

# 20.109 Spring 2016 Module 2 – Lecture 5

## System Engineering (March 31<sup>st</sup> 2016)

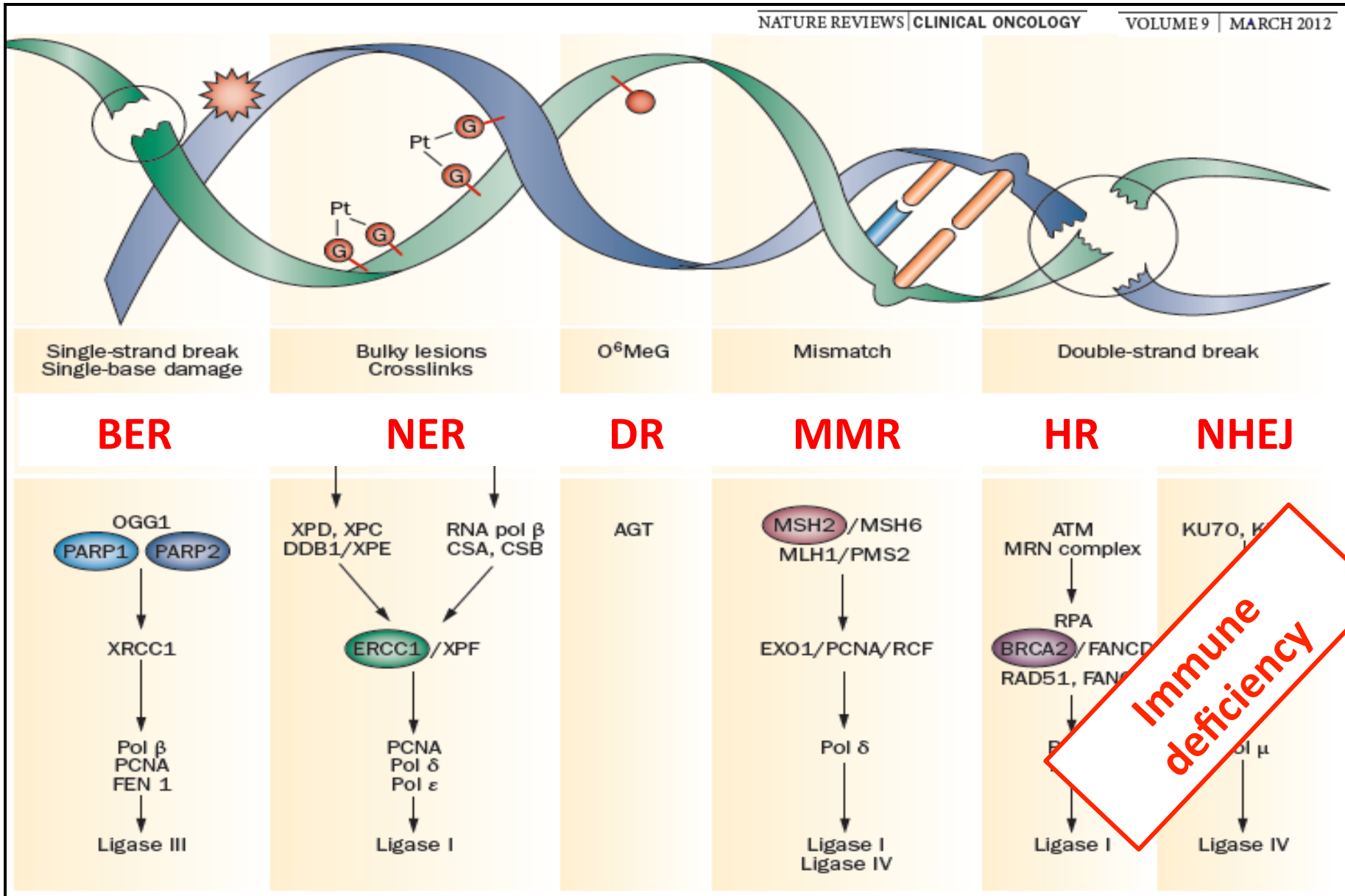


Noreen Lyell  
Leslie McLain  
Maxine Jonas  
Jing Zhang(TA)

Leona Samson (Lectures)

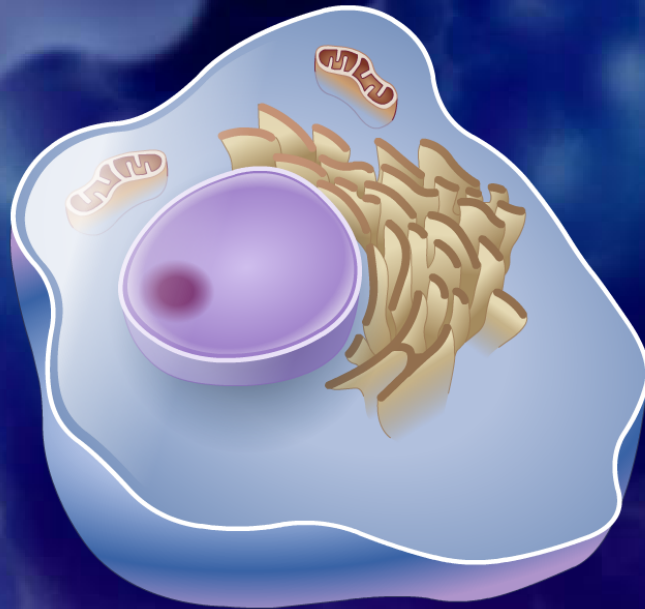
Zachary Nagel (help with development) Alex Chaim

# Six Major DNA Repair Pathways



Non Homologous End Joining  
is **REQUIRED** for a functional  
immune system!

# The Immune Response



Play



Pause



Audio

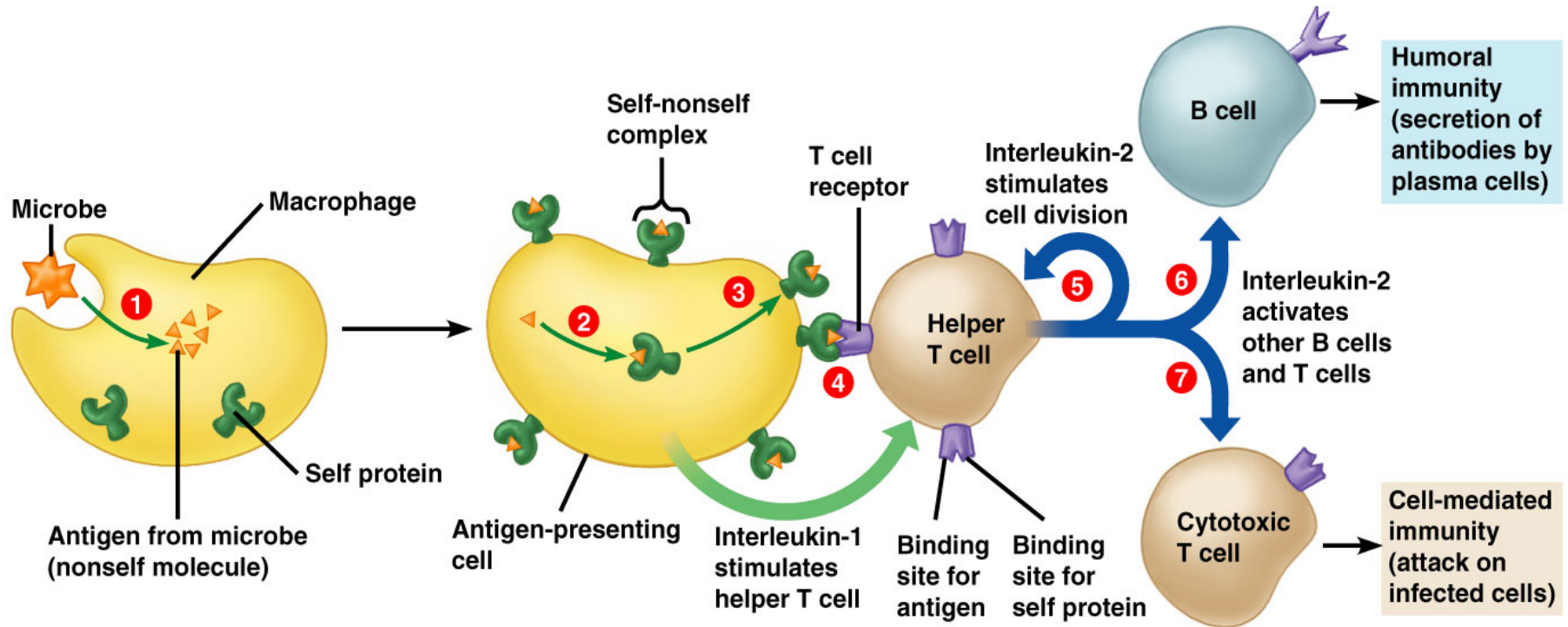


Text

Activation of the immune response typically begins when a pathogen enters the body. Macrophages that encounter the pathogen ingest, process and display the antigen fragments on their cell surfaces.



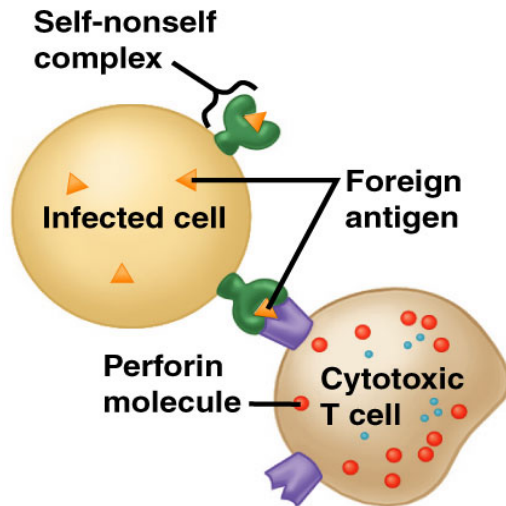
The body contains millions of different T-cells and B-cells, each able to respond to one specific antigen.



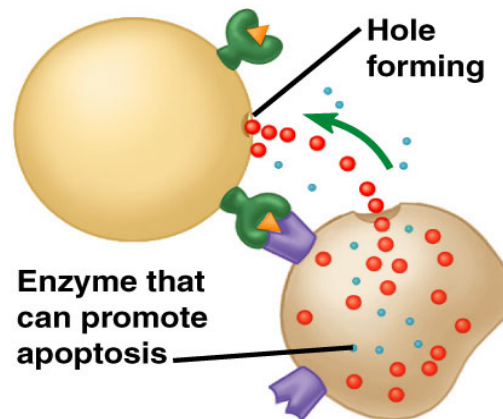
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The body contains millions of different T-cells and B-cells, each able to respond to one specific antigen.

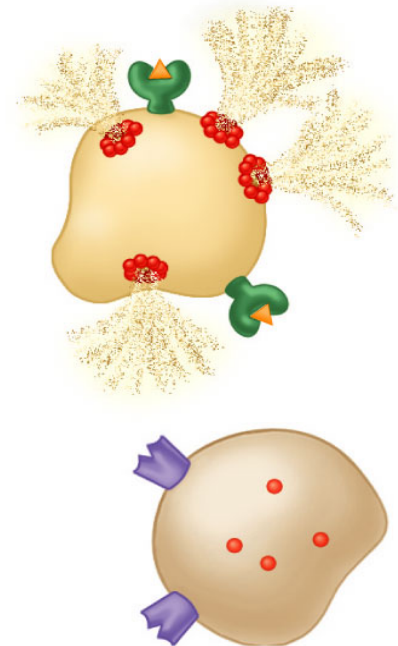
**1** Cytotoxic T cell binds to infected cell



**2** Perforin makes holes in infected cell's membrane and enzyme enters

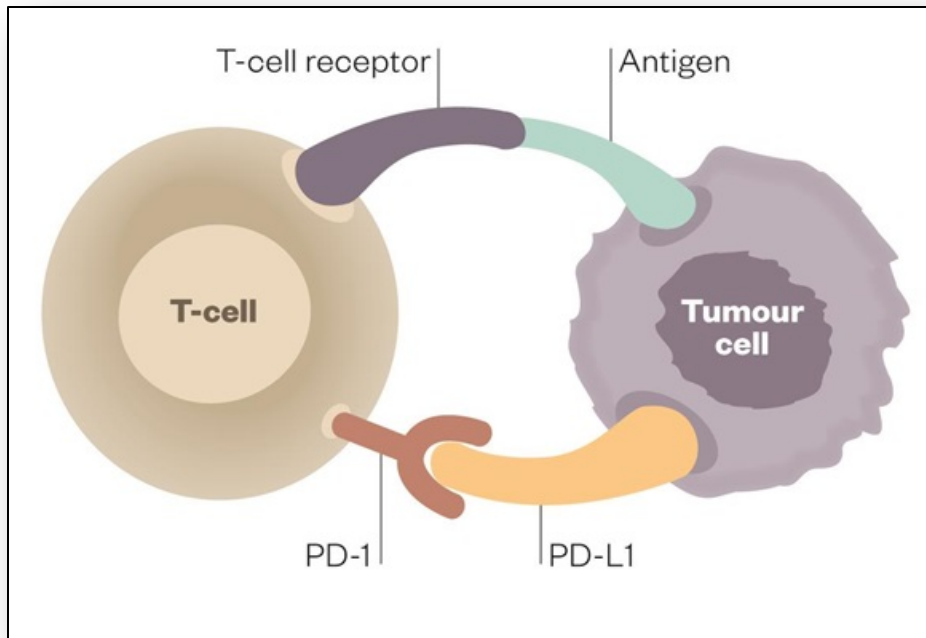


**3** Infected cell is destroyed

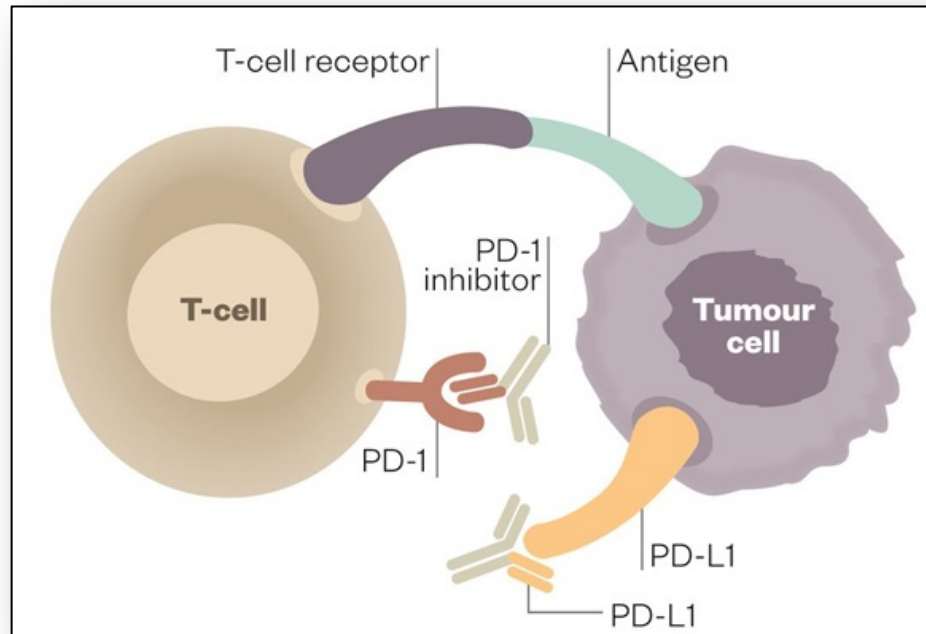


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Deactivated T-cell



Activated T-cell



## Immune Checkpoint Cancer Therapy

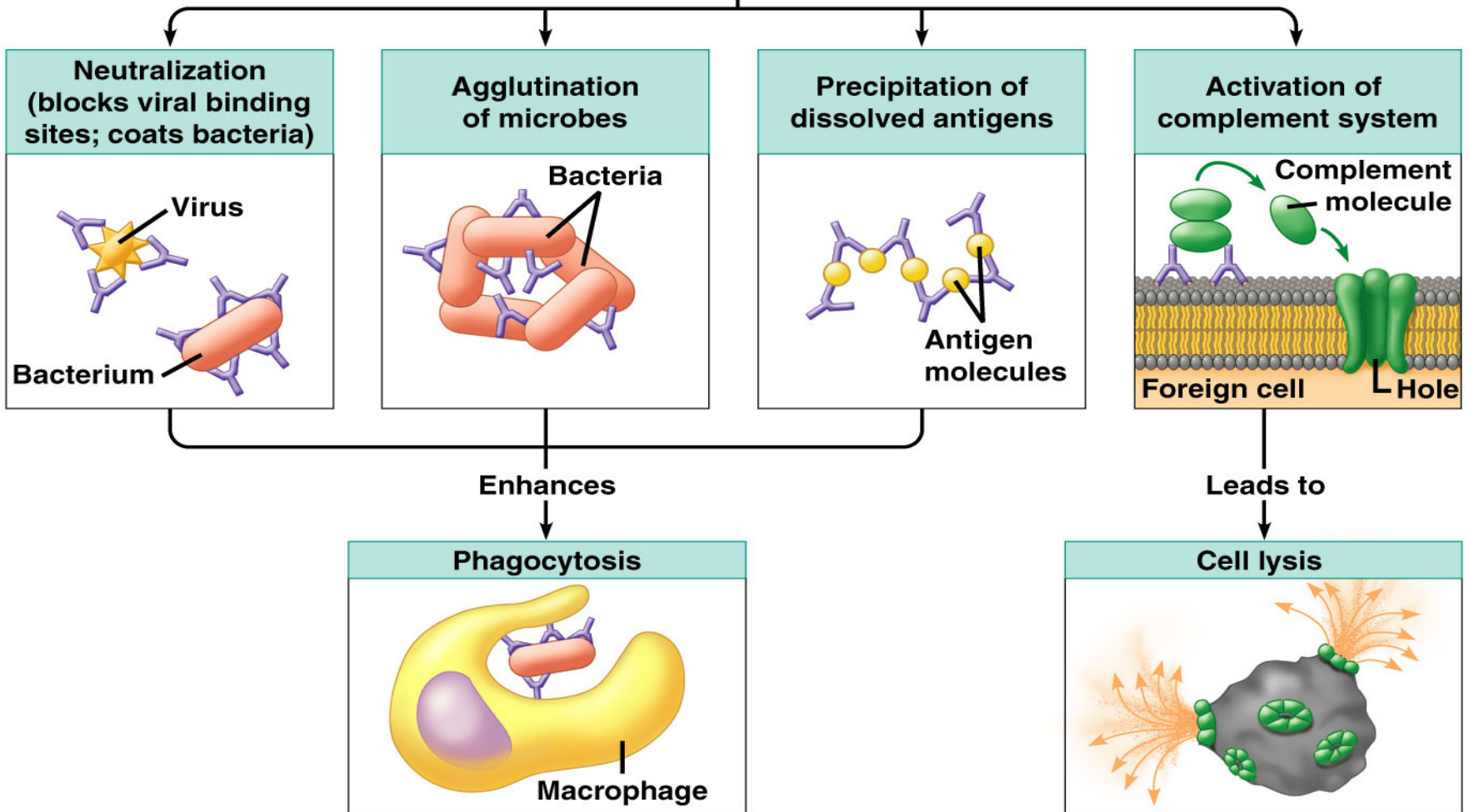
Tumor cells launch Immune Checkpoint (PD-L1 ligand binds PD-1 receptor to deactivate killer T cells).

