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# **The two *RH* genes and their *Rhesus boxes***

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31830 Springe



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**DRK-Blutspendedienst NSTOB - Institut Springe**

# RH: The most complex blood group

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- Immunohematology
  - 48 different antigens
  - Antigen D split in >30 different epitopes
- Genetics
  - >100 known haplotypes
  - Similar phenotypes of different alleles
- Proteomics
  - Membrane expression depends on RhAG
  - Direct binding to Ankyrin



# RH Blood Group

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- Rh protein structure
  - Structural model
  - Differences of RhD and RhCE
- Genetics
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- Prediction of the phenotype
  - Molecular basis of antigen D
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  - Testing strategies, pitfalls and limitations



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# Rh protein in the membrane

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- Complex with RhAG
- Direct interaction with ankyrin

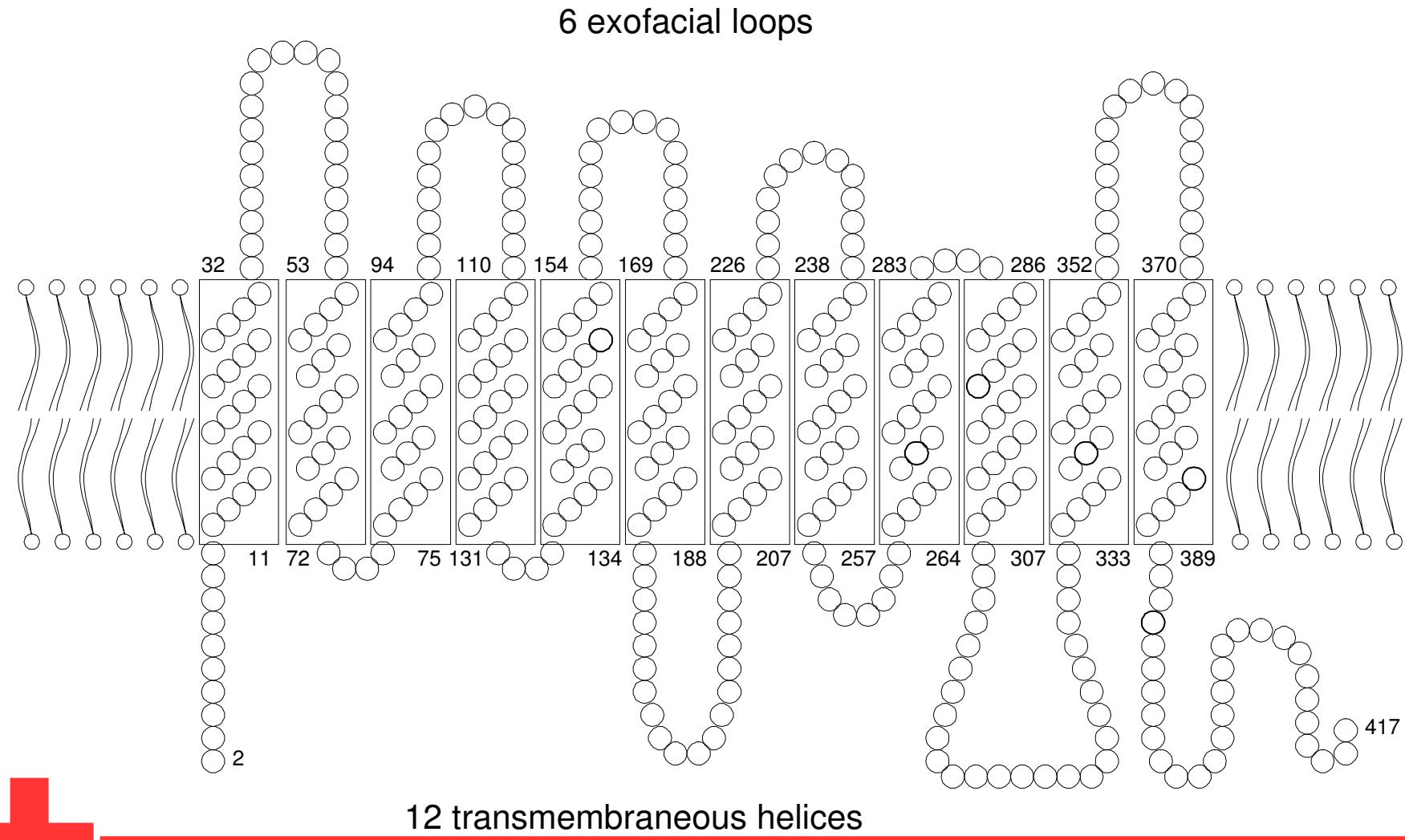


Nicolas JBC 2003

DRK-Blutspendedienst NSTOB - Institut Springe

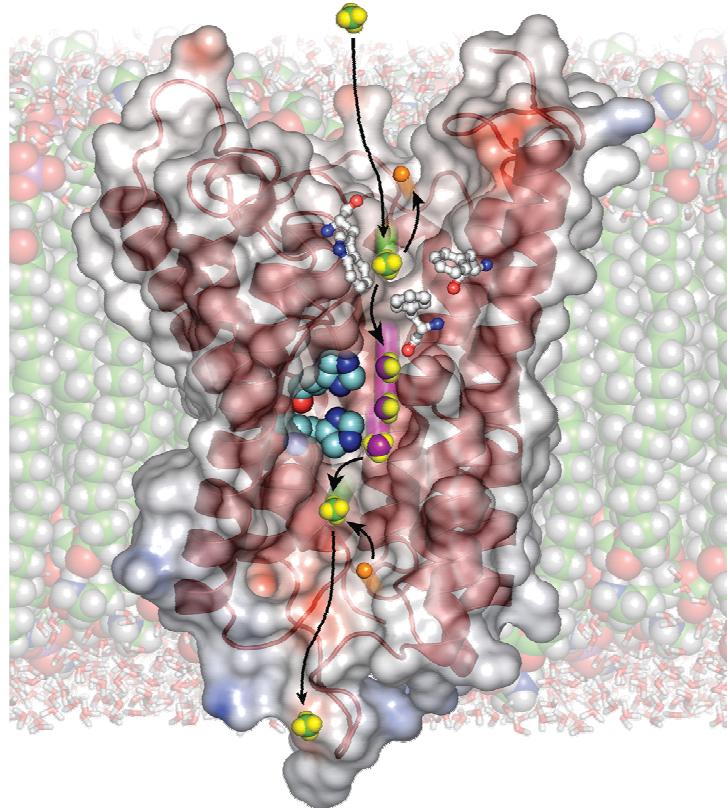
# Schematic structure of Rh protein

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# Added complexity: AmtB structure resolved

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Khademi et al. Science 2004; 305: 1587

- AmtB:  
Ammonia transporter  
of *E. coli*
- Homology to the Rh  
proteins
- 3D structure resolved:
  - 3 protein complex
  - 11 helices



# AmtB

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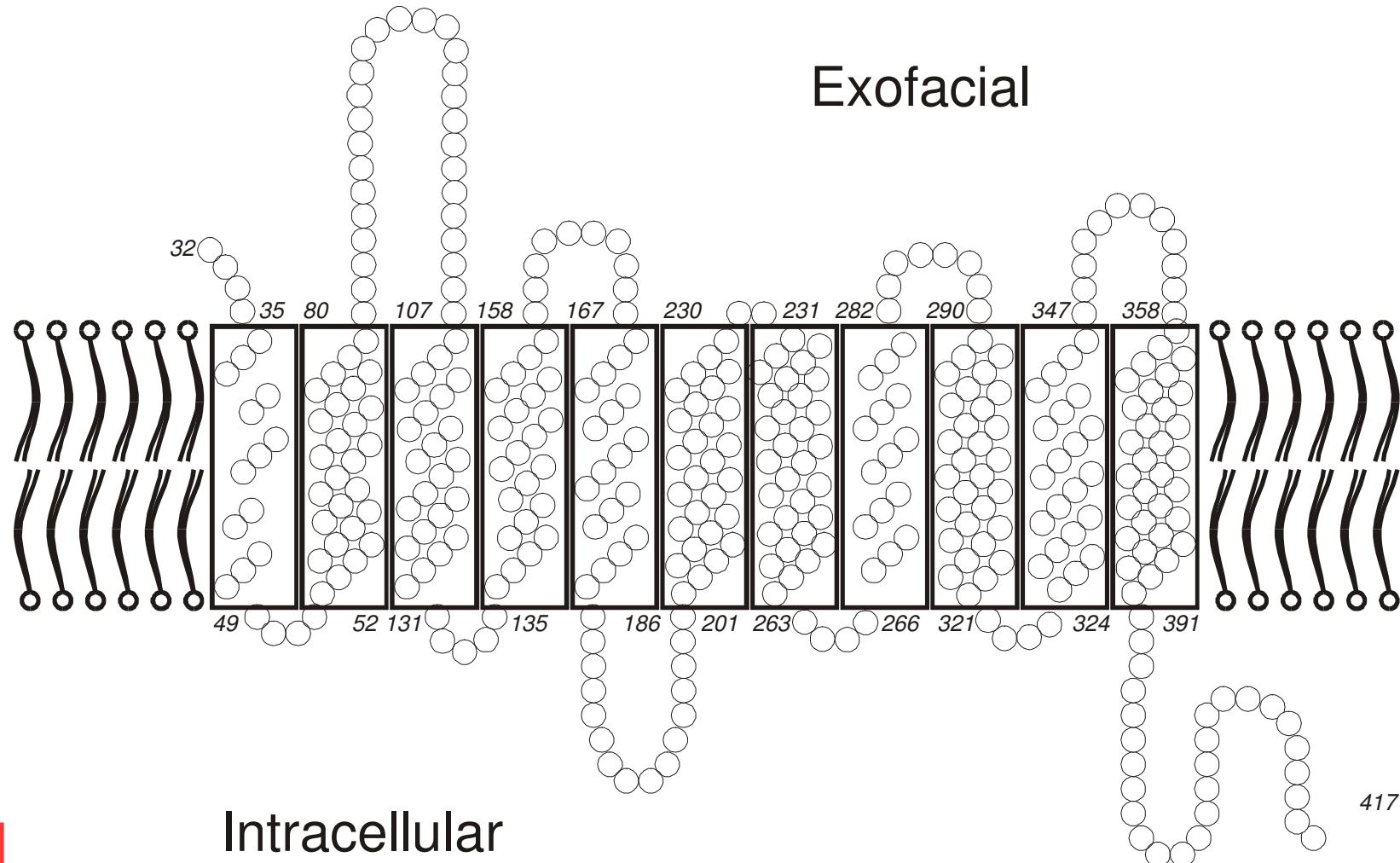
- extracellular aminoterminal end
- helix 1 near the axis

Khademi et al. Science 2004; 305: 1587

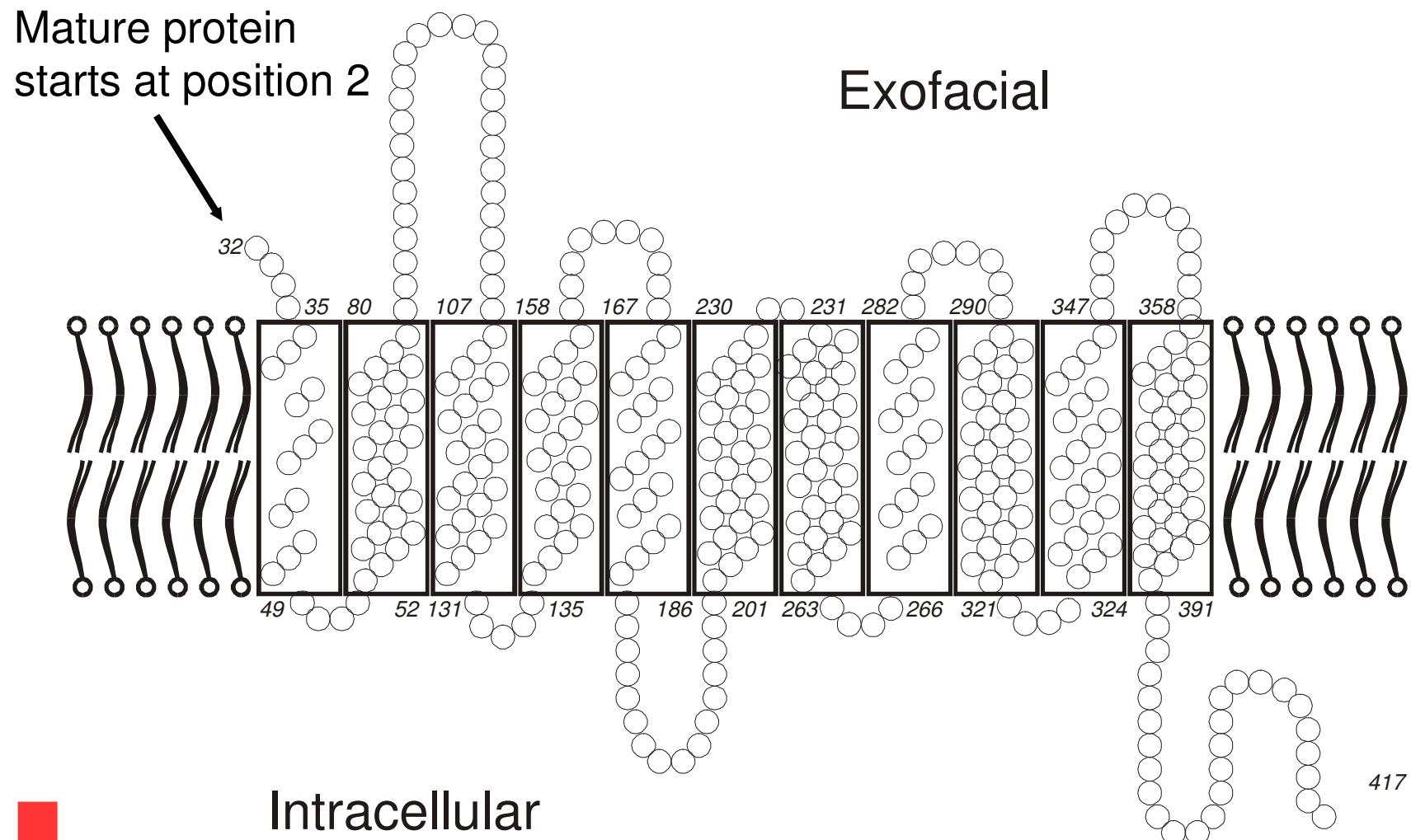


# RhD structure modeled on AmtB

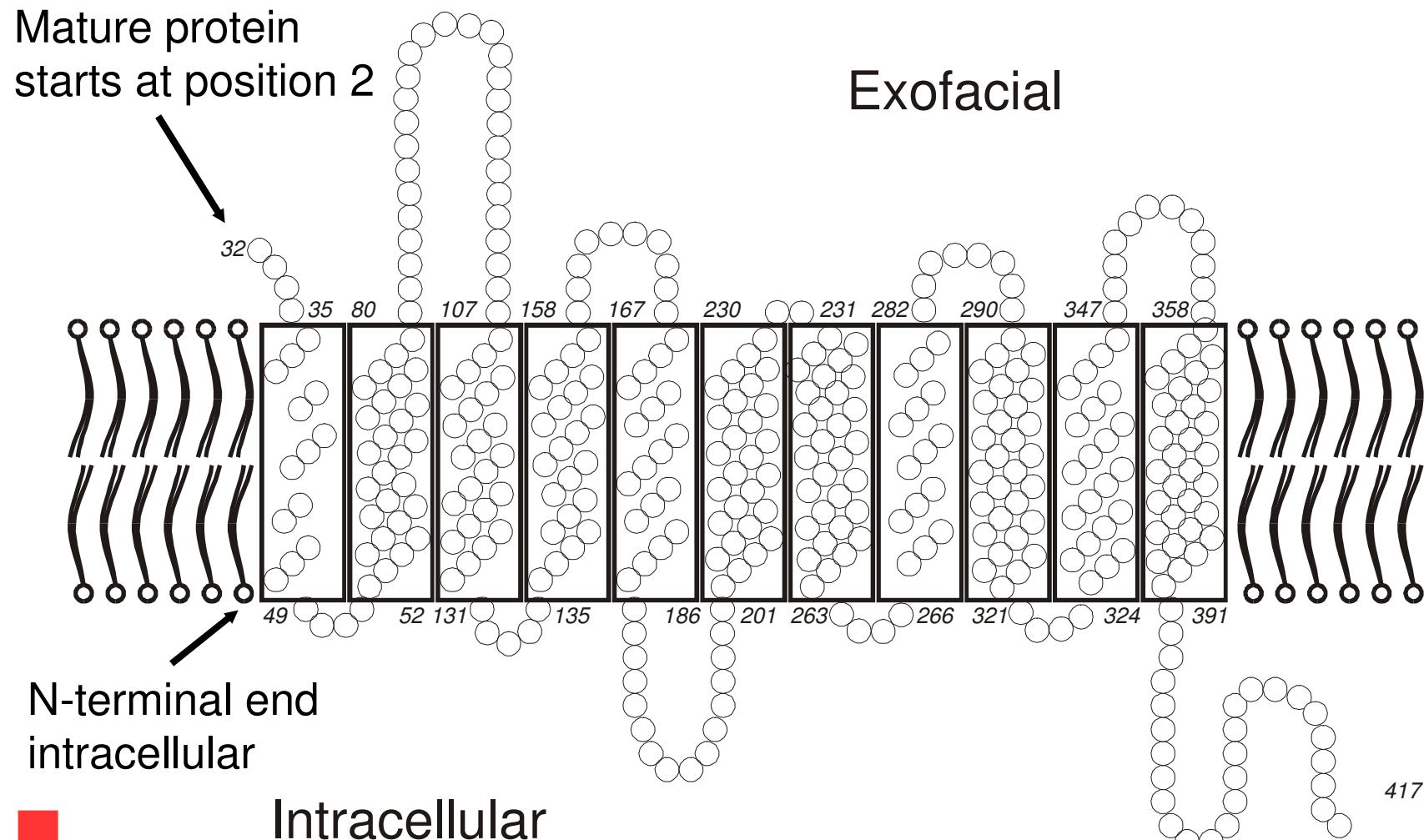
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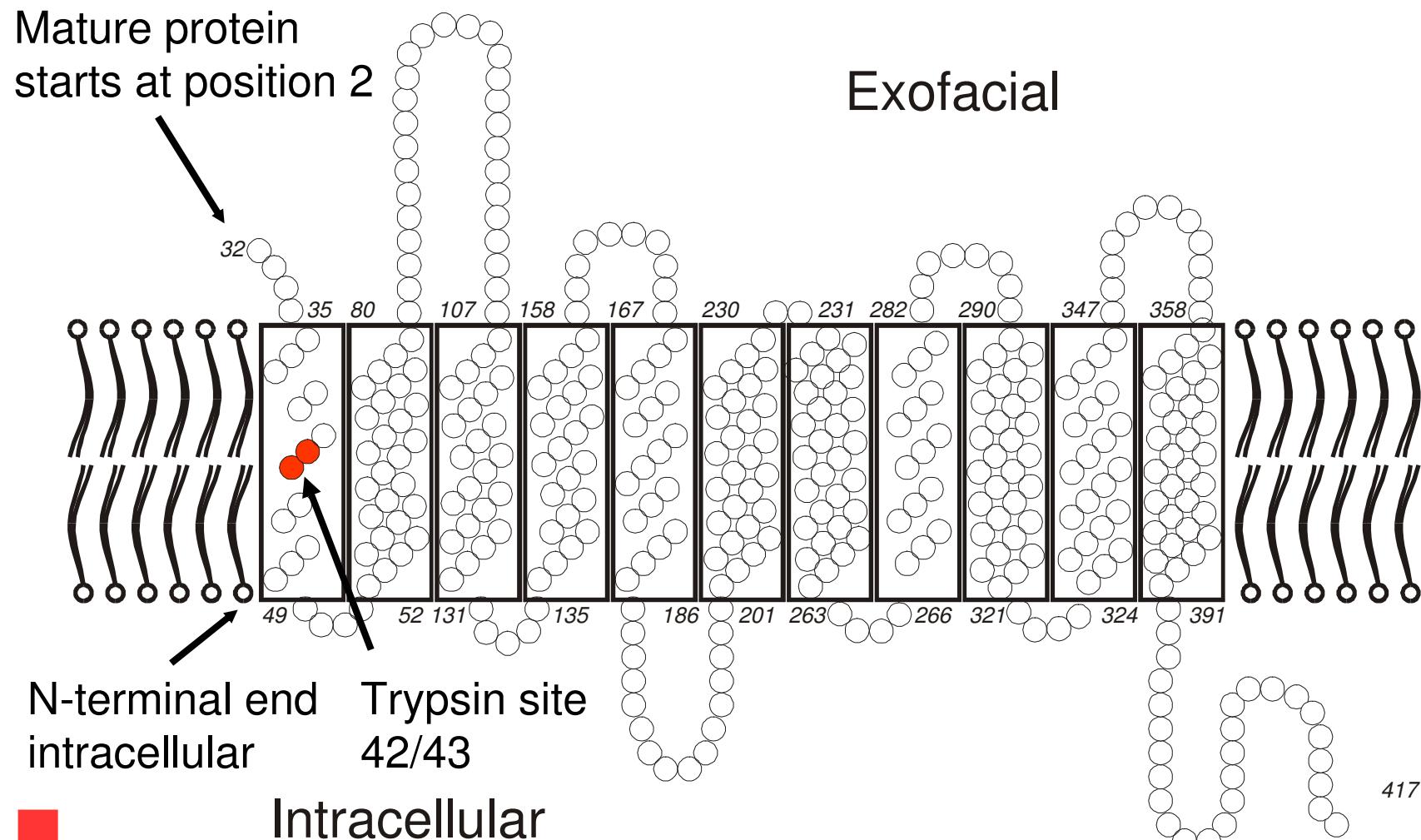
# RhD structure modeled on AmtB



