## **An intronic polymorphism associated with 2,3-bisphosphoglycerate levels in human red cells is linked to expression of RhCE blood groups**

**Eunike C. McGowan<sup>a</sup> <b>D**[,](https://orcid.org/0000-0002-2098-4604) Jill R. Storry<sup>a,b</sup> **D**[,](https://orcid.org/0000-0003-2940-2604) and Martin L. Olsson<sup>a,b,[1](https://orcid.org/0000-0003-1647-9610)</sup> D

 We read with interest how D'Alessandro et al. recently investigated the genetic underpinnings of the metabolic adaptations in red blood cells (RBCs) from healthy humans under high-altitude hypoxia (1). The authors concur previous in vivo studies in that 2,3-biphosphoglycerate (BPG) levels increase under high-altitude hypoxic conditions through their RBC metabolomics analysis of six healthy volunteers, who climbed to the highest city worldwide, La Rinconada, Peru (5,100 m above sea level). Strikingly, their RBC proteomics revealed the RhCE protein levels were most affected by ascent, acclimatization, and descent. Following this, metabolite quantitative trait loci analysis of 2,3-BPG using the omics and genotyping data from the Recipient Epidemiology and Donor Evaluation Study (REDS) was performed. A significant association between 2,3-BPG and genetic polymorphisms from chromosome 1 was found, and the polymorphism ranking highest in association was rs636889 located in intron 5 of *RHCE* .

 The obvious question to ask is how a noncoding variant, rs636889, and/or other *RHCE* polymorphisms impact the RhCE protein to become a critical determinant of 2,3-BPG levels in RBCs of healthy volunteers? As D'Alessandro et al. mentioned, the *RH* genes comprise substantial genetic heterogeneity. We noted additional polymorphisms in linkage disequilibrium (LD) with rs636889 are present in the highly homologous *RHD* gene, which arose from a duplication event of *RHCE* (2). The *RHD* gene has single nucleotide variants (SNVs) distributed throughout the gene, including introns, depending on the phenotypic combination of Rh blood group antigens RhD, RhC, RhE, Rhc, and Rhe (3).

Similarly, in *RHCE*, more than one SNV can be used to predict the phenotype for C and c antigens, while one SNV in exon 5 defines the E and e antigens. LD analysis using LDlink (4) showed rs636889:C to correlate with SNVs encoding the RhC (rs586178:G, rs61777615:A) and Rhe (rs609320:C) antigens, whereas rs636889:T correlated with the Rhc (rs586178:C, rs61777615:G) and RhE antigens (rs609320:G; Fig. 1) (5, 6) in most populations. Lower linkage equilibria in African populations may be due to their unique diversity of *RHCE* alleles that affects the LD algorithm. Otherwise, in general, LDlink showed rs636889 travels with C/c and E/e antigen-encoding SNVs.

 Although all volunteers were reported as Rh-positive, their RhCE phenotypes were not specified (1). Interestingly, Rh antigen densities are known to vary depending on the combination of C, E, c, and e antigens (8). Computational modeling of these antigen combinations showed varying degrees of RhCE extracellular loop exposure, conformational structures, and interactions with the Rh-associated glycoprotein (RhAG) (9). With RhCE playing a structural role in the band 3-macrocomplex, a recognized participant of RBC oxygen regulation (10), it would be tempting to explore whether the RhD and RhCE phenotype plays a role in or can predict 2,3-BPG levels in the REDS study. Different RhCE protein isoforms could impact the structural stability or density of neighboring molecules in this macrocomplex implicated in ammonia or carbon dioxide transport.

 In conclusion, we propose that an improved understanding of 2,3-BPG heterogeneity between humans may be gained by investigating the role of Rh phenotypes and their interactions within/around the macrocomplex.

**ACKNOWLEDGMENTS.** We thank Ping Chun (Gloria) Wu from the Department of Laboratory Medicine and Sudip Ghosh from the Department of Experimental Medical Science, both at the Lund Stem Cell Center, Faculty of Medicine, Lund University, Lund, Sweden, for advice. This study was supported by the Knut and Alice Wallenberg Foundation (2020.0234 to M.L.O.), the Swedish Research Council (2019-01683 to M.L.O. and J.R.S.) and governmental ALF grants to the university healthcare in Region Skåne, Sweden (ALFSKANE-446521 to M.L.O.).