Evading the Immune System

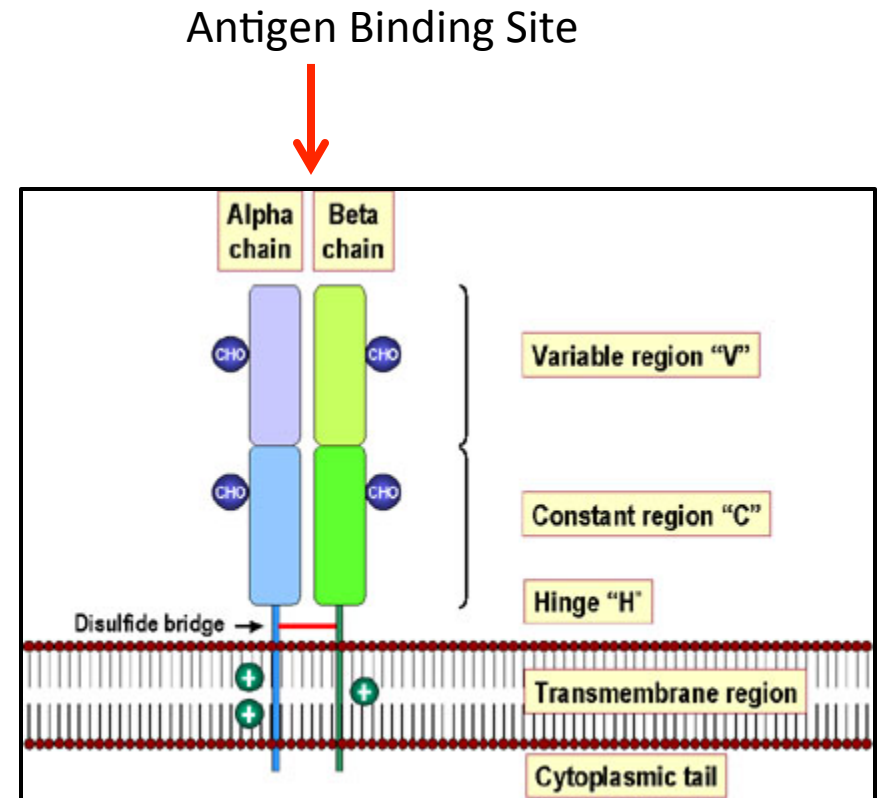
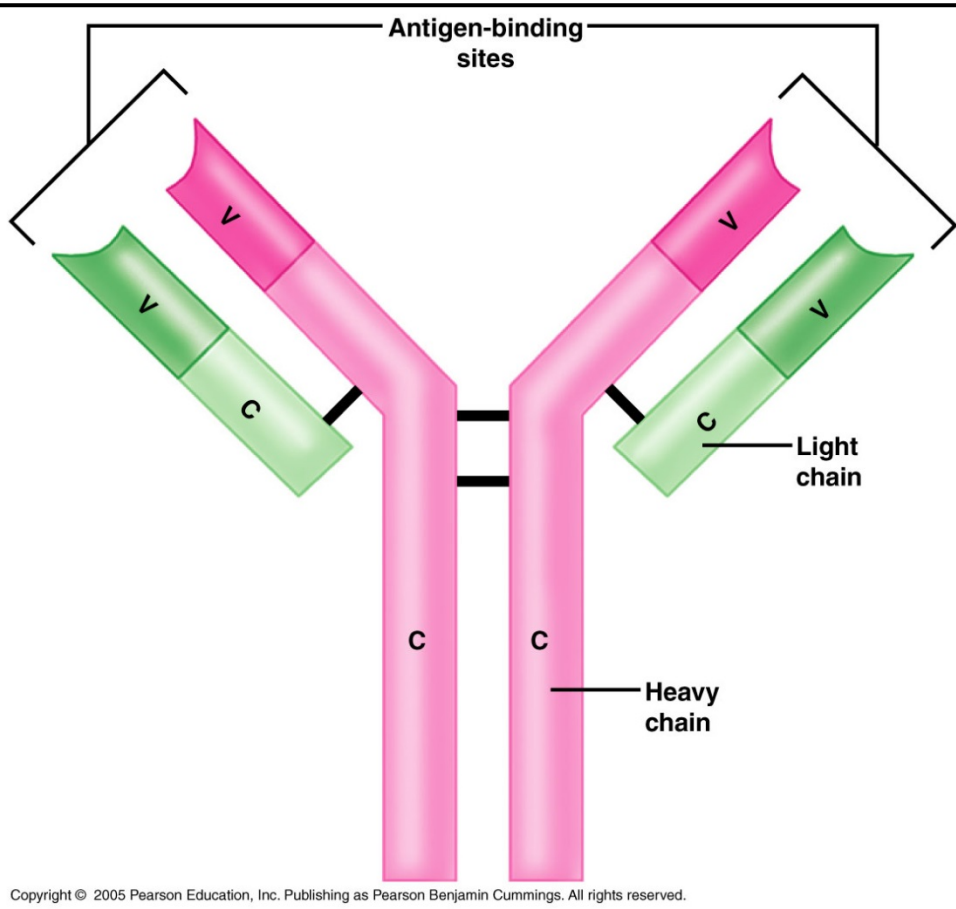
Treatment with Antibodies to block PD-Ligand1 and PD-1 receptor allowing **Activation of Killer T cells**

# Antibodies work in different ways

Binding of antibodies to antigens inactivates antigens by



# "ANTIGEN" comes from ANTI-body GENerating substances



<http://www.austincc.edu/apreview/EmphasisItems/Inflammatoryresponse.html#ANTIB>

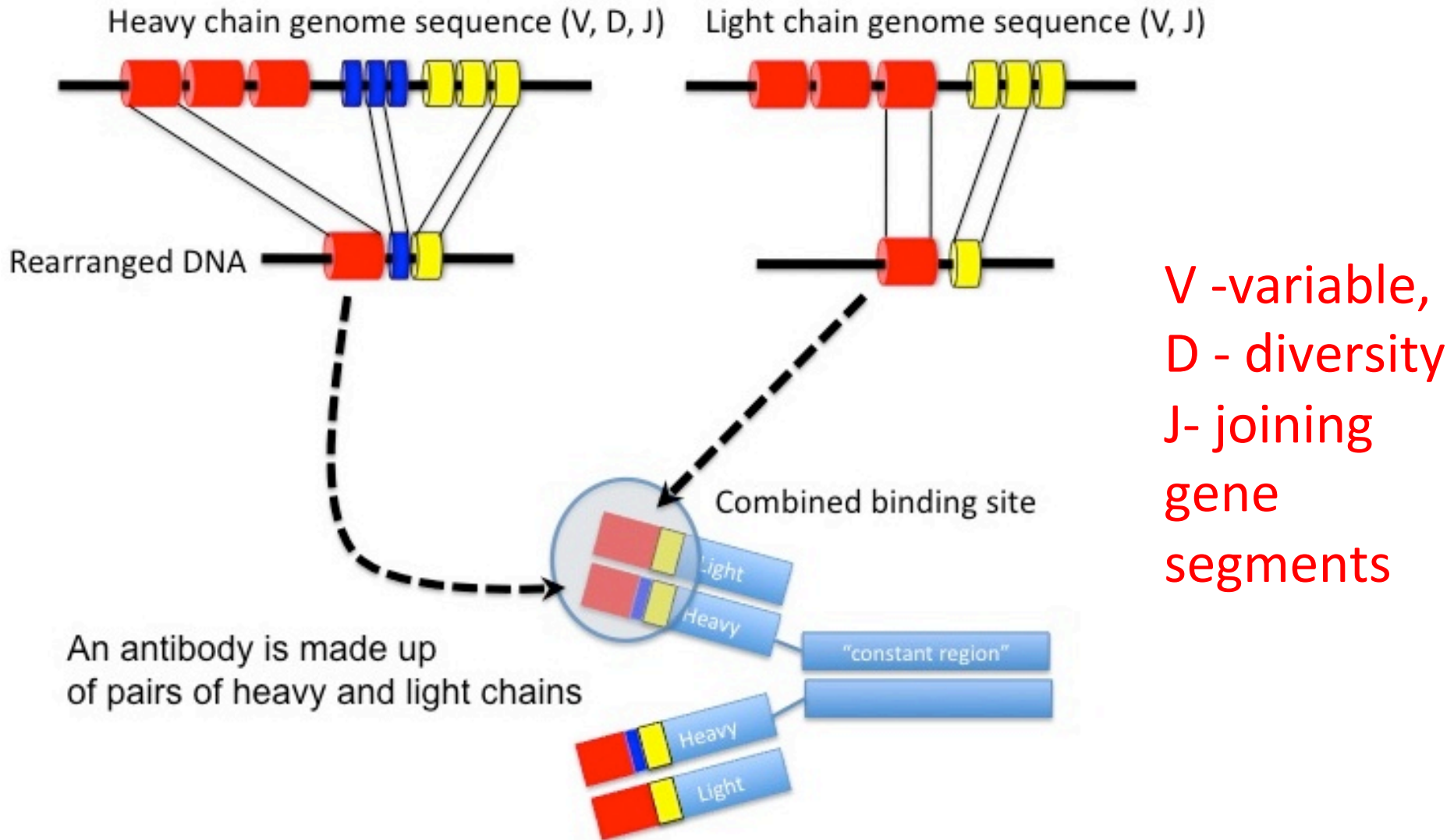
<http://pathmicro.med.sc.edu/bowers/mhc.htm>

B-cell Immunoglobulin

T-cell Receptor

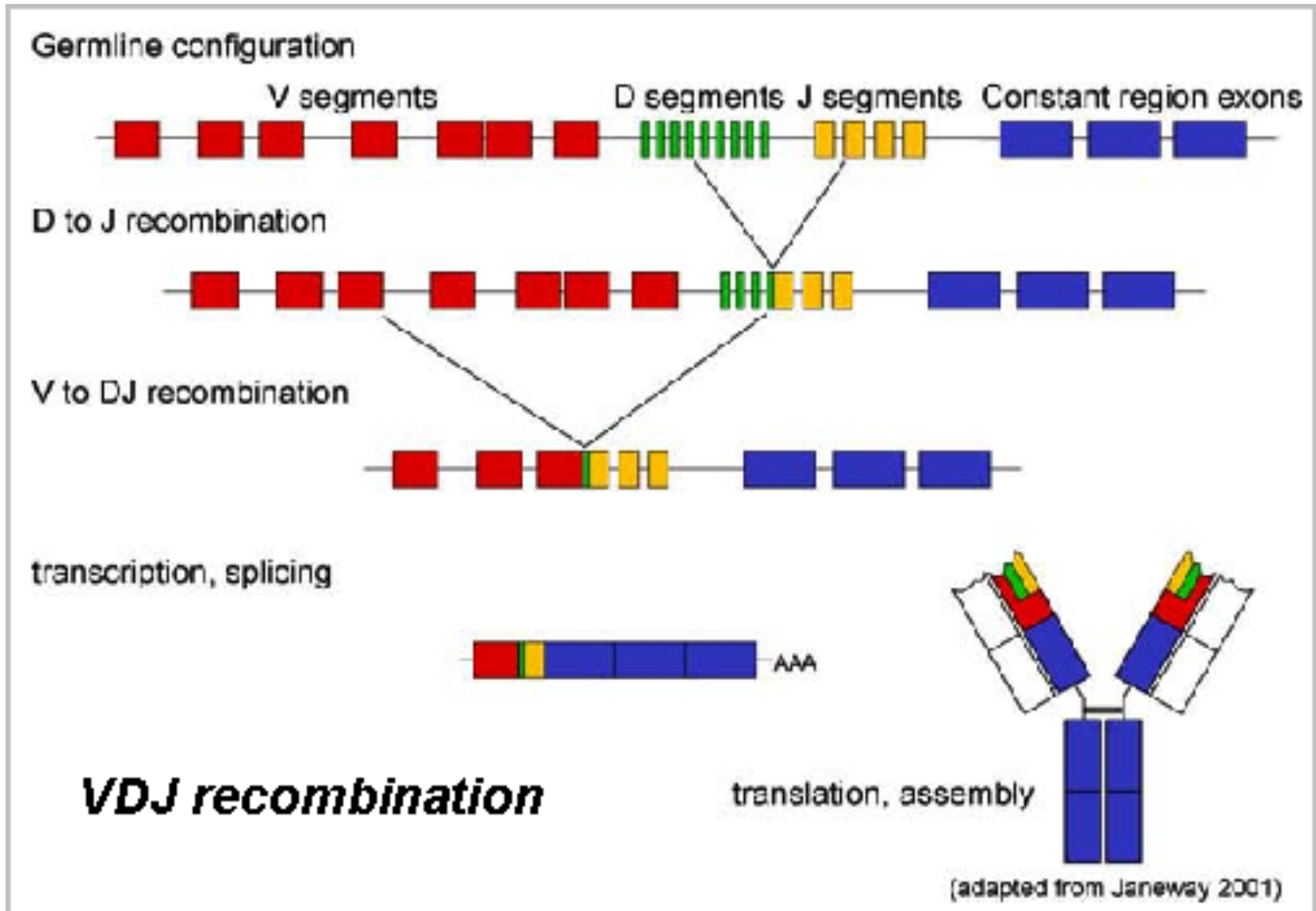


# How Do the Variable Regions become Variable? Through Programmed NHEJ!!

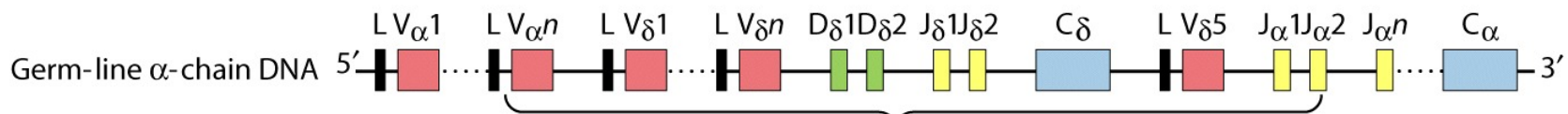




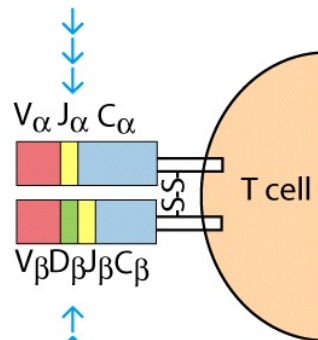
# How Do the Variable Regions become Variable? Through Programmed NHEJ!!



