Genetic variants of PKLR are associated with acute pain in sickle cell disease

Xunde Wang,1,* Kate Gardner,2,3,* Mickias B. Tegegn,1,* Clifton L. Dalgaard,4,5 Camille Alba,5,6 Stephan Menzel,2 Hamel Patel,7 Mehdi Pirooznia,8 Yi-Ping Fu,9 Fayaz T. Seifuddin,8 and Swee Lay Thein1

1Sickle Cell Branch, National Heart, Lung, and Blood Institute, National Institutes of Health (NIH), Bethesda, MD; 2School of Cancer & Pharmaceutical Sciences, King’s College London, London, United Kingdom; 3Department of Haematology, Guy and St Thomas’ NHS Foundation Trust, London, United Kingdom; 4Department of Anatomy, Physiology & Genetics, and 5The American Genome Center, Uniformed Services University of the Health Sciences, Bethesda, MD; 6Henry M. Jackson Foundation for the Advancement of Military Medicine, Bethesda, MD; 7Department of Biostatistics and Health Informatics, Institute of Psychiatry, Psychology, and Neuroscience, King’s College London, London, United Kingdom; 8Bioinformatics and Computational Biology Core, and 9Office of Biostatistics Research, National Heart, Lung, and Blood Institute, NIH, Bethesda, MD

Acute pain, the most prominent complication of sickle cell disease (SCD), results from vaso-occlusion triggered by sickling of deoxygenated red blood cells (RBCs). Concentration of 2,3-diphosphoglycerate (2,3-DPG) in RBCs promotes deoxygenation by preferentially binding to the low-affinity T conformation of HbS. 2,3-DPG is an intermediate substrate in the glycolytic pathway in which pyruvate kinase (gene PKLR, protein PKR) is a rate-limiting enzyme; variants in PKLR may affect PKR activity, 2,3-DPG levels in RBCs, RBC sickling, and acute pain episodes (APEs). We performed a candidate gene association study using 2 cohorts: 242 adult SCD-HbSS patients and 977 children with SCD-HbSS or SCD-HbSβ0 thalassemia. Seven of 47 PKLR variants evaluated in the adult cohort were associated with hospitalization: intron 4, rs2071053; intron 2, rs8177970, rs116244351, rs114455416, rs12741350, rs3020781, and rs8177964. All 7 variants showed consistent effect directions in both cohorts and remained significant in weighted Fisher’s meta-analyses of the adult and pediatric cohorts using P < .0071 as threshold to correct for multiple testing. Allele-specific expression analyses in an independent cohort of 52 SCD adults showed that the intronic variants are likely to influence APE by affecting expression of PKLR, although the causal variant and mechanism are not defined.

Introduction

Episodic acute pain is the most prominent complication of sickle cell disease (SCD), a result of microvascular vaso-occlusion triggered by hemoglobin S (HbS) polymerization and sickling of red blood cells. HbS polymerizes only when deoxygenated, and a key factor influencing HbS oxygenation is the intracellular concentration of 2,3-diphosphoglycerate (2,3-DPG).1 2,3-DPG is a glycolytic intermediate2 and allosteric effector1 that decreases oxygen affinity by preferentially binding to the low-affinity T conformation. It also stabilizes deoxygenated HbS fibers and further promotes polymerization by decreasing the intraerythrocyte pH.3,4 Pyruvate kinase (gene, PKLR; protein, PKR) is a rate-limiting enzyme in glycolysis2; reduced PKR activity leads to accumulation of the upstream enzyme intermediates, including 2,3-DPG,
and deficiency of ATP, factors detrimental to SCD.\(^1\) Indeed, co-inheritance of PKR deficiency and heterozygous HbS may induce sickling, causing an SCD phenotype.\(^5,6\)

PKR levels comprise a spectrum\(^7\) and could represent a quantitative trait that modifies the risk of sickling and frequency of acute pain episodes (APEs). In this study, using annualized hospitalization rates for APEs and allelic imbalance expression analysis, we suggest that PKLR variants are associated with acute sickle pain by perturbing PKR levels.

