

between irinotecan dosage and the AUC of SN-38 were tested, different correlations were obtained according to the number of the haplotypes (Fig. 3c). The slope of regression line for one and two haplotypes harboring *6 or *28 was 1.4-fold and 2.4-fold greater, respectively, than that for the diplotype without *6 or *28.

Associations of UGT1A1 genetic polymorphisms with toxicities

Association between genetic polymorphisms and toxicities was investigated in patients receiving irinotecan as a single agent. One patient was referred to another hospital 3 days after the first administration of irinotecan without evaluating toxicities and was lost in terms of follow-up. Therefore, association between genetic polymorphisms and toxicities was investigated in 55 patients. Six (11%) and 14 (25%) patients experienced grade 3 or greater diarrhea and neutropenia, respectively. As for the *1A9-1A7-1A1* diplotypes, a higher incidence of grade 3 or greater neutropenia was observed in *D1/B2 (1A1*28/*6)* (100%, $n = 3$) than in *A1/A1* (11.8%, $n = 17$) ($P = 0.0088$, Fisher's exact test), indicating clinical impact of the genetic marker *1A1*6* or **28*. As for the dose effect of '*6 or *28', incidences of grade 3 or 4 neutropenia were 14, 24, and 80% for 0, 1, and 2 haplotypes harboring these markers, respectively (Table 5). A significant association between '*6 or *28' and neutropenia was also observed for 62 patients who received irinotecan in combination with cisplatin (Table 5). No association, however, was observed between diarrhea and the marker '*6 or *28'.

Multivariate analysis for irinotecan toxicities

We further evaluated the effect of the genetic marker '*6 or *28' on neutropenia in multivariate analysis, and confirmed a significant correlation of '*6 or *28' with the nadir of absolute neutrophil counts (Table 6). Elevated alkaline phosphatase levels and the absolute neutrophil count at baseline were also significant.

Discussion

The association study with the *1A9-1A7-1A1* diplotypes revealed that the reduction in inactivation of SN-38, as well

as neutropenia, was dependent on the Groups B and D haplotypes which corresponded to the *1A1*6* and **28* segmental haplotypes. Also, multivariate analyses clearly showed clinical significance of the genetic marker '*6 or *28' for both pharmacokinetics and toxicity of irinotecan in Japanese patients (Tables 3 and 6). *UGT1A1*6* and **28* were mutually exclusive [14] and contributed to the reduction in glucuronidation of SN-38 to the same extent. Therefore, the activity of SN-38 glucuronidation in individuals depended on the number of the haplotypes harboring *6 or *28. Although the role of *1A1*28* for irinotecan toxicity has been focused on [8–12], this study strongly suggests that *6 should be tested in addition to *28 before starting chemotherapy with irinotecan in Japanese patients.

The clinical importance of *6 for neutropenia by irinotecan was also supported by a recent report in Korean patients who received irinotecan and cisplatin [31]. Although no patients with irinotecan as a single agent were homozygous for *6 in our study, clinical significance of the double heterozygote, *6/*28, was clearly demonstrated. Among patients treated with irinotecan in combination chemotherapy, the majority of patients received platinum agents in our study. A significant association of '*6 or *28' with a higher incidence of grade 3 or 4 neutropenia was also observed in patients who received irinotecan and cisplatin (Table 5). These findings further support the necessity of testing '*6 or *28' before irinotecan is given to patients.

As possible enhancement of toxicities by the *27 allele was suggested [8], we evaluated the effect of the *28c haplotype, which had an additional single-nucleotide polymorphism [*27; 686C > A(P229Q)] to the *28 allele (-40_-39insTA). In our cohort of patients, there were three *28c heterozygotes (*28c/*1) and one double heterozygote (*28b/*28c). The values of the AUC ratio were within the range of variations of the *28 group, and no additional impact of *28c was observed in relation to toxicities.

Although the decreasing trend of the AUC ratio for *1A1*60* (and combinatorial haplotype *C3*) was observed (Fig. 2), the contribution of *1A1*60* to toxicities was not clearly demonstrated in this study as reported in the Japanese retrospective study [32].

In addition to UGT1A1, recent studies have suggested possible contributions of UGT1A7, 1A9, and 1A10 to SN-38G formation [15–17]. An in-vitro study demonstrated that *1A7*3* [387T > G(N129K), 391C > A(R131K), 622T > C(W208R)] had reduced activity in terms of SN-38G formation [16]. Results of clinical studies, however, on the association between *1A7* polymorphisms and irinotecan toxicity/efficacy are inconsistent, whereas different populations with different combination therapies were used [19,20]. Furthermore, it was reported that the *UGT1A7* polymorphisms (*2 and *3), which were linked to *1A9*1*, were associated with a lowered incidence

Table 4 Multiple regression analysis toward the AUC ratio (SN-38G/SN-38)^a

Variable	Coefficient	F-value	P-value	R ²	Intercept	N
				0.410	0.8869	176
*6 or *28	-0.189	70.2	<0.0001			
Age	0.005	8.88	0.0033			
Serum albumin level ^b	-0.136	9.92	0.0019			
Serum GOT and ALP ^c	0.070	8.88	0.0033			
Serum creatinine ^d	0.210	7.23	0.0079			

ALP, alkaline phosphatase; AUC, area under concentration curve.

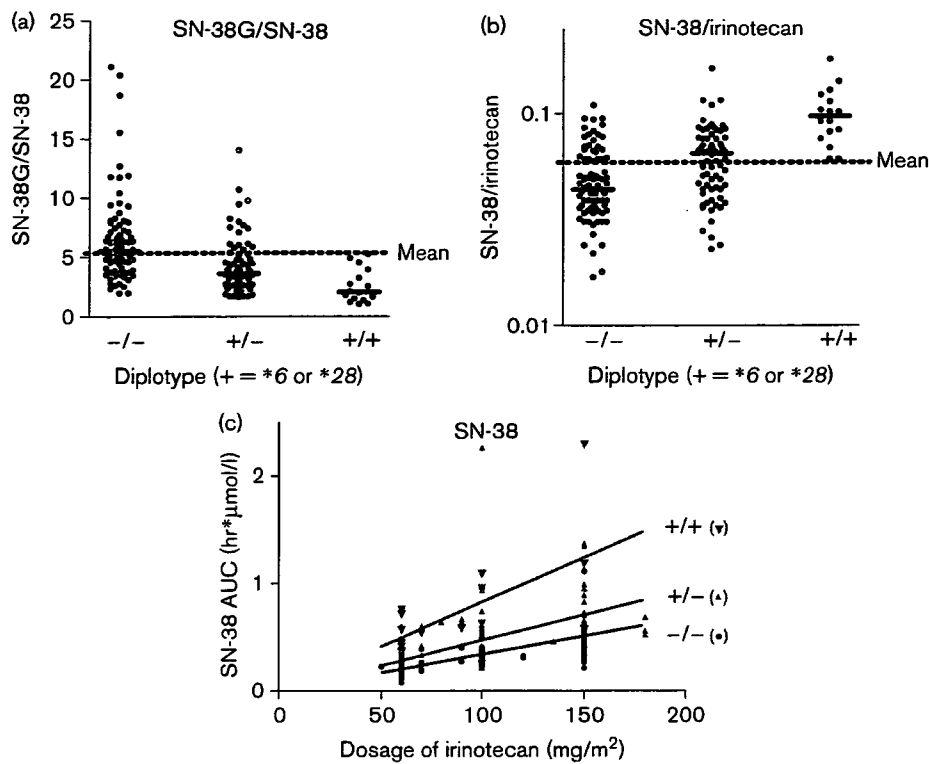
^aThe values after logarithmic conversion were used as an objective variable.

^bThe absolute value (g/dl) before irinotecan treatment.

^cGrade 1 or greater scores in both serum GOT and ALP before irinotecan treatment.

^dGrade 1 or greater scores in serum creatinine before irinotecan treatment.

Fig. 3



Effects of the genetic marker of *UGT1A1* *6 or *28' on the area under concentration curve (AUC) ratios of SN-38G/SN-38 (a) and SN-38/irinotecan (b), and SN-38 by irinotecan dosage (c) in 176 Japanese cancer patients after irinotecan treatment.

Table 5 Association of *UGT1A16 and *28 with irinotecan toxicities**

Diplotype (+ = *6 or *28)	Number of patients	Diarrhea (grade 3)	Neutropenia (grade 3 or 4)
Irinotecan monotherapy			
-/-	21	3 (14.3%) ^a	3 (14.3%)
+/-	29	2 (6.90%)	7 (24.1%)
+/+	5	1 (20.0%)	4 (80.0%)
<i>P</i> -value ^b		0.8500	0.0117
<i>P</i> -value ^c		0.3889	0.0124
With cisplatin			
-/-	35	1 (2.9%)	20 (57.1%)
+/-	20	2 (10.0%)	14 (70.0%)
+/+	7	1 (14.3%)	7 (100%)
<i>P</i> -value ^b		0.1747	0.0315
<i>P</i> -value ^c		0.3886	0.0863

^aPercentage of the patient number in each diplotype is indicated in parentheses.

^bChi-squared test for trend.

^cFisher's exact test, (-/- and +/-) vs. +/+.

of diarrhea in the irinotecan/capecitabine regimen, in which diarrhea was a major toxicity [20]. A highly frequent allele *1A9**22 with an insertion of T into the nine T repeats in the promoter region (-126_-118T₉ > T₁₀) was shown to have an enhanced promoter activity in an *in vitro* reporter assay [21], whereas *1A9* protein expression levels did not change in the clinical samples [22]. Rare variations, *1A9**5 [766G > A(D256N)] and *UGT1A10**3 [605C > T(T202I)], were shown to cause reduced activity *in vitro*, but their clinical importance is still unknown [23,24]. Moreover, close linkages among *1A9*, *1A7*, and *1A1*

Table 6 Multiple regression analysis of the nadir of absolute neutrophil counts in the patients with irinotecan monotherapy

Variable	Coefficient	F-value	<i>P</i> -value	<i>R</i> ²	Intercept	<i>N</i>
Serum ALP ^a	-349.9	12.2	0.0010	0.3942	643	53
Neutrophil count before irinotecan treatment	0.2466	13.5	0.0006			
*6 or *28	-369.1	6.40	0.0146			

^aGrade 1 or greater scores of serum ALP before irinotecan treatment.

polymorphisms were found in Caucasians and Asians in an ethnic-specific manner [20,25–28].

Our study also revealed close linkages between *1A9**22 and *1A7**1, *1A7**3 and *1A1**6 or *28 [28]. This fact makes it difficult to draw firm conclusions about the effects of *1A7**3 and *1A9**22 themselves. It is, however, reasonable to conclude that the degree of neutropenia depends on the activity of *UGT1A1*, because *UGT1A1* is a major *UGT1A* enzyme in the liver and plays a primary role for regulating plasma concentrations of SN-38.

Taken together, for practical application to individualized irinotecan therapy, genotyping of *UGT1A1**6 and *28 would be beneficial and necessary in Japanese cancer patients to avoid severe adverse reactions. The frequency

of homozygotes for '*6 or *28' (namely, *6/*6, *6/*28, and *28/*28) is approximately 10%, which is comparable to the frequency of *28 homozygotes in Caucasian populations. In our study, it may be difficult to establish definite guidelines for dose reductions of irinotecan for patients homozygous for '*6 or *28'. Considering, however, 2.4-fold steep relationship between the dose of irinotecan and the AUC of SN-38 for patients homozygous for '*6 or *28' compared with patients without '*6 or *28' (Fig. 3c), the dose for patients homozygous for '*6 or *28' should be reduced to a half of the dosage recommended for other patients. Prospective studies are necessary to confirm the validity of the recommendation for dose reduction in Japanese cancer patients homozygous for '*6 or *28'.

