

# Genetic determinants of visceral adiposity in Type 2 Diabetes Mellitus

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### **INTRODUCTION**

Obesity is a heritable trait that arises from complex gene-environment interactions and is rapidly increasing in prevalence. It is defined by anthropometric measures such as the body mass index (BMI) and waist circumference (WC). A large number of single nucleotide variants (SNVs) have been repeatedly associated with visceral adiposity and related traits in various populations using a hypothesis-free GWAS approach. Despite the robust genomic association reported in the literature, GWAS-identified loci often show poor reproducibility and deficient phenotype associations when investigated in other populations.

#### **ANNOTATION of Genotyped SNVs** 56 SNVs genotyped in 187 T2DM cases, average call rate 98.75% Consequences (all) s11142387 KLF9 rs11647936 KLHL36 rs12594515 s11671664 intron variant: 47% non\_coding\_transcript\_variant: 19% CCDC99 TMEM1 || 1 RI 1-|| rs12597579 downstream\_gene\_variant: 10% **GNPDA**2 rs1440072 KCNE4 PKHD1 KCNQ1 rs1555967 2237892 upstream\_gene\_variant: 6% s2531995 ADCY9 rs1558902 FTO intergenic variant: 6% rs2535633 ITIH4 rs16830366 SATB2 rs3810291 TMEM160 rs1875517 PTMAP8 - IGS NMD transcript variant: 4% EIF2AK4 rs4432245 rs1919128 C2orf1 regulatory\_region\_variant: 3% MAP2K5 rs4776970 rs2075064 SEC16B s574367 rs2075290 3\_prime\_UTR\_variant: 3% MC4R rs2083637 ALDH2 rs2266788 APOA5 TF\_binding\_site\_variant: 1% LINC00461 rs6893807 rs2373011 ANKS1E BCDIN3D - RPL rs7138803

Visceral obesity is a powerful driver of insulin resistance and Type 2 Diabetes Mellitus (T2DM). The Maltese population has a high prevalence for both obesity and T2DM. Propelling the upsurge in T2DM and the associated cardio-metabolic complications is the growing prevalence of overweight and obesity, which has tripled in countries adopting a Western lifestyle with decreased physical activity and overconsumption of cheap, energy dense food and the general improvement in socio-economic status in most populations.

The population of Malta, being very small with good access to high quality health services and centrally located in the Mediterranean close to both the Northern and Southern shores offers useful platform to explore the problem. The genetic origins, mobility and epidemiology are rather well documented. Contemporary Maltese are descendants of migrants from nearby Sicily and the Calabria region in Southern Italy in the first half of the prior millennium. Many of them were Siculo-Arabs possibly from Tunisia<sup>1</sup>. The subsequent turbulent history characterized by multiple conquests, immigration and depopulation have affected the genetic legacy of the Maltese. The origin, genetic epidemiology and structure of the Maltese have been well defined and quantified as part of the ongoing Malta Genome Project and the Malta BioBank, that aims to sequence one percent of the Maltese population for single nucleotide polymorphisms (SNPs) and copy number variations (CNVs) (see Malta BioBank http://www.um.edu.mt/biobank).

rs888789 FLJ35779 rs3749147 CCDC121 CDKAL1 s9356744 rs3764261 TFAP2B s9473924 GDAP OLFM4 s9568867 rs4701252 CDH12 ASZ1 rs4730779 rs489693 MC4R MAP3K1 rs6867983 rs7601155 GCKR rs780093 OVCH2 rs7932813 IL1RAP rs9290936 rs9313296 RPL21P59 - RP

**The Study Cohort** 

88 Female and 99 Male T2DM cases with longstanding T2DM (mean 18 years) with multiple end-organ complications.

The association of individual genotypes with anthropometric and biochemical traits was determined using GLM assuming a codominant genetic model. The genotypes were coded as (0,1,2), corresponding to the number of copies of the risk allele. Predictors included the genotypes and gender as fixed effects, and age as a covariate.

**Determinants of Body Mass Index** 

Two predictors of BMI identified. These explain 14.8% of BMI variance in the T2DM cohort

1. Gender (*p*<0.01)

2. CDKAL1 rs9356744 (p=0.033)



The aim of this investigation was to:

1. Study the relationship between a number of genetic polymorphism having established association with BMI, waist circumference (WC) and related traits in the Maltese population, using a cohort of T2DM patients.