# RhD structure modeled on AmtB

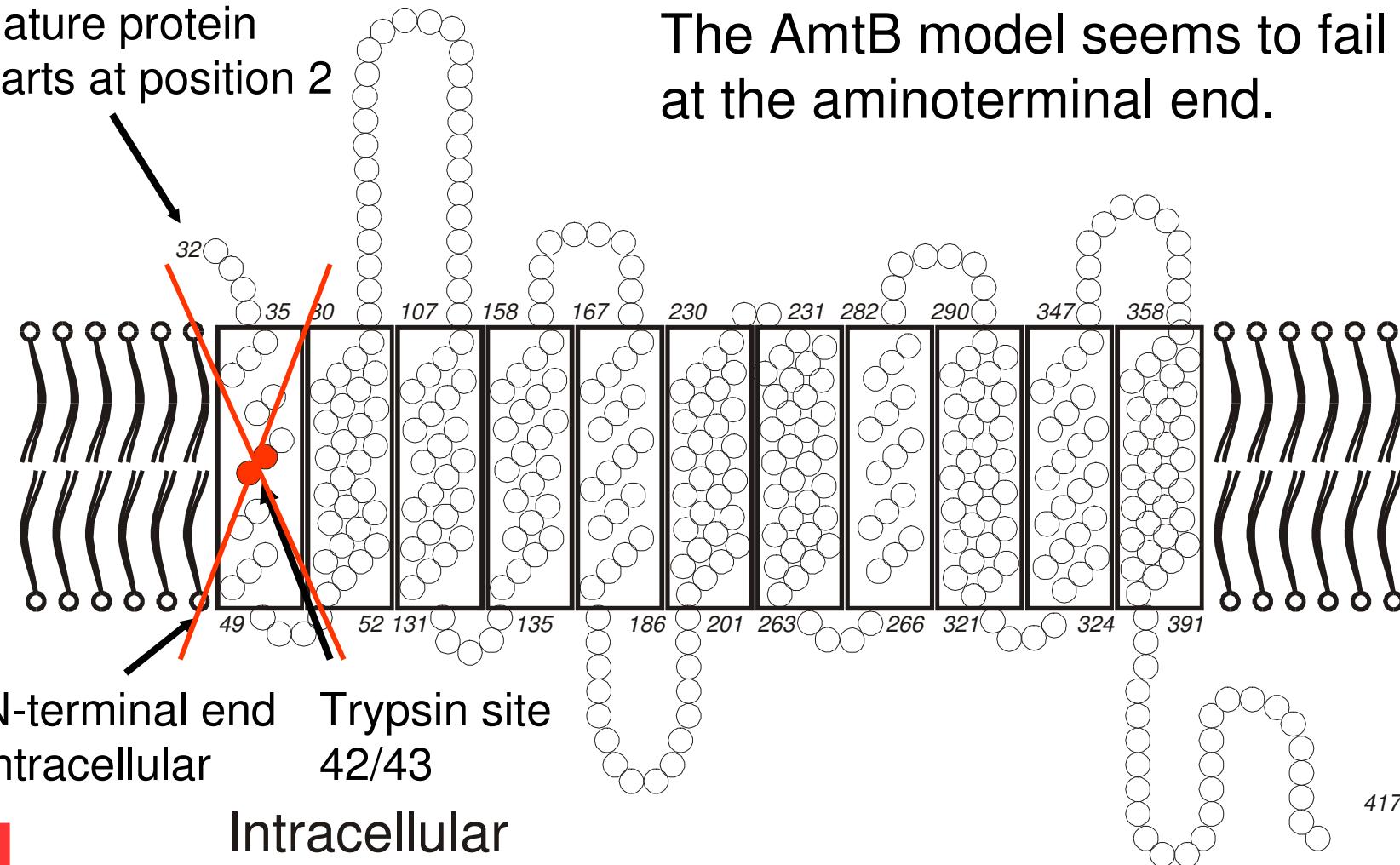


# RhD structure modeled on AmtB



# RhD structure modeled on AmtB

Mature protein starts at position 2

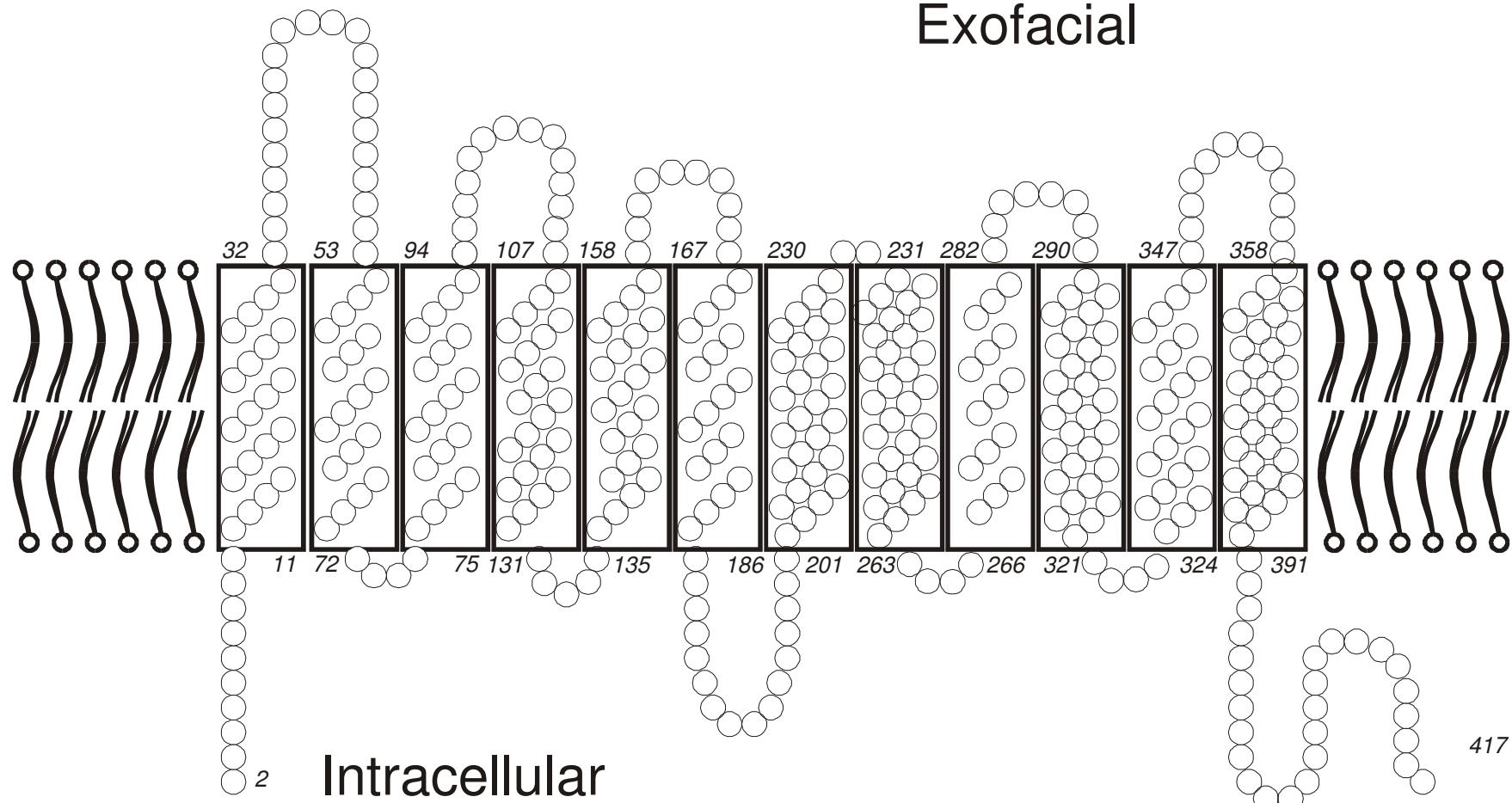


The AmtB model seems to fail at the aminoterminal end.



# RhD structure partially modeled on AmtB

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# RhD structure and AmtB

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- Amino acids lining Ammonia channel
  - 103 Phe
  - 107 Phe
  - 148 Trp
  - 219 Ser
  - 168 His
  - 318 His



# RhD structure and AmtB

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- Amino acids lining Ammonia channel
  - 103 Phe
  - 107 Phe      conserved through RhAG, RhBG, RhCG
  - 148 Trp
  - 219 Ser
  - 168 His      conserved through RhAG, RhBG, RhCG
  - 318 His      conserved through RhAG, RhBG, RhCG



# RhD structure and AmtB

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- Amino acids lining Ammonia channel
  - 103 Phe      not conserved in RhCE and RhD
  - 107 Phe      not conserved in RhCE and RhD
  - 148 Trp      not conserved in RhCE and RhD
  - 219 Ser      not conserved in RhCE and RhD
  - 168 His      not conserved in RhCE and RhD
  - 318 His      not conserved in RhCE and RhD



# RH Blood Group

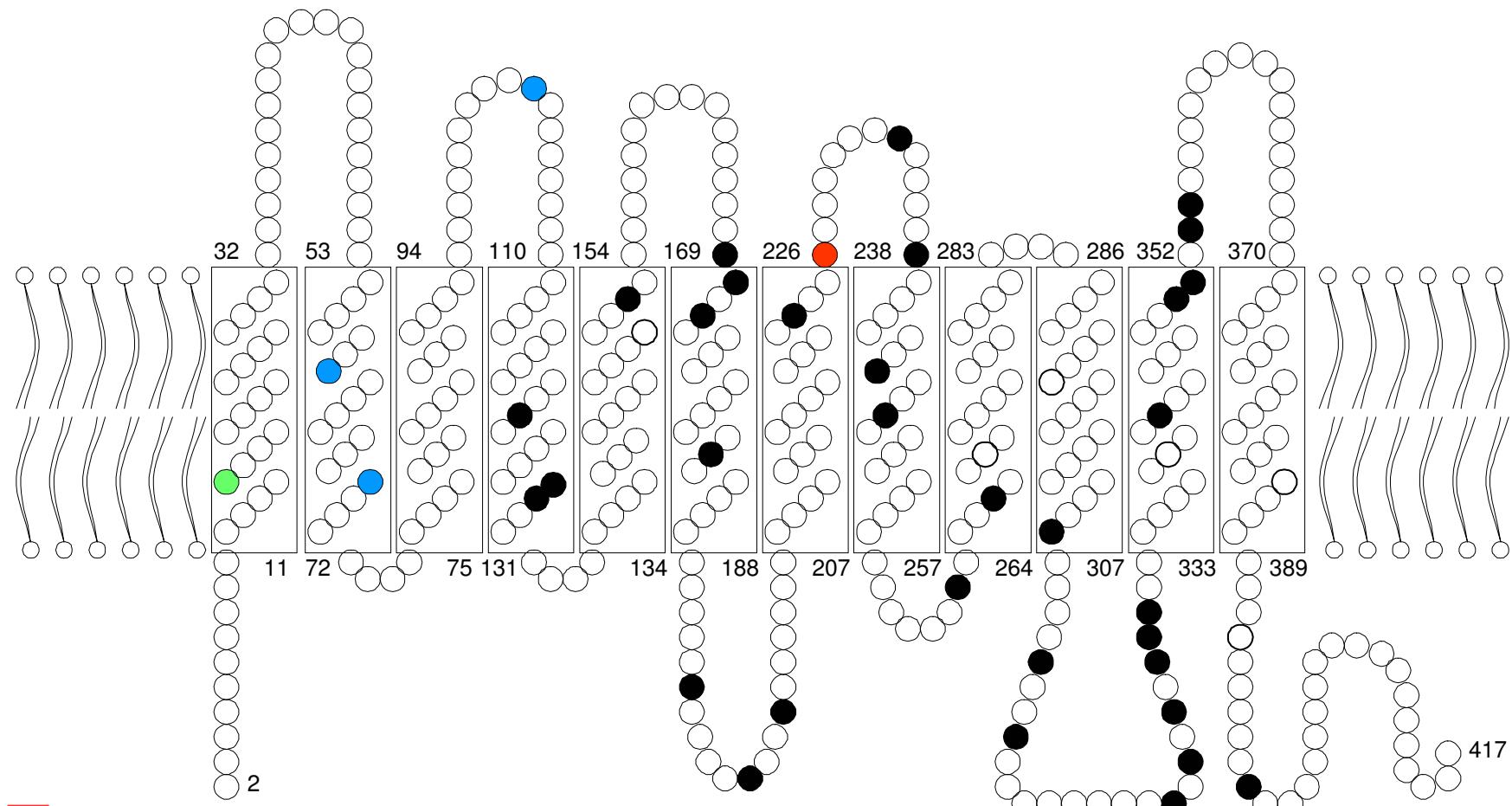
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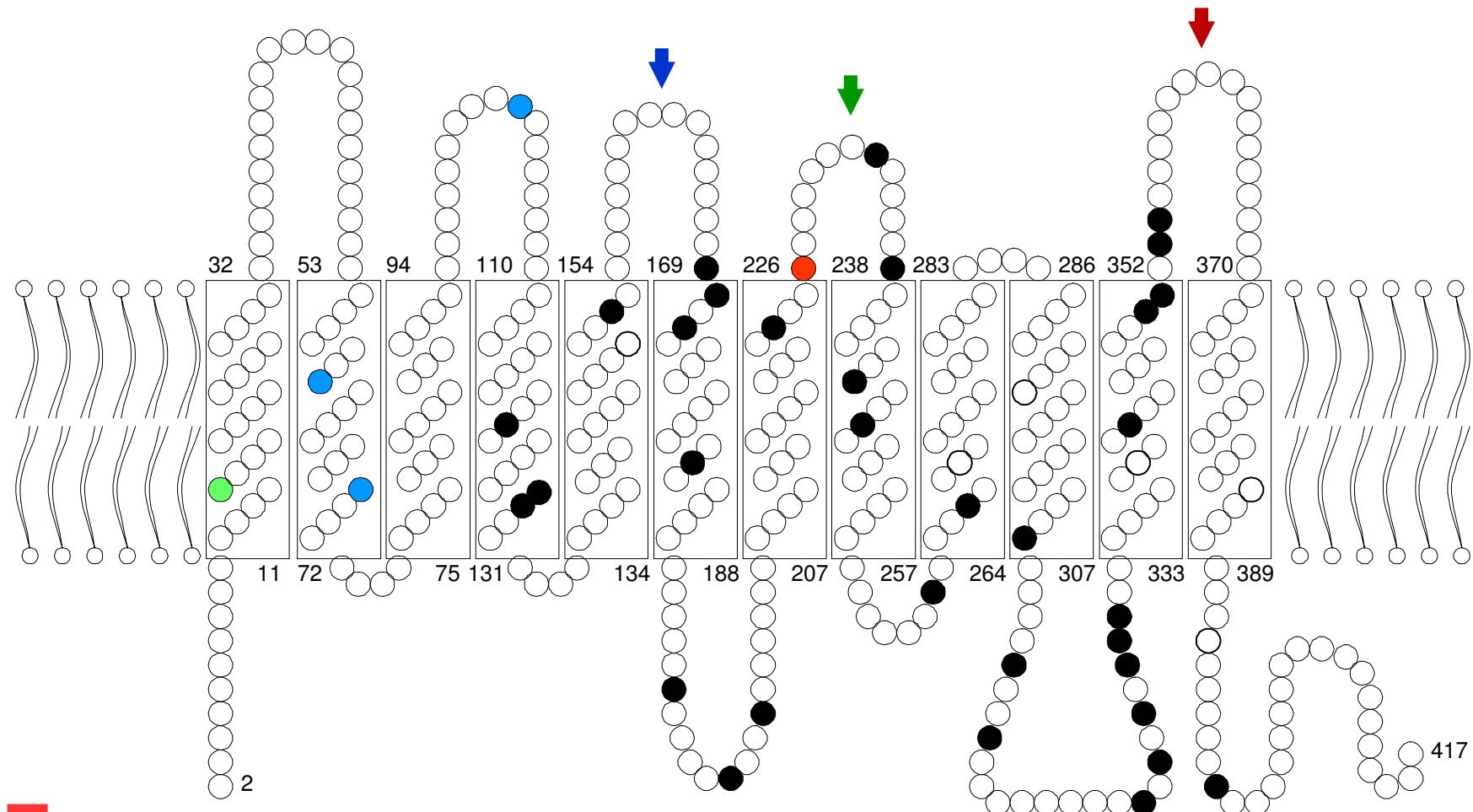


# RhD vs RhCE

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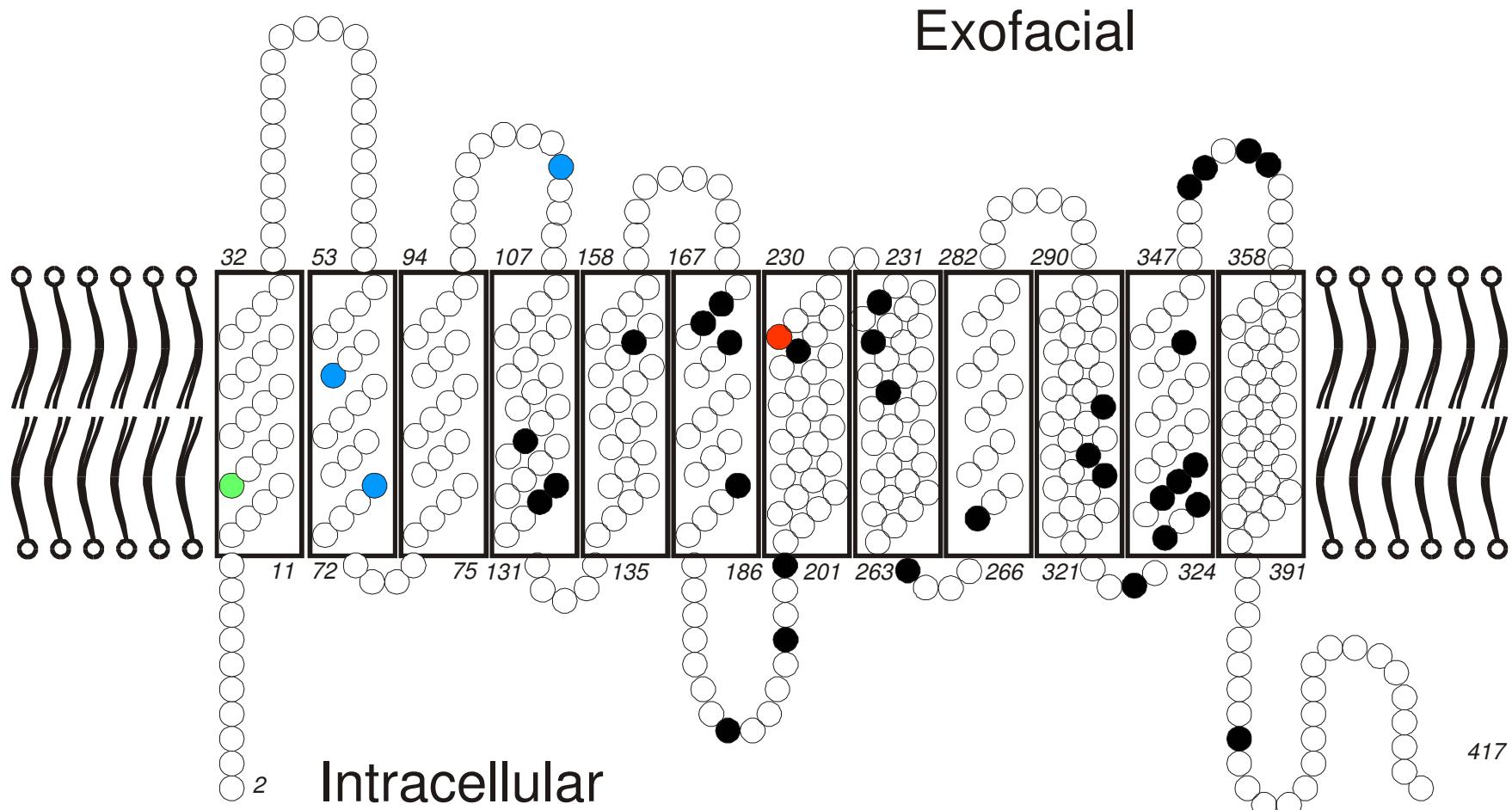


