Genetics 6

- Answer to iClicker 6A
- Solving Pedigrees
 - example and tips for exam
- Pedigrees and Risk
 - Intro
 - Rules
 - Example
- Answer to iClicker 6B
- Due in Lab next week
 - Pre-Lab 3
 - LEGO Mitosis lab report

Marfan Syndrome update -> de novo event in 25% of cases

Solving Pedigree Problems

find mode of inheritance - autosomal rec.

- autosomal dom.) on the exam
 sex-linked rec.

1) be careful about small #'s of offspring Tips -can't depend on the ratio

-> can use ratios to rule out possibilities

- (2) assume disease is rare
 - -> unrelated people w/ the disease are rare

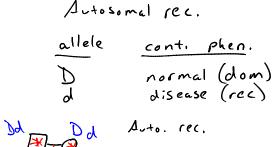
Start w/ the people you know for Sure

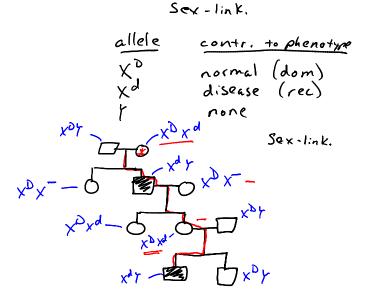
64.

parents unaffected, offspring are effected

-> NOT autosomal dom.

leaves us w/ auto. rec. or sex-link.





which made is more likely

Probability + Risk

probability (p) -> liklihood that an event will happen

p=0 -> won't happen

P=1 - defintely will happen

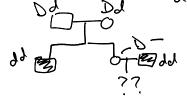
if $\rho = \frac{3}{4} \Rightarrow in a large # trials$

it will happen 3 out of 4 times

Rule: Pof (A and B) = $\rho(A) \times \rho(B)$

Autosomal rec.

D = dom: normal d = rec : disease



to have a child w/ dd mom must be Dd (A)

and showest give d

forthe child (B)

PA = what are the chances of mom being a carrier

D DDD 3 ways to be an affected

J DDD - 2 way she can be a carrier (Dd)

RA) = 2/3

if <1.i.

if Shèsa carrier Dd

PB) = 1/2

Pchid w/disease is PA×PB = 3×/2= 73

Bio 111 Counting "Unrelated Carriers"

In lecture, I talked about "counting unrelated carriers" - finding out how many people had to bring in a disease allele to explain a particular pedigree. This was useful in the case where more than one mode of inheritance was *possible* but you were asked to determine which was *more likely*. There are many ways to figure this out; this handout describes one possible way. Thanks to Silas for suggesting this.

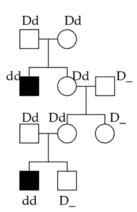
More precisely, we are counting the number of people who had to bring a disease allele into the family. Why is this important? Because, since any given genetic disease is usually quite rare, individuals with a disease allele must also be rare. Therefore, a mode of inheritance that requires more of these rare individuals is less likely than one that requires fewer.

Put another way, we are trying to account for each of the disease alleles found in individuals in the pedigree and to count the number of individuals who brought these alleles into the family.

Here is one way to do it:

- 1. Work out the pedigree and find out the *possible* mode(s) of inheritance. If only one is possible, this technique is not necessary. If more than one is possible, continue.
- 2. Fill in the genotypes of all individuals in the pedigree.
- 3. Starting with the affected individual at the lowest part of the pedigree, star all the individual(s) that gave this individual a disease allele.
- 4. Work your way up the pedigree from each starred individual. If their disease allele can be traced to another person in the pedigree, erase their star and move it to the source of the disease allele.
- 5. When you have reached the top of the pedigree, you will have accounted for all the disease alleles. The number of starred individuals is the number of 'unrelated carriers'.

Here is an example; suppose you saw the following pedigree:



This pedigree is <u>not consistent</u> with Autosomal Dominant inheritance.

It is consistent with Autosomal Recessive and Sex-Linked Recessive.

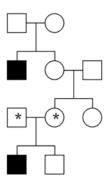
Start with Autosomal Recessive:

allele Contribution to phenotype
D normal (dominant)
d diseased (recessive)

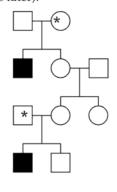
The genotypes of individuals in the pedigree are shown at the left.

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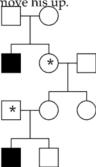
a) Step (3). Start with the son at the bottom of the pedigree. He got his d's from his parents. Star them.



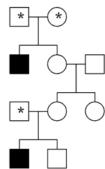
c) Step (4) again. Where did the mother from (b) get her d? From her mother or father. So, you should star one or the other of the parents at the top of the pedigree. Because we don't know anything about the parents of the top generation, it doesn't matter which one we star, so star the mother for now (we may revise this later).



b) Step (4). Where did the *ed mother get her d? From her mother. To show this, move her star up. We don't know where the father got his *, so don't move his up.



d) Step (3). Now you must account for the disease alleles in the other affected male. They came from his parents. Note that you have already *ed his mother; there is no need to * her twice. Since you have no information about the parents of the *ed individuals, you can't move their start. Therefore, you are done.



Now you have accounted for all of the d's in the pedigree. Three unrelated carriers are required to explain this pedigree as autosomal recessive.

On the next page, we work it through for Sex-Linked Recessive:

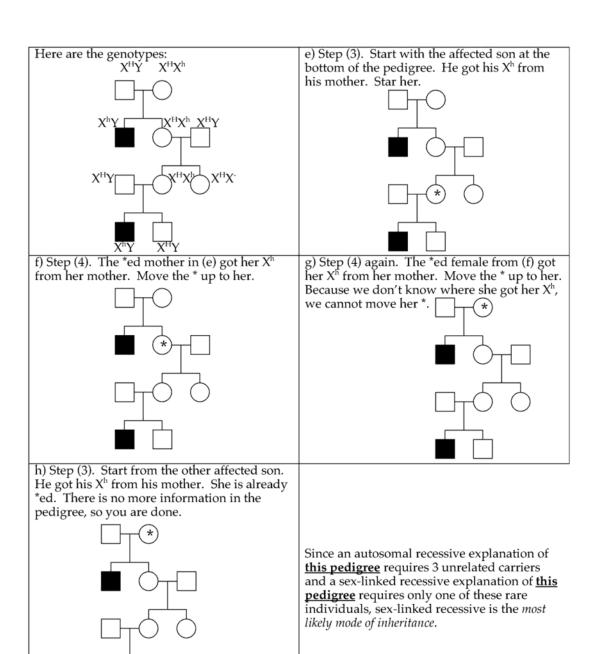
allele contribution to phenotype

X^H normal (dominant)

X^h disease (recessive)

Y none

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You have accounted for all the Xh's. There is only one unrelated carrier required to explain

this pedigree as sex-linked recessive.