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Population genetics data for 21 autosomal STR loci for the Saudi Arabian population using the GlobalFiler® PCR amplification kit.

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Highlights:

- GlobalFiler® PCR amplification kit was used to generate a reference dataset for the population of Saudi Arabia.
- SE33, D12S391, and D1S1656 in this kit are more informative for the population of Saudi Arabia than any locus in the AmpFISTR® Identifiler® PCR amplification kit.

Keywords: STRs; Population genetics data; Arabian Peninsula; Saudi Arabia; GlobalFiler® PCR amplification kit.

Dear Editor,

Saudi Arabia, in the southwest region of Asia, occupies the majority of the Arabian Peninsula. It shares borders with eight Arab countries: Bahrain, Qatar, and the United Arab Emirates (UAE) to the east; Oman and Yemen to the south; Jordan and Iraq to the north and Kuwait to the northeast. Saudi Arabia is divided into 13 administrative provinces, and as of the 2016 census, its population is 31,742,308 (20,064,970 are Saudi and 11,677,338 are non-Saudi). Half of the population resides in two administrative provinces of Riyadh and Mecca [1].

Saudi Arabia is an Arab country where African and Asian surrounding populations have influenced the genetic structure of its population [2,3]. The majority of Saudi Arabian Y-chromosome composition was estimated to be of Levantine origins (69%); with significant contributions from the east via Iran (17%), and Africa (14%) [3].

The intermediate location between Africa and Asia, and the coastal borders of the Red Sea and the Gulf Sea, have facilitated migrations between Africa and Asia, and trading between neighbouring areas. In addition, the Arabian Peninsula is connected to the Levant by long landlocked area that has contained important routes for trading caravans and migration. The movement of people has been enhanced over the last few centuries through the presence of the holy cities of Mecca and Al-Madinah, which have received millions of Muslims performing the Haj for more than 1,400 years, some of whom have remained for many generations.

The first forensic genetics laboratory in the Criminal Evidences Administration was established in 1991, in the capital city of Riyadh. Due to the contribution of the first Saudi Forensic Genetics Laboratory to fighting terrorism and solving crime, another 12 forensic genetics laboratories have been established. Currently, ten of the laboratories are accredited to ISO17025:2005. AmpFISTR® Identifiler® Plus is the standard STR kit in Saudi Arabia that provides a typical match probability of 2.2278×10^{-18} . D19S433 is the most informative locus, and TPOX is the least informative locus.

To date, four studies have described the genetic diversity of forensic STRs in the Saudi population. The first was a study of 207 samples with eight STR loci [4]; another two studies investigated 13 STR loci in Saudi individuals residing in Dubai (94 samples) [5] and 15 STR loci in individuals residing in Kuwait (250 samples) [6]. The most recent study was carried out in 2015, testing 190 individuals from the Riyadh province using the AmpFISTR® Identifiler® PCR amplification kit [7].

However, Saudi individuals residing in Dubai, Kuwait or even in the Riyadh province are not necessarily representative of the entire population of Saudi Arabia. In addition, the high percentage of consanguinity (56%) is a major factor in shaping the genetic structure of the Saudi population [8,9]. This increases the importance of studying the genetic diversity of the Saudi population to evaluate to what extent new STR markers can be utilised for crime scene and kinship cases.

Therefore, this study aims to examine additional STR loci by using the GlobalFiler® PCR amplification kit (ThermoFisher, USA), and to enlarge the sample size (previous studies only used at most 250 samples). This study received ethical approval from the Security Forces Hospitals Programme in Saudi Arabia and from the Ethics Committee of the University of Central Lancashire, UK.

TH01 to 44 alleles in SE33; some alleles show very high frequencies in the Saudi population; for example, allele 8 in the TPOX and allele 15 in the D22S1045 scored the highest frequencies of 0.520 and 0.463 respectively. The observed heterozygosity ranged from 0.660 in the TPOX to 0.914 in the SE33 (Supplementary Table 1).