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References

- Garcia-Carbonero R, Supko JG. Current perspectives on the clinical experience, pharmacology, and continued development of the camptothecins. *Clin Cancer Res* 2002; **8**:641-661.
- Slatter JG, Su P, Sams JP, Schaaf LJ, Wienkers LC. Bioactivation of the anticancer agent CPT-11 to SN-38 by human hepatic microsomal carboxylesterases and the in vitro assessment of potential drug interactions. *Drug Metab Dispos* 1997; **25**:1157-1164.
- Iyer L, King CD, Whittington PF, Green MD, Roy SK, Tephly TR, et al. Genetic predisposition to the metabolism of irinotecan (CPT-11). Role of uridine diphosphate glucuronosyltransferase isoform 1A1 in the glucuronidation of its active metabolite (SN-38) in human liver microsomes. *J Clin Invest* 1998; **101**:847-854.
- De Fomi M, Bugat R, Chabot GG, Culine S, Extra JM, Gouyette A, et al. Phase I and pharmacokinetic study of the camptothecin derivative irinotecan, administered on a weekly schedule in cancer patients. *Cancer Res* 1994; **54**:4347-4354.
- Gupta E, Lestingi TM, Mick R, Ramirez J, Vokes EE, Ratain MJ. Metabolic fate of irinotecan in humans: correlation of glucuronidation with diarrhea. *Cancer Res* 1994; **54**:3723-3725.
- Hanioka N, Ozawa S, Jinno H, Ando M, Saito Y, Sawada J. Human liver UDP-glucuronosyltransferase isoforms involved in the glucuronidation of 7-ethyl-10-hydroxycamptothecin. *Xenobiotica* 2001; **31**:687-699.
- Fisher MB, VandenBranden M, Findlay K, Burchell B, Thummel KE, Hall SD, et al. Tissue distribution and interindividual variation in human UDP-glucuronosyltransferase activity: relationship between UGT1A1 promoter genotype and variability in a liver bank. *Pharmacogenetics* 2000; **10**:727-739.
- Ando Y, Saka H, Ando M, Sawa T, Muro K, Ueoka H, et al. Polymorphisms of UDP-glucuronosyltransferase gene and irinotecan toxicity: a pharmacogenetic analysis. *Cancer Res* 2000; **60**:6921-6926.
- Iyer L, Das S, Janisch L, Wen M, Ramirez J, Karrison T, et al. UGT1A1*28 polymorphism as a determinant of irinotecan disposition and toxicity. *Pharmacogenomics J* 2002; **2**:43-47.
- Innocenti F, Undevia SD, Iyer L, Chen PX, Das S, Kocherginsky M, et al. Genetic variants in the UDP-glucuronosyltransferase 1A1 gene predict the risk of severe neutropenia of irinotecan. *J Clin Oncol* 2004; **22**:1382-1388.
- Marcuello E, Altes A, Menoyo A, del Rio E, Gomez-Pardo M, Baiget M. UGT1A1 gene variations and irinotecan treatment in patients with metastatic colorectal cancer. *Br J Cancer* 2004; **91**:678-682.
- Rouits E, Boisdron-Celle M, Dumont A, Guerin O, Morel A, Gamelin E. Relevance of different UGT1A1 polymorphisms in irinotecan-induced toxicity: a molecular and clinical study of 75 patients. *Clin Cancer Res* 2004; **10**:5151-5159.
- Kaniwa N, Kurose K, Jinno H, Tanaka-Kagawa T, Saito Y, Saeki M, et al. Racial variability in haplotype frequencies of UGT1A1 and glucuronidation activity of a novel single nucleotide polymorphism 686C>T (P229L) found in an African-American. *Drug Metab Dispos* 2005; **33**:458-465.
- Sai K, Saeki M, Saito Y, Ozawa S, Katori N, Jinno H, et al. UGT1A1 haplotypes associated with reduced glucuronidation and increased serum bilirubin in irinotecan-administered Japanese patients with cancer. *Clin Pharmacol Ther* 2004; **75**:501-515.
- Ciotti M, Basu N, Brangi M, Owens IS. Glucuronidation of 7-ethyl-10-hydroxycamptothecin (SN-38) by the human UDP-glucuronosyltransferases encoded at the UGT1 locus. *Biochem Biophys Res Commun* 1999; **260**:199-202.
- Gagne JF, Montminy V, Belanger P, Journault K, Gaucher G, Guillemette C. Common human UGT1A polymorphisms and the altered metabolism of irinotecan active metabolite 7-ethyl-10-hydroxycamptothecin (SN-38). *Mol Pharmacol* 2002; **62**:608-617.
- Oguri T, Takahashi T, Miyazaki M, Isobe T, Kohno N, Mackenzie PI. UGT1A10 is responsible for SN-38 glucuronidation and its expression in human lung cancers. *Anticancer Res* 2004; **24**:2893-2896.
- Basu NK, Ciotti M, Hwang MS, Kole L, Mitra PS, Cho JW, et al. Differential and special properties of the major human UGT1-encoded gastrointestinal UDP-glucuronosyltransferases enhance potential to control chemical uptake. *J Biol Chem* 2004; **279**:1429-1441.
- Ando M, Ando Y, Sekido Y, Ando M, Shimokata K, Hasegawa Y. Genetic polymorphisms of the UDP-glucuronosyltransferase 1A7 gene and irinotecan toxicity in Japanese cancer patients. *Jpn J Cancer Res* 2002; **93**:591-597.
- Carlini LE, Meropol NJ, Bever J, Andria ML, Hill T, Gold P, et al. UGT1A7 and UGT1A9 polymorphisms predict response and toxicity in colorectal cancer patients treated with capecitabine/irinotecan. *Clin Cancer Res* 2005; **11**:1226-1236.
- Yamanaka H, Nakajima M, Katoh M, Hara Y, Tachibana O, Yamashita J, et al. A novel polymorphism in the promoter region of human UGT1A9 gene (UGT1A9*22) and its effects on the transcriptional activity. *Pharmacogenetics* 2004; **14**:329-332.
- Girard H, Court MH, Bernard O, Fortier LS, Villeneuve L, Hao Q, et al. Identification of common polymorphisms in the promoter of the UGT1A9 gene: evidence that UGT1A9 protein and activity levels are strongly genetically controlled in the liver. *Pharmacogenetics* 2004; **14**:501-515.
- Jinno H, Saeki M, Saito Y, Tanaka-Kagawa T, Hanioka N, Sai K, et al. Functional characterization of human UDP-glucuronosyltransferase 1A9 variant, D256N, found in Japanese cancer patients. *J Pharmacol Exp Ther* 2003; **306**:688-693.
- Jinno H, Saeki M, Tanaka-Kagawa T, Hanioka N, Saito Y, Ozawa S, et al. Functional characterization of wild-type and variant (T202I and M59I) human UDP-glucuronosyltransferase 1A10. *Drug Metab Dispos* 2003; **31**:528-532.
- Kohle C, Mohrle B, Munzel PA, Schwab M, Wernet D, Badary OA, et al. Frequent co-occurrence of the TATA box mutation associated with Gilbert's syndrome (UGT1A1*28) with other polymorphisms of the UDP-glucuronosyltransferase-1 locus (UGT1A6*2 and UGT1A7*3) in Caucasians and Egyptians. *Biochem Pharmacol* 2003; **65**:1521-1527.
- Huang MJ, Yang SS, Lin MS, Huang CS. Polymorphisms of uridine-diphosphoglucuronosyltransferase 1A7 gene in Taiwan Chinese. *World J Gastroenterol* 2005; **11**:797-802.
- Innocenti F, Liu W, Chen P, Dedai AA, Das S, Ratain MJ. Haplotypes of variants in the UDP-glucuronosyltransferase 1A9 and 1A1 genes. *Pharmacogenet Genomics* 2005; **15**:295-301.
- Saeki M, Saito Y, Jinno H, Sai K, Ozawa S, Kurose K, et al. Haplotype structures of the UGT1A gene complex in a Japanese population. *Pharmacogenomics J* 2006; **6**:63-75.
- Sai K, Kaniwa N, Ozawa S, Sawada J. An analytical method for irinotecan (CPT-11) and its metabolites using a high-performance liquid chromatography: parallel detection with fluorescence and mass spectrometry. *Biomed Chromatogr* 2002; **16**:209-218.
- Benjamini Y, Hochberg Y. Controlling the false discovery rate: a practical and powerful approach to multiple testing. *J Rpy Stat Soc B* 1995; **57**:289-300.
- Han JY, Lim HS, Shin ES, Yoo YK, Park YH, Lee JE, et al. Comprehensive analysis of UGT1A polymorphisms predictive for pharmacokinetics and treatment outcome in patients with non-small-cell lung cancer treated with irinotecan and cisplatin. *J Clin Oncol* 2006; **24**:2237-2244.
- Kitagawa C, Ando M, Ando Y, Sekido Y, Wakai K, Imaizumi K, et al. Genetic polymorphism in the phenobarbital-responsive enhancer module of the UDP-glucuronosyltransferase 1A1 gene and irinotecan toxicity. *Pharmacogenet Genomics* 2005; **15**:35-41.

Analysis of *ENG* and *ACVRL1* genes in 137 HHT Italian families identifies 76 different mutations (24 novel). Comparison with other European studies

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Abstract Hereditary hemorrhagic telangiectasia (HHT) is an autosomal dominant disorder causing vascular dysplasias. About 70–80% of HHT patients carries mutations in *ENG* or *ACVRL1* genes, which code for a TGF β receptor type III and I respectively. Molecular data on a large cohort of Italian HHT patients are presented, discussing the significance of missense and splice site mutations. Mutation analysis in *ENG* and *ACVRL1* genes was performed using single strand conformation polymorphisms (SSCP), denaturing high performance liquid chromatography (DHPLC) and subsequent direct sequencing. Overall, 101 mutations were found, with *ACVRL1* involved in 71% of cases. The highest number of mutations (28/101 subjects, 14/76 different mutations referring to both genes) was in *ACVRL1*,

exon 3. Mutation analysis was then extended to a total of 356 family members, and 162 proven to carry the mutation. New polymorphisms were identified in both genes, and evidence that *ENG* P131L change is not a disease-causing mutation was also provided. An in silico analysis was performed in order to characterize splice-site mutations. These results were compared to other European national studies and data from Italy, France and Spain were consistent for an higher incidence of *ACVRL1* mutations.

Keywords Hereditary hemorrhagic telangiectasia · HHT · *ACVRL1* mutation · *ENG* mutation

Introduction

Hereditary hemorrhagic telangiectasia (HHT; Mutation Database: <http://137.195.14.43/cgi-bin/WebObjects/hht.woa/wa/default>) is an autosomal dominant disorder causing vascular dysplasias such as mucocutaneous telangiectases and arterovenous malformations (AVMs). Telangiectases may lead to epistaxes and gastrointestinal bleeding, which may be severe enough to require transfusions. Epistaxes and telangiectases are the most frequent symptoms, present in more than 95% of the patients. AVMs are mostly observed in liver (60%), lungs (18–70%) and brain (6%), and may cause severe life-threatening complications (Lesca et al. 2007). The phenotype is highly variable, even among members of the same family, and the disease displays age-related penetrance, with increased manifestations developing over a lifetime. About 70–80% of HHT patients carry mutations in either of two genes—*ENG* (OMIM #131195) (HHT1: OMIM 187300) or *ACVRL1* (OMIM #601284) (HHT2: OMIM 600376)—which code for a TGF β receptor type III and I respectively, although David

