

## MUTATION ANALYSIS OF K RAS GENE IN COLORECTAL CANCER IN IRAQI PATIENTS

Haidar J. Muhammed <sup>1\*</sup>, Ali H. Al – Saadi <sup>2</sup>, Saad Ali <sup>3</sup> <sup>1</sup>College of Science/ University of Al-Mustansiriya/Baghdad/Iraq <sup>2</sup>College of Science, University of Babylon, Babylon, Iraq <sup>3</sup>Educative Baghdad hospital, PCR unite, Baghdad, Iraq \*Corresponding Author Email: lion\_hjm@yahoo.com

## DOI: 10.7897/2277-4572.04668

Received on: 25/11/15 Revised on: 18/12/15 Accepted on: 22/12/15

### ABSTRACT

The high frequency of *Kras* mutations and the observation that they mostly appear during early stages of tumor progression provide strong argument supporting a causative role of *Kras* in human tumorigenesis. A fragment of *Kras* gene with molecular size 108bps, amplified by conventional PCR was detected in extracted of blood genomic DNA from (29) patients with colorectal cancer (CRC) collected from teaching hospitals of some Iraqi governorates. The patients average aged was 46.86 years, male to female ratio was 65.5% to 34.5% respectively. The sample of the patients were compared with 4 healthy as a control which were processed for detection of mutations and confirmed by PCR-Sequences. The sequences analysis of the variant regions for the amplification of the defect gene were 20.68% (6 out of 29) of the patients as compared with the Sequences of Gene Bank.

Keywords: Colorectal cancer, mutated K ras gene, sequencing K ras gene.

## INTRODUCTION

GTPase K ras also termed KRAS also known as V-Ki-ras2 Kirsten rat sarcoma viral oncogene homolog and Kras, is a protein that in humans is encoded by the Kras gene <sup>1, 2</sup>. The protein product of the normal Kras gene performs an essential function in normal tissue signaling, and the mutation of a Kras gene is an essential step in the development of many cancers <sup>3</sup>. This proto-oncogene is a Kirsten ras oncogene homolog from the mammalian ras gene family. A single amino acid substitution, and in particular a single nucleotide substitution, is responsible for an activating mutation. The transforming protein that results is implicated in various malignancies, including lung adenocarcinoma, mucinous adenoma, ductal carcinoma of the pancreas and colorectal carcinoma. Several germline Kras mutations have been found to be associated with Noonan syndrome and cardio-facio-cutaneous syndrome <sup>4,5</sup>. The Kras protein is activated transiently as a response to extracellular signals such as growth factors, cytokines and hormones that stimulate cell surface receptors <sup>6</sup>. Somatic Kras mutations are found at high rates in leukemias, colon cancer 7,8 pancreatic cancer and lung cancer 9. The Fearon and Vogelstein model assumes the involvement of the APC gene in adenoma formation and the Kras oncogene in the transition from intermediate adenomas to carcinomas in sporadic CRC 10. Also studies were suggested, that a mutated Kras gene contributes to the transition of an intermediate adenoma to a late adenoma or carcinoma<sup>11</sup>. The properties of Ras function is a switch between an inactive state, in which the proteins are bound to guanosine-diphosphates (GDP) and an active state in which conversion to guanosinetriphosphates (GTP) has occurred. This transit is controlled by two types of regulatory proteins: GDP-GTP exchange factors that catalyse the GDP-GTP exchange and GTPase-activating proteins that enhance the intrinsic capacity of Ras proteins to hydrolyse GTP into GDP, thereby returning Ras to the inactive state 12.

## **MATERIAL & METHODS**

## Samples and DNA extraction

Blood samples were obtained from (29) of Iraqi patients suffered from colorectal cancer average aged 46.86 years' male to female ratio was 65.5% to 34.5% respectively, compared with 4 healthy as a control. Samples from 20 healthy individuals were used as a control group. In a total of 4 ml whole blood was collected into an Ethylene di amine tetra acetic acid (EDTA) tube. The samples were stored at (-20°C) until further processing. The DNA was extracted by blood DNA extraction kit using the Geneaid (Koria) as mentioned by leaflet kit according to the manufacturer's protocol. Experiments on human subjects are approved by an Institutional Ethical Committee.

