

# Lec 1

- **Cytogenetics** = Study of chromosomes
- double stranded DNA wrapped around **histones** = **nucleosome**
- packed nucleosomes = **chromatin**
- Chromatin embedded in **scaffold** = **chromatid**
- 2 sister chromatids = **chromosome**

## Cell Cycle

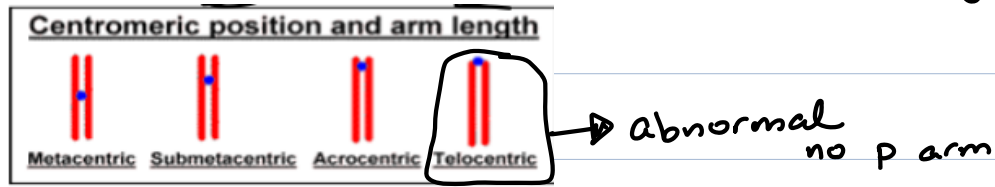
↳ Interphase = G1, S, & G2

↳ DNA is **loose** & **accessible** for proteins to be able to bind

- Before S phase, DNA is one double stranded chromatid (still called chromosome)
- **G phase** is growth phase, where RNA polymerase makes more **mRNA** & proteins necessary for S phase
- **S phase** is "Synthesis" phase, where DNA polymerase replicates double stranded chromatid to make a **sister chromatid** joined at the centromere
- \* chromosome enters S phase as one chromatid & come out as 2 chromatids
- M phase is mitosis, DNA is tightly packed for easier separation of chromosomes
- \* **most condensed DNA in metaphase**
- chromosome = condensed chromatin

# Nomenclature of Chromosomes

- based on centromere position & arm length
- upper arm = P (shorter) ; lower arm = Q (longer)



## Human Chromosome

- 23 pairs of chromosomes, from mom & Dad
- 22 pairs of diploid (Somatic cells), 1 pair sex chromosome  
XX or XY (haploid)

## Mitosis

- division of cells to produce identical daughter cells  
in terms of DNA sequence, not cytoplasm
- 5 phases:

### Prophase

chromosomes begin to condense, nuclear envelope  
collapse, centrioles appear on opposite poles

### Metaphase

chromosomes individually align on metaphase plate

### Anaphase

Separation of sister chromatids

### Telophase

nuclear envelope forms, 2 daughter nuclei form,  
chromosomes diffuse & cleavage furrow forms

### Cytokinesis

division of cytoplasm

# Meiosis

- produces daughter cells w/  $\frac{1}{2}$  # of chromosomes & different DNA sequences (only egg & sperm)
- 2 stages: meiosis 1 = separation of homologous chromosome  
meiosis 2 = separation of sister chromatids

## Meiosis 1

### Prophase 1

condensation, envelope disappears, centrioles,

Recombination

\* takes most time of all phases

### Metaphase 1

homologous pairs line up

### Anaphase 1

disjunction of homologous pairs

\* chromosome # reduced by  $\frac{1}{2}$

### Telophase 1

two haploid cells separate

## Meiosis 2

- immediately after meiosis 1 (no interphase)
- same steps

### Anaphase 2

separation of sister chromatids

- final product is 4 non identical daughter cells (egg/sperm)

# Prophase 1

- Recombination occurs

↳ exchange of genetic material between non sister chromatids of homologous chromosomes

- subdivided to 5 stages

## Leptotene

initiation of condensation, homologous chromosomes align for recombination

## Zygotene

Synapsis & tetrad formation

## Pachytene

Synapsis is complete, each homologous pair is called a tetrad, Recombination occurs

## Diplotene

chromosomes separate but stay bound at chiasmata

## Diakinesis

further condensation until it reaches metaphase

## Gregor Mendel laws

- law of segregation: homologous chromosomes separate & appear in different daughter cells

- law of independent assortment: chromosomes align on metaphase plate independently so traits are inherited independently of each other