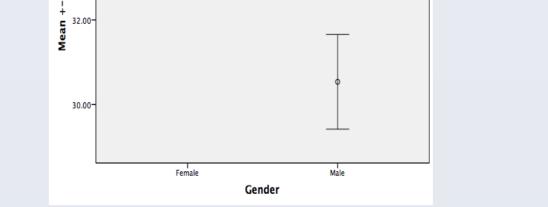
OBJECTIVES

#### **METHODS**

## 57 SNPs having GWAS-derived association with body mass index, waist circumference and related traits identified from NHGRI catalog

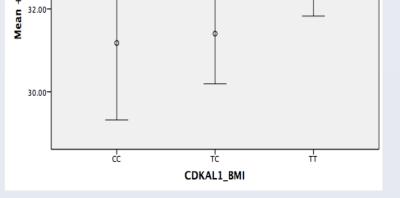
Recently- described associations with visceral adiposity, and never studied in the Maltese population





Male T2DM patients have a BMI 3.7kg/m<sup>2</sup> [95%CI = 2.1-5.4] less than females

#### Determinants of Waist Circumference



T/T genotypes in CDKAL1 have a BMI of 1.2kg/m<sup>2</sup> [95%CI = 0.1-2.3] more than C/C homozygotes

Four genetic predictors of waist circumference identify that predict 11% of WC variance in the T2DM cohort

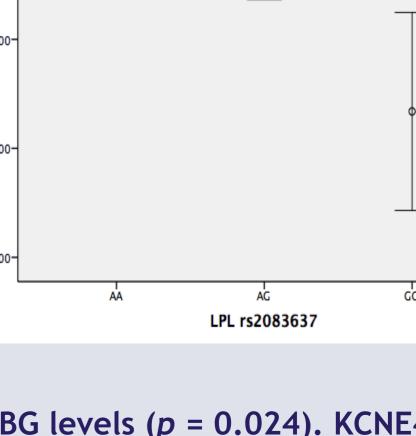
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NRXN3 rs10146997 (p= 0.02)
LPL rs2083637 (p=0.005)
CCDC99 rs13156607 (p=0.013)
CDH12 rs4701252 (p= 0.045)

Right: The rs2083637 variant in LPL (lipoprotein lipase) is the strongest determinant of WC, with carriers of the A allele having a WC 4cm [95%Cl =1.1-6.7] than G/G homozygotes

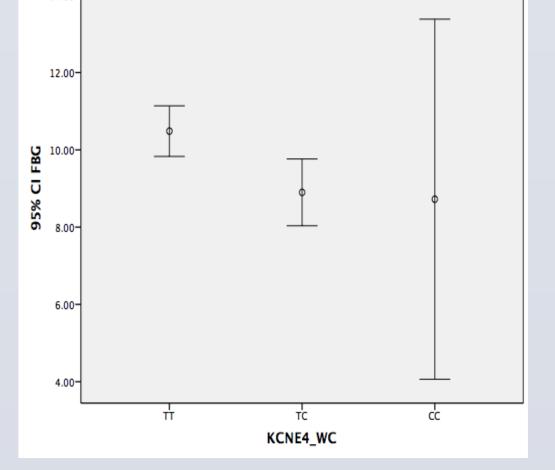
#### **Determinants of Glycaemia**

KCNE4 rs1440072 is the best genetic predictor of FBG levels (*p* = 0.024). KCNE4 is an inhibitory component of the KCNQ1 potassium channel



Genotyped in 187 T2DM cases of Maltese ethnicity, using single-base extension reaction with ddNTP terminators and detection on a MALDI-TOF MS platform

Genotype-phenotype associations were examined using an additive genetic model using linear regression. Stepwise regression modeling was used to identify the best genotype predictors of the continuous anthropometric and biochemical traits in the study cohort. Right: The rs1440072 variant in KCNE4 (lipoprotein lipase) is the strongest determinant of FBG, with carriers of the T allele having FBG values 1.15mmol/I [95%CI=0.15-2.1] more than carriers of the C allele.



1. Capelli, C. et al., 2006. Population Structure in the Mediterranean Basin: A Y Chromosome Perspective. Annals of Human Genetics, 70(2)

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