

Molecular and Comparative Genetics of Mental Retardation

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ABSTRACT

Affecting 1–3% of the population, mental retardation (MR) poses significant challenges for clinicians and scientists. Understanding the biology of MR is complicated by the extraordinary heterogeneity of genetic MR disorders. Detailed analyses of >1000 Online Mendelian Inheritance in Man (OMIM) database entries and literature searches through September 2003 revealed 282 molecularly identified MR genes. We estimate that hundreds more MR genes remain to be identified. A novel test, in which we distributed unmapped MR disorders proportionately across the autosomes, failed to eliminate the well-known X-chromosome overrepresentation of MR genes and candidate genes. This evidence argues against ascertainment bias as the main cause of the skewed distribution. On the basis of a synthesis of clinical and laboratory data, we developed a biological functions classification scheme for MR genes. Metabolic pathways, signaling pathways, and transcription are the most common functions, but numerous other aspects of neuronal and glial biology are controlled by MR genes as well. Using protein sequence and domain-organization comparisons, we found a striking conservation of MR genes and genetic pathways across the ~700 million years that separate *Homo sapiens* and *Drosophila melanogaster*. Eighty-seven percent have one or more fruit fly homologs and 76% have at least one candidate functional ortholog. We propose that *D. melanogaster* can be used in a systematic manner to study MR and possibly to develop bioassays for therapeutic drug discovery. We selected 42 *Drosophila* orthologs as most likely to reveal molecular and cellular mechanisms of nervous system development or plasticity relevant to MR.

MENTAL RETARDATION (MR) is a common form of cognitive impairment affecting between 1 and 3% of the population of industrialized countries (ROELEVELD *et al.* 1997; AICARDI 1998). Although there is debate over the definition and classification of MR (LEONARD and WEN 2002), it is often defined by an IQ of <70, with deficits in adaptive skills included as diagnostic criteria (LUCKASSON *et al.* 1992; DAILY *et al.* 2000). Behavioral and cognitive therapies can help mentally retarded patients reach their maximum potential (BATHAEE 2001; BUTLER *et al.* 2001), but they are not curative and often focus on treating habit disorders, aggression, or self-injurious behavior that can accompany MR (LONG and MILTENBERGER 1998; DOSEN and DAY 2001). MR due to congenital hypothyroidism is now largely preventable through screening and hormone replacement (GRUTERS *et al.* 2002). Aside from this, the only molecular-based therapeutic approaches are dietary restrictions and supplements for inborn errors of metabolism such as phenylketonuria (DASHMAN and SANSARICQ 1993; LEVY 1999; KABRA and GULATI 2003). Few, if any,

clinical conditions affect such large numbers of children and young adults and yet have no effective pharmacological therapy. One reason for the lack of drug treatments is the limited understanding of the molecular and cellular bases for MR.

Many environmental and genetic factors can cause MR, including premature birth, prenatal infections, chromosomal abnormalities, and single-gene mutations (KINSBOURNE and GRAF 2000). An etiology can be established in 60–75% of cases of severe MR, but only in 38–55% of mild cases. Estimates of genetic causes of severe MR range from 25 to 50% (McLAREN and BRYSON 1987). There are two categories of hereditary MR. Isolated MR with no other consistent defining features is known as nonspecific or nonsyndromal MR. To date, all but one of these (MOLINARI *et al.* 2002) are X-linked, but other autosomal genes may have eluded identification because of the considerably greater difficulty of mapping disorders to autosomal loci. MR also occurs, with variable penetrance and expressivity, as a phenotypic feature of numerous hereditary syndromes. The challenge of understanding the biological bases of hereditary MR is heightened by its enormous genetic heterogeneity and the limited knowledge of cellular phenotypes in the brains of mentally retarded individuals. Recent rapid progress in human genetics, however, has provided us with an opportunity for a comprehensive

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analysis of the biochemical and cellular processes underlying the MR phenotype. A search for “mental retardation” in the Online Mendelian Inheritance in Man (OMIM) database (HAMOSH *et al.* 2002) yields >1000 entries, suggesting that hundreds of human genes can mutate to a MR phenotype. We conducted a detailed analysis to determine how many MR genes have been molecularly identified and what molecular and biological functions they encode.

Controversies over the definition of MR are based on both sociopolitical and biological considerations (LEONARD and WEN 2002). Narrow definitions of MR restrict it to cases of nonprogressive cognitive impairment present from birth and categorize as “dementia” cases of progressive cognitive deterioration beginning some time after a period of normal development. Nonetheless, hereditary neurodegenerative disorders are often said to cause MR (see STEVENSON *et al.* 2000), even when the onset is in late childhood or adolescence (*e.g.*, progressive epilepsy with mental retardation, one of the neuronal ceroid lipofuscinoses; *CLN8*). Moreover, the distinction between MR and dementia blurs in disorders such as Rett syndrome (*MECP2*), where phenotypes span a wide spectrum of severity and clinical course (HAMMER *et al.* 2002). For the purpose of our analysis of hereditary MR, we chose a broader, albeit less precise, definition that includes progressive disorders with onset of cognitive impairment in childhood and, occasionally, as late as adolescence.

In parallel with human genetics research, progress in *Drosophila melanogaster* genetics and genome sequencing (ADAMS *et al.* 2000) allows a comparative approach to the biological study of MR. Not only do homologous mammalian and fruit fly genes share biological functions (PADGETT *et al.* 1993; BONINI *et al.* 1997; JOHNSTON *et al.* 1997; LEUZINGER *et al.* 1998; NAGAO *et al.* 1998; DEARBORN *et al.* 2002), but also *Drosophila* provides useful models of human disease, including spinocerebellar ataxia (WARRICK *et al.* 1998), Parkinson's disease (FEANY and BENDER 2000), Huntington's disease (JACKSON *et al.* 1998), and type 1 diabetes (RULIFSON *et al.* 2002). Moreover, neurodegeneration in the *Drosophila* model of Huntington's disease can be suppressed by treatment with a specific peptide (KAZANTSEV *et al.* 2002). Hence, we propose that this neurogenetic model system can reveal cellular phenotypes responsible for hereditary MR and will provide bioassays for potential drug therapies. By searching the *Drosophila* genome, we found candidate functional orthologs for the majority of molecularly identified human MR genes. Several dozen of these genes are most likely to have mutant phenotypes due to primary developmental defects of neurons or glia and thereby provide clues to the causes and treatment of MR due to single-gene mutations. Treatment strategies based on the understanding of hereditary MR may be useful for acquired MR as well.

MATERIALS AND METHODS

Databases and bioinformatics tools: The OMIM database [McKusick-Nathans Institute for Genetic Medicine, Johns Hopkins University and National Center for Biotechnology Information (NCBI), National Library of Medicine; HAMOSH *et al.* 2002] was accessed online (<http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=OMIM>) to search for genes and mental retardation disorders. BLASTP (ALTSCHUL *et al.* 1997) at the NCBI (<http://www.ncbi.nlm.nih.gov/BLAST/>) and the Homophila Human-Disease-to-Drosophila-Gene database (REITER *et al.* 2001; <http://homophila.sdsc.edu/>) were used to search for *D. melanogaster* homologs of the human MR genes. Pairwise sequence alignments were performed with LALIGN (http://www.ch.embnet.org/software/LALIGN_form.html; HUANG and MILLER 1991). DotPlot and TransMem of the Accelrys GCG Wisconsin Package were accessed through the Arizona Research Laboratories Biotechnology Computing Facility and were used to compare homologous protein sequences by dot matrix analysis (MAIZEL and LENK 1981) and prediction of transmembrane regions, respectively. The InterPro resource for protein families, domains, and sites (APWEILER *et al.* 2001; <http://www.ebi.ac.uk/interpro/scan.html>) was used to determine and compare the locations of functional domains in homologous proteins. The Gene Ontology (GO) database (GENE ONTOLOGY CONSORTIUM 2001) was accessed online (<http://www.geneontology.org/>) to determine the molecular-function classification of MR gene products. FlyBase (FLYBASE CONSORTIUM 2002) was accessed online (<http://flybase.bio.indiana.edu/>) to obtain information on *Drosophila* genes. Newly isolated P-element insertions were found through the P-Screen Database (<http://flypush.imgen.bcm.tmc.edu/pscreen/>).

Identifying human mental retardation genes through OMIM: We searched all OMIM fields on February 21, 2002, using the phrase “mental retardation” and reviewed each of the resulting 1010 entries. To include very mild MR, we also searched for “cognitive impairment” and “learning disability,” obtaining 38 additional entries for evaluation. In retrospect, “developmental delay” and “psychomotor retardation” would have been useful search phrases as well. Other MR genes were identified by periodic literature searches through September 30, 2003, using NCBI's PubMed.

Careful evaluation of individual OMIM search results and cross-referencing with literature-search results revealed both false positives and false negatives. OMIM contains many partially redundant entries, which makes it impossible to equate numbers of entries obtained from a search for a specific phenotype with the number of genes that can mutate to that phenotype. OMIM entries for a genetic disorder or gene are organized into some or all of the following fields: title, MIM number, gene map, clinical synopsis, text (literature summary), allelic variants, references, and contributors. When different mutations of a single gene cause distinct disorders, there are separate OMIM entries for each disease, but only one contains a list of disease-associated alleles (“allelic variants” field). For example, mutations in the *LICAM* gene result in one of at least three MR disorders (WELLER and GARTNER 2001): MASA syndrome (mental retardation, aphasia, shuffling gait, and adducted thumbs), HSAS (hydrocephalus due to congenital stenosis of the aqueduct of Sylvius), or SPG1 (spastic paraplegia 1). There is a separate OMIM entry for each of these disorders and a fourth entry for the *LICAM* gene. There is some text redundancy among the four entries, but only the *LICAM* entry includes the allelic variants field. On the basis of this organizational scheme, OMIM searches restricted to entries containing the allelic variants field should eliminate redundant results. However, this strategy would

cause false negatives because entries that list allelic variants do not necessarily contain complete phenotype descriptions. For example, entry 600514, which lists the allelic variants of *reelin* (*RELN*), does not contain the phrase “mental retardation,” whereas entry 257320 for Norman-Roberts type lissencephaly syndrome due to *RELN* mutations contains the search phrase but does not list allelic variants. In principle, the “clinical synopsis” field could offer a useful search strategy for disease phenotypes, but some are incomplete (e.g., the clinical synopsis for Norman-Roberts lissencephaly does not include MR although it is a consistent phenotype of this disorder) and many entries have no clinical synopsis at all.

Errors in the clinical synopsis fields also contributed to the many (~15%) false-positive entries (see Table 1). For example, entries 167200 and 167210 for pachyonychia congenita types 1 and 2 include MR in their clinical synopses, but the only evidence for MR is in the much rarer type 4 (FEINSTEIN *et al.* 1988). Other false positives result from statements such as “neither [patient] had evidence of mental retardation” (entry 243605). In other entries MR is not a feature of the disorder being described, but some atypical patients are mentally retarded due to deletion of adjacent genes (e.g., entry 312865). Finally, MR may be mentioned because related disorders have a MR phenotype. For instance, MR is a phenotype of a subset of hereditary spastic paraplegias, so it is mentioned in the text of the entries for most forms. BOYADJIEV and JABS (2000) noted similar difficulties in extracting information from OMIM. To obtain complete information from OMIM, one must search in a manner that yields redundant and irrelevant entries. This minimizes false negatives, but, to interpret the search results accurately, one must be willing to review individual entries carefully. Even using a broad OMIM search strategy, we missed 45 MR genes that were revealed through various literature search strategies.

Functional classification of human mental retardation genes: We searched for the 282 MR gene products in the molecular-function category of the GO database and used information from the literature to classify those not yet in the database. The GO database is composed of three parallel schemes for classifying gene function: biological process, cellular component, and molecular function (GENE ONTOLOGY CONSORTIUM 2001). Each ontology is a hierarchical classification scheme (directed acyclic graph) of structured vocabulary terms that differs from a simple hierarchical tree, such as a pedigree, in that each term may be a “child” of multiple independent “parents.” There are 24 occupied top-level terms in the molecular-function ontology, *i.e.*, terms that do not have parents themselves. When GO assigned gene products to multiple molecular functions, we chose the most specific term for each. For example, we classified the α -subunit of Gs, the adenylate cyclase-stimulating guanine nucleotide-binding protein (*GNAS*), as a “nucleotide-binding protein” rather than as a “hydrolase,” the other GO assignment. For genes considered by GO to have “unknown function,” we found that most could be provisionally classified on the basis of data in the literature.

The “biological function(s)” assignments were based on literature reviews for each gene, including neuroimaging, gene expression, and neuropathological data from human patients, as well as studies of wild-type and mutant mice. We first designated the *basic cellular process* in which the gene is primarily involved, e.g., cytoskeleton or chromosome structure. We then identified the site of primary *organ system function*, relative to MR: endocrine system, central nervous system, or neither. For those genes that directly impact central nervous system (CNS) development and/or function, we ascertained the *tissue type* (neuron, glia, or blood vessel) and the *specific cellular process* affected (e.g., cell identity or differentiation). We also considered whether MR caused by mutation of the gene is *secondary to toxicity* or *secondary to energy or fuel deficiency*.

