Characterisation of a highly polymorphic microsatellite at the *DXS207* locus: confirmation of very close linkage to the retinoschisis disease gene

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Abstract

Juvenile retinoschisis (RS) is an X linked recessive vitreoretinal disorder for which the basic molecular defect is unknown. The gene for RS has been previously localised by linkage analysis to Xp22.1p22.2 and the locus order Xpter-DXS16-(DXS43, DXS207)-RS-DXS274-DXS41-Xcen established. To improve the resolution of the genetic map in the RS region, we have isolated a highly polymorphic microsatellite at DXS207, which displays at least nine alleles with a heterozygosity of 0.83. Using this microsatellite and four other Xp22.1-p22.2 marker loci, DXS16, DXS43, DXS274, and DXS41, we performed pairwise and multilocus linkage analysis in 14 kindreds with RS. The microsatellite was also typed in the CEPH (Centre d'Etude du Polymorphisme Humain) reference families. Tight linkage was found between RS and DXS207 $(Z(\theta) = 14.32 \text{ at } \theta = 0.0), RS \text{ and } DXS43$ $(Z(\theta)=8.10 \text{ at } \theta=0.0)$, and *DXS207* and DXS43 (Z(θ) = 40.31 at θ = 0.0). Our linkage results combined with data previously reported suggest that the DXS207-DXS43 cluster is located less than 2 cM telomeric to the RS locus. The microsatellite reported here will be a very useful marker for further linkage studies with retinoschisis as well as with other diseases in this region of the X chromosome.

(J Med Genet 1993;30:300-3)

X linked juvenile retinoschisis (RS) is a recessive disorder of the sensory retina resulting in progressive visual impairment. It is the most common cause of macular disease in children and adolescents.1 Affected male patients show microcystic degeneration of the retina leading to intraretinal splitting, mainly in the nerve fibre layer. The disease is characterised by marked interfamilial, and even intrafamilial, phenotypic variation. While foveal retinoschisis is present in almost all patients, there is wide variability of expression of the peripheral retinal features. Vision of female carriers is usually normal, but they frequently show peripheral retinal alterations similar to those found in affected males.² Although an abnormality in the Müllerian cells has been suggested,³ the basic defect in RS remains unknown. The RS

gene has been mapped to Xp22.1-p22.2, between DXS274 on the proximal side and DXS207 and DXS43 on the distal side, closely linked to the two latter markers.24-8 This localisation was further supported by data also showing close linkage between RS and two additional Xp22.1-p22.2 polymorphic loci, DXS197 and DXS43.4589 The latter markers are closely linked to DXS207 and DXS43.1011 Despite the variability in the clinical expression of the disease, no evidence for genetic heterogeneity for RS was found. These results have already rendered genetic prediction feasible in many RS families.² A more precise mapping of the RS locus is a prerequisite for positional cloning. Accuracy of genetic mapping, including identification of recombinants which provide crucial information for orienting the gene search, was limited by the lack of highly informative markers in the region of the RS gene. We have identified a highly informative microsatellite marker at DXS207. Our linkage results suggest that this marker is located less than 2 cM telomeric to the RS locus.

Patients and methods

Fourteen unrelated families with X linked recessive retinoschisis were analysed, seven of which have been used in a previous linkage study reported by Kaplan *et al.*² The diagnosis was, in each case, confirmed by careful ophthalmological examination. DNA analysis was performed on 181 subjects including 39 affected males.

MOLECULAR STUDIES

The procedures for genomic DNA extraction, restriction enzyme digestion, gel electrophoresis, Southern blotting, and hybridisation to radioactively labelled probes have been described elsewhere.¹²

PCR amplification of the *DXS207* microsatellite was carried out in 25 μ l with 3 pmol of end labelled primer, 3 pmol of the same unlabelled primer, and 6 pmol of a second unlabelled primer, 200 mmol/l each dNTP, 50 mmol/l KCl, 10 mmol/l Tris-HCl (pH 8·2), 1·5 mmol/l MgCl₂, 100 ng of genomic DNA, and 1 unit of *Taq* DNA polymerase (Perkin-Elmer/Cetus). Samples were overlaid

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Received 18 September 1992. Accepted 29 September 1992. Table 1The dinucleotide repeat and flanking sequence.The priming sequences are underlined.

with mineral oil and processed through one step of denaturation (94°C for five minutes), followed by 25 cycles of denaturation (94°C for one minute), annealing (55°C for one minute), and elongation (67°C for two minutes), and a last step of elongation (seven minutes at 67°C). One μ l of each reaction was mixed with 8 μ l of 90% formamide blue and 3 μ l of this mix were loaded on a 8% polyacrylamide-50% urea sequencing gel. Gels were run at 1400 volts for four hours and subsequently exposed to Kodak X-AR films for a few hours.

