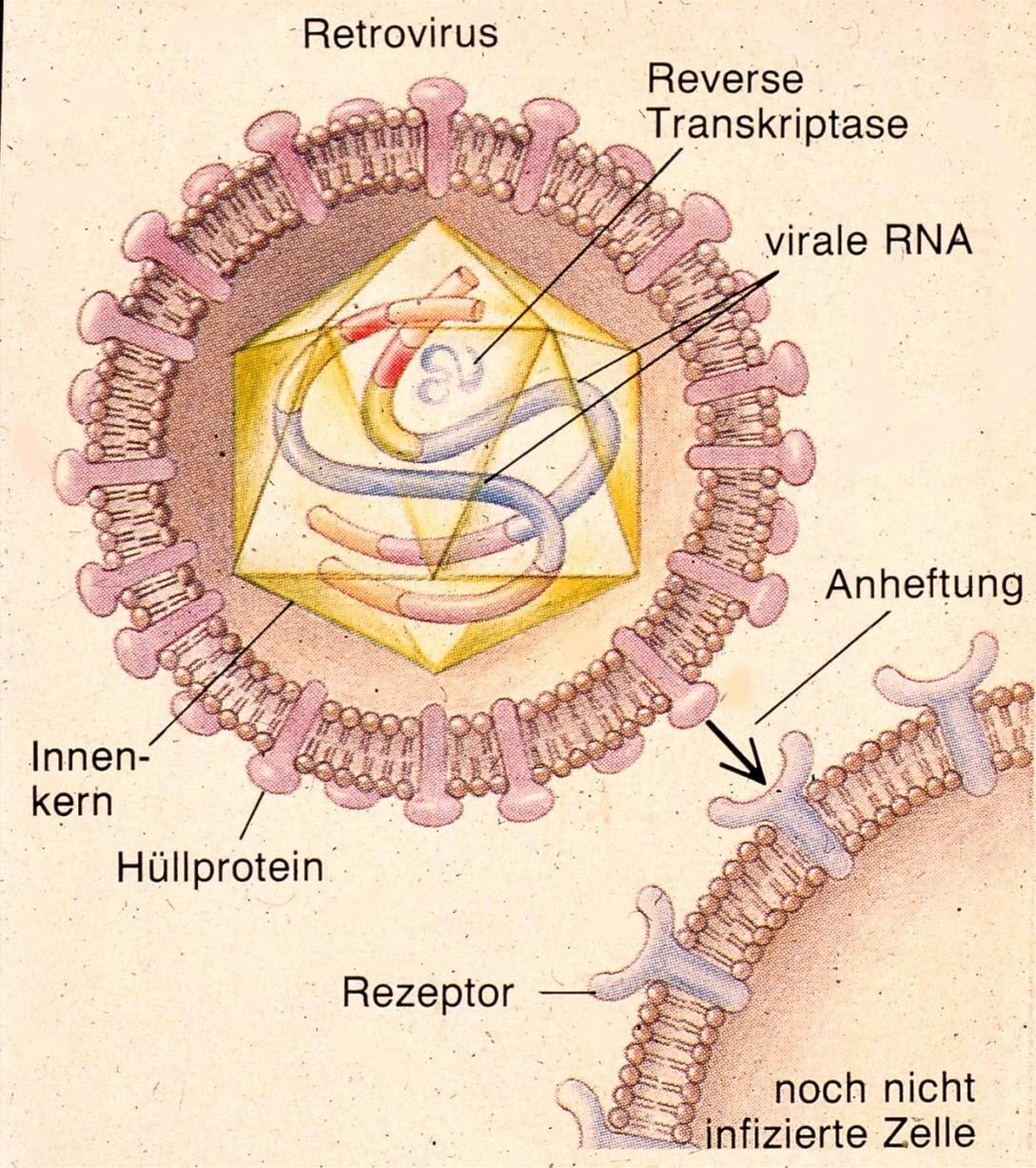


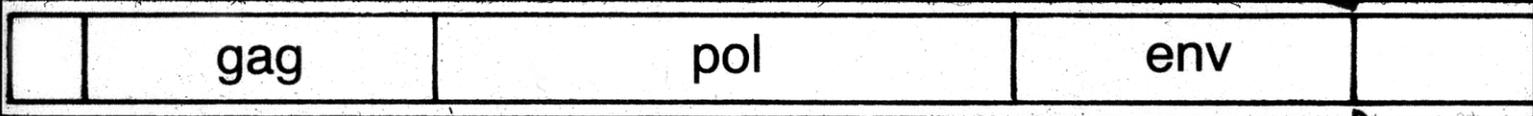
Kapsid

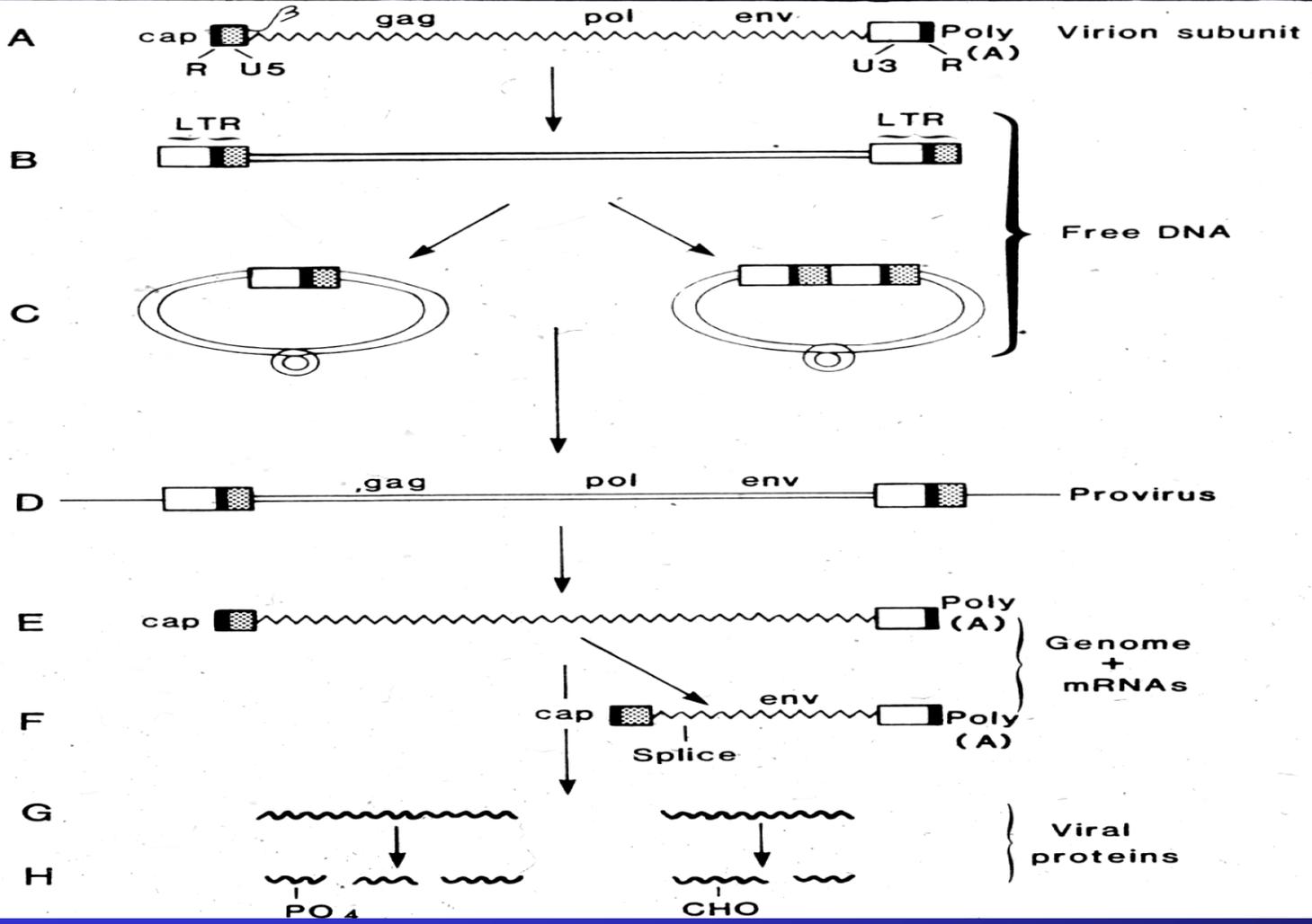
RNA

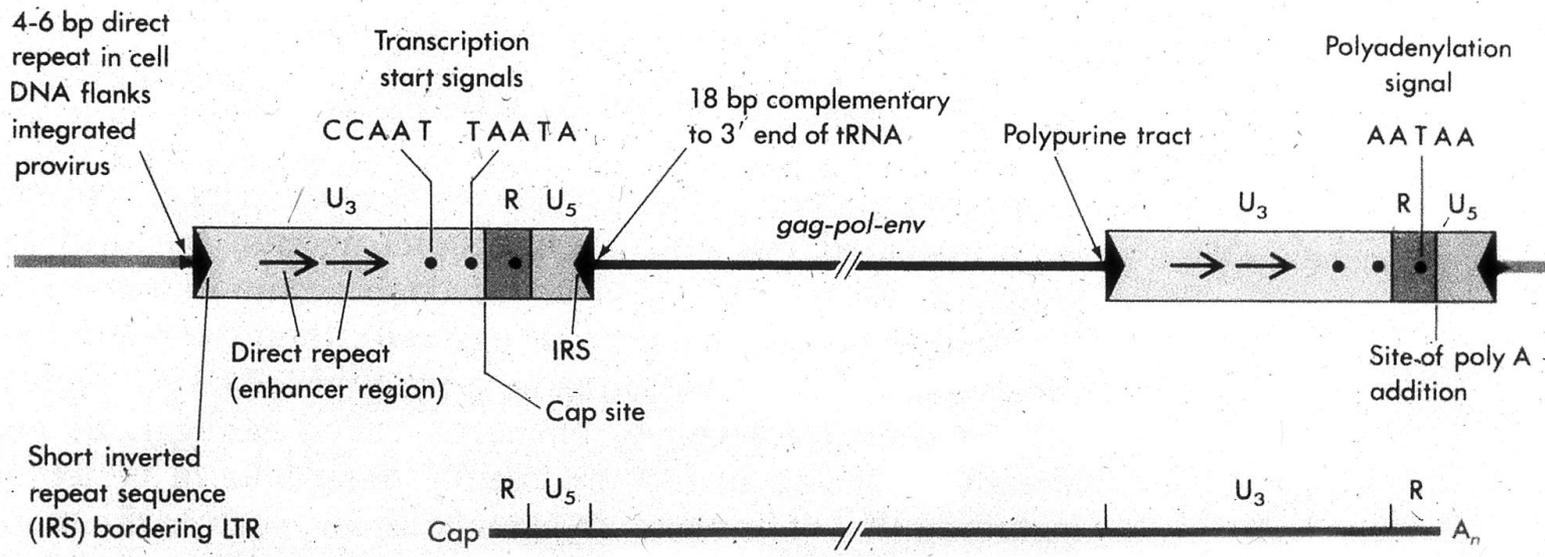
äußere Hülle
mit Stacheln

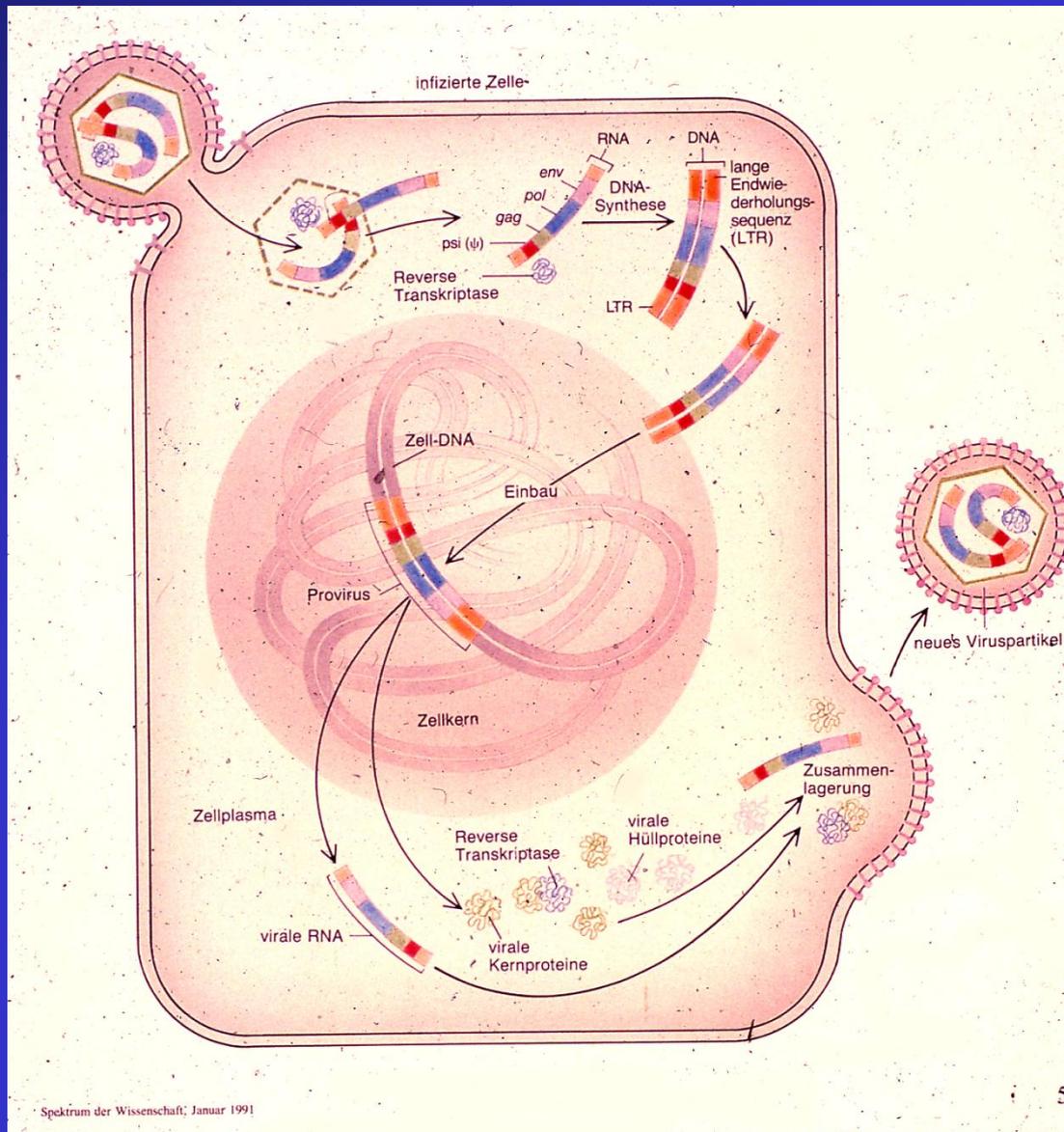


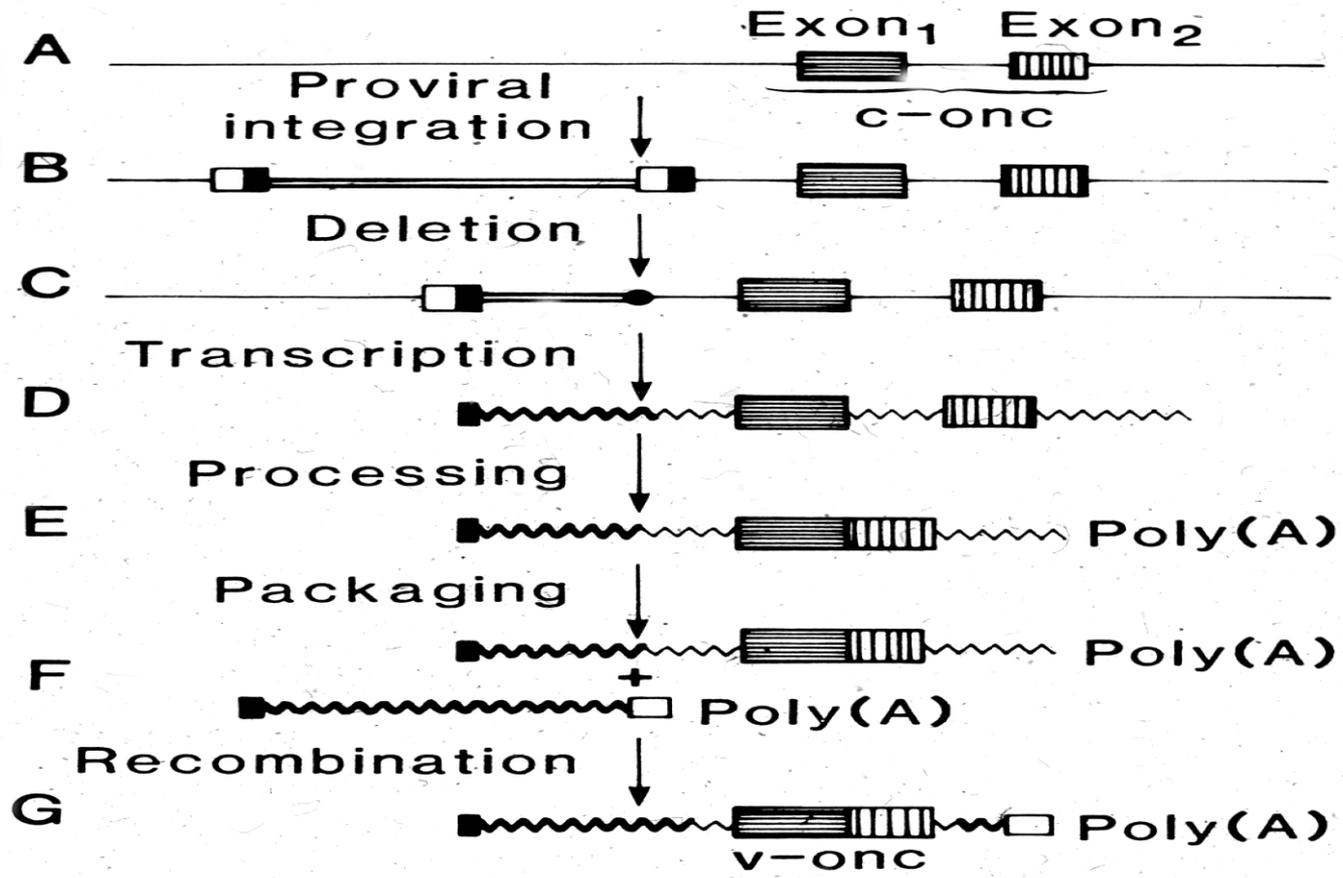


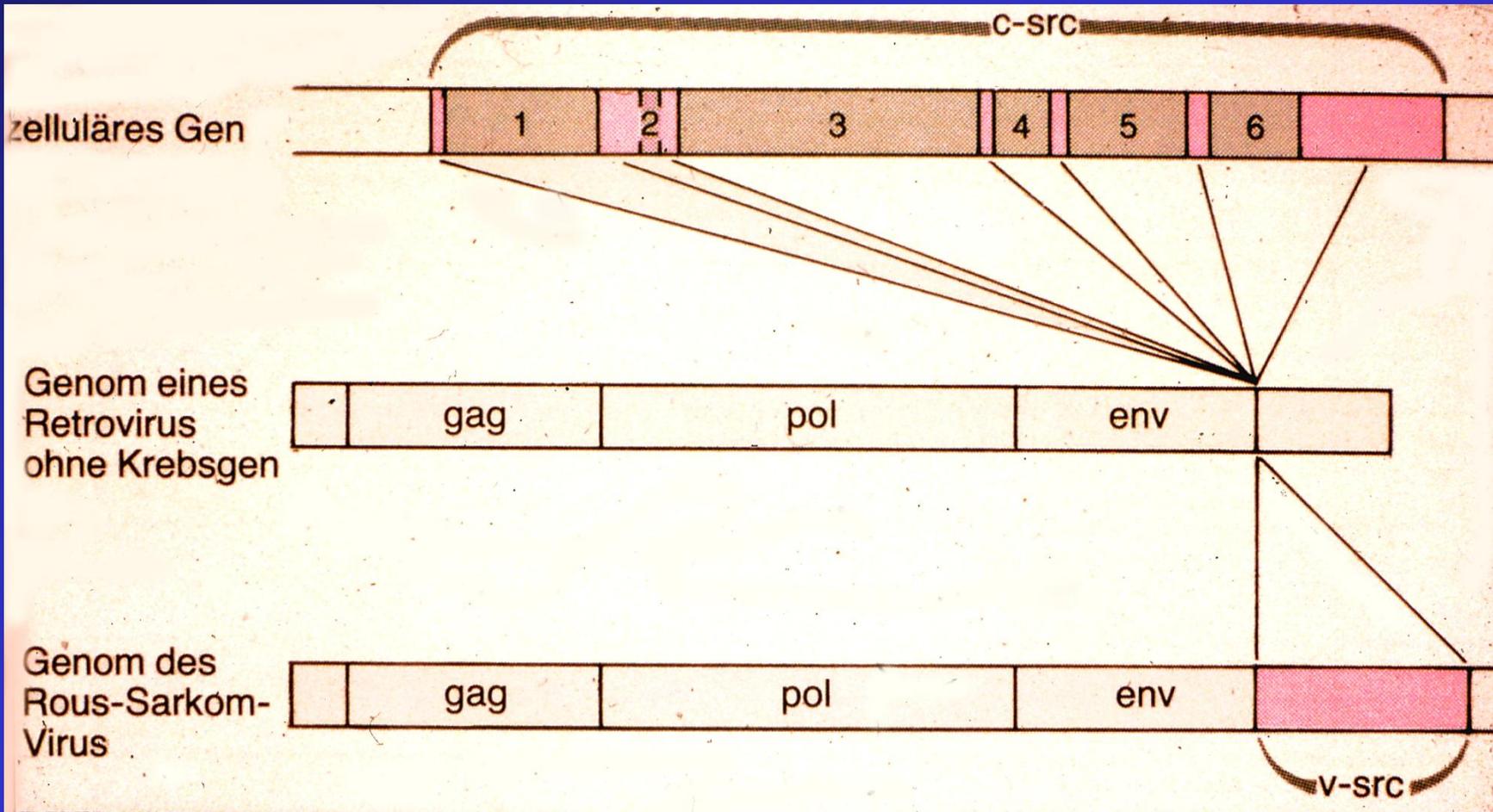




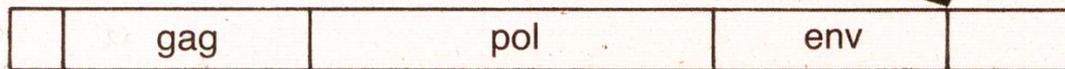




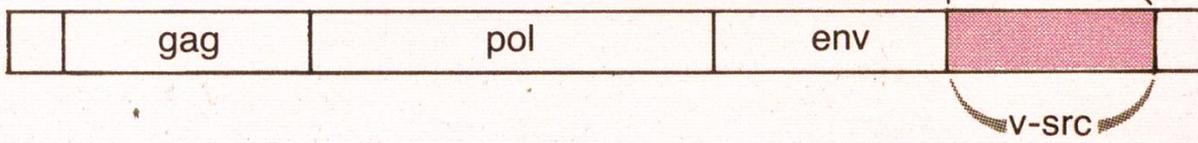




