

# MOLECULAR ANALYSIS OF GUANIDINOACETATE-N-METHYLTRANSFERASE (*GAMT*) AND CREATINE TRANSPORTER (*SLC6A8*) GENE BY USING DENATURING HIGH PRESSURE LIQUID CHROMATOGRAPHY (DHPLC) AS A POSSIBLE SOURCE OF HUMAN MALE INFERTILITY

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## ABSTRACT

The creatine/phosphocreatine system is essential for cellular phosphate coupled energy storage and production, particularly in tissues subject to high metabolic demands. Male factor infertility is a common condition with unknown etiology in most of the cases. Sperm abnormalities could possibly lead to infertility. As sperm motility depends on intact mitochondrial function and energy levels. Thus reduced intracellular creatine stores may contribute to decreased sperm motility leading to male infertility as creatine /phosphocreatine system plays major role in making and breaking of ATP, thus in energy kinetics. We developed and validated a denaturing high performance liquid chromatograph (DHPLC) method for the molecular analysis of *SLC6A8* and *GAMT* genes involve in creatine biosynthesis and transport as a possible source of human male infertility by analyzing DNA from 64, clinically confirmed, infertile men. No mutation/polymorphism was detected in the exonic regions of both genes in all the patients and in fertile healthy controls indicating that *SLC6A8* and *GAMT* genes may not be directly involved in human male infertility.

**Keywords:** Male infertility, creatine transporter, *GAMT*, DHPLC.

## INTRODUCTION

Creatine provides a readily available source of energy in the form of a high energy phosphate bond. It functions both a reservoir for ATP derived energy and as a mean for moving energy from the site of production in the mitochondria to the sites of consumption, such as muscle contractile apparatus, by a mechanism that has been termed the phosphocreatine circuit (Wallimann *et al.*, 1993). The human pool of creatine is composed by external dietary supply and endogenous production in the cytosol, requesting two enzymes; L-arginine:glycine amidinotransferase (AGAT) and guanidinoacetate methyltransferase (GAMT), in kidney (AGAT>GAMT), liver (GAMT>AGAT) and pancreas (high levels of both enzymes) (Wyss *et al.*, 2000). The role of Na<sup>+</sup> and Cl<sup>-</sup> dependent creatine transporter (CrT) is to take up the creatine from blood and transport in to the creatine requiring tissues against large concentration gradient (Schulze, 2003).

Disorders of the creatine metabolism can be classified into two groups, either caused by disorder of the creatine synthesis, *GAMT*-deficiency (McKusick 601240) (Stockler, 1996) and *AGAT*-deficiency (McKusick 602360) (Battini *et al.*, 2002; Item, 2001), or caused by a disorder of the creatine transporter (*SLC6A8*) deficiency (McKusick 300352) (Salomons, 2001).

*SLC6* protein family has another member *SLC6A10*, generally known as pseudo gene of creatine transporter or creatine transporter 2. In opposite of *SLC6A8* mRNA which can be found in several tissues (Chen *et al.*, 2004; Salomons *et al.*, 2001), *SLC6A10* mRNA has exclusively been detected together with mRNA of *SLC6A8* in testis (Iyer, 1996). The frequency of creatine and related enzymes in the organs of the reproductive tract imply the importance of creatine for a well functioning male fertility (van Dorsten *et al.*, 1997; Lee, 1998). In spermatozoa, creatine/phosphocreatine system is present to transfer energy from mitochondria to the flagellum, which is essential for the swimming of sperms. A deficiency of creatine may explain low sperm motility in some infertile men. Deficiencies of enzymes in the creatine synthesis

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pathway are known to occur (Newsholme and Leech, 2010).

We hypothesized that as sperm motility depends upon intact mitochondrial function and energy storage, reduced intracellular creatine levels either because of abnormal creatine production (*GAMT* deficiency) or transport (*SLC6A8* deficiency) may contribute to human male infertility. We have developed a DHPLC method for the molecular analysis of *SLC6A8* and validated DHPLC method for *GAMT* gene, already established by Item *et al.*, (2005), for their molecular analysis in order to detect genetic changes in these two genes as possible source of human male infertility.

## **MATERIALS AND METHODS**

### ***Patients***

Molecular analysis of *SLC6A8* and *GAMT* was done in 64 Austrian patients with infertility referred by Department of Urology, University General Hospital Vienna along with healthy fertile controls.