### Patients and methods

The population of the genetic association study consisted of 2 cohorts: (1) 242 adults with HbSS from King’s College Hospital (KCH; London, United Kingdom) with 10-year hospitalization records,\(^8\) and (2) 977 children with HbSS or HbS\(^0\) thalassemia from the Silent Infarct Transfusion (SIT) trial (registered at www.clinicaltrials.gov as #NCT00072761)\(^9,10\) with 3-year hospitalization records.\(^10,11\) Both studies were approved by the local institutional review boards at KCH (LREC 01-083) and Vanderbilt University Medical Center, respectively. Genome scan for the KCH cohort samples was performed using the Illumina Infinium MEGA chip.\(^8\)

The SIT cohort DNA samples were genotyped using Illumina HumanHap650Y array 5 or Illumina Infinium HumanOmni1-Quad array. The results were quality controlled followed by genotype imputation based on the 1000 Genomes Project phase 3 data. An annualized hospitalization rate as a measure of acute pain incidence rate was calculated by dividing the number of hospital admissions for acute pain by the number of years of observation (Table 1) and double-log\(_e\) transformed for statistical analysis.

An independent cohort for evaluation of imbalance in allele expression comprised 52 adults with SCD enrolled under 3 protocols, NCT00011648, NCT00081523, and NCT03685721, approved by the National Heart, Lung, and Blood Institute Review Board (National Institutes of Health). For the allele expression assays, a synonymous variant, rs1052176 (R596R) in exon 11 of PKLR, acted as a marker of relative expression levels of the 2 alleles of the gene using the respective genomic DNA as control. A total of 279 samples were screened to obtain 52 heterozygotes for R596R, of which 29 were also heterozygous for the associated intron 2 variants (test) and 23 did not have the associated intron 2 variants (control). Allele-specific expression analysis was carried using the Bio-Rad droplet digital polymerase chain reaction system (version 1.7.4.0917; Bio-Rad Laboratories, Hercules, CA).

Details on study cohort and analytic methodology are provided in the data supplement.

## Results and discussion

Forty-seven variants (supplemental Table 1) were identified in the PKLR locus and evaluated for association with hospitalization rate in the KCH cohort, using a modified significance level of \(P < .001268\) after correction for multiple testing (Cheverud et al\(^12\) method taking into account linkage disequilibrium [LD]). Seven variants (1 in intron 4 [rs2071053] and 6 in intron 2 [rs8177970, rs116244351, rs114455416, rs12741350, rs3020781, and rs8177964]) were significantly associated (Table 2; Figure 1A).\(^8\) Eighty-three variants were identified in the PKLR gene in the SIT cohort (supplemental Table 2). All 7 associated variants in the KCH cohort showed consistent effect directions in the SIT cohort but did not reach statistical significance (Table 2). Using weighted Fisher’s meta-analyses,\(^13\) we summarized the findings for all 7 variants in both cohorts (Table 2).

### Table 1. Characteristics of patients in KCH and SIT cohorts

|                | KCH cohort (\(n = 242\)) | SIT cohort (\(n = 977\)) |
|----------------|----------------------------|--------------------------|
| Sickle genotype | HbSS                      | HbSS or HbS\(^0\) thalasemia |
| Sex, n (%)      | 143 (59)                  | 464 (47)                 |
|                 | 99 (41)                   | 513 (53)                 |
| Age, y          |                            |                          |
| Mean ± SD       | 33.05 ± 11.26             | 8.98 ± 2.43              |
| Range           | 17.91-67.03               | 5.03-14.99               |
| Hospitalization rate |                             |                          |
| Median          | 0.33                      | 1.00                     |
| IQR             | 0.1-1                     | 0-3                      |
| Range           | 0-11.25                   | 0-19                     |

IQR, interquartile range; SD, standard deviation.