Genom eines
Retrovirus
ohne Krebsgen



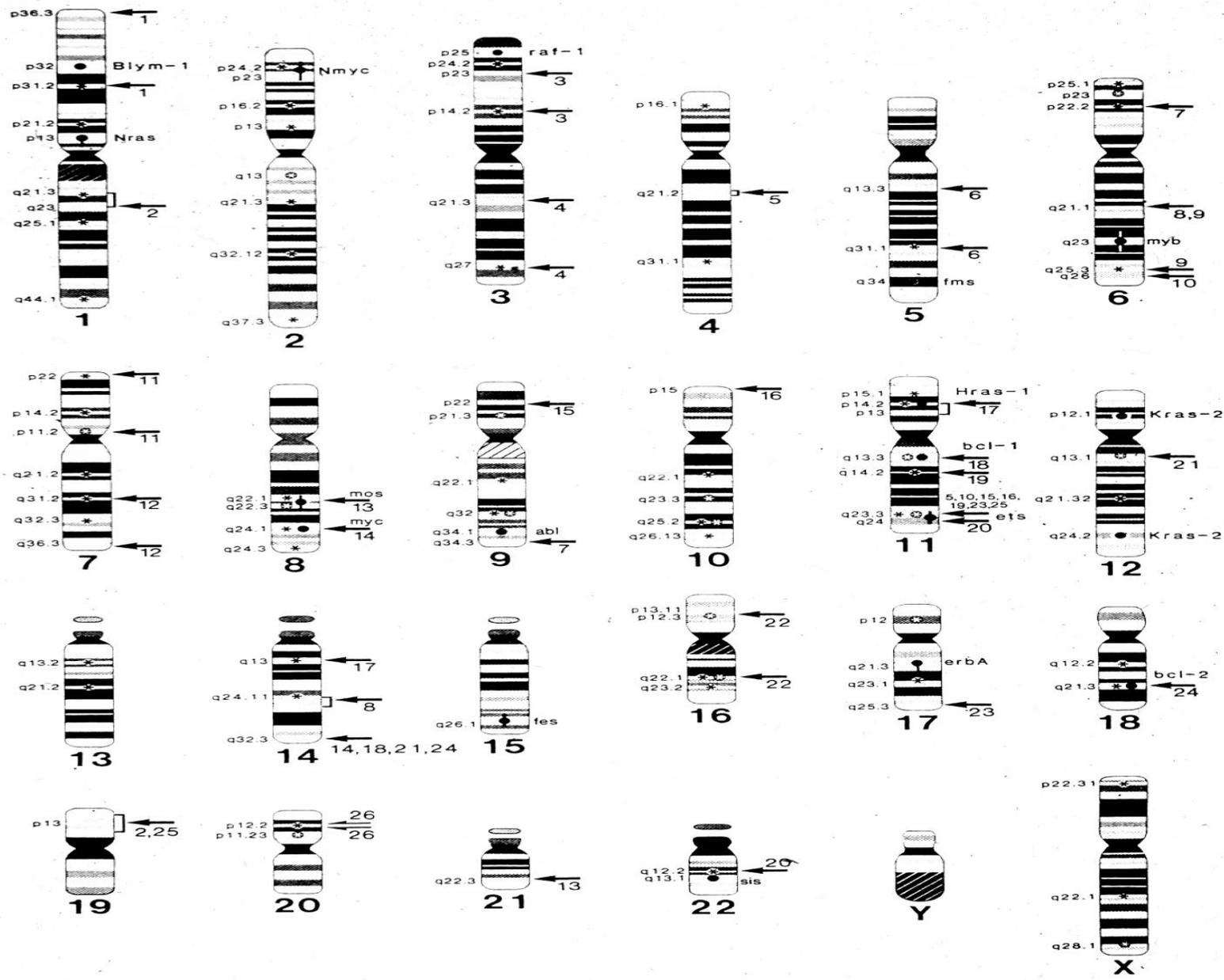
Genom des
Rous-Sarkom-
Virus



Virale und zelluläre Onkogene

RNA Tumorvirus	Wirt	virales Onkogen	zelluläres Onkogen
Rous Sarkomvirus	Huhn	v-src	c-src
Erythroblastose Virus	Huhn	v-erb	c-erb
Myelozytomatose Virus	Huhn	v-myc	c-myc
Leukämie Virus	Maus	v-abl	c-abl
Sarkomvirus	Maus	v-mos	c-mos
Sarkomvirus	Katze	v-fes	c-fes
Sarkomvirus	Affe	v-sis	c-sis

