

Copyright © 2016 by Academic Publishing House Researcher



Published in the Russian Federation
European Journal of Medicine
Has been issued since 2013.
ISSN: 2308-6513
E-ISSN: 2310-3434
Vol. 11, Is. 1, pp. 4-11, 2016

DOI: 10.13187/ejm.2016.11.4
www.ejournal5.com



UDC 575.224.22

Comparative Analysis of Phenylalanine Hydroxylase Mutations Spectrum in Novosibirsk and Kemerovo regions of Western Siberia, Russia

^{1*} Olga A. Baturina
^{1, 2} Igor V. Morozov

^{1*} Corresponding author

Institute of Chemical Biology and Fundamental Medicine SB RAS, Russian Federation

E-mail: Olga.Baturina@niboch.nsc.ru

8 Lavrentiev Avenue, Novosibirsk 630090

E-mail: Olga.Baturina@niboch.nsc.ru

² Novosibirsk State University, 2 Pirogova Str., Novosibirsk, 630090, Russian Federation

E-mail: mor@niboch.nsc.ru

Abstract

Results of phenylalanine hydroxylase (PAH) locus molecular genotyping for 115 phenylketonuria (PKU) patients and their family members from Novosibirsk and Kemerovo regions of Western Siberia are presented. The direct exons and adjacent introns regions sequencing was used to identify PKU-associated mutations. Mutations typical for Europe (p.R158Q, p.R252W, p.P281L, IVS10-11G>A, p.R408W, IVS12+1G>A) and typical for South-Eastern Asia and Turkey (p.R261Q и p.R243Q) were identified as well as a bunch of rare mutations (IVS2+5G>A, p.R155H, p.Y168H, p.W187R, E221_D222>Efs, p.A342T, p.Y386C, IVS11+1G>C). The p.R408W mutation was prevailing. Mutations spectrum for Novosibirsk region appeared to be more diverse than one for Kemerovo region.

Keywords: phenylketonuria, PKU, phenylalanine hydroxylase, PAH, genotype, phenotype.

Introduction

Phenylketonuria (PKU; MIM 261600) is a severe genetic disorder caused in most cases by the lack of phenylalanine hydroxylase (PAH; EC 1.14.16.1) activity leading to a failure in phenylalanine (Phe) to tyrosin (Tyr) conversion [1]. Accumulation of phenylalanine and toxic alternative pathways byproducts like phenylpyruvate, vinylacetate, phenyllactate, phenylacetylglutamine results innumerable symptoms including mental retardation. The lack of phenylalanine hydroxylase activity is commonly caused by the mutations in the corresponding 90 Kb long gene (*PAH*) located in chromosome 12 long arm segment q22-q24. Gene includes 13 exons encoding 451 a.a. protein [2]. The trait has autosomal recessive inheritance. There are more than 800 types of PKU-associated mutations in *PAH* locus known up to date and the amount is steadily increasing (<http://www.pahdb.mcgill.ca>). PKU is one of the most common genetic disorders with average frequency estimated as 1 per 10000 newborns. It is even more common in Western Siberia – 1 per 7000 newborns [3].

The present study was aimed to assess the spectrum of PKU-associated *PAH* gene mutations in PKU patients of Western Siberia and to compare mutations spectra of two different regions:

Novosibirsk region and Kemerovo region. The comparative analysis could provide the insights for understanding of the genetic structure and genetic history of populations. The precise identification of PKU-associated mutations types is important for providing personalized treatment and family planning for PKU-patients and their families involved in the study.

Materials and Methods

Patients

The cohort studied was composed of 115 unrelated PKU patients aged 5 years or less from Western Siberia, Russia. The PKU diagnosis was primary established by neonatal biochemical tests during years 2005-2013. Blood Phe concentration was assessed at day 3 or 4 after birth, and, if found elevated, the test was repeated later to confirm the diagnosis. Only patients with blood Phe levels of 120 microM or more were included in the studied cohort. The mutations types and inheritance was further confirmed by genotyping of patient's parents and sibs. Of total 115 patients studied 67.6% were residents of Novosibirsk region and 32.4% were residents of Kemerovo region.