Identifying *Drosophila* orthologs of human mental retardation genes: We used bioinformatics tools to determine if the human MR genes have likely functional orthologs in *D. melanogaster*. For MR genes encoding tRNAs, we aligned the human and fly tRNA homologs using LALIGN and calculated the percentage identity. For each protein-coding MR gene, we searched the *D. melanogaster* sequences of the NCBI nonredundant database with NCBI's BLASTP. We used an *E*-value cutoff of 1×10^{-10} ($1e-10$), a threshold commonly used for human-fly gene comparisons (FORTINI *et al.* 2000; LLOYD *et al.* 2000; REITER *et al.* 2001). The Homophila database (REITER *et al.* 2001) is designed for such comparisons but, due to its organizational features and infrequent updates, we found it easier and more reliable to do our own BLAST searches. For one MR gene, we concluded that *Drosophila* does not have a biologically meaningful homolog despite a published claim of one. *Grunge* (FBgn0010825) is the most similar fly gene to human *DRPLA* (ZHANG *et al.* 2002), but has a BLASTP *E*-value of 5E-2, which does not meet our threshold. Moreover, sequence similarity is limited to the extreme C terminus and the Grunge protein does not possess the same domain organization as DRPLA.

For protein-coding MR genes, we also conducted a “reverse” BLASTP search using the top-scoring *Drosophila* BLASTP result as a query against the human sequences of the NCBI nonredundant database. A *Drosophila* gene was considered an ortholog of a human MR gene only if this reverse analysis (sometimes supplemented with dot-matrix plot and protein-domain comparison; see below) revealed that it was more similar to the human MR gene (or a paralog) than to another gene. For example, the *Drosophila* proteins most similar to human glial fibrillary acidic protein (*GFAP*) are the products of *Lamin* and *Lamin C*. A reverse BLASTP search revealed that, although these two proteins share a single common domain with GFAP, they are more similar over their full lengths to members of the human lamin family. In addition, both human and *Drosophila* lamins are localized to the nucleus (GOLDMAN *et al.* 2002), whereas GFAP is cytoplasmic (ENG *et al.* 2000). Hence, *GFAP* does not have an ortholog in *Drosophila*.

When compared with mammals, *Drosophila* has relatively few duplicated genes (DURAND 2003), so in some cases a *Drosophila* gene is the single ortholog of a paralogous set of human genes. For example, *FMRI*, which causes fragile X syndrome, is a member of a gene family that also includes *FXR1* and *FXR2*, the autosomal fragile X-related genes. *Drosophila dfmr1* is the only homologous fly gene, sharing significant sequence similarity and domain structure with all three human genes, suggesting that it is the sole ortholog.

To determine if orthologous genes are likely to share the same molecular and biological functions in humans and flies, we used dot matrix plots (GCG DotPlot) to assess the extent of protein sequence similarity and searched the InterPro database for known functional domains in each protein. GCG TransMem was used to predict transmembrane regions in the human and fly proteins. If the proteins share sequence similarity over most of their lengths and have similar organization of known functional domains, we considered them to be candidate functional orthologs. In some cases we also considered expression patterns, mutant phenotypes, and subcellular localization. In cases of “computed genes” predicted from the *Drosophila* genome sequence, the absence of experimental data made the evaluation of ortholog status more difficult.

RESULTS AND DISCUSSION

The 282 mental retardation genes have been molecularly identified: Analysis of OMIM and literature search

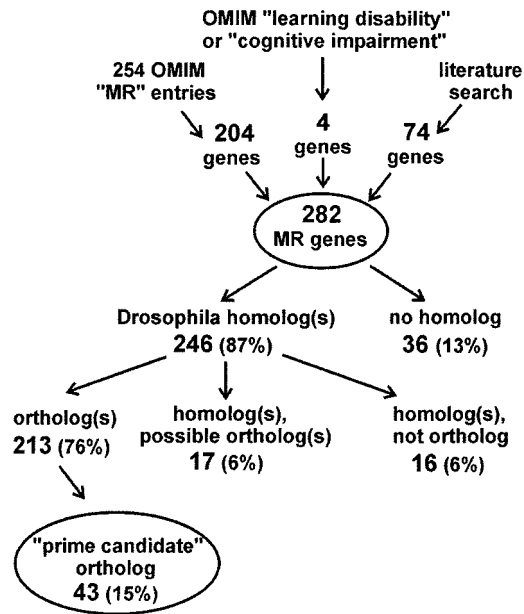


FIGURE 1.—Diagram of the identification of human mental retardation genes and their comparison to *D. melanogaster* genes. The OMIM searches were performed on February 21, 2002. The literature search was completed on September 30, 2003.

results allows us to present a status report on the genetics of MR. From the 1010 OMIM “mental retardation” entries obtained on February 21, 2002, we found 204 human genes that cause MR either in isolation or as part of a syndrome. Through literature searches we found 45 additional MR genes whose OMIM entries did not contain the search phrase “mental retardation.” About a quarter of these “false-negative” entries contained the phrases “psychomotor retardation” and/or “developmental delay.” To include disorders causing very mild MR, we also searched OMIM for entries containing “cognitive impairment” or “learning disability” but not “mental retardation.” Most of these 38 entries describe adult-onset, progressive cognitive impairment disorders, but literature review identified 4 of them as MR genes. Finally, literature searches between March 2002 and September 30, 2003 revealed 29 recently identified MR genes for a total of 282 human genes known to cause MR (Figure 1). On the basis of these and subsequent publications, we estimate that new MR genes are being identified at a rate of 1–2 per month. The APPENDIX lists the 282 MR genes in alphabetical order by their gene symbols, along with their associated MR disorders, chromosomal locations, OMIM numbers, and other information explained below. As will be discussed in later sections, the MR genes control an extraordinary range of molecular and cellular functions.

We classified the 1010 OMIM “mental retardation” entries, based on data available in spring 2002, according to the following scheme (Table 1):

Category 1: The disorder has been mapped to a specific

TABLE 1

OMIM mental retardation entries			
Category	Description	No. of entries	% of entries
1	Known gene	254	25.1
2	Candidate gene	55	5.4
3	Chromosomal region	98	9.7
4	Candidate chromosome	26	2.6
5	Not mapped	416	41.2
6	Chromosomal abnormality	9	0.9
7	No MR phenotype	149	14.8
8	Nonexistent disorder	3	0.3
Total:		1010	100

This table is based on analysis of a search done on February 21, 2002.

gene and allelic variants have been identified (this category includes OMIM entries for the MR disorders as well as separate entries describing the genes themselves).

Category 2: The disorder has been mapped to one or more candidate genes in a chromosomal region (contiguous gene deletion syndromes, *e.g.*, Prader-Willi, are in this category).

Category 3: The disorder has been mapped to a chromosomal region.

Category 4: The disorder has been mapped to a candidate chromosome.

Category 5: The disorder has not yet been mapped to a chromosome.

Category 6: The disorder is caused by a gross chromosomal abnormality and no single gene determines the MR phenotype (Down syndrome is one example).

Category 7: MR is not a phenotype of the disorder.

Category 8: The disorder does not exist.

The number of OMIM entries in category 1 (“known gene”), 254, is greater than the number of genes, 204, because of OMIM database redundancy (see MATERIALS AND METHODS). The nearly 600 OMIM entries in categories 2–5 represent MR disorders in which the causative genes were unknown (see below). Of the 29 recently discovered MR genes, half had “advanced” from “candidate gene” (1 gene), “chromosomal region” (9 genes), or “unmapped” (5 genes) categories. Thirteen represent new loci that can cause a known disorder. One (*FKRP*) causes a form of muscular dystrophy, not previously associated with MR, that had been in category 7.

Entries in category 6 (“chromosomal abnormality”) describe *bona fide* MR disorders, but we have not considered them further in this analysis because they appear to involve many genes (*e.g.*, SHAPIRO 1999). It remains to be determined whether individual genes that contribute to MR in cases of aneuploidy or other chromosomal defects can mutate to an MR phenotype individually. The 149 OMIM entries in category 7 (“no MR pheno-

type”) represent false positives in which MR is not a phenotype (see MATERIALS AND METHODS). Most of these false-positive errors could be eliminated by the adoption of a controlled vocabulary for OMIM clinical synopses, with the previously mentioned caveat that MR definitions vary. The three entries in category 8 (“non-existent disorders”) do not represent distinct clinical entities, and one was subsequently removed from the OMIM database.

With ~600 OMIM MR entries in categories 2–5 (Table 1), it is obvious that many more MR genes remain to be identified—but how many? Some of these disorders, particularly those in categories 4 (“candidate chromosome”) and 5 (“not mapped”), are likely to represent MR genes that are already known. This is because of both practical difficulties in mapping human phenotypes and the phenomenon of phenotypic divergence; *i.e.*, different mutant alleles of the same gene cause distinct MR disorders (*e.g.*, different *DKC1* mutations result in dyskeratosis congenita or Hoyeraal-Hreidarsson syndrome). Similarly, novel MR genes that remain to be identified may each explain more than one disorder, especially within the large unmapped group. Hence, this set of OMIM entries is likely to represent <595 genes.

On the other hand, what MR disorders might be “missing” from our analysis? First, we know that some genes, or their corresponding disorders, are present in the OMIM database but fail to appear in MR-related search results because of inconsistent use of terminology in the medical literature, curatorial errors, or differing opinions on what constitutes mental retardation (see MATERIALS AND METHODS). Second, MR mutations occurring in small families likely represent a large number of genes not yet listed in OMIM. Some families never reach the attention of medical genetics research teams. Small pedigrees represent significant challenges for gene mapping, even on the X chromosome (ROPERs *et al.* 2003). The X-Linked Mental Retardation Genes Update Site (<http://xlmr.interfree.it/home.htm>; CHIURAZZI *et al.* 2001) lists 57 nonspecific MR families and 110 X-linked MR syndromes for which the genes remain elusive. However, only 80 OMIM entries described X-linked MR disorders (syndromes and nonspecific) for which genes have not been identified (Table 1, X-linked entries in categories 2–4).

A third “missing” or underrecognized category is composed of essential genes of which most deleterious mutations cause early prenatal lethality and only exceptional alleles with specific molecular consequences permit viability along with an MR phenotype. In genetic model systems, complementation testing can easily show that a viable “memory mutation” is allelic to mutations causing early death with profound neuroanatomical defects (*e.g.*, PINTO *et al.* 1999), but comparable mapping studies are much more difficult in humans.

Fourth, mutations in genes controlling thyroid development or function rarely cause MR in industrialized societies because of neonatal screening and treatment for hypothyroidism (GRUTERS *et al.* 2002). Hence, while a dozen known genes have been associated with MR secondary to hypothyroidism (APPENDIX), mutations in other similar genes may not have had the “opportunity” to reveal whether they would cause MR in untreated patients. Finally, syndromal MR genes for which the MR phenotype has very low penetrance present a significant ascertainment challenge. For example, eight DNA repair genes/disorders are associated with MR in a modest fraction of patients. It seems likely that more such disorders (*e.g.*, the rarer Fanconi anemia complementation groups) have MR as a *bona fide* phenotype, but, presumably because the phenotype depends on chance somatic mutations during brain development (GILMORE *et al.* 2000), it is difficult to confidently assign MR to their clinical descriptions.

Given all these considerations, predicting the true number of human MR genes is difficult. A complete and accurate count may be beyond the capacity of medical science to determine directly. We believe that 282 represents substantially less than half of the total. It is easy to imagine that human MR genes could number ~1000.

X-linked mental retardation genes: To date, eight X-linked genes are known to cause exclusively nonspecific MR (MRX genes), and 31 X-linked genes cause exclusively syndromal forms of MR (Table 2). Nonspecific MR has been the focus of much attention, in part because of the idea that genes with “pure” behavioral phenotypes, unaccompanied by gross brain abnormalities or other organ system defects, may provide greater insight into the molecular basis of cognition than the syndromal MR genes (CHELLY 1999; TONIOLO 2000). Indeed, several MRX genes figure prominently in Rho-type G-protein pathways (*ARHGEF6*, *GDII*, *OPHN1*, *PAK3*, *FGD1*; RAMAKERS 2002) or are regulated by neuronal activity (*PAK3*, *IL1RAP1*, *RSK2*, *TM4SF2*; BODA *et al.* 2002). However, with the discovery that mutations of five MR genes can cause either nonspecific or syndromal MR (Table 2), the distinction between the two categories may not be as meaningful as originally proposed (see discussion in FRINTS *et al.* 2002).

For *RSK2* (*RPS6KA3*), the phenotype difference is explained by allele type and severity. The R383W mutation that causes MRX19 is a partial loss-of-function allele, encoding a protein with 20% of wild-type kinase activity (MERIENNE *et al.* 1999). In contrast, null mutations of *RSK2* cause Coffin-Lowry syndrome with prominent skeletal and connective tissue involvement (HANAUER and YOUNG 2002). For several genes, the structure-function relationships are inferred but not directly demonstrated. The T1621M mutation of *ATRX* (also known as *XH2* or *XNP*) causes nonspecific MR in the mild-to-moderate range (YNTEMA *et al.* 2002). Although residue 1621 is within the highly conserved

TABLE 2
X-linked mental retardation genes

Type of MR disorder	No. of XLMR genes	% of XLMR genes	Gene symbols (see also APPENDIX)
Nonspecific only	8	18.2	<i>ARHGEF6, FACLA, FMR2, GDII, IL1RAPL1, OPHN1, PAK3, TM4SF2</i>
Syndromal only	31	70.5	All other X-linked genes in the APPENDIX
Both	5	11.4	<i>ARX, ATRX, FGD1, MECP2, RSK2</i>
Total	44	100	

XLMR, X-linked mental retardation.