# How Do the Variable Regions become Variable? Through Programmed NHEJ!!

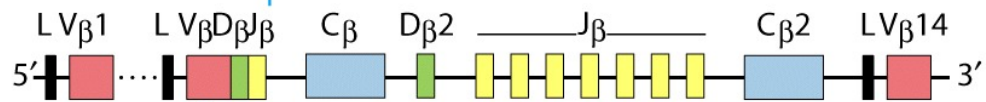


Protein product  $\alpha\beta$  heterodimer



T-cell Receptor

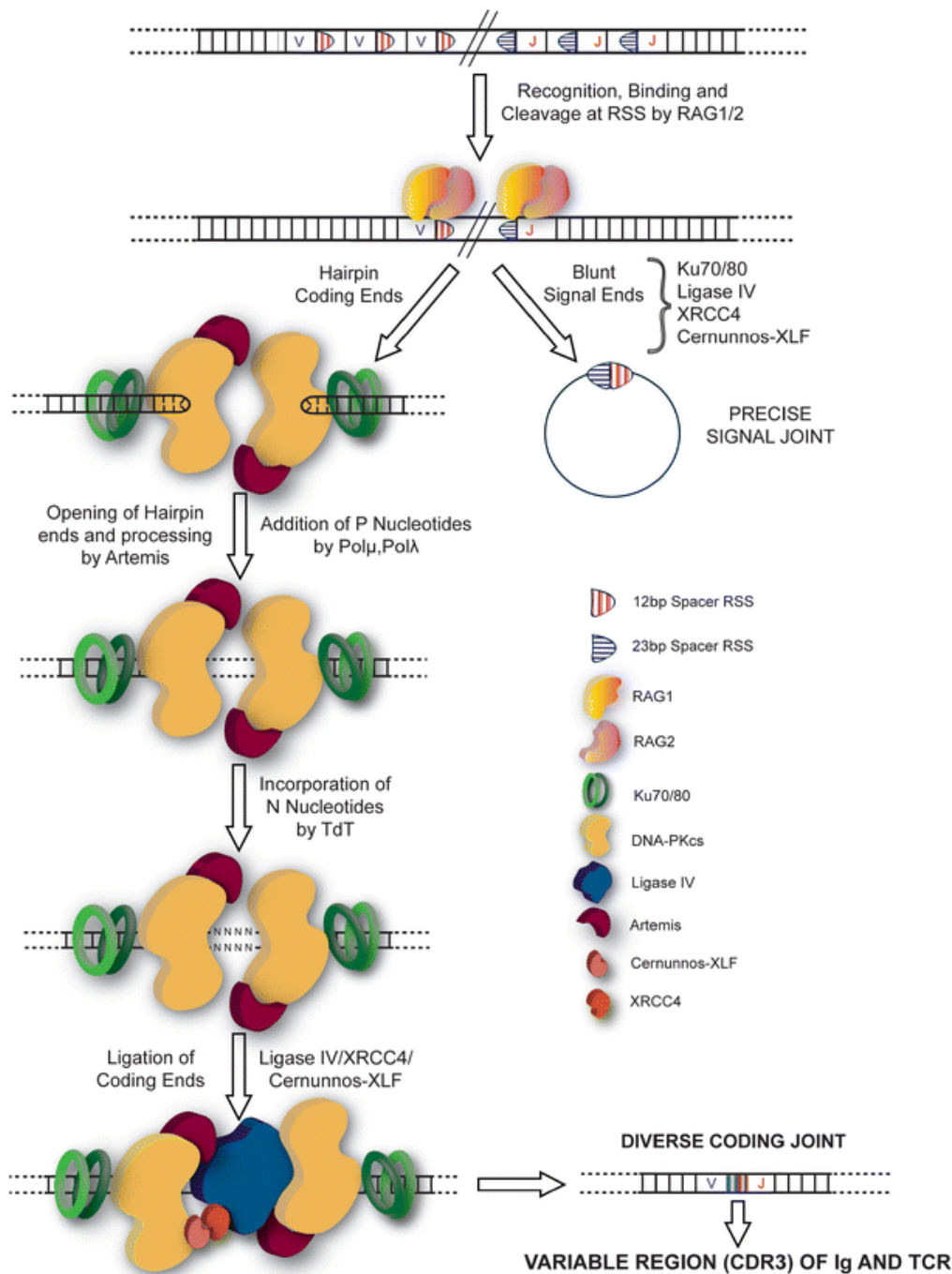
Rearranged  $\beta$ -chain DNA



# V(D)J Gene Recombination

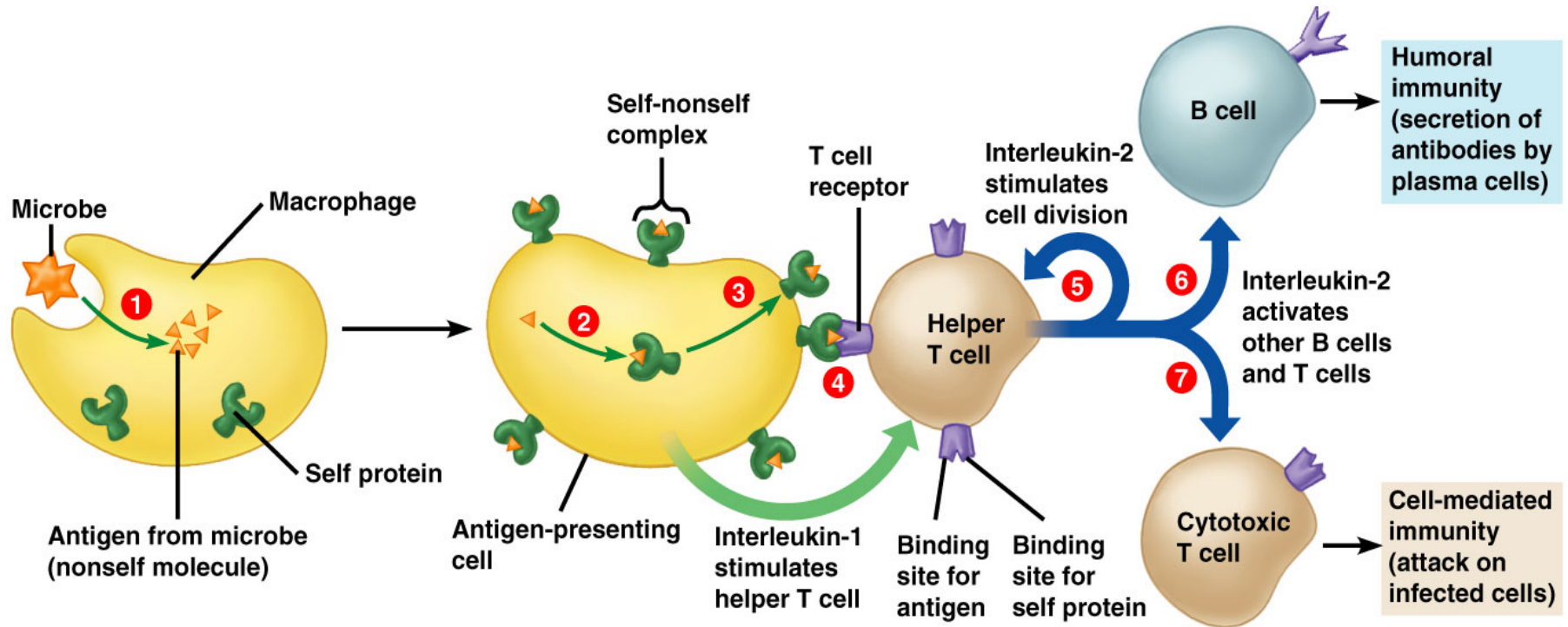
<http://www.youtube.com/watch?v=QTOBSFJWogE>

# How Do the Variable Regions become Variable? Through NHEJ mediated DNA Recombination!



The rearrangement starts with the binding of products from recombination activating genes RAG1 and RAG2, whose expression is **unique to lymphoid progenitor cells**

The body contains millions of different T-cells and B-cells, each able to respond to one specific antigen.



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# How Variable is Variable?

Number of functional gene segments in human immunoglobulin loci			
Segment	light chains		heavy chain
	$\kappa$	$\lambda$	H
Variable (V)	40	30	65
Diversity (D)	0	0	27
Joining (J)	5	4	6

Over **15,000,000** combinations of variable, diversity and joining, V(D)J, gene segments are possible.

**Imprecise recombination** and mutation increase the variability into **billions of possible combinations**.



# How Variable is Variable?

		T cell receptor	
		$\alpha$	$\beta$
Number of V gene segments		54	67
Number of diversity (D) gene segments		0	2
Number of joining (J) gene segments		61	4

Over **3,000,000** combinations of variable, diversity and joining, V(D)J, gene segments are possible. **Imprecise recombination** and mutation increase the variability into **billions of possible combinations**.

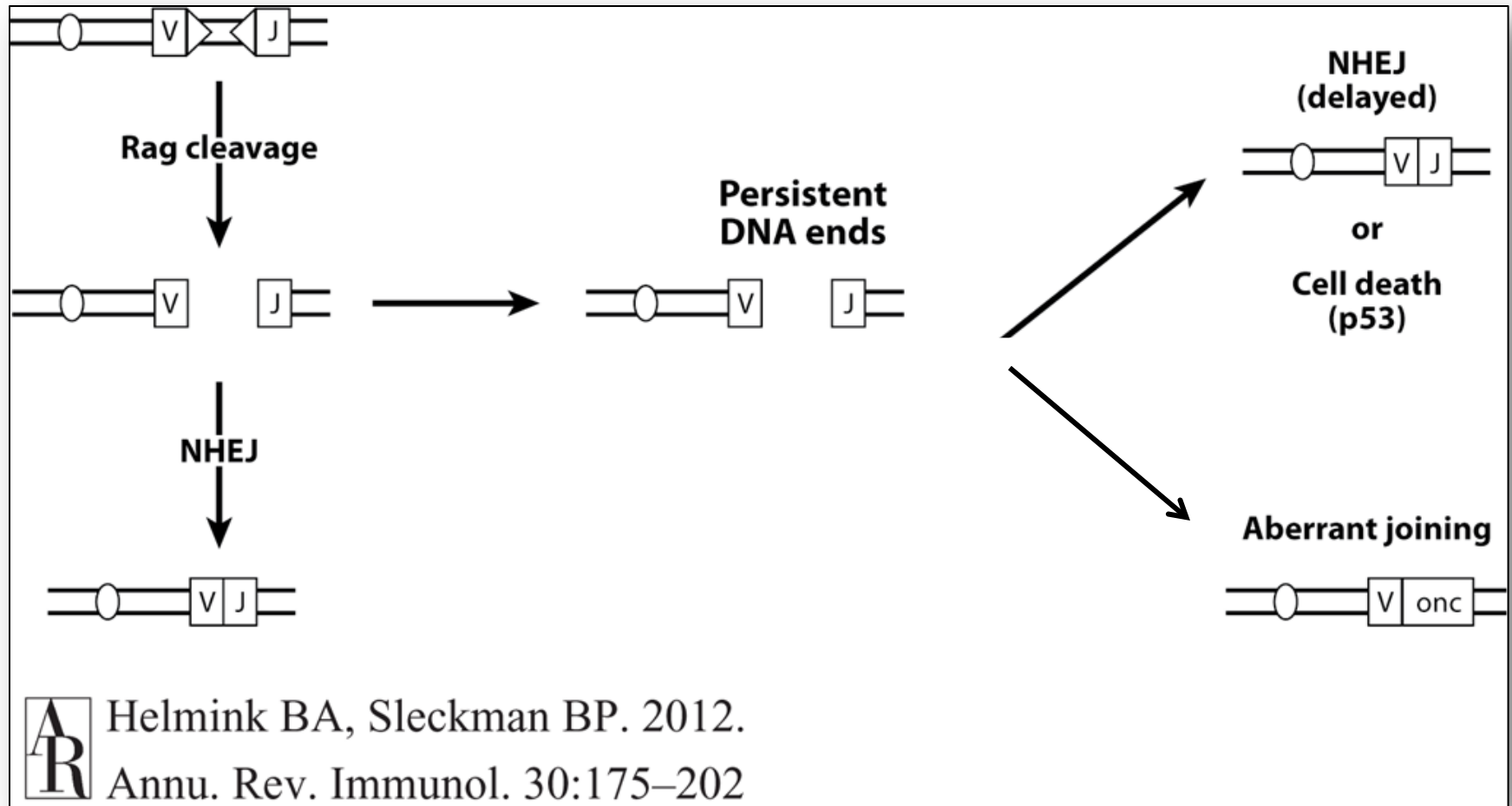
What happens if mice or people lose NHEJ capacity?

# What happens if mice or people lose NHEJ capacity?

## SCID – Severe Combined ImmunoDeficiency

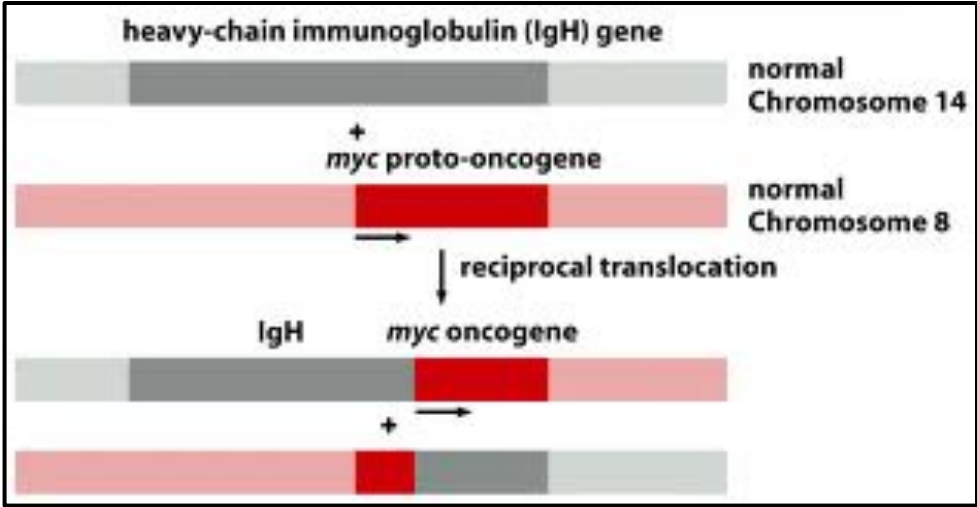
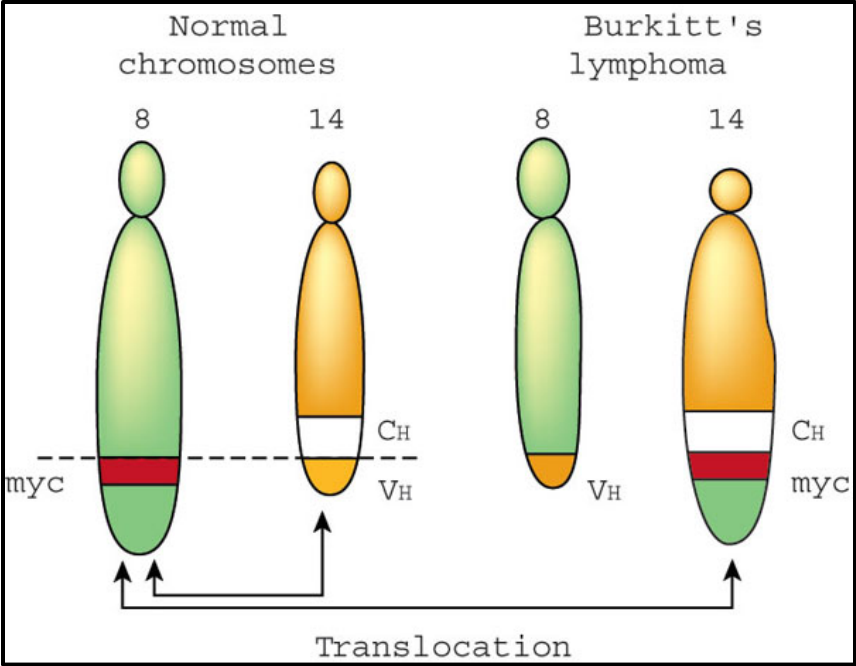
NHEJ gene	Mouse knockout phenotype	Patient phenotype
<i>XRCC6</i> (encoding Ku70)	Viable, SCID, small size, radiosensitivity and thymoma <sup>50,51</sup>	None known
<i>XRCC5</i> (encoding Ku80)	Viable, SCID, small size, radiosensitivity, genomic instability and tumours, especially with p53 deletion <sup>47,52-54</sup>	None known
<i>PRKDC</i> (encoding DNA-PKcs)	Viable, SCID, some genomic instability and tumours with p53 (REFS 55-57)	Human hypomorph has SCID and radiosensitivity <sup>58</sup>
<i>DCLRE1C</i> (encoding Artemis)	Viable, SCID, radiosensitivity and genomic instability <sup>59</sup>	Null results in SCID and radiosensitivity; hypomorph shows reduction in lymphocytes, genomic instability and lymphoma <sup>60,61</sup>
<i>NHEJ1</i> (encoding XLF)	Mild lymphocytopaenia and radiosensitivity <sup>62</sup>	Cernunnos syndrome; immunodeficiency, developmental delay, microcephaly, reduced growth and genomic instability <sup>63</sup>
<i>XRCC4</i>	Null is lethal with neuronal apoptosis; rescue with p53 results in SCID, radiosensitivity, early B lymphoma and genomic instability <sup>49,64</sup>	None known
<i>LIG4</i>	Knockout is lethal with neuronal apoptosis; rescue with p53 results in pro-B lymphoma and radiosensitivity; hypomorph is small, lymphopaenic and has reduced haematopoietic stem cell function <sup>65,66</sup>	LIG4 syndrome; immunodeficiency, reduced growth, developmental issues, microcephaly and malignancy <sup>67,68</sup>
<p><i>DCLRE1C</i>, DNA cross-link repair 1C; DNA-PKcs, DNA-dependent protein kinase catalytic subunit; <i>LIG4</i>, DNA ligase 4; NHEJ, non-homologous end-joining; <i>NHEJ1</i>, NHEJ factor 1; <i>PRKDC</i>, protein kinase, DNA-activated, catalytic polypeptide; SCID, severe combined immunodeficiency; XLF, <i>XRCC4</i>-like factor; <i>XRCC</i>, X-ray repair cross-complementing protein.</p>		