\* most of cell cycle taken by Interphase

# Lec 2

- each chromosome has **genes** which are segments of DNA that carry info for a specific trait;  $\neq$  different versions of genes are called **alleles**
- possible genetic combinations are calculated by  $2^n$   
 $n = \#$  of **chromosome pairs** ( $2^{23}$ )
- meiosis gives genetic **diversity** b/c of **independent assortment**  $\neq$  genetic **recombination** in meiosis I

## Why Study Chromosomes?

- Clinical conditions are linked to chromosome abnormalities
- chromosome abnormalities are seen in:
  - 20-27% of sex reversal / puberty abnormalities
  - 33-67% of spontaneous miscarriage
  - 2-5% multiple miscarriage
  - majority of leukemia  $\neq$  solid tumors

## How to Study Chromosomes

- extraction of chromosome depends on disease  $\neq$  purpose of study
- **Amniotic fluid cells** used for embryonic genes
- **Bone marrow** for diseases in blood
- **Peripheral blood** for lymphocytes
- **skin** or **organ** biopsy
- A **karyotype** is a diagram of **ordered arrangement** of chromosomes by height (1 being longest  $\neq$  22 being the shortest, followed by sex chromosomes)

- images are obtained during metaphase in a dividing cell
- An **idiogram** is a diagrammatic representation of the karyotype to show **size** & **banding pattern** of chromosomes
- each chromosome has different banding patterns
- banding pattern of **same** chromosome is different depending on **banding method**

So what do we do after obtaining a sample?

- because cells are usually in interphase (loose diffuse chromatin) we need to induce the cell cycle, & stop it in metaphase .... how?

1) sample obtained is placed in media to keep sample alive, & a **mitogen** (**phytohemagglutinin**) is added to induce cell cycle

2) then a **mitotic inhibitor** (**colchicine**) is added to stop the cell in metaphase

\* colchicine prevents **assembly** & **polymerization** of microtubule filaments of centrosome

3) centrifuge @ low speed to remove media

4) **hypotonic** solution added to swell cells

5) cells placed on slides burst & chromosomes scatter

6) **Giemsa** stain is added

Notes before next section:

- Adenine & Thymine have 2 H-bonds (A & T)
- Guanine & Cytosine have 3 H-bonds (G & C)
- gene rich region = euchromatic (mainly G & C)
- gene poor region = heterochromatic (mainly A & T)

this is because AT areas have tissue specific genes while GC areas have housekeeping genes

- trypsin is a digestive enzyme that degrades peptide bonds & digest chromosomal proteins to relax chromatin structure so stain can access DNA

## G-Banding Technique

- chromosomes treated w/ trypsin first
- Giemsa stain is added

\* Giemsa forms hydrophobic interactions @ hydrogen binding site, & favors AT regions more

- Giemsa binds AT stronger than GC, so AT regions show darker (black) stain
- produces 300-400 bands & each band has several - 10 million nucleotides

## R-Banding Technique

- the "Reverse" of G banding, so euchromatic areas are stained dark (GC) ... why?
- b/c first we heat the sample, causing degradation of AT hydrogen bonds so Giemsa stains GC regions darker

- **Fluorochrome** is added to sharpen or enhance color
- used in G-banding to identify deletion mutations & in R-banding to confirm findings of G-banding

## Chromosome Shape

- Metacentric, Submetacentric, Acrocentric
- q & p arm are numbered starting from **centromere** ending @ **telomere**

### Acrocentric

- chromosomes 13-15, 21 & 22
- P-arm has 2 regions
  - 1) **Satellite**: heterochromatic region, darkly stained, repetitive sequence of base pairs
  - 2) **Stalk**: euchromatic, lightly stained, codes for **rRNA**
- P-arm has no clinical significance so damage to it won't affect anything... other acrocentric chromosomes can compensate & make rRNA