Methods

The Phe concentration was assessed via fluorescent analyser Delphia-Victor (Perkin Elmer, Finland) according to manufacturer instructions. DNA was isolated from blood nuclear cells and purified by peptides precipitation in the presence of NaCl according to [4]. Exons and adjacent introns regions were PCR-amplified as 13 separate amplicons. PCR reaction mix of 40 mkl contained the following: 65 mM Tris:HCl (pH 8.9), 16 mM (NH₄)₂ SO₄, 1.5 mM MgCl₂, 0.01% Tween-20, 10 mM 2-mercaptoethanol, 0.1 mkM dNTP, 0.2 mkM oligonucleotide primers, 50-100 ng of genomic DNA, 2 u.a. Taq DNA pol (ICBFM SD RAS, Russia). PCR products amount and size were confirmed by agarose gel electrophoresis. Reaction mix for Sanger reaction of total volume 30 mkl contained 0.25-0.5 pmole of PCR product, 10 pmole of oligonucleotide primer, was done in 1 mkl of BigDye v.3.1 reagent and 6 mkl 5x sequencing buffer from BigDye Cycle Terminators Sequencing Kit (Applied Biosystems, UK). Cycling conditions for Sanger reaction were: 96°C for 1 min followed by 38 cycles 3 steps each: 98°C for 10 sec; 50°C for 5 sec; 60°C for 4 min. Unincorporated dyes and low M.W. components were removed via CentriSep spin columns (Princeton Separations, USA) according to manufacturer instructions. Purified Sanger reaction products were analyzed on ABI3130xl Genetic Analyser (Applied Biosystems, USA) in SB RAS Genomics Core Facility (ICBFM SB RAS, Novosibirsk, Russia).

The homozygosity level of alleles was assessed using equation $j = \sum f_i^2$, where f_i is allele frequency for allele i, as described in [5].

Results

We have identified 32 PKU-associated mutations types in the cohort studied, 86.7% of which being missense mutations, 9.5% - splicing mutations and 1.4% - deletions (see Table 1 for mutations types and frequencies). Vast majority of the mutations (55.8%) were in hemizygous state. Mutations were distributed over almost all of 13 PAH gene exons save exons 8 and 9. We also have found 7 neutral polymorphic sites: IVS1+62C>T, IVS1+134A>G, IVS2+19T>C, IVS3-22C>T, IVS4+47C>T, IVS5-54G>A, p.Q232Q.

Despite the relatively high number of identified mutations types only six of them (p.R408W, p.P281L, p.R261Q, p.R158Q, p.Y414C и IVS10-11G>A) account for more than 80% PKU-associated alleles. Relatively high diversity of mutation types could be accounted for intense migrations during contemporary population formation as well as it's highly mixed ethnic nature.

Homozygosity index for the cohort studied was 0.38 which is comparable with ethnically heterogenous Northern and Eastern Europe populations. For comparison we calculated homozygosity indexes from the literature data on mutations frequencies for some European countries: 0.58 for Latvia [6], 0.55 for Lithuania [7], 0.31 for Czech Republic [8], 0.38 for Poland [9], 0.38 for Iceland [10], 0.20 for Denmark [11]. On the contrary, calculated homozygosity indexes for more genetically homogenous Asian appeared to be much lower: 0.12 for Japan [12], 0.051 for Korea [13], 0.043 for China [14].

In our study we compared PKU-associated mutations spectra for two vast and highly populated regions of Western Siberia. Novosibirsk region situated in the middle of Eurasia and almost in the middle of Russian Federation on the South-East part of the West Siberian Lowland, one of the greatest plains in the World. The region is 178 thousands square kilometers vast which is

1% of Russian Federation territory. On 2010 it was populated by 2.66 million inhabitants representing 1.87% of Russian Federation population. Ethnically region population consists of mostly Russians (93.1%) with some Germans (1.2%), Ukrainians (0.9%), Tatars (0.9%) and some other nationalities (3.9% in total). Kemerovo region occupies the branches of Altay and Sayan Mountains at south-east of Western Siberia. It extends for 95.5 thousands square kilometers (4% of western Siberia and 0.56% of Russian Federation) and gives home for 2.76 million residents (1.87% of Russian Federation population) being the most dense populated part of Siberia. Russians also represent the majority of the region population (93.7%). Other ethnic groups present are also Tatars (1.5%), Germans (0.9%), Ukrainians (0.8%) and some other nationalities (4.1% in total).