### ***Reagents***

Oligonucleotides were synthesized by VBC Genomics (Vienna, Austria) and Taq DNA polymerase was purchased from Transgenomic (UK).

### ***DNA extraction***

DNA extraction was carried out from dry blood spot filter paper samples and from EDTA blood using Qiagen DNA extraction kit (Qiagen, U.S.A.) following standard procedures.

### ***Polymerase chain reaction***

Genomic DNA of all infertile men and healthy fertile controls was subjected to a polymerase chain reaction (PCR) using primer pairs covering all 13 exons of *SLC6A8* and 6 exons of *GAMT* including the adjacent intronic boundaries. PCR products of *GAMT* exons were put to heteroduplex formation which consist of mixing of equal volumes of control and patient exon specific PCR amplicon followed by denaturation and reannealing of patient and control alleles forming a heteroduplex which will later be detected by DHPLC. Creatine transporter gene is located on X chromosome (deGrauw, 2003) so it was not put to heteroduplex formation and PCR amplicon were directly run on DHPLC. The details of primer for *SLC6A8* and DHPLC conditions are given in table while for *GAMT* we used the primers and DHPLC conditions already established by Item *et al.* (2005).

### ***DHPLC***

DHPLC analysis for *SLC6A8* and *GAMT* was carried out using a Wave DNA Fragment Analysis System (Transgenomic Ltd., UK) equipped with a high pressure pump, a column heater and a UV-detector. The samples

were kept at 4°C until 5µl of sample was applied to a preheated C18 reversed phase column (DNASep cartridge, Transgenomic Ltd. UK). DNA was eluted at a flow rate of 0.9 mL/min with in a linear acetonitrile gradient consisting of buffer A (0.1M triethylammonium acetate; TEAA)/buffer B (0.1 M TEAA, 25% acetonitrile). The retention time was measured online via the UV absorption of the eluate that was monitored at 260 nm. The temperature at which Amplicon detection occurred was deducted from the Transgenomic software (Wavemaker 3.4) which analyses the melting profile of the specific DNA fragment.

### ***DNA Sequencing and mutation analysis***

In case of abnormal DHPLC histogram sequencing of the affected DNA was carried out along with the control. Sequencing was performed by a commercial sequencing service (VBC Genomics, Vienna, Austria). Chromas pro (Version 1.41) software was used for the mutational analysis of all the DNA sequences.

## **RESULTS**

Molecular analysis of 64 infertile men on DHPLC revealed no mutation/polymorphism in DNA sequences of both genes when compared with the healthy fertile men. Results were confirmed by direct sequencing of selected PCR amplicons of both genes from patients and controls revealing the same genetic sequence without any change. These findings indicates that creatine synthesis and transport machinery is intact in the infertile men understudy and for atleast these patients these two genes do not plays any role in human male infertility.

## **DISCUSSION**

Denaturing High Performance Liquid Chromatography (DHPLC) is a semi-automated technique for screening mismatches in DNA, and is increasingly being used to test for disease causing mutations (Xiao and Oefner, 2001; Bodamer *et al.*, 2009; Kasper *et al.*, 2010). Genetic mutations and single nucleotide polymorphisms (SNPs) detection is based on DNA heteroduplex formation and separation of heteroduplex from homoduplex molecular species under partial denaturing conditions by means of ion-pair reverse phase HPLC. Single-base substitutions, small insertions or deletions can be distinguished by their denaturing profiles compared to their corresponding normal homoduplex. After identifying the precise mutations, amplicons with abnormal DHPLC profiles can then be sequenced as a following step (Iqbal *et al.*, 2010). Due to the complexity of the fragment-specific melting curve we developed a protocol using GC-clamps at the 5' or 3' ends of the primers that converts the target DNA sequence into a single low melting domain. As a result only one temperature is required for the complete analysis of each fragment.

