

DNA amplification in vitro: the polymerase chain reaction

If we know the sequence of at least some parts of the gene or sequence of interest, we can amplify it in a test tube. The procedure is called the **polymerase chain reaction** (PCR).

The process uses multiple copies of a pair of short chemically synthesized primers, from 15 to 20 bases long, each binding to a different end of the gene or region to be amplified.

The two primers bind to opposite DNA strands, with their 3 ends pointing at each other. Polymerases add bases to these primers, and the polymerization process shuttles back and forth between them, <u>forming an exponentially growing number of double-stranded DNA molecules</u>.

PCR Is a Powerful Technique in Medical Diagnostics, Forensics, and Studies of Molecular Evolution

PCR can provide valuable diagnostic information in medicine.

Selected DNA Sequences Can Be Greatly Amplified by the Polymerase Chain Reaction

In **1984**, **Kary Mullis** devised an ingenious method called the **polymerase chain reaction** (PCR) for amplifying specific DNA sequences.

Millions of the target sequences can be readily obtained by PCR if the flanking sequences of the target are known.

PCR is carried out by adding the following components to a solution containing the target sequence:

(1) <u>a pair of primers</u> that hybridize with the flanking sequences of the target, (2) all four <u>deoxyribonucleoside triphosphates</u> (dNTPs), and (3) a <u>heat-stable DNA polymerase</u>.

A PCR cycle consists of three steps.

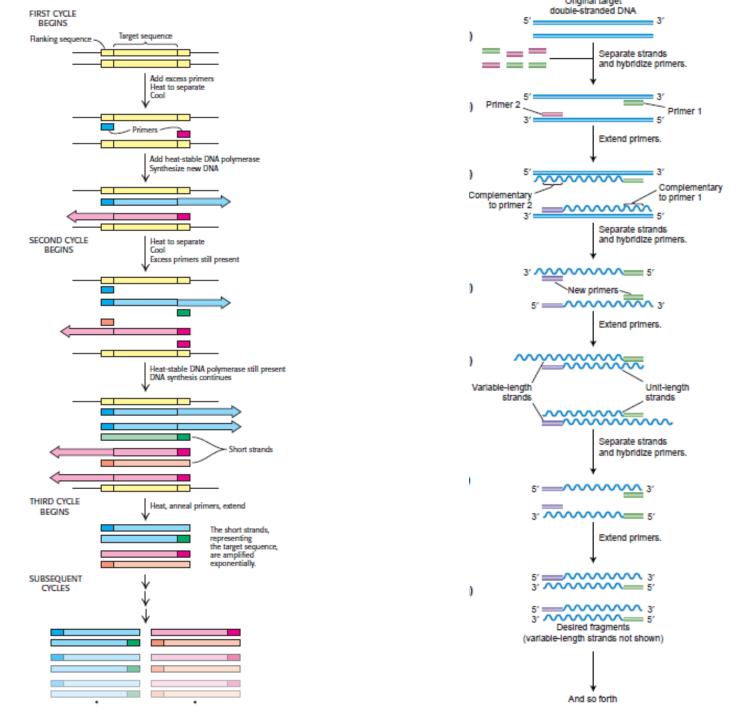
- 1. <u>Strand separation</u>. The two strands of the parent DNA molecule are separated by heating the solution to 95℃ for 15 s.
- 2. <u>Hybridization of primers</u>. The solution is then abruptly cooled to 50-60°C to allow each primer to hybridize to a DNA strand.

One primer hybridizes to the 5' end of the target on one strand, and the other primer hybridizes to the 3' end on the complementary target strand.

Parent DNA duplexes do not form, because the primers are present in large excess. Primers are typically from 20 to 30 nucleotides long.

3. <u>DNA synthesis.</u> The solution is then heated to 72°C, the optimal temperature for Taq DNA polymerase. This heat-stable polymerase comes from Thermus aquaticus, a thermophilic bacterium that lives in hot springs.

The polymerase elongates both primers in the direction of the target sequence because DNA synthesis is in the 5'-to-3' direction.



PCR Is a Powerful Technique in Medical Diagnostics, Forensics, and Studies of Molecular Evolution

Bacteria and viruses can be readily detected with the use of specific primers.

For example, PCR can reveal the presence of human immunodeficiency virus in people who have not mounted an immune response to this pathogen and would therefore be missed with an antibody assay.

Finding Mycobacterium tuberculosis bacilli in tissue specimens is slow and laborious.

With PCR, as few as 10 tubercle bacilli per million human cells can be readily detected. PCR is a promising method for the early detection of certain cancers.

This technique can identify mutations of certain growth-control genes, such as the ras genes

A reaction that cycles 20 times will amplify the specific target sequence 1-million-fold.

PCR is also having an effect in forensics and legal medicine. An individual DNA profile is highly distinctive because many genetic loci are highly variable within a population.

For example, variations at a specific one of these locations determines a person's HLA type (human leukocyte antigen type;); organ transplants are rejected when the HLA types of the donor and recipient are not sufficiently matched.