Eight allelic ladder variants were detected at the SE33: allele 7.3 (10 samples), allele 13.3 (two samples), allele 17.2 (one sample), allele 22 (8 samples), allele 23 (3 samples), allele 28 (one sample), allele 33 (two samples) and allele 34 (5 samples). In addition, three variants at the D1S1656—allele 7 (one sample), allele 8 (one sample), and allele 18 (3 samples)—were also detected; all these have already been observed and are reported in STRBase [12].

Non-reported variants were also detected in SE33: allele 14.3 (one sample), allele 20.3 (one sample), allele 33.1 (one sample) and allele 38 (one sample).

One sample showed three alleles (9, 12, OL) at the D7S820, and showed homozygous allele (16) at the SE33 (Supplementary Figure 1A). This suggests that the OL allele belongs to the D7S820 forming a triplet allele phenomenon, or is an unusual short allele belonging to the SE33 forming a heterozygote genotype (OL,16). Therefore, the D7S820 was genotyped again by the PowerPlex® 21 System (Promega, USA) following the manufacturer guidelines, and gave only two alleles (9, 12) (Supplementary Figure 1B). This demonstrates that the OL allele belongs to the SE33 locus and because of the adjacent locations of the D7S820 and the SE33 in the GlobalFiler® PCR amplification kit, the OL allele appeared within the allelic window of D7S820.

Based on the sizes of the OL allele (296.85 bp) and allele 4.2 (306.55 bp) in the allelic ladder (Supplementary Figure 2), the OL allele was designated as allele 2 which has not been reported in STRBase [12]. Therefore, the genotype of this sample at the SE33 was designated (2, 16) rather than (16, 16).

Although the D18S51, D2S441, D22S1045, D7S820 and the SE33 have shown deviation from the Hardy–Weinberg equilibrium (HWE) (P -value < 0.05), no significant deviation was detected after applying Bonferroni correction (P -value < 0.002) (Supplementary Table 2).

After the Bonferroni correction the population differentiation exact test showed that the data of the Saudi populations previously reported in [4,6] is consistent with the data reported in this study, i.e. no significant pairwise differences were observed.

However, the data of the Saudi population in Dubai [5], showed significant difference in the TH01 locus (P -value = 0), which was due in part to the notable

differences in alleles frequencies at this locus. For example, allele 7 had 0.179 frequency in the current study while it had 0.08 frequency in [5], which is over 2-fold higher. This inconsistency may be due to the small number of Saudi participants (94 samples) in this study leading to an exaggerated sampling effect.

There were also significant differences with the data from the Riyadh province [7], at three loci (vWA, CSF1PO and TH01). Despite the relatively small sample size (190 samples), alleles 5.3, 7.3, and 8.3 at TH01 locus were observed which have not been observed in the current study or in previous studies of the Saudi population. In addition, this study found that 9 out of 15 loci had significant deviation from HWE (P -value < 0.05), which was attributed to the prevalence of consanguinity in Saudi Arabia. The general percentage of consanguinity in the Riyadh province is 60%, which is higher than the average rate of Saudi Arabia (56%), and is even higher (74.3%) in rural areas [9].

As expected, the differentiation between the data obtained in this study and the data from the Yemeni, Omani [5], Kuwaiti, Egyptian, Iraqi, Iranian, Indian [6], Qatari [13] and UAE populations [14] varies, with a general trend of more significant differences being detected as the populations become more geographically separated. For example, there was no significant difference observed between the Saudi and the Kuwaiti populations whereas there were significant differences between the Indian and the Saudi populations in 13 out of the 15 loci compared (Supplementary Table 3).

This study has shown that the 21 STR loci of the GlobalFiler™ PCR Amplification Kit, as expected, provided a much higher discrimination power in the population of Saudi Arabia compared to the currently used STR kit. Three of the additional STR loci (SE33, D12S391, and D1S1656) in this kit are more informative than any locus in the AmpFISTR® Identifiler® PCR amplification kit. Therefore, adapting this kit in the forensic genetics laboratories of Saudi Arabia as a standard STR kit would be very beneficial. Data of this study can be requested from HMHAlsafiah@uclan.ac.uk. or WHGoodwin@uclan.ac.uk.

Conflicts of Interest

The authors declare that there are no conflicts of interest.

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