## High Resolution Banding

- damage to about **300 million** nucleotides can be detected by G & R banding, but damage to less, cannot
- what do we do?
- obtain sample from less condensed chromatid (prophase / pro-metaphase)
- # of banding increases from 300-450 or even 800
- so we now can detect less obvious abnormalities

## Chromosome Structure



## Centromeres

- Structural heterochromatic DNA required for chromosome segregation
- tandem repeats of 171 base pairs called alpha satellite
- all chromosomes have same alpha satellite

## Telomeres

- at ends of eukaryotic chromosomes
- TTAGGG repeats thousands of time
- structural region that prevents end to end fusion of chromosomes
- Replicated by DNA polymerase & telomerase
- as you age, telomerase activity ↓
- telomeres get shorter each time cells divide until its gone & cell is inactive
- protects us from cancer

## Sub-telomeric Region

- repeats are not universal like telomeres
- some homology, but not identical among chromosomes

## Lec 3

### Aneuploidy

- chromosome number that's not an exact multiple of haploid number ( $2n$ )

- trisomy : extra chromosome
- monosomy : absence of a chromosome
- change in chromosome ~~is~~ due to nondisjunction
- if nondisjunction happens in meiosis 1, then homologous chromosomes don't separate
  - ↳  $\frac{1}{2}$  the gametes have extra chromosome ( $n+1$ ) &
  - other  $\frac{1}{2}$  is missing a chromosome ( $n-1$ )
- if in meiosis 2, then sister chromatids don't separate
  - ↳  $\frac{1}{2}$  carry correct ~~is~~ ( $n$ ),  $\frac{1}{4}$  has extra ( $n+1$ ),
  - $\frac{1}{4}$  is missing 1 ( $n-1$ )

\* nondisjunction of mitosis is the same as meiosis 2

## Polyploidy / Euploidy

- more than 2 complete sets of chromosomes
  - ↳ extra, but exact copy of  $n$
- Triploidy ( $3n$ )
- tetraploidy ( $4n$ )
- polyploidy more common in plants
- polyploids are more normal in appearance than aneuploids

## Alteration of chromosome structure

- Deletion: remove chromosome segment
- Duplication: repeats segment
- inversion: reversing orientation of segment on same chromosome
- Translocation: moving segment from one chromosome to another

- Alteration of chromosomes leads to serious disorders
- Some aneuploidy disrupts genetic balance more than others, so some people can survive but suffer from syndromes

## Down Syndrome (Trisomy 21)

- 3 copies of chromosome 21
- 1/700 children
- Correlated to pregnancy at advanced age

### Clinically

- mental retardation
- low nasal bridge
- hypotonia
- up slanting palpebral fissures
- low set ears
- congenital heart disease (VSD, AVD)
- Eyefolds, protruding tongue, intestinal problems, 15 fold ↑ risk of leukemia
- Simian line

### \* features easily recognized at Birth

- non disjunction can occur in meiosis 1 or 2
- 94% due to maternal error
  - ↳ 64% in meiosis 1, 19% in meiosis 2, 11% intermediate
- 4.5% due to paternal error
  - ↳ 1% meiosis 1, 3.5% meiosis 2, 1.5% unknown

how do we determine if the extra chromosome came from mother or father?

- we look at repetitive non coding regions of DNA
- these regions differ from person to person, so it is used as a polymorphic marker

## Partial Trisomy 21 (21q)

- 2 fused q arms at chromosome 21, instead of 1 q arm (46, XX, 21q+)

- phenotypically down syndrome

## Edward Syndrome (Trisomy 18)

- CHD
- failure to thrive
- retarded (mental & growth)
- hypertonia
- prominent occiput
- low set ears
- intestine problems
- clenched fist
- rockerbottom feet

## Patau Syndrome (trisomy 13)

- CHD
- scalp defects
- retarded
- hyper/hypotonia
- microcephaly

- low set ears
- Small eyes
- Cleft lip / palate
- rockerbottom feet
- poly / syndactyly
- polycystic kidneys