# RhD vs RhCE

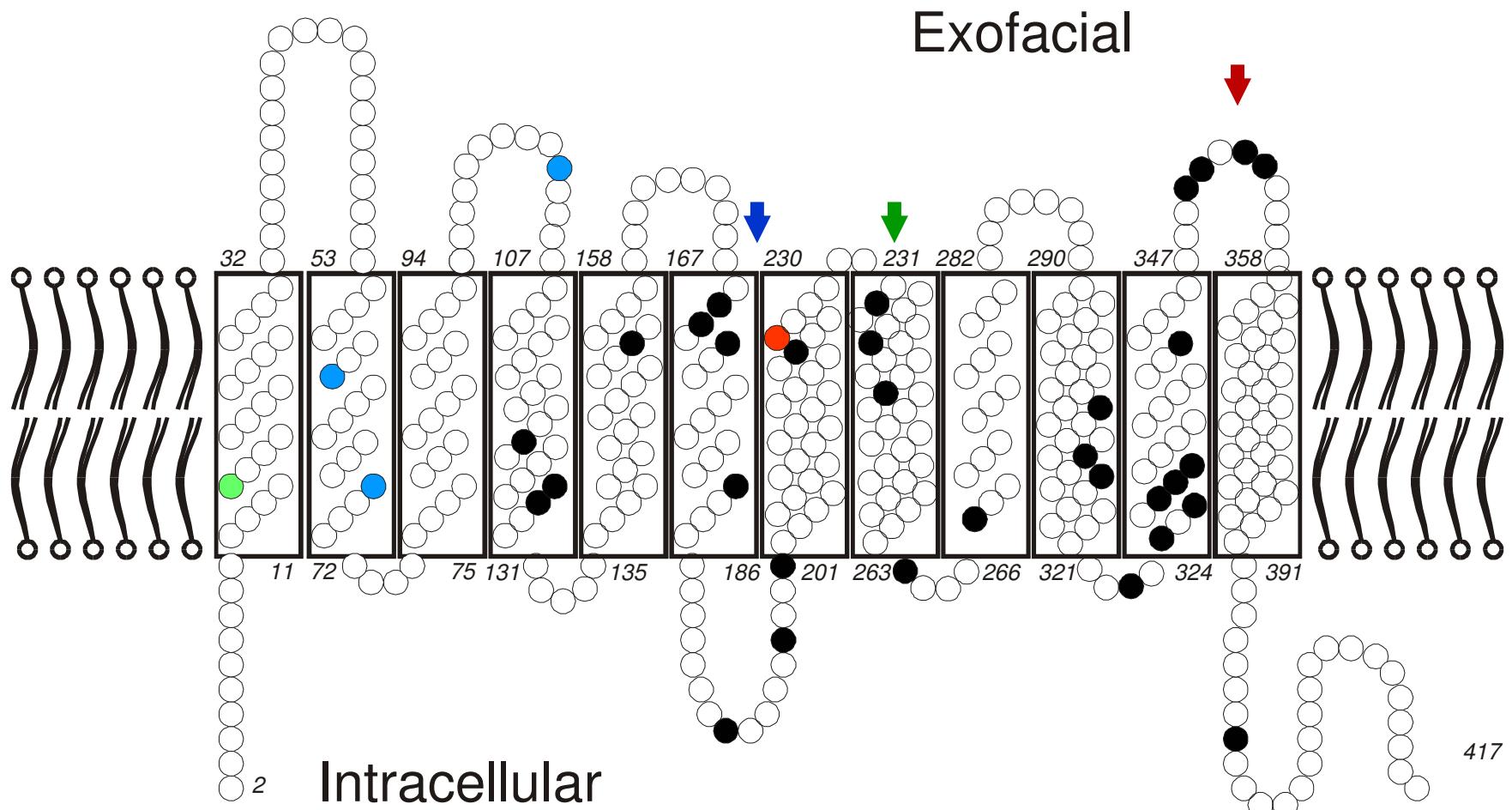


# RhD vs RhCE (new model)

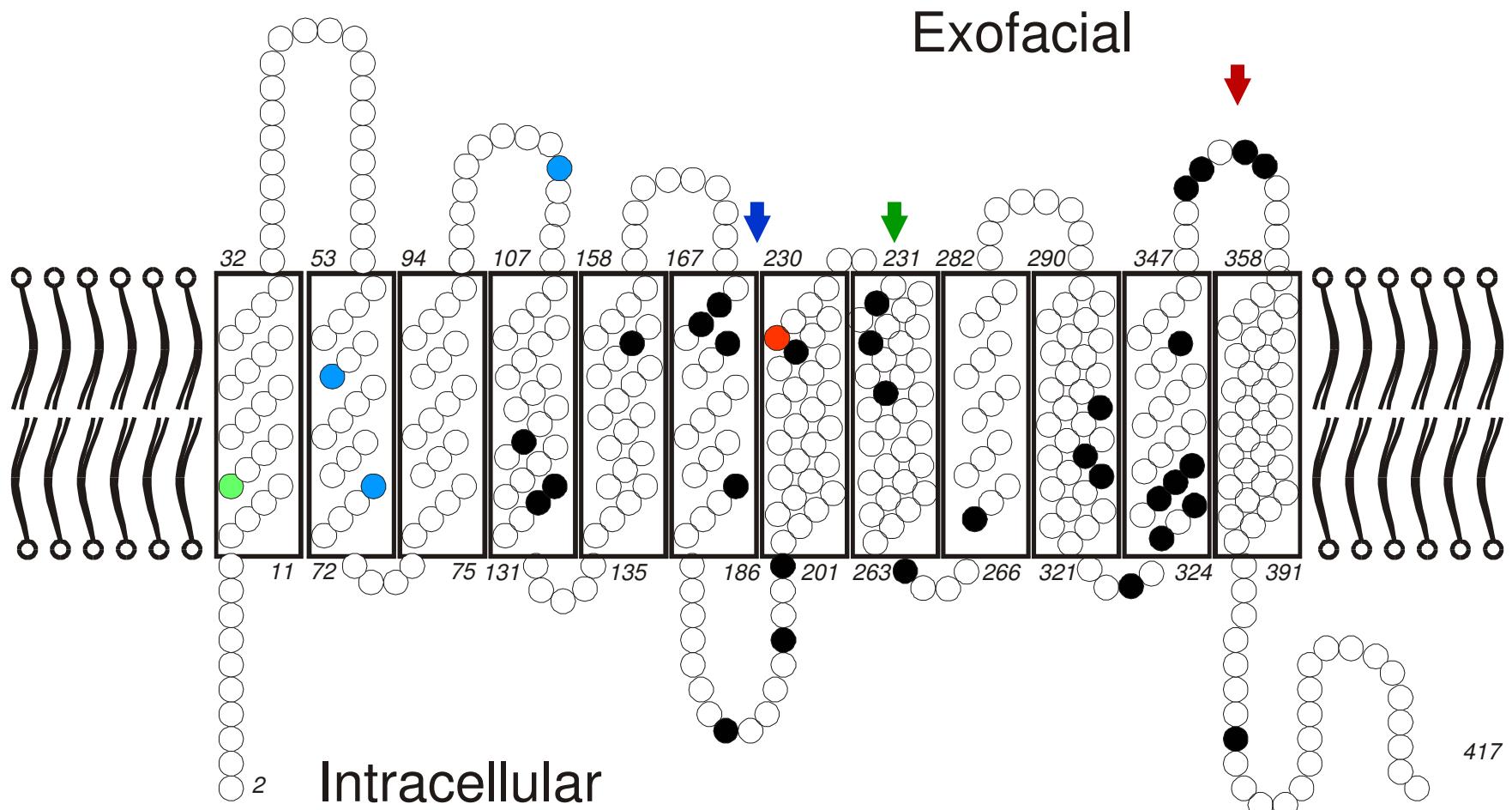
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# RhD vs RhCE (new model)



# RhD vs RhCE (new model)



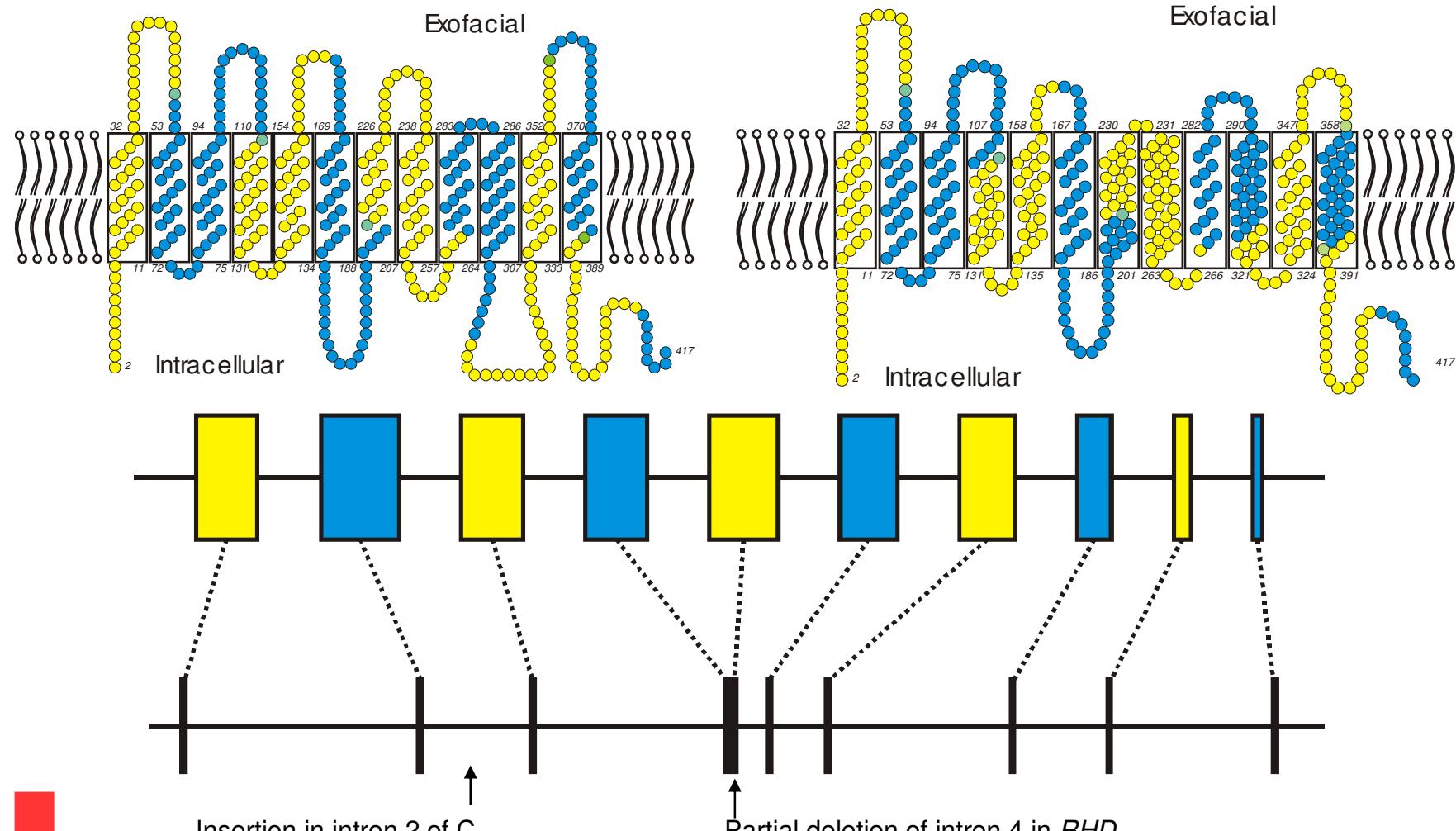
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# Genomic structure



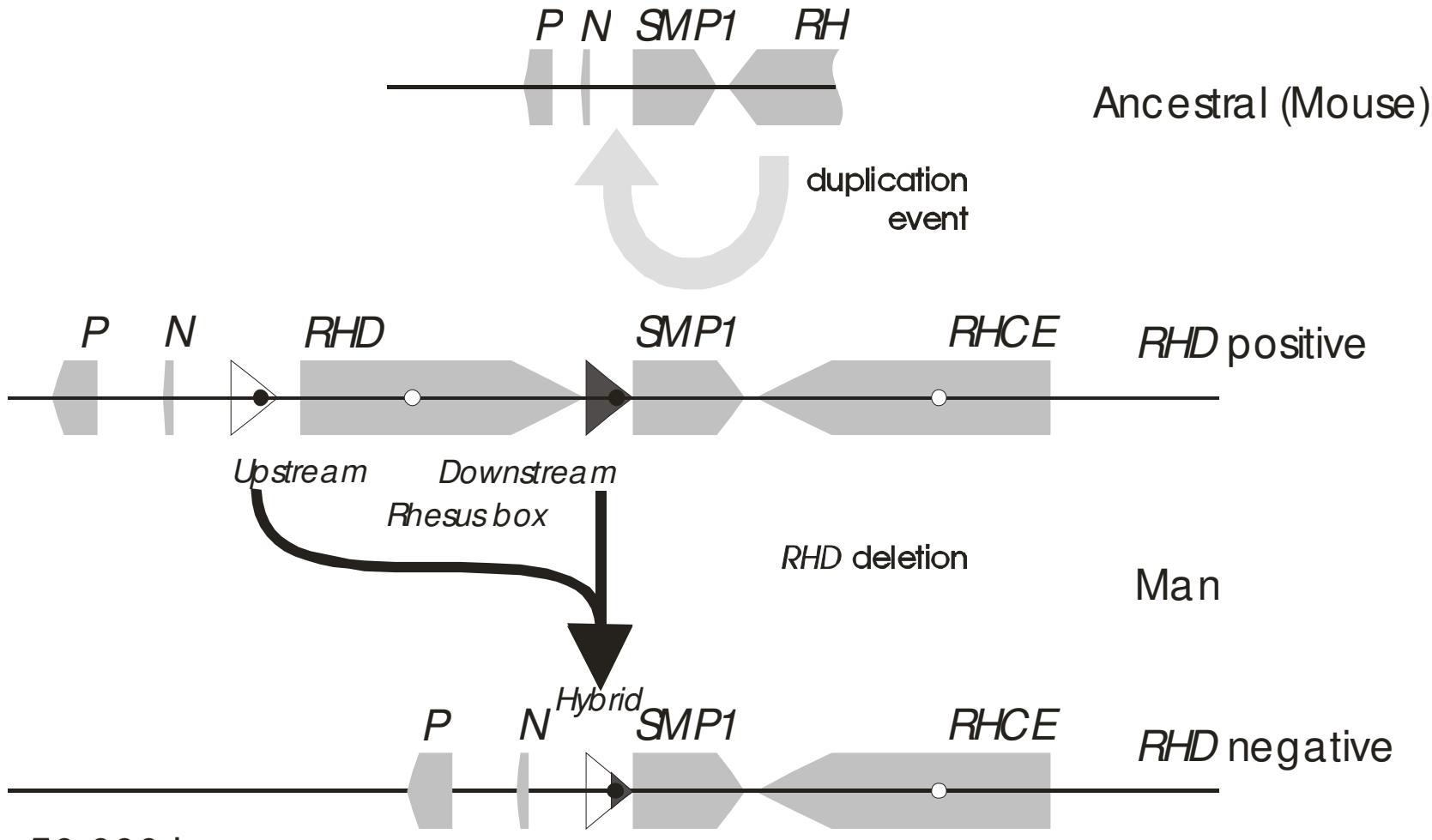
# RH Blood Group

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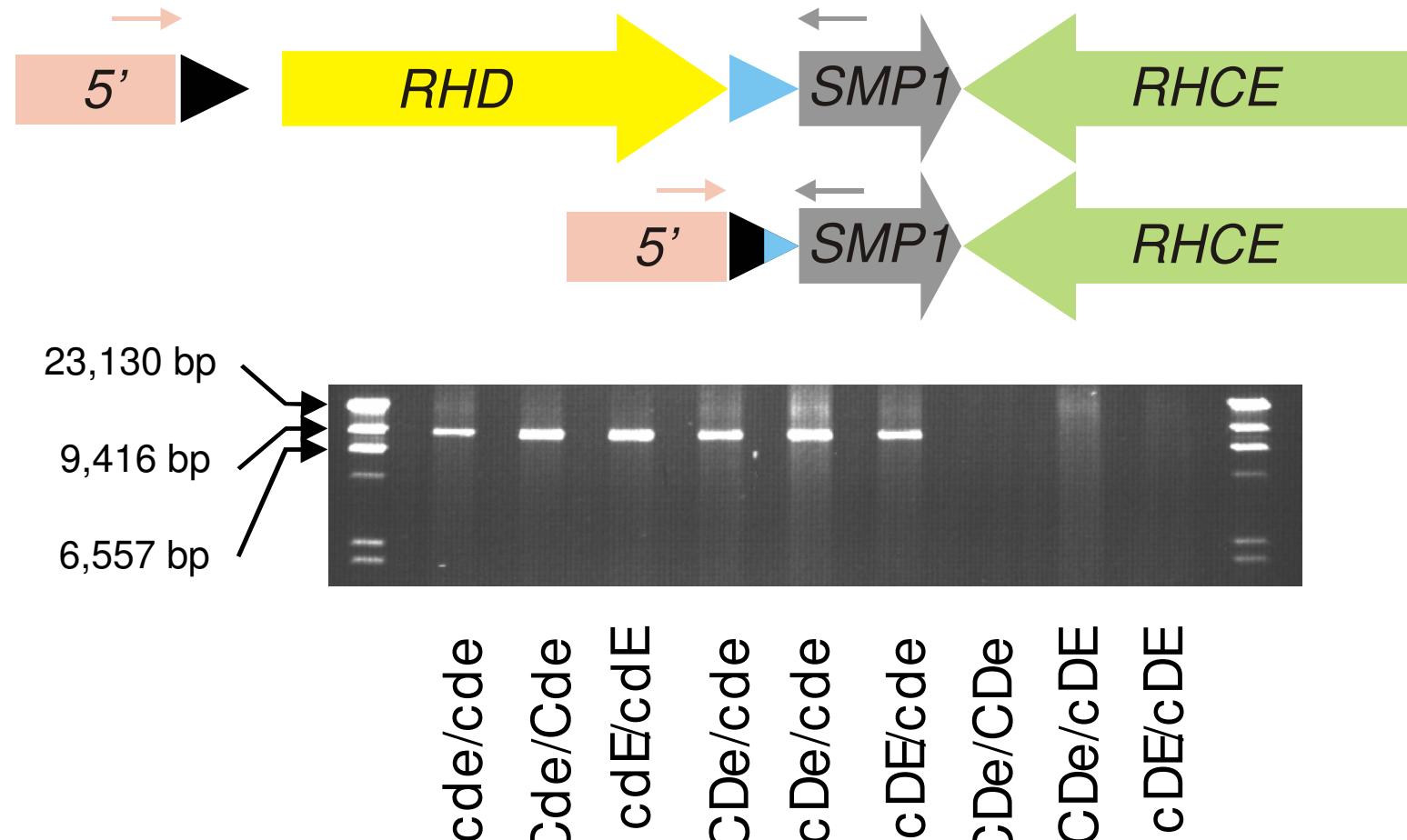
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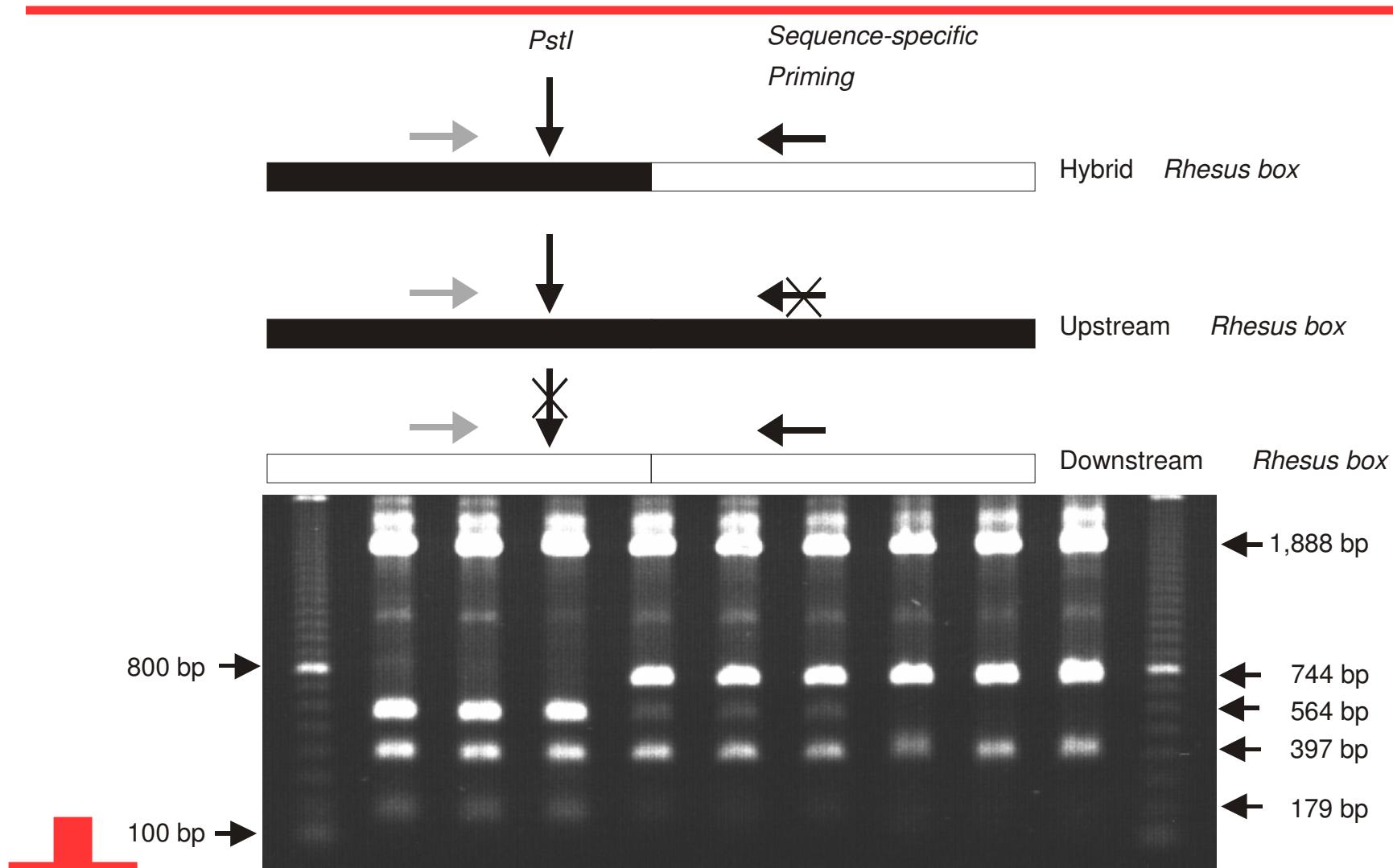
# **RH locus**