# Can V(D)J Recombination Go Wrong?

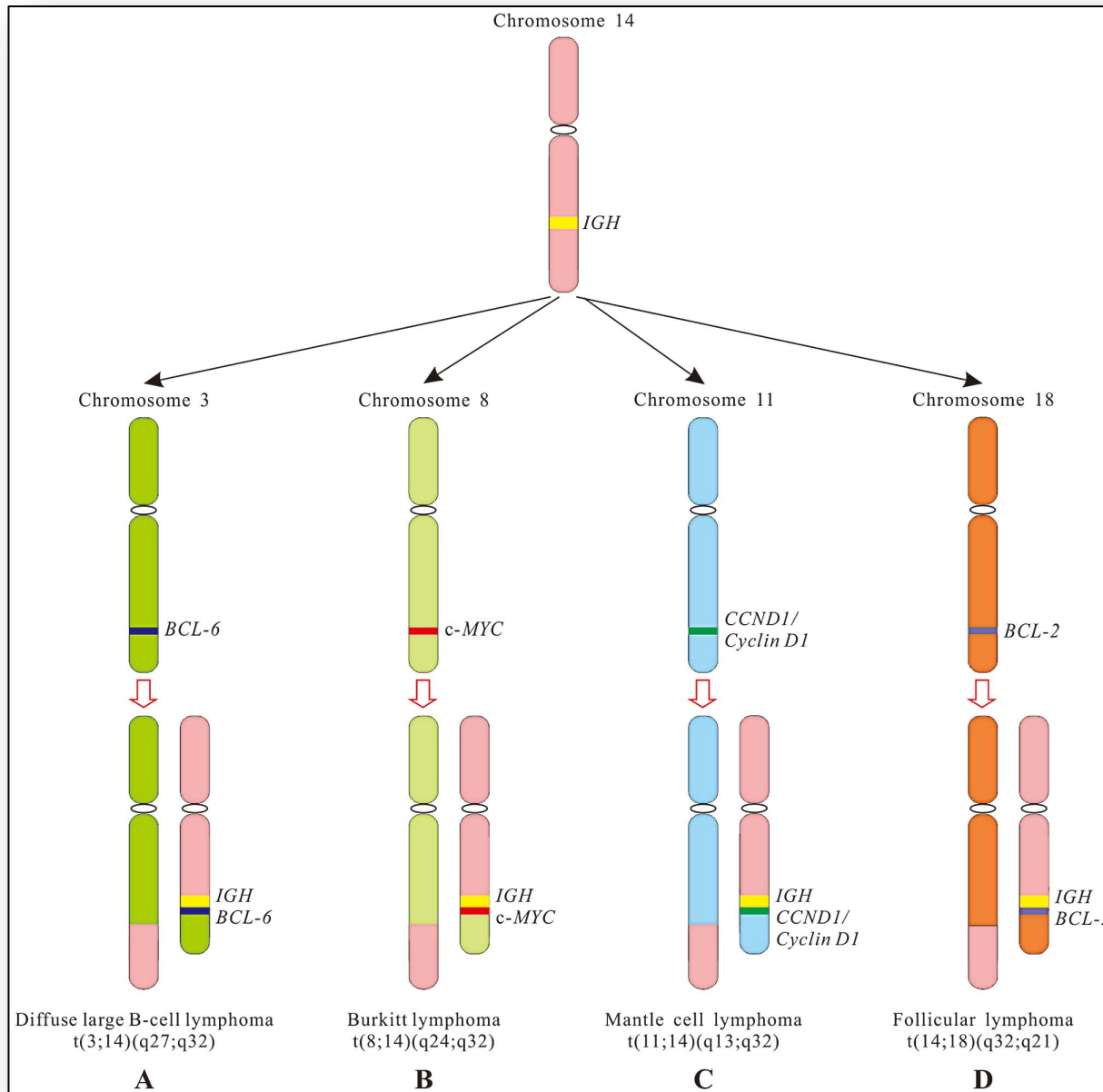


# BURKITT'S LYMPHOMA

## B-cell Lymphoma

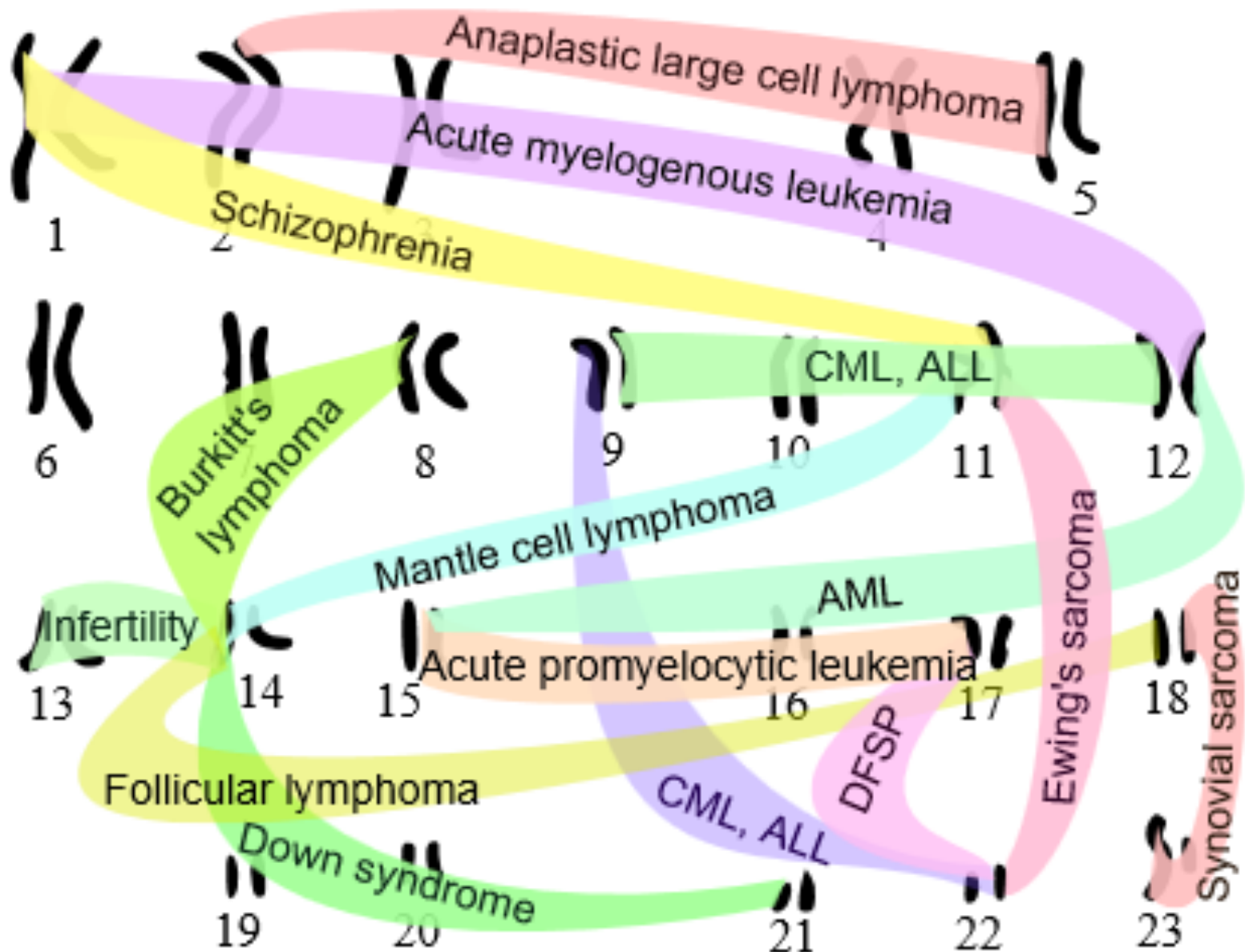


# Other B-cell Lymphomas

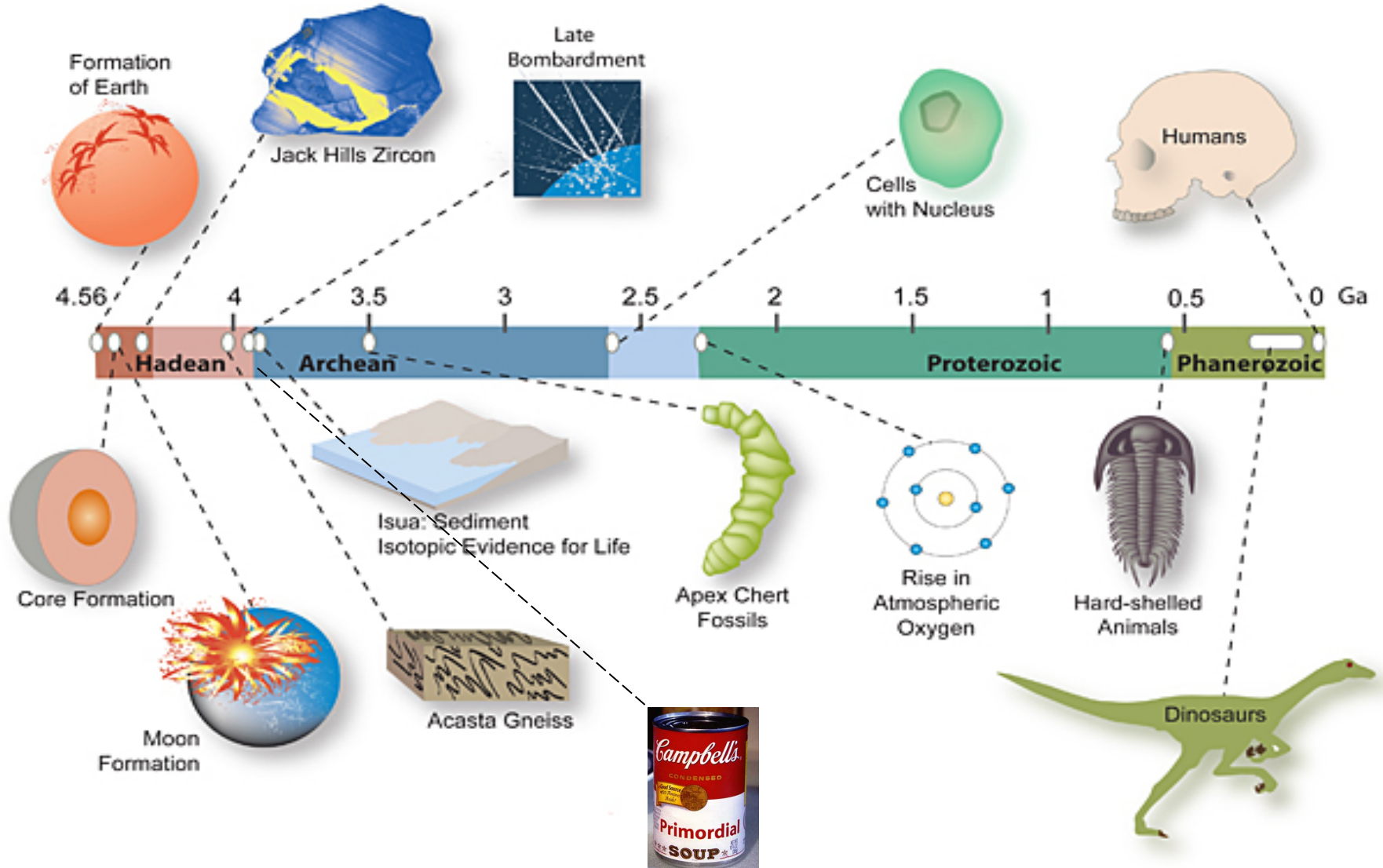




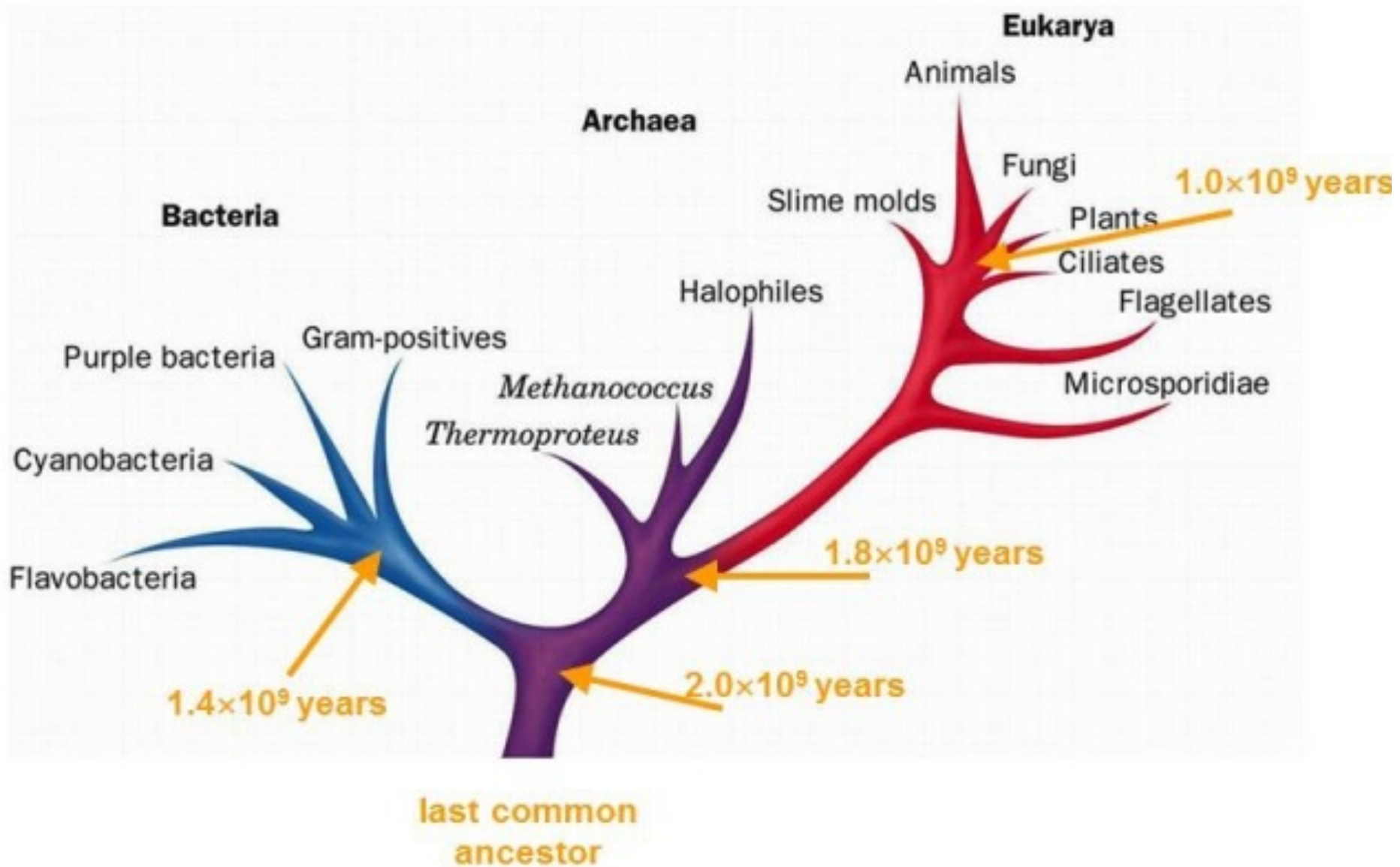
# Diseases that involve Chromosome Translocations



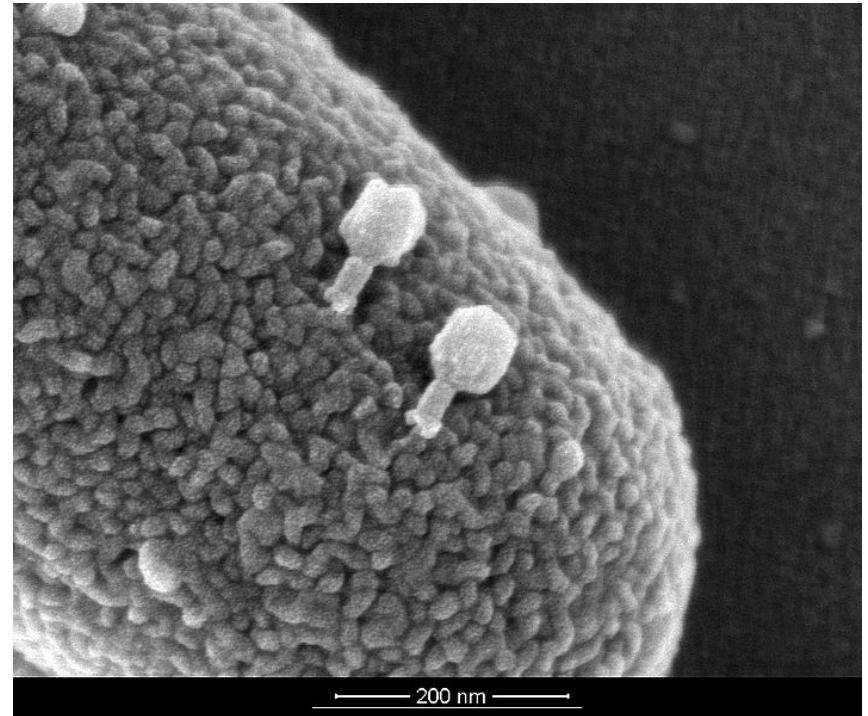
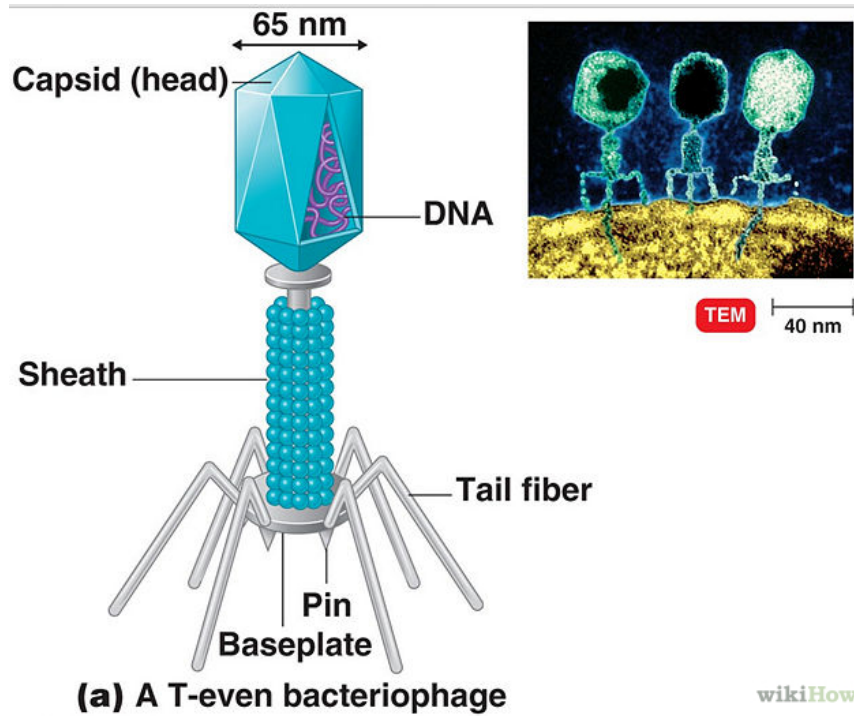
# Evolution of life on Earth