**Table:** Primers for PCR amplification and DHPLC conditions for molecular analysis of *SLC6A8*.

DNA Fragments	Primer Sequence	Amplcon Size (bp)	PCR Annealing Temperature (°C)	DHPLC Temperature (°C)
Exon 1A	5'TCGTGGACTGCTTCTGACTG3' 5'ACCTCCGCCGTTCTTGTAG3'	466	66	67.8
Exon 1B	5'GCCAGATGGACTTCACTATG 3' 5' CACGCTCTCCTCCCCGGTGT 3'	295	60	65.8
Exon 2A	5'TGGGCCTGGGCAGCCTGG 3' 5'GGAGCCAGCTGGGAGAAGGG 3'	244	66	62.6
Exon 2B	5'-(GC)- TGCCATCTGATAACAGACTA-3' 5'-GGGGAGACGGCATGAAGTC-3'	180	66	57.7
Exon 3	5'-(GC)- TCGGGAGGTGGCCAGGGAAGA-3' 5'GCAACATGAGGGAGACCTGGG 3'	381	66	63.1
Exon 4	5'GCTCCATCCTCTGCTGGCAC 3' 5'-(GC)- CGACATTTGTGTTGAACTGG-3'	235	66	63.4
Exon 5	5'CCACAGCCTCCGCTGAGCAG 3' 5'-(GC)- CCTCCACCTCACCTGAGGGG-3'	220	66	64.4
Exon 6	5'-(GC)- CCCCTCATGCCTGCGCTCTC-3' 5' CAGGGCAGGACAGGGCACGG 3'	119	66	64
Exon 7	5'-(GC)- ACTCTGGCCCCTCCACCCCT-3' 5'GCACTCGCTGCTCTGGAGGC 3'	230	66	64.4
Exon 8	5'CACAGGGCAGGACATCGGCT 3' 5'TGCCTGCAGCCCTCCCTC 3'	223	66	65.1
Exon 9	5'GGCTGCAGGCAAGGAAAGGG 3' 5'-(GC)- GATGGCAGACGGCCACCAGA-3'	277	66	63.8
Exon 10	5'CCTCTGGTGGCCGTCTGC 3' 5'GCTGGAGACCTGCCTTCCC 3'	209	66	65.1
Exon 11	5'TGGCTGAGGGCTGGGCTG 3' 5'ACCAGAATGCTGCGGTTAATGGG 3'	258	66	64.6
Exon 12	5'TCTGCATGGTAAGGGCTGGG 3' 5'GGAAGCAGGCTGGGTTGAATG 3'	328	61.4	63.8
Exon 13	5'GTGGGAACCGGAGAGAGGCA 3' 5'-(GC)- TCCCGCCGCCCGCCCG-3'	360	66	64.2

(GC) = CGCCGCGCGCCCGCGCCGTCCCGCCGCCCGCCCG

The etiopathogenesis of testicular failure remains unknown in about half of the cases and is referred to as "idiopathic infertility". Idiopathic testicular failure is of probable genetic origin since numerous genes are involved in human spermatogenesis and only a small proportion of them have been identified and screened in infertile men (Tanaka *et al.*, 2007).

Numerous male mouse models, mutation screening and association studies reported over the last few years reveals the high prevalence of genetic causes of spermatogenic impairment, accounting for 10-15% of severe male infertility, including chromosomal aberrations and single gene mutations. Despite many efforts, only a few

clinically relevant polymorphisms have been identified and a large proportion of infertile males are idiopathic, reflecting poor understanding of the basic mechanisms regulating spermatogenesis and sperm function (Ferlin *et al.*, 2007).

The most promising polymorphisms are in genes involved in the endocrine regulation of spermatogenesis and on the Y chromosome, the "gr/gr" deletions. Polymorphisms are generally considered as co-factors. Their final effect on testis function and fertility is probably modulated by the genetic background of each individual and/or by the presence of certain environmental factors (Krausz and Giachini, 2007).

St John *et al* (2007) has described the role of sperm mitochondria in fertilization. According to their study, oxidative phosphorylation plays important role in sperm motility and function. This gave us the idea to analyze *SLC6A8* as creatine transporter might be involved in the transport of creatine and subsequently its conversion into creatine phosphate, which acts as an energy reservoir in the cells with higher energy demands (Bessman and Carpenter, 1985). So any genetic change in creatine transporter gene could lead to male infertility.

Schmidt *et al* (2004) mentioned that GAMT deficiency in mice is associated with increased neonatal mortality, muscular hypotonia, a non-leptin-mediated life-long reduction in body weight due to reduced body fat mass and decreased male fertility. This led us to the hypothesis that change in human GAMT gene could result in male infertility. A detailed DHPLC analysis of *SLC6A8* and *GAMT* genes followed by DNA sequencing, in infertile men, revealed that these genes have possibly no direct role in male infertility as we were unable to detect any change in DNA sequence of infertile men when compared with the confirmed control samples.

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