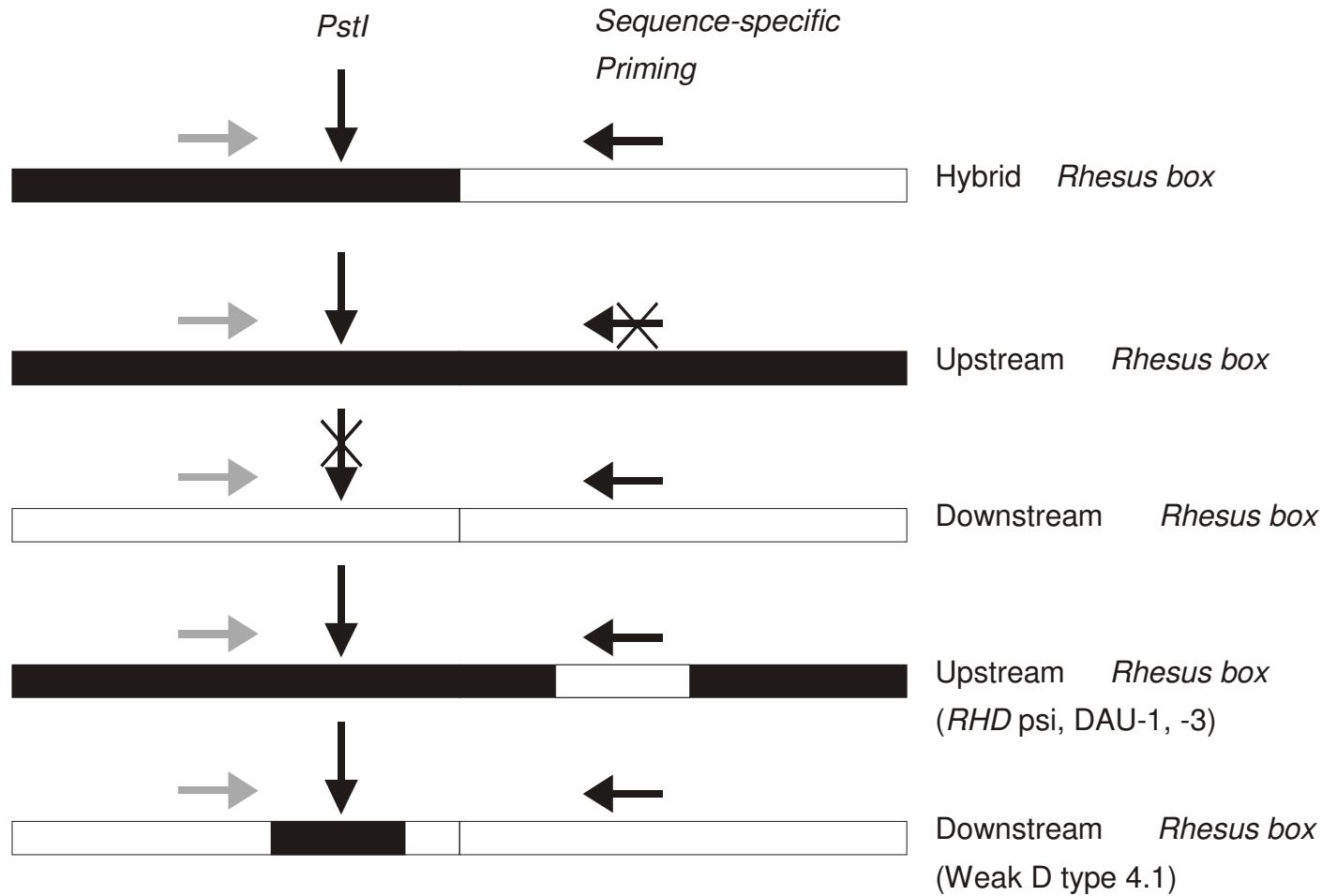
# Detection of *RHD* deletion by PCR



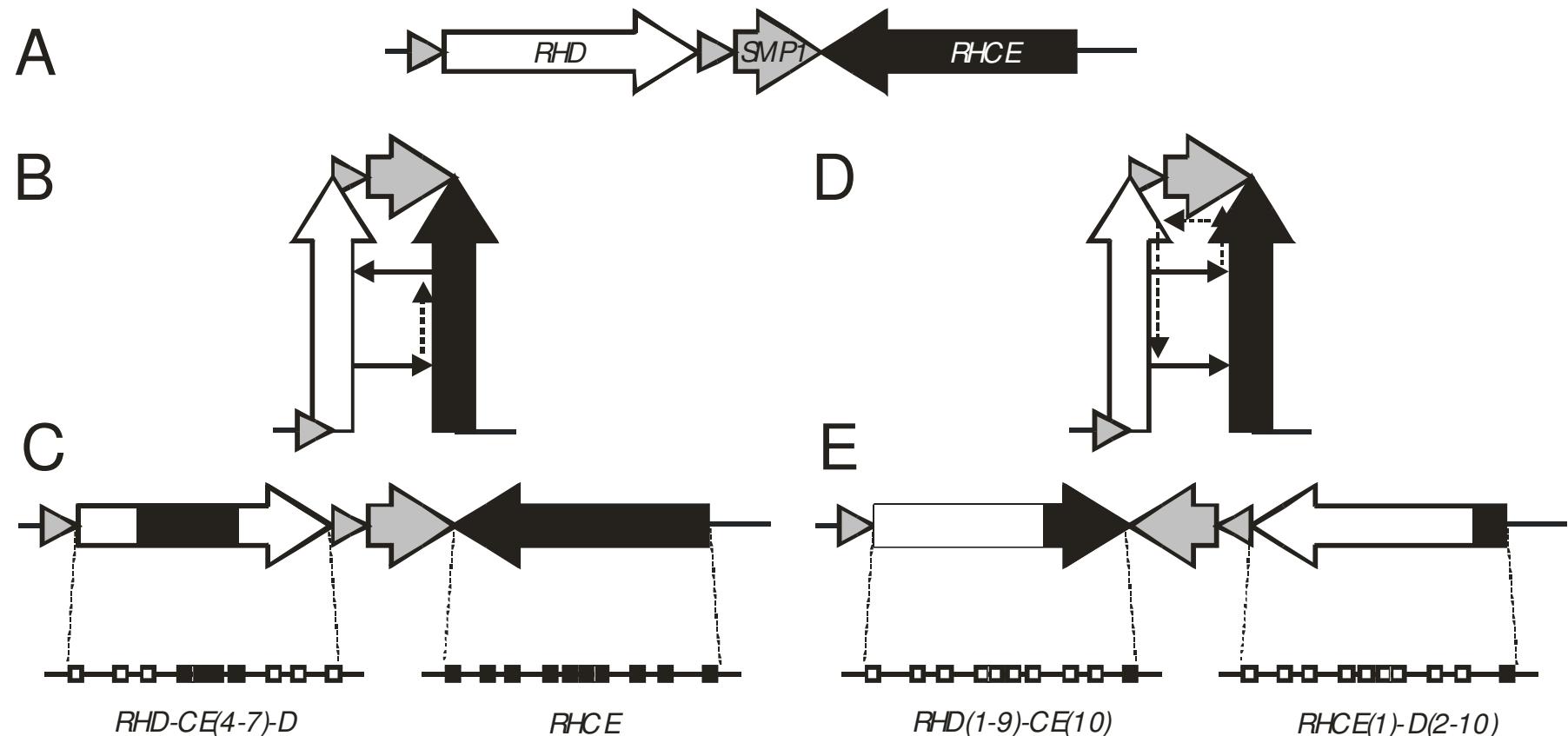
# Detection of *RHD* deletion by PCR



# Detection of *RHD* deletion by PCR



# *RH* locus



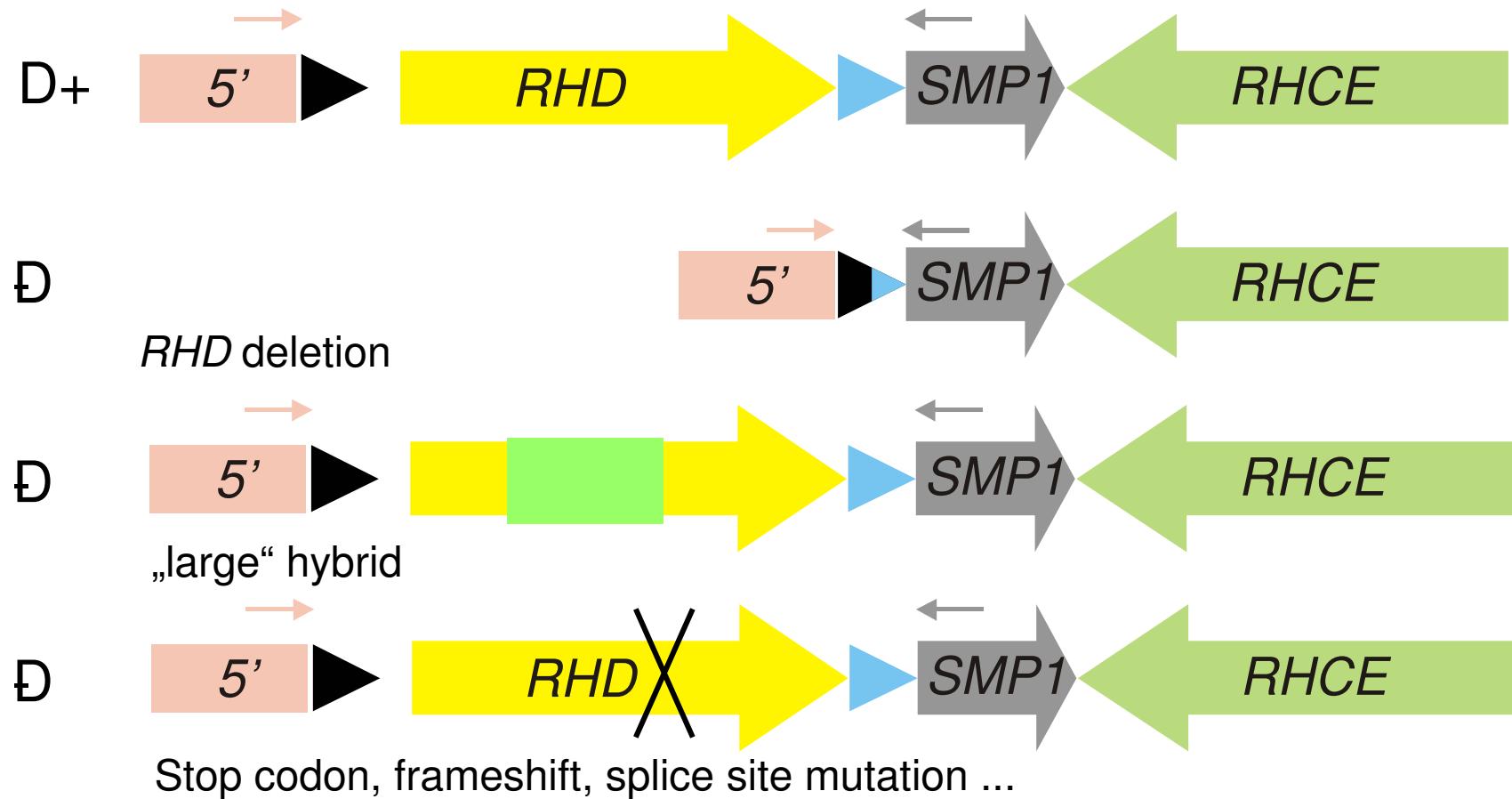
# RH Blood Group

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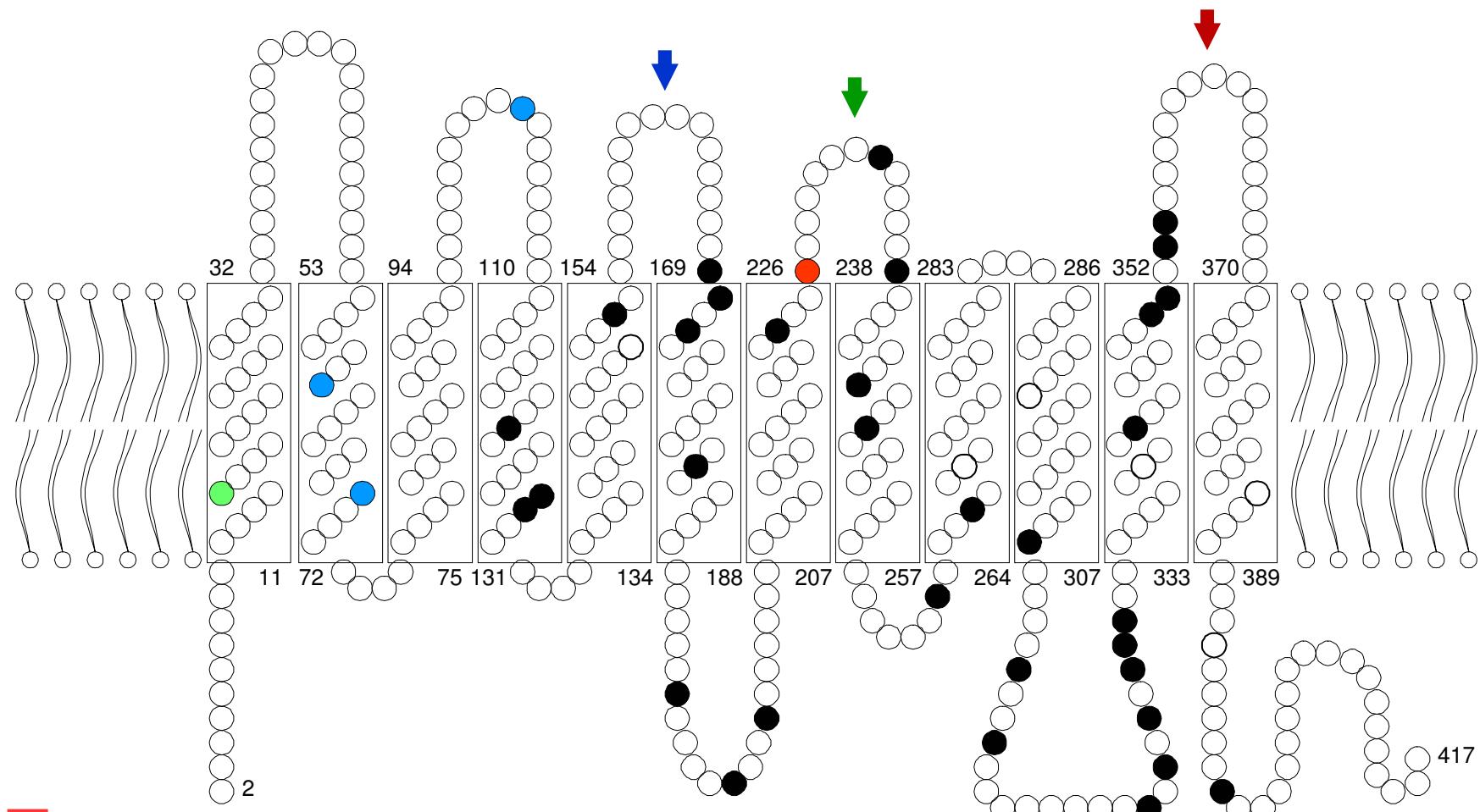
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# Three types of D neg

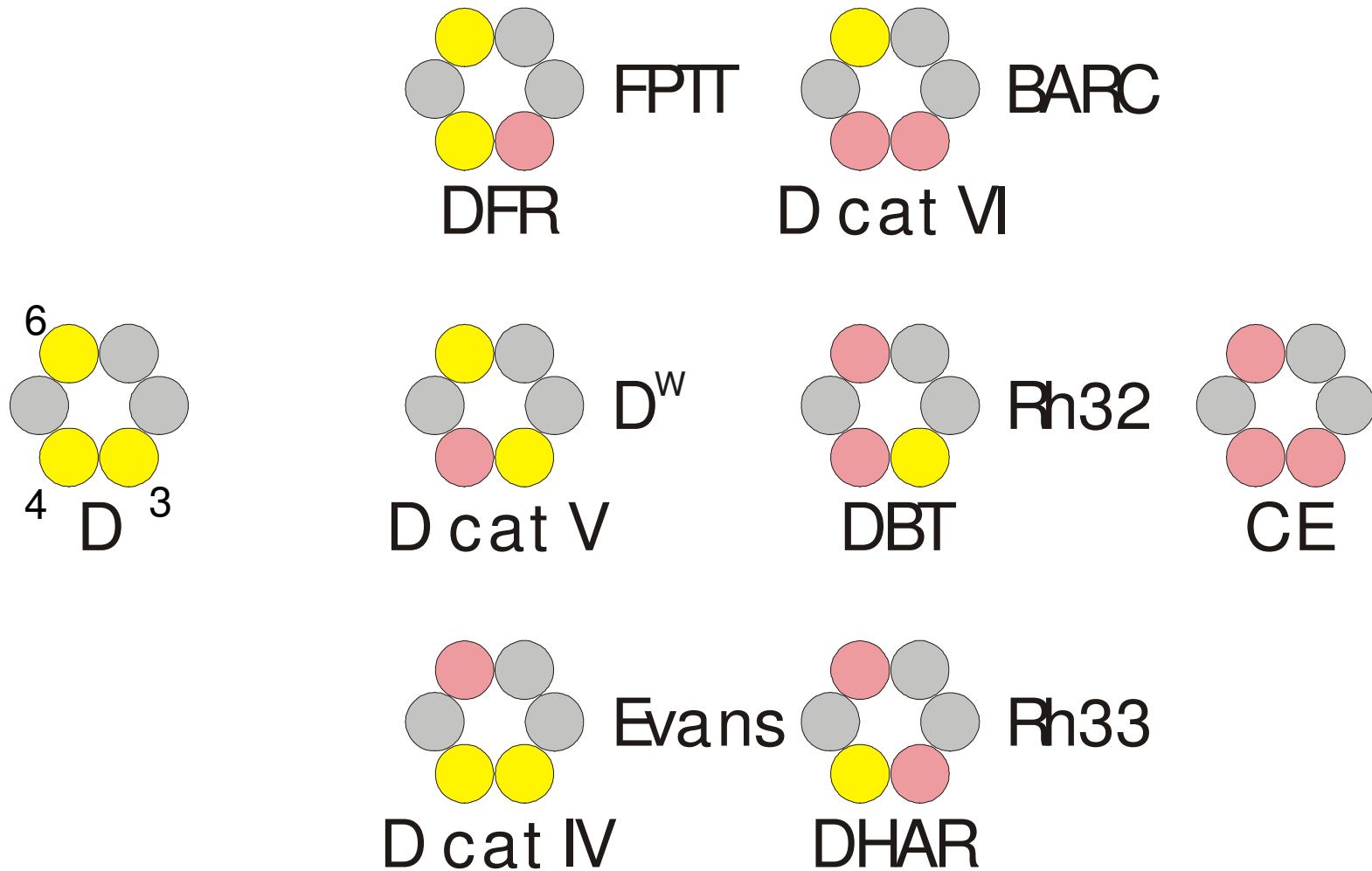


# Molecular basis of antigen D

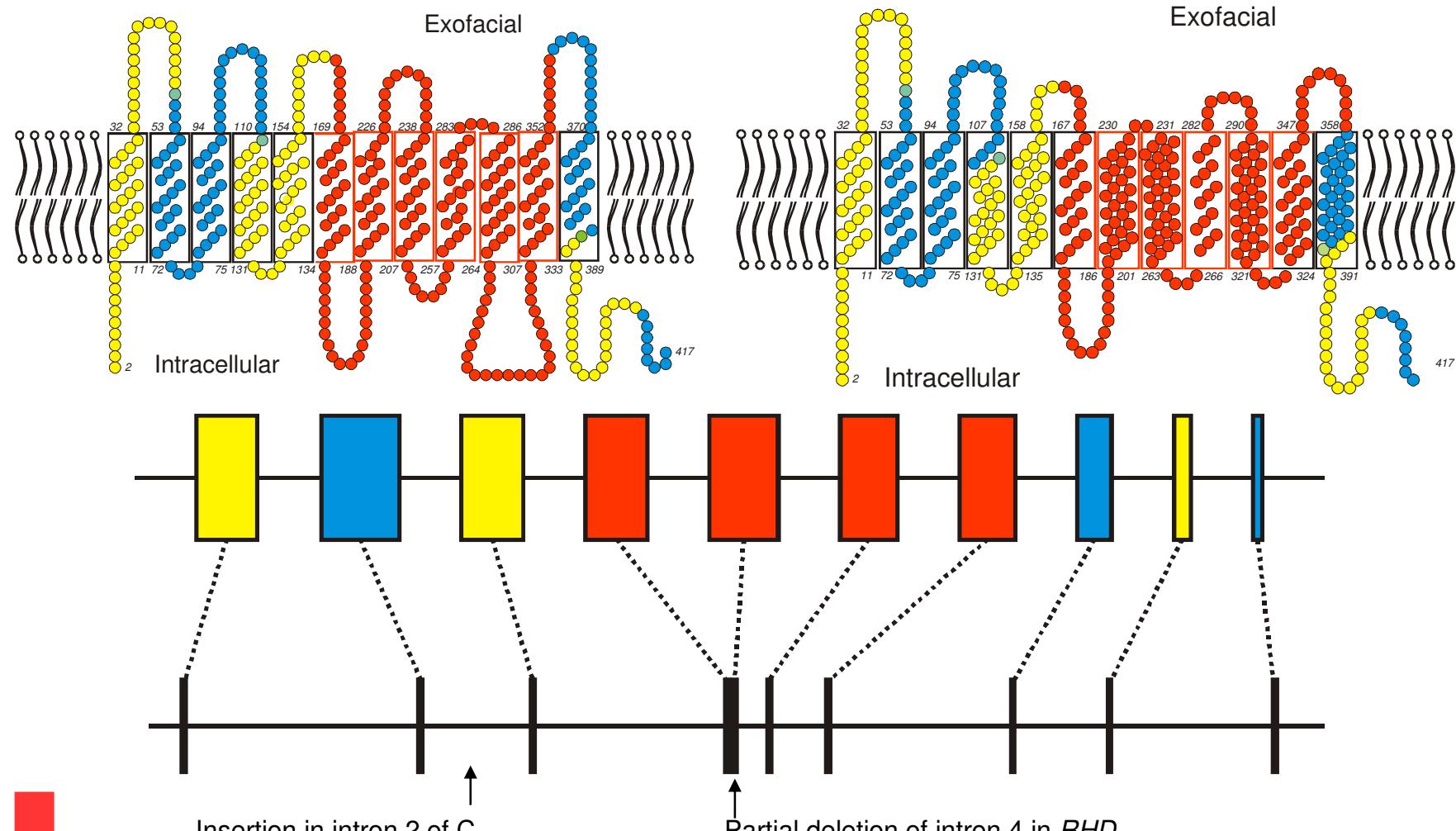


# RhD loops and D antigen

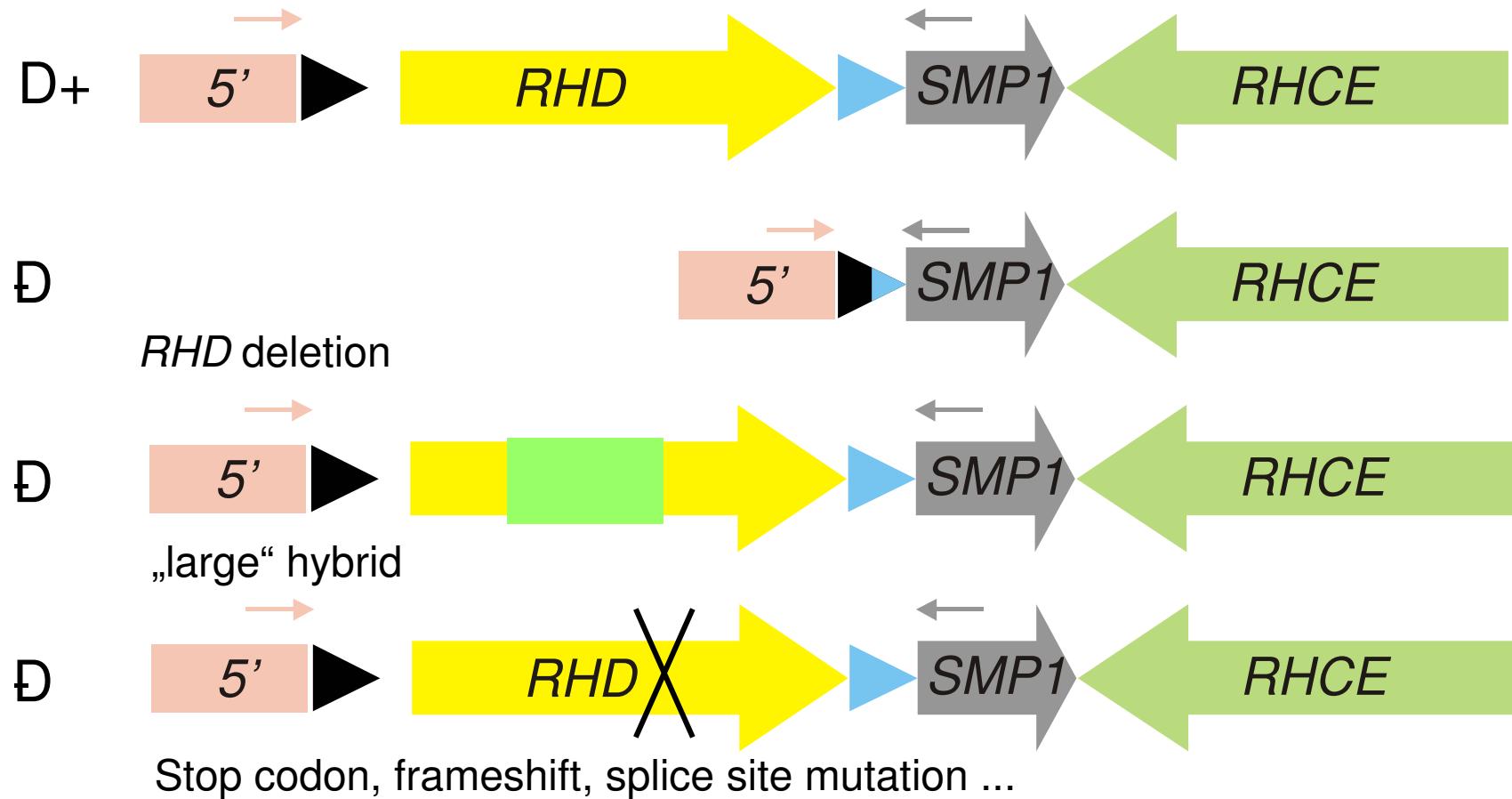
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# D negative *RHD-CE-D* hybrid alleles



