



Published in final edited form as:

Neurobiol Aging. 2012 May ; 33(5): 1015.e25–1015.e26. doi:10.1016/j.neurobiolaging.2010.07.004.

No association between DNA repair gene *XRCC1* and amyotrophic lateral sclerosis

Fang Fang^{a,b}, David M. Umbach^c, Zongli Xu^a, Weimin Ye^b, Dale P. Sandler^a, Jack A. Taylor^a, and Freya Kamel^{a,*}

^a Epidemiology Branch, National Institute of Environmental Health Sciences, NIH, DHHS, Research Triangle Park, North Carolina, USA

^b Department of Medical Epidemiology and Biostatistics, Karolinska Institutet, Stockholm, Sweden

^c Biostatistics Branch, National Institute of Environmental Health Sciences, NIH, DHHS, Research Triangle Park, North Carolina, USA

Abstract

Reduced DNA repair capacity may play a role in amyotrophic lateral sclerosis (ALS) etiology. We examined the association between ALS risk and single nucleotide polymorphisms (SNPs) in the gene x-ray repair complementing defective repair in Chinese hamster cells 1 (*XRCC1*) utilizing data from a case-control study and two genome-wide association studies (the Study of Irish Amyotrophic Lateral Sclerosis and the NINDS genome-wide study in Amyotrophic Lateral Sclerosis and Neurologically Normal Controls). Our results did not show any differences in the frequency of *XRCC1* gene polymorphisms between ALS patients and controls free of any neurological disease.

Abnormal capacity to repair DNA damage may play a role in the pathogenesis of amyotrophic lateral sclerosis (ALS) (Bradley and Krasin, 1982). Neurons, especially motor neurons, are sensitive to DNA damage induced by reactive oxygen species ROS. Defects in the base-excision repair (BER) pathway, which counteracts the effects of ROS-induced DNA damage, may thus play a role in ALS. We examined the association of ALS risk to polymorphisms in a key gene in the BER pathway, x-ray repair complementing defective repair in Chinese hamster cells 1 (*XRCC1*).

Keywords

Amyotrophic lateral sclerosis; DNA repair; *XRCC1*

Materials and Methods

We used data from 108 ALS cases and 39 matched controls from a case-control study conducted in New England in 1993–1996 (Kamel et al., 2002); 95% were white and not Hispanic. We genotyped five SNPs in *XRCC1*: three nonsynonymous SNPs (rs25487 G/A Arg399Gln, rs1799782 C/T Arg194Trp, and rs25489 G/A Arg280His) that have been

*Correspondence to: Fang Fang, MD PhD, Department of Medical Epidemiology and Biostatistics, P O Box 281, Karolinska Institutet, Stockholm 171 77, Sweden, Phone: +46 8 524 86131, fang.fang@ki.se.

Publisher's Disclaimer: This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final citable form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.

frequently studied, one synonymous SNP (rs915927 A/G Pro206Pro), and one intronic SNP (rs939461 A/C). These five SNPs can distinguish all common haplotypes reconstructed using PHASE 2.0 software on dbSNP data for the European population. DNA was extracted from frozen blood samples using Gentra PUREGENE reagents (Gentra Systems, Minneapolis, MN). SNPs rs939461, rs915927, and rs25489 were genotyped using the MassARRAY™ system (Sequenom, San Diego CA), and SNPs rs25487 and rs1799782 were genotyped using the Masscode™ system (Qiagen Genomics Inc, Bothell WA). We detected no deviations in Hardy-Weinberg equilibrium ($p > 0.26$ for each locus) using an exact test. For each SNP, we assessed ALS risk among carriers of a specific genotype compared to carriers of the most common homozygotic genotype using exact logistic regression methods to estimate odds ratios (ORs) and 95% confidence intervals (CIs).

We also used publically available GWAS data from two previously described studies, the Study of Irish Amyotrophic Lateral Sclerosis (221 cases and 211 controls with Irish Caucasian ethnicity) (Cronin et al., 2008; dbGAP accession number phs000145.v2.p2) and the NINDS Genome-wide Genotyping in Amyotrophic Lateral Sclerosis and Neurologically Normal Controls Study (276 cases and 271 controls that were white and not Hispanic) (Schymick et al., 2007; dbGAP accession number phs000101.v2.p1). A total of 10 SNPs in *XRCCI* were genotyped in both GWAS and were included in our analysis. We used logistic regression models separately for each study to derive the ORs and 95% CIs for each SNP.

Results and Discussion

In the New England ALS study, a lower risk of ALS was noted among carriers of the variant genotypes for rs25487 and rs939461 (Supplemental material Table 1) but no clear associations were found for the other SNPs. No association between any of the 10 SNPs and ALS risk was noted in the Irish GWAS. An association between rs939461 and ALS risk was noted in the NINDS GWAS, but the estimate was of only borderline statistical significance (Supplemental material Table 2).

DNA damage, possibly due to excessive ROS coupled with defective DNA repair, may be an upstream mechanism for neurodegeneration in ALS. Key genes in the BER pathway are important for repairing oxidative damage to DNA. ALS risk was associated with polymorphisms in two other genes in this pathway, *APEX1* and *OGG1*, in some but not all studies, but to our knowledge, no previous study has investigated the relationship of ALS risk to *XRCCI* polymorphisms. In the present study, single marker analysis did not reveal evidence of a significant association of *XRCCI* variants with ALS risk in this analysis.

Supplementary Material

Refer to Web version on PubMed Central for supplementary material.

Acknowledgments

This research was supported by the Intramural Research Program of the NIH, National Institute of Environmental Health Sciences (Z01 ES49005-15). We thank the Study of Irish Amyotrophic Lateral Sclerosis and the National Institute of Neurological Disorders and Stroke (NINDS) for making the data available publicly. We take full responsibility for the study design, data collection, analysis and interpretation of the data, the decision to submit the manuscript for publication, and the writing of the manuscript.

References

Bradley WG, Krasin F. A new hypothesis of the etiology of amyotrophic lateral sclerosis. The DNA hypothesis. *Arch Neurol.* 1982; 39:677–80. [PubMed: 6181766]

- Cronin S, Berger S, Ding J, Schymick JC, Washecka N, Hernandez DG, Greenway MJ, Bradley DG, Traynor BJ, Hardiman O. A genomewide association study of sporadic ALS in a homogenous Irish population. *Hum Mol Genet.* 2008; 17:768–74. [PubMed: 18057069]
- Kamel F, Umbach DM, Munsat TL, Shefner JM, Hu H, Sandler DP. Lead exposure and amyotrophic lateral sclerosis. *Epidemiology.* 2002; 13:311–9. [PubMed: 11964933]
- Schymick JC, Scholz SW, Fung HC, Britton A, Arepalli S, Gibbs JR, Lombardo F, Matarin M, Kasperaviciute D, Hernandez DG, Crews C, Bruijn L, Rothstein J, Mora G, Restagno G, Chiò A, Singleton A, Hardy J, Traynor BJ. Genome-wide genotyping in amyotrophic lateral sclerosis and neurologically normal controls, first stage analysis and public release of data. *Lancet Neurol.* 2007; 6:322–8. [PubMed: 17362836]