# All known life forms are based on DNA

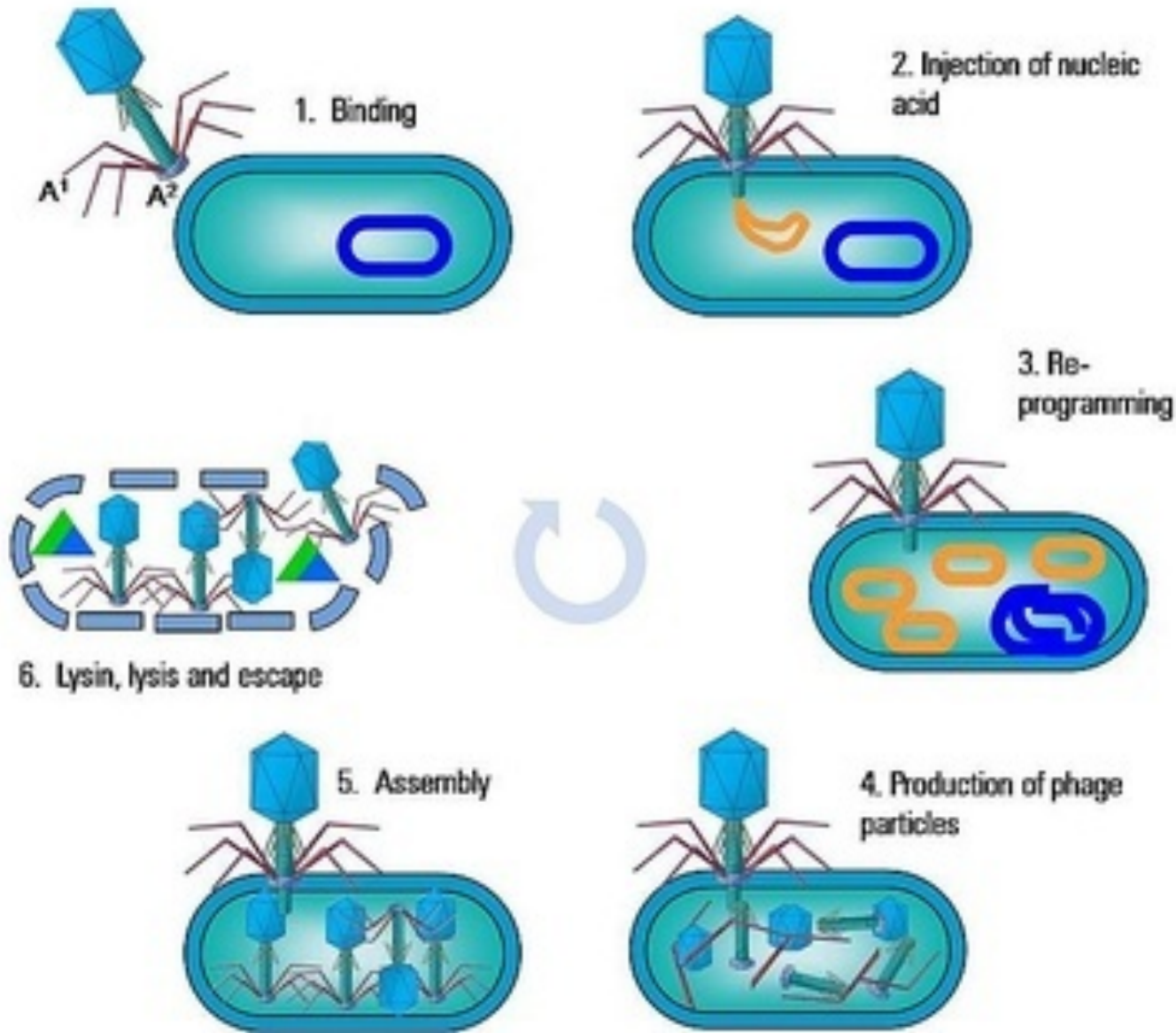


# Bacteriophage (bacterial virus) infecting *E. coli*





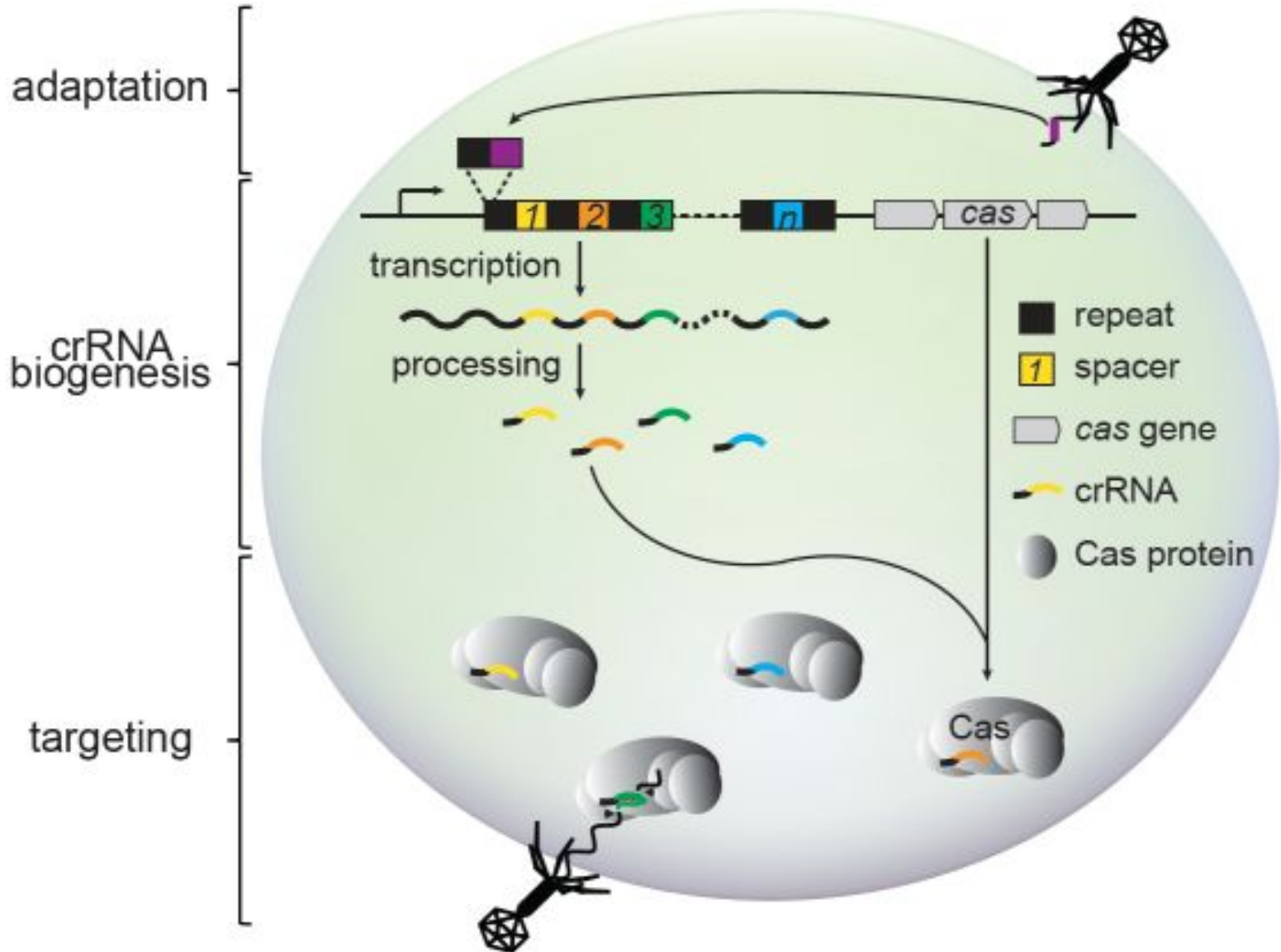
# Bacteriophage (bacterial virus) infecting *E. coli*



Hyglos technology – the 3 key components:

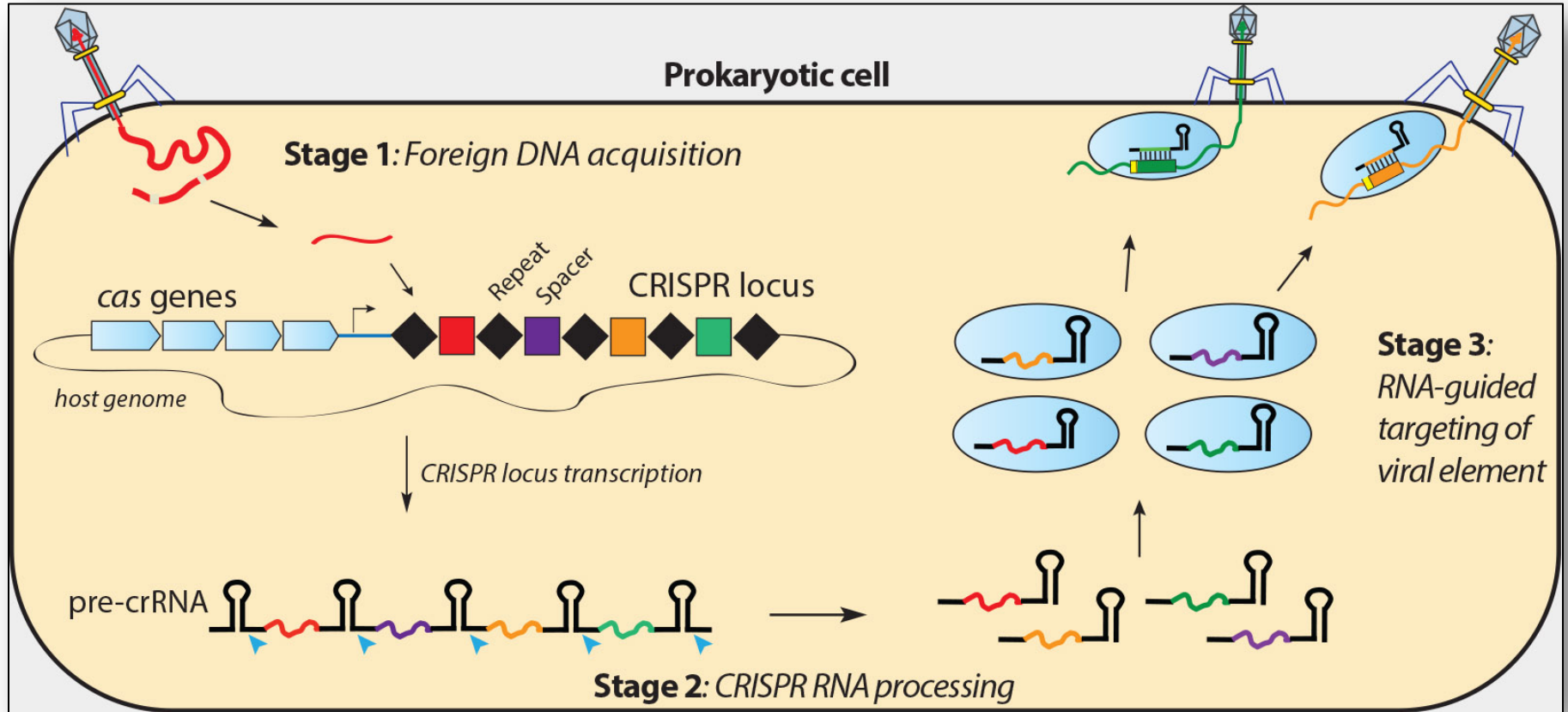
- A: Two types of tail protein ligands
- B: Lytic enzyme (disruption of the bacteria from the inside)
- C: Binding ligand from the lytic enzyme – called the 'Cell wall Binding Domain' (or CBD)

**CRISPR** - **C**lustered **R**egularly **I**nterspaced **S**hort **P**alindromic **R**epeats  
**CAS** genes – **C**RISPR **A**sociated genes

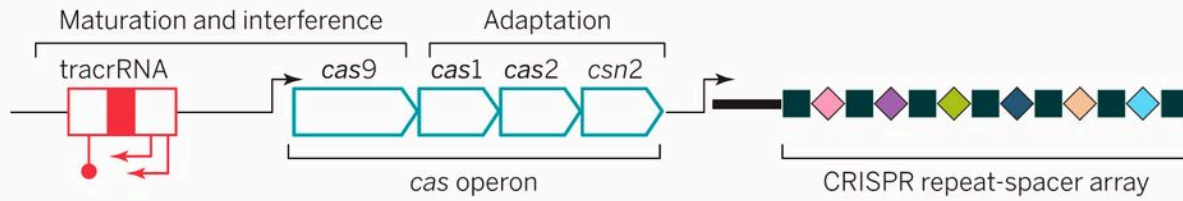




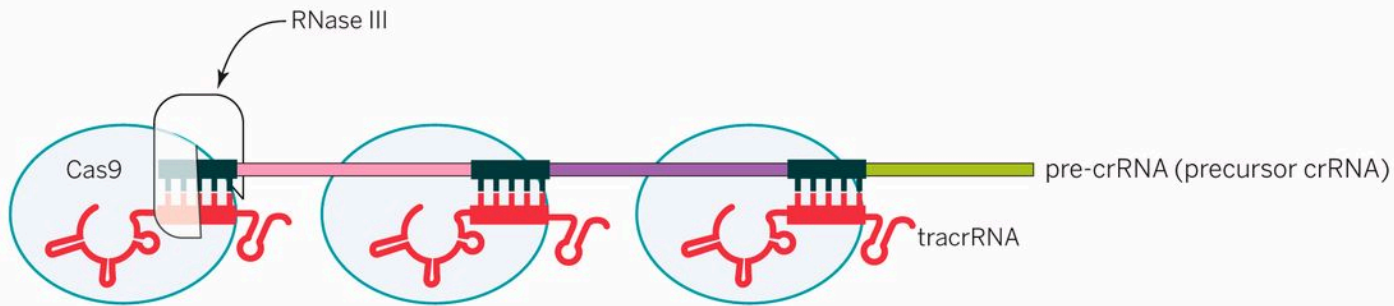
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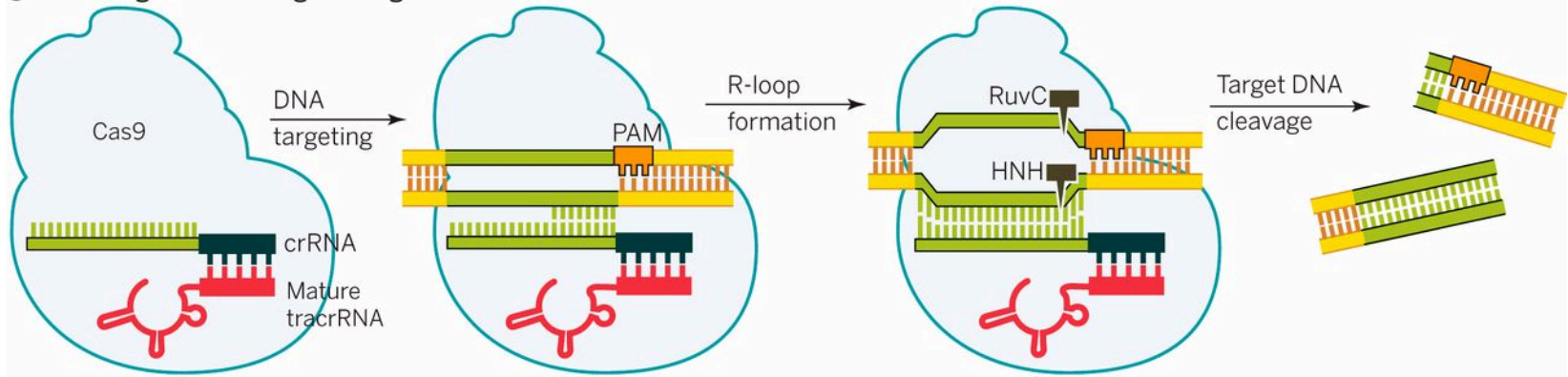
### A Genomic CRISPR locus



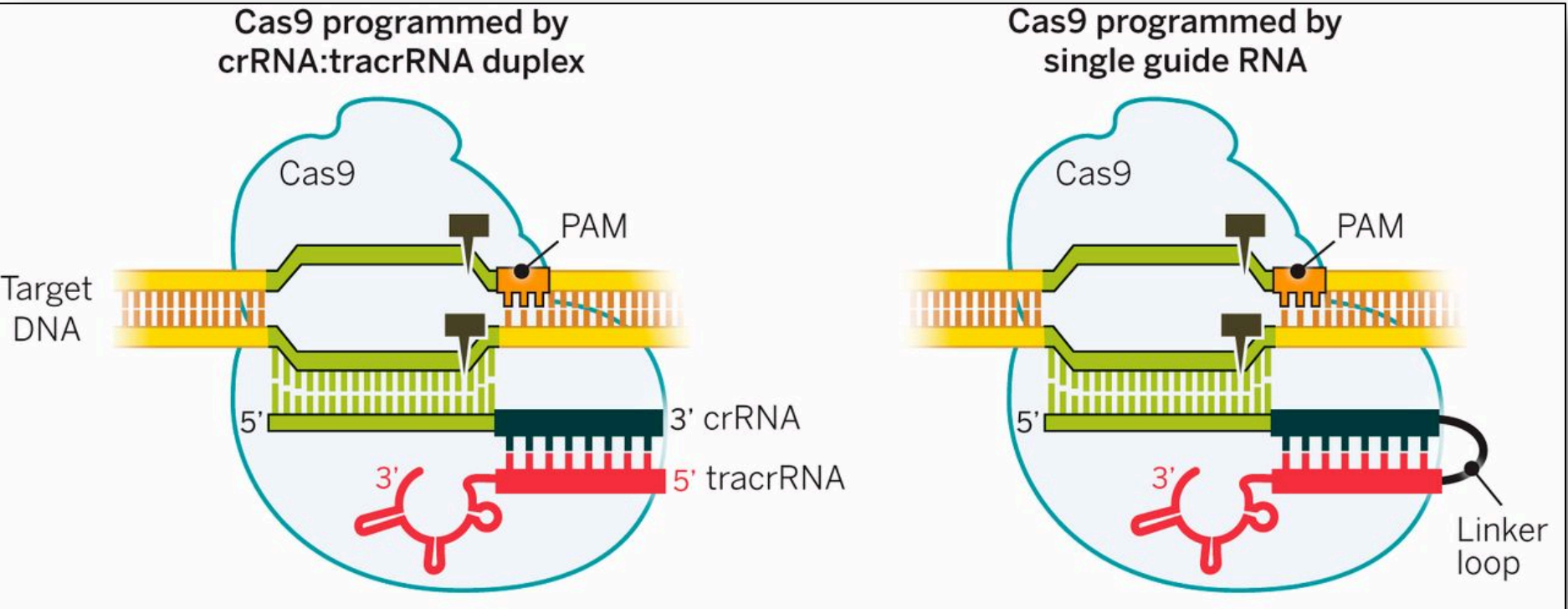
### B *tracrRNA*:*crRNA* co-maturation and Cas9 co-complex formation



