# ASSOCIATION OF THE CC16 A38G POLYMORPHISM WITH PC40 AND IGE IN A LONGITUDINAL COHORT; 1 MONTH TO 12 YEARS 

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The CC16 A38G polymorphism has previously been associated with asthma in a casecontrol study. AIM: To investigate associations between CC16 A38G and the development of asthma and atopy in a longitudinal cohort study. METHODS: A birth cohort of 166 infants from Perth was assessed at ages 1 month and $6 \& 12$ years.
Phenotype assessment included questionnaire, lung function, histamine challenge and skin prick testing. Blood was collected at age 6 for IgE levels, and at ages 6 and 12 for DNA extraction. CC16 A38G genotype was analysed by restriction digestion of exon 1 PCR products with Sau 96 1. RESULTS: The frequencies of 38AA, 38AG and 38GG were $10.8 \%, 41 \%$ and $48.2 \%$, respectively. At age 1 month, subjects with the 38 GG genotype had lower airway responsivesness (AR) with a higher mean PC40 of $1.06 \mathrm{mg} / \mathrm{ml}(95 \% \mathrm{CI}=0.881-1.28)$ compared with $0.852 \mathrm{mg} / \mathrm{ml}(95 \% \mathrm{CI}=0.714-1.02)$ for those with the 38AG and 38AA genotypes ( $\mathrm{n}=131$, $\mathrm{p}=0.026$ ). At age $6,38 \mathrm{GG}$ subjects were less atopic with: (1) 0.4 lower odds of having a SPT of 3mm or more, compared to those with 38 AG and 38AA (95\%CI=0.16-0.98, $\mathrm{n}=95, \mathrm{p}=0.045$ ); (2) a lower mean total IgE of $64.9 \mathrm{kU} / \mathrm{l}(95 \% \mathrm{CI}=30.8-137)$ compared to 38 AG and 38AA subjects with 152 $\mathrm{kU} / \mathrm{l}(95 \% \mathrm{CI}=79.5-292)$, $(\mathrm{n}=57, \mathrm{p}=0.021)$; and (3) lower specific IgE to D.pteronyssinus ( $0.157 \mathrm{kU} / \mathrm{l}$ vs $0.608 \mathrm{kU} / \mathrm{l}, \mathrm{n}=57, \mathrm{p}=0.038$ ) and mixed grass $(0.161 \mathrm{kU} / \mathrm{l}$ vs $0.374 \mathrm{kU} / \mathrm{l}, \mathrm{n}=57, \mathrm{p}=0.042$ ). At $12 \mathrm{yrs}, \mathrm{CC} 16 \mathrm{~A} 38 \mathrm{G}$ did not correlate with phenotype. CONCLUSION: The CC16 A38G allele may help determine the initial levels of AR and the levels of IgE in early childhood.

Supported by: NH\&MRC, Asthma Foundation of WA and CRC for Asthma
Key words: CC16, polymorphism, PC40, IgE, longitudinal study.
Nomination for Prizes: nil