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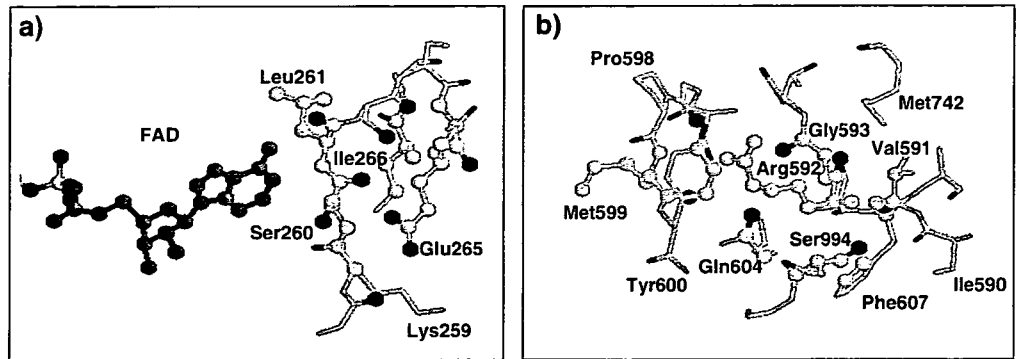
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- cancer patients with 5-fluorouracil-related side effects. *Hum Mutat* 22:498
- Grem JL (1996) Fluoropyrimidines. In: Chabner BA, Longo DL (eds) *Cancer chemotherapy and biotherapy*, 2nd edn. Lippincott-Raven, Philadelphia, pp 149–197
- Heggie GD, Sommadossi JP, Cross DS, Huster WJ, Diasio RB (1987) Clinical pharmacokinetics of 5-fluorouracil and its metabolites in plasma, urine, and bile. *Cancer Res* 47:2203–2206
- Hormozian F, Schmitt JG, Sagulenko E, Schwab M, Savelyeva L (2007) *FRA1E* common fragile site breaks map within a 370 kilobase pair region and disrupt the dihydropyrimidine dehydrogenase gene (*DPYD*). *Cancer Lett* 246:82–91
- Hsiao HH, Yang MY, Chang JG, Liu YC, Liu TC, Chang CS, Chen TP, Lin SF (2004) Dihydropyrimidine dehydrogenase pharmacogenetics in the Taiwanese population. *Cancer Chemother Pharmacol* 53:445–451
- Johnson MR, Wang K, Diasio RB (2002) Profound dihydropyrimidine dehydrogenase deficiency resulting from a novel compound heterozygote genotype. *Clin Cancer Res* 8:768–774
- Kitamura Y, Moriguchi M, Kaneko H, Morisaki H, Morisaki T, Toyama K, Kamatani N (2002) Determination of probability distribution of diplotype configuration (diplotype distribution) for each subject from genotypic data using the EM algorithm. *Ann Hum Genet* 66: 183–193
- Kouwaki M, Hamajima N, Sumi S, Nonaka M, Sasaki M, Dobashi K, Kidouchi K, Togari H, Wada Y (1998) Identification of novel mutations in the dihydropyrimidine dehydrogenase gene in a Japanese patient with 5-fluorouracil toxicity. *Clin Cancer Res* 4:2999–3004
- Lu Z, Zhang R, Diasio RB (1993) Dihydropyrimidine dehydrogenase activity in human peripheral blood mononuclear cells and liver: population characteristics, newly identified deficient patients, and clinical implication in 5-fluorouracil chemotherapy. *Cancer Res* 53:5433–5438
- Lu Z, Zhang R, Carpenter JT, Diasio RB (1998) Decreased dihydropyrimidine dehydrogenase activity in a population of patients with breast cancer: implication for 5-fluorouracil-based chemotherapy. *Clin Cancer Res* 4:325–329
- Martz E (2002) Protein explorer: easy yet powerful macromolecular visualization. *Trends Biochem Sci* 27:107–109
- Mattison LK, Johnson MR, Diasio RB (2002) A comparative analysis of translated dihydropyrimidine dehydrogenase cDNA; conservation of functional domains and relevance to genetic polymorphisms. *Pharmacogenetics* 12:133–144
- McLeod HL, Collie-Duguid ES, Vreken P, Johnson MR, Wei X, Sapone A, Diasio RB, Fernandez-Salguero P, van Kuilenburg AB, van Gennip AH, Gonzalez FJ (1998) Nomenclature for human *DPYD* alleles. *Pharmacogenetics* 8:455–459
- Morel A, Boisdron-Celle M, Fey L, Soulie P, Craipeau MC, Traore S, Gamelin E (2006) Clinical relevance of different dihydropyrimidine dehydrogenase gene single nucleotide polymorphisms on 5-fluorouracil tolerance. *Mol Cancer Ther* 5:2895–2904
- Naguib FN, el Kouni MH, Cha S (1985) Enzymes of uracil catabolism in normal and neoplastic human tissues. *Cancer Res* 45:5405–5412
- Nishiyama T, Ogura K, Okuda H, Suda K, Kato A, Watabe T (2000) Mechanism-based inactivation of human dihydropyrimidine dehydrogenase by (E)-5-(2-bromovinyl)uracil in the presence of NADPH. *Mol Pharmacol* 57:899–905
- Ogura K, Ohnuma T, Minamide Y, Mizuno A, Nishiyama T, Nagashima S, Kanamaru M, Hiratsuka A, Watabe T, Uematsu T (2005) Dihydropyrimidine dehydrogenase activity in 150 healthy Japanese volunteers and identification of novel mutations. *Clin Cancer Res* 11:5104–5111
- Ridge SA, Sludden J, Brown O, Robertson L, Wei X, Sapone A, Fernandez-Salguero PM, Gonzalez FJ, Vreken P, van Kuilenburg AB, van Gennip AH, McLeod HL (1998a) Dihydropyrimidine dehydrogenase pharmacogenetics in Caucasian subjects. *Br J Clin Pharmacol* 46:151–156
- Ridge SA, Sludden J, Wei X, Sapone A, Brown O, Hardy S, Canney P, Fernandez-Salguero P, Gonzalez FJ, Cassidy J, McLeod HL (1998b) Dihydropyrimidine dehydrogenase pharmacogenetics in patients with colorectal cancer. *Br J Cancer* 77:497–500
- Seck K, Riemer S, Kates R, Ullrich T, Lutz V, Harbeck N, Schmitt M, Kiechle M, Diasio R, Gross E (2005) Analysis of the *DPYD* gene implicated in 5-fluorouracil catabolism in a cohort of Caucasian individuals. *Clin Cancer Res* 11:5886–5892
- Shestopal SA, Johnson MR, Diasio RB (2000) Molecular cloning and characterization of the human dihydropyrimidine dehydrogenase promoter. *Biochim Biophys Acta* 1494:162–169
- van Kuilenburg AB (2004) Dihydropyrimidine dehydrogenase and the efficacy and toxicity of 5-fluorouracil. *Eur J Cancer* 40:939–950
- van Kuilenburg AB, Haasjes J, Richel DJ, Zoetekouw L, Van Lenthe H, De Abreu RA, Maring JG, Vreken P, van Gennip AH (2000) Clinical implications of dihydropyrimidine dehydrogenase (*DPD*) deficiency in patients with severe 5-fluorouracil-associated toxicity: identification of new mutations in the *DPD* gene. *Clin Cancer Res* 6:4705–4712
- van Kuilenburg AB, Dobritzsch D, Meinsma R, Haasjes J, Waterham HR, Nowaczyk MJ, Maropoulos GD, Hein G, Kalhoff H, Kirk JM, Baaske H, Aukett A, Duley JA, Ward KP, Lindqvist Y, van Gennip AH (2002) Novel disease-causing mutations in the dihydropyrimidine dehydrogenase gene interpreted by analysis of the three-dimensional protein structure. *Biochem J* 364:157–163
- Vreken P, Van Kuilenburg AB, Meinsma R, van Gennip AH (1997) Dihydropyrimidine dehydrogenase (*DPD*) deficiency: identification and expression of missense mutations C29R, R886H and R235W. *Hum Genet* 101:333–338
- Wei X, Elizondo G, Sapone A, McLeod HL, Raunio H, Fernandez-Salguero P, Gonzalez FJ (1998) Characterization of the human dihydropyrimidine dehydrogenase gene. *Genomics* 51:391–400
- Yamaguchi K, Arai Y, Kanda Y, Akagi K (2001) Germline mutation of dihydropyrimidine dehydrogenase gene among a Japanese population in relation to toxicity to 5-Fluorouracil. *Jpn J Cancer Res* 92:337–342
- Zhang K, Qin Z, Chen T, Liu JS, Waterman MS, Sun F (2005) HapBlock: haplotype block partitioning and tag SNP selection software using a set of dynamic programming algorithms. *Bioinformatics* 21:131–134
- Zhu AX, Puchalski TA, Stanton VP Jr, Ryan DP, Clark JW, Nesbitt S, Charlat O, Kelly P, Kreonus E, Chabner BA, Supko JG (2004) Dihydropyrimidine dehydrogenase and thymidylate synthase polymorphisms and their association with 5-fluorouracil/leucovorin chemotherapy in colorectal cancer. *Clin Colorectal Cancer* 3:225–234

Fig. 5 Stereo view of the variation sites in pig DPD (accession code of the Protein Data Bank: 1gth). Glu265 (a), Arg592 (b) and their adjacent residues are shown as *ball-and-stick* models with oxygens in *red*, nitrogens in *blue*, carbons in *gray* and sulfur in *yellow*. The adenosine moiety of the cofactor FAD is also shown in *pink* (a)



Japanese and Caucasians). HapMap data on 44 unrelated Japanese subjects showed that 476 variations are polymorphic, whereas 529 are monomorphic, and the average density of polymorphic markers is 1 SNP per 1,772 bp. In contrast, our study focused on exons and surrounding introns to detect variations, and only nine variations overlapped with the HapMap data. Therefore, we could not utilize the HapMap data to further identify common subtypes of *#1* to be discriminated by many intronic HapMap SNPs in each block. However, most of the frequent SNPs are unlikely to be associated with substantially decreased DPD activity because DPD activity in the healthy Japanese population ($N = 150$) showed a unimodal Gaussian distribution (Ogura et al. 2005).

On the other hand, in 60 unrelated Caucasian subjects in the HapMap project, 617 are polymorphic, whereas 383 are monomorphic. LD profiles of these polymorphisms were compared between Caucasians and Japanese by using the program Marker (<http://www.gmap.net/marker>). Strong LD ($|D'| > 0.75$) clearly decays within introns 11, 12, 13, 14, 16, 18, and 20 in Japanese, whereas, similar decays are observed within introns 13, 14, 18, and 20, but are not obvious within introns 11, 12, and 16 in Caucasians (data not shown). Moreover, strong LD decays within intron 3 in Caucasians. Therefore, the LD blocks are considerably different between Japanese and Caucasians. Along with the marked differences in allele frequencies of several variations (Table 4), these results suggest that the haplotype structures in *DPYD* are quite different between the two populations.

In conclusion, we found 55 variations, including 38 novel ones, in *DPYD* from 341 Japanese subjects. Nine novel nonsynonymous SNPs were found, some of which were assumed to have impact on the structure and function of DPD. As for known variations, we obtained their accurate allele frequencies in a Japanese population of a large size and showed that variations with clinical relevance do not overlap between Caucasians and Japanese. In Japanese, 2303C>A (Thr768Lys) and 1003G>T (Val335Leu) might play important roles in 5-FU-related toxicity. Along with

differences in haplotype structures between Japanese and Caucasians, these findings suggest that ethnic-specific tagging SNPs should be considered on genotyping *DPYD*. Thus, the present information would be useful for pharmacogenetic studies for evaluating the efficacy and toxicity of 5-FU in Japanese and probably in East Asians.

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References

- Bakkeren JA, De Abreu RA, Sengers RC, Gabreels FJ, Maas JM, Renier WO (1984) Elevated urine, blood and cerebrospinal fluid levels of uracil and thymine in a child with dihydrothymine dehydrogenase deficiency. *Clin Chim Acta* 140:247–256
- Barrett JC, Fry B, Maller J, Daly MJ (2005) Haploview: analysis and visualization of LD and haplotype maps. *Bioinformatics* 21:263–265
- Cho HJ, Park YS, Kang WK, Kim JW, Lee SY (2007) Thymidylate synthase (TYMS) and dihydropyrimidine dehydrogenase (DPYD) polymorphisms in the Korean population for prediction of 5-fluorouracil-associated toxicity. *Ther Drug Monit* 29:190–196
- Collie-Duguid ES, Etienne MC, Milano G, McLeod HL (2000) Known variant *DPYD* alleles do not explain DPD deficiency in cancer patients. *Pharmacogenetics* 10:217–223
- Dobritzsch D, Schneider G, Schnackerz KD, Lindqvist Y (2001) Crystal structure of dihydropyrimidine dehydrogenase, a major determinant of the pharmacokinetics of the anti-cancer drug 5-fluorouracil. *Embo J* 20:650–660
- Dobritzsch D, Ricagno S, Schneider G, Schnackerz KD, Lindqvist Y (2002) Crystal structure of the productive ternary complex of dihydropyrimidine dehydrogenase with NADPH and 5-iodouracil. Implications for mechanism of inhibition and electron transfer. *J Biol Chem* 277:13155–13166
- Etienne MC, Lagrange JL, Dassonville O, Fleming R, Thyss A, Renee N, Schneider M, Demard F, Milano G (1994) Population study of dihydropyrimidine dehydrogenase in cancer patients. *J Clin Oncol* 12:2248–2253
- Gross E, Ullrich T, Seck K, Mueller V, de Wit M, von Schilling C, Meindl A, Schmitt M, Kiechle M (2003) Detailed analysis of five mutations in dihydropyrimidine dehydrogenase detected in

Table 4 Allele frequencies of common *DPYD* SNPs in different populations

Nucleotide change (amino acid change)	Allele or tagged haplotypes	Population	Allele frequency	Number of subjects	Reference		
85T>C (Cys29Arg)	*9 (Block 1 #9)	Caucasian	0.194	157	Seck et al. 2005		
		French Caucasian	0.185	487	Morel et al. 2006		
		Japanese	0.037	107	Yamaguchi et al. 2001		
		Japanese	0.029	341	This study		
		Taiwanese	0.022	300	Hsiao et al. 2004		
496A>G (Met166Val)	Block 1 #166V	Caucasian	0.080	157	Seck et al. 2005		
		Japanese	0.022	341	This study		
IVS10-15T>C	Block 1 #166Va, #9d	Caucasian	0.127	157	Seck et al. 2005		
		Japanese	0.018	341	This study		
1627A>G (Ile543Val)	*5 (Block 2 #5)	Caucasian	0.140	157	Seck et al. 2005		
		Caucasian	0.275	60	Ridge et al. 1998a		
		Finnish	0.072	90	Wei et al. 1998		
		African-American	0.227	105	Wei et al. 1998		
		Japanese	0.352	50	Wei et al. 1998		
		Japanese	0.283	341	This study		
		Taiwanese	0.210	131	Wei et al. 1998		
		Taiwanese	0.283	300	Hsiao et al. 2004		
		1896T>C (Phe632Phe)	Block 3 #1b	Caucasian	0.035	157	Seck et al. 2005
				Japanese	0.098	107	Yamaguchi et al. 2001
Japanese	0.139			341	This study		
Han Chinese	0.133			45	HapMap		
IVS15 + 75A>G	Block 4 #1b	Caucasian	0.166	157	Seck et al. 2005		
		Japanese	0.155	341	This study		
IVS16-94G>T	Block 5 #1b	Caucasian	0.415	59	HapMap		
		Yorba	ND	60	HapMap		
		Japanese	0.455	44	HapMap		
		Japanese	0.378	341	This study		
		Han Chinese	0.333	45	HapMap		
		2194G>A (Val732Ile)	*6 (Block 5 #6)	Caucasian	0.022	157	Seck et al. 2005
Caucasian	0.058			60	Ridge et al. 1998a		
Finnish	0.067			90	Wei et al. 1998		
African-American	0.019			105	Wei et al. 1998		
Japanese	0.044			50	Wei et al. 1998		
Japanese	0.015			341	This study		
Taiwanese	0.014			131	Wei et al. 1998		
Taiwanese	0.012			300	Hsiao et al. 2004		
IVS18-39G>A	Block 6 #1b			Caucasian	0.105	157	Seck et al. 2005
				Caucasian	0.100	60	HapMap
		Yorba	0.017	60	HapMap		
		Japanese	0.044	45	HapMap		
		Japanese	0.032	341	This study		
		Han Chinese	0.022	45	HapMap		
		IVS22-69G>A	Block 6 #1f	Caucasian	0.183	60	HapMap
Yorba	0.400			60	HapMap		
Japanese	ND			45	HapMap		
Japanese	0.003			341	This study		
Han Chinese	ND			45	HapMap		