<i>onc</i> gene sequence	Virus isolates (No.)	Virus (example)	Animal origin
<i>src</i>	>3	Rous sarcoma, Prague strain	Chicken, quail
<i>fps</i>	>3	Fujinami sarcoma	Chicken
<i>yes</i>	2	Y73 sarcoma	Chicken
<i>ros</i>	1	UR-2	Chicken
<i>myc</i>	4	Avian myelocytomatosis-29	Chicken
<i>erb</i>	1	Avian erythroblastosis	Chicken
<i>myb</i>	2	Avian myeloblastosis	Chicken
<i>rel</i>	1	Reticuloendotheliosis, strain T	Turkey
<i>mos</i>	2	Moloney murine sarcoma	Mouse
<i>abl</i>	1	Abelson murine leukemia	Mouse
<i>bas</i>	1	BALB murine sarcoma	Mouse
<i>ras</i>	>3	Harvey murine sarcoma	Rat, mouse
<i>fes</i>	2	Snyder-Theilin feline sarcoma	Cat
<i>fms</i>	1	McDonough feline sarcoma	Cat
<i>sis</i>	1	Simian sarcoma	Woolly monkey



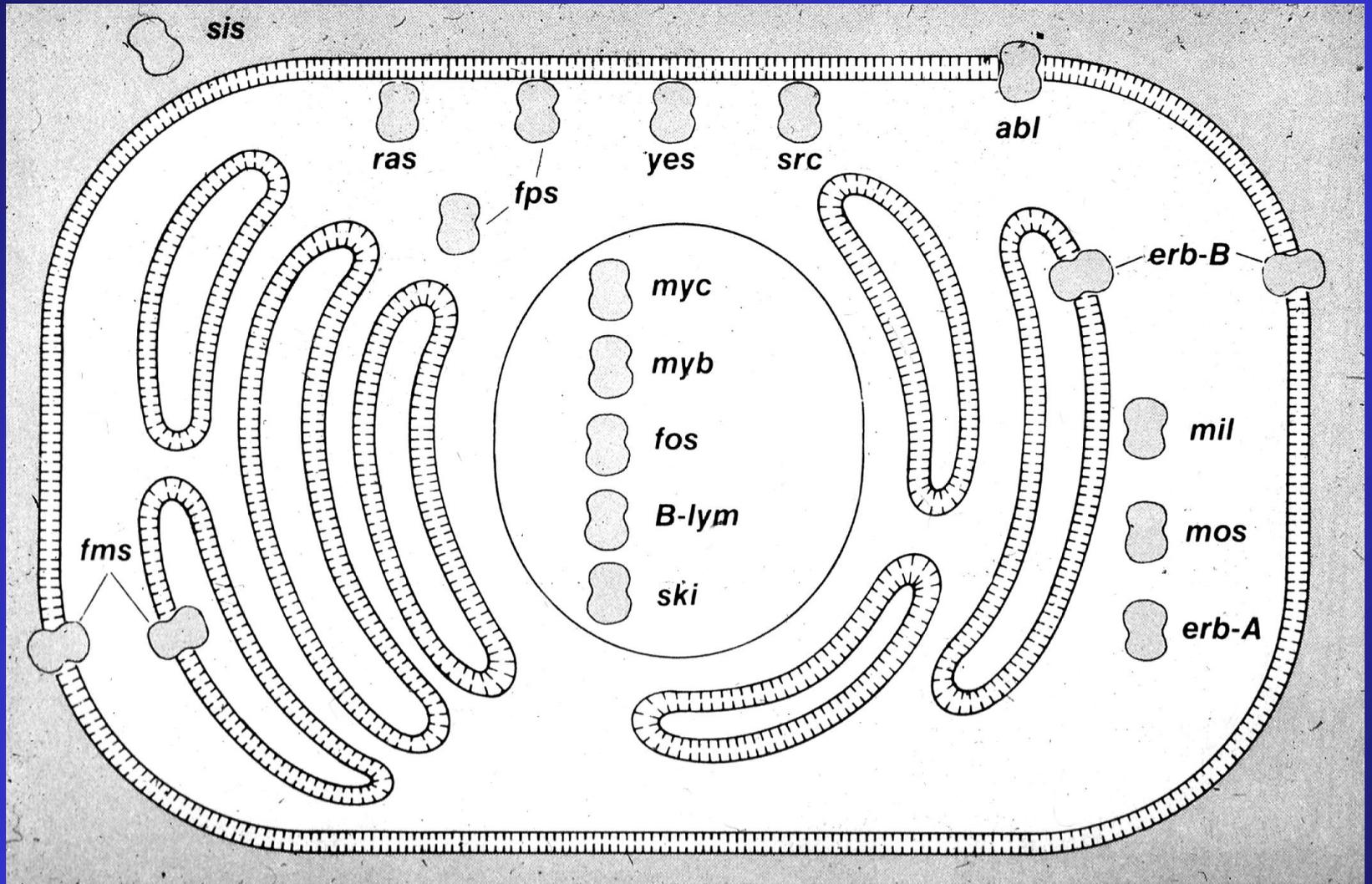
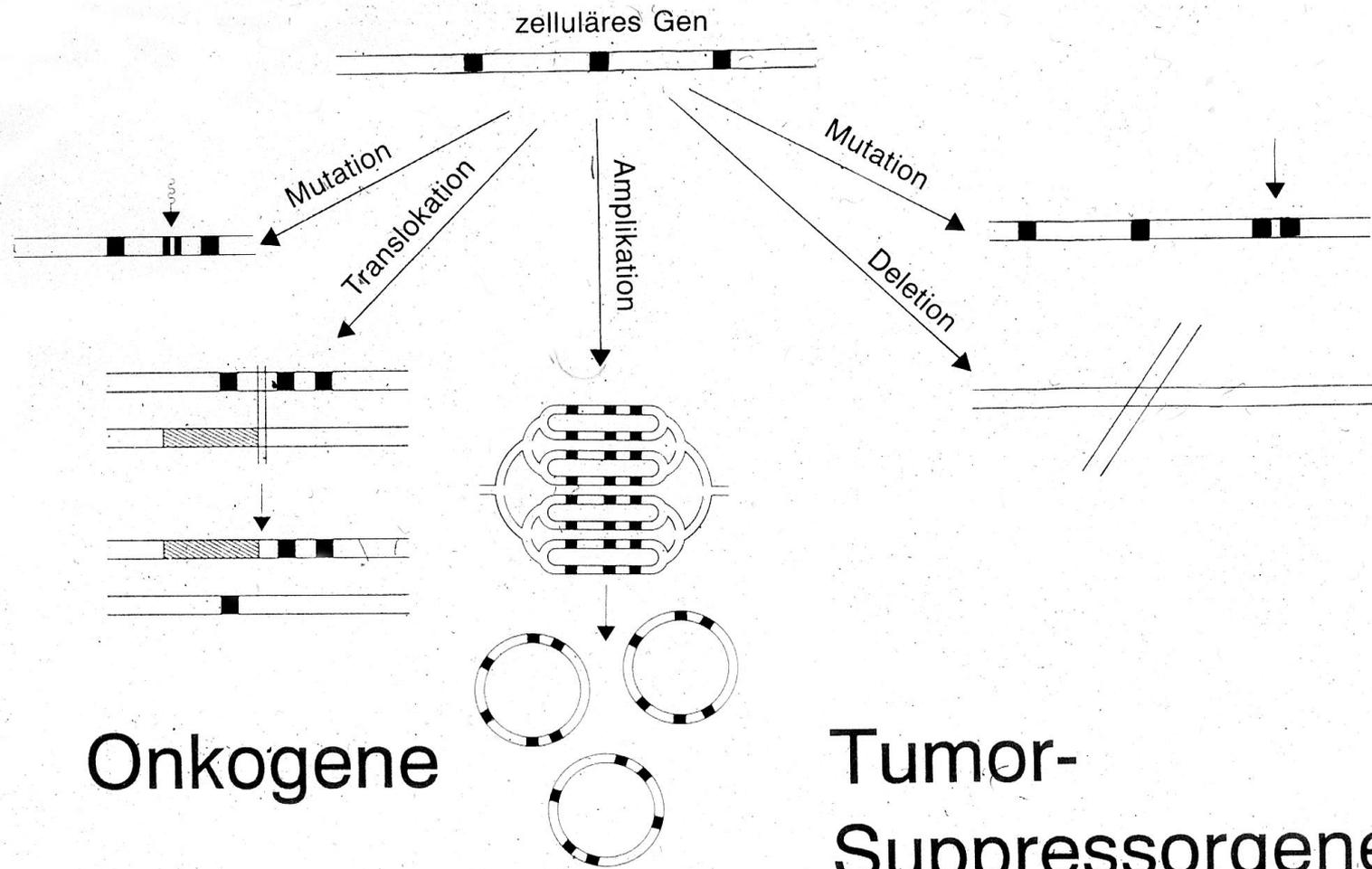


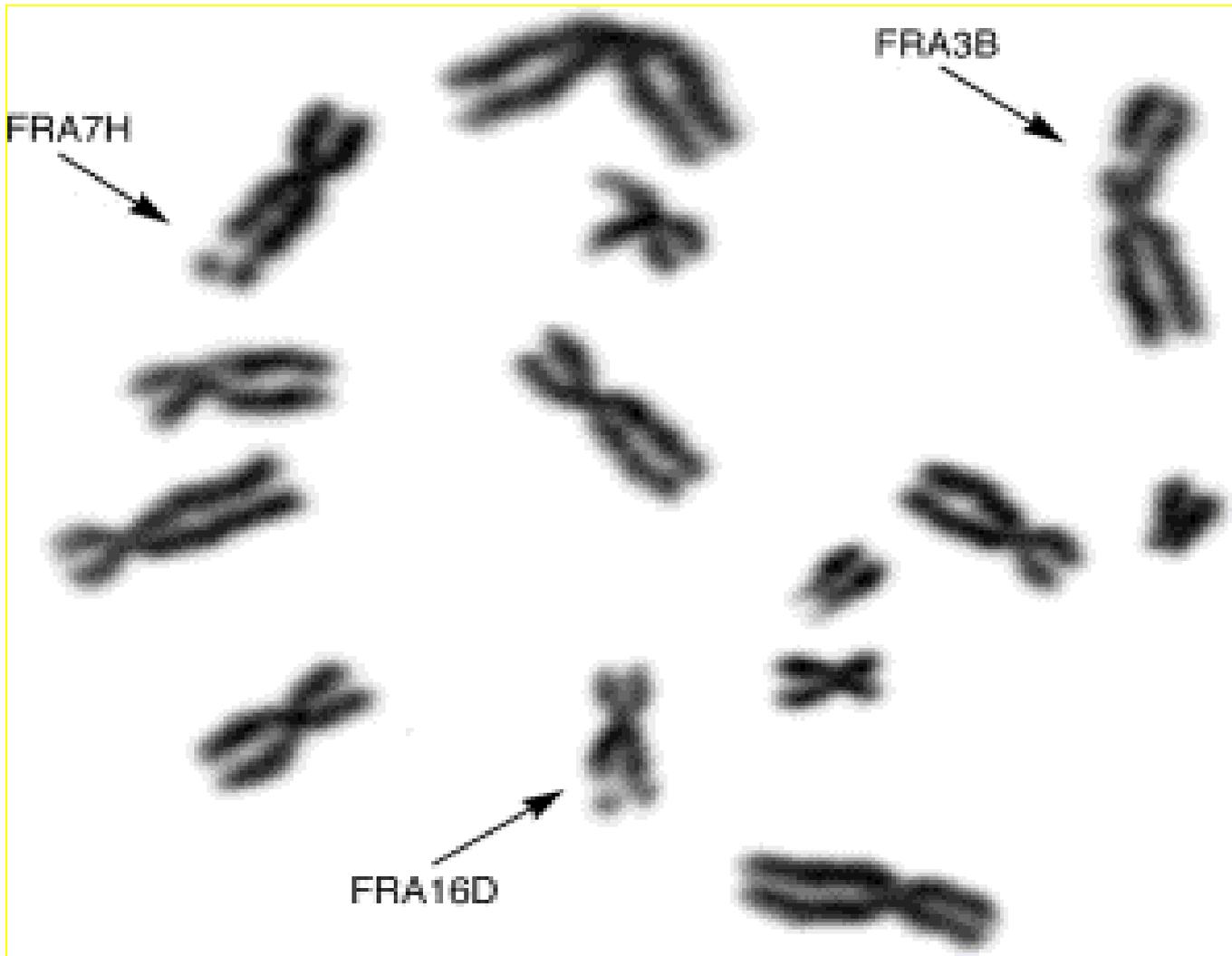
Table 26-3 Oncogene Families

Oncogene	Subcellular location of protein	Properties or normal function of protein
Class I: Protein kinases		
<i>src</i>	Plasma membrane	Tyrosine-specific protein kinase
<i>yes</i>	Plasma membrane	Tyrosine-specific protein kinase
<i>fgr</i>	?	Tyrosine-specific protein kinase
<i>abl</i>	Plasma membrane	Tyrosine-specific protein kinase
<i>fps (fēs)</i>	Cytoplasm	Tyrosine-specific protein kinase
<i>erbB</i>	Plasma membrane (transmembrane)	EGF receptor/tyrosine-specific protein kinase
<i>fms</i>	Plasma membrane (transmembrane)	CSF-1 receptor/tyrosine-specific protein kinase
<i>ros</i>	Plasma membrane (transmembrane)	Tyrosine-specific protein kinase
<i>kit</i>	Plasma membrane	
<i>mos</i>	Cytoplasm	Serine/threonine protein kinase
<i>raf (mil)</i>	?	Serine/threonine protein kinase
Class II: GTP binding proteins		
<i>H-ras</i>	Plasma membrane	Guanine nucleotide binding protein with GTPase activity
<i>K-ras</i>	Plasma membrane	Guanine nucleotide binding protein with GTPase activity
Class III: Growth factors		
<i>sis</i>	Secreted	Derived from a gene that encodes PDGF
Class IV: Nuclear proteins		
<i>myc</i>	Nucleus	
<i>myb</i>	Nucleus	
<i>fos</i>	Nucleus	
<i>ski</i>	Nucleus	
Class V: Hormone receptor		
<i>erbA</i>	Cytoplasm	Thyroid hormone receptor
Unclassified:		
<i>rel</i>	?	
<i>ets</i>	?	