# Three types of D neg



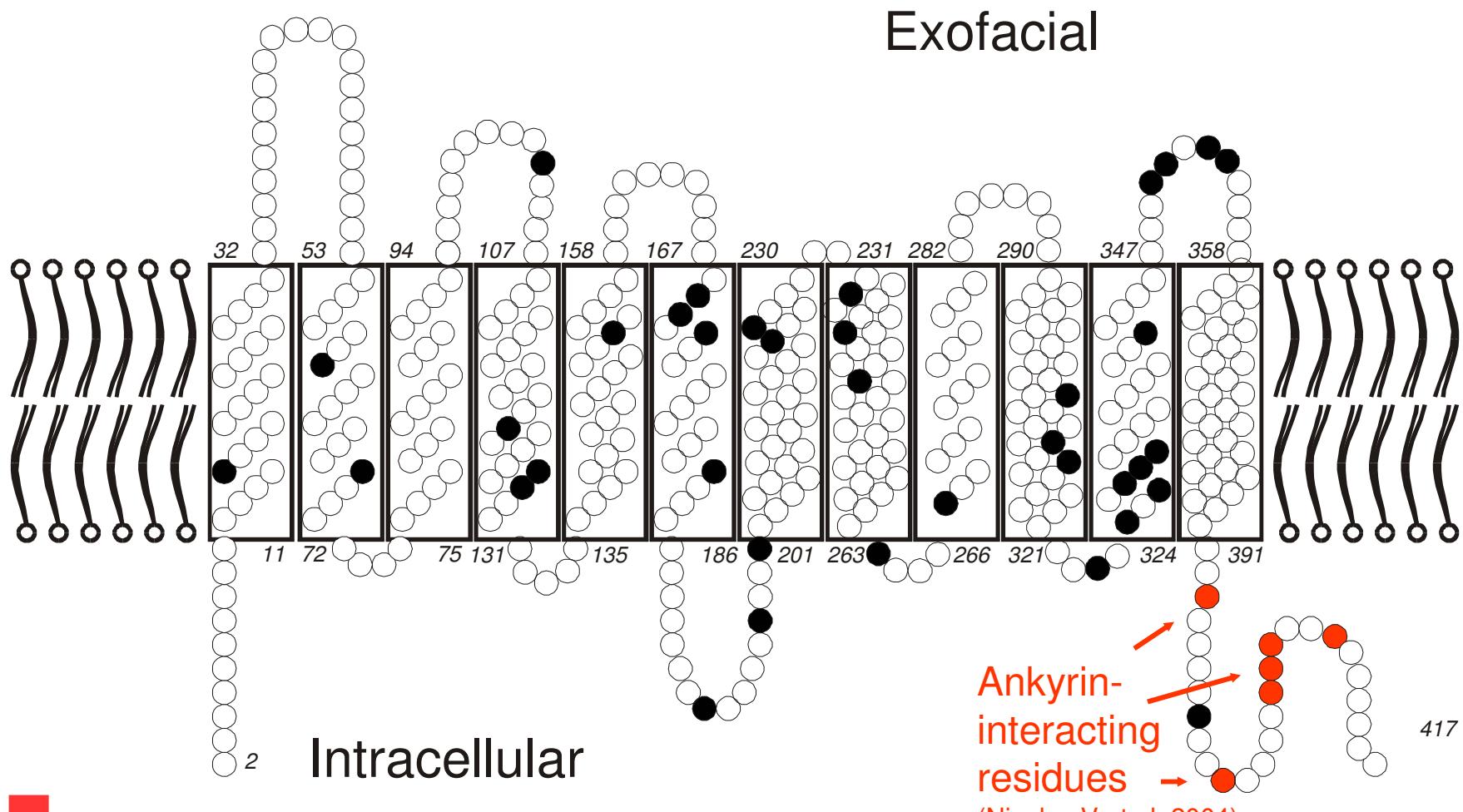
# Other D negative *RHD* alleles

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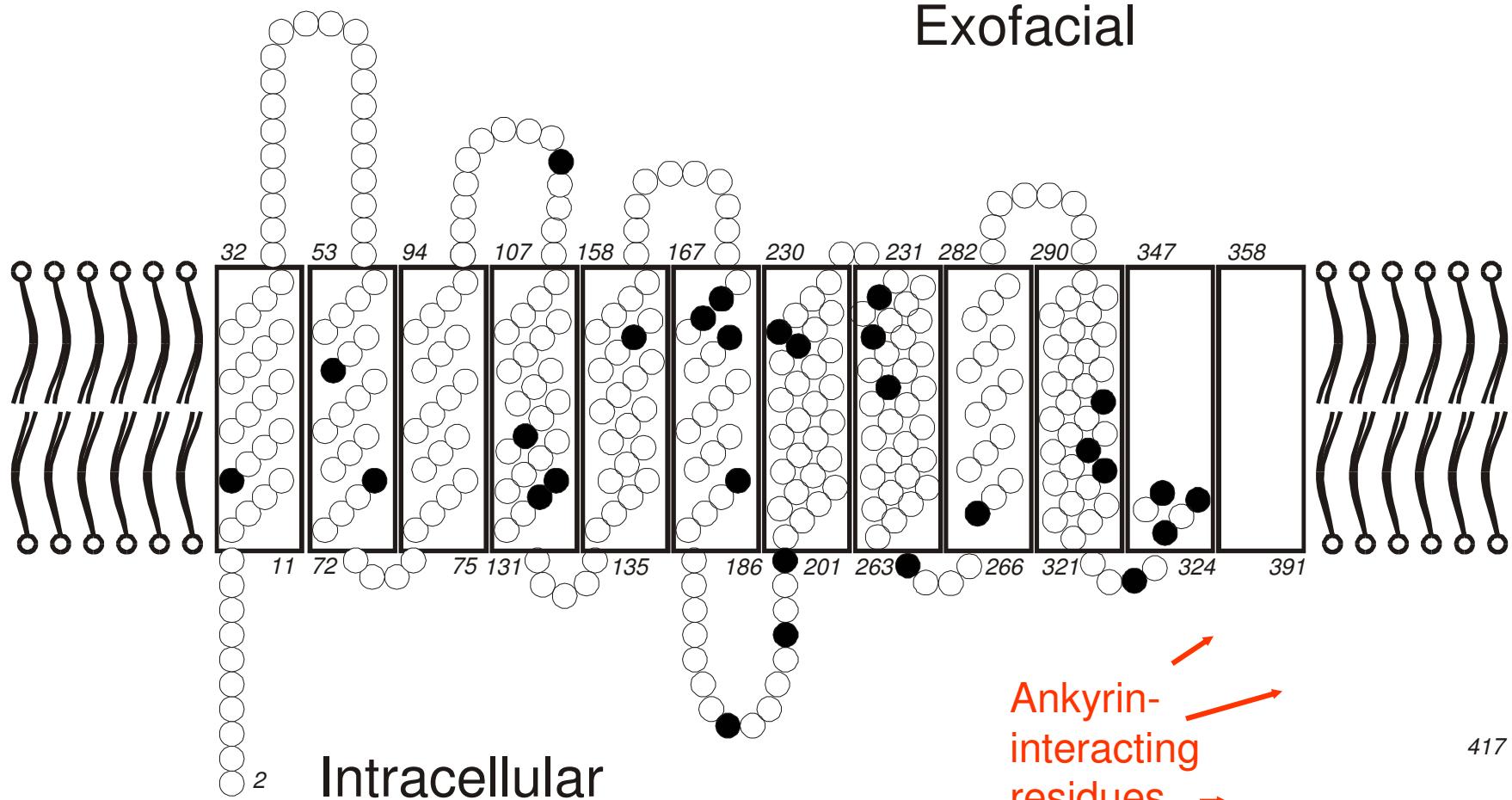
- Nonsense mutations
  - *RHD(W16X)*, *RHD(W90X)*, *RHD(Y330X)*
- „Small“ deletions/insertions causing frameshift
  - *RHD(488del4)*, *RHD(del711)*, *RHD(1253instT)*
- Splice site mutations (may express some D)
  - *RHD(IVS3+1G>A)*, *RHD(G212V)*, *RHD(1227G>A)*
- Complex changes
  - *RHD $\Psi$*
  - Unusual hybrid pattern, „normal“ *RHD*



# Importance of C-terminal end



# Shortened proteins don't fit the membrane



# D variants

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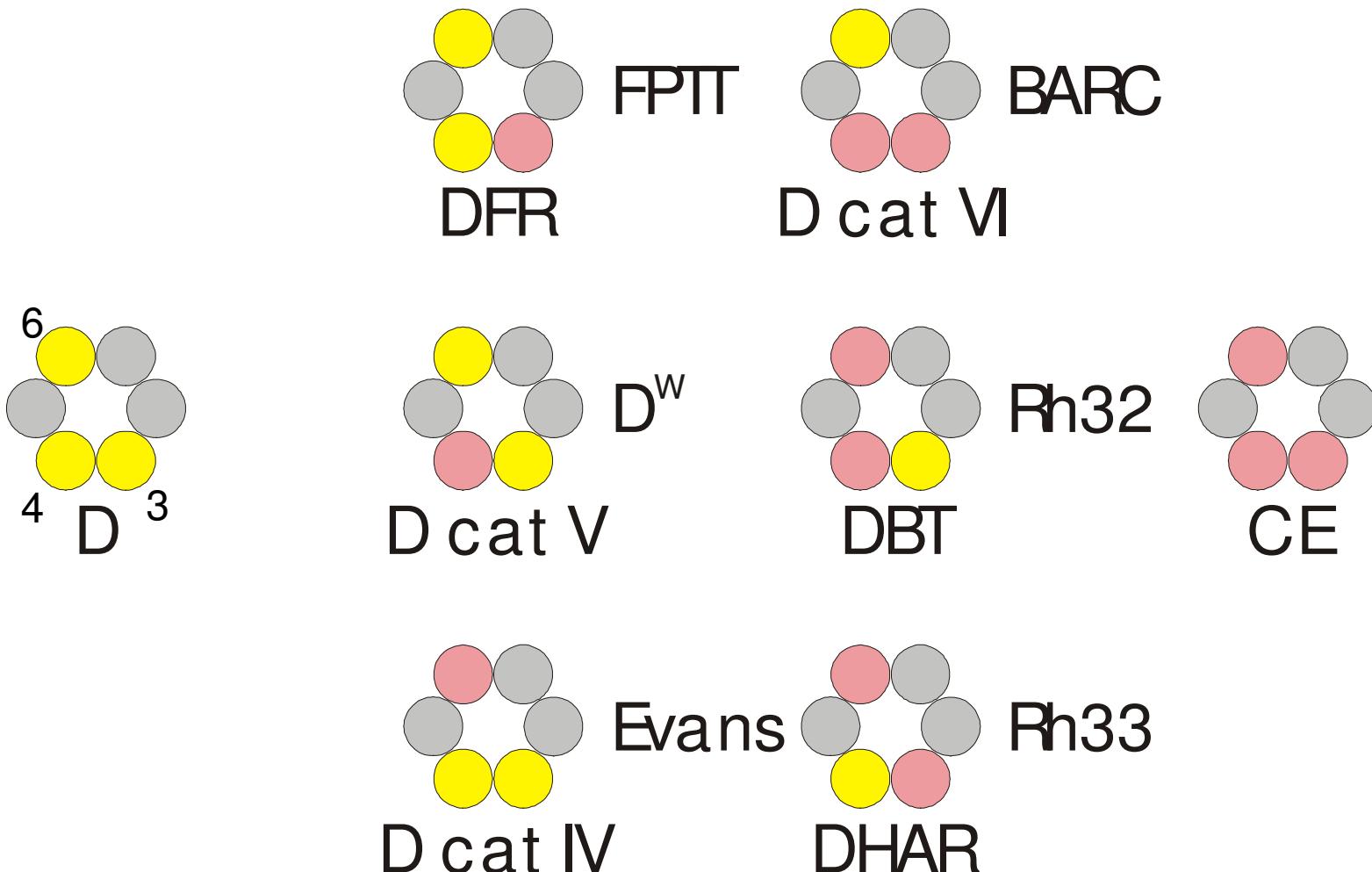
## ➤ Partial D

- Qualitative change of antigen D
- Anti-D immunization possible
- Loss of epitopes defined by monoclonal antibodies
- Antigen density normal, decreased or enhanced
- Molecular causes:
  - *RHD-CE-D* hybrid alleles
  - Single amino acid substitution in or near the extracellular loops
  - Multiple dispersed amino acid substitutions



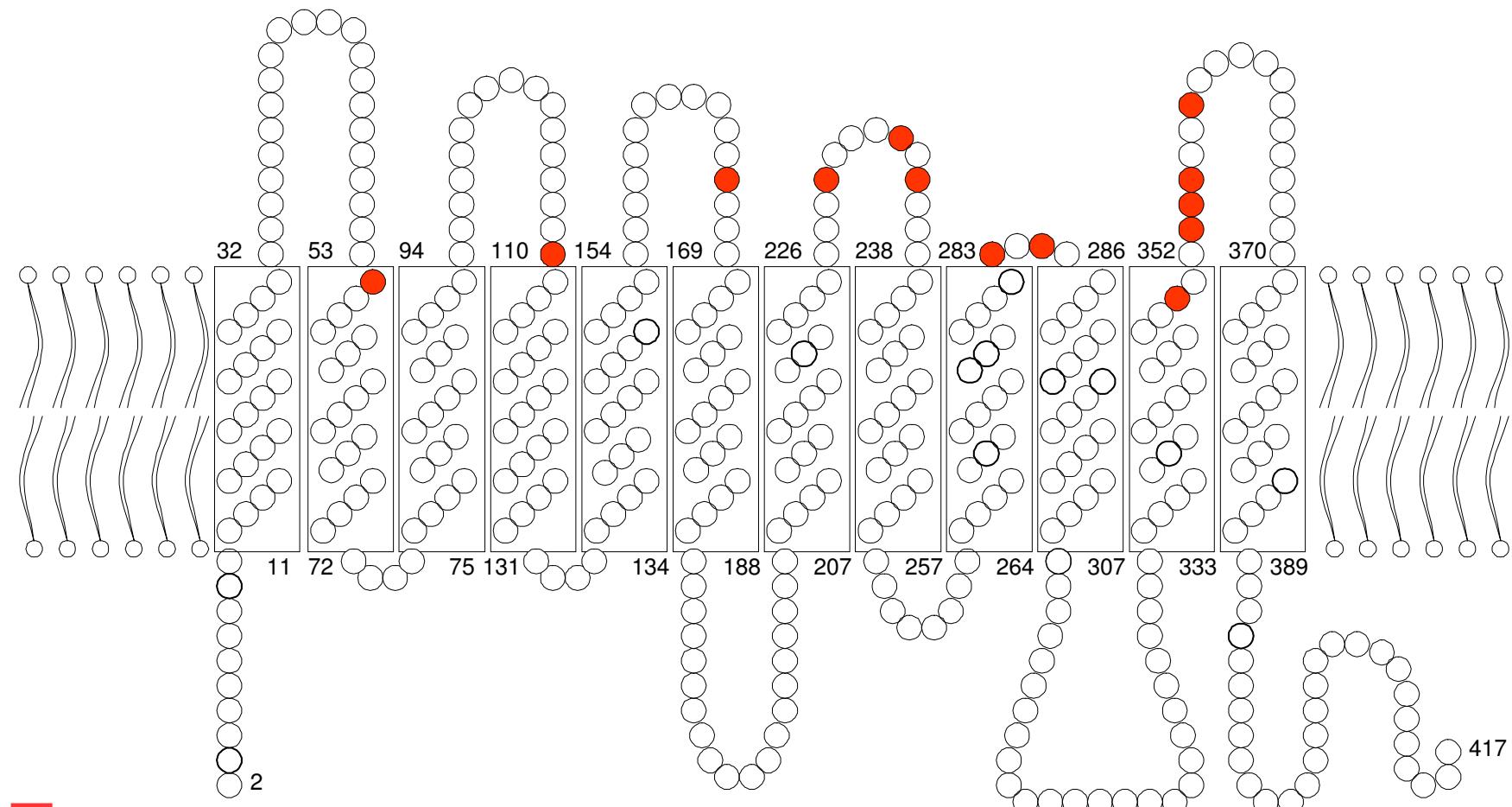
# RhD loops and D antigen

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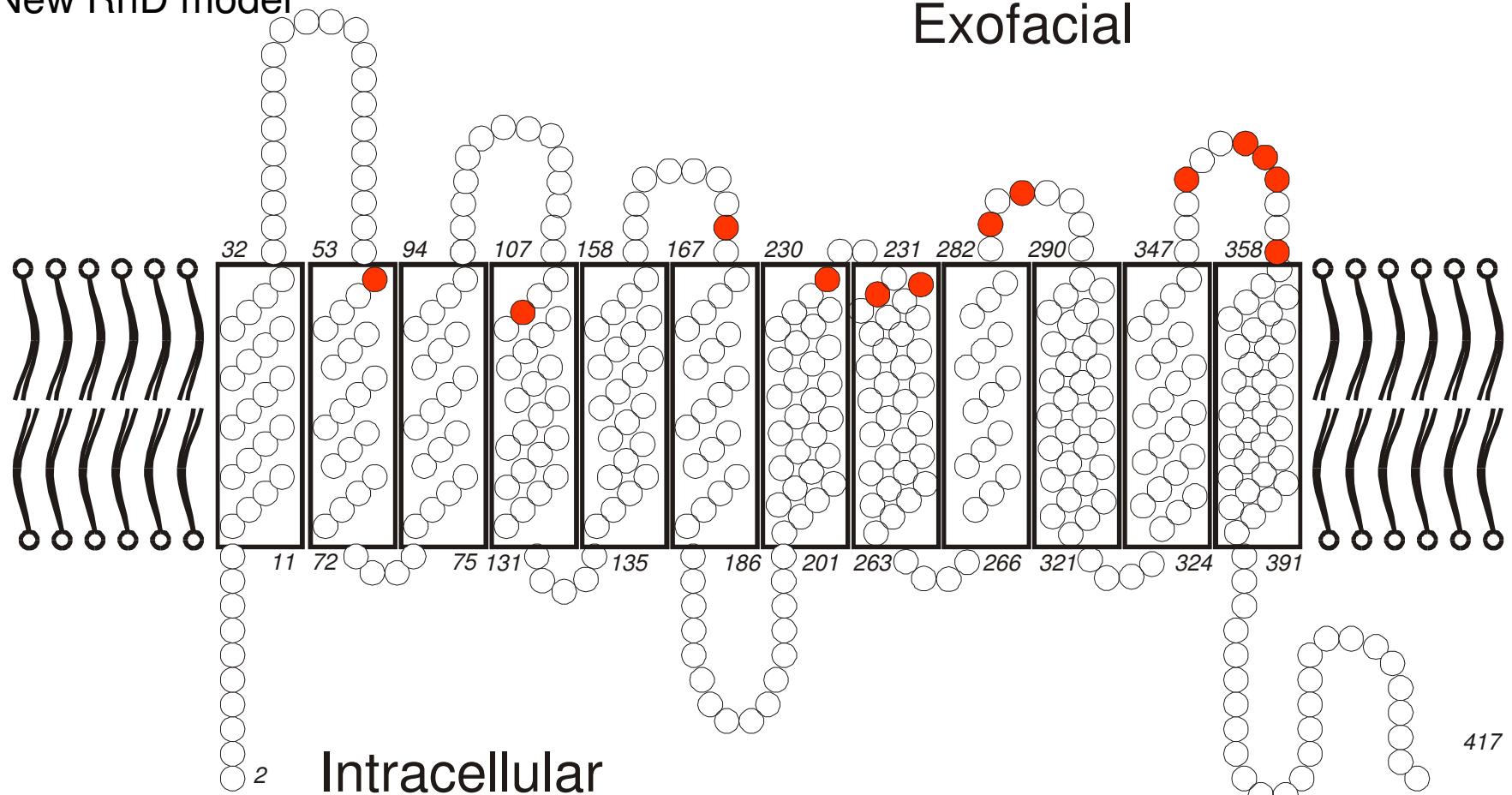
# Single amino acid substitutions in partial D

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# Single amino acid substitutions in partial D