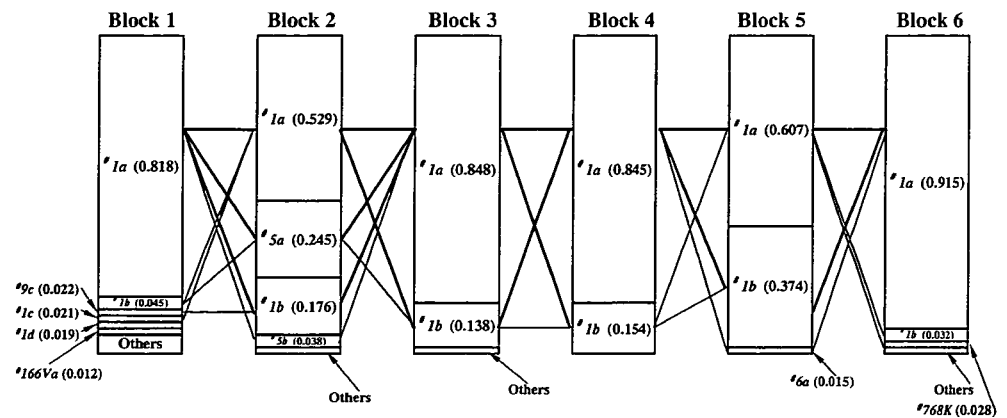
ND not detected

substitution Cys29Arg on the protein surface was unlikely to alter DPD activity. However, conflicting results were reported regarding *9 (Vreken et al. 1997, van Kuilenburg et al. 2000), *6 (van Kuilenburg et al. 2000), and Met166Val (van Kuilenburg et al. 2000; Gross et al. 2003). To interpret these inconsistencies, haplotype analysis of *DPYD* might be helpful. Especially for *9 and Met166Val

in Japanese, functional involvement of -477T>G (block 1 #9c and #9e), -243G>A (block 1 #9d), IVS10-15T>C (block 1 #9d and #166Va) and many other HapMap SNPs linked to *9 and Met166Val (Table 3) needs clarification.

The HapMap project provides genotype data of more than 1,000 sites located mostly in the intronic regions of *DPYD* for four different populations (Nigerian, Chinese,

Fig. 4 The combinations of block haplotypes in Japanese. *Thick lines* represent combinations with frequencies over 10%, and *thin lines* represent combinations with frequencies of 1.0–9.9%



detected in the patient exhibiting severe mucositis during cyclophosphamide/methotrexate/5-FU chemotherapy (Gross et al. 2003). Furthermore, the adjacent Leu261 interacts via the main chain atoms with the N6, N1, and N3 atoms of adenine of FAD, and has an important role in the proper orientation of the adenine moiety in the FAD-binding pocket (Dobritzsch et al. 2001). Moreover, the carboxyl group (Glu265-Oε) might form hydrogen bonds to the main chain nitrogen of Ser260 next to Leu261. Thus, the change in polarity from negative to positive by the novel Glu265Lys substitution is likely to cause structural changes affecting proper binding of FAD.

Arg592 is located at one (IVβc) of the additional four-stranded antiparallel β sheets (IVβc-βf) inserted at the top of a typical (α/β)₈ barrel fold in the FMN-binding domain IV (Dobritzsch et al. 2001). Arg592 is completely conserved among the above-mentioned six species (Mattison et al. 2002), suggesting its functional importance. Arg592 closely contacts Met599 (2.9 Å) and Gln604 (2.8 Å) in the same subunit and Ser994 (2.9 Å) in another subunit (Fig. 5B). The substitution of tryptophan for Arg592 is likely to weaken these interactions due to altered hydrophobicity and electrostatic changes. Arg592Trp was recently reported from a Korean population with an allele frequency of 0.004, although its functional significance remains to be confirmed (Cho et al. 2007).

As for known *DPYD* alleles, their distributions in several populations are becoming more evident by recent reports. For example, IVS14 + 1G>A (*2) (van Kuilenburg 2004), 295_298delTCAT (Phe100SerfsX15, *7) (Seck et al. 2005), 1679T>G (Ile560Ser, *13) (Collie-Duguid et al. 2000; Morel et al. 2006) 2846A>T (Asp949Val) (Seck et al. 2005; Morel et al. 2006), all of which are associated with decreased DPD activities, are detected in Caucasians with allele frequencies of 0.01–0.02, 0.003, 0.001 and 0.006–0.008, respectively. However, none of them were detected in our Japanese samples, while 1003G>T (Val335Leu, *11) and 2303C>A (Thr768Lys) have been found only in Japanese, indicating

that variations with clinical relevance do not overlap between Caucasians and Japanese.

2303C>A (Thr768Lys), which was originally found in a Japanese female volunteer with very low DPD activity (Ogura et al. 2005), is relatively frequent in Japanese (allele frequency = 0.0279). Functional characterization in vitro revealed that 768Lys caused thermal instability of the variant protein without changing its affinity for NADPH or kinetic parameters toward 5-FU. Therefore, they might cause 5-FU-related toxicities in Japanese.

1003G>T (Val335Leu, *11) was found in a Japanese family with decreased DPD activity by Kouwaki et al. (1998). By in vitro expression in *E. coli*, they demonstrated that the variant protein with Leu335 showed a significant loss of activity (about 17% of the wild-type protein). Dobritzsch et al. (2001) suggested from the 3D structure of pig DPD that Val335Leu, in spite of a conservative change, disturbs packing interactions in the hydrophobic core formed by IIIβ3 and IIIα3 within the Rossmann-motif, thereby affecting NADPH binding. In our study, heterozygous 1003G>T (Val335Leu) was found from a patient administered 5-FU (allele frequency = 0.0015), who also has seven other variations: IVS12–11G>A, 1896T>C (Phe632Phe), and IVS16–94G>T are heterozygous, and 1627A>G (Ile543Val), IVS13 + 39C>T, IVS14–123C>A, and IVS15 + 75A>G are homozygous, indicating that at least Val335Leu is linked to Ile543Val (*5).

On the other hand, Caucasians and Japanese share four variations: *5 (Ile543Val), *9 (Cys29Arg), Met166Val, and *6 (Val732Ile), although their allele frequencies were different, especially for *9 (Table 4). Because they have not necessarily correlated with phenotypic changes (e.g., differences in DPD enzyme activity, 5-FU pharmacokinetics and pharmacodynamics) (Collie-Duguid et al. 2000; Johnson et al. 2002; Zhu et al. 2004; Seck et al. 2005; Ridge et al. 1998a, 1998b; Hsiao et al. 2004), all of these variations are generally accepted as common polymorphisms that result in unaltered function. Consistent with this, van Kuilenburg et al. (2002) suggested that the

Table 3 Linkages of haplotype-tagging SNPs with HapMap SNPs for *DPYD*

Haplotype-tagging SNPs in <i>DPYD</i>	dbSNP ID (NCBI)	Block haplotype in this paper	HapMap SNPs with close linkages ($r^2 > 0.8$) ^a
85T>C (Cys29Arg)	rs1801265	Block 1 #9	rs10747488, rs7526108, rs4421623, rs4379706, rs4523551, rs11165921, rs9661794, rs6677116, rs6604093, rs17379561, rs10747491, rs10747492, rs12062845, rs7524038, rs10875112, rs4394693, rs10875113, rs4970722, rs9727548, rs10875118, rs9662719, rs12077442, rs4394694, rs9727976, rs4246515, rs6692580
496A>G (Met166Val)	rs2297595	Block 1 #166V	rs2786543, rs2811215, rs2811214, rs2786544, rs2248658, rs11165897, rs2786490, rs2811203, rs2811202, rs2811200, rs2811198, rs2786503, rs2811196, rs2786505, rs2811195, rs2811194, rs12073839, rs6663670, rs7512910, rs2151563, rs2786509, rs3790387, rs3790389
1627A>G (Ile543Val)	rs1801159	Block 2 #5	rs1415682, rs952501, rs2811187, rs2786778, rs2786774, rs2811183, rs17116806, rs2786780, rs1801159, rs2786771, rs2297780, rs2297779, rs12729863
1896T>C (Phe632Phe)	rs7556439	Block 3 #1b	rs12073650
IVS16-94G>T	rs7556439	Block 5 #1b	rs693680, rs827500, rs499009, rs7518848, rs553388, rs507170, rs628959, rs991544, rs526645, rs1609519
IVS18-39G>A	rs12137711	Block 6 #1b	rs12120068, rs12116905

^a All SNPs are in the same block

Taken together, our data demonstrated considerable differences in the haplotype distributions in blocks 1, 3 and 6 between Japanese and Caucasians.

Discussion

This study provides Japanese data on the genetic variations of *DPYD*, a gene encoding a key enzyme catalyzing degradation of the well-known anticancer drug 5-FU. Nine novel (Ala10Glu, Tyr109Asn, Asn151Asp, Ile245Phe, Glu265Lys, Val515Ile, Phe524Leu, Ser556Arg, and Asn893Ser) and seven known nonsynonymous variations (Cys29Arg, Met166Val, Val335Leu, Ile543Val, Arg592Trp, Val732Ile, and Thr768Lys) were found in our Japanese population (Table 2 and Fig. 1). The association analysis between the genotypes and 5-FU pharmacodynamics is now on-going.

Uneven distributions of coding SNPs over 23 *DPYD* exons were pointed out in the previous review by van Kuilenburg (2004). The author indicated that 81% of all reported variations were confined to exons 2–14, representing 61% of the coding sequences, and typical hotspots of variation were localized in exons 2, 6, and 13. Our Japanese data also revealed that 17 out of 21 coding variations (81%) were localized in exons 1–14, and that more than three variations were detected in exons 5, 13, and 14 (Fig. 1). Recently, Hormozian et al. (2007) have reported that the common chromosomal fragile site on 1p21.2, *FRA1E*, spans 370 kb of genomic sequence between

introns 8 and 18 of *DPYD*, and that its core region with the highest fragility is located between introns 12 and 16. The instability at the core of *FRA1E* might be associated with the high mutational rates and recombinogenic nature from intron 12 to 14 of *DPYD* (Fig. 1).

To estimate potential functional consequences of the amino acid substitutions, we examined whether the positions of amino acid changes are located in highly conserved areas or potentially critical regions of the molecule (for example, substrate recognition sites or binding regions of prosthetic groups). We also considered the locations of the residues in a three-dimensional (3D) framework provided by the crystal structures of pig DPD, which have recently been determined in complexes with NADPH and substrate (5-FU) (Dobritzsch et al. 2001) or inhibitors (Dobritzsch et al. 2002). The amino acid sequences of pig and human DPD are 93% identical (Mattison et al. 2002), and the substituted residues and their neighboring residues are conserved between both enzymes. From these points of view, it is speculated that at least two substitutions (Glu265Lys and Arg592Trp) might impact the structure and function of DPD as discussed below.