### Amplification of exon1 of K ras gene

The amplification conditions for the K ras gene were optimized by the conventional PCR assay by using (Applied-PCR 9700; BioSystem/USA) company with specific primers sequences for the gene. A fragment of K ras gene with molecular size (108) bps for exon1 was amplified using a forward primer (5-GACTGAATATAAACTTGTGG-3) and a reverse primer (5-CTATTGTTGGATCATATTCG-3)<sup>13</sup>. Template of DNA and primers were thawed before use in moderate cold conditions. And the two above mentioned were added into the AccuPower ® Profi Tag PCR Premix tubes (BioneerAccuPower/Korea). A condition work of lyophilized PCR premix 50 µl (as leaflet kit). Template DNA 1 µl, Forward primer 1 µl, Reverse primer PCR 1 µl deionised distilled water was completed into the AccuPower® Profi Taq PCR Premix tubes to total volume of 50 µl and lyophilized blue pellet was completely dissolved and spin down by vortex. The thermal cycling conditions were as follows: Denaturation at 95°C for 5 min, followed by 30 cycles of 95°C for 30 secs, 53°C for 30 secs and 72°C for 30 secs with final incubation at 72°C for 10 min The PCR product were separated by1.2% agarose gel electrophoresis, stained with ethidium bromide and visualized by ultraviolet light (302 nm).

### Sequencing and sequence alignment

Sequencing of exonlof *K* ras gene was performed for all the samples by a source of a company NICEM/USA (machine type AB 13730XL) of Applied Biosystems Macro. Homology search was conducted using Basic local alignment search tool (BLAST) program which is available at the National Center Biotechnology Information (NCBI) online and BioEdit program <sup>14</sup>. The results were compared with data obtained from Gene Bank published for DNA translation from Expasy program <sup>15</sup>.

### Statistical analysis

The statistical analysis is a very important final step in the research to analyses and evaluates the obtained results. Medical

statistics of this study was conducted via computer based statistical program which was: X2 for Windows computer package. The statistical analysis tests used in this were as follows: P value < 0.01 is considered a significant correlation.

## **RESULT AND DISCUTION**

The high frequency of *K* ras mutations and the observation that they mostly appear during early stages of tumor progression provide strong argument supporting a causative role of *K* ras in human tumorigenesis <sup>16</sup>. *K* ras point mutation with molecular size 108 bps which showed in figure (1) amplified by a specific PCR primers for exon1 mentioned above was detected in extracted of blood genomic DNA of (29) patients with CRC average aged 46.86 years (males to females ratio was 65.5% to 34.5%) respectively, compared with 4 healthy as a control. The result of our study in agreement with the study of Shine and colleagues, (1996).



Figure 1: Gel electrophoresis of amplified *K ras* gene, exone1 of CRC patients (1-15) and healthy (C1-C4). Bands were fractionated by electrophoresis on a 1.2 % agarose gel (1.5hr., 5V/cm, 0.5X TBE buffer) and visualized under U.V. light after staining with ethidium bromide dye. Lane M (25bp/Bioneer ladder).

Sequencing of *Kras* gene was performed to detect variant defection which related to development of colorectal cancer for these patients through the DNA products. Sequences alignment using BLAST and BioEdit showed the 100% similarity or homology of healthy sample with wild type of the *K* ras gene of *H*. sapiens from the Gene Bank figure (2).

Homo sapiens Kirsten rat sarcoma viral oncogene homolog (KRAS), RefSeqGene on chromosome 12 Sequence ID: ref[NG\_007524.1|Length: 52675Number of Matches: 1Related InformationMap Viewer-aligned genomic contextRange 1: 10568 to 10646GenBankGraphics Next Match Previous Match

Alignment statistics for match #1

Score Expect Identities Gaps Strand

147 bits(79) 2e-32 79/79(100%) 0/79(0%) Plus/Plus

Query 1 CTGGTGGCGTAGGCAAGAGTGCCTTGACGATACAGCTAATTCAGAATCATTTTGTGGACG 60

Sbjct 10568 CTGGTGGCGTAGGCAAGAGTGCCTTGACGATACAGCTAATTCAGAATCATTTTGTGGACG 10627

Query 61 AATATGATCCAACAATAGA 79

Sbjct 10628 AATATGATCCAACAATAGA 10646

# Figure 2: Sequence of sense flanking the partial *K RAS* gene, exon 1 for healthy as compared with standard *K-ras* (*KRAS*) gene, exon 1 obtained from Gene Bank.