Seventy nine unrelated PKU patients aged under 2 years participated in the study in Novosibirsk region. We were able to identify both PKU-associated *PAH* gene mutations in 75 of participants (94.9% of the cohort). Most widespread genotype p.R408W/p.R408W was identified in 30 patients (37.9% of the cohort); the next common genotype appeared to be p.R261Q/p.R408W identified in 9 patients. Missense mutation p.R408W appeared to be prevailing allele with allele frequency 63.6%. Only two other mutations (p.R261Q and p.R158Q) scored more than 5% allele frequency each. Several mutations (p.P281L, p.Y414C, IVS12+1G>A, IVS10-11G>A, IVS4+5G>T, p.L48S, p.R261X) had allele frequency from 1% to 3%. All other identified mutations were present as single cases. The notable feature of the region mutations spectrum was the discovery of several mutations (IVS2+5G>A, p.E390G, p.A403V, IVS1+5G>T, p.S349P) described as very rare or single cases in the populations of initial mutation discovery.

The cohort of Kemerovo region residents consisted of 37 patients and both PKU-associated *PAH* gene mutations were identified in 34 of them (91.9%). Mutation p.R408W was again the most prevailing (56.2% allele frequency) being found in homozygous state in 13 patients and in hemizygous with other mutations in another 15 patients. Only two mutations (p.Y414C and IVS10-11G>A) appeared to have allele frequency above 4%, two other rare mutations (p.R243Q and p.R155H) were discovered in one patient each but in homozygous state. All other identified alleles were present in just one occasion.

Discussion

Based on *PAH* gene mutations identification by the DNA sequencing of the corresponding loci we compared the PKU-associated mutation spectra for Novosibirsk and Kemerovo regions - two major districts of Western Siberia. As the possible factors playing role in this spectra formation one might regard the migration processes during the formation of contemporary regions populations. The initial development of Siberia by pioneers moving towards the Pacific coast was performed mainly by two social groups: developers (hunters, traders, manufacturers), capable for claiming of vast untouched territories for living and commercial use, and refugees expelled by authorities or life hardships into far previously unpopulated territories [15, 16]. Recently (since economic crisis of 1990-th) Novosibirsk had become the biggest migrations assimilation and redistribution center, where ample migrations streams of Russian-speaking people from Kazakhstan and former soviet Middle Asia republics were heading to. The natural conditions in the region are more favorable for housing and agriculture than in the other vast Siberian and Far East territories [17]. Contemporary Kemerovo region is one of the most industrial regions in Russia Federation [18], which population was also in significant part formed by active migration, particularly from the European part of the Soviet Union in the beginning and the middle of 20th century. The above mentioned migration flows could account for high polymorphism of PKU-associated mutations in Novosibirsk and Kemerovo regions.

The PKU-associated mutations spectra in Novosibirsk and Kemerovo regions share several common features. In both regions p.R408W absolutely dominates like in many European populations (76.0% in Latvia [6], 66.6% in Ukraine [19], 55.0% in Poland [9], 42.1% in Czech [8]). The next common mutation p.R261Q (13 hemizygous cases in Novosibirsk region and 3 – in Kemerovo region) is known to be wide spread in Switzerland and North Italy [10], Portugal [20] and Turkey [21]. The presence of p.R261Q could indicate the presence of Turkic alleles possibly introduced during Kipchak military tribes invasions [22]. The p.R158Q mutation frequency is below 4% in both regions. In many European populations this mutation is more common with frequencies from 5% to 10% [10]. The mutation p.P281L (3 hemizygous cases in each Novosibirsk and Kemerovo regions) is known to be common in South Europe [23 – 25] and to prevail in Iran,