SNF2-related domain, it is not conserved, suggesting that some alterations at that site are compatible with partial function of this nuclear protein involved in chromatin structure and transcription regulation. Missense mutations just 7 and 12 residues upstream, however, cause a more severe, syndromal phenotype with hematologic, skeletal, and genital defects (GIBBONS *et al.* 1995), suggesting greater disruption of ATRX function. A variety of *FGD1* mutations, most of which truncate the encoded putative Rho GEF, cause Aarskog-Scott syndrome, which includes highly penetrant skeletal and genital anomalies but infrequent, and only mild, MR. In contrast, one particular missense mutation in a region of unknown function, P312L, causes severe, fully penetrant nonspecific MR (LEBEL *et al.* 2002).

Genotype-phenotype relationships are even more complex for *MECP2* and *ARX*. Within and among Rett syndrome families, females with *MECP2* mutations show great clinical heterogeneity, with X-inactivation patterns and mutation sites believed to explain the severity differences (CHEADLE *et al.* 2000; HAMMER *et al.* 2002). In addition, at least seven different missense mutations in *MECP2*, scattered over the length of the protein, cause nonspecific MR (ORRICO *et al.* 2000; COUVERT *et al.* 2001); several of these are very close to sites of Rett-syndrome-causing missense mutations (CHEADLE *et al.* 2000; HAMMER *et al.* 2002). For *ARX*, identical mutations, resulting in polyalanine tract expansion of this homeodomain protein, caused nonspecific MR in one family, but distinct neurological syndromes (West or Partington or MR with hypsarrhythmia) in various other families (STROMME *et al.* 2002). This suggests a major effect of genetic background on *ARX* phenotypes. Other *ARX* mutations cause a unique lissencephaly syndrome with abnormal genitalia (KITAMURA *et al.* 2002).

Complex genotype-phenotype relationships are also a feature of some autosomal MR disorders (*e.g.*, *FGFR1*, *GLI3*, *PEX1*, *PTEN*, *PTPN11*). On the basis of X-linked MR, it is possible that some alleles of the one known autosomal nonspecific MR gene (*PRSS12*; MOLINARI *et al.* 2002) will be found to cause a syndromal MR phenotype. Conversely, autosomal genes presently known to cause MR syndromes may be able to mutate to a nonspecific MR phenotype.

Chromosomal distribution of human mental retardation genes: Of the 282 human MR genes, 11 are encoded by the mitochondrial genome. Figure 2A shows the chromosomal distribution of the 271 nuclear MR genes compared to the chromosomal distribution of all known and predicted human genes based on the human genome sequence (VENTER *et al.* 2001). While ~4% of known and predicted genes are on the X chromosome, ~16% of the MR genes reside there—a fourfold overrepresentation. In contrast, the distribution of MR genes among the autosomes roughly parallels their relative gene contents (Figure 2A). An even greater X-chromosome overrepresentation is found among the MR disorders mapped to candidate loci (6-fold), chromosomal regions (14-fold), and chromosomes (15-fold), which correspond to categories 2, 3, and 4, respectively, of Table 1.

It has been proposed that the human X chromosome contains a disproportionately high density of genes for cognitive ability (LEHRKE 1972; TURNER and PARTINGTON 1991). This proposal generated controversy as well as speculation concerning possible underlying evolutionary mechanisms, including the intriguing suggestion that female mate selection for high male intelligence helped accelerate the rapid rise of human cognitive abilities (TURNER 1996; ZECHNER *et al.* 2001). The identification of numerous MRX genes and X-linked MR syndromes (CHIURAZZI *et al.* 2001) seemed to support the proposal. Opponents, however, argued that all X-linked recessive mutations are simply easier to map and identify because their phenotypes are revealed in hemizygous males (MORTON 1992; LUBS 1999). Countering this view is an OMIM-based analysis (ZECHNER *et al.* 2001) showing a 7.2-fold X-chromosome bias for MR genes, whereas genes causing common morphological phenotypes (polydactyly, cleft palate, facial dysplasia, skeletal dysplasia, and growth retardation) have, on average, only a 2.4-fold X-chromosome bias. [ZECHNER *et al.* (2001) did not take OMIM errors, such as false positives and negatives, into consideration, but such errors may be comparable across phenotypes.]

To take this question one step further, we asked whether the apparent X-chromosome overrepresentation among the molecularly identified human MR genes

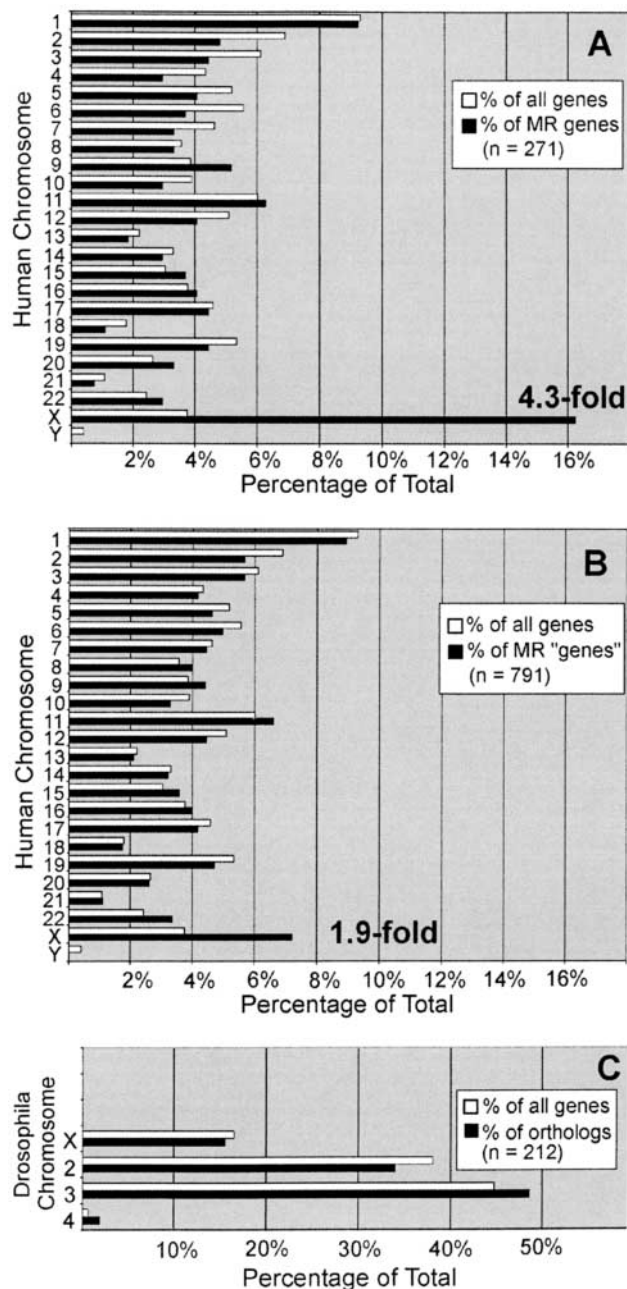


FIGURE 2.—Chromosomal distribution of human mental retardation genes and *D. melanogaster* orthologs. (A) The chromosomal distribution of the 271 molecularly identified nuclear MR genes is compared to the chromosomal distribution of all nuclear, protein-coding human genes based on human genome sequence analysis (VENTER *et al.* 2001). Note the striking overrepresentation of X-linked MR genes. (B) The predicted chromosomal distribution of known and potential MR genes based on maximizing the assignment of genes to autosomes (see RESULTS and DISCUSSION), compared to all nuclear human genes as in A. The X-chromosome overrepresentation has been reduced, but remains almost twofold. (C) The chromosomal distribution of the *Drosophila* MR gene orthologs is compared to the chromosomal distribution of all nuclear, protein-coding *Drosophila* genes on the basis of *Drosophila* genome sequence analysis (ADAMS *et al.* 2000; see FlyBase at <http://flybase.bio.indiana.edu/> for Release 3). *Drosophila* homologs of human MR genes that are not orthologs were not included in this analysis.

(Figure 2A) would disappear if we accounted for the plausible possibility that numerous autosomal loci are “hiding” among the unmapped MR genes (represented by the OMIM entries in category 5, Table 1). We attempted to overcome the ascertainment bias that favors identification of X-linked genes by making simplifying assumptions that maximize the estimate of autosomal MR genes and minimize the estimate of X-linked MR genes. First, we assumed that one OMIM entry equals one gene. Second, for the unmapped MR disorders (category 5, Table 1), we assumed that each represents a different, novel autosomal gene and that these are distributed in proportion to the overall gene distribution on those chromosomes (VENTER *et al.* 2001). Third, for those disorders whose genes map to chromosomal regions and candidate chromosomes (categories 3 and 4, Table 1), we assumed that there will be no new X-linked genes, *i.e.*, that each potential X-linked gene is identical to an X-linked gene already known to cause MR. However, all candidate genes (category 2, Table 1), including the X-linked genes, were assumed to be new MR genes.

Even when these very conservative (*i.e.*, biased toward autosomal) assumptions are used to estimate the chromosomal distribution of the unknown MR genes, a 1.9-fold overrepresentation of MR genes on the X chromosome remains (Figure 2B). This result supports the hypothesis that the X chromosome contains a disproportionately high density of genes influencing cognitive ability. One caveat is the possibility discussed above that many autosomal MR genes may be so rare or difficult to study that they never appear in the medical literature and, hence, in OMIM. We also agree with the suggestion of LUBS (1999) that resolution of this issue would be enhanced by analyzing genome-wide brain expression data and by searching for allelic variation in single genes responsible for the high end of the intelligence spectrum.

***D. melanogaster* homologs of human mental retardation genes:** We found that 87% of known MR genes (246/282) have at least one *Drosophila* homolog with a BLASTP *E*-value of 1×10^{-10} or better (Figure 1; APPENDIX). Similarly, REITER *et al.* (2001) found that 75% of ~1400 human disease genes, representing all major disease categories, have *Drosophila* homologs at this level of sequence similarity. More important, 76% (213) of the MR genes, including syndromal and non-syndromal types, have at least one *Drosophila* ortholog (see MATERIALS AND METHODS and APPENDIX). In fact, a handful of the human genes were named for their *Drosophila* orthologs, in most cases prior to their identification as MR genes (*ASPM*: abnormal spindle-like, microcephaly-associated; *EMX2*: homolog 2 of empty spiracles; *PTCH*: homolog of patched; *PTCH2*: homolog 2 of patched; *SHH*: sonic hedgehog; *SIX3*: homolog 3 of sine oculis).

The APPENDIX lists the *Drosophila* homologs and orthologs of the MR genes, their FlyBase accession num-

bers, and the BLASTP *E*-values (see also Figure 1 for overview). As discussed below, several dozen *Drosophila* orthologs (designated “¶” in the APPENDIX) are prime candidates for cellular and molecular study of MR. Seventeen MR genes (6%; designated with asterisk) have one or more homolog(s) that may be orthologs, but it is not possible to make a determination on the basis of sequence analysis in the absence of experimental data. Another 16 MR genes (6%; in brackets) have one or more *Drosophila* homolog(s) that are not orthologs on the basis of reverse BLAST results or other sequence analysis (see MATERIALS AND METHODS). There are 36 MR genes (13%) with no *Drosophila* homolog, although this number may decline as final gene identification for the *Drosophila* genome is completed.

Some of the *Drosophila* genes are functional orthologs of human MR genes on the basis of experimental data. For instance, mutations of *dfmr1*, the *Drosophila* ortholog of *fragile X mental retardation 1* (*FMRI*; WAN *et al.* 2000), cause specific disruptions of neuronal morphology (ZHANG *et al.* 2001; MORALES *et al.* 2002; LEE *et al.* 2003; C. MICHEL, R. KRAFT, B. HASSAN and L. RESTIFO, unpublished results) and behavioral defects (DOCKENDORFF *et al.* 2002; INOUE *et al.* 2002). Genetic and biochemical data suggest that *Drosophila* dFMR1 is a regulator of translation (ZHANG *et al.* 2001; ISHIZUKA *et al.* 2002), as has been shown for mammalian FMRP (KAYTOR and ORR 2001; LAGGERBAUER *et al.* 2001; MAZROUI *et al.* 2002; ZALFA *et al.* 2003). Although learning phenotypes of *dfmr1* mutant flies have not yet been reported, four of the fruit fly MR gene orthologs are “learning and memory genes” on the basis of behavioral data: *G protein $\alpha 60A$* (CONNOLLY *et al.* 1996), the ortholog of *GNAS*; *Neurofibromin 1* (GUO *et al.* 2000), the ortholog of *NFI*; *cheerio* (see DUBNAU *et al.* 2003, online supplement), the ortholog of *FLNA*; and *S6kII* or *ignorant* (G. PUTZ, T. ZARS, and M. HEISENBERG, personal communication), the ortholog of *RSK2*. Additional *Drosophila* learning and memory genes have been proposed as candidates for MR disorders that are not yet mapped (MORLEY and MONTGOMERY 2001).

