

Güncel Tıbbi Biyoloji ve Genetik Çalışmaları V

Editör

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Akademisyen Yayınevi A.Ş.

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Bölüm 1

MİTOKONDİRİYAL KATLANMAMIŞ PROTEİN YANITI VE KANSER

Umut Kerem KOLAÇ¹

GİRİŞ

Kanser hücreleri kontrolsüz bir şekilde çoğaldıkça, aynı zamanda kendileri için de dezavantaj oluşturacak bir dizi olumsuzluğun ortaya çıkmasına neden olur. Bu nedenle kanser hücreleri, kendilerinin neden olduğu olumsuzluklara karşı kendilerini koruyacak ve/veya daha az etkileyecek savunma sistemlerine ihtiyaç duyarlar (1). Özellikle mitokondriler, kanserin farklı aşamalarında büyümeye ve hayatta kalmaya katkı sağlar (2). Ancak mitokondriler aynı zamanda genetik değişikliklere uğrar ve bozulmuş bir elektron taşıma zinciri oluşturur. Bu da aşırı miktarda mitokondriyal reaktif oksijen türleri (mtROS) üretilmesine neden olur (3, 4). Normal koşullarda ve hastalığın erken evrelerinde, mitokondriler hücre sel büyüme ve hayatta kalma için faydalı olan ılımlı düzeylerde mtROS üretirler. Ancak mitokondriyal bozukluklar arttıkça, mtROS seviyeleri tolere edilebilir eşiği aşabilir ve tümör hücreleri için ölümcül hale gelebilir (5, 6). mtROS, mitokondriyal katlanmamış proteinlerin açığa çıkmasını ve bir araya gelmesini teşvik ederek, mitokondrileri giderek daha kırılgan ve işlevsiz hale getirir (3, 7). Mitokondriyal katlanmamış protein yanıtı (mtUPR), *C. elegans* ve memeli sistemlerinde gözlemlenen bir mitokondriyal stres yanıtıdır (8, 9). Kanserde mitokondriyal bütünlüğü koruyarak ve tümör büyümesini teşvik ederek önemli bir destek sistem olarak görev yapar (10). mtUPR, mtROS' un zararlı etkilerini hafifletmek için bir dizi şaperon ve proteazı harekete geçirir. Artan kanıtlar, mtUPR genlerinin *C. elegans* ve memeliler arasında korunduğunu göstermektedir (11).

Bu bölümde mtUPR' nin tümör büyümesi ve ilerlemesini desteklemede mitokondrilerin işlevsel bozukluğunu önleme yeteneği ele alınmaktadır. mtUPR' nin mitokondriyal sağlığı koruma yeteneği incelenerek, mtUPR bileşenlerinin bireysel işlevleri, klinik sonuçlarla olan ilişkileri ve tümörü teşvik edici rolleri

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yüksek derecede bağımlı olduğunu açıkça göstermektedir (153, 154). Bu nedenle, prostat kanseri gibi agresif ve dirençli kanserlere karşı yeni terapiler geliştirmek için önemli bir hedef olduğu söylenebilir. Formun Üstü

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Bölüm 2

KRONİK HASTALIKLARDA POTANSİYEL BİYOBELİRTEÇ OLARAK CircRNA'LAR

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GİRİŞ

Kodlayıcı olmayan RNA'lar (ncRNA'lar) ökaryotlarda gen ifadesinin düzenlenmesi ve protein sentezinde önemli rol oynar (1). Uzun kodlayıcı olmayan RNA'lar (lncRNA'lar) sınıfında yer alan dairesel RNA'lar (circRNA'lar), poli-A kuyruğu ve 5' başlığı bulunmayan, iki ucu kovalent olarak kapalı, dokuya özgü ifadesi olan endojen RNA'lardır (2-4). CircRNA'lar, ilk keşfedildiklerinde mRNA'ların uçbirleştirme (splicing) ile işlenmesi esnasında ortaya çıkan yan ürünler olarak düşünülmüştür (5). Yüksek ölçekli RNA dizileme ve biyoinformatik araçların gelişmesi ve yaygınlaşması ile circRNA'ların biyogenezi, işlevleri ve özgünlüğü hakkında çok sayıda güncel verinin üretilmesi sağlanmıştır (6, 7). Şimdiye kadar, prokaryotlar, tek hücreli ökaryotlar, balıklar ve memeliler olmak üzere farklı canlı türlerinin tümünde circRNA'ların varlığı gösterilmiştir (8-11).