### Table 2. Association of PKLR variants with annualized hospitalization rate in KCH and SIT sickle cell anemia cohorts

| SNP ID          | Coordinates (chr:position; hg19) | Location in PKLR gene | A1 (minor) | A2 (major) | KCH cohort (\(n = 242\)) | SIT cohort (\(n = 977\)) | Weighted Fisher’s meta-analysis Combined P |
|-----------------|----------------------------------|------------------------|------------|------------|---------------------------|---------------------------|-----------------------------------------|
|                 |                                  |                        |            |            | Frequency \(\beta\) \(P\)  | Frequency \(\beta\) \(P\)  |                                          |
| rs2071053       | 1:155265177 Intron 4             | A                      | G          | 0.37       | −0.0883 .0009             | 0.42                      | −0.0867 .08140 .0009918                 |
| rs8177970       | 1:155265661 Intron 2             | C                      | T          | 0.16       | 0.1299 .00036             | 0.13                      | 0.0280 .68660 .0042704                 |
| rs116244351     | 1:155266935 Intron 2             | A                      | G          | 0.16       | 0.1247 .00064             | 0.13                      | 0.0280 .68660 .0084898                 |
| rs114455416     | 1:155267389 Intron 2             | A                      | G          | 0.16       | 0.1247 .00064             | 0.13                      | 0.0281 .68660 .0084390                 |
| rs12741350      | 1:155268425 Intron 2             | C                      | T          | 0.38       | −0.0864 .00115            | 0.42                      | −0.0969 .05160 .0007171                |
| rs3020781       | 1:155269776 Intron 2             | A                      | G          | 0.38       | −0.0864 .00115            | 0.43                      | −0.0973 .05080 .0007057                |
| rs8177964       | 1:155269780 Intron 2             | A                      | G          | 0.16       | 0.1241 .00071            | 0.12                      | 0.0486 .48950 .0050984                 |

chr, chromosome; SNP, single-nucleotide polymorphism.
We hypothesize that the intronic variants alter gene expression in cis, detectable as allelic imbalance in PKLR expression.\textsuperscript{14,15} Screening of the PKLR gene with the associated intron variants (6 in intron 2 and 1 in intron 4) revealed a synonymous variant (R596R; rs1052176) in exon 11 that was used as a marker for allele-specific expression analysis.\textsuperscript{14,15} Fifty-two heterozygous R596R individuals were selected: 23 without and 29 heterozygous for the associated PKLR intron 2 risk haplotype. Allele-specific expression analysis was carried out using the Bio-Rad droplet digital polymerase chain reaction system (QX200 Droplet Digital PCR System; Bio-Rad Laboratories) and analyzed with QuantiSoft software. Ratios of the 2 R596R alleles in complementary DNA (cDNA) and genomic DNA (gDNA), respectively, were derived for each sample. The absolute difference in the ratios between the cDNA and gDNA samples was then calculated for each participant. The average expression ratio in those heterozygous for the variant intron 2 haplotype was 0.2073 (± standard deviation [SD], 0.0135) compared with an average expression ratio of 0.1239 (± SD, 0.0682) in those without the variant intron 2 (homozygous wild type). Wilcoxon rank sum test $P = .0297$.

Here, we show that rs8177964 and rs8177970 were inherited in an LD block with the other 4 intron 2 variants (supplemental Figure 1), and we defined this LD block as the intron 2 risk haplotype if individuals carried any minor allele from these 2 variants. Fifty-two individuals with SCD were heterozygous for the R596R variant, of whom 29 were also heterozygous for the intron 2 risk haplotype associated with APEs in SCD (test group), whereas 23 individuals did not have the risk haplotype (control) (Table 3; supplemental Table 3). We compared variation in PKLR expression between the 2 alleles in individuals heterozygous for and without the intron 2 risk haplotype, using genomic DNA as internal control for each individual. A Wilcoxon rank sum test revealed significant deviation from the expected expression ratio in those heterozygous for the intron 2 risk haplotype (mean, 0.2073, ±/− SD 0.0135) when compared with those without the “risk” haplotype (mean ± standard deviation, 0.1239 ± 0.0682; $P = .0297$).

