## Diabetology

## Genotype Distribution of CNDP1 Polymorphisms in the Healthy Chinese Han Population: Association with HbA1c and Fasting Blood Glucose- Qiu Zhang - Anhui Medical University, Hefei 230022, China

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## Abstract

We have antecedently according that the CNDP1 (CTG)5 factor factor protection against diabetic nephrosis (DN) in patients with sort a pair of polygenic disease (T2DM) of Caucasian origin. as a result of the incidence of ESRD because of each sort one polygenic disease (T1DM) and T2DM is higher among South Asian than Caucasian folks, this study assessed relevant CNDP1 polymorphisms and their association with metabolic parameters inside the Chinese Han dynasty population. to the current finish, the (CTG)n factor distribution in conjunction with five relevant SNPs within the CNDP1 factor, antecedently according to be related to DN in non (CTG)5 carriers of Afro- yank quality, were determined in 663 healthy people. The (CTG)6 homozygous genotype was the foremost current (84.5%) genotype within the Chinese Han dynasty population. The (CTG)5 and (CTG)4 alleles were gift during a tiny minority of people accounting for fifteen.2% and 0.3% of genotypes with a minimum of one (CTG)5 or one (CTG)4 factor, severally. Only 0.5% [of people] of people] carried the homozygous (CTG)5 genotype and individuals carrying the homozygous (CTG)4 genotype weren't found. The minor factor frequencies (MAFs) of the five SNP were zero.197 (C factor for rs4892247), 0.0855 (C factor for rs62099905), 0.085 (G factor for rs62099906), 0.066 (T factor for rs62099907), and 0.18 (A factor for rs72979715). All the SNPs except rs4892247 genotypes were inside the Hardy-Weinberg equilibrium. Neither the (CTG)n polymorphism nor the latter 3 SNPs reached significance compared compared metabolic parameters. In distinction, people with the TT genotype of rs62099905 bestowed lower fast glucose however higher HbA1c levels. finally, the rs62099905 inside the CNDP1 factor is said to blood serum aldohexose levels inside the healthy Chinese Han dynasty population, whereas for the CNDP1 (CTG)n polymorphism, no association with serologic

parameters was found.

It has been according that patients with sort a pair of polygenic disease (T2DM) carrying the homozygous CNDP1 (CTG)5 genotype have a reduced risk to develop diabetic nephrosis (DN) as compared to T2DM patients carrying different genotypes [1].

The CNDP1 (CTG)n polymorphism is located within the hydro- neurotic a part of the carnosinase one (CN-1) signal amide and will and will secretion into blood serum. In vitro studies have prompt that the shorter (CTG)5 gene variant is a smaller amount effi-

ciently secreted [2], that may make a case for why (CTG)5 homo-zygous people have lower blood serum CN-1 levels [1].

CN-1 is also a dipeptidase that by selection hydrolyzes the histidine-containing dipeptides (HCD) carnosine, anserine, and homocarnosine. These HCD have a broad spectrum of protecting protecting together with antioxidative and antiglycative properties which might make a case for their beneficial effect inside the context of polygenic disease and different disorders associated with aerobic stress [3]. Indeed, oral carnosine supplementation amelio- rates DN [4] and diabetic retinopathy (DR) [5] in sort a pair of

1.1. DNA Isolation. Genomic DNA was isolated from blood by the Genomic DNA extraction kit (Invitrogen, USA) per manufacturer's instruction. DNA samples were keep at -20°C till use.

1.2. CTG Polymorphism Genotyping. A one67 nucleotide frag- ment from desoxyribonucleic acid 1 of the CNDP1 genes, including the (CTG)n polymorphism, was amplified by commonplace PCR ways employing a employing a primer (5'

FAM-AGGCAGCTGTGTGAGGTAAC-3') associate degreed an unla-beled reverse primer (5'GGGTGAGGAGAACATGCC-3'

), severally. Genotyping was performed per frag- ment associate

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1.3. SNPs Genotyping. 5 SNPs inside the CNDP1 factor, i.e., rs4892247, rs62099906, rs62099905, rs62099907, and rs72979715, were chosen on the thought of previous publications [13, 14, 17], as long as their minor factor frequency (MAF) inside the studied Chinese Han dynasty population was quite zero.05. SNPs extension primers square measure shown in Table one. All SNPs were genotyped by the pic kit (ABI) as previ- ously delineate [18].

We next assessed if the (CTG)n polymorphism or the rest four SNPs showed associate degree association with excretory organ perform or met- abolic parameters. For the previous polymorphism, patients were stratified on the idea of being homozygous for the (CTG)6 factor (n = 559) vs. all different genotypes (n = 104). Since urinary ACR wasn't unremarkably distributed inside the data- set, a log transformation was performed for ACR to reach normal distribution (shown as Log ACR). In freelance t check analysis, solely three variables showed a p worth however zero.25, together with heartbeat sign (sBP), beat blood

pressure (dBP), and skin AGEs (data not shown). These three variables were afterwards enclosed inside the binary supply statistical method however showed no significant association with the (CTG)n polymorphism (data not shown).

For associations with the chosen SNP the homozygous

genotypes GG in rs62099906 (n = 4), CC in rs62099905 (n = 4), and AA factor in rs72979715 (n = 20) were excluded from the analysis because of the little sample size. Hence, independent t tests for the association were later performed between AA and atomic number 47 genotypes in rs62099906, between CT and TT genotypes in rs62099905, between AA and AT geno- varieties in rs62099907, and between atomic number 47 and GG genotypes in rs72979715. Variables with p < 0.25 were afterwards chosen for binary supply analysis.

Although in univariate analysis, sort of parameters reached a threshold p values  $\leq$  zero.25, inside the variable anal-ysis, no significant associations for rs62099906, rs62099907, and rs72979715 were found. In distinction, rs62099905 (Table 5) showed significant associations within the variable model. Rs62099905 was associated HbA1c and FBG. Individ- uals with the TT genotype of rs62099905 displayed higher HbA1c however lower FBG levels (Figure one, CC vs. CT vs. TT: HbA1c (%): 5:63 ± 0:35 vs. 5:68 ± 0:58 vs. 5:77 ± 0:76; FBG

(mmol/L): 5:48 ± 0:61 vs. 5:48 ± 1:13 vs. 5:27 ± 0:97). The P2hBG levels between CT and TT factor were but not significant though the quantity were slightly higher inside the TT factor (CC vs. CT vs. TT: P2hBG (mmol/L): 6:77 ± 1:34 vs. 6:92 ± 2:87 vs. 7:01 ± 2:85).

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Extended Abstract

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