Spain, Portugal, Germany and Poland [26 – 29]. The splice mutation IVS10-11G>A (also 3 hemizygous cases in each Novosibirsk and Kemerovo regions) is also spread in South Europe [23, 30 – 32]. Common for Scandinavia countries like Sweden and Denmark [10] missense mutation p.Y414C was also identified both in Novosibirsk and Kemerovo regions. All the above mentioned mutations (p.R408W, p.R261Q, p.R158Q, p.P281L, IVS10-11G>A, p.Y414C) present in both Novosibirsk and Kemerovo regions account totally for 80% of PKU-associated alleles.

The rest of mutations spectrum is quite different for Novosibirsk and Kemerovo regions. Generally the mutations diversity in Novosibirsk region is much higher than in Kemerovo region.

Many rare mutations were identified in Novosibirsk region patients, for instance rare splice mutations: IVS4+5G>T, previously described in Poland (9), IVS2+5G>A - initially discovered in Germany [33], IVS2-13T>G first reported in Italy [23] and IVS1+5G>T discovered in Denmark [33]. Three single cases of deletions S16>XfsX1, IVS2+1delG, D222>STOP were also found in Novosibirsk region patients. Low frequency (less than 2%) mutations were also present in Novosibirsk region cohort in in quite a variety: p.L48S, p.R243Q, p.R261X, p.R243X, p.E280K, p.E390G, p.A403V, p.P407L, p.R408Q (see Table 1).

The mutations spectrum for Kemerovo region was not so diverse. We identified single cases of splice mutation IVS11+1G>C first mentioned in 1995 in Indian patient [34] and deletion E221_D222>Efs single cases described in Germany and Denmark [35]. We also found rare mutation p.Y386C, previously described in single occasions in USA, Ireland and Italy [5, 36 and 37]. Rare mutation p.R243Q was identified in homozygous state in a patient from Kemerovo region, being probably the result of the marriage of close relatives. Mutations of moderate frequencies (2-3%) in Kemerovo region were presented by p.R68S, p.R155H, p.Y168H, p.R243Q, p.R243X, p.A342T, p.Y386C, p.Y414C (see Table 1). Common for European population's mutation p.R252W was found in a single occasion in Kemerovo region, but not in Novosibirsk region.

Data on alleles (Table 1) and genotypes (Table 2) frequencies suggest strong influence of genes flows from Eastern (IVS4+5G>T, IVS2+5G>A, IVS2+5G>C, S16>XfsX1, D222>STOP, p.A403V, p.P407L), South (IVS2-13T>G) and Western (p.S349P, p.E280K) Europe for Novosibirsk region genes pool formation with significant income from Turkey (p.R261Q) as well. In Kemerovo region not only mutations of European origin were identified but some of South-Eastern Asia origin as well: p.R243Q and p.R155H. The mutation p.R243Q, discovered in homozygous state, is known to be common in Japan, Korea and China (18% in Chinese population) [38].

When comparing our data on PKU-associated PAH gene mutations diversity with the similar data for other regions [39] of Russian Federation one could notice general increase of rare mutations diversity by a price of the most common mutations (p.R408W, p.P281L) share when moving from West to the East. This tendency is particularly notable in Novosibirsk region, probably being a result of intense migrations flows during the area population formation especially in 20th century. For instance, migration income in Novosibirsk region during seven years from 2000 till 2006 reached more than 50 thousands with Kazakhstan, Uzbekistan, Kirgizia, Latvia, Moldova, Germany and Israel being the main sources of migration. During the same seven years total migrants to Kemerovo region reached more than 30.6 thousands. More than a half (52%) migrated to Kemerovo region from Kazakhstan, 35% migrated from Middle Asia (Kirgizia and Uzbekistan) and Ukraine, the rest 13% came from other ten CIS (Commonwealth of Independent States) and Baltic countries. It is also worth to note significant difference in the frequencies of the second by prevalence mutation p.R261Q between the two regions: 8.23% in Novosibirsk region versus 4.1 % in Kemerovo region.

