

Mapping of the Structural Gene for the Second Component of Complement with Respect to the Human Major Histocompatibility Complex

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SUMMARY

Families have been HLA typed, and allotypes of the second component of complement and properdin factor B determined. The lod score for the C2 structural gene and *HLA-B* from the study of 11 families and 55 informative meioses was 14.39 at maximum likelihood estimate of the recombination fraction of .02. This is related to other estimates of the distance between these two genes. The relative kinetic activities of the C2 allotypes were studied and no differences were demonstrated. No crossovers between *Bf* and C2 were observed.

INTRODUCTION

The human major histocompatibility genes (*HLA-A, B, C, D*) collectively referred to as the major histocompatibility complex (MHC), are closely linked on chromosome 6 [1] to the structural genes for properdin factor B (*Bf*) [2], and the second component of complement (C2) [3]. In addition, the MHC is closely linked with deficiency of the second component of complement in man (*C2d*) [4, 5]. It is also known that the MHC of rhesus monkey (*RhLA*) is closely linked to the properdin factor B locus (*RhBf*) [6]; and the MHC of guinea pig to deficiency of the fourth component of complement [7]. It has been shown that the *H-2* linked Ss protein controlling mouse complement [8] is the murine equivalent of the fourth component of human complement. Conflicting evidence has been presented concerning the order of human genes of the MHC and *Bf*. Studies by Lamm et al. [9] and Hauptmann et al. [10] suggest that *Bf* is between *HLA-B* and *HLA-D*. We have presented data which suggest that the order of genes is *HLA-A*,

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B, *D*, *Bf* [11]. We observed no crossovers between loci for *Bf* and *C2d*, suggesting that the locus for *C2d* is likewise located outside of the MHC. Here we present further data suggesting that the structural gene locus for *C2* is located outside the MHC.

MATERIALS AND METHODS

Population Studied

Families studied were those utilized in investigations of acquired abnormalities of the complement system in patients with rheumatic diseases [12], of the relationship of inherited *C2* deficiency to HLA types [13, 11], and to rheumatic diseases [14], and of the association between HLA and necrotizing venulitis [15]. In addition, 100 parents of children with juvenile rheumatoid arthritis were surveyed for *C2* allotypes. Parents and children were studied in cases in which at least one parent was heterozygous for *C2*.

C2 Allotypes

Allotypes of the second component of complement were determined by the method previously described [3]. Serum is subjected to isoelectric focusing in polyacrylamide gel and developed with an overlay gel containing sheep erythrocytes sensitized with antibody and *C2*-deficient human serum (or dilute normal human serum). There are two common alleles at the *C2* locus, *C* (for common), and *B* (for basic gene products). The gene frequency in a Caucasian population is $C = .975$, $B = .025$ [3]. A rare allele observed only twice is called *A1*.

Properdin Factor B Allotype, HLA and Red Blood Cell Typing

Properdin factor B allotypes were determined as previously described [16]. Typings for red cell antigen markers (A_1 , A , H , B , D , C , E , c , e , C , f , V , G , P , K , k , Kp^a , Kp^b , Js^a , Le^a , Le^b , M , N , S , s , V^w , He , M^g , Lu^a , Lu^b , Jk^a , Wr^a , Vel , Yt^a , I , Xg^a , and Fy^a) and serum protein allotypes (Gm , Inv , Hp , $C3$, Tf , Gc , Or , Cp , and Pi) were performed to assure that stated family relationships were correct. HLA typing was done by the microdroplet lymphocyte cytotoxicity test [17].

RESULTS

Figure 1 presents lytic patterns of human *C2*. From left is serum with the common pattern *C*, then serum from a heterozygous parent *BC* with a set of bands shifted

