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Introduction

- Metabolism of cholecalciferol (VD3) and ergocalciferol (VD2), consists of several sequential enzymatic hydroxylation conversions.
- Microsomal CYP2R1 and mitochondrial CYP27A1 are the most possible enzymes responsible for vitamin D 25-hydroxylation activity.
- 1α -hydroxylase (CYP27B1), mainly in the kidney but also in extra-renal tissues, converts 25(OH)D3 to active form 1.25-dihydroxyvitamin D (calcitriol). Vitamin D receptor (VDR) mediate the action $1,25(OH)_2D_3$. The 24-hydroxylase (CYP24A1) convert both 25(OH)D3 and 1,25(OH)2D3 less active compounds 24,25(OH)2D3. All these genes are expressed all target tissues suggesting extra-hepatic production of 25(OH)VitD as well as extrarenal production of 1,25(OH)2D3 with paracrine/autocrine and a role for local bioactivation of Vit-D by CYP27A1, CYP2R1 and CYP27B1.
- In this study we investigated the relationship between serum levels of vitamin D and the relative levels of Vitamin D metabolic genes in Behcet's Syndrome (BS) patients compared to healthy controls.

Methods

- We recruited 78 BD patients and compared them to 30 healthy controls recruited from the Blizard Institute and the Behcet's Centre of Excellence at the Royal London Hospital. BS patients were diagnosed according to the International Study Group (ISG) criteria or the International Criteria for Behcet's Disease (ICBD)
- Total serum 25-hydroxyvitamin D (25(OH)D) level was measured by using competitive immunoassays.
- Total cellular RNA was extracted using RNeasy RNA isolation kit from Ficoll-Hypaque isolated PBMCs according to the manufacturer's recommendations. cDNA was synthesized and qPCR performed with gene specific primers on StepOne Real-Time PCR Systems. Relative expression level was calculated relative to control sample calibrator using the Livak 2DDCT Method (2 (-ADCT)) method. Statistical analysis performed using SPSS version 29.



- BS patients median 25(OH)D serum concentrations (84.70 nmol/L) is higher than in healthy controls (26.418 nmol/L, p<0.001)(figure 1).
- No significant difference in median 25(OH)D levels among patients with active BS as compared to those with inactive disease.

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Results

- The expression levels of Vitamin D metabolic enzymes were not significantly different based on patients' gender, BS activity, and phenotype.
- Multiple regression analysis of expression data from BS patients (F(4,77)=30.218, p<<0.001, R²=.59)) and healthy control (F(4,25)=6.272, p<0.001, R²=.50)) suggest that Cyp27A1, Cyp2R1, Cyp27B1 and Cyp24A1 level taken together have a significant impact on VDR level.
- Cyp27B1 is the unique contributor to VDR level with a positive effect in controls and a negative effect in BS patients.





CYP27B1 level correlate well with VDR expression in healthy controls but not in BS patients.

Coefficients ^a	Unstandardized Coefficients		Standardized Coefficients		
	В	Std. Error	Beta	t	Sig.
(Constant)	0.053	0.05		1.076	0.292
Cyp27A1 level	0.001	0.009	0.03	0.103	0.919
Cyp2R1_level	-0.045	0.057	-0.219	-0.788	0.438
Cyp27B1 level	0.099	0.036	0.754	2.73	0.011
CYP24A1 level	0.016	0.027	0.113	0.597	0.556
a. Dependent Va	ariable: VDR_Relative_le				

Multiple regression Coefficients table showing unique contributor to VDR level in healthy control is CYP27B1 (B=0.099, p=0.036) and not Cyp27A1 (B=0.001, p=0.919) Cyp2R1(B=-0.045, p=0.438) or CYP24A1(B=0.016, p=0.597)

Coefficients ^a	Unstandardized Coefficients		Standardized Coefficients		
	В	Std. Error	Beta	t	Sig.
(Constant)	-0.052	0.138		-0.379	0.706
Cyp27A1 level	0.06	0.01	0.689	5.925	<0.000
Cyp2R1 level	0.179	0.115	0.194	1.558	0.123
Cyp27B1 level	-0.106	0.036	-0.356	-2.975	0.004
CYP24A1 level	0.031	0.041	0.086	0.766	0.446
a. Dependent Va	ariable: VDR_Relative_le				

Multiple regression Coefficients table in BS showing positive influence of Cyp27A1 level (B=0.060, p<<0.0001) and negative influence of CYP27B1 level on VDR level while Cyp2R1level (B=-0.179, p=0.123) or CYP24A1



- VDR expression level is higher in BS patients than in our controls (0.6726 +/-0.14657 vrs 0.1851 +/- 0.02982 (t= 3.26, p= 0.002).
- No significant difference in expression levels among patients with active BS as compared to those with inactive disease.

(B=0.031, p=0.446) does not affect VDR level

Discussion

- Loss of correlation of VDR with both CYP27B1 and CYP24A1 suggests a loss of VDR sensitivity to the active Vitamin D made by CYP27B1 in BS patients.
- This loss of sensitivity is further confirmed by regression analysis showing a positive influence of CYP27B1 on VDR level in healthy controls and a negative influence in BS patients despite a high level of VDR expression.
- Our data suggests that local Vitamin D metabolism in PBMC is deregulated in BS patients.





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