Acknowledgments

Authors thank Tatiana V. Lukjanova, Olga V. Podosinova for sharing PKU patient's blood samples.

References:

1. Guldberg P, Rey F, Zschocke J, Romano V, François B, Michiels L, Ullrich K, Hoffmann GF, Burgard P, Schmidt H, Meli C, Riva E, Dianzani I, Ponzone A, Rey J, Güttler F. A European multicenter study of phenylalanine hydroxylase deficiency: classification of 105 mutations and a general system for genotype-based prediction of metabolic phenotype Am J Hum Genet 1998; 63: 71-79.

2. DiLella AG, Kwok SC, Ledley FD, Marvit J, Woo SL. Molecular structure and polymorphic map of the human phenylalanine hydroxylase gene. *Biochemistry* 1986; 25: 743-749.
3. Smagulova FO, Brenner EV, Kotova LIu, Koren' OL, Nagaïtsev VM, Zhabin SG, Morozov IV. Identification of mutation of the phenylalanine hydroxylase gene using an automated DNA sequencer. *Genetika* 2004; 40: 272-276.
4. Baturina OA, Brenner EV, Tupikin AE, Morozov IV. Molecular-genetic studies of the phenylalanine hydroxylase gene in phenylketonuria patients from Western Siberia and Russian Far East. *Medical Genetics* 2009; 8: 21-24.
5. Guldborg P, Levy HL, Hanley WB, Koch R, Matalon R, Rouse BM, Trefz F, de la Cruz F, Henriksen KF, Gütler F. Phenylalanine hydroxylase gene mutations in the United States: report from the Maternal PKU Collaborative Study. *Am J Hum Genet* 1996; 59: 84-94.
6. Pronina N, Giannattasio S, Lattanzio P, Lugovska R, Vevere P, Kornejeva A. The Molecular Basis of Phenylketonuria in Latvia. *Hum Mutat* Mutation in Brief #585; 2003.
7. Kasnauskiene J, Giannattasio S, Lattanzio P, Cimbalistiene L, Kucinskas V. The molecular basis of phenylketonuria in Lithuania. *Hum Mutat* 2003; 21: 398.
8. Réblová K, Hrubá Z, Procházková D, Pazdirková R, Pouchlá S, Fajkusová L. Hyperphenylalaninemia in the Czech Republic: Genotype–phenotype correlations and in silico analysis of novel missense mutations. *Clinica Chimica Acta* 2013; 18: 419.
9. Zekanowski C, Nowacka M, Cabalska B, Bal J. Molecular basis of mild hyperphenylalaninaemia in Poland. *J Med Genet* 1997; 34: 1035-1036.
10. Zschocke J. Phenylketonuria mutations in Europe (2003). *Hum Mutat* 21: 345-356.
11. Zschocke J, Hoffmann GF. Phenylketonuria mutations in Germany. *Hum Genet* 1999; 104: 390-398.
12. Okano Y, Asada M, Kang Y, Nishi Y, Hase Y, Oura T, Isshiki G. Molecular characterization of phenylketonuria in Japanese patients. *Hum Genet* 1998; 103: 613-618.
13. Lee DH, Koo SK, Lee KS. The molecular basis of phenylketonuria in Koreans. *J Hum Genet* 2004; 49: 617-621.
14. Yong-An Zhou, Yun-Xia Ma, Quan-Bin Zhang. Mutations of the phenylalanine hydroxylase gene in patients with phenylketonuria in Shanxi, China. *Genet Mol Biol* 2012; 35: 709-713.
15. Kolesnikov AD. Russian population of Western Siberia in XVIII - early XIX century. Omsk, Russia; 1973.
16. Musikevich AF. Cossacks and the development of the eastern regions of Russia in XVI - the beginning of the twentieth centuries. Ural-Siberian Cossacks in the panorama of the ages. Tomsk, Russia; 1994.
17. Sokolovsky IR. The participation of serving people of the Polish-Lithuanian origin in the accession and the development of Siberia in the XVII century. Tomsk, Eniseisk, Krasnoyarsk. Dissertation, University of Novosibirsk; 2000.
18. Alekseev AI, Zubarevich NV, Safronov SG. Russian regions: In what social space do we live? Independent Institute for Social Policy. Pomatur, Moskow; 2005.
19. Nechiporenko MV, Lalivshits LA. Analysis of mutations in the phenylalanine hydroxylase gene in Ukrainian families at high risk for phenylketonuria. *Tsitol Genet* 2000; 34: 59-63.
20. Rivera I, Mendes D, Afonso Á, Barroso M, Ramos R, Janeiro P, Oliveira A, Gaspar A, Tavares de Almeida I. Phenylalanine hydroxylase deficiency: Molecular epidemiology and predictable BH4-responsiveness in South Portugal PKU patients. *Mol Genet Metab* 2011; 104: 86 – 92.
21. Bonyadi M, Omrani O, Moghanjoghi SM, Shiva S. Mutations of the phenylalanine hydroxylase gene in Iranian Azeri Turkish patients with phenylketonuria. *Genet Test Mol Biomarkers* 2010; 14: 233-235.
22. Kuzmin AI, Eisensmith RC, Goltsov AA, Sergeeva NA, Schwartz EI, Woo SL. Complete spectrum of PAH mutations in Tataria: presence of Slavic, Turkic and Scandinavian mutations. *Eur J Hum Genet* 1995; 3: 246-255.
23. Bosco P, Cali F, Meli C, Mollica F, Zammarchi E, Cerone R, Vanni C, Palillo L, Greco D, Romano V. Eight new mutations of the phenylalanine hydroxylase gene in Italian patients with hyperphenylalaninemia. *Hum Mutat* 1998; 11: 240-243.