Author affiliations: <sup>a</sup>Division of Hematology and Transfusion Medicine, Department of Laboratory Medicine, Biomedical Center C14, Lund University, Lund SE-221 84, Sweden; and <sup>b</sup>Department of Clinical Immunology and Transfusion Medicine, Office for Medical Services, Region Skåne, Lund SE-221 85, Sweden

Author contributions: E.C.M. and M.L.O. designed research; E.C.M. performed research; E.C.M., J.R.S., and M.L.O. analyzed data; J.R.S. and M.L.O. supervised the study, edited the manuscript; and E.C.M. wrote the paper.

Competing interest statement: J.R.S. is the Senior Vice President for International Society of Blood Transfusion (ISBT) and on the ISBT Board of Directors. J.R.S. and M.L.O. has given educational lectures in exchange for honoraria from Biorad and QuidelOrtho. J.R.S. and M.L.O. are inventors on patents about blood group genotyping. J.R.S. and M.L.O. own 50% each of the shares in BLUsang AB, an incorporated consulting firm, which receives royalties for said patents.

Copyright © 2024 the Author(s). Published by PNAS. This article is distributed under [Creative Commons Attribution](https://creativecommons.org/licenses/by-nc-nd/4.0/)-NonCommercial-NoDerivatives License 4.0 [\(CC BY](https://creativecommons.org/licenses/by-nc-nd/4.0/)-NC-ND).

<sup>1</sup>To whom correspondence may be addressed. Email: [martin\\_l.olsson@med.lu.se.](mailto:martin_l.olsson@med.lu.se)

Published August 22, 2024.



Fig. 1. Linkage disequilibrium patterns and allele frequencies from LDpop analysis for rs636889 and three SNVs implicated in expression of RhCE antigens. For each population, r<sup>2</sup> values were plotted in a matrix heatmap using SRplot (7). The nucleotide changes linked with rs636889:C are underlined and those linked with rs636889:T are not. The nucleotide present in the reference allele for a given rs number is on the *Left* and the alternate allele on the *Right*.

- 1. A. D'Alessandro *et al.*, Genetic polymorphisms and expression of Rhesus blood group RHCE are associated with 2,3-bisphosphoglycerate in humans at high altitude. *Proc. Natl. Acad. Sci. U.S.A.* 121, e2315930120 (2024).
- 
- 
- 2. F. F. Wagner, W. A. Flegel, *RHCE represents the ancestral RH position, while RHD is the duplicated gene. Blood 99, 2272-2274 (2002).<br>3. W. A. Tounsi, T. E. Madgett, N. D. Avent, Complete RHD next-generati*
- 
- 5. I. Mouro, Y. Colin, B. Chérif-Zahar, J. P. Cartron, C. Le Van Kim, Molecular genetic basis of the human Rhesus blood group system. *Nat. Genet.* **5,** 62–65 (1993).<br>6. M. Poulter, T. J. Kemp, B. Carritt, DNA-
- 7. D. Tang *et al.*, SRplot: A free online platform for data visualization and graphing. *PLoS One* 18, e0294236 (2023).
- 8. F. F. Wagner, Influence of Rh phenotype on the antigen density of C, c, and D: Flow cytometric study using a frozen standard red cell. *Transfusion* 34, 671–676 (1994).
- 9. R. Trueba-Gómez, F. Rosenfeld-Mann, H. A. Baptista-González, M. L. Domínguez-López, H. Estrada-Juárez, Use of computational biology to compare the theoretical tertiary structures of the most common forms of RhCE and RhD. *Vox Sang.* 118, 881–890 (2023).
- 10. L. J. Bruce *et al.*, A band 3-based macrocomplex of integral and peripheral proteins in the RBC membrane. *Blood* 101, 4180–4188 (2003).