The *Drosophila* orthologs of the human MR genes do not have a skewed chromosomal distribution (Figure 2C). Approximately 16% of all fly genes and 16% of MR gene orthologs are on the X chromosome. Of the first two dozen *Drosophila* “learning and memory genes” identified, almost 50% are X-linked (reviewed in DUBNAU and TULLY 1998; MORLEY and MONTGOMERY 2001). However, the recent isolation of 60 new autosomal memory genes (DUBNAU *et al.* 2003) indicates that the older results reflect the previous tendency to design X-chromosome screens for behavioral and neuroanatomical phenotypes.

Molecular functions of mental retardation genes:

Each of the 282 MR genes was classified in a single molecular-function category, primarily on the basis of

the GO database (Figure 3; APPENDIX; see MATERIALS AND METHODS). The MR genes are distributed over a broad range of functions, indicating that disruption of any of a wide array of molecular processes can impair brain function so as to cause MR. Several categories are prominently represented, such as enzymes (143 genes; 51%), mediators of signal transduction (32 genes; 12%) and transcription regulation (19 genes; 7%), binding proteins (23 genes; 8%), and transporters (21 genes; 8%). Enzymes, especially those expressed in accessible peripheral tissues, make gene identification easier than that for many other proteins, so their relative representation may decline as new MR genes are discovered. Other categories with smaller numbers of MR genes include cell adhesion molecule, structural molecule, motor protein, tRNAs, apoptosis regulator, chaperone, and enzyme regulator. GO classifies ~9% of the MR genes (25) in the “unknown function” category, but published data suggest functions for all but 10 of them (see APPENDIX).

Within the GO molecular-function ontology, top-level categories include fundamental molecular functions (*e.g.*, binding activity, of which there are many subcategories), as well as others related to a specific cellular process (*e.g.*, cell adhesion molecule), and in many cases, genes could be assigned to more than one. This makes classification, analysis, and comparison to other sets of genes somewhat difficult. We did not classify any MR gene products as “defense/immunity proteins,” but *IKBKG* encodes a subunit of a signal transducer (our category choice) that regulates NF- κ B in the immune and inflammatory response pathway (WALLACH *et al.* 2002). We also did not use the “translation regulator” category, but *EIF2AK3* encodes a kinase (our category choice) that indirectly regulates translation by phosphorylating eukaryotic translation initiation factor-2 (MA *et al.* 2002). Similarly, we classified *FMRI* as “RNA binding,” but considerable data demonstrate that it regulates translation (JIN and WARREN 2003). In addition, we could have classified some genes in the “protein stabilization” (*e.g.*, *PPGB*), cytoskeletal regulator (*e.g.*, *TBCE*), or “protein tagging” (*e.g.*, *UBE3A*) categories. However, anticoagulant, antifreeze, antioxidant, chaperone regulator, nutrient reservoir, and toxin are top-level categories in which none of the 282 MR genes could be placed.

Figure 3 indicates the *Drosophila*-homolog status of the MR genes in each molecular-function category. The 213 MR genes with *Drosophila* ortholog(s) (solid bars) are distributed among the GO categories in roughly the same pattern as that of all the MR genes, with two exceptions. More than half of the “receptor binding” genes (4 of 7) and 36% (9 of 25) of the “unknown function” MR genes have no *Drosophila* homolog.

Biological functions of mental retardation genes: We devised a “biological function(s)” classification scheme for the 282 MR genes that considers both cellular- and

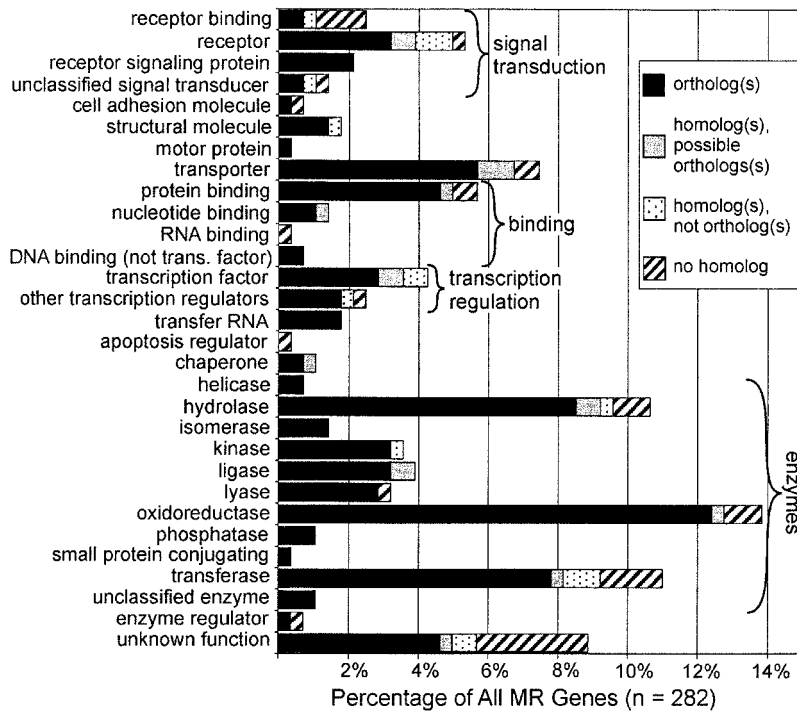


FIGURE 3.—Molecular function classification of mental retardation genes. Genes were classified on the basis of GO categories (see MATERIALS AND METHODS). In cases where the top-level parent terms include large numbers of genes (signal transduction, binding, transcription regulation, enzyme), we show the distribution of genes among the children terms. For many of the genes that have not yet been classified by the GO Consortium, we used information from the literature to assign them to a GO term. For some of the genes designated “unknown function” by GO, we were able to assign provisional functions on the basis of published literature (see APPENDIX), but these genes are included in the “unknown function” category of this figure. As indicated by the boxed legend, each bar indicates classification of the human MR genes based on the degree of similarity to *Drosophila* genes.

systems-level perspectives (Figure 4; APPENDIX; see MATERIALS AND METHODS). The *basic cellular processes* controlled by MR genes take place in the nucleus, in the cytoplasm (including within organelles), and at the interface among cells, cell compartments, and the extracellular milieu. In the nucleus, MR genes affect chromosome structure (*e.g.*, *DNMT3B*), DNA repair (*e.g.*, *NBS1*), basal and regulated transcription (*e.g.*, *ERCC2* and *SIX3*, respectively), as well as rRNA processing (*e.g.*, *DKC1*).

In the cytoplasm, many MR genes have metabolic functions (see also KAHLER and FAHEY 2003), involving a wide range of pathways [citric acid cycle (*e.g.*, *FH*), gluconeogenesis (*e.g.*, *GK*), glycolysis (*e.g.*, *PDHAI*), oxidation (*e.g.*, the *PEX* genes), oxidative phosphorylation (*e.g.*, *MTCOI*), urea cycle (*e.g.*, *OTC*), and general cell integrity (*e.g.*, *GSS*)] and biologically critical compounds [amine (*e.g.*, *MAOA*), amino acid (*e.g.*, *OAT*), carbohydrate (*e.g.*, *GALE*), cholesterol (*e.g.*, *SC5DL*), creatine (*e.g.*, *GATM*), fatty acid (*e.g.*, *ALDH3A2*), heme (*e.g.*, *PPOX*), lipid (*e.g.*, *DIA*), methionine (*e.g.*, *MAT1A*), purine (*e.g.*, *HPRT*), pyrimidine (*e.g.*, *DPYD*), and cofactors (*e.g.*, *TC2*)]. MR genes involved in macromolecular synthesis and modification include those required for mitochondrial translation (*e.g.*, *MTTK*), translation regulation (*e.g.*, *FMRI*), protein folding (*e.g.*, *BBS6*), protein stability (*e.g.*, *PPGB*), protein glycosylation (*e.g.*, *PPM2*), and lipid synthesis (*FACLA*). Macromolecular degradation in lysosomal (*e.g.*, *HEXA*) and proteasomal (*e.g.*, *UBE3A*) pathways is also commonly disrupted by mutations in MR genes. MR genes have major effects on the cytoskeleton, including its actin (*e.g.*, *FLNA*), microtubule (*e.g.*, *DCX*), and intermediate filament (*e.g.*, *GFAP*) components.

The major signaling pathways are represented among the MR genes, including those regulated by Sonic Hedgehog (*e.g.*, *SHH*), the TGF- β family of growth factors (*e.g.*, *GPC3*), Notch (*e.g.*, *JAG1*), and calcium (*e.g.*, *ATP2A2*). MR-related signaling cascades are mediated by diverse cell surface proteins, such as integrins (*e.g.*, *ITGA7*), G protein-coupled receptors (*e.g.*, *AGTR2*), receptor tyrosine kinases (*e.g.*, *NTRK1*), and intracellular proteins, including small G proteins (*e.g.*, *GDI1*), heterotrimeric G proteins (*e.g.*, *GNAS*), and phosphatidylinositol (*e.g.*, *PTEN*). Moreover, genes in a common pathway can share MR as a phenotype. SHH (MING *et al.* 1998), through its receptors encoded by *PTCH* and *PTCH2*, regulates *GLI3*, some of whose targets are also regulated by *GPC3*.

MR genes also control communication and transport across cell and organelle membranes. These include cation-chloride cotransporters (*SLC12A1*, *SLC12A6*) that may be critical for inhibitory neurotransmission (PAYNE *et al.* 2003). The transmembrane linkage (*ITGA7*, *TM4SF2*) between the extracellular matrix (*LAMA2*) and the cytoskeleton is strongly implicated in MR, as is cell adhesion (*LICAM*).

The overlap between MR and muscle disease is striking and appears to arise from at least three distinct mechanisms: reduced membrane/cytoskeletal stability (*DMD*, *ITGA7*, *LAMA2*); glycosylation defects associated with abnormal neuronal migration (*FCMD*, *FKRP*, *LARGE*, *POMGNT1*, *POMT1*); and mitochondrial dysfunction (*MTCO3* and many others). The biological basis of myotonic dystrophy (*DMI*) is unknown.

An integrative view of MR biology: The hereditary MR disorders can be approached from two somewhat

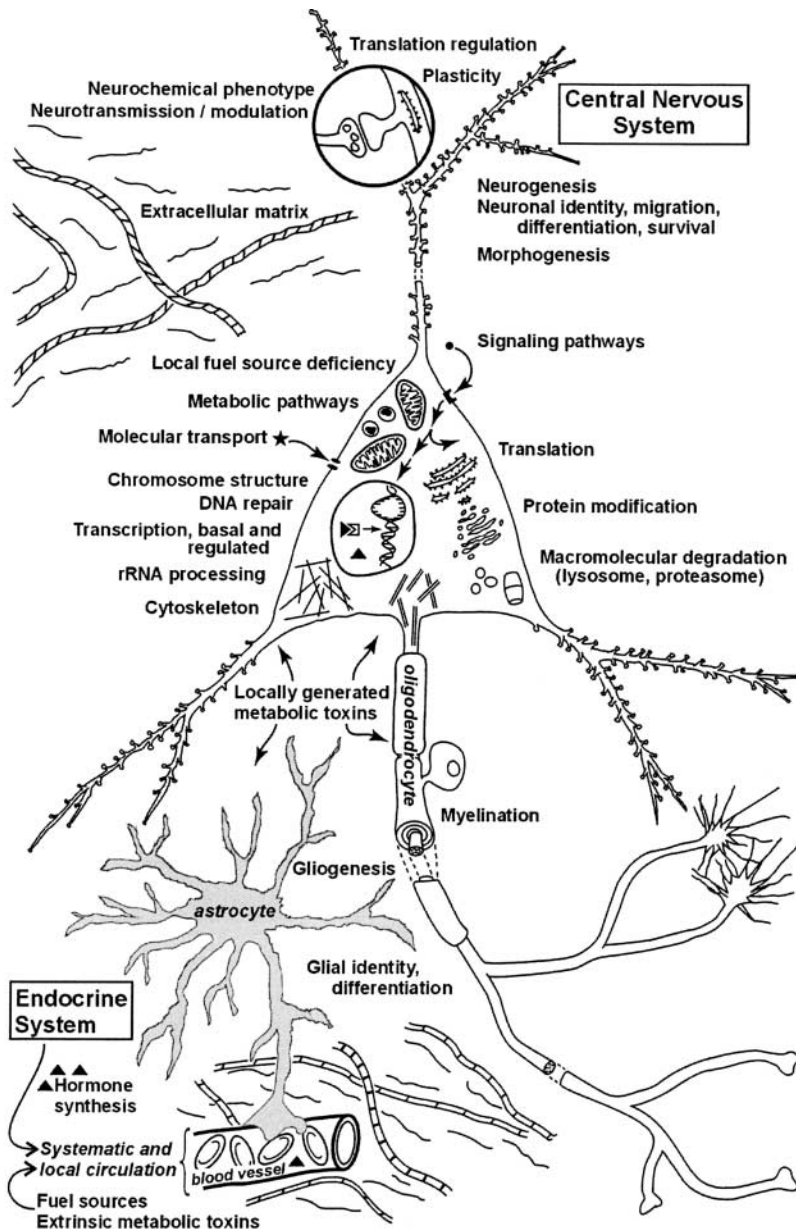


FIGURE 4.—Biological functions that underlie mental retardation. Diagram of a mammalian cortical neuron and associated structures in the central nervous system. The physiological connection to the endocrine system via the bloodstream is indicated in the bottom left. Sizes are not to scale. Solid triangles represent hormone molecules. Each of the unboxed terms, in roman type, is a biological function regulated by one or more MR genes or results from mutation of an MR gene (see APPENDIX).

independent perspectives: (i) where the genes are expressed and function and (ii) the relationship between the mutation and pathogenesis of the MR phenotype. Genes may act selectively within the brain (“intrinsic or selective function”) or primarily outside the CNS (“extrinsic or generalized function”). MR may result from fundamental cellular defects that impair many tissues (“generic effect”), with the brain sometimes having a higher sensitivity, or MR can result from selective impairment of unique features of brain development or physiology (“selective effect”). With the caveat that MR pathogenesis is incompletely understood and that spatial expression data are limited, we consider examples of MR genes in these major categories.