GENETIC LINKAGE ANALYSIS

In addition to the microsatellite polymorphism, six RFLPs, including pXUT23 and pSE 3.2L (*DXS16*), pD2 (*DXS43*), pBA4B (*DXS207*), CRI-L1371 (*DXS274*), and p99.6 (*DXS41*) were used in the present study. The probes and conditions are described in Biancalana *et al.*¹¹ Pairwise and multilocus linkage analyses were performed using the LINK-AGE program package (version $4 \cdot 8$).¹³ RS was assumed to have complete penetrance, and the allele frequency of RS was taken to be 10^{-5} . The genotypic data of CEPH (Centre d'Etude du Polymorphisme Humain) families were extracted from the CEPH database version 5.

Results and discussion

We tested for the presence of a (CA) repeat, a 35 kb cosmid clone obtained by screening an X chromosome specific library14 with probe pBA4B at DXS207. Hybridisation of an EcoRI restriction digest to a ³²P labelled poly-(dA.dC).poly(dT.dG)probe showed а strongly hybridising fragment. We directly subcloned a Sau3A digest of the cosmid into a Bluescript vector, and screening of these subclones with poly(dA.dC).poly(dG.dT) resulted in a positive clone which was sequenced. A (CA)27 repeat was identified and two oligonucleotide primers were synthestised, flanking a region of 117 bp including the (CA)27 repeat. The repeat and flanking sequence is shown in table 1. Genomic DNA from a set of CEPH family mothers was tested

Table 2Allele frequencies for the dinucleotide repeatat DXS207.

Allele (size in bp)	Allele frequency (96 chromosomes)
A1 (115)	0.035
A2 (117)	0.12
A3 (119)	0.12
A4 (121)	0.10
A5 (123)	0.24
A6 (125)	0.19
A7 (127)	0.12
A8 (129)	0.017
A11 (137)	0.035

for polymorphisms by PCR amplification of the repeat using the flanking primers, one of which was ³²P labelled. Nine alleles ranging in size from 115 to 137 bp were identified (table 2). The alleles differ from adjacent ones by one dinucleotide pair, but so far no allele has been detected with product sizes of 131, 133, and 135 bp. From observed allele frequencies a heterozygosity of 0.83 was predicted. The combined heterozygosity at *DXS207*, using the RFLP detected with pBA4B and the new microsatellite, was 90% in 48 unrelated females.

We have applied this strongly informative polymorphism to linkage analysis in retinoschisis by typing DNA from 14 RS kindreds, seven of which have previously been used in the linkage study reported by Kaplan et al.² In addition, six RFLP markers spanning the Xp22.1-p22.2 region were analysed, including pXUT23 and PSE3.2L (DXS16), pD2 (DXS43), pBA4B (DXS207), CRI-L1371 (DXS274), and p99.6 (DXS41). The results of the two point linkage analysis, which are given in table 3, were obtained using the program MLINK and include the data concerning the seven RS families reported by Kaplan et al.² Analysis at locus DXS207 was found to be fully informative in the 14 families and no recombination event was observed with RS. The maximum lod score for RS-DXS207 was 14.32 at a recombination fraction of 0.00 (95% confidence interval of $\theta = 0.00 - 0.03$). Additionally, no recombination was evident in our families between DXS43 and RS ($Z(\theta) = 8.10$, $\theta = 0.00$). Thus, these data confirm and extend previous findings of close linkage between RS and both DXS207 and DXS43.568 When our data for DXS207 and DXS43 are combined with the data published by these authors, the maximum lod scores between RS and DXS207 and between RS and DXS43 become $Z(\theta)\!=\!21{\cdot}96$ at $\theta\!=\!0{\cdot}01$ and $Z(\theta)\!=\!33{\cdot}40$ at $\theta = 0.02$ respectively. The confidence intervals

Table 3 Pairwise lod scores for linkage between RS and five Xp22.1-p22.2 marker loci.

	Recombination fraction							
Marker loci	0.00	0.01	0.05	0.10	0.20	0.30	θmax	Z(0max)
DXS16	- 0.53	1.92	2.36	2.33	1.94	1.38	0.07	2.38
DXS43	8.10	7.93	7.26	6.41	4.71	2.99	0.00	8.10*
	$-\infty$	33·31	32.55	29.79	22.83	14.88	0.02	33.40+
DXS207	14.32	14.06	12.98	11.58	8.63	5.51	0.00	14.32*
	- ∞	21.96	20.93	19.07	14.45	9.23	0.01	21·961
DXS274	$-\infty$	0.26	2.80	3.29	3.00	2.11	0.12	3.31
DXS41	- ∞	-1.97	0.48	1.23	1.46	1.12	0.18	1.47

* Data from the present study. †Data from the present study that have been combined with data from Alitalo *et al*,⁵ Dahl *et al*,⁶ and Sieving *et al*.⁸ ‡Data from the present study that have been combined with data from Alitalo *et al*.⁵

Table 4 Pairwise lod scores for linkage between DXS207 and four other Xp22.1-p22.2 marker loci in the combined CEPH panel of reference families and 14 RS pedigrees.