24. Barić I, Mardesić D, Gjurić G, Sarnavka V, Göbel-Schreiner B, Licher-Konecki U, Konecki DS, Trefz FK. Haplotype distribution and mutations at the PAH locus in Croatia. *Hum Genet* 1992; 90: 155–157.
25. Dobrowolski SF, Heintz C, Miller T, Ellingson C, Ellingson C, Ozer I, Gökçay G, Baykal T, Thöny B, Demirkol M, Blau N. Molecular genetics and impact of residual in vitro phenylalanine hydroxylase activity on tetrahydrobiopterin responsiveness in Turkish PKU population. *Mol Genet Metab* 2011; 102: 116-121.
26. Zare-Karizi Sh, Hosseini-Mazinani SM, Khazaei-Kooohpar Z, Seifati SM, Shahsavani-Behboodi B, Akbari MT, Koochmeshgi J. Mutation spectrum of phenylketonuria in Iranian population. *Mol Genet Metab* 2011; 102: 29-32.
27. Pérez B1, Desviat LR, Die M, Ugarte M. Mutation analysis of phenylketonuria in Spain: prevalence of two Mediterranean mutations. *Hum Genet* 1992; 89: 341-342.
28. Rivera I, Mendes D, Afonso Â, Barroso M, Ramos R, Janeiro P, Oliveira A, Gaspar A, Tavares de Almeida I. Phenylalanine hydroxylase deficiency: molecular epidemiology and predictable BH4-responsiveness in South Portugal PKU patients. *Mol Genet Metab* 2011; 104: 86-92.
29. Barić I, Mardesić D, Sarnavčić V, Licher-Konecki U, Konecki DS, Trefz F.K. Geographical distribution of the P281L mutation at the phenylalanine hydroxylase locus: possible origin in southeastern Europe. *J Inherit Metab Dis* 1994; 17: 376-377.
30. Mirisola MG, Cali F, Gloria A, Schinocca P, D'Amato M, Cassara G, Leo GD, Palillo L, Meli C, Romano V. PAH gene mutations in the Sicilian population: association with minihaplotypes and expression analysis. *Mol Genet Metab* 2001; 74: 353–361.
31. Kalaydjieva L, Dworniczak B, Kremensky I, Radeva B, Horst J. Population genetics of phenylketonuria in Bulgaria. *Developmental brain dysfunction* 1993; 6: 39–54.
32. Guldborg P, Mallmann R, Henriksen KF, Güttler F. Phenylalanine hydroxylase deficiency in a population in Germany: mutational profile and nine novel mutations. *Hum Mutat* 1996; 8: 276-279.
33. Guldborg P, Henriksen KF, Guttler F. Molecular analysis of phenylketonuria in Denmark: 99% of the mutations detected by denaturing gradient gel electrophoresis. *Genomics* 1993; 17: 141-146.
34. Guldborg P. 1995; Nov 30/95 to Consortium.
35. Guldborg P. 1994; Feb 94 to Consortium.
36. Zschocke J, Graham CA, Carson DJ, Nevin NC. Phenylketonuria mutation analysis in Northern Ireland: a rapid stepwise approach. *Am J Hum Genet* 1995; 57: 1311-1317.
37. Dianzani I, Giannattasio S, de Sanctis L, Alliaudi C, Lattanzio P, Dionisi Vici C, Burlina A, Burroni M, Sebastio G, Carnevale F, et al. Characterization of phenylketonuria alleles in the Italian population. *Eur J Hum Genet* 1995; 3: 294-302.
38. Daiger SP, Reed L, Huang SS, Zeng YT, Wang T, Lo WH, Okano Y, Hase Y, Fukuda Y, Oura T, et al. Polymorphic DNA haplotypes at the phenylalanine hydroxylase (PAH) locus in Asian families with phenylketonuria (PKU). *Am J Hum Genet* 1989; 45: 319-324.
39. Stepanova AA, Tverskaya SM, Polyakov AV. Various types of PKU and methods of their molecular. *Medical Genetics* 2006; 5: 25-29.