FRAGILOME

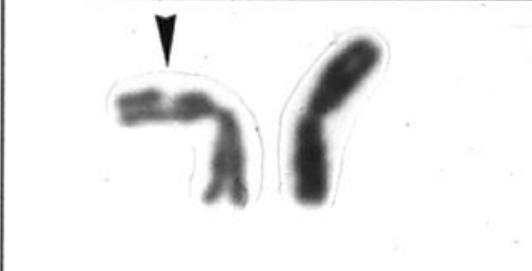
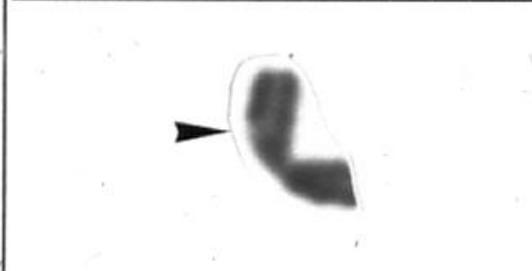
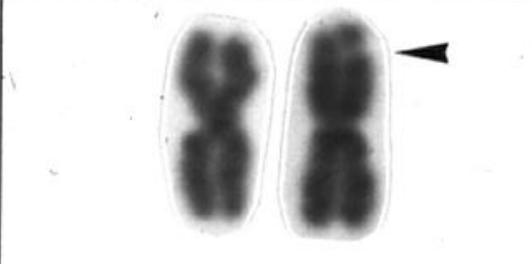
Identifying the repertoire of common fragile sites and determining their role in cancer-associated genomic damage

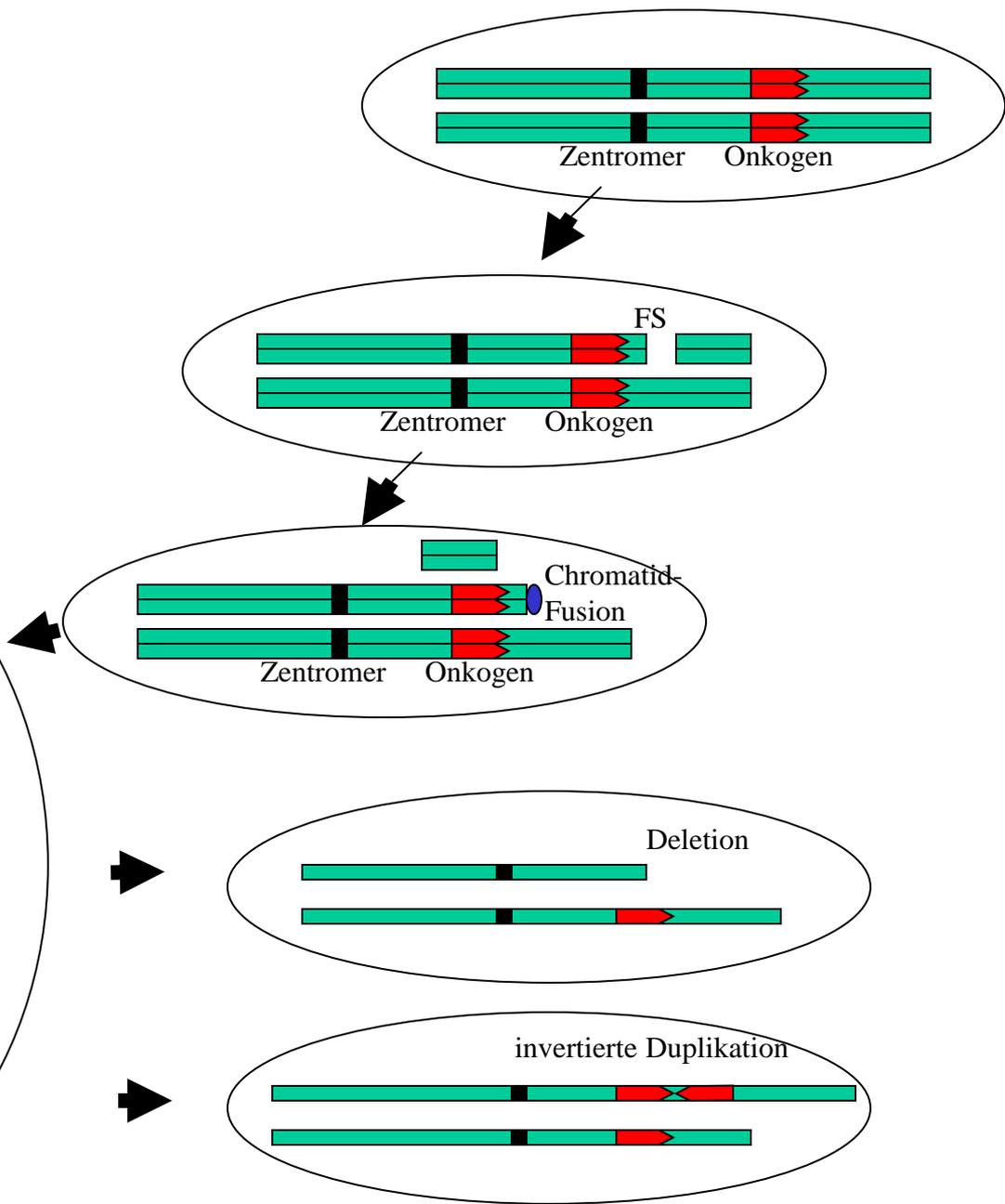
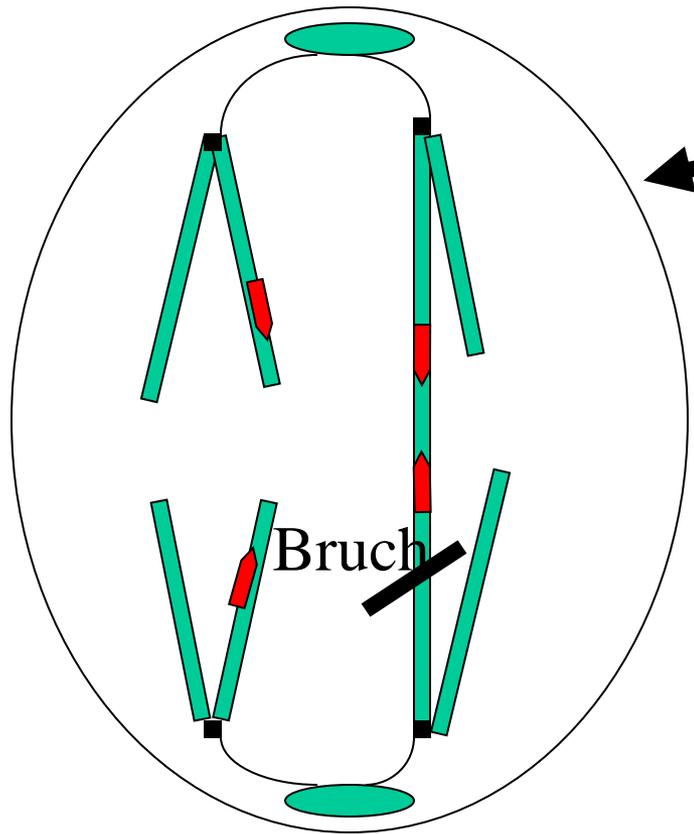


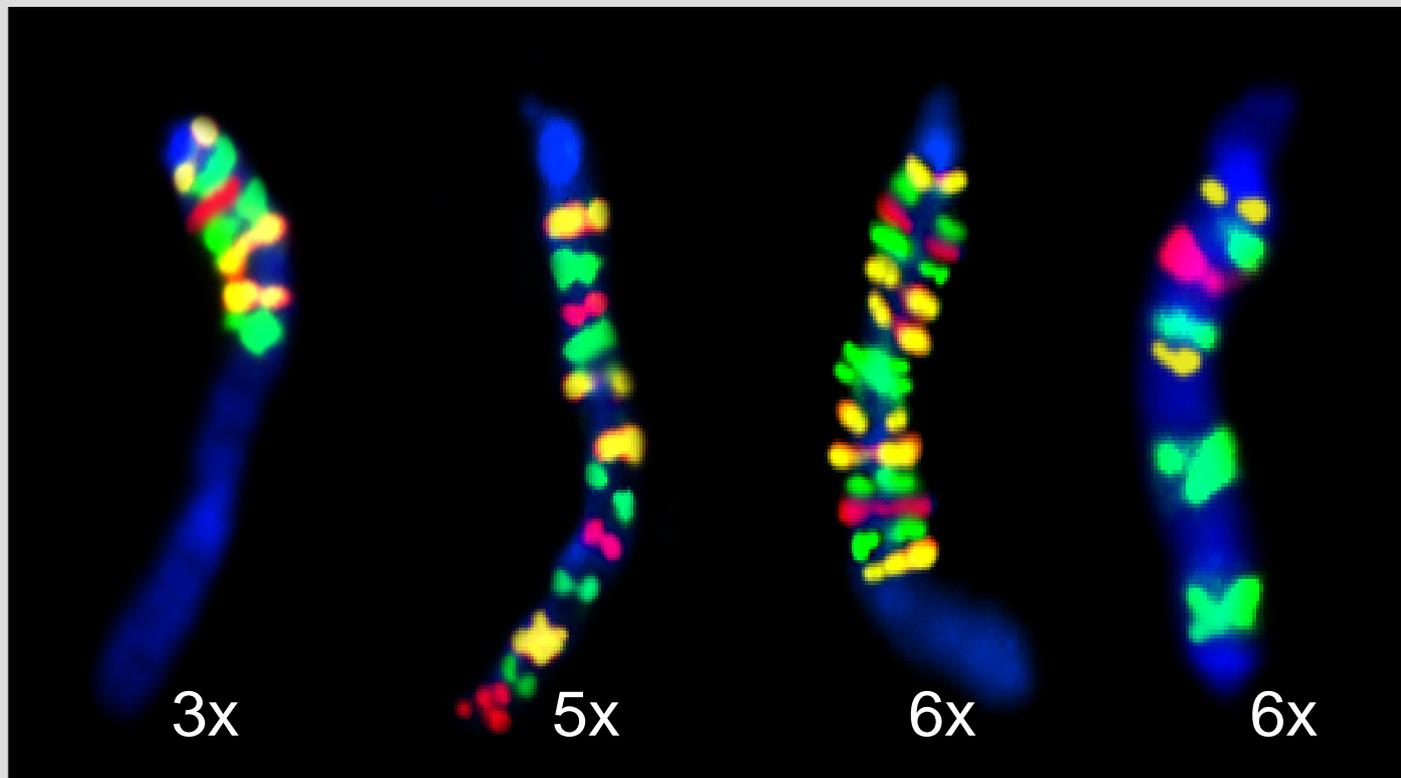
Partial human metaphase showing chromosomal expression of three common fragile sites following exposure to aphidicolin.

FRAGILE SITES

0,2 μ M Aphidicolin (APC)

1p31 (A.4.: 40) 	1p31 (NB1/10: 41) 	1p31 (HNPC1/12: 34) 
1p36 (NB1/10: 13) 	1p32/6 (A.4.: 34) 	1p32 (HNPC1/12: 11) 