New RhD model



# D variants

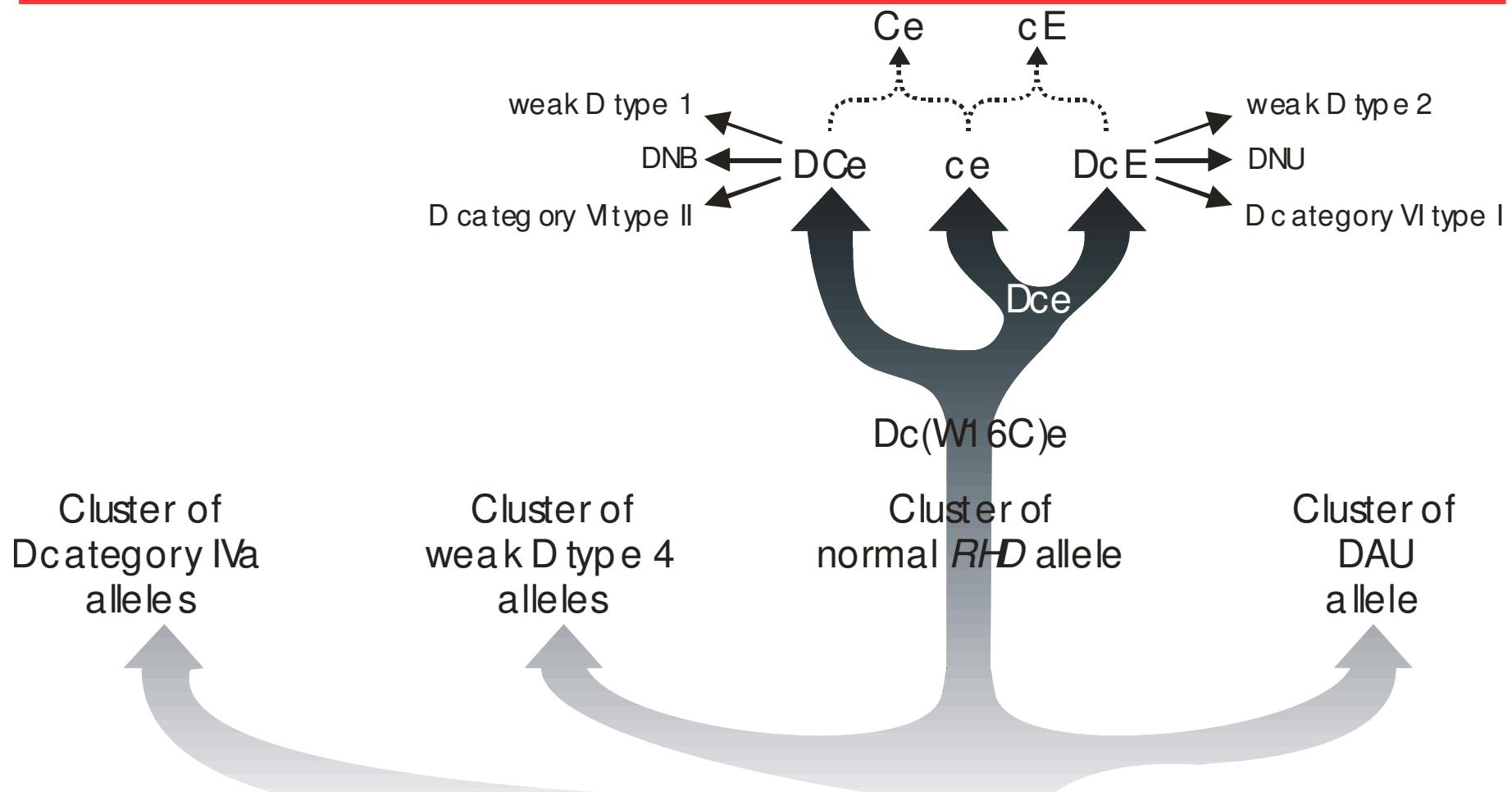
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# *RH* phylogeny



# D variants

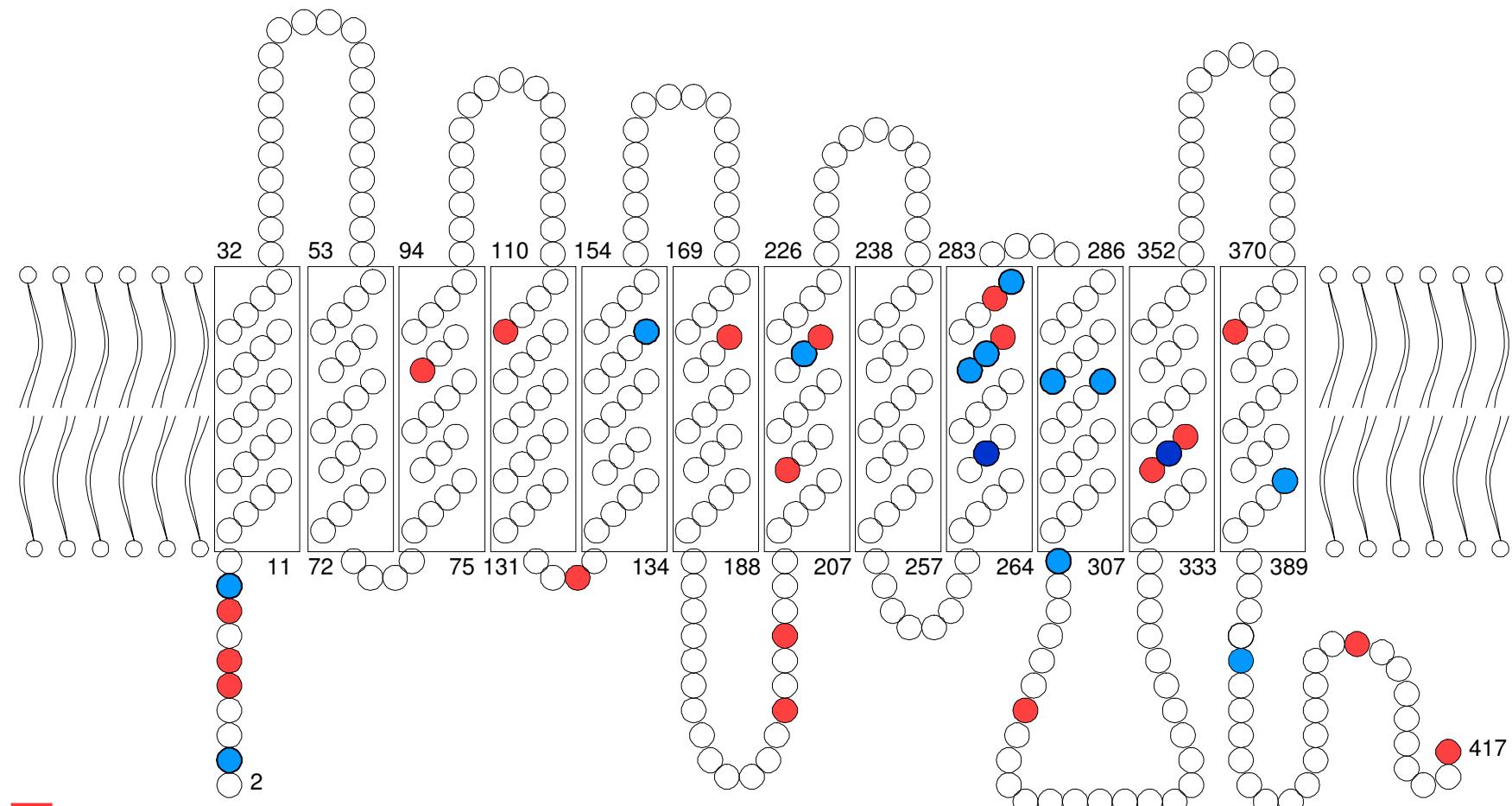
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- Weak D and D<sub>el</sub>
  - Mainly quantitative reduction of antigen D
  - Usually no Anti-D immunization observed
  - Molecular causes:
    - Single amino acid substitution in transmembraneous and intracellular parts of the Rh protein
    - Multiple dispersed amino acid substitutions
    - Splice site mutations (D<sub>el</sub>)



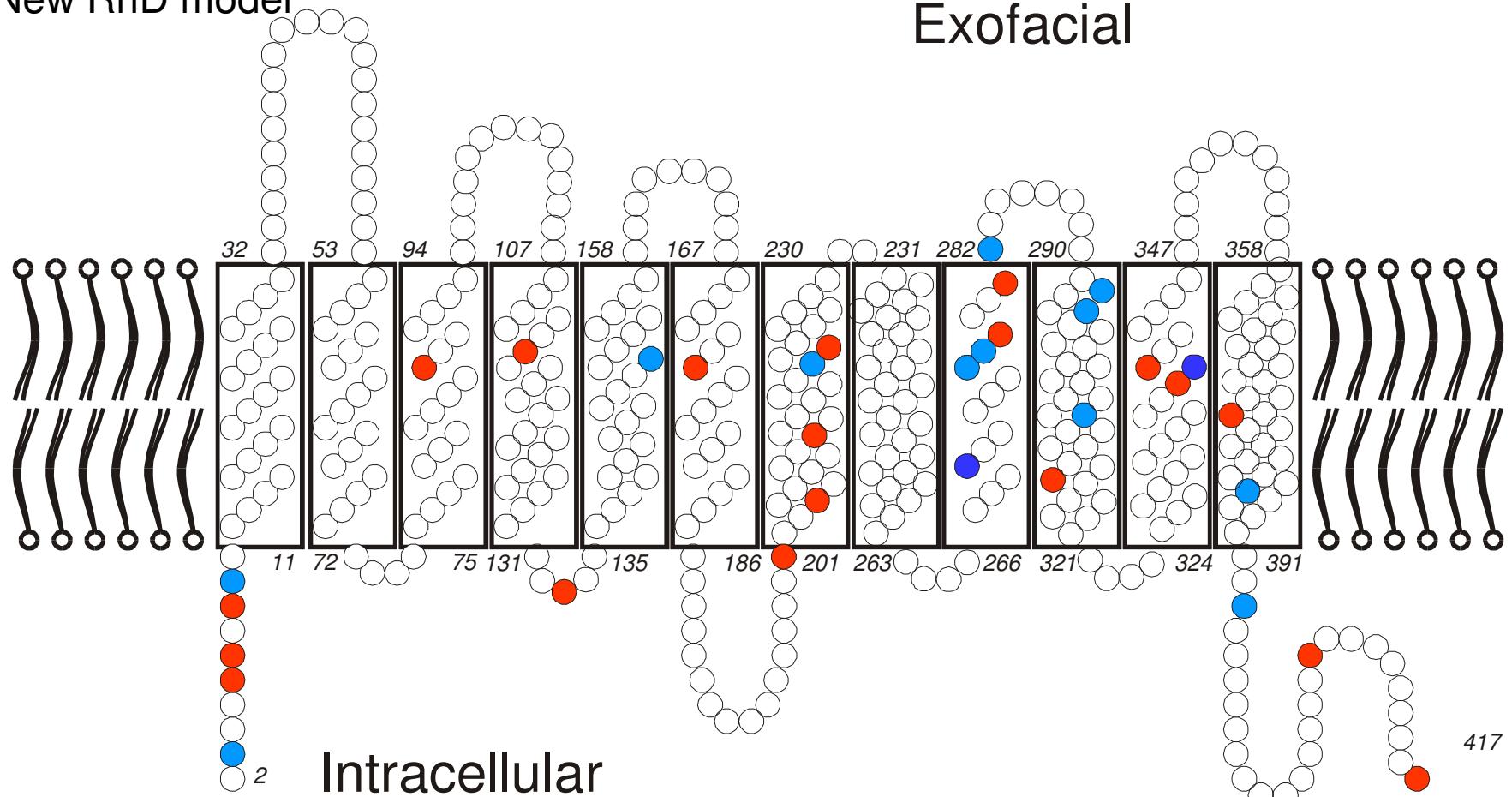
# Single amino acid substitutions in weak D

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# Single amino acid substitutions in weak D

New RhD model



Exofacial



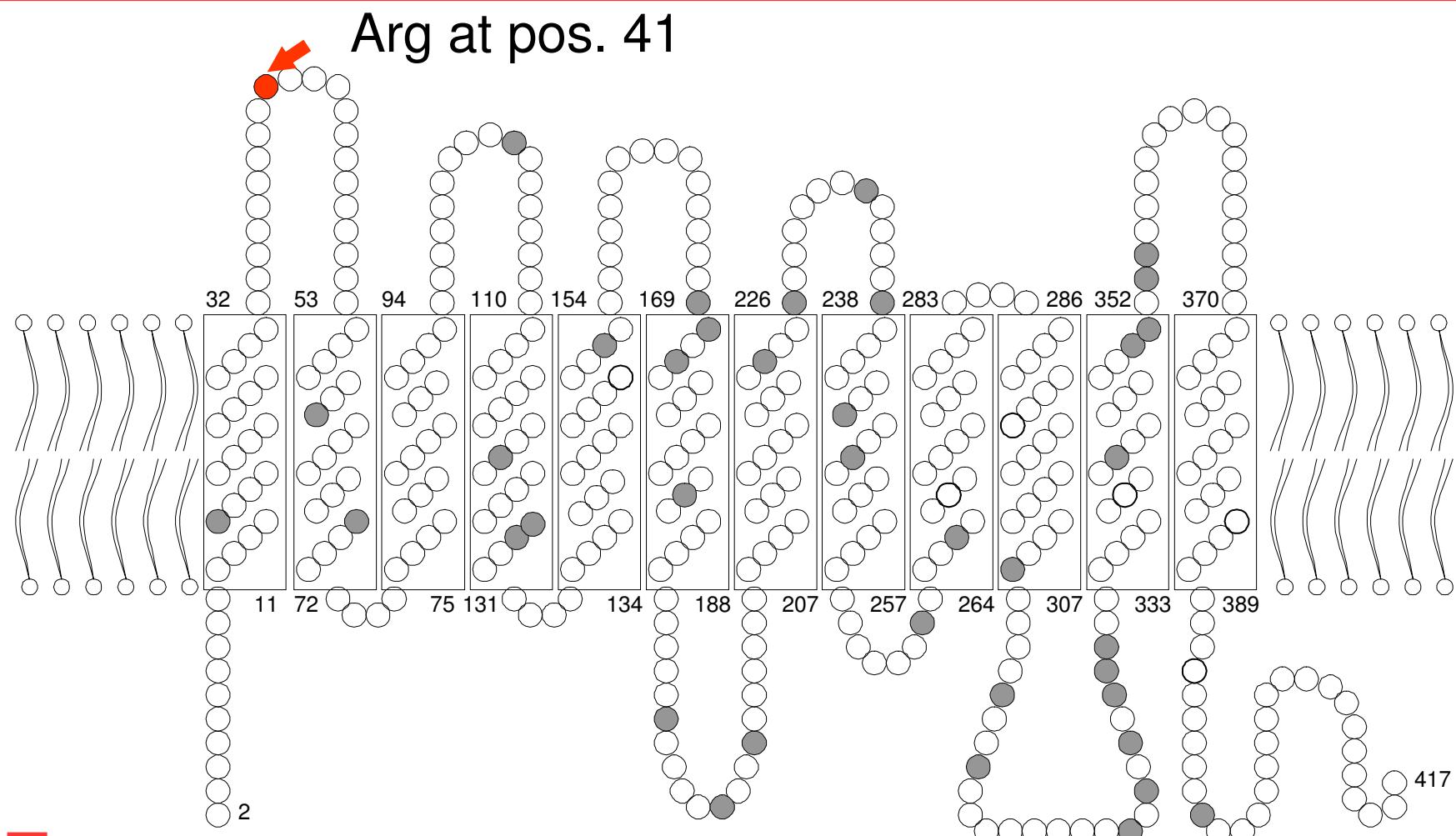
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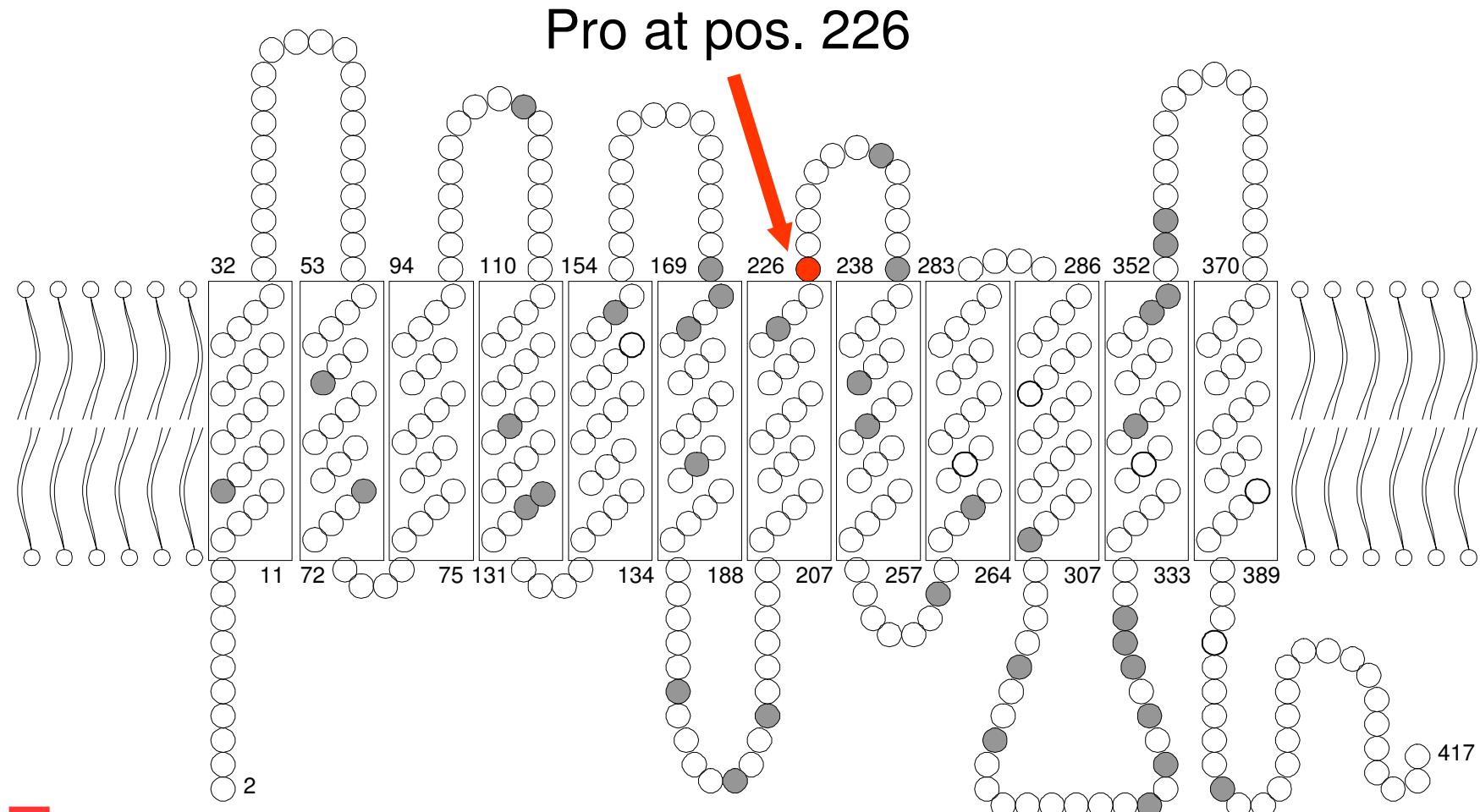