CircRNA'lar, bilindik uçbirleştirme ile işlenen mRNA'lardan farklı olarak, tersine uçbirleştirme (back-splicing) mekanizması ile 5' ve 3' uçların kovalent olarak birleştirildiği kimyasal bir süreç ile üretilmektedir. Köken aldıkları genlerin transkripsiyonu esnasında RNA polimeraz II (Pol II) tarafından sentezlenirler (12, 13). Öncü-mRNA'dan köken aldıkları dizi içeriğine göre circRNA'lar genel olarak üç kategoride sınıflandırılmaktadır (Şekil 1'de); eksonik circRNA'lar (ecircRNA'lar), intronik circRNA'lar (ciRNA) ve ekson-intron circRNA'lar (ElciRNA'lar) (14). Lokalizasyonları görev aldıkları yere göre değişiklik göstermektedir. Bazıları çekirdekteki süreçlere katılırken bir kısmı sitoplazmada hedef molekülleri ile etkileşime geçmektedir; bununla birlikte eksozomlar aracılığı ile vücut sıvılarına ve diğer hücrelere aktarılan circRNA'lar da bulunmaktadır (15, 16) Henüz

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arasından circ_0005008 ve circ_0005198'in ifadelerinin istatistiksel olarak en anlamlı ifade farklılığı sergilediği belirlenmiştir. Sonrasında sistemik lupus eritematozus (SLE) ve sağlıklı bireylere göre RA hastaların plazmasında circ_0005008 ve circ_0005198'in ifadesinin daha yüksek olduğu tespit edilmiştir (112). RA hastalarında yapılan benzer çalışmada, 24 RA hastası ve 24 sağlıklı bireylerin PBMC hücrelerinde RT-qPCR analizi ile 6 circRNA (hsa_circ_0082689, hsa_circ_0087798, hsa_circ_0000175, hsa_circ_0008410, hsa_circ_0049356 ve hsa_circ_0032959) tespit edilmiştir. Sağlıklı bireylere göre RA hastalarının PMBC hücrelerinde hsa_circ_0000175 ve hsa_circ_0008410'un istatistiksel olarak en anlamlı ifade farklılığına sahip oldukları tespit edilmiştir. Devamında yapılan geniş kapsamlı kohort çalışmaları sonucunda sağlıklı bireyler ve diğer romatizmal rahatsızlık bulunan hastalara göre RA hastalarında hsa_circ_0000175 ve hsa_circ_0008410'un ifadelerinin yüksek olduğu belirlenmiştir (113).

SONUÇ

Kardiyovasküler hastalıklar, kanser, diyabet ve nörodejeneratif bozukluklar gibi çeşitli kronik hastalıkların moleküler patogeneze katılan genlerin ifadesini düzenleyen ve ilgili hücresel yollardaki çeşitli moleküllerle doğrudan etkileşime giren birçok circRNA tanımlanmıştır. Hastalıkla ilişkili olarak ifade değişimi sergileyen bu circRNA'ların, aynı zamanda kararlı ve uzun ömürlü olmalarından dolayı sıvı biyopsilerde tespit edilebilir olduklarının gösterilmesi, circRNA'ları bu tür hastalıkların tanı ve tedavi süreçlerinin takibinde önemli bir biyobelirteç adayı yapmıştır. Şimdiye kadar birçok kronik hastalık için çok sayıda circRNA'nın bir biyobelirteç olarak kullanılabileceğinin gösterilmiş olması yakın zamanda bu moleküllerin hastalıkların takibinde kullanılabileceğine işaret etmektedir.