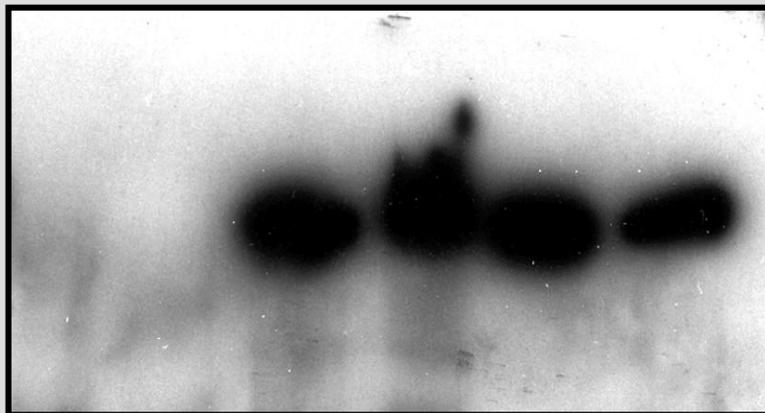


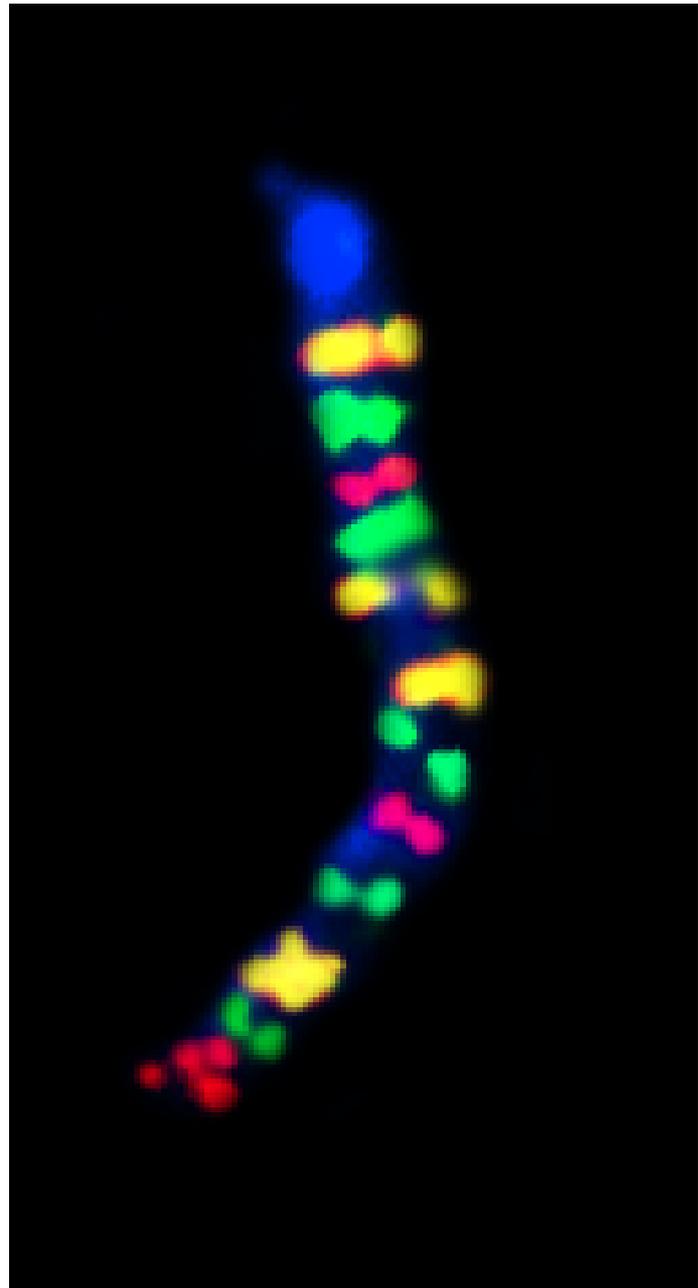
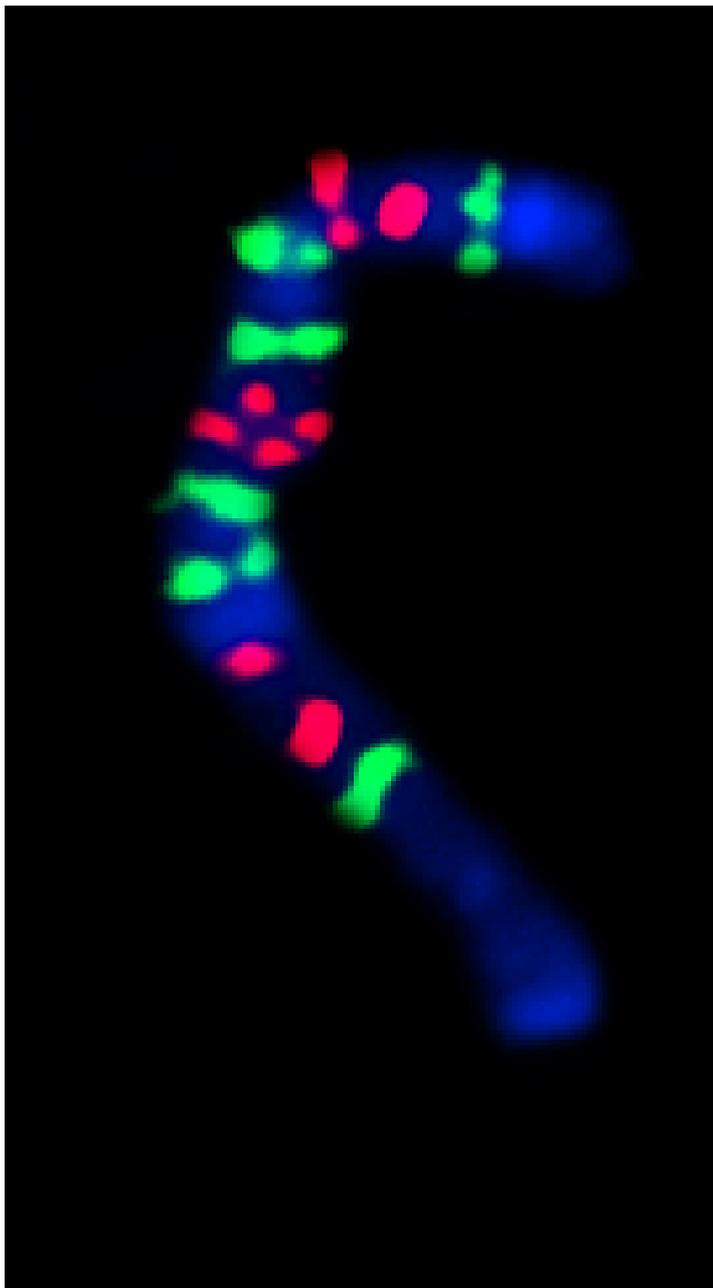
ATCC

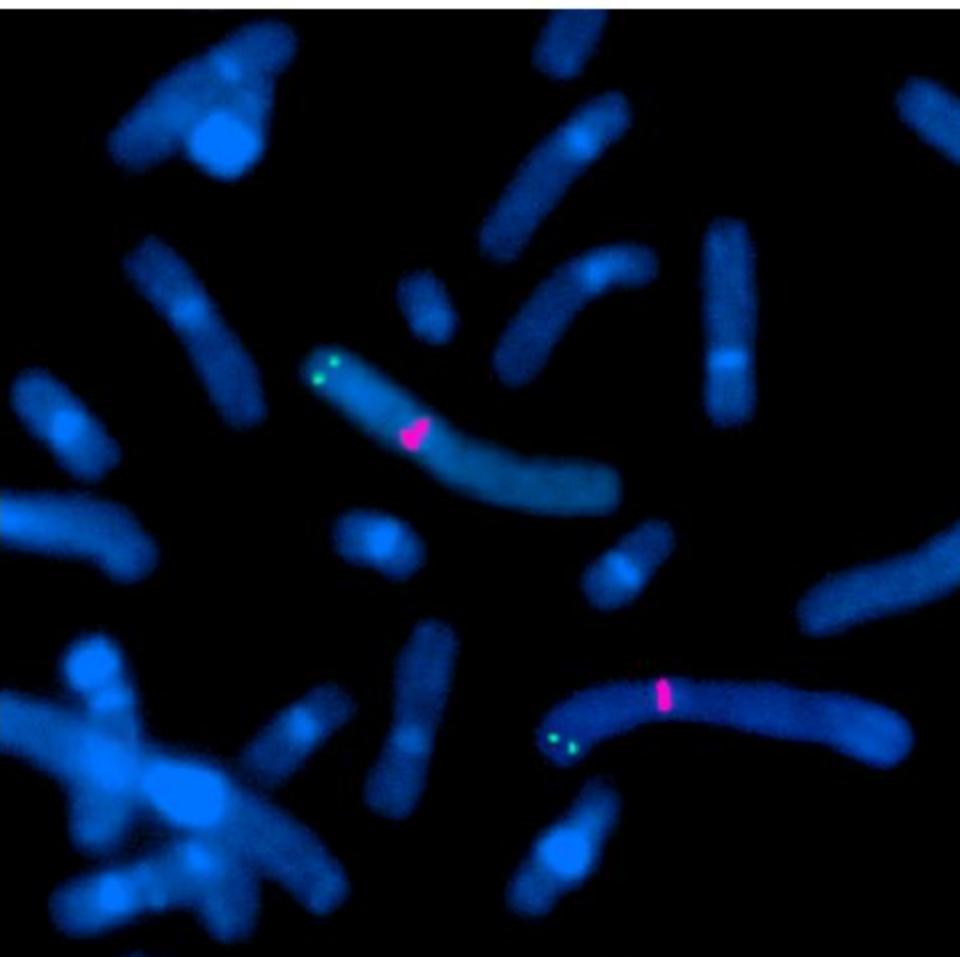
2x



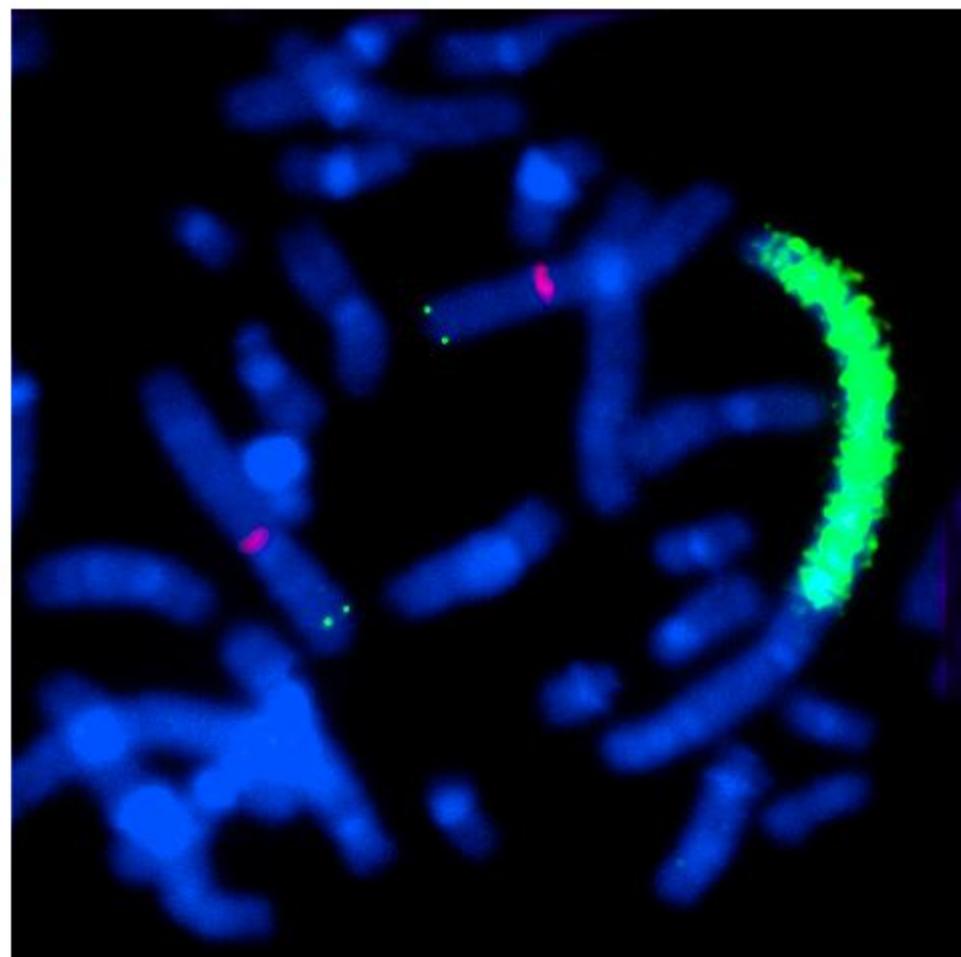
230 -







Normale Zelle



Tumorzelle

The End

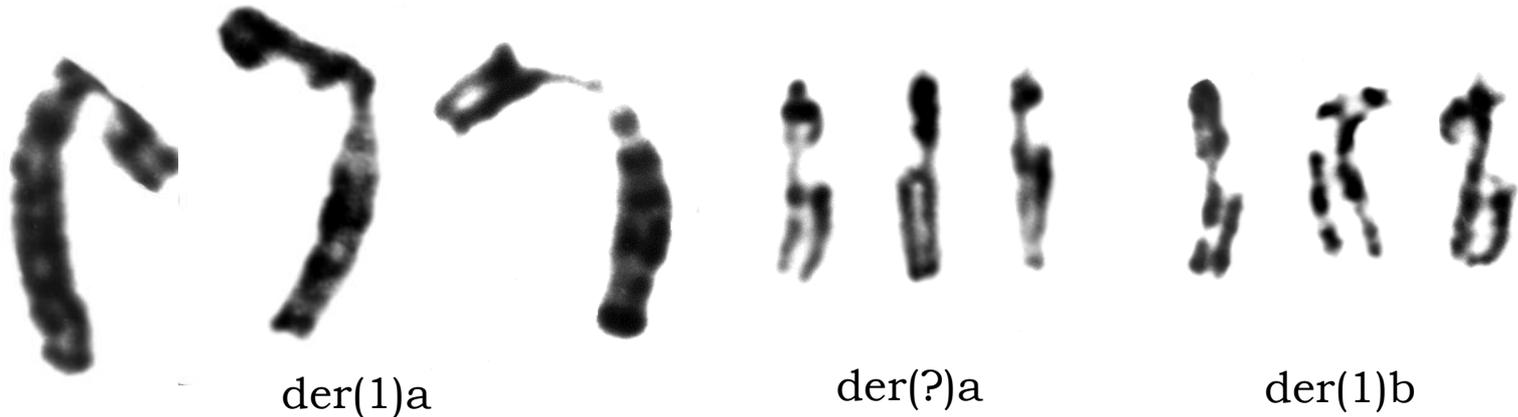
13.2.2006

spontaneously expressed fragile sites

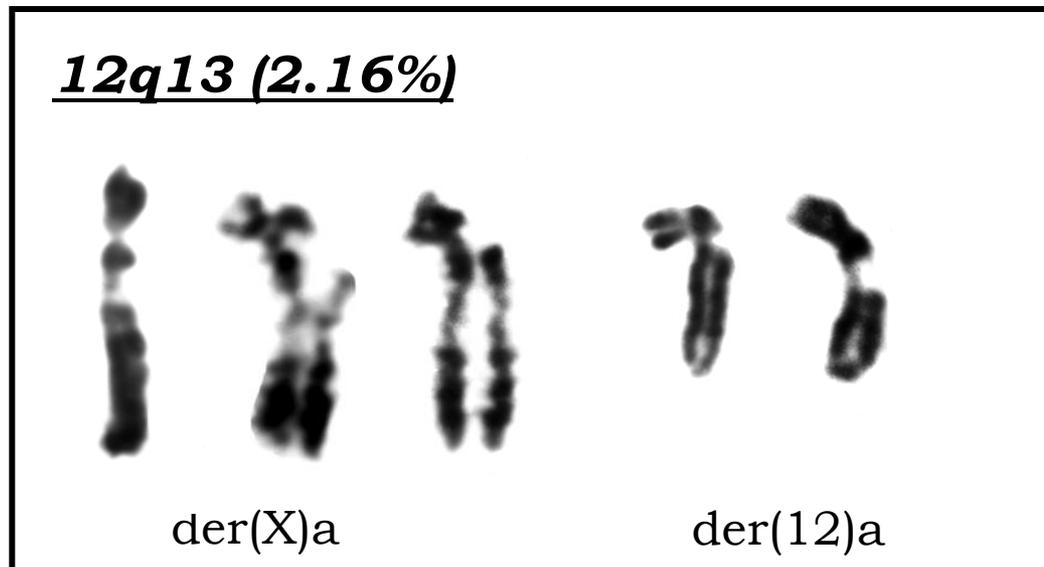
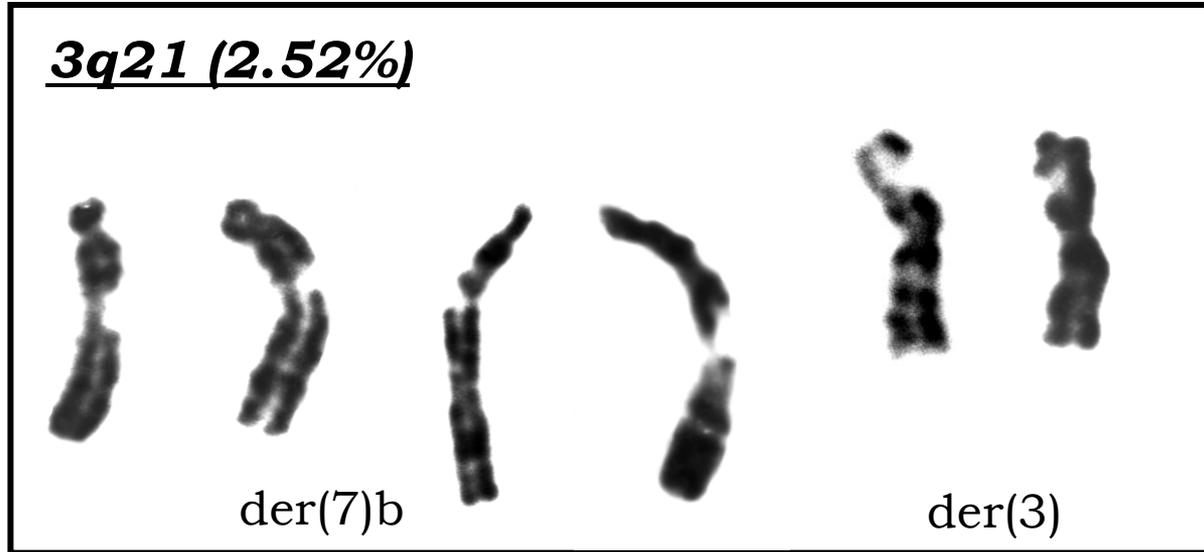
2q21 (3.1%)