The sequence analysis of the variant regions for the amplification of the defect gene was 20.68% (6 out of 29) for patients as compared with a Sequence of gene bank. The *K* ras gene from (29) of patients with CRC showed variant compatibility with the wild type sequences of *K* ras gene from Gene Bank as shown in Figure (3) of A-D).

Homo sapiens Kirsten rat sarcoma viral oncogene homolog (KRAS), transcript variant X1, mRNA Sequence ID: ref[XM\_006719069.1|Length: 812Number of Matches: 1Related InformationGene-associated gene detailsMap Viewer-aligned genomic contextRange 1: 175 to 248GenBankGraphics Next Match Previous Match

Alignment statistics for match #1

## Score Expect Identities Gaps Strand

126 bits(68) 3e-26 72/74(97%) 0/74(0%) Plus/Minus

Query 7 TTCTGAAATAGCTGTATCGTCAAGGCACTCTTGCCTACGCCACCAGGTCCAACTACCACA 66

Sbjet 248 TTCTGAATTAGCTGTATCGTCAAGGCACTCTTGCCTACGCCACCAGCTCCAACTACCACA 189

Query 67 AGTTTATATTCAGT 80

Sbjet 188 AGTTTATATTCAGT 175

## Figure 3.A: Sequences of the partial *K RAS* gene, exon 1 for patients revealed a transversion Cytocine to Guanocine (C>G), changes nucleotide GCT>GGT frome Alaninen>Glycine, Substitution nucleotide at location 176 obtained from Gene Bank.

Homo sapiens Kirsten rat sarcoma viral oncogene homolog (KRAS), RefSeqGene on chromosome 12 Sequence ID: reflNG\_007524.1|Length: 52675Number of Matches: 1Related Information Map Viewer-aligned genomic contextRange 1: 10568 to 10646GenBank Graphics Next Match Previous Match

Alignment statistics for match #1

#### Score Expect Identities Gaps Strand

128 bits(69) 7e-27 76/79(96%) 2/79(2%) Plus/Plus

Query 3 CTGGCGGCGTA-GC-AGAGTGCCTTGACGATACAGCTAATTCAGAATCATTTTGTGGACG 60

Sbjet 10568 CTGGTGGCGTAGGCAAGAGTGCCTTGACGATACAGCTAATTCAGAATCATTTTGTGGACG 10627

Query 61 AATATGATCCAACAATAGA 79

Sbjet 10628 AATATGATCCAACAATAGA 10646

# Figure 3.B: Sequences of the partial *K RAS* gene, exon 1 for patients revealed 1- Deletio Guanocine (TAG> TA-) lead to stop codon, location at 10579. 2-Deletion of adenine (A>-) lead to change Lycine > Glutamine, GCA>CAG at location 10582 obtained from Gene Bank.

Homo sapiens Kirsten rat sarcoma viral oncogene homolog (KRAS), RefSeqGene on chromosome 12 Sequence ID: reflNG\_007524.1[Length: 52675Number of Matches: 1Related InformationMap Viewer-aligned genomic contextRange 1: 10579 to 10646GenBankGraphics Next Match Previous Match

Alignment statistics for match #1

Score Expect Identities Gaps Strand

119 bits(64) 4e-24 67/68(99%) 1/68(1%) Plus/Plus

Query 10 GGC-AGAGTGCCTTGACGATACAGCTAATTCAGAATCATTTTGTGGACGAATATGATCCA 68

Sbjct 10579 GGCAAGAGTGCCTTGACGATACAGCTAATTCAGAATCATTTTGTGGACGAATATGATCCA 10638

Query 69 ACAATAGA 76

Sbjct 10639 ACAATAGA 10646

## Figure 3.C: Sequences of the partial *K RAS* gene, exon 1 for patients revealed deletion of adenine (A>-) through change of nucleotide (AAG>AGA) frome Lycine>Arginine at location 10582 obtained from Gene Bank.