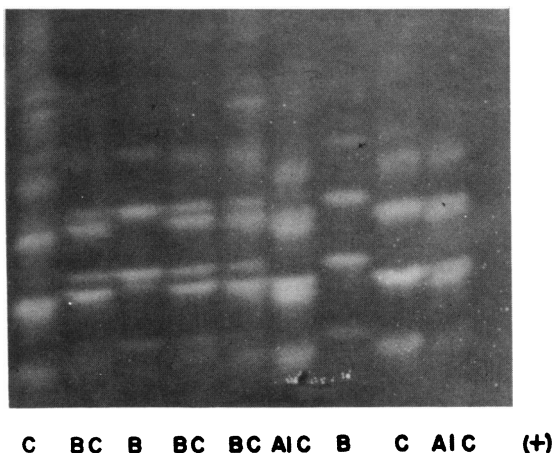


FIG. 1.—Lytic patterns of human *C2*

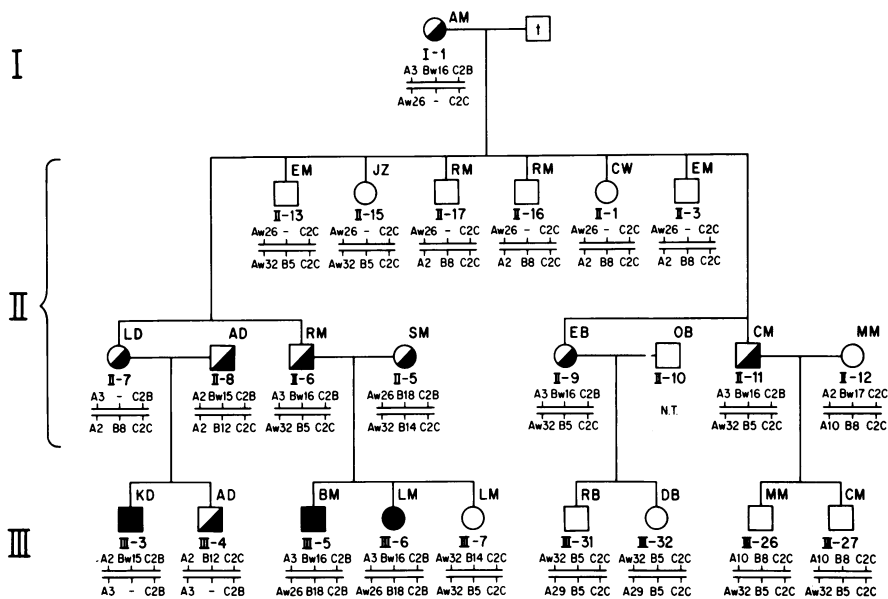


FIG. 2.—Pedigree M demonstrating the inheritance of C2 alleles with regard to HLA-A and -B types. C2BC individuals are half black and C2B individuals are completely black.

towards the cathode, serum from a homozygous B offspring, and serum from the other heterozygous BC parent, an equal mixture of serum of homozygous B and C individuals, serum of an acidic variant heterozygote (A1C), serum of a homozygous B, of a homozygous C and of another A1C individual.

Figure 2 demonstrates the inheritance of C2 alleles. C2 heterozygote A.M. has passed the B allele to four of 10 children. Coincidentally, two of her children (L.D. and R.M.) have married C2 heterozygous BC individuals and have produced offspring with phenotypes B, BC, and C.

Figure 3 shows a family in which a crossover of C2 has been observed with respect to the MHC. The genotypes of the parents of A.T. have been inferred from two other children. In this figure, the haplotype A2,B7 is assumed to be in coupling with C2B. Glyoxylase I typing was uninformative, and the family was unavailable for D- typing.

The current lod score of the C2 structural locus to HLA was obtained by study of 11 families with 18 informative matings and 55 meioses. We observed one recombination, with a recombination fraction of .02 and a maximum lod score at $\theta = .02$ of 14.39. The lod score of the properdin factor B (Bf) locus to C2 structural locus from study of seven families with 11 informative matings and 28 meioses and no recombinations gives a lod score at $\theta = .001$ of 8.409.

In this study, families originally studied for inherited deficiency of C2 [11] were allotyped. Of 28 matings, all C2-deficient heterozygotes and their mates were C.

To ascertain whether structural variants have the same enzymatic activities, the ability of sera from individuals of each of the cell types was compared for the rate at

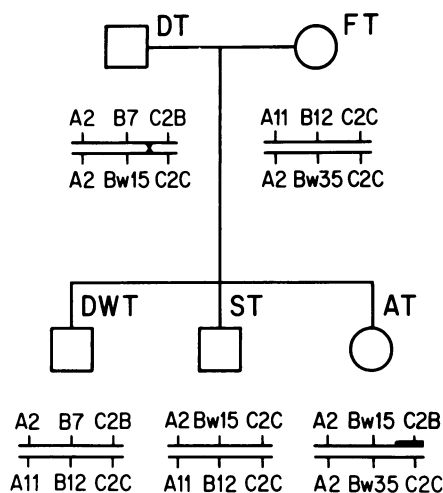


FIG. 3.—Pedigree T demonstrating a crossover of C2 with respect to HLA-A and B loci.

which they caused lysis of sensitized red cells. Tables 1 and 2 present the results of kinetic studies of the allotypic C2 proteins. There are no differences in the functional means or the rates at which they mediate hemolysis (T_{\max} 's) for CC, BC, or BB individuals even though the B bands develop more slowly on plates.