# Molecular basis of antigen C<sup>w</sup>

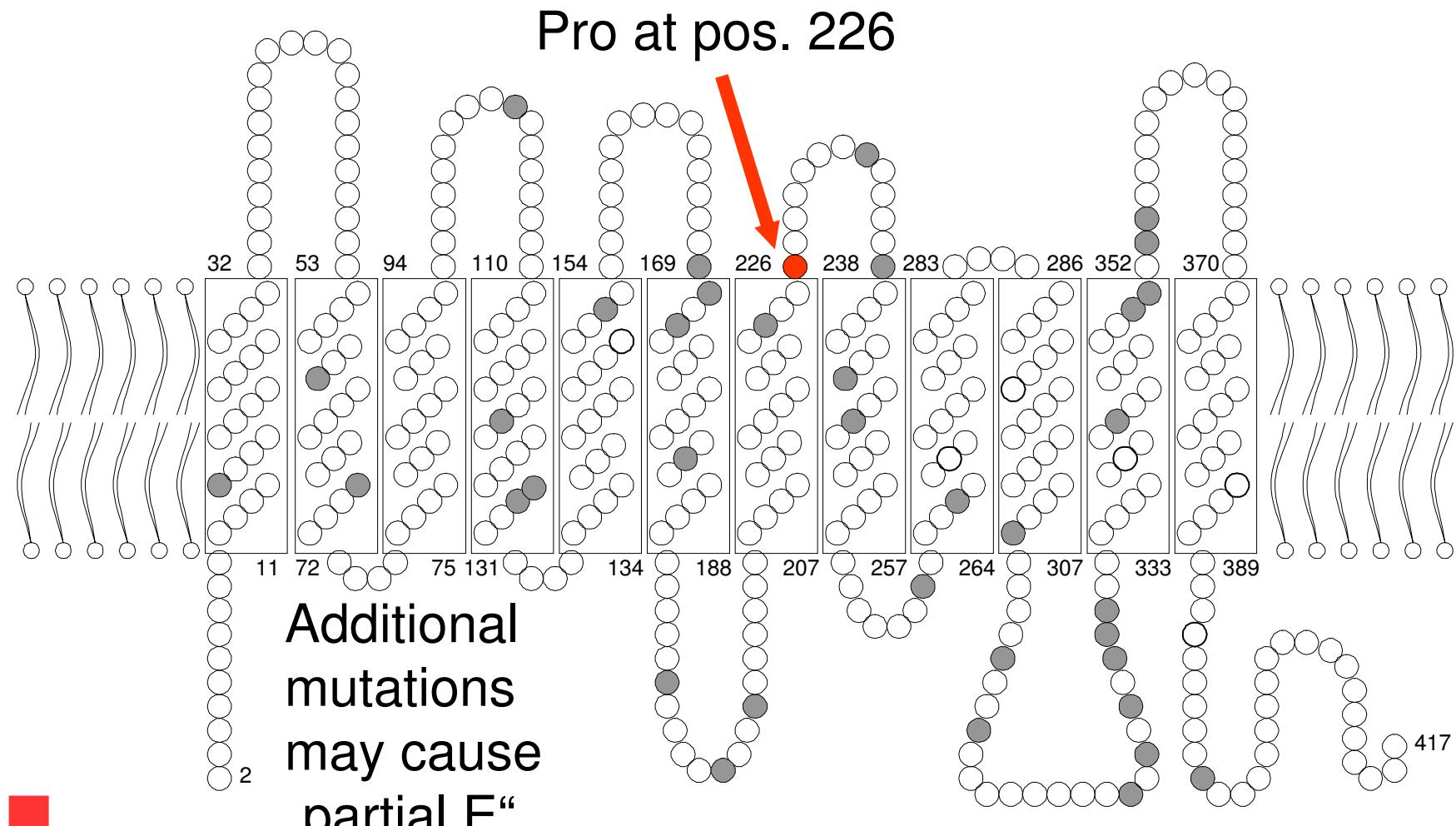


# Molecular basis of antigen E

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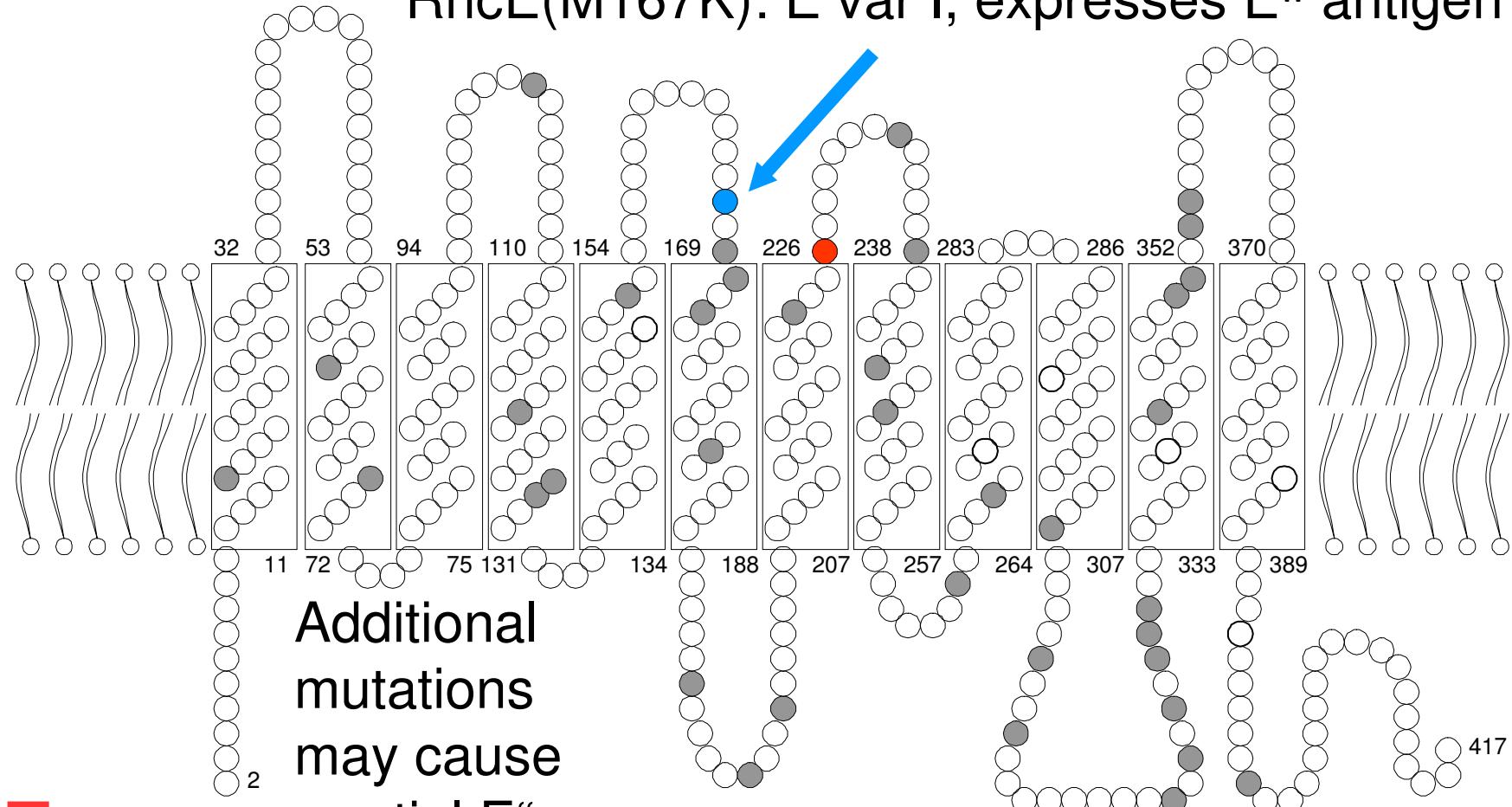


# Molecular basis of antigen E



# Molecular basis of antigen E

RhcE(M167K): E var I, expresses E<sup>w</sup> antigen

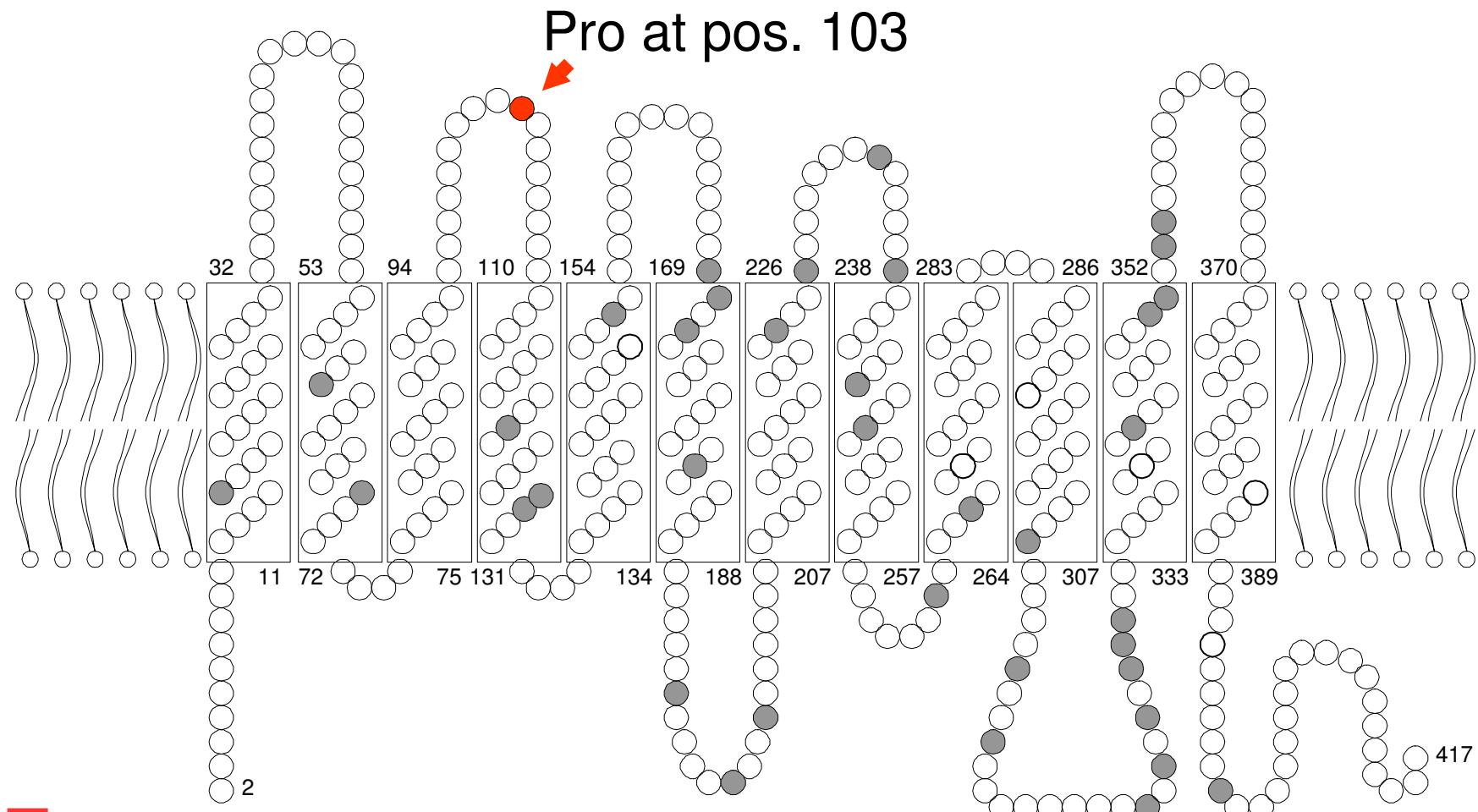


Strobel et al. 2004



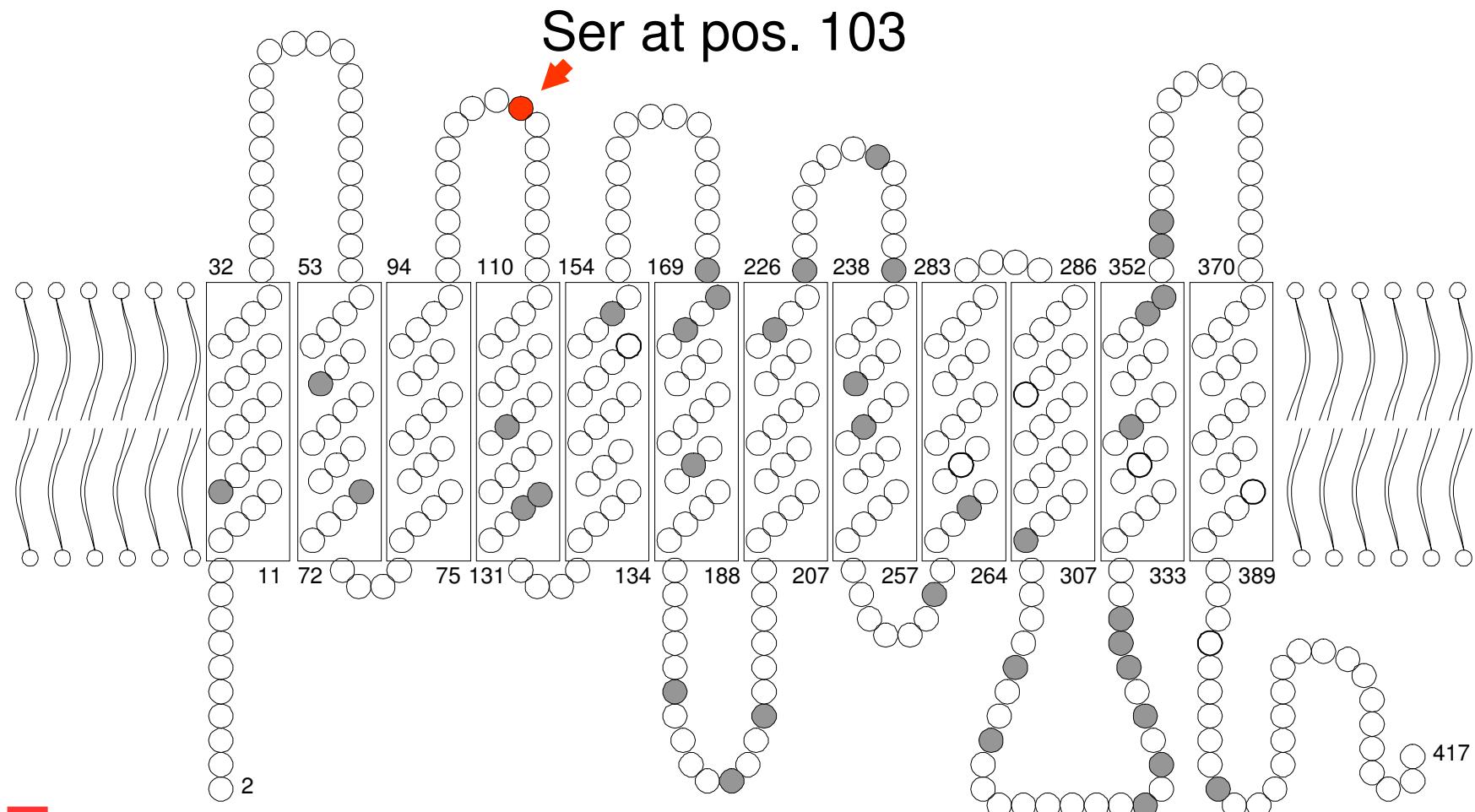
# Molecular basis of antigen c

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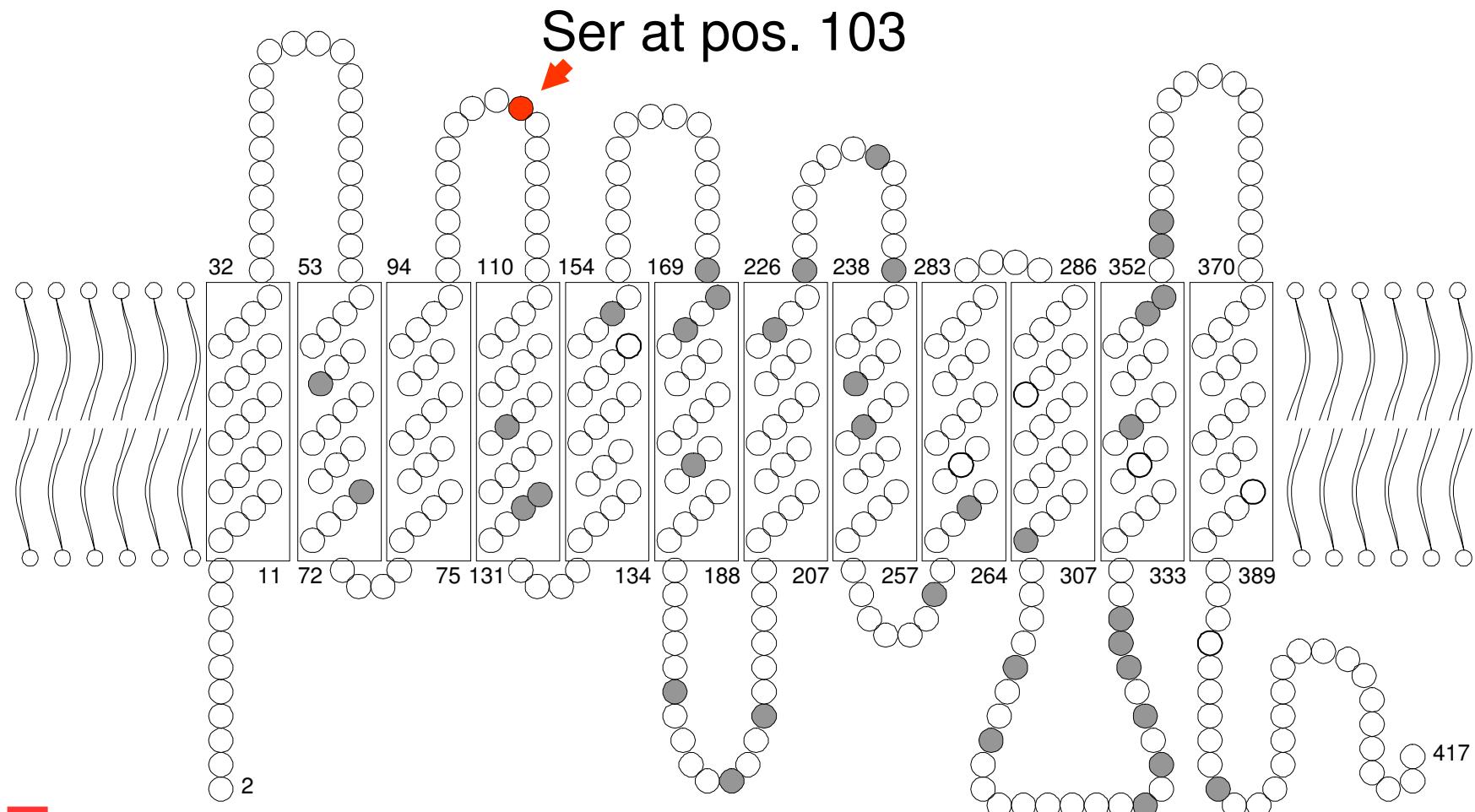
# Molecular basis of antigen G

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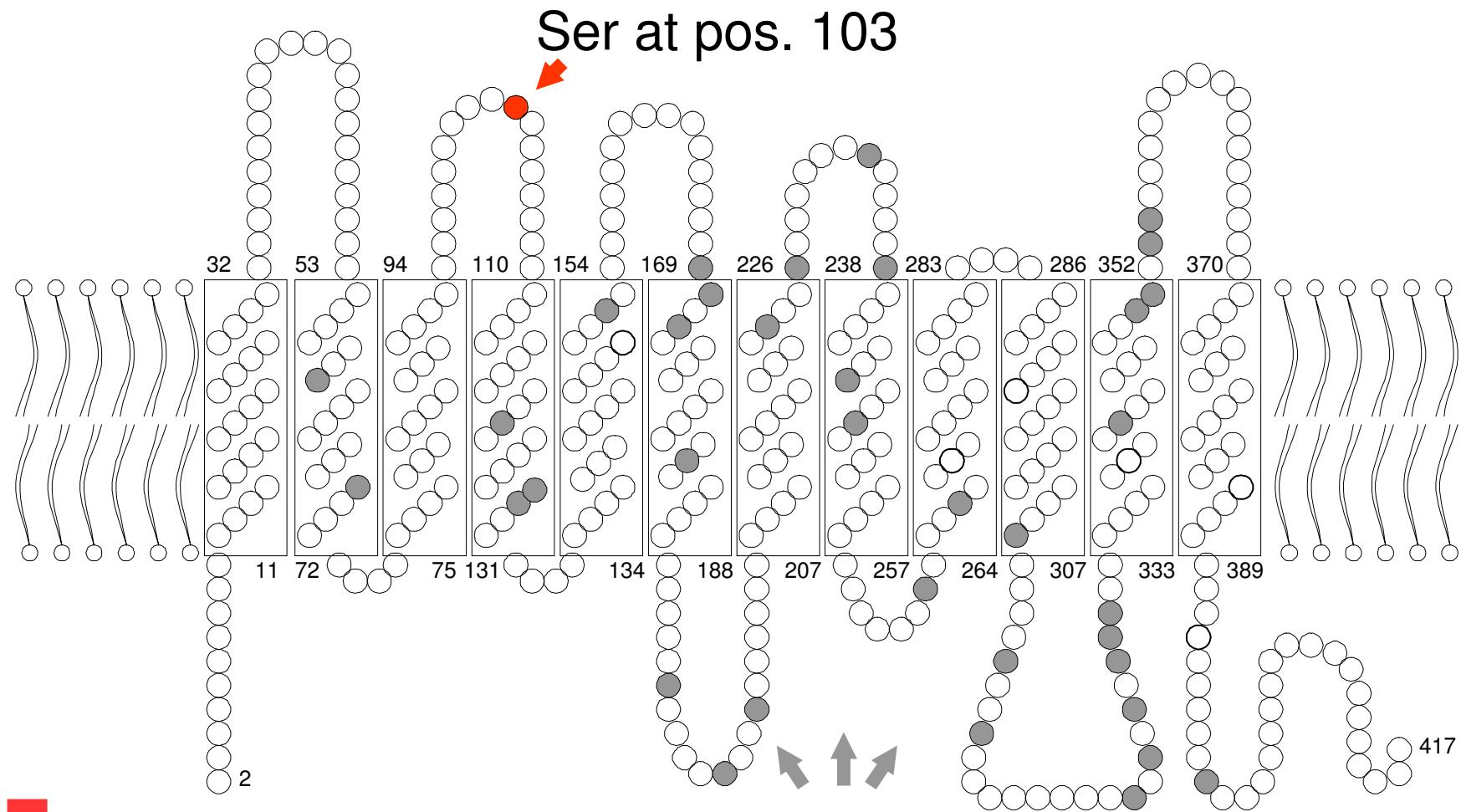


# Molecular basis of antigen C

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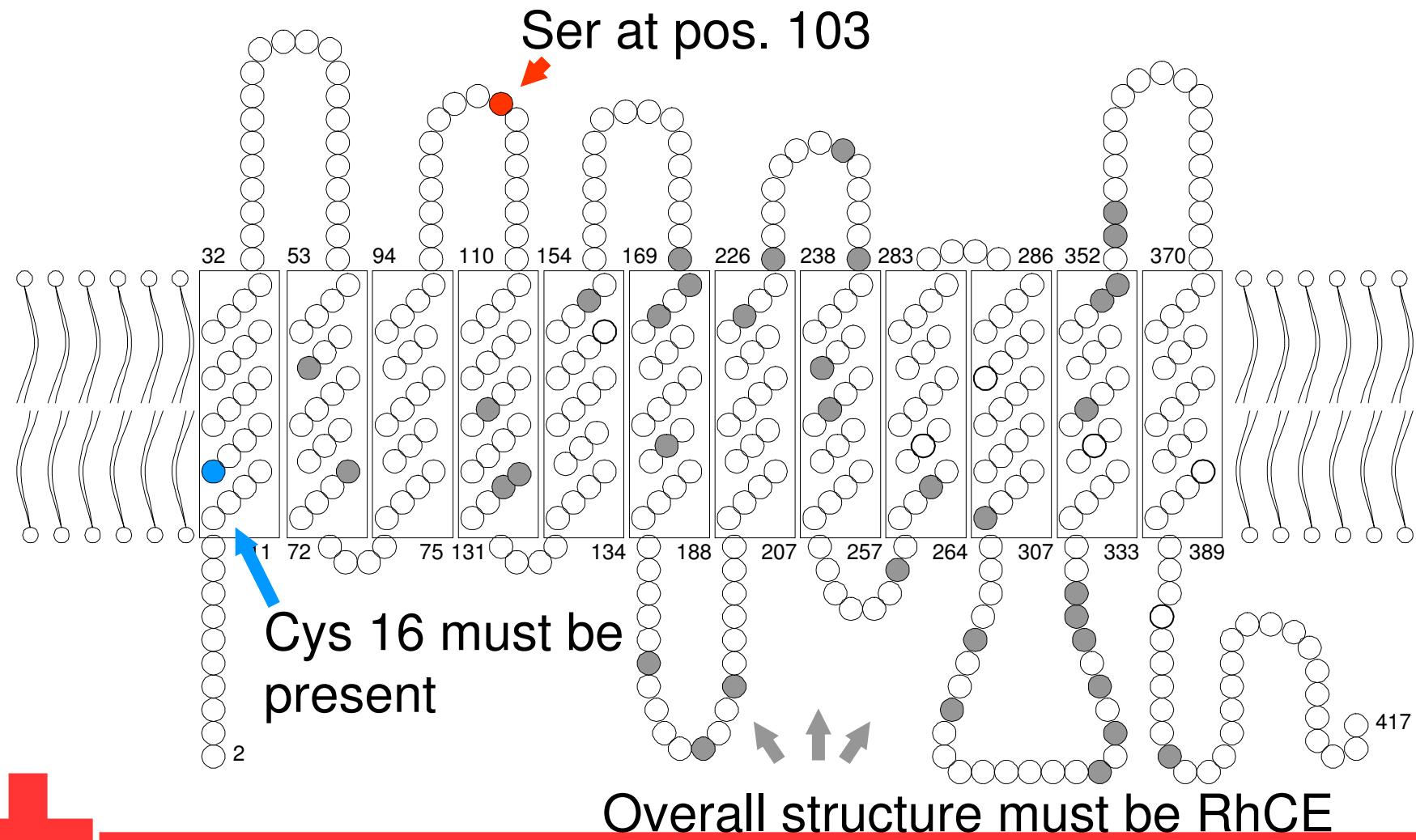
# Molecular basis of antigen C