Extrinsic or generalized function/generic effect: *ABCC8* (*SUR1*) and *KCNJ11* gene products work together in the

pancreas to regulate ATP-dependent, exocytotic insulin secretion. Mutations in either gene cause excess insulin release and hypoglycemia which, if inadequately treated, disrupts brain development and function due to systemic fuel deficiency (VANNUCCI and VANNUCCI 2001; HUOPIO *et al.* 2002). Similarly, the brain’s energy requirements make it very sensitive to genetic disruptions of mitochondrial function (CHOW and THORBURN 2000). Mutations in mitochondrial genes (*MTATP6*, *MTCO1*, *MTCO2*, *MTCO3*, *MTCYB*, *MTTE*, *MTTK*, *MTTL1*, *MTTS1*) or in nuclear genes encoding mitochondrial proteins (*BCSIL*, *SCO2*, *SURF1*, *TIMM8A*) cause MR due to local energy (ATP) deficiency in neurons and glia (SERVIDEI 2001).

Extrinsic or generalized function/selective effect: In the endocrine system, locally synthesized hormones enter the

circulation and affect distant organs. MR genes include several tissue-specific regulators of thyroid gland development (*TTF2*, *PAX8*) or thyroid hormone synthesis (*DUOX2*, *TG*, *TPO*; KOPP 2002). Mutations in these cause congenital hypothyroidism, and mutations in a receptor (*THRB*) cause thyroid hormone resistance. In either case, brain cells cannot initiate the transcriptional cascade that controls neuronal size, migration, and dendritic morphology, as well as oligodendrocyte differentiation (THOMPSON and POTTER 2000). Hence, neuronal circuitry and myelination are disrupted.

Many metabolic MR genes fall into this category as well. *AASS* is expressed in most tissues and encodes a key enzyme in lysine metabolism (SACKSTEDER *et al.* 2000). In patients lacking *AASS* function, lysine accumulates and inhibits arginase, causing excess circulating ammonia, which interferes with neuronal and glial functions (FELIPO and BUTTERWORTH 2002). Similarly, *PAH* is expressed mainly in nonneural tissues (LICHTER-KONECKI *et al.* 1999), with mutations causing elevated circulating phenylalanine. This systemic toxin impairs myelination, synaptogenesis (BAUMAN and KEMPER 1982; HUTTENLOCHER 2000), and possibly aminergic neurotransmission (SURTEES and BLAU 2000). The lysosomal storage disorders, which cause macromolecules to accumulate in many tissues, may also belong to this category. Most represent degradative enzyme deficiencies, but some of the genes encode transport, stabilizer, or activator proteins (WISNIEWSKI *et al.* 2001). They are classified by the compounds that accumulate in lysosomes, such as sphingolipidoses (*e.g.*, *ARSA*), neuronal ceroid lipofuscinoses (*e.g.*, *CLNI*), glycoproteinoses (*e.g.*, *PPGB*), and mucopolidoses (*e.g.*, *NEUI*). The traditional view that the progressive brain phenotypes result “simply” from local toxicity is countered by reports of specific neurodevelopmental defects (WALKLEY 1998; ALTA-RESCU *et al.* 2002).

Intrinsic function/selective effect: For genes with selective expression or function within the CNS, the consequences of mutations are also primarily CNS selective, with variation in cell-type involvement and severity (POMEROY and KIM 2000). The coexistence of neuropathology and cognitive deficits supports the view of MR as a disorder of brain development or plasticity. At one end of the spectrum are MR disorders with gross brain malformations. Holoprosencephaly, a failure of the right and left brain halves to form distinct hemispheres, results from mutations in genes controlling cellular identity of forebrain neuronal precursors (*PTCH*, *SHH*, *SIX3*, *TGDF1*, *TGIF*, *ZIC2*; WALLIS and MUENKE 2000). Schizencephaly (“cleft brain”) is due to dominant missense mutations in *EMX2*, which encodes a homeodomain-containing transcription factor (FAIELLA *et al.* 1997). Abnormal neuronal migration in the rostral forebrain (the region of *EMX2* expression) causes gross morphogenetic as well as more subtle lamination defects. Neuronal migration defects also cause lissenceph-

aly (“smooth brain”) due to mutations in *LIS1*, *DCX*, and *RELN*, as well as *ARX* (some alleles) and *FLNA* (OLSON and WALSH 2002). Agenesis (partial or complete) and dysgenesis of the interhemispheric corpus callosum (DAVILA-GUTIERREZ 2002) are relatively common MR-associated phenotypes (*e.g.*, *CXORF5*, *GLI3*, *OCRL*, *SLC12A6*, *TSC1*, *TSC2*) and may be isolated or accompany holoprosencephaly and other abnormalities.

A handful of MR genes and their primary cellular phenotypes are glia specific. Dominant missense mutations in *GFAP* cause Alexander disease due to astrocytic accumulation of abnormal intermediate filaments and secondary demyelination (JOHNSON 2002). In contrast, *PLP1* is expressed solely in oligodendrocytes and encodes the most abundant CNS myelin protein. Myelin integrity is very sensitive to *PLP1* gene dosage, with duplications, deletions, and missense mutations all causing Pelizaeus-Merzbacher disease (KOEPPEN and ROBITAILLE 2002).

At the other end of the spectrum are the many hereditary MR disorders for which routine neuropathological data are unavailable or fail to show consistent defects. Higher-resolution Golgi staining has revealed dendritic abnormalities of cortical neurons in fragile-X (*FMRI*; IRWIN *et al.* 2000) and Rett syndromes (*MECP2*; ARMSTRONG 2001) and possibly in Rubinstein-Taybi syndrome (*CREBBP*; KAUFMANN and MOSER 2000). All three likely result from misregulated gene expression in the brain, but which target genes are responsible for the dendritic defects remain to be determined.

For MR disorders with no known anatomical lesions, such as nonsyndromal MRX, gene function in the CNS is inferred from molecular analyses. For example, *GDI1* (MRX41, MRX48; BIENVENU *et al.* 1998) encodes a brain-specific regulator of Rab-type G proteins. One of its targets is believed to be Rab3A, which controls activity-dependent synaptic vesicle recruitment to axon terminals (LEENDERS *et al.* 2001). Given the structure-function relationships underlying developmental synaptic plasticity (COHEN-CORY 2002), it seems likely that neuroanatomical phenotypes for this and other MRX disorders will eventually be found.

Regardless of the scheme used, many disorders defy straightforward classification. For example, the role of homocysteine in CNS development and function (MATTSON and SHEA 2003) belies the “metabolic” classification of the MR genes *CBS*, *MTHFR*, *MTR*, *MTRR*, and *TC2*. The MR genes *SC5DL* and *DHCR7* encode enzymes in cholesterol biosynthesis, making them also primarily “metabolic.” However, because Sonic Hedgehog protein function is absolutely dependent on covalent linkage to cholesterol (INGHAM and MCMAHON 2001), the enzymatic deficiencies may impair SHH signaling. It may be that, with sufficient research on molecular and cellular pathogenesis, few if any MR genes will be considered “just metabolic.”

TABLE 3
Human mental retardation genes: prime candidates for study in *D. melanogaster*

Human gene ^a	Human disease ^b	Mammalian brain phenotype includes: ^c	Mouse mutant/MR ^d	Drosophila ortholog			
				Gene name ^e	Gene location	Biological function in <i>Drosophila</i> / mutants	
<i>ARHGEF6</i> (1)	MRX46	Presumed to have no obvious defects	None	<i>rtGEF</i>	38C	NP	[Rho pathway; actin cytoskeleton; morphogenesis]
<i>ASPM</i> (2)	Primary microcephaly 5	Microcephaly	None	<i>abnormal spindle</i>	96A	Yes, N	Spindle formation; cytokinesis
<i>ATP2A2</i> (3)	Darier-White disease	Unknown	Yes/?	<i>Calcium ATPase 60A</i>	60A	Yes	Protein trafficking/post-translational processing
<i>ATRX</i> (4)	α -Thalassemia/MR syndrome; nonspecific MR	Mild cerebral atrophy; microcephaly; ACC	None	<i>XNP</i>	96E	UP	[Transcription regulation; chromatin structure]
<i>CREBBP</i> (5)	Rubinstein-Taybi syndrome	ACC; decreased dendritic arborization	Yes/yes	<i>nejire</i>	9A	Yes, N	TGF- β /Wnt signaling; NMJ structure/function
<i>DCX</i> (6)	X-linked lissencephaly	Abnormal cortical lamination: heterotopia, pachygyria	Yes/yes	<i>CG17528</i>	41AC	None	[Microtubule cytoskeleton; neurite outgrowth]
<i>DKC1</i> (7)	Dyskeratosis congenita; HHS	ACC; cerebellar hypoplasia; slow myelination	Yes/?	<i>Nucleolar protein 60B</i>	60C	Yes	rRNA processing; cell and organismal growth
<i>DMD</i> (8)	Duchenne/Becker m. dystrophy	Neuron loss; abnormal dendrites; astrogliosis	Yes/yes	<i>dystrophin</i>	92A	NP	[Plasma membrane-cytoskeleton linkage]
<i>FGFR-1,-2,-3</i> (9)	Apert and other craniosynostosis syndromes	ACC; abnormal limbic and pyramidal tract; heterotopia	Yes/?	<i>breathless</i>	70C	Yes, N	Glial cell migration
<i>FLNA</i> (10)	Periventricular nodular heterotopia	Periventricular heterotopia; ACC; cerebellar hypoplasia	Yes/?	<i>heartless</i>	90E	Yes, N	Axon outgrowth, guidance, and wrapping by glia
<i>FMRI</i> (11)	Fragile X mental retardation syndrome	Abnormal dendritic spines; ?immature	None	<i>cheerio</i>	89E	Yes, N	Actin filament organization; long-term memory
<i>FOXP2</i> (12)	Developmental verbal dyspraxia	Abnormal frontal lobe motor areas	Yes/yes	<i>dfmr1</i>	85F	Yes, N	Translation regulation; neuron structure/function
<i>GDI1</i> (13)	MRX41, MRX48	No obvious defects	None	<i>CG16899</i>	85E	NP	[Transcription regulation]
<i>GIL3</i> (14)	Acrocallosal syndrome; others	ACC; \downarrow neural tube apoptosis; abnormal DV pattern	Yes/yes	<i>GDI</i>	30B	Yes	Rab GTPase binding; growth; pupariation
<i>GNAS</i> (15)	Albright hereditary osteodystrophy	Cerebral calcification	Yes/?	<i>cubitus interruptus</i>	102A	Yes, N	Hh pathway; transcription; neuron differentiation
<i>GPC3</i> (16)	Simpson-Golabi-Behmel syndrome type I	Unknown	Yes/?	<i>G-protein $\alpha 60A$</i>	60A	Yes, N	Locomotor behavior; learning; phototransduction
<i>GPH</i> (17)	Molybdenum cofactor deficiency type C	Cerebral atrophy; \downarrow GlyR and GABA-R clustering	Yes/yes	<i>dally</i>	66E	Yes, N	Wnt pathway; cell cycle; neurogenesis
<i>GPI</i> (18)	Hemolytic anemia	?Loss of neurotrophic activity	Yes/?	<i>cinnamon</i>	1A	Yes	Molybdenum cofactor biosynthesis
<i>ITGA7</i> (19)	Congenital myopathy	Cortical atrophy; abnormal white matter	None	<i>pgi</i>	44F	Yes	Glucose metabolism; [neuronal survival]
				<i>meo</i>	11E	Yes, N	Tissue adhesion; cell migration; axon pathfinding

(continued)

TABLE 3
(Continued)