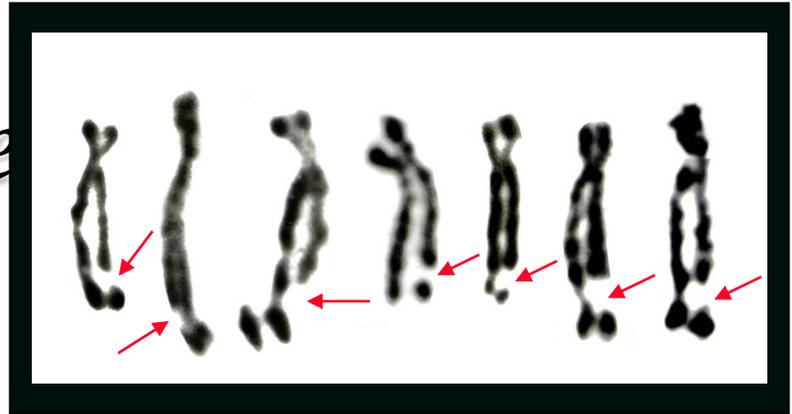
1p22 (2,88%)



spontaneously expressed fragile sites

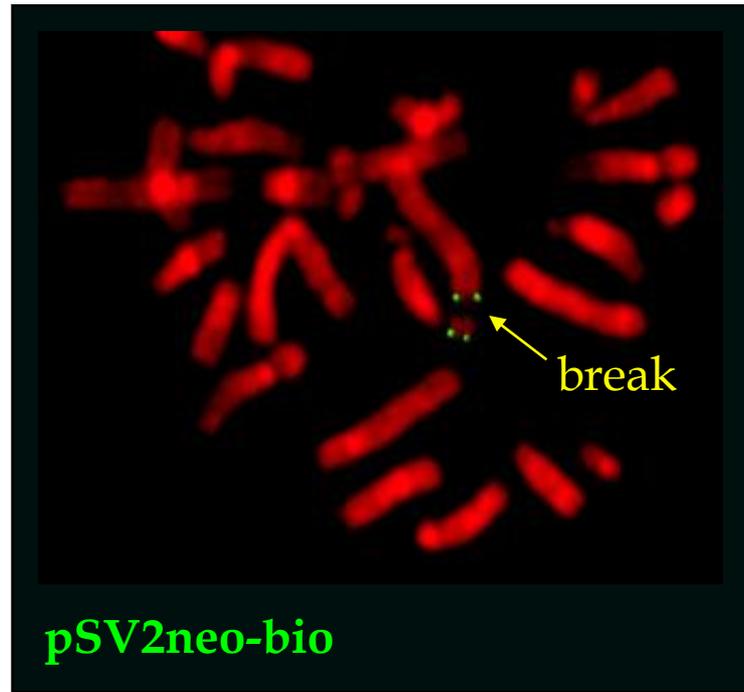


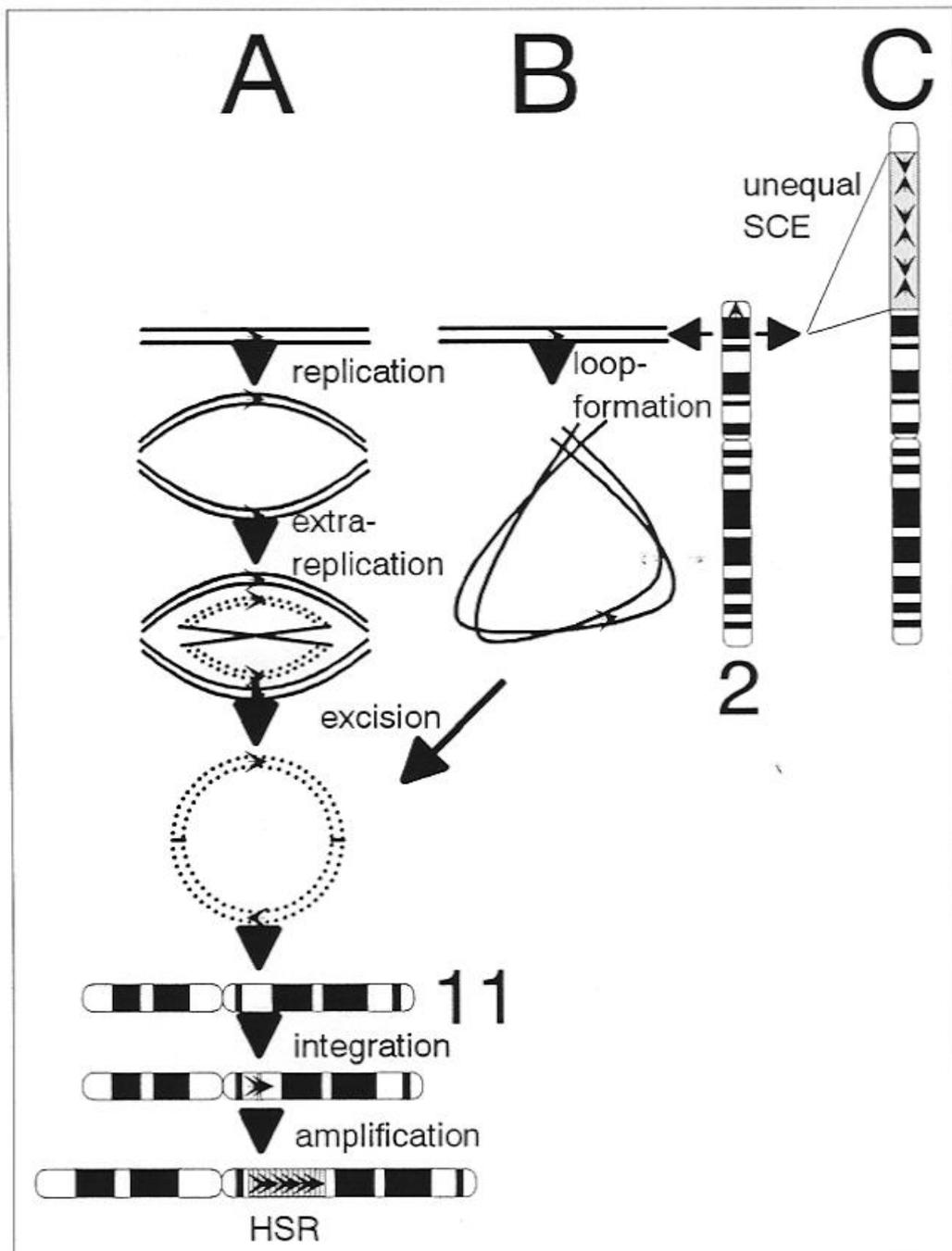
common fragile site
4q31



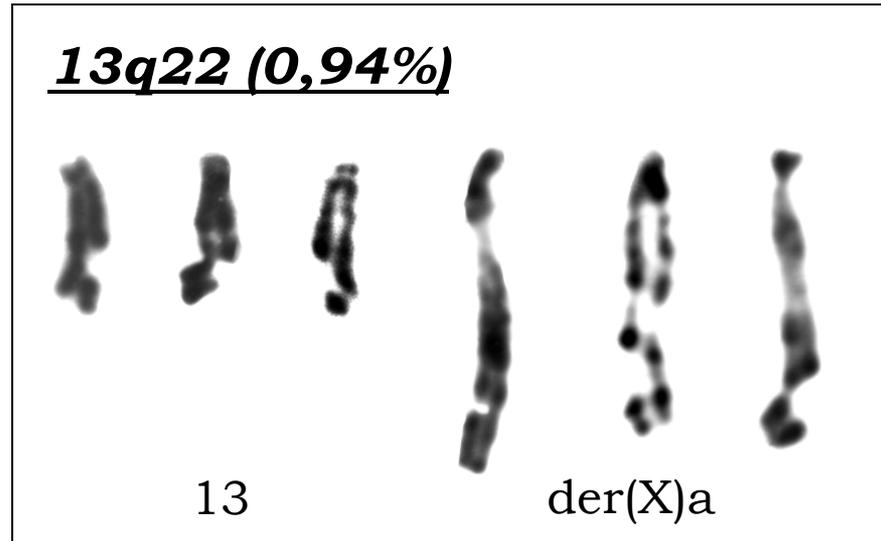
clone 2

has two integrations of *pSV2neo* in chromosome 4, one in 4q31. The FS in this region can still be activated to break the chromosome.



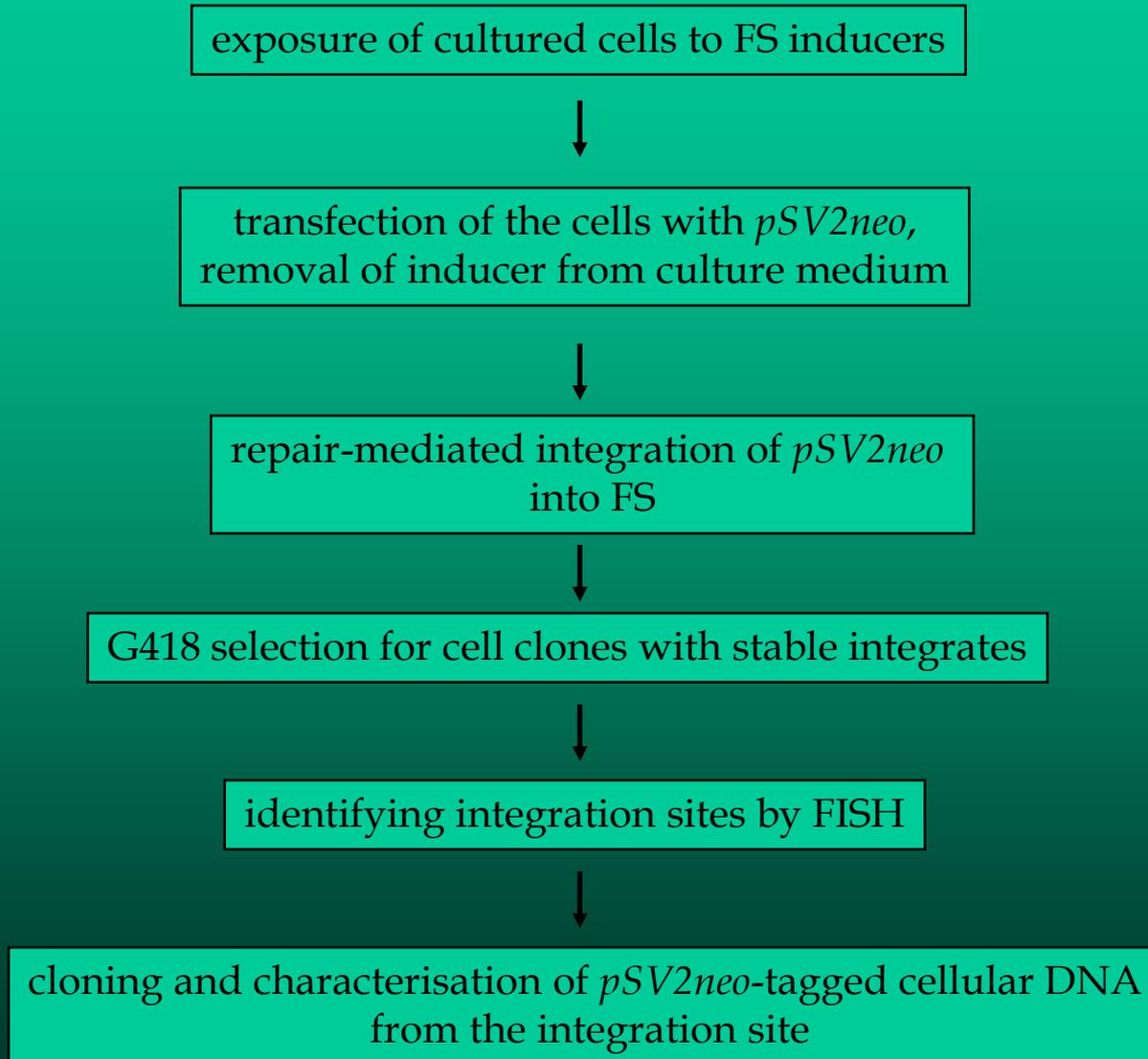


Four Different Clones have Integration in 13q22.