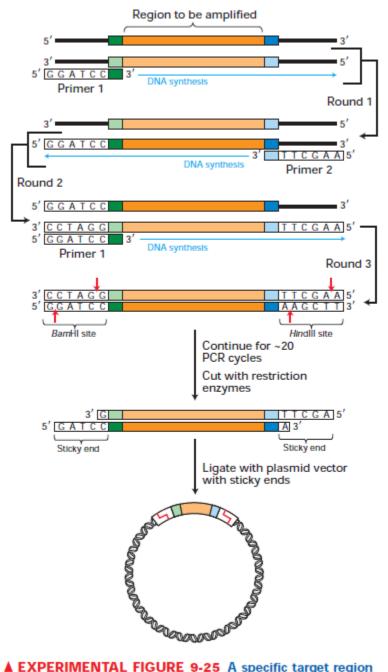
PCR amplification of multiple genes is being used to establish biological parentage in disputed paternity and immigration cases.

Analyses of blood stains and semen samples by PCR have implicated guilt or innocence in numerous assault and criminal cases.

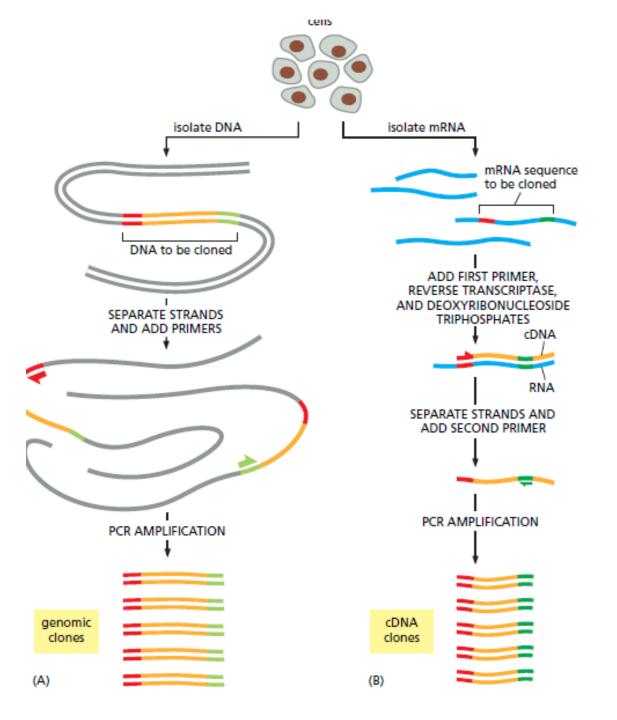
The root of a single shed hair found at a crime scene contains enough DNA for typing by PCR.

DNA is a remarkably stable molecule, particularly when relatively shielded from air, light, and water. Under such circumstances, large fragments of DNA can remain intact for thousands of years or longer.

PCR provides an ideal method for amplifying such ancient DNA molecules so that they can be detected and characterized



▲ EXPERIMENTAL FIGURE 9-25 A specific target region in total genomic DNA can be amplified by PCR for use in cloning. Each primer for PCR is complementary to one end of



Detecting human disease alleles: molecular genetic diagnostics

- A contributing factor in more than 500 human genetic diseases is a recessive mutant allele of a single gene.
- It is also necessary to be able to detect homozygous progeny early, ideally in the fetal stage, so that doctors can apply therapies early.
- In the future, there may even be the possibility of gene therapy. Dominant disorders also can require genetic diagnosis.
- For example, people at risk for the late-onset Huntington disease need to know whether they
 carry the disease allele before they have children.
- Widely used tests are able to detect homozygous defective alleles in fetal cells.
- The fetal cells can be taken from the amniotic fluid, separated from other components, and cultured to allow the analysis of chromosomes, proteins, enzymatic reactions, and other biochemical properties.
- This process, amniocentesis, can identify a number of known disorders;

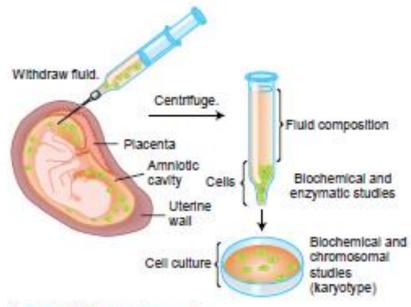


Figure 11-23 Amniocentesis

Table 11-1 Some Common Genetic Diseases

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Inborn errors of metabolism	Approximate incidence among live births
Cystic fibrosis (defective chloride channel protein)	1/1600 Caucastans
Duchenne muscular dystrophy (defective muscle protein, dystrophin)	1/3000 boys (X linked)
Gaucher disease (defective glucocerebrosidase)	1/2500 Ashkenazi Jews; 1/75,000 others
4. Tay-Sachs disease (defective hexosaminidase A)	1/3500 Ashkenazi Jews; 1/35,000 others
5. Essential pentosuria (a benign condition)	1/2000 Ashkenazi Jews; 1/50,000 others
6. Classic hemophilia (defective clotting factor VIII)	1/10,000 boys (X linked)
Phenylketonuria (defective phenylalanine hydroxylase)	1/5000 Celtic Irish; 1/15,000 others
Cystinuria (defective membrane transporter of cystine)	1/15,000
Metachromatic leukodystrophy (defective arylsulfatase A)	1/40,000
 Galactosemia (defective galactose 1-phosphate uridyl transferase) 	1/40,000
 Sickle-cell anemia (defective β-globin chain) 	1/400 U.S. blacks. In some West African
	populations, the frequency of
	heterozygotes is 40 percent.
12. Thalassemia (reduced or absent globin chain)	1/400 among some Mediterranean populations