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Bölüm 3

CircRNA'LARIN KANSER PATOGENEZİNDEKİ İŞLEVİ VE ÖNEMİ

Fethi Caner ADIGÜZEL¹
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GİRİŞ

Dairesel RNA'lar (circRNA'lar), büyük çoğunluğu kodlayıcı işleve sahip olmayan, mRNA'ların aksine, 5' başlığı ve 3' kuyruğu bulunmayan, uçları kovalent bağ ile birleşmiş halka yapılarıyla karakterize endojen RNA molekülleridir [1, 2]. Şimdiye kadar çok sayıda circRNA tanımlanmıştır. Büyük bir çoğunluğuna biyoinformatik araçlarla işlev atfedilmesine rağmen sadece az bir kısmının biyolojik sistemlerdeki işlevi açıklanabilmektedir. Genel olarak miRNA süngeri olarak işlev göstermektedirler. Bu sayede, miRNA'ların hedef transkriptleri ile etkileşimini engelleyebilecekleri gibi miRNA'ların hücre içerisinde görev alacakları yerlere taşınmasına da aracılık edebilmektedirler. Bazı circRNA'lar protein süngeri olarak RBP'lerle (RNA bağlayıcı protein) etkileşime geçmektedir. Bir kısmı da protein iskelesi gibi davranarak, enzimlerle substratları arasındaki etkileşime aracılık edebilmektedir ya da belirli proteinleri hücrede işlev görecekları yerlere taşıyabilmektedir. Ayrıca, büyük çoğunluğunun kodlamayan RNA olmasına rağmen bir kısmının belirli durumlarda translasyona uğradıkları gösterilmiştir [3-5].

CircRNA'ların yaygın görülen ve yaşam kalitesini büyük ölçüde düşüren birçok kanser ile ilişkili olduğu gösterilmiştir [6, 7]. Kanser, dünyanın her yerinde önde gelen ölüm nedenlerinden biridir ve artan insan ömrünün önündeki önemli bir bariyerdir. GLOBOCAN 2020 verilerine göre dünya genelinde en yaygın teşhis konulan kanserler; meme (2,26 milyon vaka), akciğer (2,20 milyon vaka), kolon ve rektum (1,87 milyon vaka), prostat (1,41 milyon vaka), deri (1,20 milyon vaka) ve mide (1,09 milyon vaka) kanserleridir. Dünya genelinde 2020 yılında yaklaşık 10 milyon kansere bağlı ölüm meydana gelmiştir. En yaygın ölüme neden olan kanser türleri; akciğer (1,80 milyon), kolon ve rektum (916 bin), karaciğer (830

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Bölüm 4

PIWI-ETKİLEŞİMLİ RNA'LAR (PIRNA): TANIMI VE HASTALIKLARDAKİ ROLÜ

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GİRİŞ

İnsan genomunun yaklaşık %2'sinin protein kodladığı, geriye kalan büyük çoğunluğunun fonksiyonel olmadığı anlaşılmış; her ne kadar ncRNA'lar daha önce “evrimsel çöp” olarak görülse de, yeni araştırmalar bunların birçok bağlantı yolunu önemli ölçüde değiştirdiğini gösteriyor. Yeni nesil derin dizileme gibi son teknolojik gelişmeler, genomun büyük bir kısmının RNA'lara çevrildiğini göstermiştir. ncRNA'nın, gen susturmaya katkıda bulunmak için DNA'ya bağlanarak çekirdekte veya protein ekspresyonunu etkilemek için mRNA'yı düzenleyerek sitoplazmada işlev gördüğü ve temel hücresel süreçleri düzenleyen, büyüyen bir molekül ailesini içerdiği keşfedilmiştir (1). ncRNA'lar, düzenleyici ncRNA'lar ve hizmetçi ncRNA'lar olmak üzere farklı işlevlere sahip iki grup altında incelenmiş ve düzenleyici ncRNA'lar da transkript boyutuna göre uzun kodlamayan RNA (lncRNA)'lar ve kısa kodlamayan RNA (sncRNA)'lar olarak sınıflandırılmıştır. Kısa ncRNA da miRNA (mikroRNA), siRNA (küçük karışan RNA) ve piRNA (PIWI etkileşimli RNA) sınıflarından oluşmaktadır (2). 24-32 nükleotit (nt) büyüklüğünde bir sncRNA molekülü sınıfı olan piRNA'lar, argonaute proteinlerin (AGO) bir alt ailesi olan PIWI (P elementi ile indüklenen