Glu265 is located on the loop following to the third β sheet ($\text{II}\beta 3$) in the FAD binding domain II (Dobritzsch et al. 2001). Glu265 is conserved among four mammalian species (human, mouse, rat, and pig), although it is replaced with aspartic acid in bovine and *Drosophila melanogaster* DPDs (Mattison et al. 2002). In the 3D structure of pig DPD (Fig. 5a), Glu265 is in close proximity to Lys259. The substitution, Lys259Glu, was

a) Block 1

Nucleotide change		469C>T	477T>G	266C>A	243G>A	29C>A	85T>C	IVS2-158 T>C	IVS3-23 A>G	325T>A	451A>G	474T>C	IVS5- 115C>A	496A>G	639C>T	733A>T	IVS7+44 C>T	793G>A	IVS8+91 C>T	IVS9- 120A>T	1033C>T	IVS10-24 A>G	IVS10- 15T>C	Number	Frequency	
Haplotype	#1																								552	0.815
	#1a																								31	0.045
	#1b																								14	0.021
	#1c																								13	0.019
	#1d																								6	0.0088
	#1e																								6	0.0088
	#1f																								3	0.0044
	#1g																								2	0.0029
	#1h																								2	0.0029
	#1i																								1	0.0015
	#1j																								1	0.0015
	#1k																								15	0.022
	#1l																								4	0.0059
	#1m																								1	0.0015
	#1n																								8	0.012
	#1o																								3	0.0044
	#1p																								6	0.0088
	#1q																								2	0.0029
	#1r																								1	0.0015
	#1s																								1	0.0015
#1t																								1	0.0015	
#1u																								1	0.0015	

b) Block 2

Nucleotide change		IVS12- 11G>A	IVS12- 9A>G	1543G>A	1572T>G	1627A>G	1666A>C	IVS13+39 C>T	IVS13+40 G>A	Number	Frequency
Amino acid change				V515I	F524L	I543V	S556R				
Haplotype	#1	#1a								361	0.529
	#1b									120	0.176
	#1c									5	0.0073
	#5	#5a				5				167	0.245
	#5b					5				26	0.038
	#515I	#515I			515I					1	0.0015
	#524L	#524L				524L				1	0.0015
#556R	#556R [§]					556R			1	0.0015	

c) Block 3

Nucleotide change		IVS13- 47_48insTA	1752A>G	1774C>T	1896T>C	IVS14+19 C>A	IVS14+100 T>G	Number	Frequency
Amino acid change			T584T	R592W	F632F				
Haplotype	#1	#1a						578	0.848
	#1b							94	0.138
	#1c							6	0.0088
	#1d							1	0.0015
	#1e							1	0.0015
	#1f [§]							1	0.0015
	#592W	#592W			592W				1

d) Block 4

Nucleotide change		IVS14- 123C>A	IVS14- 21C>A	IVS15+75 A>G	Number	Frequency
Amino acid change						
Haplotype	#1	#1a			576	0.845
	#1b				105	0.154
	#1c [§]				1	0.0015

e) Block 5

Nucleotide change		IVS16- 127A>G	IVS16- 94G>T	IVS17-34del T	IVS17-47C> T	2194G>A	Number	Frequency
Amino acid change						V732I		
Haplotype	#1	#1a					414	0.607
	#1b						255	0.374
	#1c [§]						1	0.0015
	#1d [§]						1	0.0015
	#1e [§]						1	0.0015
	#6	#6a						6

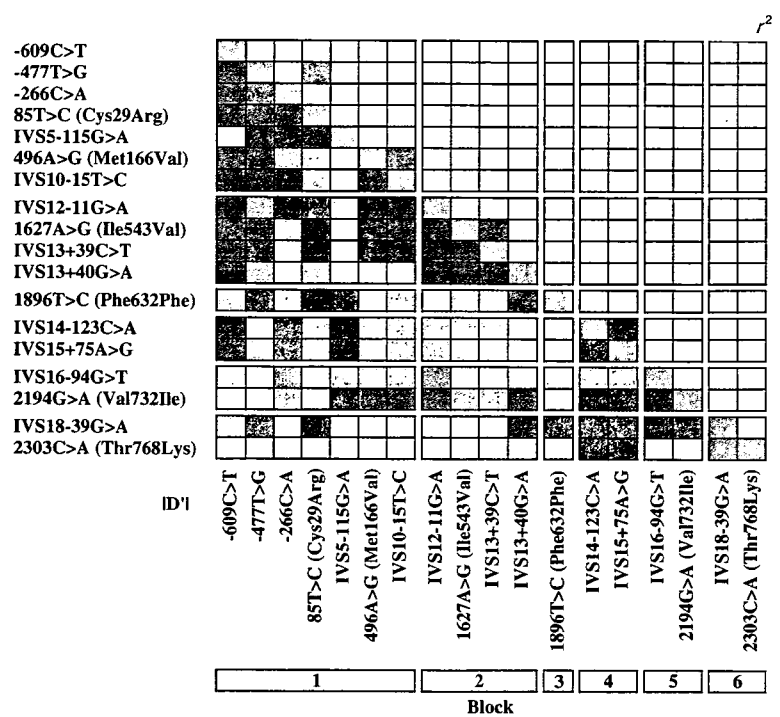
f) Block 6

Nucleotide change		IVS18- 39G>A	2303C>A	2424T>C	2678A>G	IVS21+80 C>G	IVS21+113 T>A	IVS21+136 G>C	IVS21+162 T>G	IVS22+129 A>G	IVS22-69 G>A	IVS22-58 G>C	Number	Frequency
Amino acid change			T768K	S808S	N893S									
Haplotype	#1	#1a											624	0.915
	#1b												22	0.032
	#1c												5	0.0073
	#1d												2	0.0029
	#1e												2	0.0029
	#1f												2	0.0029
	#1g												2	0.0029
	#1h												1	0.0015
	#1i												1	0.0015
	#768K	#768K		768K									19	0.028
	#893S	#893S				893S							2	0.0029

Fig. 3 Block haplotypes in DPYD of block 1 (a), block 2 (b), block 3 (c), block 4 (d), block 5 (e), and block 6 (f) in a Japanese population. The nucleotide positions were numbered based on the cDNA sequence (A of the translational start codon is +1) or from the

nearest exon. White cell wild-type, gray cell nucleotide alteration. [§]The haplotypes were inferred in only one patient and ambiguous except for marker SNPs

Fig. 2 Linkage disequilibrium (LD) analysis of *DPYD*. Pairwise LD between 18 common SNPs (>0.01 in allele frequencies) is expressed as r^2 (upper) and $|D'|$ (lower) by a 10-graded blue color. The denser color indicates higher linkage. The haplotype block partition based on LD measure $|D'|$ of HapMap data in Japanese is also indicated



or HapMap project. Notably, IVS14 + 1G>A (*2), 1897delC (Pro633GlnfsX5, *3), 1601G>A (Ser534Asn, *4), 295_298delTCAT (Phe100SerfsX15, *7), 703C>T (Arg235Trp, *8), 2983G>T (Val1995Phe, *10), 62G>A (Arg21Gln, *12), 1156G>T (Glu386X, *12), and 1679T>G (Ile560Ser, *13) were not found in this study. Furthermore, several SNPs showed marked differences in allele frequencies among Japanese and other ethnic groups (Table 4).

The allele frequency of 85T>C (Cys29Arg, *9), the tagging SNP for block 1 #9, was quite different between Asians and Caucasians. Its allele frequency in Japanese (0.029 in this study) and Taiwanese (0.022) (Hsiao et al. 2004) was much lower than that in Caucasians (0.185–0.194) (Seck et al. 2005; Morel et al. 2006).

The SNP 496A>G (Met166Val) in block 1 is found at a lower allele frequency in Japanese (0.022) than in Caucasians (0.080) (Seck et al. 2005). Seck et al. (2005) inferred two haplotypes harboring 496A>G (Met166Val) from 157 Caucasians: *hap5* (#9d in this study) harboring additional 85T>C (Cys29Arg) and IVS10-15T>C and *hap11* concurrently harboring IVS10-15T>C alone with frequencies of 0.040 and 0.014, respectively. In our haplotype analysis, #166Va (0.012) corresponding to *hap11* (0.014) was found with a similar frequency in Japanese, whereas the frequency of #9d (0.006) was much lower than that of the corresponding haplotype, *hap5* (0.040) in Caucasians.

1627A>G (Ile543Val, *5) in block 2 was found with comparable allele frequencies among Japanese (0.283 in this study), Caucasians (0.14–0.275) (Seck et al. 2005;

Ridge et al. 1998a), African-Americans (0.227) (Wei et al. 1998), and Taiwanese (0.210–0.283) (Wei et al. 1998; Hsiao et al. 2004).

The allele frequency (0.015) of 2194G>A (Val732Ile, *6) in block 5 in our Japanese population is slightly lower than that previously reported in Caucasians (0.022–0.058) (Seck et al. 2005; Ridge et al. 1998a) and Finish (0.067) (Wei et al. 1998), but is comparable to that in Taiwanese (0.012–0.014) (Wei et al. 1998; Hsiao et al. 2004) and African-Americans (0.019) (Wei et al. 1998).

Ethnic differences in the allele frequencies were also observed with synonymous and intronic variations (Table 4). The allele frequency of 1896T>C (Phe632Phe), which tags block 3 #1b, was higher in Japanese (0.139 in this study) than in Caucasians (0.035) (Seck et al. 2005). *Hap13* assigned in 157 Caucasians by Seck et al. (2005) is the counterpart of block 3 #1b, and its frequency (0.012) was much lower than that in Japanese (0.138).

In contrast, IVS10-15T>C linked to 85T>C (*9) or 496A>G (#166V) within block 1 showed a lower allele frequency in Japanese (0.018) than in Caucasians (0.127). Seck et al. (2005) assigned *hap7* as the haplotype containing IVS10-15T>C alone with a haplotype frequency of 0.03 in Caucasians. In Japanese, however, the corresponding haplotype was not found.

Allele frequencies of IVS18-39G>A and IVS22-69G>A, which are tagging SNPs for block 6 #1b and #1f, respectively, are lower in Japanese (0.032 and 0.003, respectively) than in Caucasians (0.105 and 0.183, respectively).

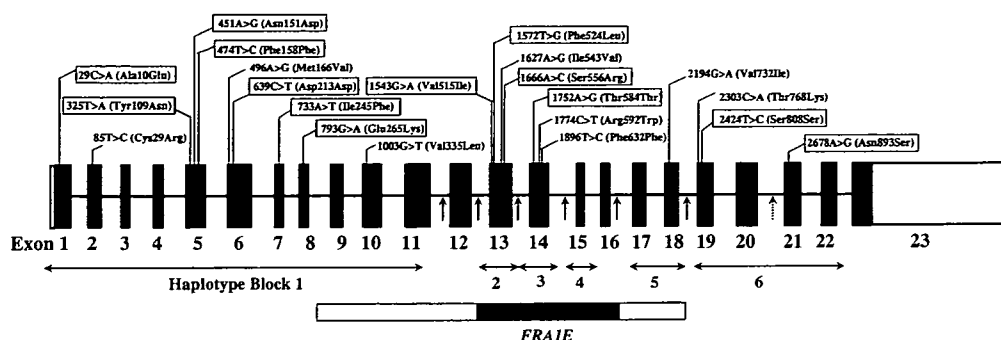


Fig. 1 Twenty-one variations detected in the coding exons are depicted in the schematic diagram of the *DPYD* gene. Fourteen novel variations are enclosed by squares. The recombination spots were estimated based on the LD profiles obtained from Japanese data in the

HapMap project and indicated by arrows. The borders (between introns 8 and 18 of the *DPYD*) and core region (between introns 12 and 16) of *FRA1E* identified by Hormozian et al. (2007) are indicated as an open and closed box, respectively

In block 2, four haplotypes, #1a (0.529), #5a (0.245), #1b (0.176), and #5b (0.038), were major in Japanese and accounted for 99% of all inferred haplotypes. Two subtypes of the #5 group, #5a and #5b, both of which harbored Ile543Val (*5) and IVS13 + 39C>T, were distinguished by a novel intronic SNP, IVS12-11G>A.

As for block 3, in addition to #1a (0.848), #1b harboring the synonymous SNP, 1896T>C (Phe632Phe), was found at a relatively high frequency (0.138).

Block 4 is simple and comprises only three haplotypes, #1a (0.845), #1b (0.154) and #1c (0.0015). The second frequent haplotype, #1b, harbored perfectly linked SNPs, IVS14-123C>A and IVS15 + 75A>G.

Block 5 contained IVS16-94G>T, the most frequent SNP among the 55 SNPs found in this study, which was assigned to #1b with a frequency of 0.374. This block also contained the known nonsynonymous SNP, 2194G>A (Val732Ile, *6), which was assigned to #6a (0.015).

In block 6, the most dominant haplotype was #1a (0.915). It was followed by #1b (0.032) with IVS18-39G>A and #768K (0.028) with 2303C>A (Thr768Lys).

The HapMap data include nine SNPs that we detected (Table 2). Of them, six, 85T>C (rs1801265), 496A>G (rs2297595), 1627A>G (rs1801159), 1896T>C (rs17376848), IVS16-94G>T (rs7556439) and IVS18-39G>A (rs12137711), were suitable for haplotype tagging SNPs (htSNPs) to capture the block haplotypes, block 1 #9, block 1 #166V, block 2 #5, block 3 #1b, block 5 #1b, and block 6 #1b, respectively. IVS21 + 136G>C (rs11165777) and IVS22-69G>A (rs290855)/IVS22-58G>C (rs17116357), were the marker SNPs for block 6 #1e and #1f, respectively, but very rare (allele frequencies = 0.003) in Japanese. The six SNPs, especially 85T>C (rs1801265) and 496A>G (rs2297595), were in strong LD ($r^2 > 0.8$) with other HapMap SNPs in Japanese (Table 3), indicating that many HapMap SNPs were concurrently linked on the same haplotypes.

Next, the combinations of block haplotypes (inter-block haplotypes) were analyzed focusing on the haplotypes with frequencies of >0.01 in each block (Fig. 4). Between blocks 1 and 2, both #1a and #1b in block 1 were complicatedly associated with various haplotypes in block 2. It should be noted that #9c in block 1 was linked either with block 2 #1b (0.016 in absolute frequency) or with block 2 #5a (0.006, not shown in Fig. 4). #1c in block 1 was completely linked with block 2 #1a. #151D in block 1 (not shown in Fig. 4), which was a rare haplotype (0.009) harboring 451A>G (Asn151Asp), was completely linked with #5a in block 2.