Homo sapiens Kirsten rat sarcoma viral oncogene homolog (KRAS), RefSeqGene on chromosome 12 Sequence ID: ref|NG\_007524.1|Length: 52675Number of Matches: 1Related Information Map Viewer-aligned genomic contextRange 1: 10573 to 10645GenBankGraphics Next Match Previous Match

Alignment statistics for match #1

Score Expect Identities Gaps Strand

122 bits(66) 3e-25 71/73(97%) 2/73(2%) Plus/Plus

Query 5 GGCGTA-GC-AGAGTGCCTTGACGATACAGCTAATTCAGAATCATTTTGTGGACGAATAT 62

Sbjet 10573 GGCGTAGGCAAGAGTGCCTTGACGATACAGCTAATTCAGAATCATTTTGTGGACGAATAT 10632

Query 63 GATCCAACAATAG 75

Sbjct 10633 GATCCAACAATAG 10645

Figure 3.D: Sequences of the partial *K RAS* gene, exon 1 for patients revealed: 1-Deletion guanocine (G>-) changes of nucleotide GGC>GCA from Gly>Ala at location 10579 2-Deletion adenine (A>-) changes of nucleotide AAG>GAG from Lyc>Glu at location 10582 obtained from Gene Bank.

The results of a mutated of *K* ras gene, revealed through the figure (3: A, B) which showed an increased of the frame shift mutation explained by guanocine deletion (G>-) lead to stop codon so as with change GGC>GCA and deletion of adenine (A>-) with substitution of the specially bases A>G through the types of the nucleotides of patients at nucleotide location

(10582) as shown in table (1) which explain 6 types of mutations mostly frame shift (deletion) as elucidated in figure (3: B- D). The frame shift mutation (deletion) has more frequency in exonl of *K* ras, and these results which supported by the most frequently observed types of mutations by A>G transitions or G>C transversions  $^{17,18}$ .

No	Location of nucleotides	Nucleotide	No. Of sampe	amino acid change	Predicted effect	Type of mutation
	change	change				
1	C > G 176	GCT>GGT	1(16.67)	Ala>Gly	Missense	Transversion
	G>- 10579	TAG>TA-	3(50.00)	Stop codon	Frame shift	Deletion
2	A>- 10582	GCA>CAG		Lyc > Glu		
3	G>- 10579	GGC>GCA	1(16.67)	Gly>Ala	Frame shift	Deletion
	A>- 10582	AAG>GAG		Lyc>Glu		
4	A>- 10582	AAG>AGA	1(16.67)	Lyc > Arg	Frame shift	Deletion
	Ch-square- $\chi^2$		10.409 **			
	** (P≤0.01)					

Table 1: Types of mutations, location of nucleotides and amino acid changes in K ras gene, exon 1 in patients with CRC

The previous studies about *K* ras gene in Iraqi patients enrolled exon 2 and denoted the highly percent of transition mutation in guanocine with adenine base, which the tandem Glycine 12-Glycine 13 (G12-G13) accounts for about 99% of the mutations detected (86% and 13%) respectively, whereas mutations affecting the other main hot spot in *K* ras proteins like G>C, G>T, A>T account for the remaining 1% in exon 2, as mentioned by <sup>19, 20</sup>.

## CONCLUSION

From the above findings about K ras gene denoted types of mutations in which affecting for possible colorectal cancer

## REFERENCES

- McGrath JP, Capon DJ, Smith DH, Chen EY, Seeburg PH, Goeddel DV, Levinson AD. Structure and organization of the human Ki-ras proto-oncogene and a related processed pseudogene. Nature 1983; 304: 501–6.
- Popescu NC, Amsbaugh SC, DiPaolo JA, Tronick SR, Aaronson SA, Swan DC. Chromosomal localization of three human ras genes by in situ molecular hybridization". Somat. Cell Mol. Genet. 1985; 11: 149–55.
- Kranenburg O. The KRAS oncogene: past, present, and future". Biochim.Biophys. Acta. 2005; 1756: 81–2.
- Schubbert S, Zenker M, Rowe SL. Germline K RAS mutations cause Noonan syndrome. Nat. Genet. 2006; 38: 331–6.
- Niihori T, Aoki Y, Narumi Y, Neri G, Cavé H, Verloes A, Okamoto N, Hennekam RC, Gillessen-Kaesbach G, Wieczorek D, Kavamura MI, Kurosawa K Wilson L, Heron D, Bonneau D, Corona G, Kaname T, Naritomi K, Baumann C, Matsumoto N, Kato K, Kure S, Matsubara Y. Germline KRAS and BRAF mutations in cardio-facio-cutaneous syndrome. Nat. Genet. 2006; 38: 294-6.
- Campbell, S L, Khosravi-Far R, Rossman K L, Clark G J, Der CJ. Increasing complexity of Ras signaling. Oncogene 1998; 17: 1395–1413.
- Almoguera C, Shibata D, Forrester K, Martin J, Arnheim N, Perucho M. Most human carcinomas of the exocrine pancreas contain mutant c-K-ras genes. Cell 1988; 53: 549–54.
- Burmer GC, Loeb LA. Mutations in the KRAS2 oncogene during progressive stages of human colon carcinoma. Proc. Natl. Acad. Sci. U.S.A. 1989; 86: 2403–7.