Human gene ^a	Human disease ^b	Mammalian brain phenotype includes: ^c	Mouse mutant/MR ^d	Drosophila ortholog			
				Gene name ^e	Gene location	Mutants	Biological function in Drosophila/ ^f
<i>JAG1</i> (20)	Alagille syndrome	Abnormal vessels (moyamoya) and neuronal patterning	Yes/?	<i>Serrate</i>	97E	Yes, N	Notch pathway; cell fate; neurogenesis
<i>LICAM</i> (21)	MASA syndrome; HSAS; SPG1	ACC; hydrocephalus	Yes/yes	<i>neuroglian</i>	7F	Yes, N	Neuron adhesion/morphology; axon pathfinding
<i>LAMA2</i> (22)	Congenital muscular dystrophy	Abnormal lamination and white matter; ↓ cerebellum	Yes/yes	<i>wing blister</i>	35A	Yes	Cell migration and adhesion
<i>LIS1</i> (23)	Lissencephaly; periventricular heterotopia	↓ Cortical lamination: pachy/agyria, heterotopia	Yes/yes	<i>Lissencephaly-1</i>	52F	Yes, N	Neurogenesis; dendritogenesis; axonal transport
<i>MIDI</i> (24)	Opitz syndrome type I	ACC and other midline defects; cortical atrophy	None	<i>CG31721 (CG6256)</i>	32A	NP	?Embryonic CNS development
<i>MYO5A</i> (25)	Elejalde syndrome	Cerebellar hypoplasia; abnormal dendritic spines	Yes/yes	<i>didum</i>	43D	UP	Embryogenesis
<i>NF1</i> (26)	Neurofibromatosis	Megencephaly; abnormal white matter; glial tumors	Yes/yes	<i>Neurofibromin 1</i>	96F	Yes, N	Ras pathway; glial growth; learning/memory
<i>NSD1</i> (27)	Nijmegen breakage syndrome	ACC; polygyria; dilated ventricles	None	<i>Mes-4</i>	98B	NP	[Transcription regulation]
<i>OCRL</i> (28)	Lowe oculocerebrorenal syndrome	ACC; abnormal white matter	Yes/no	<i>EG-86E4.5</i>	2B	NP	[Inositol phosphate pathway; ?protein sorting]
<i>OPHN1</i> (29)	MRX60	Presumed to have no obvious defects	None	<i>Graf</i>	13E	NP; R; N	Axon stability
<i>PAK3</i> (30)	MRX 30; MRX47	No obvious defects	None	<i>Pak</i>	83E	Yes, N	Axon pathfinding
<i>PRSS12</i> (31)	Autosomal recessive nonspecific MR	Presumed to have no obvious defects	None	<i>Tequila</i>	66F	NP	[Serine protease]
<i>P TEN</i> (32)	Cowden syndrome; Bannayan-Zonana syndrome	Megencephaly; abnormal lamination; ↑ neuron size	Yes/yes	<i>Pten</i>	31B	Yes	Cell size and proliferation; insulin pathway
<i>PTPN11</i> (33)	Noonan syndrome; LEOPARD syndrome	Unknown	Yes/?	<i>corkscrew</i>	2D	Yes, N	RTK pathways; cell fate, migration, pathfinding
<i>RSK2</i> (34)	Coffin-Lowry syndrome; MRX19	ACC; dilated ventricles	Yes/yes	<i>S6kII</i>	20A	Yes, N	[Signaling pathways]; learning and memory
<i>SHH</i> (35)	Holoprosencephaly 3	Holoprosencephaly; ventral fate failure	Yes/yes	<i>hedgehog</i>	94E	Yes, N	Morphogen expression; patterning; neurogenesis
<i>SIX3</i> (36)	Holoprosencephaly 2	Holoprosencephaly	None	<i>Optix</i>	44A	NP	Induces eye development
<i>SOX3</i> (37)	MR with growth hormone deficiency	Unknown	None	<i>Sox/Neuro</i>	29F	Yes, N	Cell fate; neurogenesis; axon guidance
<i>TBCE</i> (38)	HRD syndrome (see APPENDIX)	Unknown; ?axon degeneration	Yes/yes	<i>CG7861</i>	42A	UP	[Chaperone; tubulin folding and dimerization]

(continued)

TABLE 3
(Continued)

Human gene ^a	Human disease ^b	Mammalian brain phenotype includes: ^c	Mouse mutant/MR ^d	Drosophila ortholog			
				Gene name ^e	Gene location	Mutants	Biological function in <i>Drosophila</i> / Mutants
<i>TSC2</i> (39)	Tuberous sclerosis 2	Cortical tubers; subcortical nodules; astrocytomas	Yes/yes	<i>gigas</i>	76F	Yes, N	Cell size; cell cycle; axon pathfinding
<i>UBE3A</i> (40)	Angelman syndrome	"Atrophy"; abnormal gyral pattern; ↓ dendritic arbors	Yes/yes	<i>CG6190</i>	68B	UP	[Selective protein degradation]
<i>ZIC2</i> (41)	Holoprosencephaly 5	Holoprosencephaly; defective neurulation	Yes/yes	<i>odd paired</i>	82E	Yes	Tissue morphogenesis; [interacts with Hh pathway]

ACC, agensis, dysgenesis, or hypoplasia of the corpus callosum; DV, dorsal-ventral; UP, uncharacterized *P*-element insertion in the gene; NP, nearby *P* elements; None, no mutants and no *P* elements known to be nearby; R, function assessed by double-stranded RNA interference; N, behavioral and/or neuroanatomical phenotype results from disruption by mutation or RNAi; Hh, hedgehog; NMJ, neuromuscular junction; RTK, receptor tyrosine kinase. ?, precedes phenotypes suggested but not conclusively demonstrated.

^aSee APPENDIX for alternate gene symbols. Numbers in parentheses following individual genes refer to representative references from the mammalian and *Drosophila* genetics literature: (1) KUTSCHE *et al.* (2000); WERNER and MANSEAU (1997); (2) BOND *et al.* (2002); WAKEFIELD *et al.* (2001); (3) JACOBSEN *et al.* (1999); PERIZ and FORTINI (1999); (4) GIBBONS and HIGGS (2000); (5) CANTANI and GAGLIESI (1998); NEWFIELD and TAKASU (2002); MAREK *et al.* (2000); (6) FRIOCOURT *et al.* (2003); (7) AKABOSHI *et al.* (2000); GIORDANO *et al.* (1999); (8) ANDERSON *et al.* (2002); GREENER and ROBERTS (2000); (9) PASSOS-BUENO *et al.* (1999); KLAMBT *et al.* (1992); GARCIA-ALONSO *et al.* (2000); SHISHIDO *et al.* (1997); (10) FOX *et al.* (1999); DUBNAU *et al.* (2003); (11) IRWIN *et al.* (2000); ZHANG (2001); DOCKENDORFF *et al.* (2002); ISHIZUKA *et al.* (2002); MORALES *et al.* (2002); C. MICHEL, R. KRAFT, B. HASSAN and L. RESTIFO (unpublished results); (12) VARGHA-KHADEM *et al.* (1998); (13) BIENVENU *et al.* (1998); RICARD *et al.* (2001); (14) ELSON *et al.* (2002); HUANG and KUNES (1998); (15) ALDRED and TREMBATH (2000); CONNOLLY *et al.* (1996); CHYB *et al.* (1999); WOLFGANG *et al.* (2001); (16) LI *et al.* (2001); NAKATO *et al.* (1995); TSUDA *et al.* (1999); (17) REISS *et al.* (2001); WITTIE *et al.* (1999); (18) LUO *et al.* (2002); KUGLER and LAKOMEK (2000); see FlyBase ID FBgn0003074; (19) BOKEL and BROWN (2002); PEGORARO *et al.* (2002); HOANG and CHIBA (1998); (20) WOOLFENDEN *et al.* (1999); KRANTZ *et al.* (1998); TSAI *et al.* (2001); GU *et al.* (1995); FLEMING *et al.* (1990); (21) WELER and GARTNER (2001); GARCIA-ALONSO *et al.* (2000); HALL and BIEBER (1997); (22) JONES *et al.* (2001); MARTIN *et al.* (1999); (23) CARDOSO *et al.* (2002); LIU *et al.* (2000); (24) COX *et al.* (2000); BRODY *et al.* (2002); (25) SANAL *et al.* (2000); TAKAGISHI *et al.* (1996); MACLIVER *et al.* (1998); (26) LYNCH and GUTTMANN (2002); YAGER *et al.* (2001); GUO *et al.* (2000); (27) DOUGLAS *et al.* (2003); (28) LIN *et al.* (1998); (29) BILLUART *et al.* (1998, 2001); (30) BIENVENU *et al.* (2000); ALLEN *et al.* (1998); HING *et al.* (1999); (31) MOLINARI *et al.* (2002); (32) MARSH *et al.* (1998); LI *et al.* (2003); OLDHAM *et al.* (2002); (33) MUSANTE *et al.* (2003); PERKINS *et al.* (1996); (34) JACQUOT *et al.* (2002); G. PUTZ, T. ZARS and M. HEISENBERG (personal communication); (35) ODENT *et al.* (1999); INGHAM and McMAHON (2001); (36) PASQUIER *et al.* (2000); SEIMIYA and GEHRING (2000); (37) LAUMONNIER *et al.* (2002); BUESCHER *et al.* (2002); OVERTON *et al.* (2002); (38) PARVARI *et al.* (2002); MARTIN *et al.* (2002); (39) MIZUGUCHI and TAKASHIMA (2001); TAPON *et al.* (2001); CANAL *et al.* (1998); (40) CLAYTON-SMITH and LAAN (2003); (41) BROWN *et al.* (2001); NAGAI *et al.* (2000); CIMBORA and SAKONJU (1995).

^bAdditional disorders may be caused by mutation of these genes; see the APPENDIX.

^cBased on neuropathology, neurophysiology, and/or brain imaging of human patients. In some cases, data from mouse mutants were also considered.

^dYes/yes, mouse mutant displays a neurological or behavioral phenotype relevant to MR; yes/?, mouse mutant has not yet been characterized neurologically; yes/no, mouse mutant has no known neurological phenotype; none, no mouse mutant.

^eThe *Drosophila* genes with prefixes "CG" and "EG" have been identified only by genome sequencing projects (see FlyBase at <http://flybase.bio.indiana.edu/> for details). See APPENDIX for BLASTP *E*-values.

^fBiological functions in brackets are inferred from molecular data (including gene expression and biochemistry) or sequence homology to proteins of known function. All others are based on mutant phenotypes.

The role of *D. melanogaster* in MR research: In terms of primary amino acid sequence and protein-domain organization, the degree of MR gene conservation between humans and *Drosophila* is remarkable (Figure 1; APPENDIX). Not only individual genes but also whole pathways have been retained through ~700 million years of evolution. These include protein glycosylation (*ALG3*, *ALG6*, *B4GALT1*, *DPM1*, *FUCT1*, *GCSI*, *MGAT2*, *MPDU1*, *PMI*, *PPM2*), as well as signaling pathways, notably the Hedgehog pathway (*SHH*, *PTCH*, *PTCH2*, *GLI3*, *GPC3*) and those mediated by small G proteins (*ARHGEF6*, *GDII*, *OPHN1*, *PAK3*, *FGD1*, *GPH*, *RSK2*, and others).

Given this remarkable conservation of MR genes, we propose that *Drosophila* genetics can be used in a systematic manner to study MR. We have selected 42 fly genes (the orthologs of 43 human MR genes) as “prime candidates” for such analyses (Table 3). These genes most likely act selectively within the brain during development to establish the anatomical and physiological substrates for experience-dependent plasticity. The majority of prime-candidate orthologs currently have fly mutants available (about the same fraction as have mouse mutants available) and the rest can be mutagenized through the mobilization of nearby transposable elements or studied using RNA interference methods (ADAMS and SEKELSKY 2002). About half are already known to have neural phenotypes, behavioral or anatomical, in *Drosophila* (Table 3 and references therein). The anatomical defects involve neurons (e.g., *cubitus interruptus*), glia (e.g., *Neurofibromin 1*), and neural precursor cells (e.g., *division abnormally delayed*) and result from problems with proliferation (e.g., *hedgehog*), migration (e.g., *breathless*), and process extension or arborization (e.g., *Pak*, *dfmr1*). For a few genes, neuronal defects in the mushroom bodies, an arthropod learning and memory center (ZARS 2000), have been demonstrated (e.g., *Lissencephaly 1*; *Drosophila fragile-X mental retardation 1*).

How will the *Drosophila* developmental neurogenetics system contribute to the understanding and treatment of these challenging human disorders? First, cellular phenotypes, including those detected in primary neuronal culture (KRAFT *et al.* 1998; R. KRAFT, J. KURTIS and L. RESTIFO, unpublished results), could provide bioassays for drug testing. Second, genetic interaction studies will likely identify novel MR genes, as well as reveal the interconnected structure of MR gene pathways.

The degree to which fly mutant phenotypes “match” those of human patients remains to be seen, but it may not matter nearly as much as the genetic pathways involved, as these are likely to guide targeted drug discovery. For example, the fly ortholog of the MR gene *ATP2A2* was identified in a screen for enhancers of *Notch* (PERIZ and FORTINI 1999). The role of the *Notch* pathway in MR is revealed by Alagille syndrome due to mutations in *JAG1* (KRANTZ *et al.* 1998), which encodes

a ligand of Notch (the *Drosophila* ligand is Serrate). The biological relevance of genetic interactions in human MR is well demonstrated by some of the Bardet-Biedl syndromes (*BBS2* and *BBS6*; see APPENDIX) in which clinical manifestations result from “trialelic inheritance,” homozygosity at one locus and heterozygosity at another (KATSANIS *et al.* 2001). Genetic interaction tests in *Drosophila* could help clarify the functional relevance of the physical interaction between mammalian ZIC2 and GLI3 proteins (KOYABU *et al.* 2001).