<i>clone 22:</i>	13
<i>clone 24:</i>	13
<i>clone 63:</i>	der(X)a
<i>clone 83:</i>	der(X)a

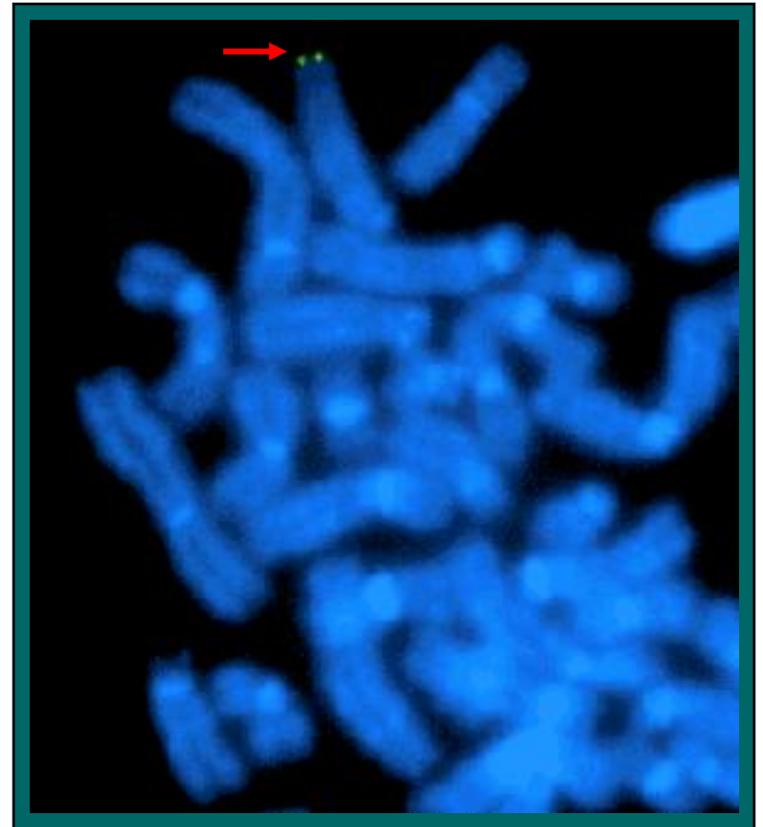
Targeted cloning of fragile site DNA by repair-mediated insertional mutagenesis



*Integration of pSV2Neo in 1p36
- Clone 21*

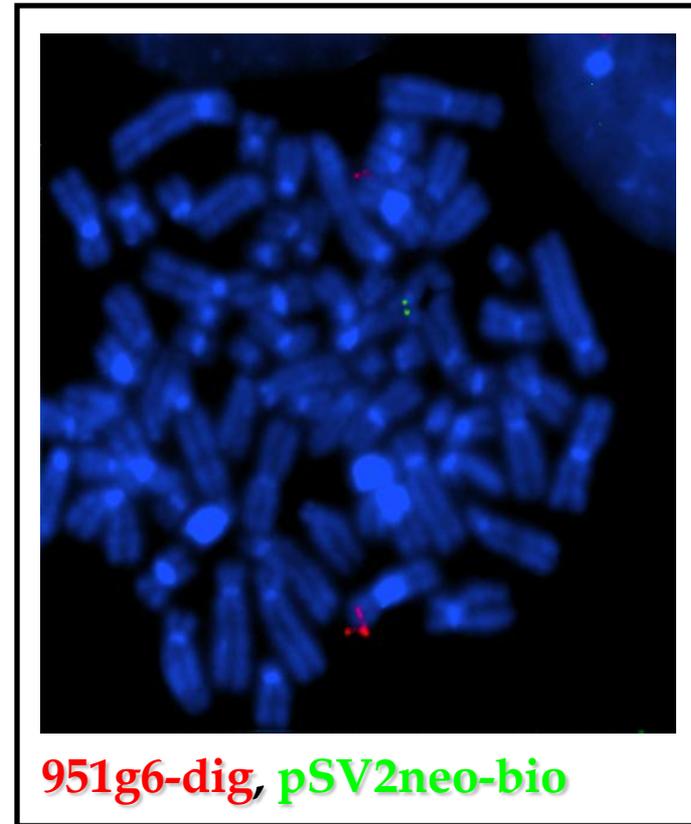
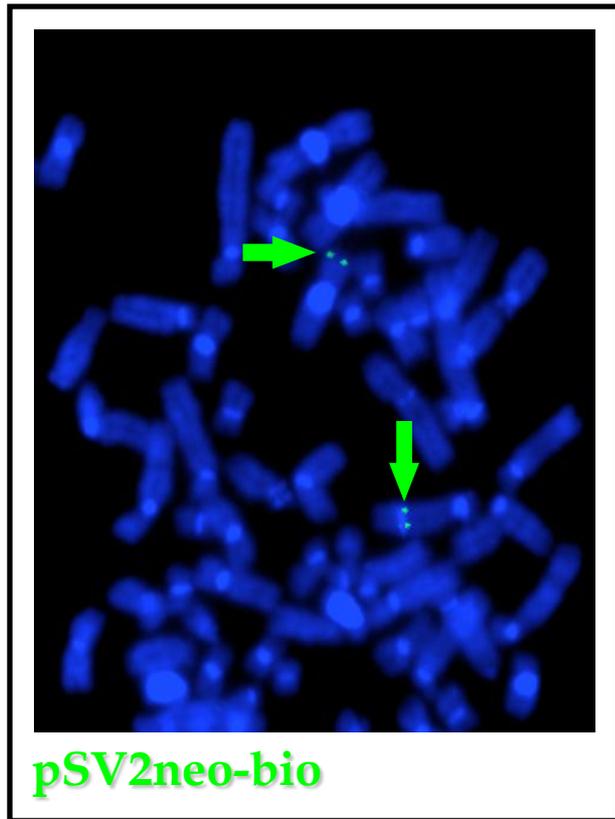


G-Banding



FISH (pSV2Neo-bio)

clone 28



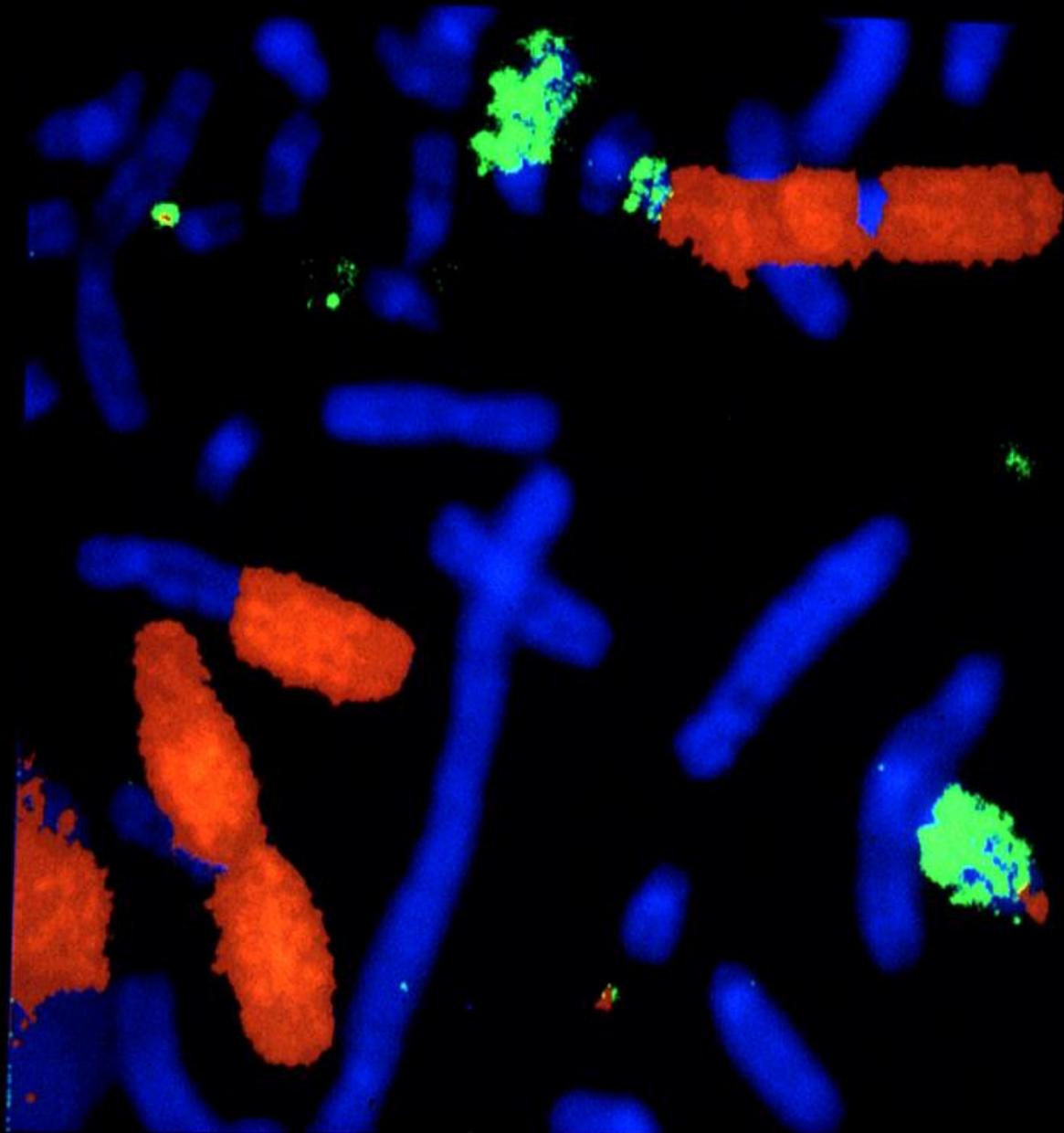
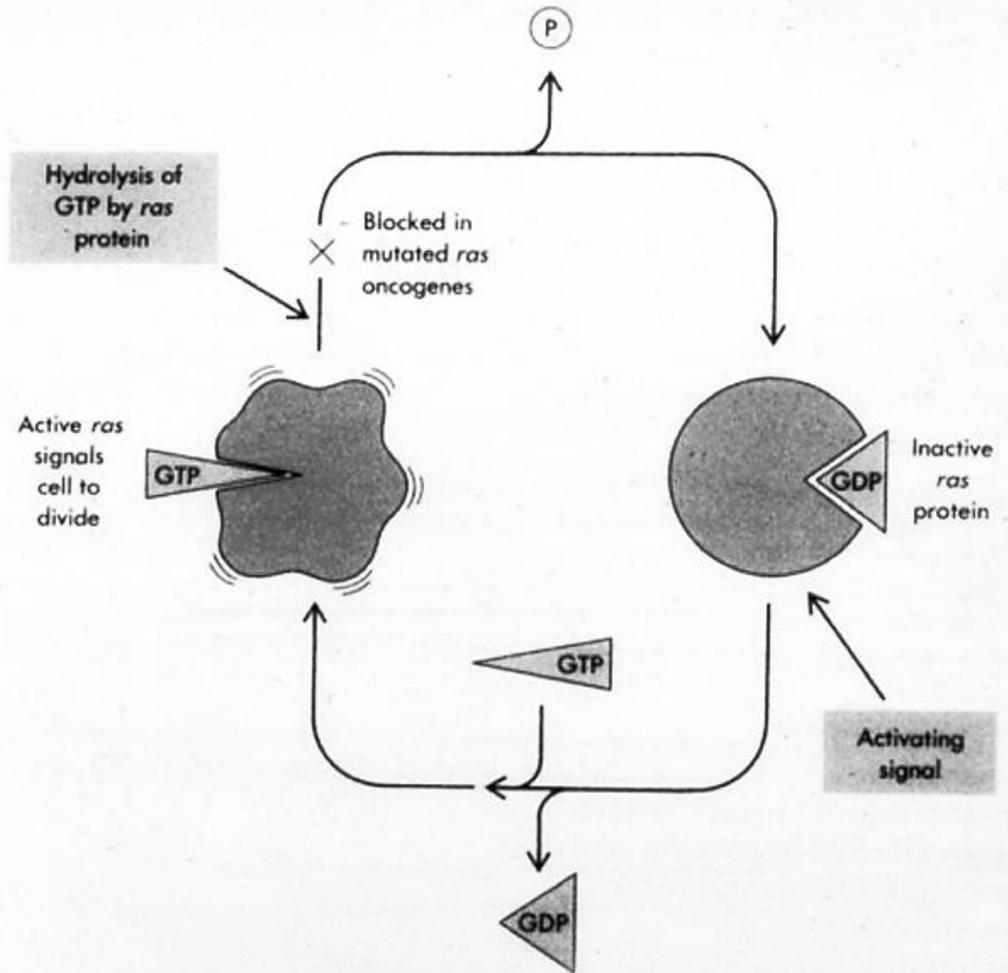
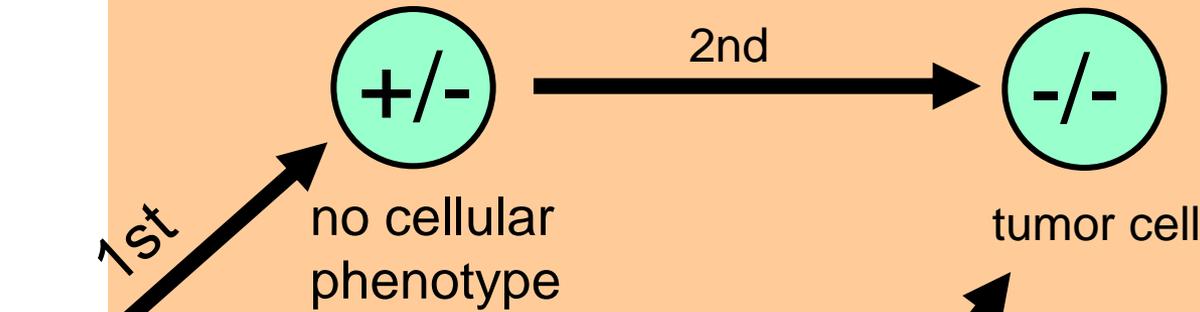


Figure 27-6

Highly schematized view of the inactive form of a *ras* protein binding GDP while the activated form binds GTP. If a mutation destroys the GTPase present in the molecule, then the molecule may remain in the active state.

