

Low frequency mitochondrial DNA mutation hotspots in blood and placenta



Caloren, Loïc^{1,2} ; Dunn, Rachel^{1,2,3} ; Ziada, Adam^{1,2} ; Côté Hélène C.F.^{1,2,3}

¹Department of Pathology and Laboratory Medicine, University of British Columbia, Vancouver, BC, Canada

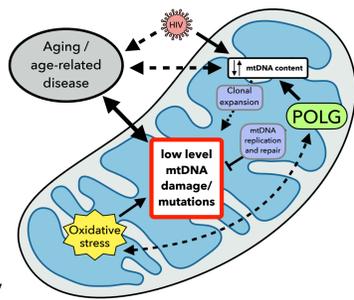
²Centre for Blood Research, University of British Columbia, Vancouver, BC, Canada

³Women's Health Research Institute, Vancouver, BC, Canada



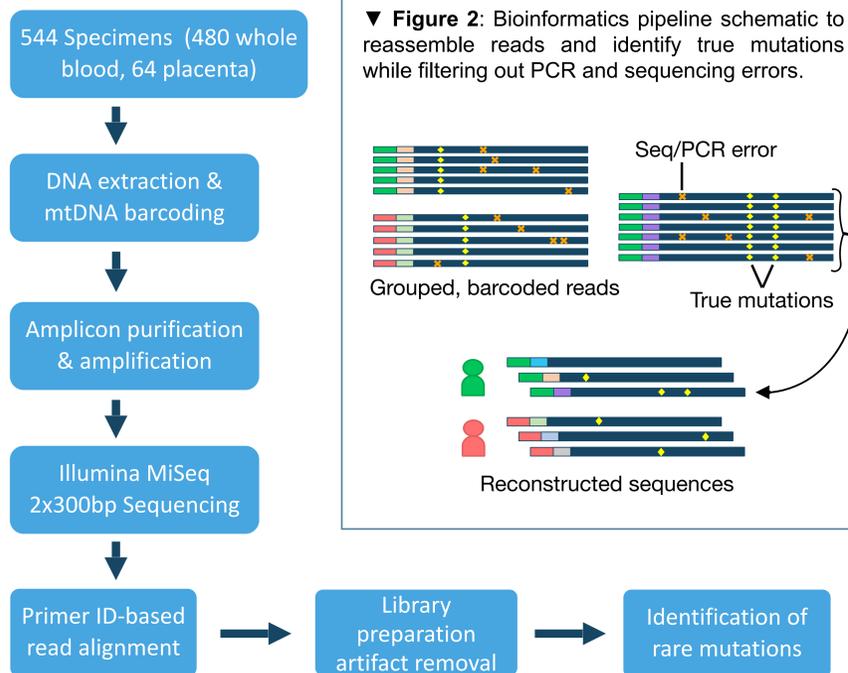
Introduction

- Mitochondrial genetics is challenging due to:
 - Heterogeneity
 - High copy number ($10^2 - 10^4$)
 - High turnover rate
 - Lower fidelity of polymerase gamma (POLG) which is prone to introducing transition mutations ($A \leftrightarrow G, C \leftrightarrow T$)
- Deep sequencing is unreliable for detection of low-level mutations (<2%)
- Both HIV and elevated mtDNA mutations are associated with aging and age related diseases
- Mitochondrial D-loop is a hypervariable, non-coding region containing one of the origins of replication



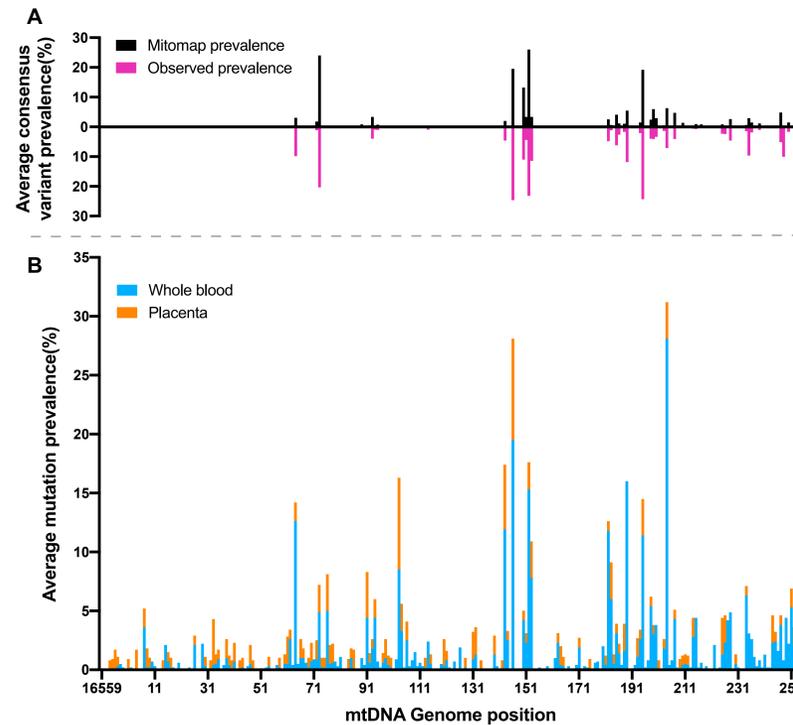
► **Figure 1:** Illustration of relationship between mtDNA mutations, aging and HIV