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Bölüm 5

EKZOSOMAL miRNA'ların PEDIATRİK KANSERLERDEKİ POTANSİYEL ROLÜ

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GİRİŞ

Hücre dışı veziküller (EV), hücre dışı boşluğa salgılanan tüm zar veziküllerini içerir (1). Ektozomlar, dökülen veziküller, mikro veziküller ve mikropartiküller terimleri plazma zarının doğrudan dışa doğru tomurcuklanmasından kaynaklanan genellikle çapları 150-1000 nm arasında değişen büyük veziküllerdir. Çapları 30 ila 100 nm arasında değişen daha küçük veziküller ekzosom olarak adlandırılır. Bu veziküller cisimcikler multivesiküler cisimler (MVB'ler) olarak adlandırılmakta olup, hücre içinde oluşarak plazma zarı ile füzyon yoluyla hücre dışı boşluğa salgılanırlar (2). Veziküllerin ekstrasellüler matriksteki farklı hücre tipleriyle olan etkileşimi immün sistem, kanser ve birçok kronik hastalıkla ilişkilidir. Bunlar sadece sitozol ve artık zar proteinlerini taşımazlar (3,4). Ekzosomlar, hücre sel olmayan iletişim araçlarıdır, hücre sel proteinler, nükleik asitler dahil olmak üzere sinyal moleküllerini de taşırlar (5). Ekzosomlar, birçok vücut sıvılarından ve hücre kültürü ortamından izole edilebilirler (6,7). Ekzosomların in vivo olarak güvenilir bir çözünürlükte görüntülenememesi, izlenememesi ve izolasyonundaki mevcut deneysel sıkıntılar ekzosomlarla yapılan çalışmalarda sorun teşkil etmektedir. Ekzosomlar köken aldıkları hücrelerden salındıktan sonra; hücrelerde büyüme ve farklılaşma gibi olayları düzenlemek için çeşitli kargo proteinleri ve genetik bilgi taşırlar ve hücrelerin biyolojik tepkilerini etkin bir şekilde değiştirirler. Hastalığı teşvik edici veya kısıtlayıcı olabilirler. Hastalık teşhisi ve prognozu için biyobelirteçler olarak kullanılabilirler. Örneğin, ekzosomlardaki çift sarmallı DNA'lar, birincil ve/veya metastatik kanser hücrelerindeki mutasyonları yansıttıkları için kanser tanısı için klinik biyobelirteçler olarak kullanılabilirler (8). Dolaşan ekzosomal DNA, pankreas kanserinin potansiyel biyobelirteçleri olan KRASG12D ve TP53R273H mutasyonlarının tespitini mümkün kılmıştır

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miRNA-373 meme kanserlerinde, miR-1290 and miR-375 prostat kanserlerinde ve daha birçok ekzosomal miRNA lar kanser biyobelirteçleri olarak kullanılmaktadır (90-92) . Ekzosomal miR-28, miR-31a ve miR-130 diyabetik periferik nöropatinin gelişiminde biyobelirteç olarak kullanılır (93). Ekzosomal miRNA'lar kanser tedavisinde ileri tedavi seçenekleri sunmaktadır. Kanser odaklı ekzosomal miRNA'ları doğru hedeflere yönlendirerek pro-tümörijenik ve pro-metastatik sinyallere ve ilaç direncine de katkıda bulunabilmektedirler. Bu özellikleri biyobelirteç olarak kanserin erken teşhisinde hizmet edebilecekleri düşüncesine yol açmıştır. Ekzosomların tümöre kolay ulaşım ve antitümör etkilerinden dolayı, ekzosom bazlı antikanser tedavileri için ilaç dağıtım araçları veya hücre bazlı tedavilerin yerini alabilirler. Ancak ekzosomların tümör ve antitümör etkilerinden dolayı daha detaylı çalışmalara şüphesiz ihtiyaç vardır. Buna göre, ekzosomların verimini ve saflığını iyileştirmeye yönelik yöntemlerin optimize edilmesi, hem etki mekanizmasının araştırılması hem de terapötik amaçlar açısından en önemli öncelik olacaktır.