Table 1: PKU-associated *PAH* gene alleles frequencies

Location	Mutation			Allele numbers and frequencies	
	protein	cDNA	type	Novosibirsk region	Kemerovo region
exon 1	S16>XfsX1	c.47_48delCT	Deletion	1 (0.62%)	-
intron 1	IVS1+5G>T	c.60+5G>T	Splice	1 (0.62%)	-
exon 2	p.L48S	c.143T>C	Missense	2 (1.23%)	1 (1.4%)
intron 2	IVS2+1delG	c.169delG	Deletion	1 (0.62%)	-
intron 2	IVS2+5G>A	c.168+5G>A	Splice	1 (0.62%)	-
intron 2	IVS2+5G>C	c.168+5G>C	Splice	1 (0.62%)	-
intron 2	IVS2-13T>G	c.169-13T>G	Splice	1 (0.62%)	-
exon 3	p.R68S	c.204A>T	Missense	-	1 (1.4%)

intron 4	IVS4+5G>T	c.441+5G>T	Splice	3 (1.85%)	1 (1.4%)
exon 5	p.R155H	c.464G>A	Missense	-	2 (2.7%)
exon 5	p.R158Q	c.473G>A	Missense	7 (4.32%)	2 (2.7%)
exon 5	p.Y168H	c.502T>C	Missense	-	1 (1.4%)
exon 6	E221_D222>Efs	c.663_664delAG	Deletion	-	1 (1.4%)
exon 6	D222>STOP	c.664-665delGA	Nonsense	1 (0.62%)	-
exon 7	p.R243Q	c.728G>A	Missense	-	2 (2.7%)
exon 7	p.R243X	c.727C>T	Missense	1 (0.62%)	1 (1.4%)
exon 7	p.R252W	c.754C>T	Missense	1 (0.62%)	1 (1.4%)
exon 7	p.R261Q	c.782G>A	Missense	13 (8.02%)	3 (4.1%)
exon 7	p.R261X	c.781C>T	Missense	2 (1.23%)	-
exon 7	p.E280K	c.838G>A	Missense	1 (0.62%)	-
exon 7	p.P281L	c.842C>T	Missense	4 (2.47%)	2 (2.7%)
exon 10	p.A342T	c.1024G>A	Missense	-	1 (1.4%)
intron10	IVS10-11G>A	c.1066-11G>A	Splice	4 (2.47%)	3 (4.1%)
intron11	p.S349P	c.1045T>C	Splice	1 (0.62%)	-
exon 11	p.Y386C	c.1157A>G	Missense	-	2 (2.7%)
exon 11	p.E390G	c.1169A>G	Missense	1 (0.62%)	-
intron11	IVS11+1G>C	c.1199+1G>A	Splice	-	1 (1.4%)
exon 12	p.A403V	c.1208C>T	Missense	1 (0.62%)	-
exon 12	p.P407L	c.1220C>T	Missense	1 (0.62%)	-
exon 12	p.R408Q	c.1223G>A	Missense	1 (0.62%)	-
exon 12	p.R408W	c.1222C>T	Missense	103(63.58%)	41(56.2%)
exon 12	p.Y414C	c.1241A>G	Missense	2 (1.23%)	3 (4.1%)
intron12	IVS12+1G>A	c.1315+1G>A	Splice	3 (1.85%)	1 (1.4%)
	X			4 (2.47%)	3 (4.1%)