**Figure 1. PKLR intronic risk variants and allelic specific expression.** (A) PKLR gene with associated variants in intron 2 and coding variant R596R. Line representation of the PKLR gene with the associated intron variants (6 in intron 2 and 1 in intron 4). rs1052176 (R596R) is the synonymous single-nucleotide polymorphism in exon 11 that was used as a marker for allele-specific expression analysis. (B) PKLR allelic-specific expression analysis. Fifty-two heterozygous R596R individuals were selected: 23 without and 29 heterozygous for the associated PKLR intron 2 risk haplotype. Allele-specific expression analysis was carried out using the Bio-Rad droplet digital polymerase chain reaction system (QX200 Droplet Digital PCR System; Bio-Rad Laboratories) and analyzed with QuantiSoft software. Ratios of the 2 R596R alleles in complementary DNA (cDNA) and genomic DNA (gDNA), respectively, were derived for each sample. The absolute difference in the ratios between the cDNA and gDNA samples was then calculated for each participant. The average expression ratio in those heterozygous for the variant intron 2 haplotype was 0.2073 (± standard deviation [SD], 0.0135) compared with an average expression ratio of 0.1239 (± SD, 0.0682) in those without the variant intron 2 (homozygous wild type). Wilcoxon rank sum test $P = .0297$.\textsuperscript{14,15}
which include deep intronic variants as encountered here, the pathologic significance of which is often unclear. Allele-specific expression analyses\textsuperscript{16} or more complex minigene constructs\textsuperscript{19} are 2 approaches that have been used to evaluate their pathogenicity. The minigene construct approach is set up for detection of alternative splicing\textsuperscript{20} and will not be practical for detecting RNA stability, which has been suggested as the mechanism underlying the reduced \( PKLR \) expression for \( rs8177964 \) based on in silico analyses.\textsuperscript{16}

We identified 7 \( PKLR \) variants (1 in intron 4 and 6 in intron 2) that were significantly associated with acute sickle pain using annualized hospitalization as a surrogate. The 6 intron 2 variants are in an LD block; 2 (\( rs8177964 \) and \( rs8177970 \)) were also identified in a child heterozygous for \( PKLR \) c.994G>A mutation with severe anemia, and \( rs8177964 \) was proposed as causing rapid messenger RNA degradation using in silico analysis.\textsuperscript{16} Allele-specific expression analysis using Sanger sequencing analysis of the proband who was a carrier for \( rs8177964 \) showed reduced \( PKLR \) expression in cis.\textsuperscript{16}

This report adds to the widening literature that noncoding \( PKLR \) variants can contribute to PK deficiency. Of note, the proband inherited \( rs8177964 \) and \( rs8177970 \) from the mother, who was heterozygous for the variants and who was reported to have low normal hemoglobin accompanied by a 50% reduction in PK activity.

The \( rs8177964 \) variant is present in homozygosity in 61 of 4350 people of African or African American ethnicity in the gnomAD database.\textsuperscript{21} No clinical or laboratory details are available on these individuals who are presumably asymptomatic, bearing in mind that there is wide variability in PK deficiency.\textsuperscript{22}

To circumvent analytic challenges resulting from low expression of \( PKLR \) in peripheral red blood cells and potentially small differences in expression associated with the intronic variants, we compared relative expression levels of 2 alleles of the same gene using RNA and genomic DNA from the same individual.\textsuperscript{23} Allelic variation in human gene expression is common, and population-based studies provide increasing evidence that noncoding variants influence trait variance and, quite likely, response to pharmacotherapy.\textsuperscript{15,23} Studies have suggested that PK deficiency provides protection from malaria infection, accounting for the high frequency of \( PKLR \) variants in sub-Saharan African populations.\textsuperscript{24,25} Indeed, the \( PKLR \) intron 2 variants described here are a minor allele frequency of 14% to 15% in African populations in the 1000 Genomes Project and are almost absent in non-African populations.

This preliminary study highlights that a group of \( PKLR \) intron 2 variants in LD affects gene expression, but it is not clear from this study if presence of the intron 2 risk haplotype increases or decreases \( PKLR \) expression; it is also not clear which of the 6 intron 2 variants is causative.

Nonetheless, our results support \( PKLR \) as a genetic modifier of acute pain in SCD and activating PKR as an antisickling strategy. Two different \( PKR \) activators, mitapivat (NCT04000165)\textsuperscript{26} and FT4202 (NCT03815695),\textsuperscript{27} are now under clinical development. It should be noted that the intron 2 \( PKLR \) variants are frequent and may underlie variation in response to \( PKR \) activators, although the influence may be subtle given the myriad of factors that could influence sickling.

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