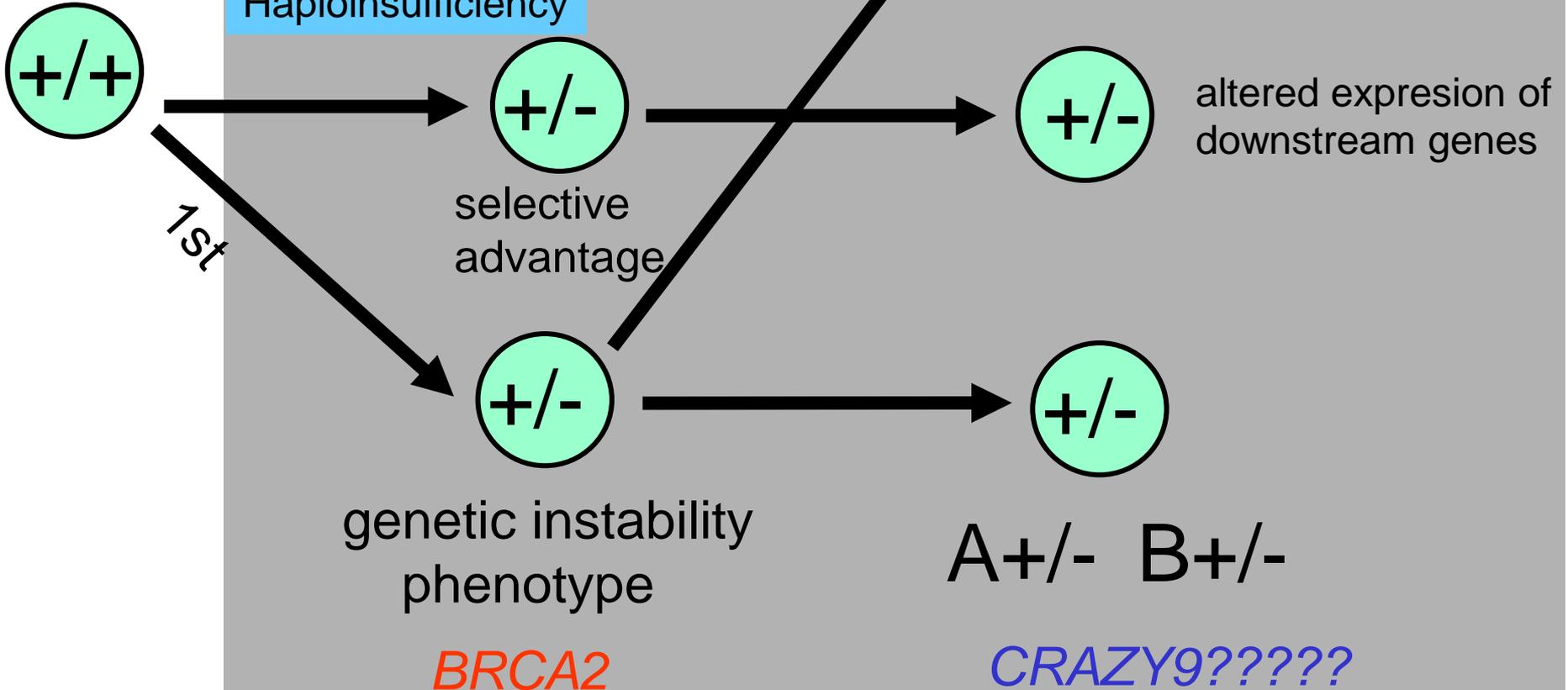


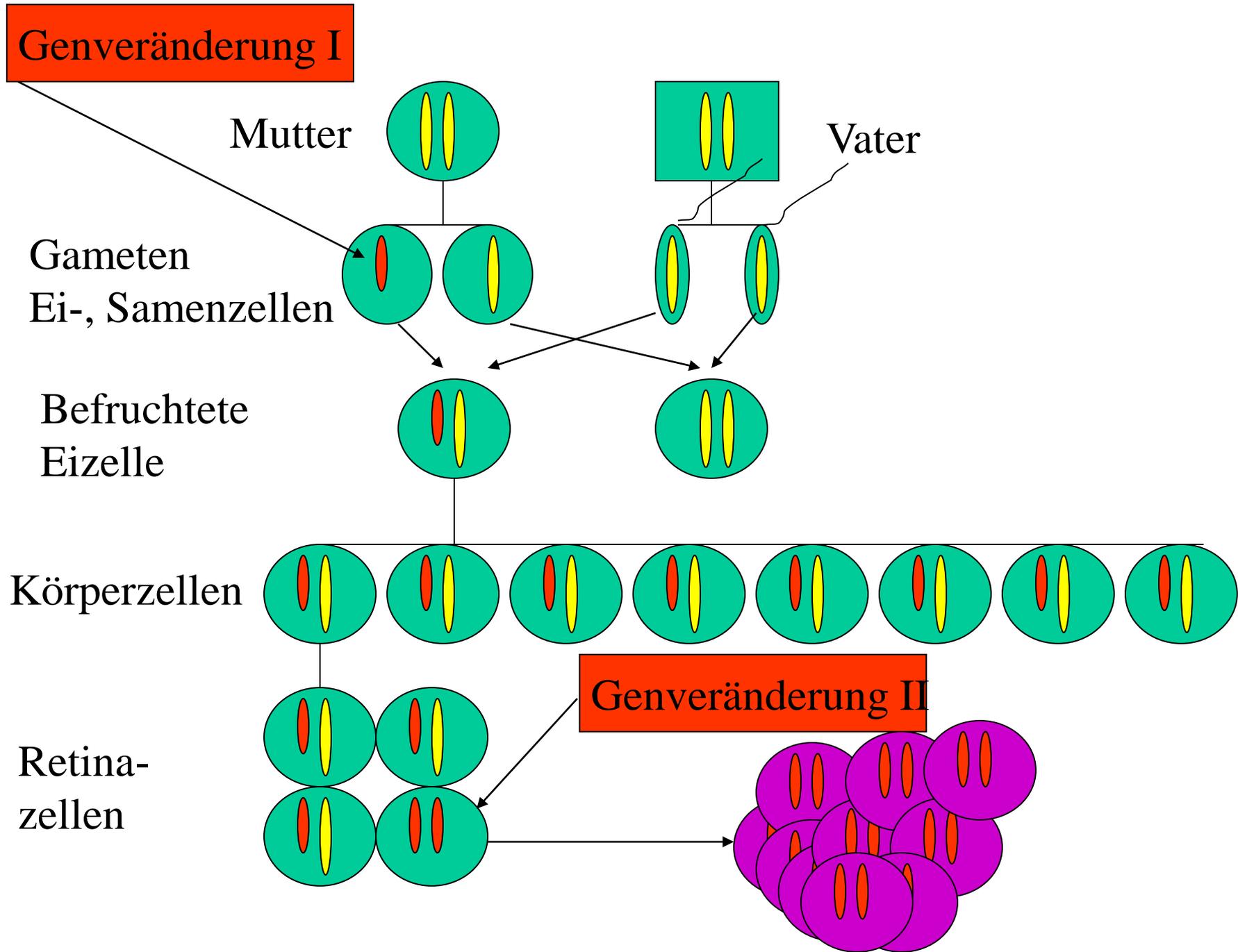
Knudson model



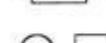
p53
Rb1
BRCA2

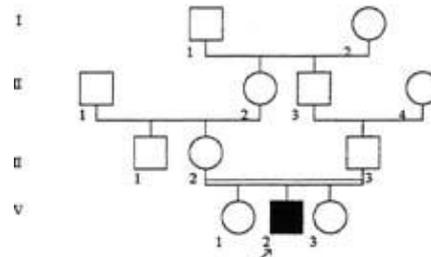
Haploinsufficiency





Stammbaum - Symbole

	merkmalsfrei (weibl., männl.)
	Merkmalsträger
	Proband
	Elternpaar
	Verwandtenehe (Konsanguinität)
	Zweitehe
	Geschwister
	zweieiige Zwillinge
	eineiige Zwillinge
	Fehlgeburt Totgeburt (Geschlecht unbekannt)
	Konduktorin (XR)
	heterozygot (AR)
	heterozygot (AR)
	verstorben
	verstorben
	pränatale Diagnose



Beispiel eines Stammbaumes

über 4 Generationen:

Proband (\nearrow , IV/2)

zB II/4 = Großmutter väterlicherseits

III/2 = Mutter

III/2 und III/3 = Vettern I. Grades
(Konsanguinität)

Grundbegriffe der Genetik III

Penetranz

Manifestationswahrscheinlichkeit; Wahrscheinlichkeit, mit der sich ein dominant wirkendes Gen im Phänotyp ausprägt; 100% Penetranz = alle Genträger sind Merkmalsträger; Penetranzschwankung (verminderte Penetranz) = nicht jeder Genträger ist Merkmalsträger

Expressivität

Manifestationsstärke; Ausmaß der phänotypischen Ausprägung eines Gens; Expressivitätsschwankung = unterschiedlich starke Ausprägung eines Merkmals (Krankheitsbildes)

Pleiotropie = Polyphänie

ein Gen bewirkt mehrere verschiedene Symptome (gleiche molekulare Grundlage)

Grundbegriffe der Genetik II

monogen

durch die Wirkung eines Genlocus bedingtes Merkmal

polygen

durch die gleichzeitige Wirkung mehrerer Genloci bedingtes Merkmal

multifaktoriell

durch die gleichzeitige Wirkung mehrerer Genloci (Polygenie) und nicht genetischer Faktoren bedingtes Merkmal

heterogen

ein bestimmtes monogenes Merkmal kann durch die Wirkung der Allele verschiedener Genloci bedingt sein

dominant

Merkmal auch im heterozygoten Zustand ausgeprägt; einfache Gendosis genügt zur Ausprägung des Merkmals

rezessiv

Merkmal nur im homozygoten Zustand ausgeprägt; doppelte Gendosis für die Ausprägung des Merkmals notwendig (Ausnahme: Hemizygotie)

kodominant

2 Allele prägen unabhängig je 1 Merkmal aus

Genotyp

individuelle Genkombination eines Individuums; individuelle Genkombination an einem Genlocus; jedem Genotyp entspricht ein bestimmter Phänotyp

Phänotyp

Summe aller Merkmale eines Individuums; Einzelmerkmal eines Individuums

homozygot

reinerbig für gegebenen Genlocus; zwei Gene mit identischer Wirkung auf dem Genort homologer Chromosomen

heterozygot

mischerbig für gegebenen Genlocus; zwei Gene mit unterschiedlicher Wirkung (=Allele) auf dem Genlocus homologer Chromosomen

hemizygot

homologer Genort fehlt; ein oder mehrere Genorte sind im sonst diploiden Chromosomensatz nur einmal vorhanden

z.B. X-chromosomale bzw. Y-chromosomale Genorte beim XY-Mann, bei Monosomie X (45,X)

Allele

Gene eines Genlocus mit unterschiedlicher Wirkung

mutierte Gene eines Locus; DNA-Abschnitte eines homologen Locus mit unterschiedlicher Basensequenz (z.B. RFLPs)

Wildtypallel

ursprüngliche Form des Gens innerhalb einer Art

multiple Allelie

in einer Population sind mehr als 2 Allele für einen Genort vorhanden

gekoppelte Gene

liegen auf demselben oder homologen Chromosom

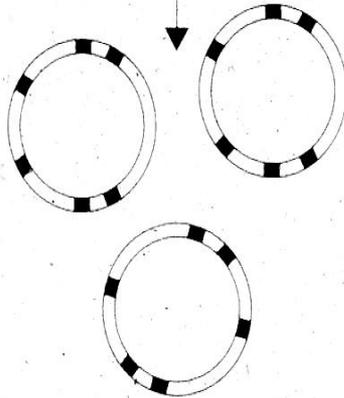
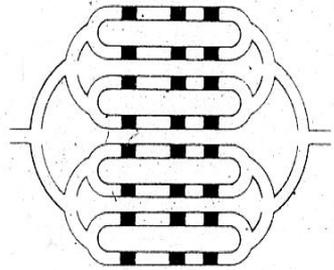
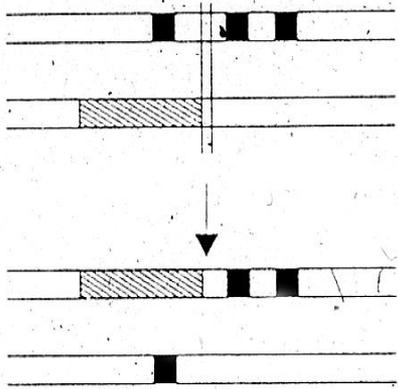
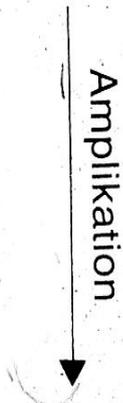
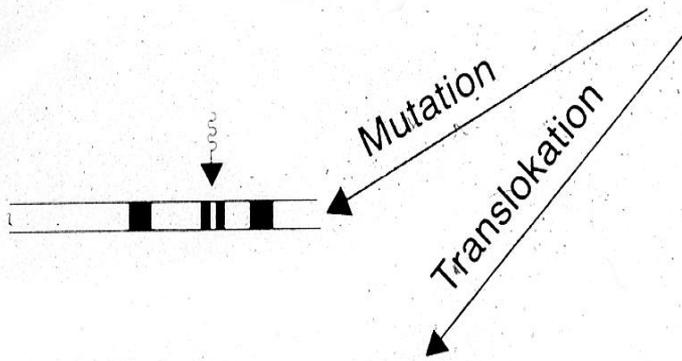
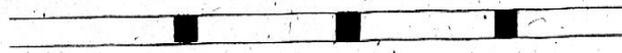
in enger Lagebeziehung; (in Kopplungsphase auf demselben Chromosom lokalisiert, in Abstoßungsphase auf homologen Chromosomen lokalisiert); werden durch Crossing over seltener rekombiniert als nicht gekoppelte Gene; werden während der Meiose nicht zufällig verteilt; für Genlokalisierung wichtig (Genkartierung); für indirekte Gendiagnose wichtig

Haplotyp

Satz eng gekoppelter Gene; werden meistens als Block vererbt

Grundbegriffe der Genetik I

zelluläres Gen



Onkogene

Tumor-Suppressorgene