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Bölüm 6

MULTİGEN TESTLERİ ; MEME VE OVER KANSERİ HASTALARINDA KULLANIMI

Ferah KAZANCI¹

GİRİŞ:

Kanser, dünyada en sık izlenen ve çok önemli sonuçlara sebep olan genetik bir hastalıktır. Tüm kanserler normal işlevleri hücre büyümesi ve DNA'nın bütünlüğünü korumak olan genlerde oluşan mutasyonların birikmesi sonucu gelişirler(1). Tümör baskılayıcı genler, DNA onarım genleri ve proto-onkogenlerin mutasyonları karsinogenezde kilit rol oynayan genetik değişikliklerdir. Mutasyonlar olguların çoğunda çevresel maruziyete bağlı olarak gerçekleşirken bazı ailelerde bireylerde spesifik malignitelere yatkınlık çevresel maruziyetten bağımsız olarak izlenir(2). Ailesel veya kalıtsal kanserler olarak tanımladığımız bu grup hastalık tüm kanserlerin %5-10'unu oluştururlar. Risk altında olan bireylerde; tümör gelişimi beklenenden daha erken yaşta izlenir, kardeşleri ve çocuklarında mutasyonun kalıtılma olasılığı çoğu olguda otozomal dominant kalıtım ile ilişkili olduğu için %50'dir. Risk altındaki bireylerin saptanması hem tarama hem de klinik yönetim açısından önem taşımaktadır. Bunlardan dolayı genetik testlerin kanserlerdeki önemi, kullanımı son zamanlarda çok artmakta ve fakat beraberinde bu testlerin birçok kompleks sonuçları hem klinisyenleri hemde hasta ve risk altındaki bireyleri etkilemektedir. Bu bölümde özellikle meme ve over kanseri hastalarındaki genetik testleri ve klinikte kullanımı anlatılacaktır.

MEME VE OVER KANSERİNDEKİ GENETİK BULGULAR

Meme kanseri sık görülen kanser türü olması ile ve over kanseri de en yüksek mortalite oranlı jinekolojik kanser olması ile kadın popülasyonu etkileyen iki önemli malignitedir. Meme ve over kanserlerin %5-10'unu herediter olup, *BRCA1* (113705 OMIM) ve *BRCA2*'nin (600185 OMIM) germline mutasyonları ile kanseri gelişimi arasında güçlü bir ilişki vardır(3). *BRCA1* mutasyon

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BRCA1/2 testlerinin yanında uygun multigen panel testleri uygulanarak, klinik yönetim yapılmaktadır.

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Bölüm 7

POLİKİSTİK OVER SENDROMU VE GENETİK ÇALIŞMALAR

Yunus ARIKAN¹

GİRİŞ

Polikistik over sendromu (PCOS) genetik altyapısı tam olarak çözülememiş, poligenik, multifaktoriyel ve üreme çağındaki kadınlarda en fazla görülen bir endokrinopatidir. İçerisinde klinik/biyokimyasal hiperandrojenizm, dislipidemi, oligo/anovulasyon ve polikistik over morfolojisi gibi kriterlerin incelendiği 3 farklı tanı kriteri ile PCOS tanısı konulmaktadır. Tanı kriteri olarak yer almasa da insülin direnci hastaların büyük bir kısmında bulunmaktadır.

Otozomal dominant kalıtım gösterme potansiyeli diğer mendelyan kalıtım tiplerinden daha sık olan PCOS'da hem genetik düzey hem de biyokimyasal markır bulma düzeyinde çalışmalar devam etmektedir. Genetik çalışmalarda kullanılan yöntemler geliştikçe daha fazla sayıda aday gen daha fazla sayıda PCOS'lu hastanın aynı anda çalışılmasını sağlamıştır. Dolayısıyla her geçen gün daha fazla sayıda aday gen PCOS'lu hastalarda ortaya çıkarılmaktadır.

Çalışmamızda başlangıcından son güncel gelişmelere kadar PCOS'dan sorumlu aday genler, aday varyasyon veya mutasyonların hem spesifik popülasyonlarda hem de meta-analiz çalışmalarında PCOS'u ve çeşitli fenotiplerini açıklama potansiyelleri verilmiştir.