The number of MR genes is very large, but they may be involved in a relatively small number of interconnected pathways. If so, a modest number of pharmacological treatment strategies might be effective for many MR patients. In fact, some types of acquired MR might benefit from the same drugs. Diagnoses of hereditary MR are typically made early in life at a time when developmental brain plasticity provides an opportunity for therapeutic intervention. The widespread functional conservation of MR genes in *Drosophila* indicates that this genetic model system could play a critical role in the discovery of novel treatment strategies for MR.

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Note added in proof: Evaluation of recently updated OMIM entries revealed three more MR genes whose molecular identifications were published prior to September 30, 2003. They are *AAAS* (OMIM 605378), *COH1* (OMIM 607817), and *MLC1* (OMIM 605908).

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APPENDIX
Human mental retardation genes and *D. melanogaster* homologs

Gene symbol ^a	Gene name	Chr. arm ^b	Clinical disorder ^c	OMIM no.	Molecular-function GO category ^d	Biological function(s) ^e	Drosophila homolog(s) ^f	FlyBase no. ^g	BLASTP E-value ^h
AASS	α-Aminoacidic semialdehyde synthase	7q	Hyperlysinemia	605113	Oxidoreductase	Metabolic (amino acid); MR 2° systemic toxicity	<i>BEST:CK02318</i>	0025687	~300
ABAT	4-Aminobutyrate aminotransferase	16p	Inborn error of GABA metabolism	137150	Transferase	CNS development/function; neurotransmission (GABA)	<i>CG7433 (&)</i>	0036927	~147
<i>ABCC8</i> (<i>SURI</i>)	ATP-binding cassette, subfamily C, member 8	11p	Hyperinsulinemic hypoglycemia of infancy	600509	Receptor	Endocrine (pancreas); MR 2° systemic fuel deficiency	[<i>CG7627</i> , others]	0032026	~151
<i>ACOX1</i>	Acyl-coenzyme A oxidase 1	17q	Pseudoneonatal adrenoleukodystrophy	264470	Oxidoreductase	Metabolic (fatty acid); MR 2° local toxicity (glia: myelin)	<i>BcDNA:GH07485</i> , others	0027572	~155
<i>ADA</i> ●●●	Adenosine deaminase	20q	ADA-severe combined immunodeficiency	102700	Hydrolase	Metabolic (purine); ?MR 2° local toxicity; ?neuromodulation	<i>Adenosine deaminase</i>	0037661	~14
<i>ADSL</i>	Adenylosuccinate lyase	22q	Succinylpurinemic autism	103050	Lyase	Metabolic (purine) synthesis; ?MR 2° systemic toxicity	<i>CG3590</i>	0038467	~179
<i>AGA</i>	Aspartylglucosaminidase	4q	Aspartylglucosaminuria	208400	Hydrolase	Lysosomal pathway (glycoprotein); MR 2° local toxicity (neuron)	<i>CG1827</i> , <i>CG10474</i>	0033431	~83
<i>AGTR2</i>	Angiotensin II receptor type 2	Xq	X-linked MR	300034	Receptor	Signaling pathway (GPCR); fluid balance; CNS development/function	[<i>Tabr99D</i> , others]	0004622	~18
<i>AK1</i>	Adenylate kinase 1	9q	Hemolytic anemia due to AK1 deficiency	103000	Kinase	Metabolic (purine homeostasis); MR cause unknown	<i>Adenylate kinase-1 (&)</i>	0022709	~45
<i>ALDH3A2</i>	Aldehyde dehydrogenase 3A2	17p	Sjogren-Larsson syndrome	270200	Oxidoreductase	Metabolic (fatty acid synthesis); CNS development/function	<i>Aldh-III (&)</i>	0010548	~105
<i>ALDH4A1</i>	Aldehyde dehydrogenase 4A1	1p	Hyperprolinemia type II	606811	Oxidoreductase	Metabolic (amino acid); MR cause unknown	<i>CG7145 (&)</i>	0037138	~300
<i>ALDH5A1</i>	Aldehyde dehydrogenase 5A1	6p	Inborn error of GABA metabolism	271980	Oxidoreductase	Neurotransmission (GABA)	<i>CG4685 (&)</i>	0039349	~128

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Gene symbol ^a	Gene name	Chr. arm ^b	Clinical disorder ^c	OMIM no.	Molecular-function GO category ^d	Biological function(s) ^e	Drosophila homolog(s)/	FlyBase no. ^f	BLASTP E-value ^g
<i>ALDOA</i>	Aldolase A	16q	Hemolytic anemia due to ALDOA deficiency	103850	Lyase	Metabolic: general cell integrity	<i>Aldolase, CG5432</i>	0000064	-131
<i>ALG2</i>	Homolog of yeast <i>Asparagine Linked Gene 2</i>	9q	Congenital disorder of glycosylation type II	607905	Transferase	Protein modification (glycosylation): CNS development/function	<i>CG1291 (&)</i>	0035401	-104
<i>ALG3 (NOT65L)</i>	Homolog of yeast <i>Asparagine Linked Gene 3</i>	3q	Congenital disorder of glycosylation type Id	601110	Transferase	Protein modification (glycosylation): CNS development/function	<i>lethal (2) neighbor of tid</i>	0011297	-55
<i>ALG6</i>	Homolog of yeast <i>Asparagine Linked Gene 6</i>	1p	Congenital disorder of glycosylation type Ic	604566	Transferase	Protein modification (glycosylation): CNS development/function	<i>CG5091</i>	0032234	-76
<i>ALG12</i>	Homolog of yeast <i>Asparagine Linked Gene 12</i>	22q	Congenital disorder of glycosylation type Ig	607144	Transferase	Protein modification (glycosylation): CNS development/function	<i>CG8412</i>	0037743	-98
<i>AMT</i>	Aminomethyltransferase	3p	Glycine encephalopathy	238310	Transferase	Metabolic (amino acid): MR 2° neuro/glia toxicity	<i>CG6415</i>	0032287	-100
<i>ARG1</i>	Arginase	6q	Argininemia	207800	Hydrolase	Metabolic (urea cycle): MR 2° systemic toxicity	<i>arginase</i>	0023535	-60
<i>ARHGEF6 (PIXA)</i>	Rho guanine nucleotide exchange factor 6	Xq	MRX46	300267	Receptor signaling protein	Signaling pathway (integrin): neuronal development/plasticity	<i>rtGEF (&¶)</i>	0015803	-90
<i>ARSA</i>	Arylsulfatase A	22q	Metachromatic leukodystrophy	250100	Hydrolase	Lysosomal pathway (glycolipid): MR 2° local toxicity	<i>CG32191, others (*)</i>	0052191	-23
<i>ARX</i>	Aristaless-related homeobox, X-linked	Xp	MRX36; West syndrome; Partington syndrome; lissencephaly	300382	Transcription regulator	(glia: myelin) CNS development/function: neuronal migration	<i>PvalII-PstI homology 13, others</i>	0023489	-29
<i>ASAH</i>	N-Acylsphingosine amidohydrolase (ceramidase)	8p	Farber lipogranulomatosis	228000	Hydrolase	Lysosomal pathway (glycolipid): MR 2° local toxicity (neuron)	None	—	—

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Gene symbol ^a	Gene name	Chr. arm ^b	Clinical disorder ^c	OMIM no.	Molecular-function GO category ^d	Biological function(s) ^e	Drosophila homolog(s) ^f	FlyBase no. ^g	BLASTP E-value ^h
<i>ASL</i>	Argininosuccinate lyase	7q	Argininosuccinaciduria	207900	Lyase	Metabolic (urea cycle); MR 2° systemic toxicity	<i>CG9510</i>	0032076	-106
<i>ASPA</i>	Aspartoacyclase	17p	Canavan disease	271900	Hydrolase	Metabolic: glial development/	None	—	—
<i>ASPM</i>	Abnormal spindle-like, associated microcephaly	1q	Primary microcephaly 5	605481	Protein binding	toxicity (myelin) function; MR 2° local CNS development/function:	<i>abnormal spindle (&¶)</i>	0000140	-54
<i>ASS</i>	Argininosuccinate synthetase	9q	Classic citrullinemia (type I)	603470	Ligase	neurogenesis Metabolic (urea cycle); MR 2° systemic toxicity	<i>BG:DS00004.14</i>	0026565	-121
<i>ATP2A2</i>	ATPase, Ca ²⁺ -transporting, slow-twitch	12q	Darier-White disease	108740	Transporter	Signaling pathway (calcium): cell adhesion (skin); MR cause unknown	<i>Calcium ATPase at 60A (&¶)</i>	0004551	-300
<i>ATP7A</i>	Cu ²⁺ -transporting ATPase, α-polypeptide	Xq	Menkes syndrome; occipital horn syndrome	300011	Transporter	Metabolic: CNS development/function	<i>CG1886 (&)</i>	0030343	-300
<i>ATR</i>	Ataxia-telangiectasia and RAD3-related	3q	Seckel syndrome	601215	Kinase	DNA repair: CNS development/function	<i>mei-41 (&)</i>	0004367	-300
<i>ATRX (XH2, XNP)</i>	X-linked helicase 2	Xq	α-Thalassemia/MR syndrome; nonspecific MR; others	300032	Helicase	Chromosome structure and transcription regulation	<i>XNP (&¶)</i>	0039338	-300
<i>AVPR2</i>	Arginine vasopressin receptor 2	Xq	X-linked nephrogenic diabetes insipidus	304800	Receptor	Signaling pathway (GPCR): MR 2° systemic toxicity	<i>CG6111, others (*)</i>	0039396	-30
<i>B4GALT1</i>	β-1,4-Galactosyltransferase 1	9p	Congenital disorder of glycosylation type IIc	137060	Transferase	Protein modification (glycosylation): CNS development/function	<i>BdNA:GHI3556, CGI14517</i>	0027538	-60
<i>B4GALT7 (XGPT1)</i>	β-1,4-Galactosyltransferase 7	5q	Ehlers-Danlos syndrome, progeroid form	604327	Transferase	Protein modification (glycosylation): ?CNS development/function	<i>CG11780 (&)</i>	0039258	-73
<i>BBS1</i>	Bardet-Biedl syndrome 1	11q	Bardet-Biedl syndrome 1	209901	Unknown function	Unknown	<i>CG14825</i>	0035741	-62
<i>BBS2</i>	Bardet-Biedl syndrome 2	16q	Bardet-Biedl syndrome 2	606151	Unknown function	Unknown	None	—	—

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Gene symbol ^a	Gene name	Chr. arm ^b	Clinical disorder ^c	OMIM no.	Molecular-function GO category ^d	Biological function(s) ^e	Drosophila homolog(s) ^f	FlyBase no. ^g	BLASTP E-value ^h
<i>BBS4</i>	Bardet-Biedl syndrome 4	15q	Bardet-Biedl syndrome 4	600374	[Transferase]	?Protein modification (glycosylation): MR cause unknown	<i>CG13232</i> (&)	0033578	-54
<i>BBS6</i> (<i>MKKS</i>)	Bardet-Biedl syndrome 6	20p	Bardet-Biedl syndrome 6	604896	Chaperone	Protein modification (folding): MR cause unknown	<i>Trp1-like, Cc1y</i> (*)	0003676	-11
<i>BCKDHA</i>	Branched-chain keto acid dehydrogenase E1 α	19q	Maple syrup urine disease type IA	248600	Oxidoreductase	Metabolic (amino acid): MR 2° systemic and local toxicity	<i>CG8199</i> (&)	0037709	-136
<i>BCKDHB</i>	Branched-chain keto acid dehydrogenase E1 β	6p	Maple syrup urine disease type IB	248611	Oxidoreductase	Metabolic (amino acid): MR 2° systemic and local toxicity	<i>CG17691</i> (&)	0039993	-124
<i>BCSIL</i>	Yeast <i>BCS1</i> homolog-like	2q	Tubulopathy, encephalopathy, and liver failure	603647	[Nucleotide binding]	Metabolic (oxidative phosphorylation): MR 2° local energy deficiency	<i>CG4908</i> (&)	0032195	-146
<i>BSCL2</i>	Seipin	11q	Berardinelli-Seip congenital lipodystrophy	606158	Unknown function	?CNS development/function: hypothalamic-pituitary axis	<i>EG-BACR7C10.1</i>	0040336	-45
<i>BSND</i>	Barttin	1p	Bartter syndrome with sensorineural deafness	606412	Transporter	MR cause unknown: ?systemic toxicity	None	—	—
<i>BTBD</i>	Biotinidase	3p	Multiple carboxylase deficiency	253260	Ligase	Metabolic (various): MR 2° systemic and local toxicity	<i>vanin-like</i> , others	0040069	-40
<i>CA2</i>	Carbonic anhydrase II	8q	Osteopetrosis with renal tubular acidosis	259730	Lyase	CNS development/function: CSF, neurotransmission, ?myelination	<i>Carbonic anhydrase I</i> , others	0027844	-59
<i>CBS</i>	Cystathionine β -synthase	21q	Homocystinuria	236200	Lyase	Metabolic: CNS development/function; systemic and local toxicity	<i>CG1753</i>	0031148	-163
<i>CG158</i>	Comparative gene identification 58	3p	Ichthyotic neutral lipid storage disease	604780	Hydrolase	Metabolic (fatty acid): ?MR 2° local toxicity	<i>CG1882</i>	0033226	-81