- Tam IY, Chung L P, Suen WS. Distinct epidermal growth factor receptor and KRAS mutation patterns in non-small cell lung cancer patients with different tobacco exposure and clinicopathologic features. Clin. Cancer Res. 2006;12: 1647–53.
- Kinzler KW, Vogelstein B. Lessons from hereditary colorectal cancer. Cell 1996; 87: 159–170.
- Shields, J. M.; Pruitt, K.; McFall, A.; Shaub, A. and Der, C.J. Understanding ras: 'it ain't over 'til it's over' *Trends Cell. Biol.*, 2000, 10, 147–154.
- Crespo P, Leon J. Ras proteins in the control of the cell cycle and cell differentiation. Cell. Mol. Life Sci. 2000; 57: 1613–1636.
- Shin F, Kokichi S, Noriko F, Yoshihiro M, Kenichi S, Takayuki A. Detection of K-ras Point Mutations in Mesenteric Venous Blood from Colorectal Cancer Patients by Enriched Polymerase Chain Reaction and Single-strand Conformation Polymorphism Analysis Jpn J Clin Oncol 1996; 26: 417- 421.
- Slebos RJ, Hruban RH, Dalesio O, Mooi WJ, Offerhaus GJ, Rodenhuis S. Relationship between K-ras oncogene activation and smoking in adenocarcinoma of the human lung. J Natl Cancer Inst. 1991 83: 1024-7.
- Plesec TP, Hunt JL.KRAS mutation testing in colorectal cancer. Adv Anat Pathol. 2009;16: 196-203.
- 16. Esteban LM, Vicario-Abejon C, Fernandez-Salguero P, Fernández-Medarde A, Swaminathan N, Yienger K, Lopez E, Malumbres M, McKay R, Ward JM, Pellicer A, Santos E. Targeted genomic disruption of H-ras and N-ras, individually or in combination, reveals the dispensability of both loci for mouse growth and development. Mol. Cell Biol. 2001; 21: 1444-1452.
- Urosevic N, Krtolica K, Skaro-Milic A, Knezevic-Usaj S, Dujic A. Prevalence of G-to-T transversions among K-ras oncogene mutations in human colorectal tumors in Yugoslavia. Int. J. Cancer 1993; 54: 249–254.
- Breivik J Meling GI, Spurkland A, Rognum TO, Gaudernack G. Kras mutation in colorectal cancer: relations to patient age, sex and tumour location. Br. J. Cancer 1994; 69: 367–371.
- Al-Allawi NA, Ismaeel AT, Ahmed NY, Merza NS. The frequency and spectrum of K-ras mutations among Iraqi patients with sporadic colorectal carcinoma. J. Cancer 2012; 49: 163-168.
- Sabri M. Study of Some Molecular Markers Alterations in Some Iraqi Patients with Colorectal Cancer. Ph.D. Thesis. College of Ibn –Al Haitam Educationa. University of Baghdad. 2013

#### How to cite this article:

Haidar J. Muhammed, Ali H. Al – Saadi, Saad Ali. Mutation analysis of K ras gene in colorectal cancer in Iraqi patients. J Pharm Sci Innov. 2015;4(6):308-311 <u>http://dx.doi.org/10.7897/2277-4572.04668</u>

### Source of support: Nil, Conflict of interest: None Declared

Disclaimer: JPSI is solely owned by Moksha Publishing House - A non-profit publishing house, dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. JPSI cannot accept any responsibility or liability for the site content and articles published. The views expressed in articles by our contributing authors are not necessarily those of JPSI editor or editorial board members.