Study Methodology

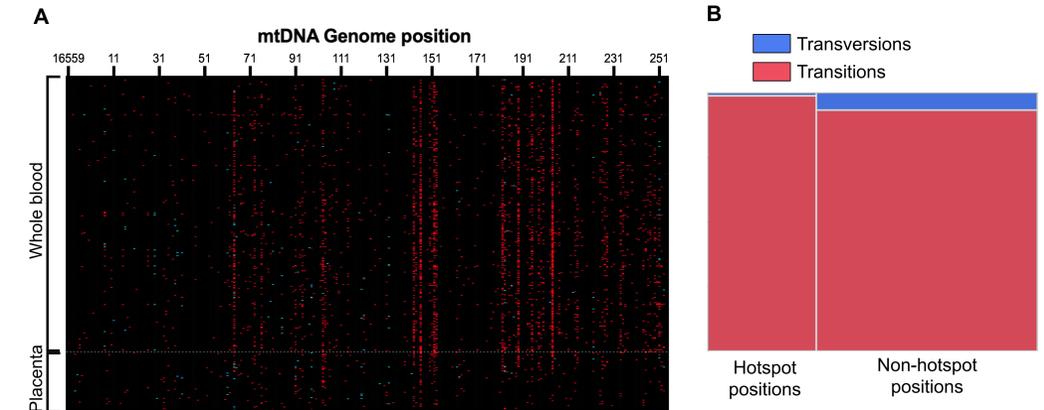


▼ **Figure 2:** Bioinformatics pipeline schematic to reassemble reads and identify true mutations while filtering out PCR and sequencing errors.

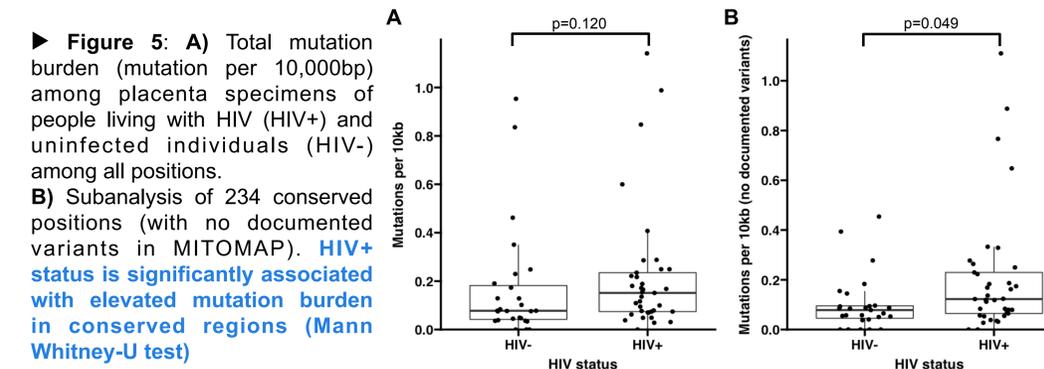
Results



▲ **Figure 3:** **A)** Prevalence of documented variants reported in MITOMAP, curated from mtDNA sequences in GenBank (black) is similar to that seen among the consensus sequences of study specimen (pink). **B)** Average prevalence of mutations among specimens in whole blood (blue) and placenta (orange) across the interrogated region of mitochondrial genome (MT16559-MT254). **Majority of mutations are somatic (present in <2% of molecules). Overall mutation rate is higher, and hotspots (observed in $\geq 10\%$ of specimens) are more pronounced in whole blood compared to placenta. Conserved regions among consensus sequences of individuals appear to contain less mutations.**



▲ **Figure 4:** **A)** Heatmap showing transition and transversion mutations ($A \leftrightarrow C, A \leftrightarrow T, C \leftrightarrow G, G \leftrightarrow T$) — red and blue respectively — for all assayed specimens. Hotspots for transitions are evident, especially in whole blood. **B)** Mosaic plot illustrating the **proportion of transition mutation is significantly higher among hotspot positions compared to non-hotspot positions (98.9% vs 92.9% of all mutations) (Fisher's exact test; $p < 0.0001$).**



► **Figure 5:** **A)** Total mutation burden (mutation per 10,000bp) among placenta specimens of people living with HIV (HIV+) and uninfected individuals (HIV-) among all positions. **B)** Subanalysis of 234 conserved positions (with no documented variants in MITOMAP). **HIV+ status is significantly associated with elevated mutation burden in conserved regions (Mann Whitney-U test)**

Conclusions

- Positions on the mitochondrial genome that are more tolerant to variants have a greater prevalence of rare mutations observed as hotspots, in both peripheral whole blood and placenta tissue (**Fig. 3**)
- Among the highly variable positions, transition mutations are significantly more prevalent compared to transversion mutations, suggesting polymerase gamma errors may be a driver in these mutation hotspots (**Fig. 4**)
- In placenta tissue, HIV infection is associated with an higher total mutation burden among conserved positions of the mtDNA Dloop (**Fig. 5B**)
- Together these finding may provide some insight on the link between mtDNA mutations, HIV and aging

Acknowledgements

- We thank all members of the Côté Lab for their help and support
- We thank study participants (CARMA) for their tissue donations
- This research is supported by CIHR grants



Loïc Caloren, BSc
Email: L.Caloren@alumni.ubc.ca

Rachel Dunn, BSc
Email: Rachel.Dunn@alumni.ubc.ca