### C RNA-guided cleavage of target DNA

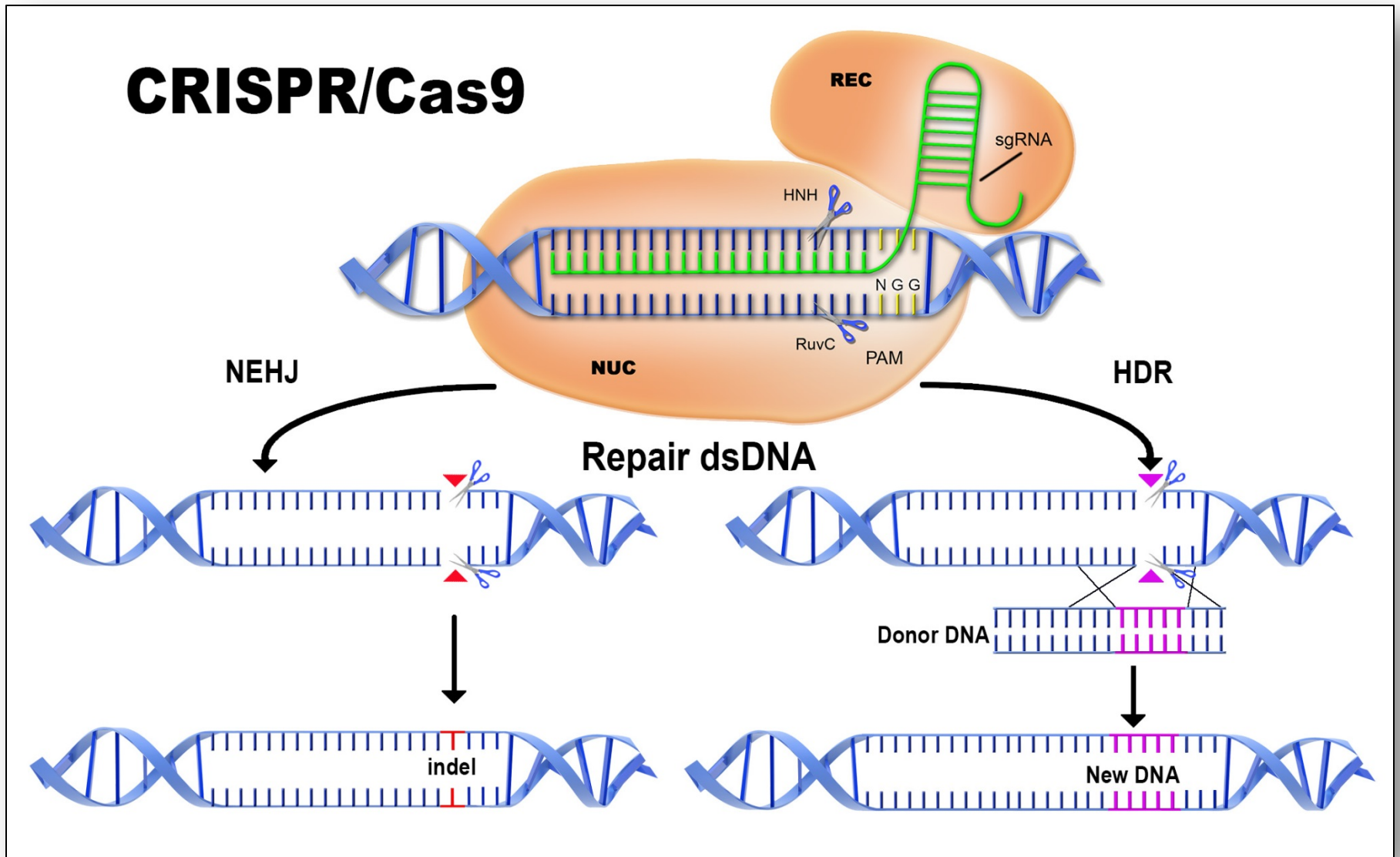


# BREAKTHROUGH – fuse the crRNA and tracrRNA to make a single “Guide RNA”



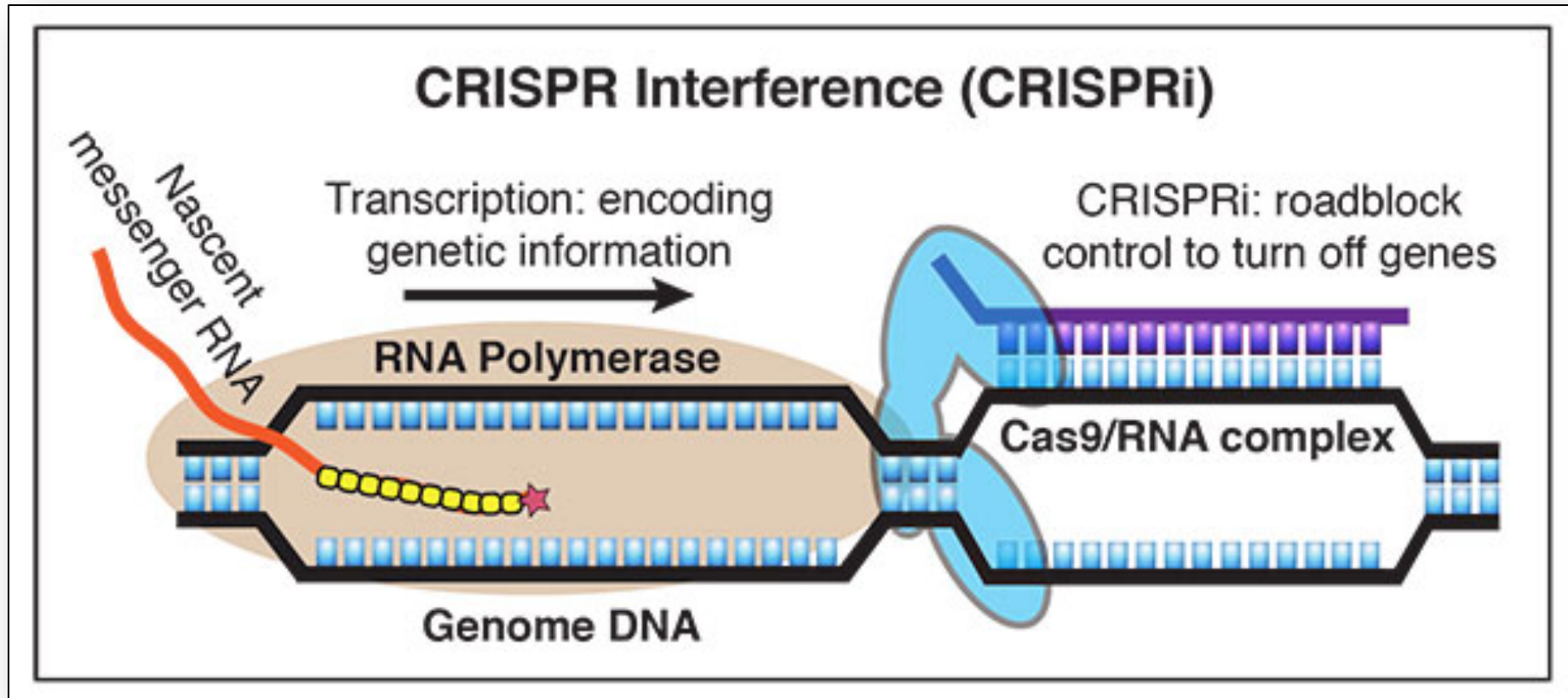
# CRISPR/Cas9 can help **make** a mutation or **fix** a mutation