A significant association is seen between the HLA allele *Bw15* and *C2B*. In our data, from individuals pooled from all the material studied (more than 300 unrelated families), six of 16 independently observed *B* alleles were genotypically associated with *Bw15*, for which $\Delta = .33$ [18]. Two of the 16 independently observed *B* alleles were genotypically associated with *B18*, for which $\Delta = .08$. Three of these six *Bw15*'s were also associated with *A2*, while a total of five of 16 were associated with *HLA-A2* for which $\Delta = .29$. The frequency of *Bw15* in this population is .11, of *B18* is .15, and of *A2* is .56. In the case of *C2A1*, the two independent alleles were associated with different *HLA* haplotypes, *A2,Bw17* and *A3,Bw21*.

A linkage disequilibrium [18] is seen between *Bf* and *C2* alleles. All *C2B*'s whose *Bf* genotype could be ascertained were *BfS*. In the case of *C2A1*, both independently occurring alleles were associated with *BfF*. No crossover has been observed between *Bf* and *C2*.

TABLE I
 T_{\max} OF C2 ALLOTYPIC VARIANTS

No. Samples	Average T_{\max} Minutes	Average of C2CC Controls Minutes	Allotype
6	5.83	5.00	BB
7	4.43	4.29	CC
2	4.50	4.00	BC

TABLE 2
FUNCTIONAL ACTIVITY OF C2 VARIANTS

No. Samples	Mean Functional Activity	Allotype
14.....	21,966	BC
4.....	18,008	BB
10.....	21,180	CC
5.....	16,753	A1C

DISCUSSION

The results demonstrate inheritance of C2B as a Mendelian autosomal codominant trait and product of a variant allele at the C2 locus. In kinetic studies there is no functional difference between C2C and C2B allele products. The association of C2B with *HLA-Bw15* and *BfS* suggests it is a recent mutation, and the association of C2A1 with *BfF* suggests that A1 is a separate mutation.

These data extend previous studies [3, 19] on the genetic polymorphism and distribution of alleles of C2. Another probable variant, C2A2, has been found which is presumably inherited, but the single individual has no parents or offspring to test. These studies confirm the linkage disequilibrium noted between C2B and *HLA-Bw15* by Meo et al. [20, 21]. In these papers, C2² is equivalent to C2B and C2¹ to C2C.

We have observed no crossover between *Bf* and C2 suggesting that these loci are intimately situated. The observed recombination fraction of .02 between C2 and *HLA-B* is in accord with that observed in this population between C2d and *HLA-B* (.03) and *Bf* and *HLA-B* (.04) [11]. In this study, errors of ascertainment of C2 phenotype as C, BC, or A1C are less likely than ascertainment of C2 phenotype as C2 heterozygous deficient. In the first case, phenotype is determined by observation of an allotype, while in the second, it depends on several observations which fall outside a normal range. Therefore, estimates of distance by use of C2 allotypes should be more accurate. In a separate study, C2d has been shown to be a mutation at the C2 structural locus [22]. Friend et al. [23] have also presented evidence that C2d is located outside the MHC. Published recombination fractions for *Bf* and *HLA-B* include Olaisen et al. [24] 2.1% and Albert et al. [25] 1.66% and Raum et al. [11] 4.2%. Only one group, Arnason et al. [26] reported a substantially lower fraction. Taken together, these data tend to support the argument that the *Bf* locus is outside *HLA-D* in that estimates of the map distance between *HLA-B* and *HLA-D* are lower than those for *Bf* and *HLA-B* which range from 0.4 to 1.8 centimorgans [27]. The MHC is on the short arm of chromosome 6 [28, 29], and the suggested order of genes is pter - *HLA-A*, *B*, *D*, (*Bf*, 2C), *GLO1*, *PGM3* . . . centromere.

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FIFTH INTERNATIONAL WORKSHOP IN HUMAN GENE MAPPING (sponsored by the National Foundation–March of Dimes) July 9–13, 1979, at the University of Edinburgh, UK.

This meeting will be limited to a total of 150 participants. Most contributions will be in the form of posters, and invited speakers will contribute to two plenary sessions. Those wishing to attend should apply, indicating the contribution that they propose to make, to Professor H. J. Evans, MRC Clinical and Population Cytogenetics Unit, Western General Hospital, Crewe Road, Edinburgh EH4 2XU, UK. CLOSING DATE FOR APPLICATIONS—APRIL 1, 1979.

The first 1979 meeting of the Clinical Genetics Society will take place at Queen's College, Oxford, on April 9th and 10th. It is likely that we shall have a full program of proffered papers. It is anticipated that we shall have some opportunity for sight-seeing and a concert in one of the colleges during the course of the meeting.

I shall be pleased to supply any members of the American Society of Human Genetics who might like to attend either of these meetings with further particulars, booking forms, and the like. Please contact K. M. Laurence, Hon. Secretary, Clinical Genetics Society, Dept. of Child Health, Welsh National School of Medicine, Heath Park, Cardiff CF4 4XN, England.