Overall structure must be RhCE

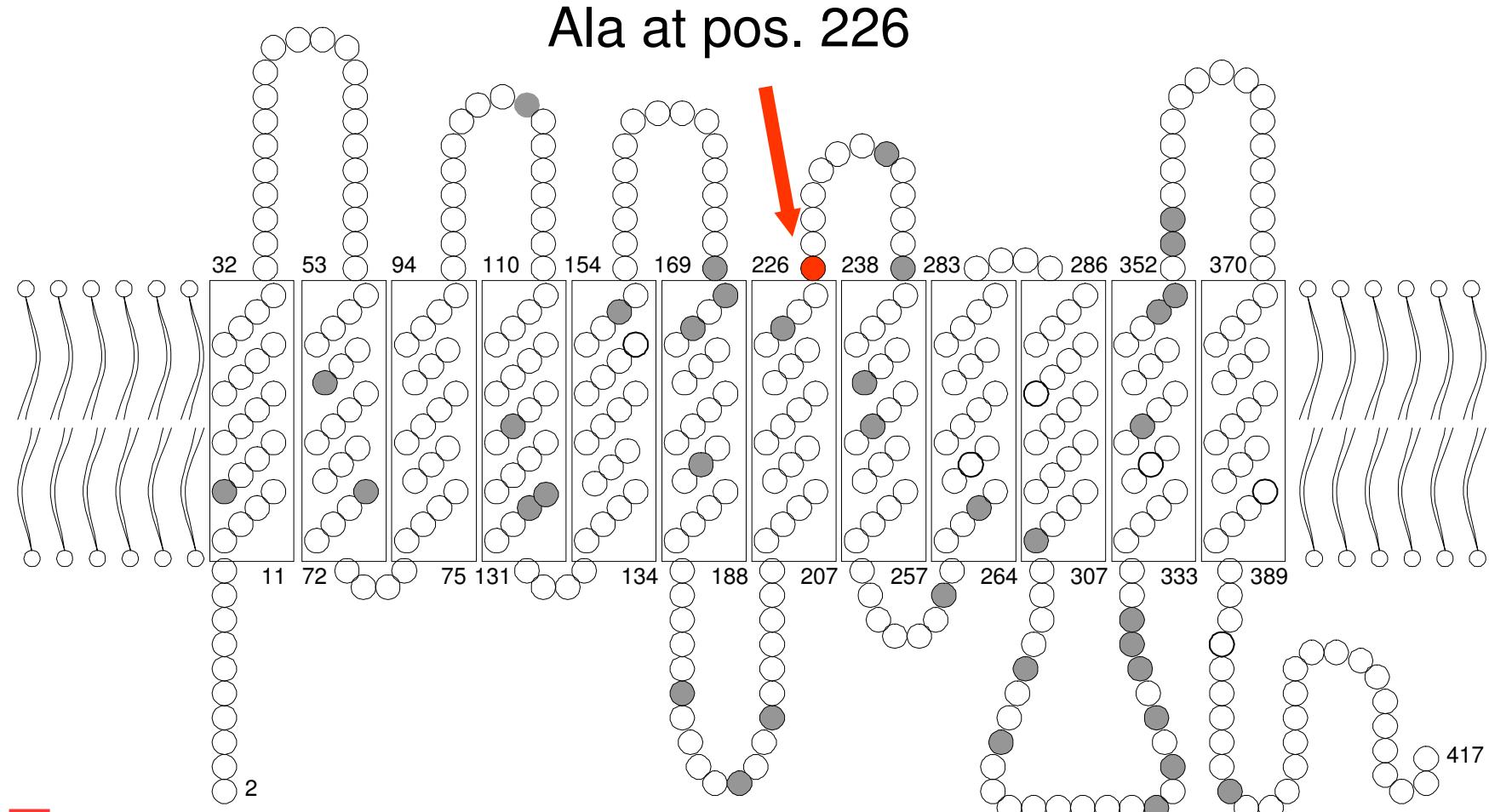


# Molecular basis of antigen C

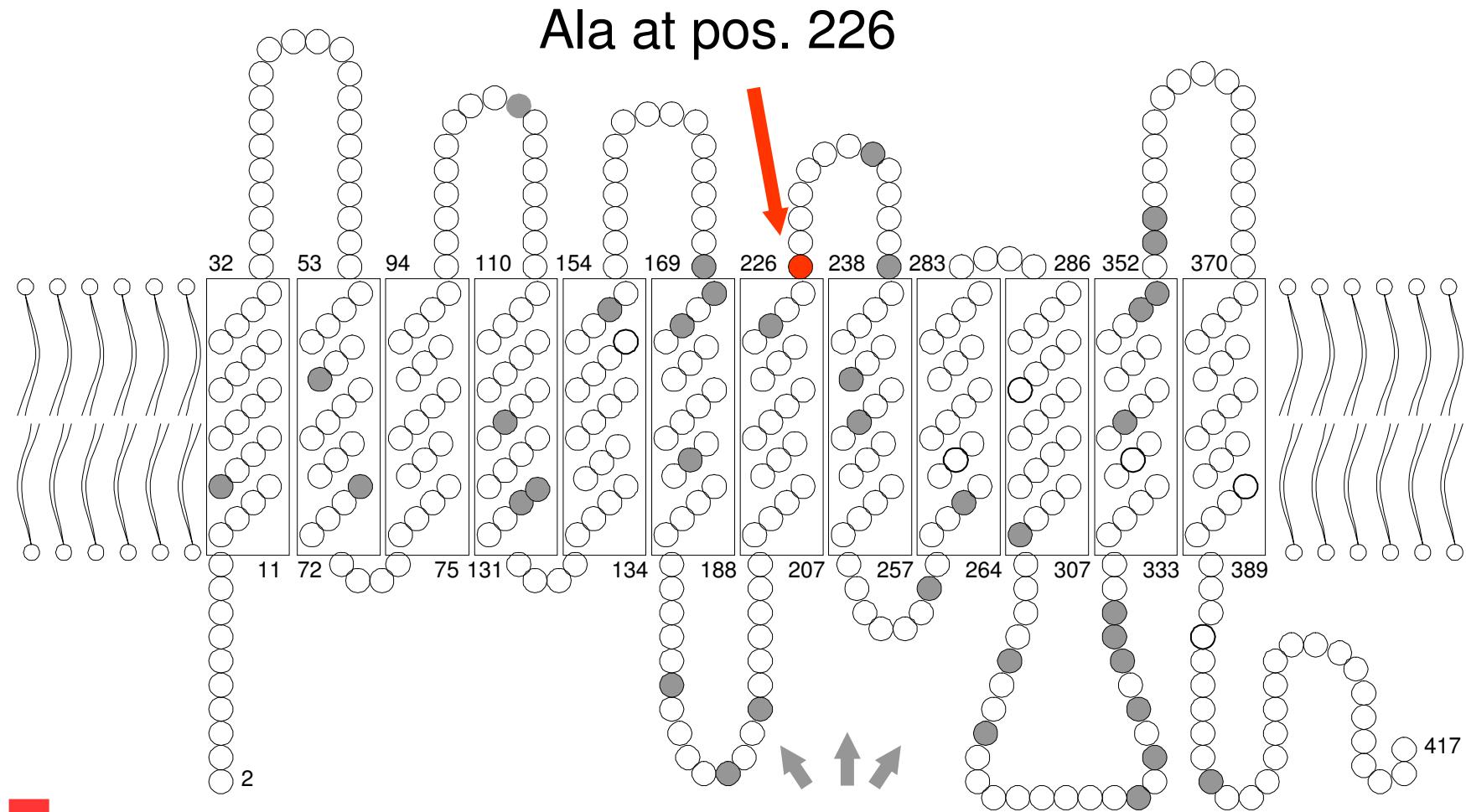


# Molecular basis of antigen e

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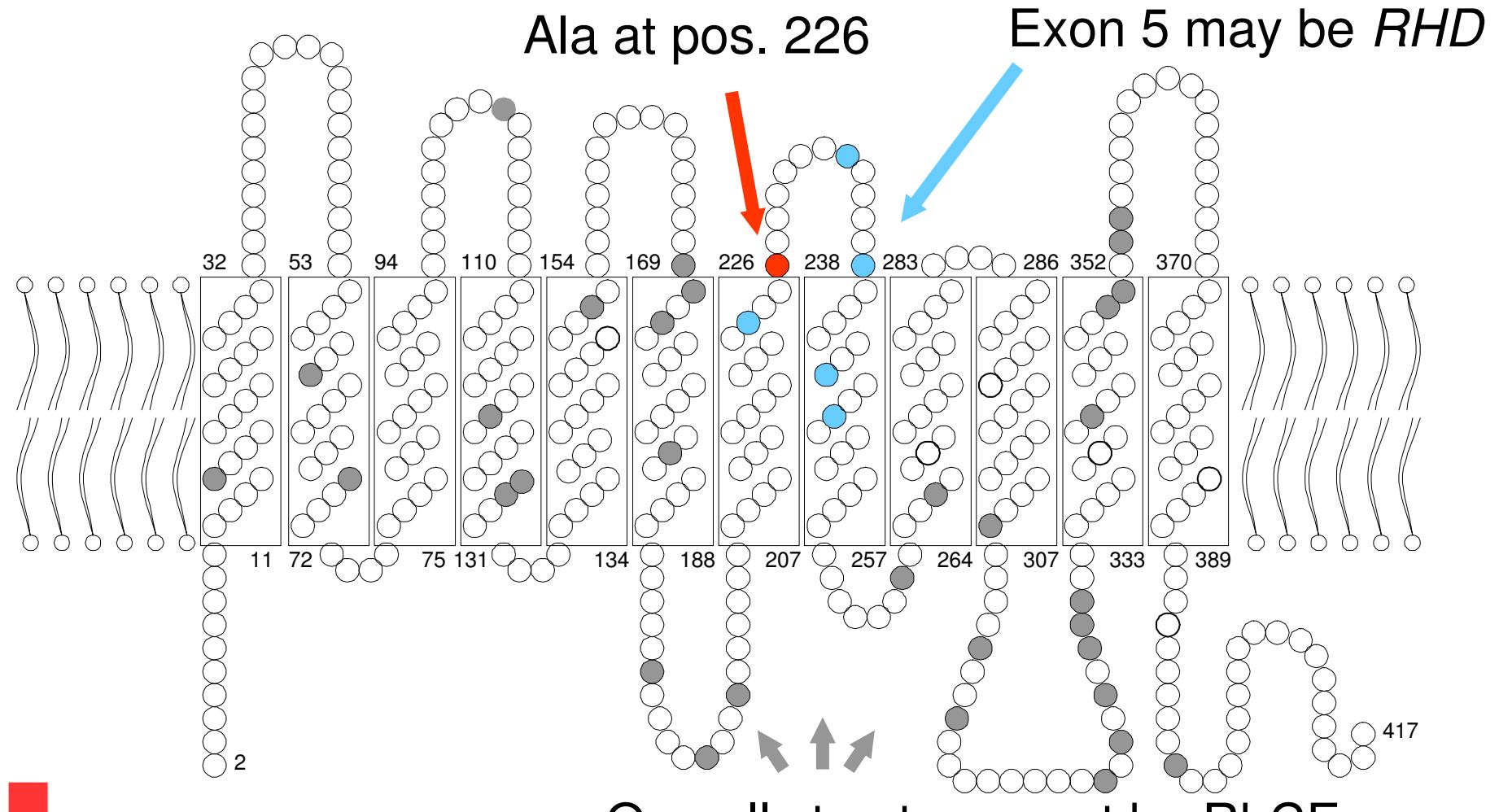
# Molecular basis of antigen e



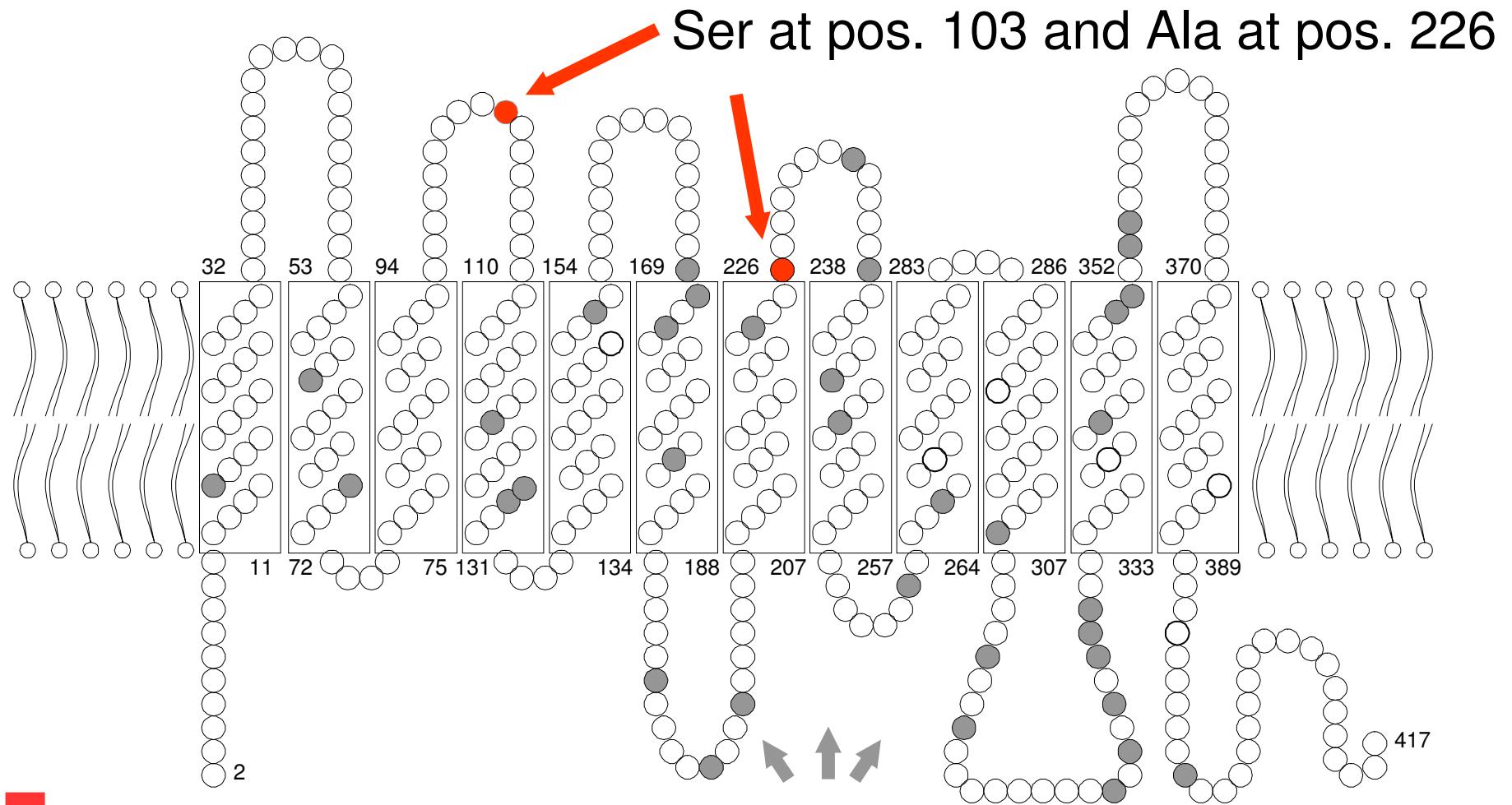
Overall structure must be RhCE



# Molecular basis of antigen e



# Molecular basis of antigen Ce (Rh7)



# Further complexities

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- „African“ *RHCE*-variants
- -D-
- Rh<sub>null</sub>
  - Amorph type:  
defect of *RH*
  - Regulator type:  
defect of *RHAG*



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# Purpose of molecular testing

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- Antigen prediction in the absence of suitable RBC
  - Prenatal diagnoses
  - Recently transfused patients
  - Positive DAT and similar serologic problems
- Detection of weak antigens
  - Donor screening
  - Confirmation of serologic results
- Characterization of antigenic variants
  - Discrimination weak D / partial D alleles
  - Characterization of variants of other antigens



# Testing strategies

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- Direct check for antigenic polymorphisms
  - Antigen C<sup>w</sup> prediction
- Indirect check for antigenic polymorphisms
  - Antigen C prediction based on intron 2
  - Antigen D prediction based on intron 4
  - Antigen D prediction based on non-exofacial positions
- Exclusion of additional polymorphisms



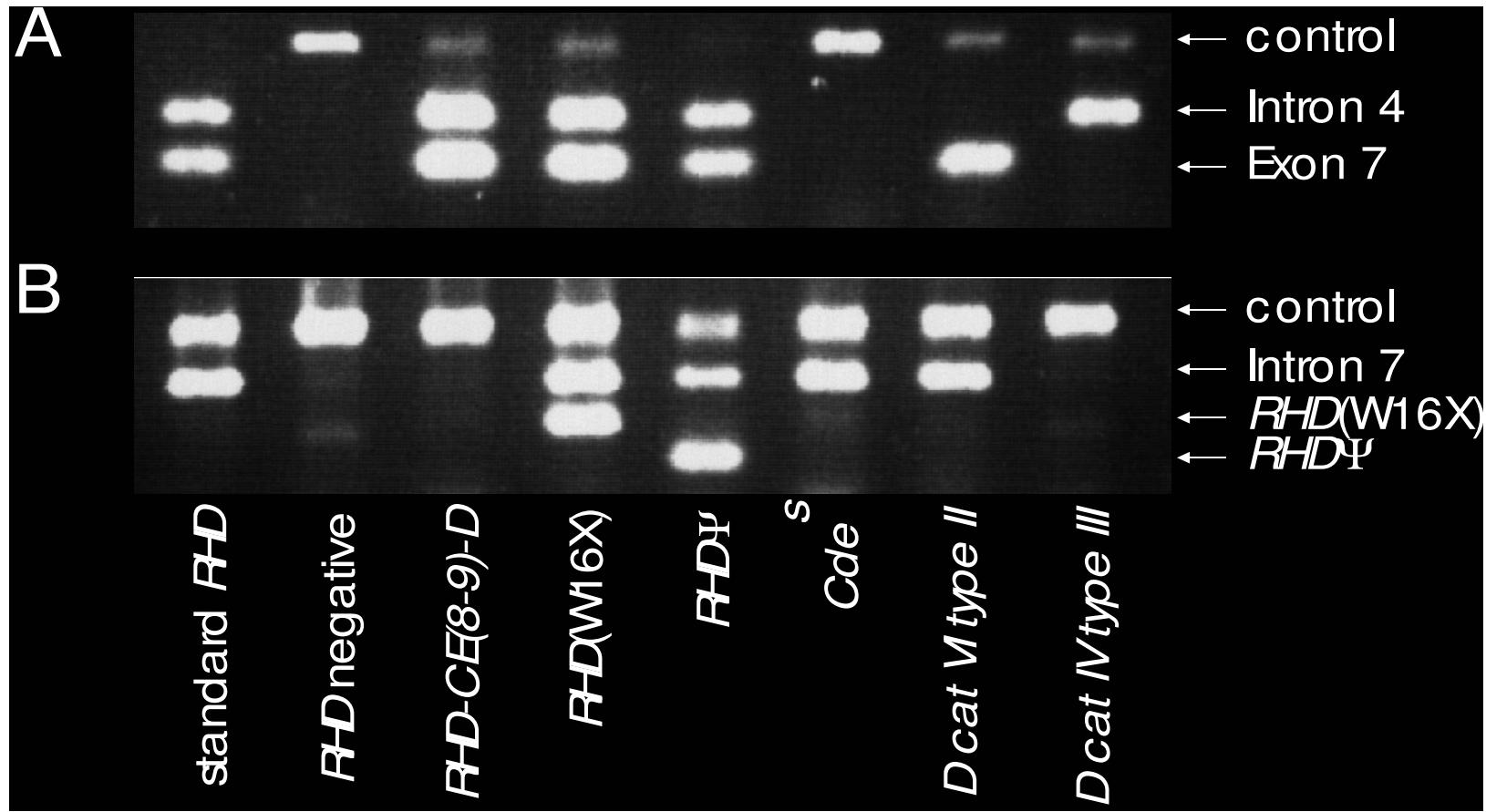
# Strategies for the prediction of D antigen

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- *RHD* PCR should focus on loops 3 to 6
  - Corresponds to *RHD* exon 4 to 7
    - Absence of *RHD* in these loops => D negative
    - Presence of *RHD* in all loops => likely D positive
    - Presence of *RHD* in some loops => likely partial D
  - Many partial D and hybrid-type D negative will be typed correctly
- „Other“ changes must be detected individually
  - *RHDpsi*, frequent stop/splice/frameshift mutations



# A solution to antigen D prediction



# Exclusion of additional polymorphisms

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- Which alleles must be detected?
  - Alleles found as single case report?
  - Alleles detected in a single region?
  - Alleles detected by a single group?
  - Alleles with very low frequency?
  
- ✓ D negative alleles
- ?  $D_{el}$  alleles
- ? Partial D alleles
- ? Weak D alleles
- ? *RHCE*-alleles with unexpected D-expression (e.g. ceRT)



# Strategies for the prediction of antigen C

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- Cys at position 16
  - Shared by most c-alleles of cDe (Africans!)
  - Absence predicts C negative phenotype
- *RHD* exon 2
  - Also present in *RHD* (e.g. cDE)
  - Absence predicts C negative phenotype
- C-specific insertion in intron 2
  - Best predicting polymorphism in Europeans
  - Fails in *Ccde<sup>s</sup>*



# Strategies for the prediction of antigen e

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- Usual approach: Ala 226 in *RHCE* exon 5
  - Fails in *RHCE-D(5)-CE*
  - No information for *RHD-CE(5)-D*
  - Minimal *RHCE*-context unknown



# Prediction of antigen Ce (Rh7)

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- Simultaneous presence of Ser 103 and Ala 226 in *RHCE*
  - Ser 103 coded by exon 2
  - Ala 226 coded by exon 5
- Two problems:
  - Distance on DNA: ~ 17,000 bp
  - Simultaneous testing of 3 determinants:
    - Ser 103, Ala 226, RhCE



# Additional pitfalls in Rh antigen prediction

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- Regulator-type Rh<sub>Null</sub>
  - Normal Rh genes, no Rh antigens
- Sporadic mutations
  - How many samples and regions must be tested?
- Unexplained non-expression of Rh proteins
  - D negative type with anti-D despite „normal“ *RHD*



# More facts --- more questions