## NHEJ vs Homologous Recombination

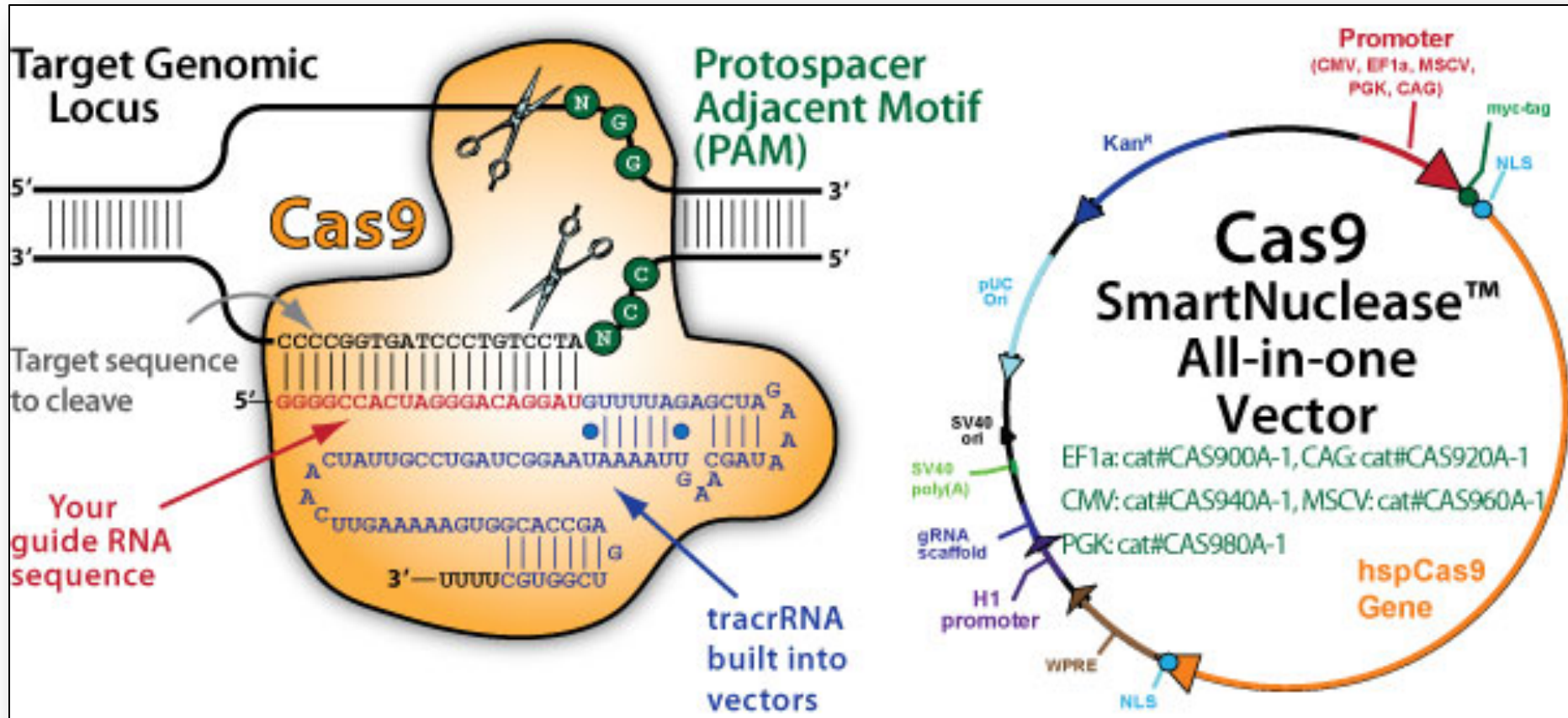




# Non cleaving Cas9 can block gene expression



# Genome Editing Kits Galore





# Awards Galore



Emmanuelle Charpentier and Jennifer Doudna

# Awards Galore

**2016 Canada Gairdner Awards**

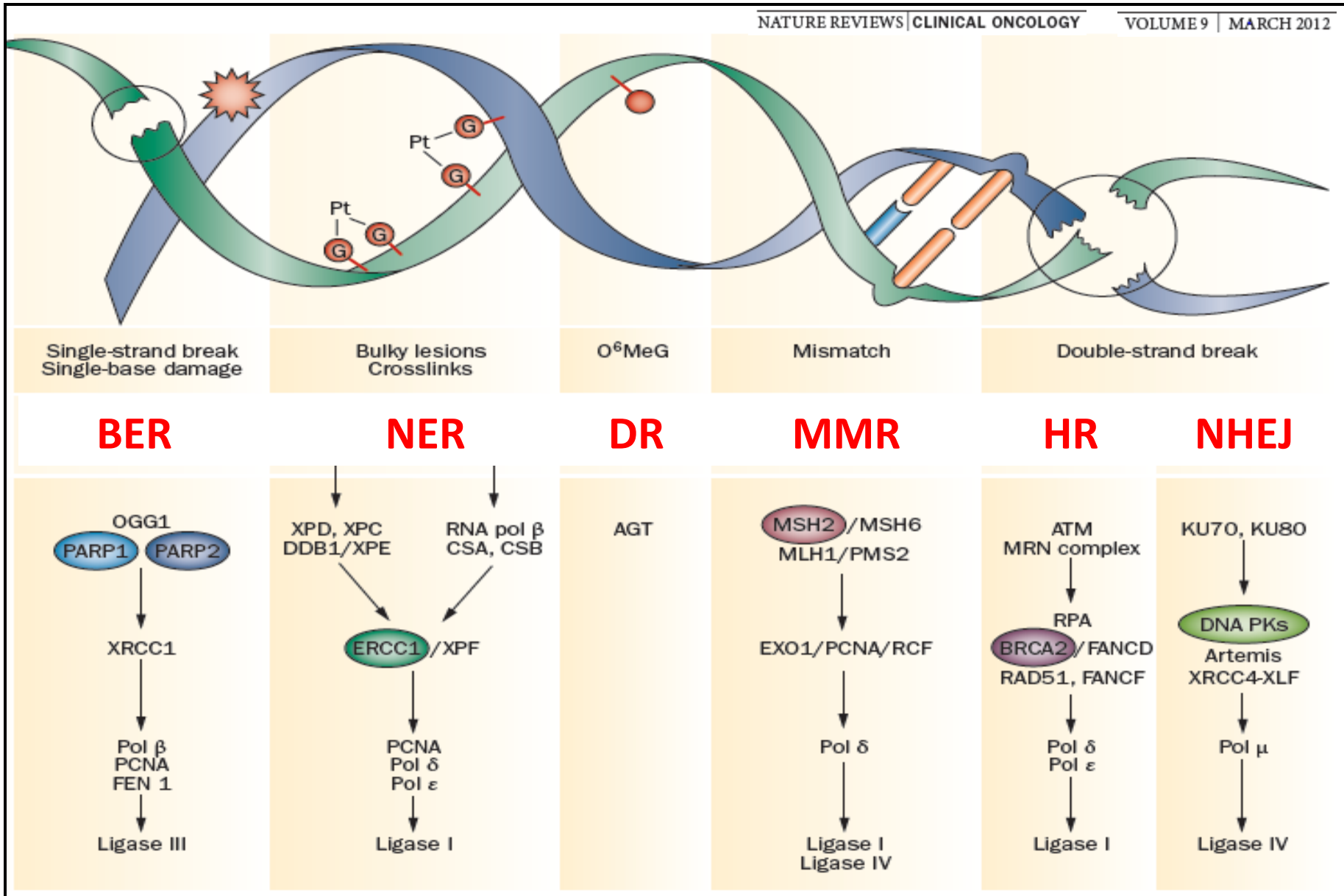


LES PRIX CANADA GAIRDNER AWARDS

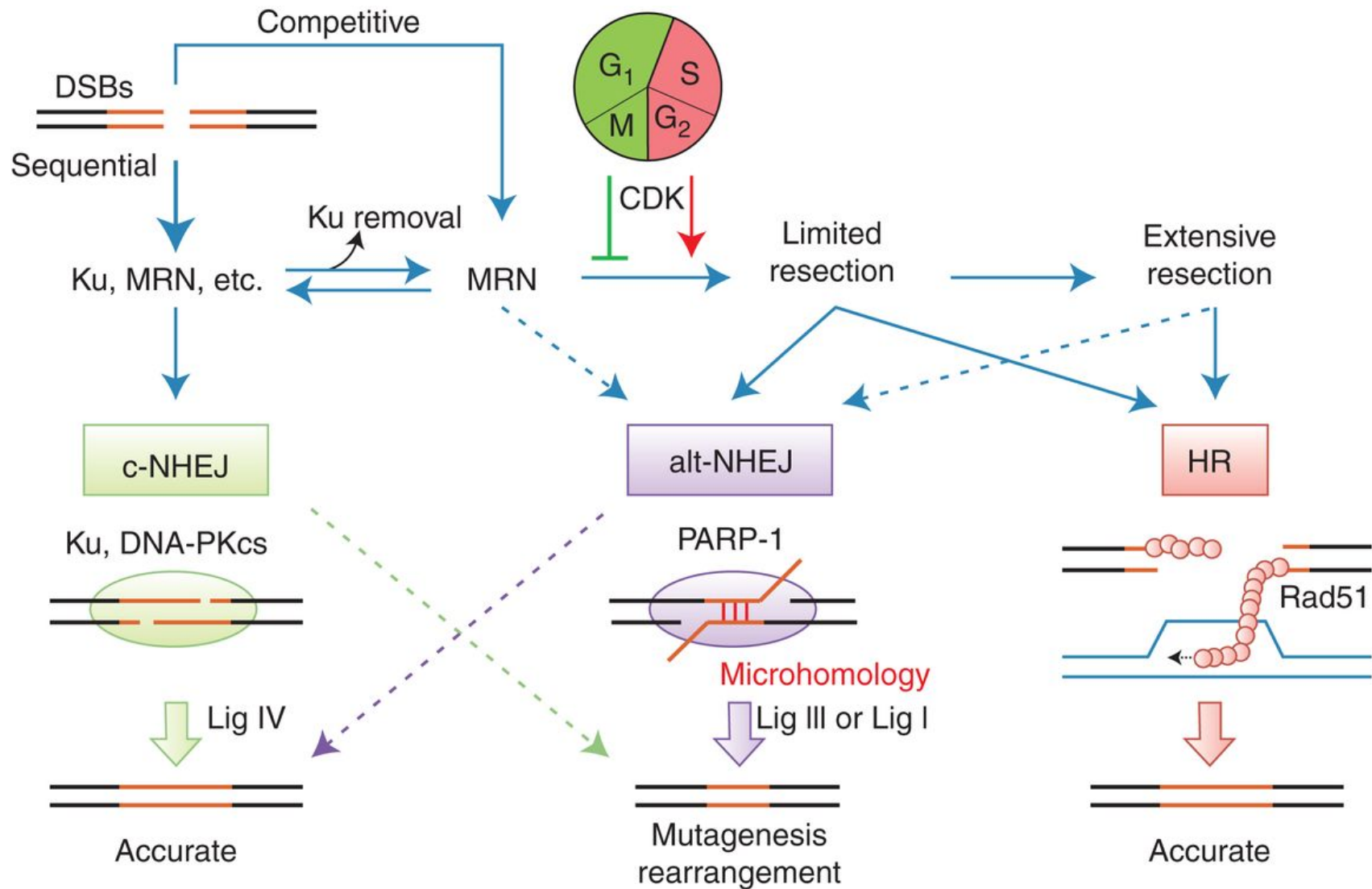
Feng Zhang - MIT

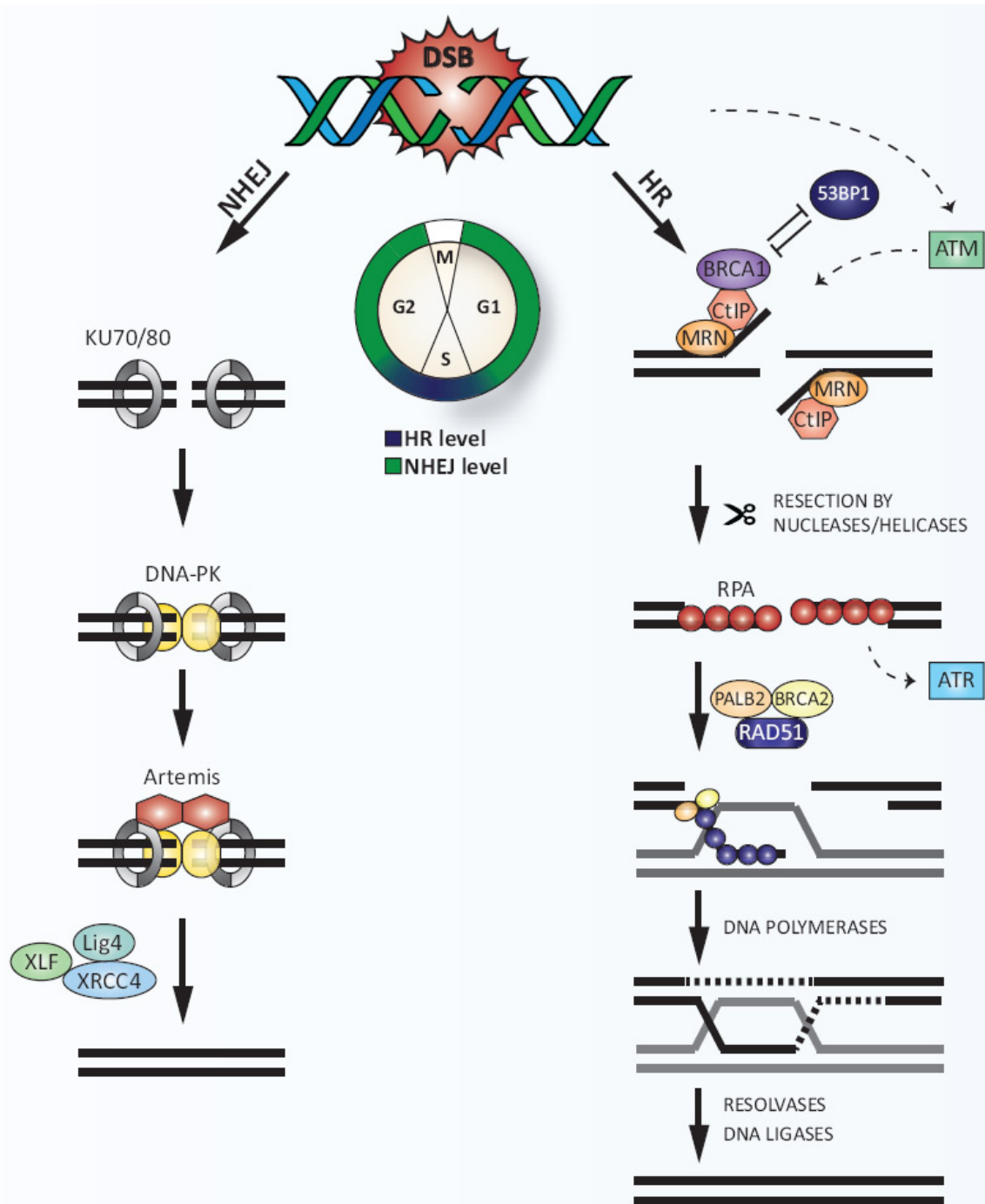
# Six Major DNA Repair Pathways

NATURE REVIEWS | CLINICAL ONCOLOGY | VOLUME 9 | MARCH 2012



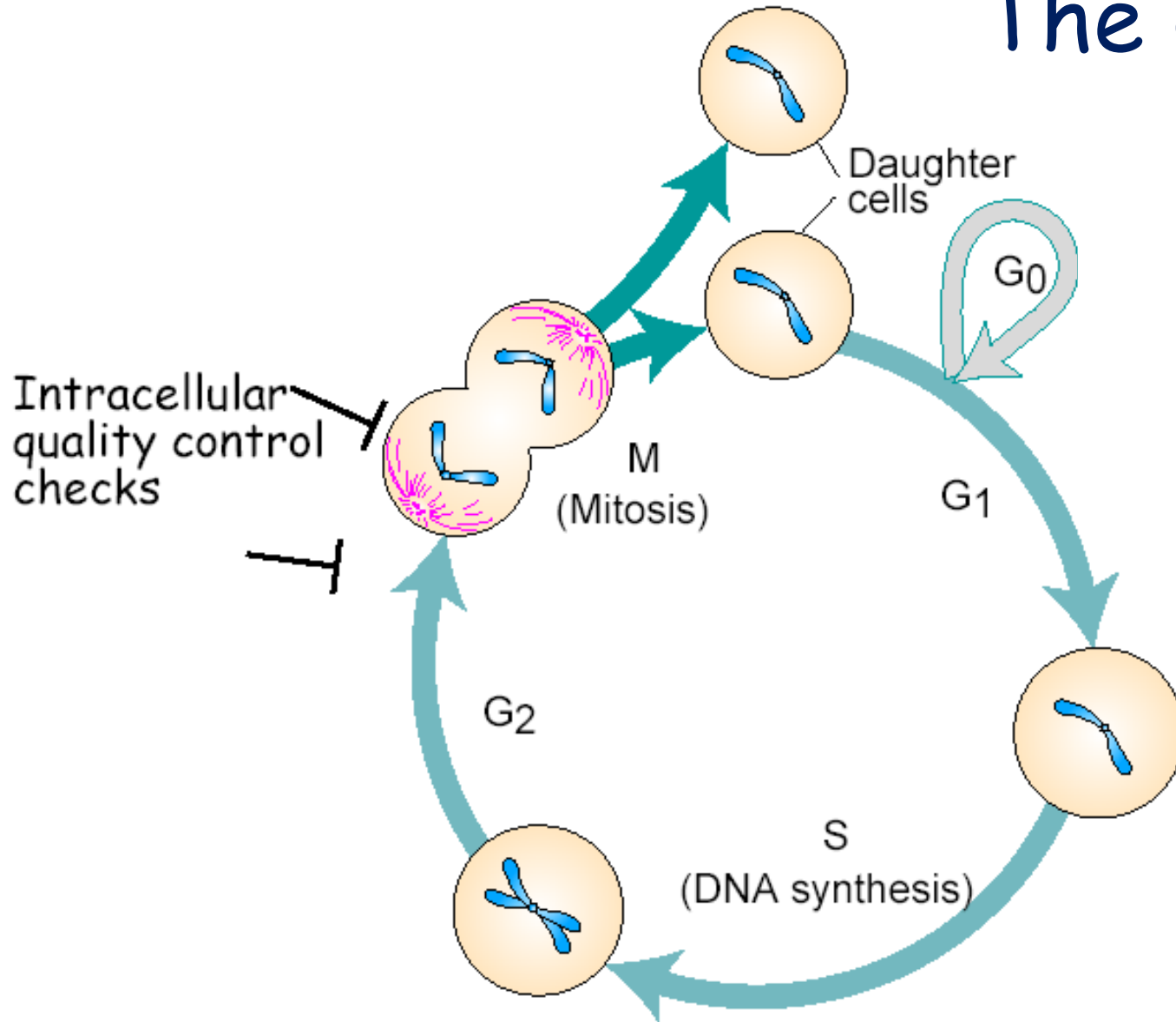
# Disposition of DSBs between repair pathways.





How does the cell decide which pathway to use?

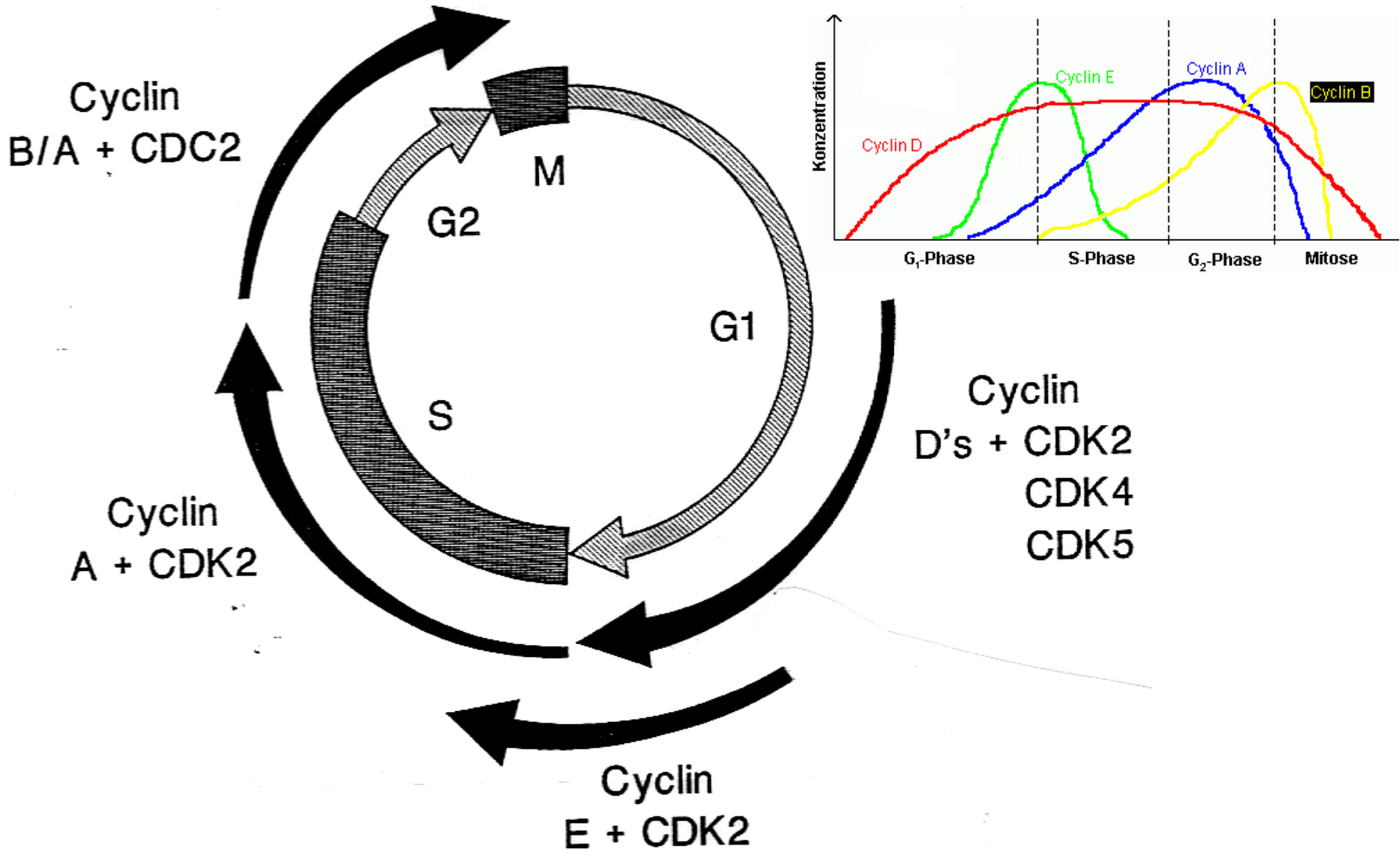
# The Cell Cycle

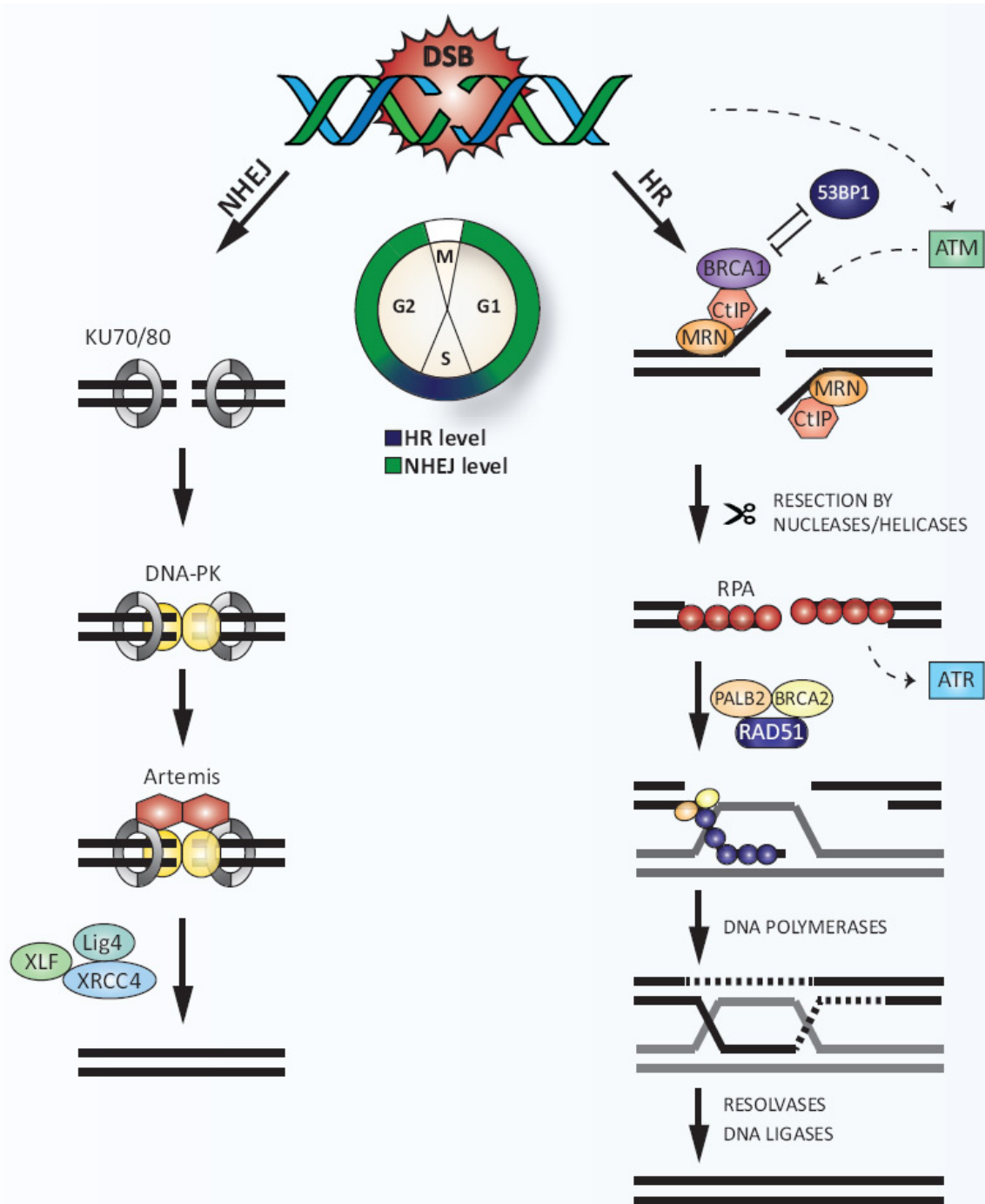


Duplication of chromosomes  
DNA Replication

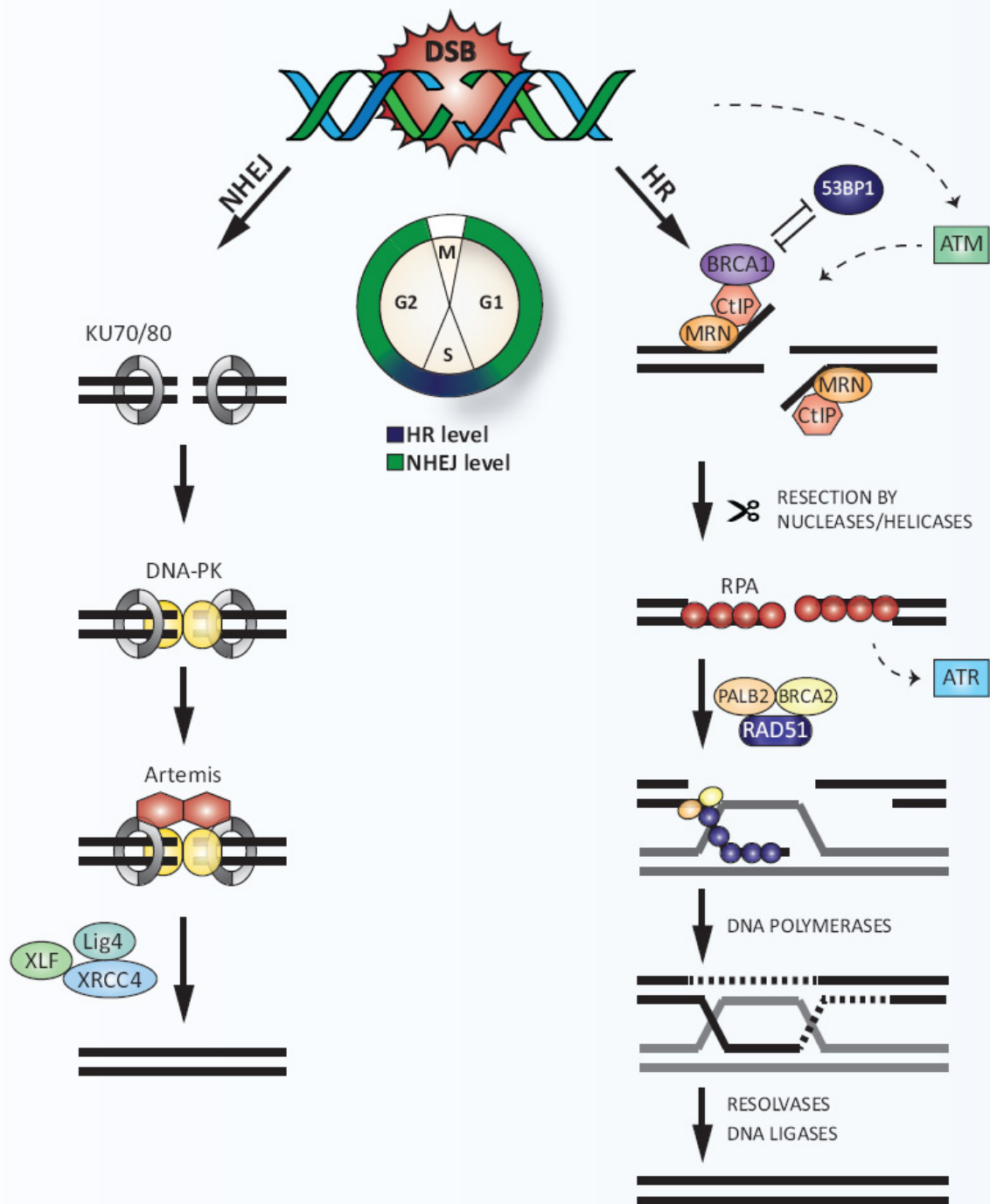


# Progression through the Cell Cycle REQUIRES a series of cyclins and cyclin-dependent-kinases (CDKs)

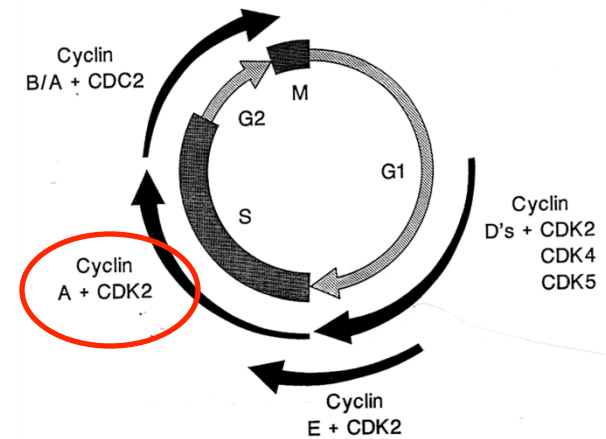




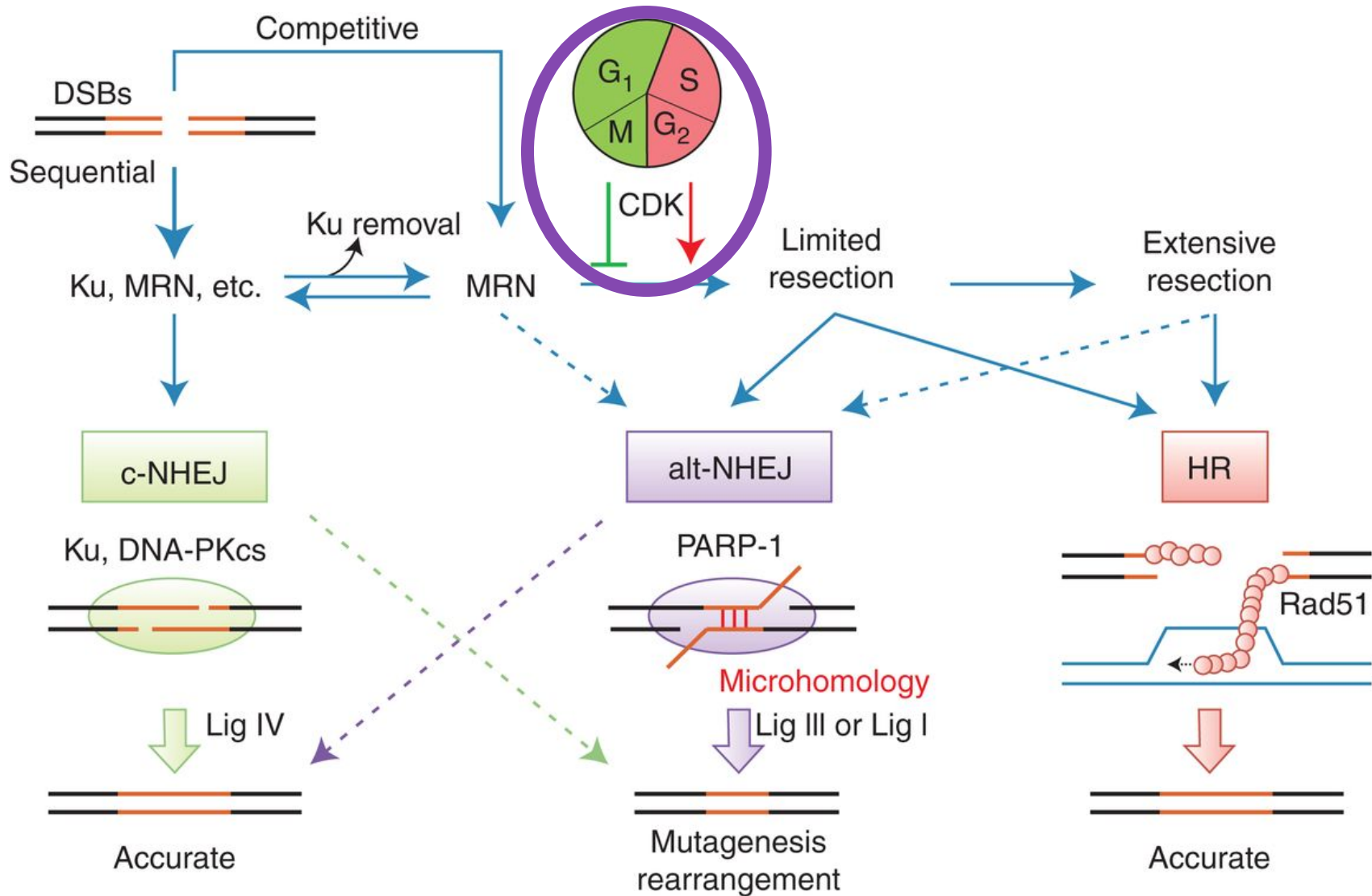
How does the cell decide which pathway to use?