X- mutations in any exon or adjacent intron regions not found.

Table 2: PKU-associated *PAH* gene genotypes frequencies

Genotype	Novosibirsk region	Kemerovo region
p.R408W/p.R408W	30 (38.5%)	13 (38.2%)
p.R408W/p.R261Q	9 (11.5%)	1 (2.9%)
p.R408W/p.R158Q	6 (7.7%)	1 (2.9%)
p.R408W/IVS10-11G>A	3 (3.8%)	1 (2.9%)
p.R408W/IVS4+5G>T	3 (3.8%)	1 (2.9%)
p.R408W/p.P281L	2 (2.6%)	2 (5.9%)
p.R408W/p.R261X	2 (2.6%)	1 (2.9%)
p.R408W/p.Y414C	1 (1.3%)	2 (5.9%)
p.R408W/p.E390G	1 (1.3%)	2 (5.9%)
p.R408W/IVS1+5G>T	1 (1.3%)	1 (2.9%)
p.R408W/p.L48S	1 (1.3%)	1 (2.9%)
p.R158Q/p.R261Q	1 (1.3%)	1 (2.9%)
p.L48S/p.A403V	1 (1.3%)	1 (2.9%)
p.R408W/IVS12+1G>A	3 (3.8%)	
p.R408W/X	2 (2.6%)	
p.R408W/S16>XfsX1	1 (1.3%)	
p.R408W/IVS2-13T>G	1 (1.3%)	
p.R408W/IVS2+5G>A	1 (1.3%)	
p.R408W/p.R68S		1 (2.9%)
p.R408W/p.Y168H		1 (2.9%)
p.R408W/E221_D222>Efs		1 (2.9%)
p.R408W/D222>STOP	1 (1.3%)	
p.R408W/IVS2+5G>C	1 (1.3%)	
p.L48S/p.R158Q		1 (2.9%)

p.R408W/p.E280K	1 (1.3%)
p.R408W/p.S349P	1 (1.3%)
p.R408W/p.Y386C	1 (2.9%)
p.R408W/p.P407L	1 (2.9%)
p.R408W/p.R408Q	1 (2.9%)
IVS2+1delG/p.P281L	1 (1.3%)
p.R155H/p.R155H	1 (2.9%)
p.R408W/p.R243X	1 (2.9%)
p.R243Q/p.R243Q	2 (5.9%)
p.R243X/X	1 (1.3%)
p.R252W/p.Y414C	1 (2.9%)
p.R261Q/p.P281L	1 (1.3%)
p.R261Q/IVS10-11G>A	1 (1.3%)
p.R261Q/IVS12+1G>A	1 (2.9%)
p.R261Q/X	1 (2.9%)
p.P281L/p.A342T	1 (2.9%)
IVS10-11G>A/IVS11+1G>C	1 (2.9%)
p.Y386C/X	1 (2.9%)

X- mutations in any exon or adjacent intron regions not found