Between blocks 2 and 3, both #5b and #1b in block 2 were mostly linked with #1a in block 3, whereas both #1a and #5a in block 2 were complicatedly linked with #1a, #1b, or other rare haplotypes such as #1c (not shown in Fig. 4) in block 3. Between blocks 3 and 4 and between blocks 4 and 5, no strong associations of block haplotypes were observed except for the linkage of block 5 #6a to block 4 #1a. Between blocks 5 and 6, most of #1b and all of #6a in block 5 were linked with #1a in block 6. Although #1a in block 6 was associated with various haplotypes in block 5, #1b in block 6 was completely linked with #1a in block 5.

Among the six blocks, the following combinations were major: #1a (block 1)–#1a (block 2)–#1a (block 3)–#1a (block 4)–#1a (block 5)–#1a (block 6) (0.239 in frequency), #1a–#5a–#1a–#1a–#1b–#1a (0.081), #1a–#1a–#1a–#1a–#1b–#1a (0.075), #1a–#5a–#1a–#1a–#1a–#1a (0.070), #1a–#1b–#1a–#1a–#1a–#1a (0.060) and #1a–#1a–#1b–#1a–#1a–#1a (0.051).

Ethnic differences in distributions of *DPYD* SNPs and haplotypes

We compared SNP and haplotype distributions in Japanese with those in other ethnic groups reported in the literature

In the 5' flanking region, all four detected SNPs (-609C>T, -477T>G, -266C>A, -243G>A) were newly found at relatively high allele frequencies (0.006–0.05). However, these SNPs were not located near the proposed *cis*-regulatory promoter elements (Shestopal et al. 2000). The remaining 21 novel variations were found in intronic regions. Of these SNPs, IVS5-115G>A, IVS12-11G>A, and IVS14-123C>A were detected with allele frequencies of 0.021, 0.038, and 0.155, respectively, but others were rare (<0.01). They were not located in the exon-intron splicing junctions or branch sites.

Seventeen variations were already reported. The ID numbers in the dbSNP databases or references for these SNPs are described in Table 2. The well-known nonsynonymous SNPs, 1627A>G (*5, Ile543Val), 2194G>A (*6, Val732Ile), 85T>C (*9, Cys29Arg), and 1003G>T (*11, Val335Leu), were found in this study at allele frequencies of 0.283, 0.015, 0.029, and 0.0015, respectively. The allele frequencies of two reported SNPs, 496A>G (Met166Val) and 2303C>A (Thr768Lys), were 0.022 and 0.028, respectively. Recently, 1774C>T (Arg592Trp) was reported from a Korean population (Cho et al. 2007), and its allele frequency was 0.0015 in this study. Nine intronic variations, IVS10-15T>C, IVS13 + 39C>T, IVS13 + 40G>A, IVS15 + 75A>G, IVS16-94G>T, IVS18-39G>A, IVS21 + 136G>C, IVS22-58G>C, and IVS22-69G>A, and one synonymous variation, 1896T>C (Phe632Phe), were found with various allele frequencies (0.003–0.378, Table 2). The variations previously detected in Japanese (Kouwaki et al. 1998; Yamaguchi et al. 2001; Ogura et al. 2005), 62G>A (Arg21Gln, *12), 74G>A (His25Arg), 812delT (Leu271X), 1097G>C (Gly366Ala), 1156G>T (Glu386X, *12), and 1714C>G (Leu572Val), were not found in our study. This might be due to their low frequencies.

Linkage disequilibrium (LD) analysis and haplotype block partition

LD analysis was performed by r^2 and $|D'|$ using 18 SNPs (allele frequency ≥ 0.01) (Fig. 2). Strong linkages were observed in four pairs of SNPs: between -477T>G and 85T>C (Cys29Arg) ($r^2 = 0.7025$), between 496A>G (Met166Val) and IVS10-15T>C ($r^2 = 0.7964$), between 1627A>G (Ile543Val) and IVS13 + 39C>T ($r^2 = 1.0$), and between IVS14-123C>A and IVS15 + 75A>G ($r^2 = 1.0$). In addition, two known rare SNPs, IVS22-69G>A (rs290855) and IVS22-58G>C (rs17116357), were perfectly linked ($r^2 = 1.0$) (data not shown). As for $|D'|$ values, only 43 pairs (28%) out of 153 pairs gave $|D'| = 1.0$, indicating that a number of recombinations had occurred within this gene. This is not surprising because

DPYD is a huge gene of at least 950 kb in length with 3 kb of coding sequences. However, it was difficult to estimate past recombination events in *DPYD* from our data alone because our variations were mostly limited to exons and surrounding introns.

To define haplotype blocks, we utilized the HapMap data because SNPs were comprehensively genotyped with an average density of 1 SNP per 1.8 kb. Of 1,002 variations of *DPYD* genotyped by the HapMap project, 474 SNPs were polymorphic for 44 unrelated Japanese subjects. When the LD profiles for Japanese were obtained by Marker using the HapMap data, strong LD ($|D'| > 0.75$) clearly decays within introns 11, 12, 13, 14, 16, 18, and 20 (data not shown), suggesting that recombination had occurred in these regions. Based on these findings, the SNPs detected in our study were divided into six haplotype blocks (Figs. 1, 2). Block 1, the largest block, ranges from the 5'-untranslated region (5'-UTR) to intron 10 (347 kb), and includes 22 variations. Block 2 includes eight variations from IVS12-11G>A in intron 12 to IVS13 + 40G>A in intron 13. Block 3 includes six variations from IVS13-47_48insTA in intron 13 to IVS14 + 100T>G in intron 14. Block 4 contains only three SNPs, IVS14-123C>A, IVS14-21C>A and IVS15 + 75A>G, and ranges from intron 14 to intron 15. Block 5 consists of IVS16-94G>T and four rare variations from intron 16 to exon 18. Although the HapMap data showed a decline in LD in intron 20, we defined a block ranging from intron 18 to intron 22 as block 6 because only rare variations (allele frequencies <0.01) were detected downstream of intron 20 (exon 21, intron 21, and intron 22). The block partitioning based on the HapMap data fitted our SNPs well: more than 70% of SNP pairs in each block (block 1–6) gave pair-wise $|D'|$ values greater than 0.8 (Fig. 2).

Haplotype estimation

Using 22, 8, 6, 3, 5, and 11 variations in blocks 1 to 6, 23 (block 1), 8 (block 2), 7 (block 3), 3 (block 4), 6 (block 5), and 11 (block 6) haplotypes were identified or inferred (Fig. 3). Probabilities of diplotype configurations in all six blocks were 100% for over 97% of the subjects. To discriminate our block haplotypes from the previously assigned alleles or haplotypes (*DPYD**1 to *13), the mark, #, was used to indicate block haplotypes.

In block 1, the most dominant haplotype without any variation was #1a (0.818 in frequency), followed by #1b (0.045), #9c (0.022), and #1c (0.021). As suggested by LD (Fig. 2), #9c, the major subtype of the #9 group bearing 85T>C (Cys29Arg), also harbored -477T>G in the 5'-UTR. Known nonsynonymous SNP, 496A>G (Met166Val), was assigned to three haplotypes, #9d, #166Va, and #166Vb.

Table 2 continued

SNP ID	Location	Position	Nucleotide change and flanking sequences (5' to 3')	Amino acid change	Reported alleles	Allele frequency (341 subjects)
This study	dbSNP (NCBI)	NT_032977.7	From the translational initiation site or from the end of nearest exon			
MP16_DPD041 ^g	Intron 16	51591340	IVS16-94			0.378
MP16_DPD042 ^a	Intron 17	51591092	IVS17 + 34			0.0015
MP16_DPD043 ^a	Intron 17	51591079	IVS17 + 47			0.0015
MP16_DPD044	Exon 18	51590313	2194	Val1732Ile	*6	0.015
MP16_DPD045 ^g	Intron 18	51519982	IVS18-39			0.032
MP16_DPD046 ^e	Exon 19	51519940	2303	Thr768Lys		0.028
MP16_DPD047 ^a	Exon 19	51519819	2424	Ser808Ser		0.0029
MP16_DPD048 ^a	Exon 19	51383526	2678	Asn895Ser		0.0029
MP16_DPD049 ^a	Intron 21	51383358	IVS21 + 80			0.0015
MP16_DPD050 ^a	Intron 21	51383325	IVS21 + 113			0.0015
MP16_DPD051 ^g	Intron 21	51383302	IVS21 + 136			0.0029
MP16_DPD052 ^a	Intron 21	51383276	IVS21 + 162			0.0029
MP16_DPD053 ^a	Intron 22	51367150	IVS22 + 129			0.0073
MP16_DPD054 ^g	Intron 22	51364164	IVS22-69			0.0029
MP16_DPD055 ^g	Intron 22	51364153	IVS22-58			0.0029

^a Novel variations detected in this study

^b Kouwaki et al. 1998

^c Collie-Duguid et al. 2000

^d Seck et al. 2005

^e Ogura et al. 2005

^f Cho et al. 2007

^g Variations overlapping with the HapMap project

Table 2 Summary of *DPYD* SNPs detected in a Japanese population

SNP ID	Location	Position	From the translational initiation site or from the end of nearest exon	Nucleotide change and flanking sequences (5' to 3')	Amino acid change	Reported alleles	Allele frequency (341 subjects)
MPJ6_DPD001 ^a	5'-Flank	52206480	-609	TTGTCGGCTCCG/TTCCTCCCTCCCGC			0.021
MPJ6_DPD002 ^a	5'-Flank	52206348	-477	TTGAGAGTTCCT/GGAAATGCAGTT			0.026
MPJ6_DPD003 ^a	5'-Flank	52206137	-266	CTCCTCCCTCC/AATCTCGTGCAG			0.045
MPJ6_DPD004 ^a	5'-Flank	52206114	-243	AGGCTGGGGCGG/AGAGCGGGCTGAA			0.0059
MPJ6_DPD005 ^a	Exon 1	52205843	29	GTAAAGACTCGG/CAGGACATCGAGGT			0.0015
MPJ6_DPD006 ^a	Exon 2	52168278	85	CATGCACTCTGT/CGTTCCACTTCGG	Ala10Glu		0.029
MPJ6_DPD007 ^a	Intron 2	52168055	IVS2 + 158	TTTGAAGTGTAT/CTTTTAAATTACAC	Cys29Arg	*9	0.0015
MPJ6_DPD008 ^a	Intron 3	52113040	IVS3 + 23	GTCACCATAGCA/AGCAGTCCACAGATG			0.0029
MPJ6_DPD009 ^a	Exon 5	52006617	325	ATTTGCAGAACT/AATATGGAGCTG	Tyr109Asn		0.0029
MPJ6_DPD010 ^a	Exon 5	52006491	451	GAGGACCCATT/GATATTTGGTGGAT	Asn151Asp		0.0088
MPJ6_DPD011 ^a	Exon 5	52006468	474	ATTGCAGCAATTT/CGTACTCTGAGGTA	Phe158Phe		0.0044
MPJ6_DPD012 ^a	Intron 5	51984611	IVS5-115	CATAATAACTG/AAAAATGTACTGC			0.021
MPJ6_DPD013 ^a	Exon 6	51984484	496	GTATTTCAAAGCA/GTGAGTATCCAC	Met166Val		0.022
MPJ6_DPD014 ^a	Exon 6	51984341	639	GGGTACTCTGAC/TATCACTATAATT	Asp213Asp		0.0088
MPJ6_DPD015 ^a	Exon 7	51976695	733	CTCTACACTAAAG/TTTAAACACGAAA	Ile245Phe		0.0015
MPJ6_DPD016 ^a	Intron 7	51976602	IVS7 + 64	GTCAAATTTGAGA/TTTGAGCTAATGA			0.0015
MPJ6_DPD017 ^a	Exon 8	51964101	793	CTTTCAGTAAAG/AAAAATGACTCTTA	Glu265Lys		0.0015
MPJ6_DPD018 ^a	Intron 8	51963953	IVS8 + 91	TTGAGACTGAC/CTTCATCCTCGGA			0.0088
MPJ6_DPD019 ^a	Intron 9	51878456	IVS9-120	ATACGGGGAGTGG/TTGATTTGTACTTG		*11	0.0029
MPJ6_DPD020 ^b	Exon 10	51878292	1003	CCATCAGAAAATA/GTGGAGTTGTACT			0.0015
MPJ6_DPD021 ^a	Intron 10	51878143	IVS10 + 24	AAGTATTGGTTTG/ATAATTTTGCAGTC	Val335Leu		0.018
MPJ6_DPD022 ^c	Intron 10	51858934	IVS10-15	GTATTGGTTTGT/AGTTTTCAGTCAC			0.038
MPJ6_DPD023 ^c	Intron 12	51800901	IVS12-11	TATGGAGCTCCG/ATTTTCGCCAAGC			0.0073
MPJ6_DPD024 ^a	Exon 13	51800872	1543	ACTACCCCTCTT/GTACACTCTATT	Val515Ile		0.0015
MPJ6_DPD025 ^a	Exon 13	51800843	1572	GGATTGAAAGTTA/GTAAATCCCTTTTG	Phe524Leu		0.0015
MPJ6_DPD026 ^a	Exon 13	51800788	1627	ACTCCAGCCACCA/CGCACATCAATGA	Ile543Val	*5	0.283
MPJ6_DPD027 ^a	Exon 13	51800749	1666	AGAAATGCTACT/ATATAATTTTAAAT	Ser556Arg		0.0015
MPJ6_DPD029	Intron 13	51800636	IVS13 + 39	GAAATGCTATCG/ATATAATTTTAAAT			0.283
MPJ6_DPD030	Intron 13	51800635	IVS13 + 40	ATAAAGATTATA-TTAGCTTTTCTTTGT			0.179
MPJ6_DPD031 ^a	Intron 13	51735220_51735219	IVS13-47_-48	GGACATTTGACAG/AAATGTTTCCCCC	Thr584Thr		0.0015
MPJ6_DPD032 ^a	Exon 14	51735161	1752	CCGAGAATCATCC/TTGGGAAACCCT	Arg592Trp		0.0015
MPJ6_DPD033 ^f	Exon 14	51735017	1896	AAAGCTGACTTT/CCAGACAAACGTA	Phe632Phe		0.139
MPJ6_DPD034 ^a	Exon 14	51735017	1896	GTGATTTAACATC/ATAAAACAAGAGA			0.0088
MPJ6_DPD035 ^a	Intron 14	51734989	IVS14 + 19	TTAAATGTTGATA/TGTTTAAATAAGAA			0.0015
MPJ6_DPD036 ^a	Intron 14	51734908	IVS14 + 100	GATTTATTTTT/CAACAGTTTGAAAA			0.155
MPJ6_DPD037 ^a	Intron 14	51667533	IVS14-123	TGAATTTATTT/ATTTTGTTTTCT			0.0015
MPJ6_DPD038 ^a	Intron 14	51667431	IVS14-21	TAAAGAGCTGCC/AGTGAGAAATAATA			0.0015
MPJ6_DPD039 ^d	Intron 15	51667267	IVS15 + 75	GGAAITTTGAGAAA/GTATATCATGTAG			0.155
MPJ6_DPD040 ^a	Intron 16	51591373	IVS16-127				0.0015