CyclinA-  
CDK2  
targets the  
CtIP/BRCA1  
complex



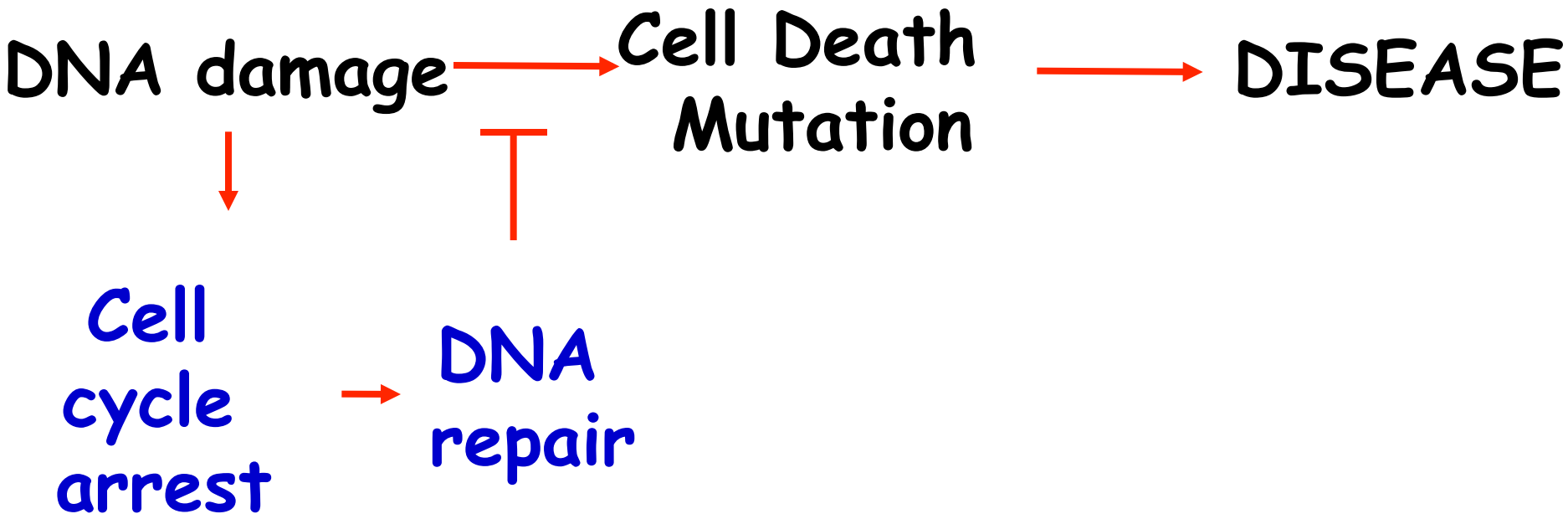
# Disposition of DSBs between repair pathways.



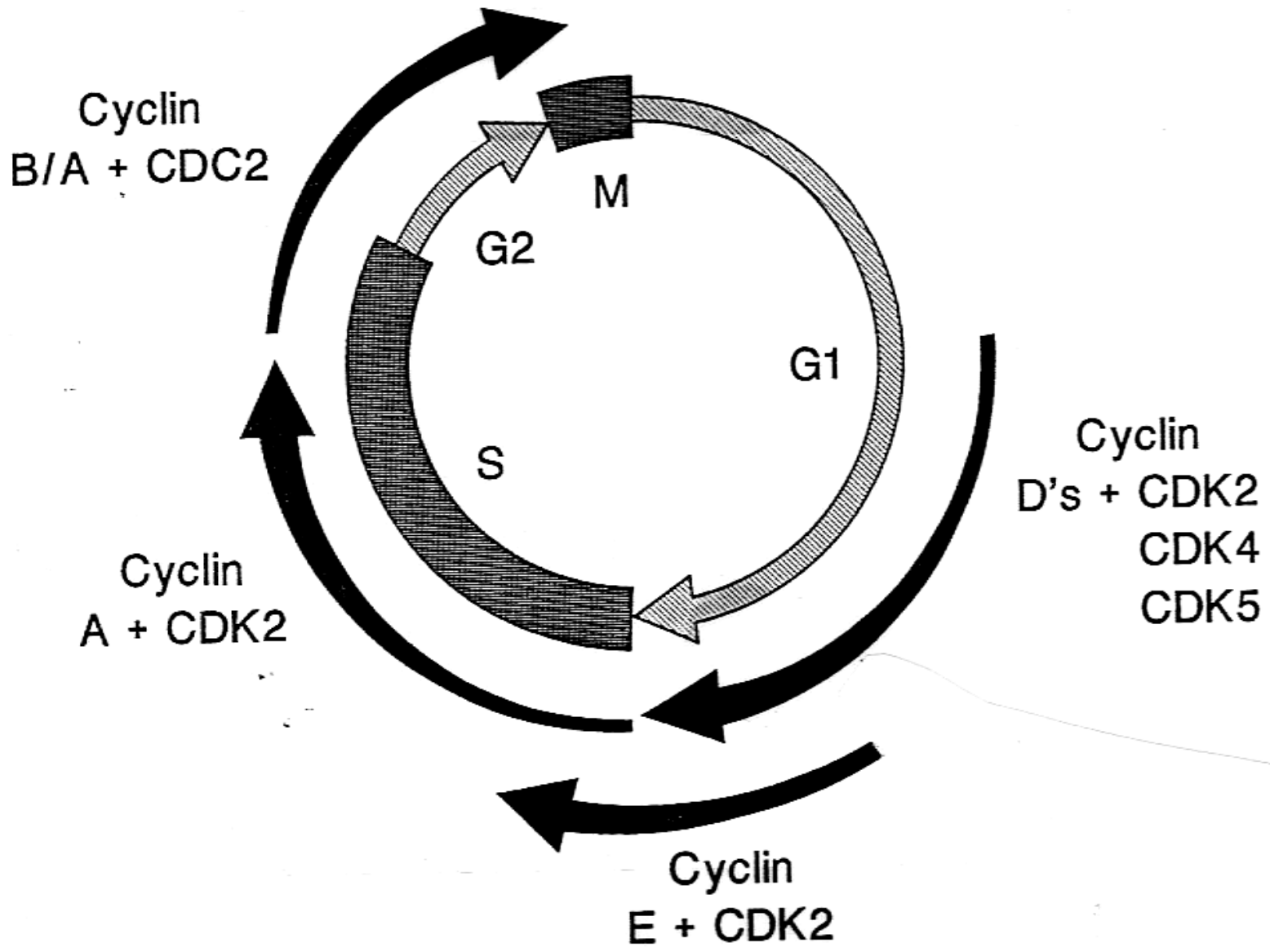


DNA  
repair

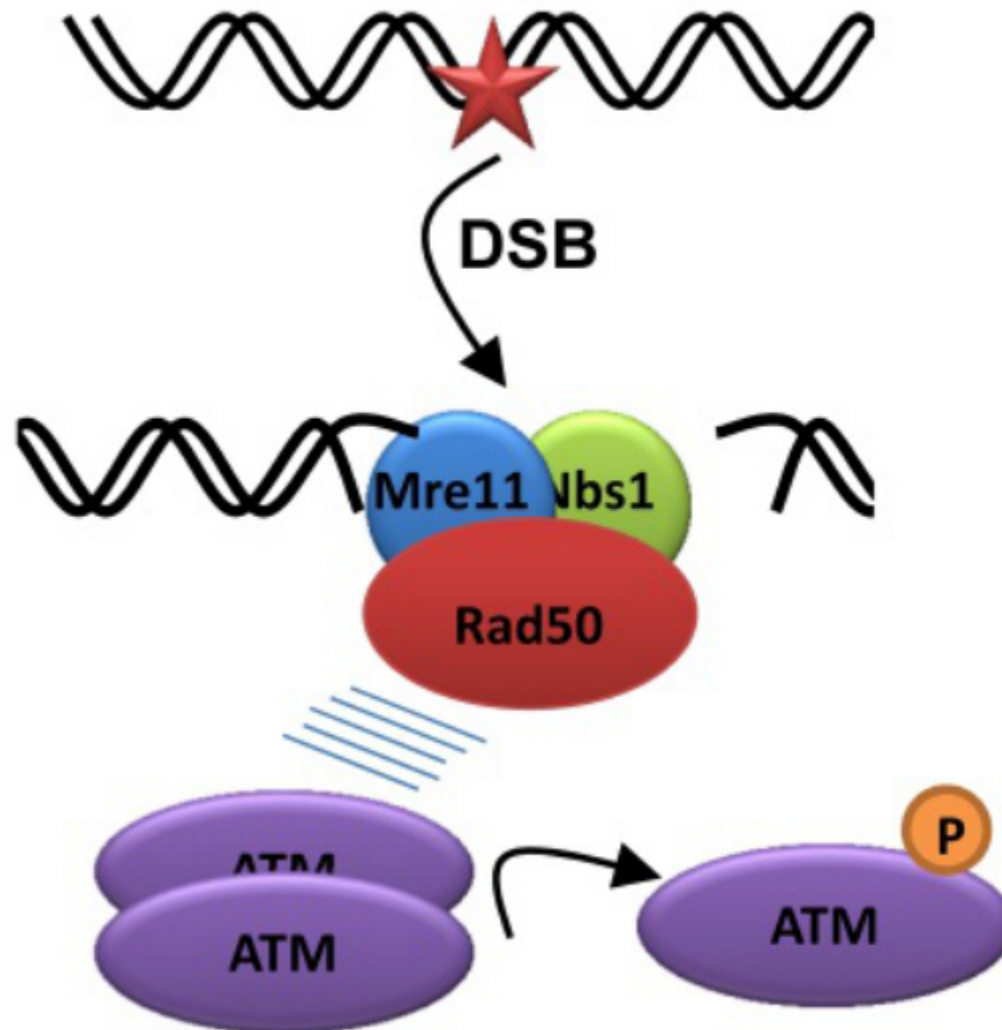


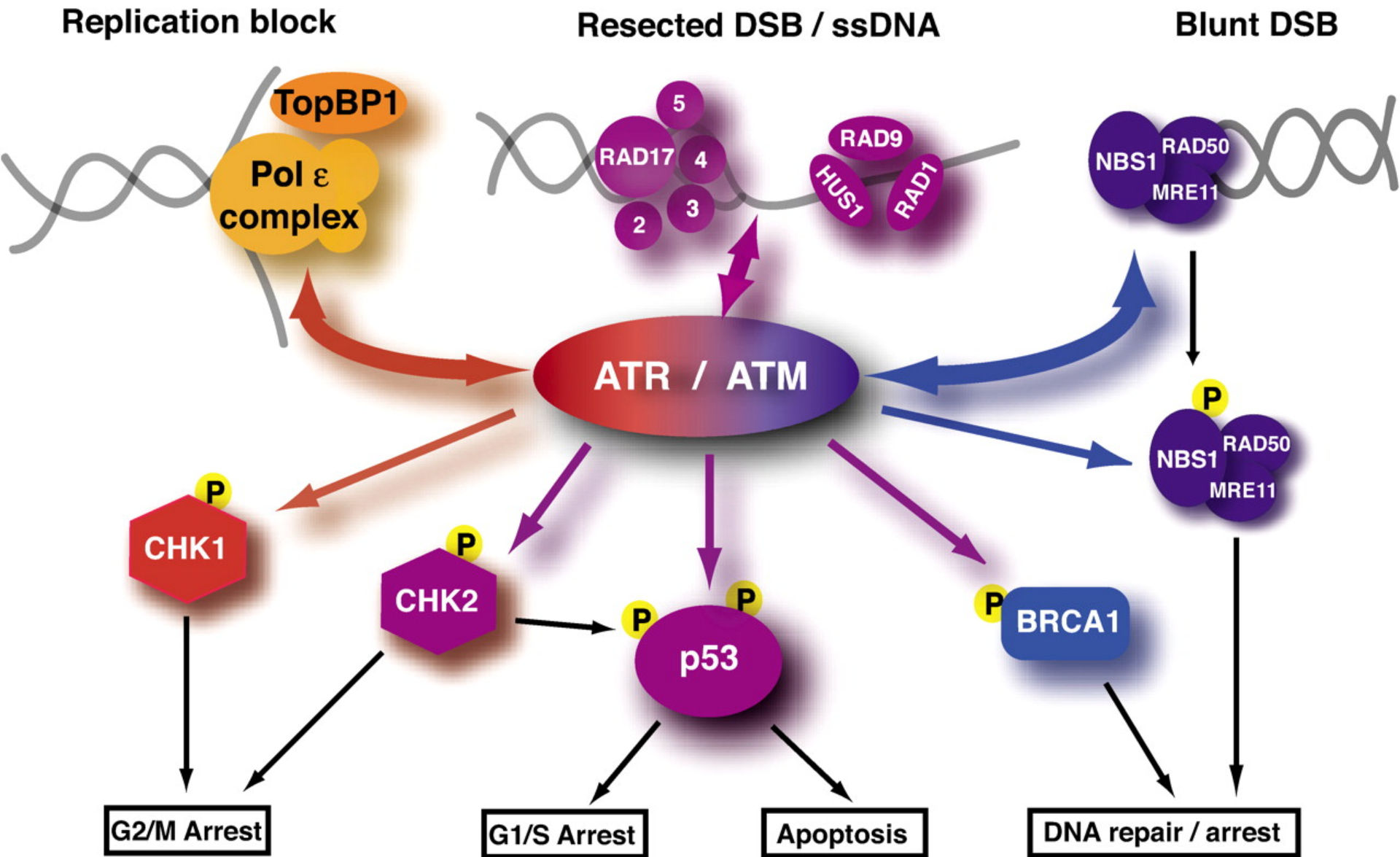


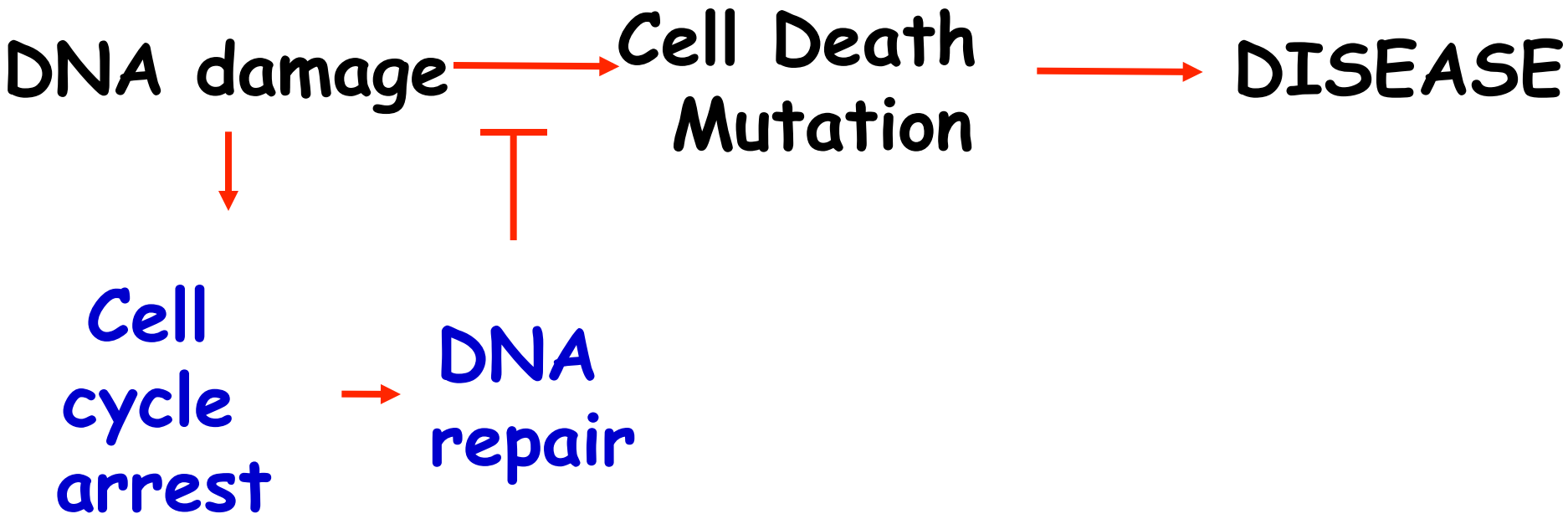




# Signaling at DSBs – ATM kinase activated







# Ataxia Telangiectasia – Cancer Prone

Defective DNA  
Damage Responses  
can affect both  
neurodegeneration  
and cancer  
susceptibility



# Ataxia Telangiectasia

- Staggering gait
- Muscular un-coordination
- Mental retardation
- Dilation of small blood vessels
- Immune dysfunction
- Cancer prone...lymphomas
- Cells from AT patients have lost cell cycle checkpoints



# 20.109 Spring 2016 Module 2 – Lecture 5

## System Engineering (March 31<sup>st</sup> 2016)



Noreen Lyell  
Leslie McLain  
Maxine Jonas  
Jing Zhang(TA)

Leona Samson (Lectures)

Zachary Nagel (help with development) Alex Chaim