Polikistik over morfolojisini gösterebilmek için hala altın standart olarak kullanılan transvajinal ultrason görüntülemenin yerini alabilecek daha az iş/insan/maliyet yükü gerektiren markır bulma çalışmalarında umut vaadedici gelişmeler ortaya çıkarılmaya devam etmektedir.

ETİYOLOJİSİ VE TANI KRİTERLERİ

Polikistik over sendromu (PCOS) ilk kez 1935 yılında Stein ve Leventhal'ın obezite, kıllanma, infertilite ve amenore semptomları ile birlikte, genişleyen

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Son olarak NGS teknolojisini PCOS'lu kadınların mitokondriyal DNA'larında kullanan bir araştırma, hem mitokondriyal DNA kopya sayısını PCOS'lu hastalarda kontrol grubuna daha düşük bulmuş hem de *MT-ATP6* geninde (pThr67Ala) ve *MT-ATP8* geninde (p.Asn46Ser) mutasyonlarını içine alacak şekilde oksidatif fosforilasyon genlerinde 183 farklı varyant ortaya çıkarmıştır (141).

SONUÇ

PCOS, multifaktoriyel, poligenik ve farklı tanı kriterlerine göre tanı konan ve kadınlarda üreme sistemi ile birlikte diğer bazı sistemlerin de etkilendiği metabolik sendrom bulgularının gözlemlendiği bir endokrinopatidir.

Aday gen bulma çalışmaları hala devam etmektedir. Meta analiz çalışmaları ile birlikte daha homojen hasta gruplarının dahil edildiği NGS çalışmaları hastalık için gerekli olan biyomarkır bulma çabalarını sonuçlandıracak gibi görüne de hala transvajinal ultrason görüntülemenin önüne geçebilmiş değildir.

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Bölüm 8

SMA GENETİĞİ

H. Ümit LÜLEYAP¹

GİRİŞ

Spinal müsküler atrofi olarak tanımlanan SMA, omurilikteki motor nöronların dejenerasyonu ile karakterize, ilerleyici proksimal kas zayıflığına neden olan otozomal resesif sinir-kas hastalığıdır. Motor nöronlar için hayati öneme sahip SMN1 (survival motor neuron) genindeki mutasyonlar ve özellikle delesyonlar nedeniyle SMN gen ürününün yetersizliği ve/veya işlevsizliği sonucu meydana gelen bir hastalıktır. SMA hastalığı, çocukluk çağı ölümlerinin en yaygın kalıtsal nedeni olarak dikkat çekmekte olup tahmini görülme sıklığı; 6.000 -10.000 canlı doğumda 1 olup, taşıyıcılık sıklığı 1/50 düzeyindedir.

SMN1 genindeki mutasyonlar, 4 grupta toplanan tüm SMA tiplerinin birinci derecede sorumlusudur. Yedek veya *backup* gen olarak tanımlanan SMN2 geninin kopya sayısı ise, hastalığın şiddeti konusunda belirleyici olup hangi SMA tipinin ortaya çıkacağını belirler.

SMN1 ve SMN2 genlerinin her ikisi de, hayatta kalma motor nöronu (SMN) proteini adı verilen bir proteinin yapımı için genetik bilgi sağlar. Normalde, çoğu fonksiyonel SMN proteini SMN1 geninden üretilirken, küçük bir miktar da SMN2 geninden üretilir. SMN2 geninden alternatif splayzing ile üretilen SMN proteininin birkaç farklı versiyonu bulunur, ancak yalnızca bir versiyon işlevsel fakat miktar olarak sadece %10 düzeyinde katkı sağlar. Üretilen diğer versiyonlar ise görece daha küçüktür ve çabuk bozulur. SMN proteini, motor nöronların bakımı için önemli olan, SMN kompleksi adı verilen bir grup proteinden biridir. Spinal müsküler atrofisi olan çoğu insanda, SMN protein üretimini bozan SMN1 geninin bir parçası eksiktir. SMN proteininin eksikliği, motor nöron ölümüne neden olarak beyin-kas sinyal iletimi kesintiye uğrayarak ilgili kas/kas grubunun dejenerasyonuna neden olur

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