	Recombination fraction							
Locus v locus	0.00	0.01	0.05	0.10	0.20	0.30	θmax	Z(θmax)
DXS207-DXS43	40.31	39.17	37.10	33.66	26.10	17.62	0.00	40.31
DXS207-DXS274	- ∞	18.37	24·75	25.10	21.34	15.07	0.08	25.29
DXS207-DXS41	$-\infty$	6.07	12.19	13.86	12.36	8.85	0.11	13.87
DXS207-DXS16	- ∞	30.53	30.29	28 ·18	22.29	15.25	0.02	30.86

obtained from the pooled data for the RS-DXS207 and the RS-DXS43 linkage, which are important for diagnosis, were 0.005-0.05and 0.005-0.06 respectively. At least two crossover events were observed with DXS274 (Z(θ)=3.31 at θ =0.12) which confirm looser linkage with the closest proximal flanking marker. Combination of our data for DXS274 and those of Alitalo *et al*⁷ yields a lod score of 12.20 at θ =0.08.

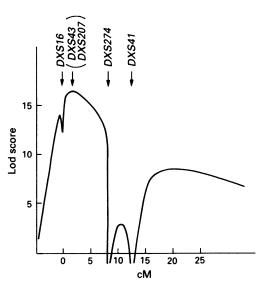
Linkage relationships between the DXS207 marker locus and four Xp22.1-p22.2 marker loci, including DXS16, DXS43, DXS274, and DXS41, were also further investigated using 36 CEPH pedigrees informative at DXS207 and the 14 RS pedigrees from the present study. For the CEPH pedigrees, marker data for the RFLPs identified at DXS16, DXS207, DXS43, DXS274, and DXS41 were obtained from the CEPH database. Table 4 gives the results of the pairwise linkage analyses between DXS207 and the four other Xp22.1p22.2 marker loci in the combined CEPH and RS pedigrees. They confirm and firmly support the previously established values.10 The marker loci DXS207 and DXS43 showed completely concordant inheritance $(Z(\theta) = 40.31$ at $\theta = 0.00)$. Previous studies have shown that these two markers are very tightly linked,¹⁰¹¹ and no recombinations between them have been reported so far.

A multilocus linkage analysis was performed using the LINKMAP program. We used the following map of markers as established by Alitalo et al¹⁰: tel-DXS16-1.6-(DXS43, DXS207)-8-DXS274-3.5-DXS41-cen. The distance (DXS207,DXS43)-DXS274 was slightly increased to conform with the data we obtained for linkage between these markers. As no recombination between DXS207 and DXS43 was observed, haplotypes for these two markers were constructed and used in multipoint linkage analysis. A maximum multipoint lod score of 16.52 was obtained for RS being at a position corresponding to the cluster DXS207-DXS43 (figure). The one unit support interval (Zmax-1) was about 4 cM around the DXS207-DXS43 cluster. The absence of recombination between RS, DXS207, and DXS43 in our families did not allow us to infer an order for these loci. However, the few recombinational events detected between RS and both the DXS207 and DXS43 marker loci by Alitalo et al⁷ and Sieving et al⁸ support the localisation of the disease gene on the proximal side of both DXS207 and DXS43. Taken together, the data position the DXS207 locus, tightly linked to the DXS43 locus, less than 2 cM telomeric to the disease gene.

Conclusions

The identification of the informative microsatellite polymorphism allowed us to assess the genetic distances in Xp22.2 more accurately and to refine the localisation of the RS gene further. Furthermore, as all 14 families were informative for DXS207 and as we observed no crossovers, the present study reduces further the possibility of genetic heterogeneity in RS. Future efforts to identify additional flanking and tightly linked markers in the RS subregion will now be facilitated by the availability of this informative polymorphism. This highly polymorphic and rapidly typed marker should greatly improve genetic counselling in RS families. It may also prove useful for mapping and diagnosis of other disease genes assigned to the Xp22.1-p22.2 region, in which informative markers are sparse. These include Coffin-Lowry syndrome (CLS),11 X linked hypophosphataemic rickets (HYP),¹⁵ Nance-Horan syndrome (NHS),¹⁶ and spondyloepiphyseal dysplasia tarda (SEDL).¹⁷

We are indebted to Dr J L Mandel for his critical reading of the manuscript and for helpful discussions. We are grateful to the ICRF reference library staff for the *DXS207* cosmid clone c100 C02105, to the oligonucleotide services staff for efficient synthesis of primers, and to S Vicaire for sequencing. We would also especially like to thank all the families and clinicians whose participation made this study possible. This work was supported by a grant



Multilocus Z analysis for the placement of the RS locus with respect to a fixed map of markers as described in the text. The locus DXS16 was arbitrarily placed at 0.0

from the Association Française contre les Myopathies (AFM).

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