Foster City, CA) with the primers listed in “sequencing” of Table 1. Excess dye was removed with a DyeEx96 kit (Qiagen, Hilden, Germany). The eluates were analyzed on an ABI Prism 3700 DNA Analyzer (Applied Biosystems). All novel SNPs were confirmed by sequencing of PCR products generated from new genomic DNA amplifications. The genomic and cDNA sequences of *DPYD* obtained from GenBank (NT_032977.7 and NM_000110.2, respectively) were used as reference sequences. SNP positions were numbered based on the cDNA sequence, and adenine of the translational initiation site in exon 1 was numbered +1. For intronic polymorphisms, the position was numbered from the nearest exon.

Linkage disequilibrium (LD) and haplotype analyses

Hardy-Weinberg equilibrium and LD analyses were performed by SNPalyze software (Dynacom Co., Yokohama, Japan), and pairwise LD parameters between variations were obtained as the D' and rho square (r^2) values. Some haplotypes were unambiguously identified from subjects with homozygous variations at all sites or a heterozygous variation at only one site. Diplotype configurations were inferred by LDSUPPORT software, which determines the posterior probability distribution of the diplotype for each subject based on the estimated haplotype frequencies (Kitamura et al. 2002). Although the nomenclature for nonsynonymous *DPYD* alleles (*DPYD*1* to *DPYD*13*) have been already publicized (McLeod et al. 1998; Collier-Duguid et al. 2000; Johnson et al. 2002), several reported alleles remain unassigned. To avoid confusion with the previous *DPYD* allele nomenclature, our block haplotypes in this study were tentatively defined by using “#” instead of “*”. A group of haplotypes without any amino acid change is designated as #1, and the haplotype groups bearing already defined alleles, *DPYD*5* (Ile543Val), *DPYD*6* (Val732Ile), *DPYD*9* (Cys29Arg) and *DPYD*11* (Val335Leu), were numbered by using the corresponding Arabic numerals, #5, #6, #9, and #11, respectively. Other haplotypes with known nonsynonymous SNPs such as 496A>G (Met166Val) or with the novel nonsynonymous SNP were represented by “#” plus amino acid positions followed by variant residues (for example, #166V). Subtypes within each haplotype group were consecutively named with small alphabetical letters depending on their frequencies. Haplotypes ambiguously inferred in only one patient were indicated in the Fig. 3 legend. Combinations of block haplotypes were analyzed by Haploview software (<http://www.broad.mit.edu/mpg/haploview/index.php>) (Barrett et al. 2005), and the long-range (whole gene) haplotypes spanning all blocks were inferred by Hapblock

software (www.cmb.usc.edu/msms/HapBlock/) (Zhang et al. 2005).

Typing data on *DPYD* from unrelated 44 Japanese and 30 Caucasian trios were also obtained from the HapMap project (HapMap release 19: <http://www.hapmap.org/>). The LD profiles and haplotypes of the HapMap data were obtained by Marker beta in Gmap Net (<http://www.gmap.net/marker>) using its four (1254711, 1254712, 1254713, and 1254714) and six (1166276, 1166277, 1166278, 1166279, 1166280, and 1166281) datasets covering *DPYD* genomic regions for Japanese and Caucasians, respectively.

Drawing of protein structures

The coordinate data (1gth) of the crystal structure of pig DPD (Dobritzsch et al. 2002) was obtained from the Protein Data Bank. Protein Explorer (<http://proteinexplorer.org>) (Martz 2002) was used to display the structural features of pig DPD and depict three-dimensional views.

Results

DPYD variations found in a Japanese population

We identified 55 variations, including 38 novel ones by sequencing the promoter regions (up to 613 bp upstream from the translational initiation site), all 23 exons and their flanking regions of *DPYD* from 341 Japanese subjects (Table 2). The distribution of the variations consisted of 4 in the 5' flanking region, 21 (5 synonymous and 16 nonsynonymous ones) in the coding exons (Fig. 1) and 30 in the introns. Since we did not find any significant differences in allele frequencies between healthy volunteers and cancer patients ($P > 0.05$ by χ^2 test or Fisher's exact test) except for one variation, IVS14 + 19C>A, ($P = 0.027$ by Fisher's exact test); the data for all subjects were analyzed as one group. All detected variations except for 451A>G (Asn151Asp) and IVS13 + 40G>A were in Hardy-Weinberg equilibrium ($P \geq 0.24$).

Thirteen novel variations in the coding region (enclosed by a square in Fig. 1) contain four synonymous SNPs, 474T>C (Phe158Phe), 639C>T (Asp213Asp), 1752A>G (Thr584Thr), and 2424T>C (Ser808Ser) and nine nonsynonymous SNPs, 29C>A (Ala10Glu), 325T>A (Tyr109Asn), 451A>G (Asn151Asp), 733A>T (Ile245Phe), 793G>A (Glu265Lys), 1543G>A (Val515Ile), 1572T>G (Phe524-Leu), 1666A>C (Ser556Arg), and 2678A>G (Asn893Ser). 451A>G (Asn151Asp), 325T>A (Tyr109Asn), and 2678A>G (Asn893Ser) were found at frequencies of 0.009, 0.003 and 0.003, respectively. The others were detected as single heterozygotes (allele frequencies = 0.0015).

Table 1 Primer sequences for human *DPYD*

Amplified and sequenced region	Forward primer		Reverse primer		PCR product (bp)
	Sequences (5' to 3')	Position ^a	Sequences (5' to 3')	Position ^a	
Exon 14	TGC AAAATATGTGAGGAGGGACC	51735287	CAGCAAAGCAACTGGCAGATTTC	51734877	411
Exon 15	GCTATCTTACCCCTGCTATTTTC	51667571	TAGGTAGTGTGTGAAAATCCAAGG	51667107	465
Exon 16	CCCTTATGAGCACTGAGTAAAT	51658821	TAGTAACTATCCATACGGGGG	51658440	382
Exon 17	AGTCTAGGTGTAATACTGAGGAGG	51591407	ATCAAAGTCTCAACTGGAAACT	51590986	422
Exon 18	GTGAAGAACCTTGGAGGAGAAGAC	51590461	CATCCTGTCTGCTCACTTGA	51590026	436
Exon 19	ATTTGCCAGTGACGGCTGTC	51520048	TCAGGTCTCTTTCATAACTTTGTCAG	51519629	420
Exon 20	GAGAAAGTGAATTTGTTGGAG	51478265	TTTGTTAGTGAGAAATGTGAGATGG	51477926	340
Exon 21	AGTGGTCCAAAACAATGAGTG	51383737	TGCTTGGCCAGTGTTCATAAAA	51383221	517
Exon 22	GGGTGTCATTTATCTTTCTGTC	51367723	GGCTGATGAAAATGGTATAAAAA	51367033	691
Exon 23	GTGTCTCATAGTGTGGCTCCTC	51364206	TTTTTCACATAAGACAAACTGGCA	51363641	566
Sequencing	TGTGGATGTTTTTGGCTCGC	52206503			
5'-UTR to exon 1	CGGACTGCTTTTACCTTTTC	52206258	CCAGAGAGCCAAAGTGACAGC	52205933	
5'-UTR to exon 1	CCCTAGTCTGCCTGTTTTTCG	52205987	AGTAAACAGGTCCTCCGACCC	52205586	
5'-UTR to exon 1	GTGACAAAAGTGAGAGACCCGT	52168436	GCCTTACAATGTGTGGAGTGAG	52168152	
Exon 2	GAAATGCTACCCAAATTAAGTGG	52113285	TTCAAACCCAAATACAGCCTC	52112899	
Exon 3	TGCCAAAAGATGAAACACAGA	52025601	ACCCACAGATAATAGAGAAACAAGA	52025273	
Exon 4	TGATGGTTCCTGATAGTAGTATTG	52006775	TGTCACACTAAAAATGTTGGG	52006348	
Exon 5	AAAAATATGTTTGAGGATGTAAGC	51984560	GAGCCTGAAGTTCCTATATGAT	51984201	
Exon 6	TTCTACTGTAATCTTCACTCCACG	51976953	GCCTTGCCTGATGTAGC	51976541	
Exon 7	GGCTGACTTTTCAJTCITTTT	51964221	CATCTTGGCCGAAAATCTCTCC	51963831	
Exon 8	TGTGATTTACGATGTGTACTTGG	51880335	GCAAGGTTGGGTGTGAGAG	51879895	
Exon 9	AAAAATGGGAATAAACTGTCTT	51878507	TTCACTCTCTAAAATCTGTTGG	51878109	
Exon 10	ACTGGTAACTGAAACTCAG	51859069	CAATTCCTCGAAAAGCTAG	51858628	
Exon 11	TCAGTGCCTTCAAATGTGT	51834881	GAGTATCAAAAAATAAATGAAGCAC	51834439	
Exon 12	TGGATGCTGTGTTGAAAGTG	51800982	TGTGTAATGATAGGTCGTGTC	51800543	
Exon 13	TGCAAAATATGAGGAGGGACC	51735287	CAGCAAAGCAACTGGCAGATTTC	51734877	
Exon 14	GCTATCTTACCCCTGCTATTTTC	51667571	TAGGTAGTGTGTGAAAATCCAAGG	51667107	
Exon 15	CCCTTATGAGCACTGAGTAAAT	51658821	TAGTAACTATCCATACGGGGG	51658440	
Exon 16	AGTCTAGGTGTAATACTGAGGAGG	51591407	ATCAAAGTCTCAACTGGAAACT	51590986	
Exon 17	GTGAAGAACCTTGGAGGAGAAGAC	51580461	CATCCTGTCTGCTCACTTGA	51590026	
Exon 18	ATTTGCCAGTGACGGCTGTC	51520048	CGAATCTATTTTTTTTTTGTCCAC	51519715	
Exon 19	GAGAAAGTGAATTTGTTGGAG	51478265	TTTGTTAGTGAGAAATGTGAGATGG	51477926	
Exon 20	TATCTTCCCAATTTTCTCTTCTC	51383644	TGCCAGTGTCTAAAAGTATAAA	51383225	
Exon 21	GTATAAAACAGGAAAATGCTGA	51367510	ATAAGGTTGACAGGACAGAAAAG	51367125	
Exon 22	GTGTCTCATAGTGTGGCTCCTC	51364206	TATTTGTTTAAATTTGGAAAAGAG	51363821	

^a Nucleotide position of the 5' end of each primer on NT_032977.7

Table 1 Primer sequences for human *DPYD*

Amplified and sequenced region		Forward primer		Reverse primer		PCR product (bp)
		Sequences (5' to 3')	Position ^a	Sequences (5' to 3')	Position ^a	
First PCR	5'-UTR to exon 1	GTTCGGAAAGTAATCTGATGG	52207178	ACGACATACAGGAGGTGAAG	52205443	1,736
	Mix 1	CTACTTGGGAGACTAAAGGTG	52168526	GTATCATTTGTGCATTAGGC	52167832	695
	Exon 2	TCCCTTCATCTTAACTCAATG	52113605	CTGAGGCTTAAACATTTATGC	52112876	730
	Exon 3	TCTGAGAGGAGGGACAGTTA	52025660	AATCAACAACCTGGAAAGTCT	52025165	496
	Exon 4	AAATGGAGGATAACCTGAGT	52007046	TAATAAACCTGCTGGGATTGC	52006234	813
	Exon 5	AGAGGAGGACACTTAAATGT	51984772	TGCTTCAAGCCAACTGCAAA	51984115	658
	Exon 6	CTCAAAATAAGTGCCATAGG	51977410	CAGTAGACAGACAAAATGCC	51976498	913
	Exon 7	CACATCGTCTTTGAACATA	51964415	CCAACCTCCATCTTTATGAT	51963667	749
	Exon 8	TGAGGCAAGAATAAACCTG	51880431	TCCGTATGTGTCTTATTACC	51877795	2,637
	Exons 9 and 10	AGAAATACCTTATGATGCCG	51859160	GCCITTTGAATCAAGATTGC	51858562	599
	Exon 11	CTCCCTATGCTTTCAGTTTAC	51658925	TGCCGTGCCCATTTACTAC	51658114	812
	Exon 16	CCGCTCTGAAAACATTGACCA	51834944	CTGGGATTATAGGCATTAGG	51834279	666
	Exon 12	GCCCATATCTCTGAGCACTA	51801258	ATCTTTGTTGCTTCTCTAGAC	51800450	809
	Exon 13	CCITCACTGATTTACATCGG	51735640	CCAGCCACATACAGTGAATA	51734704	937
	Exon 14	AGCCAGTAAATCTCTCTA	51667711	TATGGAAAACCTGCTGACTA	51666815	897
	Exon 15	TGGAAGACCCGAACTCTGC	51364409	AGCGAAGGGGATTTTACTTA	51363336	1,074
	Exon 23	TTCTAAAGGCTCTGTTGAGG	51591491	TGGCAAAAAGAACTGAGAGAC	51589933	1,559
	Mix 4	CGTGGATTCAAAGCAGTTTTC	51520500	AGACAGTGGGTTCTGTAAGCC	51519586	915
	Exon 19	CTGTGACACCAATTACCATTG	51478435	TGCCAGTCATCACACAGTA	51477733	703
	Exon 20	GAACCTGATACCGAGAAGAC	51383758	AAATGCCAGGCTTTCACAGA	51382987	772
Exon 21	GCCATAACAACCTCACACGGG	51367740	TTGGCAGAAAGGAATCATAGC	51366885	856	
Exon 22	TGTGGATGTTTTTGTCTGC	52206503	AGTAAACAGGTCCTCCGACGC	52205586	918	
5'-UTR to exon 1	GTGAACCTGAGATTGTACCCTGC	52168471	CATATCCCTTTATCAAAAATGCTT	52167924	548	
Exon 2	GAATGCTACCCAAATTAAGTGG	52113285	TTCAAAAACCAATACAGCCTC	52112899	387	
Exon 3	TGCCAAAGATGAAACACAGA	52025601	ACCCACAGATAATAGAGAACAAGA	52025273	329	
Exon 4	TGATGGTTCCTGATAGTAGATTG	52006775	TGTCACACTAAAATGTTGGG	52006348	428	
Exon 5	AAGGAAAGACTGAAAGTTAGCC	51984688	GAGCCTGAAGTTCTCTATATGAT	51984201	488	
Exon 6	TTCTACTGTATCTTCACTCCACG	51976953	GCTTTCGCCCTGATGTAGC	51976541	413	
Exon 7	GGCTGACTTTTCAITCTTTT	51964221	CATCTTCCCGAAATCTCTCC	51963831	391	
Exon 8	TGTGATTTACCATGTGTACTTGG	51880335	GCAAGGTTGGGTGTGAGAG	51879895	441	
Exon 9	AAAAATGGGAATAAACTGTCTT	51878507	TCAGGATATGGAAGACTTAGCAC	51877859	649	
Exon 10	ACTGGTAACTGAAACTCAG	51859069	CAATTCCTGAAAAGCTAG	51858628	442	
Exon 11	TCAGTGCCCTTCAAATGTGT	51834881	ACCAAATAGAAATGCTCTTATAGA	51834414	468	
Exon 12	TCGGATGCTGTGTGAAGTG	51800982	TGTGTAATGATAGGTCGTGTC	51800543	440	
Exon 13						
Second PCR	5'-UTR to exon 1	GTGAACCTGAGATTGTACCCTGC	52168471	CATATCCCTTTATCAAAAATGCTT	52167924	548
	Exon 2	GAATGCTACCCAAATTAAGTGG	52113285	TTCAAAAACCAATACAGCCTC	52112899	387
	Exon 3	TGCCAAAGATGAAACACAGA	52025601	ACCCACAGATAATAGAGAACAAGA	52025273	329
	Exon 4	TGATGGTTCCTGATAGTAGATTG	52006775	TGTCACACTAAAATGTTGGG	52006348	428
	Exon 5	AAGGAAAGACTGAAAGTTAGCC	51984688	GAGCCTGAAGTTCTCTATATGAT	51984201	488
	Exon 6	TTCTACTGTATCTTCACTCCACG	51976953	GCTTTCGCCCTGATGTAGC	51976541	413
	Exon 7	GGCTGACTTTTCAITCTTTT	51964221	CATCTTCCCGAAATCTCTCC	51963831	391
	Exon 8	TGTGATTTACCATGTGTACTTGG	51880335	GCAAGGTTGGGTGTGAGAG	51879895	441
	Exon 9	AAAAATGGGAATAAACTGTCTT	51878507	TCAGGATATGGAAGACTTAGCAC	51877859	649
	Exon 10	ACTGGTAACTGAAACTCAG	51859069	CAATTCCTGAAAAGCTAG	51858628	442
	Exon 11	TCAGTGCCCTTCAAATGTGT	51834881	ACCAAATAGAAATGCTCTTATAGA	51834414	468
	Exon 12	TCGGATGCTGTGTGAAGTG	51800982	TGTGTAATGATAGGTCGTGTC	51800543	440
	Exon 13					

Introduction

Dihydropyrimidine dehydrogenase (DPD) is an inactivating and rate-limiting enzyme for 5-fluorouracil (5-FU), which is used in various therapeutic regimens for gastrointestinal, breast and head/neck cancers (Grem 1996). While the antitumor effect of 5-FU is exerted via anabolic pathways responsible for its intracellular conversion into anti-proliferative nucleotides, DPD affects 5-FU availability by rapidly degrading it to 5, 6-dihydrofluorouracil (DHFU) (Heggie et al. 1987). The importance of DPD in 5-FU metabolism was also highlighted by a lethal drug interaction between 5-FU and the antiviral agent sorivudine. Due to inhibition of DPD by a sorivudine metabolite, severe systemic exposure to 5-FU caused several acute deaths in Japan (Nishiyama et al. 2000).

5-FU catabolism occurs in various tissues, including tumors, but is highest in the liver (Naguib et al. 1985; Lu et al. 1993). Wide variations in DPD activity (8- to 21-fold) were shown in Caucasians, and 3–5% of Caucasians had reduced DPD activity (Etienne et al. 1994; Lu et al. 1998). This variability, which is partially attributed to genetic defects of the DPD gene (*DPYD*), leads to differential responses of cancer patients, resistance to or increased toxicity of 5-FU (van Kuilenburg 2004). Complete DPD deficiency is also associated with the inherited metabolic disorder, thymine-uraciluria, which is characterized by neurological problems in pediatric patients (Bakkeren et al. 1984).

To date, at least 30 variant *DPYD* alleles have been published, with or without deleterious impact upon DPD activity (Gross et al. 2003; Ogura et al. 2005; Seck et al. 2005; van Kuilenburg 2004; Zhu et al. 2004). Of these variations, a splice site polymorphism, IVS14 + 1G>A, which causes skipping of exon 14, is occasionally detected in North Europeans with allele frequencies of 0.01–0.02 (van Kuilenburg 2004). Detection of IVS14 + 1G>A in patients suffering from 5-FU-associated grade 3 or 4 toxicity revealed that 24–28% of them were heterozygous or homozygous for this single nucleotide polymorphism (SNP) (van Kuilenburg 2004). However, this SNP has not been reported in Japanese and African-Americans. Recently, Ogura et al. (2005) have shown that a Japanese population exhibits a large degree of interindividual variations in DPD activity of peripheral blood mononuclear cells. They also identified a novel variation, 1097G>C (Gly366Ala), in a healthy volunteer with the lowest DPD activity and demonstrated that the 366Ala variant has reduced activity towards 5-FU in vitro. At present, however, information on variant alleles with clinical relevance in Japanese is limited and cannot fully explain polymorphic DPD activity.

In this study, we searched for genetic variations in *DPYD* by sequencing 5' regulatory regions, all exons and

surrounding introns from 341 Japanese subjects. Fifty-five variations including nine novel nonsynonymous ones were identified. Then, linkage disequilibrium (LD) and haplotype analyses were performed to clarify the *DPYD* haplotype structures in Japanese.

Materials and methods

Human DNA samples

Three hundred and forty-one Japanese subjects in this study included 263 cancer patients and 78 healthy volunteers. All 263 patients were administered 5-FU or tegafur for treatment of various cancers (mainly stomach and colon) at the National Cancer Center, and blood samples were collected prior to the fluoropyrimidine chemotherapy. The healthy volunteers were recruited at the Tokyo Women's Medical University. DNA was extracted from the blood of cancer patients and Epstein-Barr virus-transformed lymphoblastoid cells derived from healthy volunteers. Written informed consent was obtained from all participating subjects. The ethical review boards of the National Cancer Center, the Tokyo Women's Medical University and the National Institute of Health Sciences approved this study.

PCR conditions for DNA sequencing

To amplify 22 exons (exons 2–23) of *DPYD*, multiplex PCRs were performed by using four sets of mixed primers (mix 1 to mix 4 of "first PCR" in Table 1). Namely, five exonic fragments were simultaneously amplified from 50 ng of genomic DNA using 0.625 units of Ex-Taq (Takara Bio. Inc., Shiga, Japan) with 0.20 μ M primers. Because of the high GC content in exon 1 of *DPYD*, this region was separately amplified from 50 ng of genomic DNA with 2.5 units of LA-Taq and 0.2 μ M primers (listed in Table 1) in GC buffer I (Takara Bio. Inc.). The first PCR conditions were 94°C for 5 min, followed by 30 cycles of 94°C for 30 s, 58°C for 1 min, and 72°C for 2 min; and then a final extension for 7 min at 72°C. Next, each exon was amplified separately from the first PCR products by nested PCR (2nd PCR) using the primer sets (0.2 μ M) listed in "second PCR" of Table 1. The second PCR conditions were the same as those of the first PCR, and LA-Taq (2.5 units) for exon 1 and Ex-Taq (0.625 units) for exons 2–23 were used. All PCR primers were designed in the flanking intronic sites to analyze the exon-intron splice junctions. The PCR products were treated with a PCR Product Pre-Sequencing Kit (USB Co., Cleveland, OH) and sequenced directly on both strands using an ABI BigDye Terminator Cycle Sequencing Kit (Applied Biosystems,

Genetic variations and haplotype structures of the *DPYD* gene encoding dihydropyrimidine dehydrogenase in Japanese and their ethnic differences

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Abstract Dihydropyrimidine dehydrogenase (DPD) is an inactivating and rate-limiting enzyme for 5-fluorouracil (5-FU), and its deficiency is associated with a risk for developing a severe or fatal toxicity to 5-FU. In this study, to search for genetic variations of *DPYD* encoding DPD in Japanese, the putative promoter region, all exons, and flanking introns of *DPYD* were sequenced from 341 subjects including cancer patients treated with 5-FU. Fifty-five genetic variations, including 38 novel ones, were found and consisted of 4 in the 5'-flanking region, 21 (5 synonymous and 16 nonsynonymous) in the coding exons, and 30 in the introns. Nine novel nonsynonymous SNPs, 29C>A (Ala10Glu), 325T>A (Tyr109Asn), 451A>G (Asn151Asp), 733A>T (Ile245Phe), 793G>A (Glu265Lys), 1543G>A

(Val515Ile), 1572T>G (Phe524Leu), 1666A>C (Ser556-Arg), and 2678A>G (Asn893Ser), were found at allele frequencies between 0.15 and 0.88%. Two known nonsynonymous variations reported only in Japanese, 1003G>T (*11, Val335Leu) and 2303C>A (Thr768Lys), were found at allele frequencies of 0.15 and 2.8%, respectively. SNP and haplotype distributions in Japanese were quite different from those reported previously in Caucasians. This study provides fundamental information for pharmacogenetic studies for evaluating the efficacy and toxicity of 5-FU in Japanese and probably East Asians.

Keywords *DPYD* · SNP · Haplotype · Japanese · 5-fluorouracil

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