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Gene symbol ^a	Gene name	Chr. arm ^b	Clinical disorder ^c	OMIM no.	Molecular-function category ^d	Biological function(s) ^e	Drosophila homolog(s) ^f	FlyBase no. ^g	BLASTP <i>E</i> -value ^h
<i>CIAS1</i>	Cryopyrin	1q	Chronic neurologic cutaneous and articular syndrome	606416	Apoptosis regulator	?Signaling pathway (unknown): immune response; ?MR 2° inflammation	None	—	—
<i>CKN1</i> (<i>CSA</i>)	Cockayne syndrome type I	5q	Cockayne syndrome type I	216400	Transcription factor	DNA repair (transcription-coupled); CNS development/function (myelin)	[<i>will die slowly</i> , others]	0040066	~14
<i>CLCNKB</i>	Chloride channel, kidney, B	1p	Barter syndrome type III	602023	Transporter	MR cause unknown; ?systemic toxicity	<i>CG31116</i> (&)	0051116	~108
<i>CLN1</i> (<i>PPT1</i>)	Palmitoyl-protein thioesterase 1	1p	Neuronal ceroid lipofuscinosis, infantile	600722	Hydrolase	Lysosomal pathway (lipoprotein): MR 2° local toxicity (neuron)	<i>Ppt1</i> (&)	0030057	~74
<i>CLN2</i>	Ceroid lipofuscinosis, neuronal 2	11p	Neuronal ceroid lipofuscinosis, late infantile	204500	Hydrolase	Lysosomal pathway (peptide): MR 2° local toxicity (neuron)	None	—	—
<i>CLN3</i>	Ceroid lipofuscinosis, neuronal 3	16p	Batten disease	607042	Unknown function	Lysosomal pathway: MR 2° local toxicity (neuron); synaptic function	<i>CG5582</i>	0036756	~69
<i>CLN5</i>	Ceroid lipofuscinosis, neuronal 5	13q	Neuronal ceroid lipofuscinosis, late infantile	256731	Unknown function	Lysosomal pathway: MR 2° local toxicity (neuron)	None	—	—
<i>CLN6</i>	Ceroid lipofuscinosis, neuronal 6	15q	Neuronal ceroid lipofuscinosis, late infantile	606725	Unknown function	?Lysosomal pathway: MR 2° local toxicity (neuron)	None	—	—
<i>CLN8</i>	Ceroid lipofuscinosis, neuronal 8	8p	Progressive epilepsy with MR	600143	Unknown function	?Lysosomal pathway: MR 2° local toxicity (neuron)	None	—	—
<i>COX10</i>	Cytochrome <i>c</i> oxidase subunit 10	17p	Progressive mitochondrial encephalopathy	602125	Transferase	Metabolic (oxidative phosphorylation): MR 2° local energy deficiency	<i>CG5037</i>	0032922	~80
<i>CPS1</i>	Carbamoylphosphate synthetase 1	2q	Hyperammonemia due to CPS1 deficiency	237300	Ligase	Metabolic (urea cycle): MR 2° systemic toxicity	<i>rudimentary</i>	0003189	~300
<i>CREBBP</i> (<i>CBP</i>)	CREB-binding protein	16p	Rubinstein-Taybi syndrome	600140	Transcription regulator	Transcription regulation; CNS development/function; ?chromosome structure	<i>nefire</i> (&†)	0015624	~300

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APPENDIX
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Gene symbol ^a	Gene name	Chr. arm ^b	Clinical disorder ^c	OMIM no.	Molecular-function GO category ^d	Biological function(s) ^e	Drosophila homolog(s)/	FlyBase no. ^f	BLASTP E-value ^g
<i>CXORF5</i>	Chromosome X open reading frame 5	Xp	Oral-facial-digital syndrome type I	300170	[Protein binding]	CNS development/function: neuronal migration/differentiation (?microtubule)	None	—	—
<i>CYP27A1</i>	Cytochrome P450 27A1 (sterol 27-hydroxylase)	2q	Cerebrotendinous xanthomatosis	606530	Oxidoreductase	Metabolic (lipid): MR 2° systemic and local toxicity	<i>Cyp49a1</i> , others	0033524	~42
<i>DBT</i>	Dihydrolipoamide branched-chain transacylase	1p	Maple syrup urine disease type II	248610	Transferase	Metabolic (amino acid): MR 2° systemic and local toxicity	<i>CG5599</i> (&)	0030612	~115
<i>DCX</i>	Doublecortin	Xq	Lissencephaly; subcortical laminar heterotopia	300121	Protein binding	Cytoskeleton (microtubule): neuronal migration and differentiation	<i>CG17528</i> (&¶)	0032999	~47
<i>DHCR7</i>	7-Dehydrocholesterol reductase	11q	Smith-Lemli-Opitz syndrome types I, II	602858	Oxidoreductase	Metabolic (cholesterol): signaling pathway (Hh): CNS development/function	None	—	—
<i>DLA1</i>	Diaphorase (NADH-cytochrome b5 reductase)	22q	Methemoglobinemia type II	250800	Oxidoreductase	Metabolic (lipid): CNS development and function	<i>CG5946</i>	0036211	~92
<i>DKC1</i>	Dyskerin	Xq	Dyskeratosis congenita; Hoyerhaal-Hreidarsson syndrome	300126	RNA binding	RNA processing (rRNA): CNS development/function; ?chromosome structure	<i>Nuclear protein at 60B</i> (¶)	0023184	~174
<i>DLD</i>	Dihydrolipoamide dehydrogenase	7q	Maple syrup urine disease type III	246900	Oxidoreductase	Metabolic (glycolysis): MR 2° local energy deficiency	<i>CG7430</i> (&)	0036762	~300
<i>DML1</i>	Dystrophin myotonic protein kinase	19q	Congenital myotonic dystrophy 1	605377	Kinase	?CNS development/function; neighboring genes may contribute to phenotype	[<i>genghis khan</i> , others]	0023081	~119
<i>DMD</i>	Dystrophin	Xp	Duchenne, Becker muscular dystrophies	300377	Structural molecule	Cytoskeleton (actin): CNS development/function (neurons, glia, blood vessel)	<i>dystrophin</i> (&¶)	0024242	~300

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**APPENDIX
(Continued)**

Gene symbol ^a	Gene name	Chr. arm ^b	Clinical disorder ^c	OMIM no.	Molecular-function GO category ^d	Biological function(s) ^e	Drosophila homolog(s) ^f	FlyBase no. ^g	BLASTP E-value ^h
<i>DNMT3B</i>	DNA methyltransferase 3B	20q	Immunodeficiency, centromeric instability syndrome	602900	Transferase	Chromosome structure: MR cause unknown	None	—	—
<i>DPAGT1</i>	GlcNAc 1-P transferase	11q	Congenital disorder of glycosylation type Ij	191350	Transferase	Protein modification (glycosylation): CNS development/function	<i>CG5287</i>	0032477	-97
<i>DPMI</i>	Dolichyl-phosphate mannosyltransferase 1	20q	Congenital disorder of glycosylation type Ie	603503	Transferase	Protein modification (glycosylation): CNS development/function	<i>CG10166 (&)</i>	0032799	-106
<i>DPYD</i>	Dihydropyrimidine dehydrogenase	1p	Dihydropyrimidinuria due to DPYD deficiency	274270	Oxidoreductase	Metabolic (pyrimidine): ?MR 2° neurotoxicity	<i>Rhythmically expressed gene 3 (&)</i>	0016718	-300
<i>DPYS (DHP)</i>	Dihydropyrimidinase	8q	Dihydropyrimidinuria due to DPYS deficiency	222748	Hydrolase	Metabolic (pyrimidine): ?MR 2° neurotoxicity	<i>collapsin response mediator protein</i>	0023023	-141
<i>DRPLA</i>	Atrophin-1	12p	Progressive myoclonus epilepsy syndrome	125370	Protein binding	Transcription regulation (neuron)	None (see MATERIALS AND METHODS)	—	—
<i>DUOX2 (THOX2)</i>	Dual oxidase 2	15q	Congenital hypothyroidism	606759	Oxidoreductase	Hormone synthesis: endocrine function (thyroid): CNS development/function	<i>CG3131 (&)</i>	0031464	-300
<i>EIF2AK3 (PEK)</i>	Eukaryotic translation initiation factor 2α kinase 3	2p	Wolcott-Rallison syndrome	604032	Kinase	Translational: CNS development/function	<i>EIF2-like (&)</i>	0037327	-44
<i>EMX2</i>	Homolog 2 of <i>Drosophila empty spiracles</i>	10q	Schizencephaly	600035	Transcription factor	Transcription regulation: CNS development/function	<i>empty spiracles, E5</i>	0000576	-25
<i>ERCC2 (XPD)</i>	Xeroderma pigmentosum type D	19q	Trichothiodystrophy; XPD/Cockayne syndrome	126340	Protein binding	Transcription (neuron) function (neuron) Transcription (basal): CNS development/function (neuron, glia)	<i>Xeroderma pigmentosum D (&)</i>	0015844	-300
<i>ERCC3 (XPB)</i>	Xeroderma pigmentosum type B	2q	XPB/Cockayne syndrome	133510	Helicase	Transcription/DNA repair: CNS development/function	<i>haywire</i>	0001179	-300

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(Continued)

Gene symbol ^a	Gene name	Chr. arm ^b	Clinical disorder ^c	OMIM no.	Molecular-function GO category ^d	Biological function(s) ^e	Drosophila homolog(s)/ mutagen-sensitive 201 (&)	FlyBase no. ^f	BLASTP E-value ^g
<i>ERCC5</i> (<i>XPG</i>)	Xeroderma pigmentosum type G	13q	XPG/Cockayne syndrome	133530	Hydrolase?, other?	DNA repair (transcription-coupled): CNS development/function	<i>mutagen-sensitive 201</i> (&)	0002887	-64
<i>ERCC6</i> (<i>CSB</i>)	Excision repair cross-complementing 6	10q	Cockayne syndrome type II; cerebrooculofaciocervical syndrome	133540	Hydrolase	DNA repair (transcription-coupled), transcription: CNS development/function	[<i>Helicase 89B</i> , others]	0022787	-79
<i>FACL4</i>	Fatty acid CoA ligase, long-chain 4	Xq	MRX63, MRX68	300157	Ligase	Lipid synthesis: CNS development/function	<i>l(2)4DEa</i> (&)	0010609	-177
<i>FANCA</i>	Fanconi anemia complementation group A	16q	Fanconi anemia complementation group A	227650	[Protein binding]	DNA repair: ?CNS development/function	None	—	—
<i>FANCC</i>	Fanconi anemia complementation group C	9q	Fanconi anemia complementation group C	227645	[Protein binding]	DNA repair: ?CNS development/function	None	—	—
<i>FBNI</i>	Fibrillin 1	15q	Shprintzen-Goldberg craniosynostosis syndrome	134797	Structural molecule	Extracellular matrix (microfibrils): MR cause unknown	<i>dumpy</i> (&)	0000488	-50
<i>FCMD</i>	Fukutin	9q	Fukuyama congenital muscular dystrophy	253800	[Transferase]	Protein modification (glycosylation): CNS development (neuron migration, glia)	None	—	—
<i>FGD1</i>	Faciogenital dysplasia 1	Xp	Nonspecific MR; Aarskog-Scott syndrome	305400	Receptor signaling protein	Signaling pathway (phosphoinositide, Rho-type G protein)	<i>CG2008</i> , others	0037287	-23
<i>FGFR1</i>	Fibroblast growth factor receptor 1	8p	Craniosynostosis; Apert syndrome; others	136350	Receptor	Signaling pathway (receptor tyrosine kinase): ?CNS development/function	<i>heartless, breathless</i> (¶)	0010389	-123
<i>FGFR2</i>	Fibroblast growth factor receptor 2	10q	Apert and other craniosynostosis syndromes	176943	Receptor	Signaling pathway (receptor tyrosine kinase): CNS development/function	<i>heartless, breathless</i> (¶)	0005592	-130

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APPENDIX
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Gene symbol ^a	Gene name	Chr. arm ^b	Clinical disorder ^c	OMIM no.	Molecular-function GO category ^d	Biological function(s) ^e	Drosophila homolog(s)/ no. ^g	FlyBase no. ^g	BLASTP E-value ^h
<i>FGFR3</i>	Fibroblast growth factor receptor 3	4p	Craniosynostoses, chondrodysplasias	134934	Receptor	Signaling pathway (receptor tyrosine kinase): ?CNS development/function	<i>heartless, breathless</i> (¶)	0010389	~127
<i>FH</i>	Fumarate hydratase	1q	Fumaricaciduria due to FH deficiency	136850	Lyase	Metabolic (citric acid cycle): CNS development/function	<i>CG4094</i> , others	0029889	~300
<i>FKRP</i>	Fukutin-related protein	19q	Muscular dystrophy with MR and cerebellar cysts	606596	Unknown function	?Protein modification (glycosylation): CNS development/function (?neuronal migration)	<i>CG15651</i>	0034567	~33
<i>FLJ90130</i>	Dymeclin	18q	Dygye-Melchior-Clausen disease	223800	Unknown function	?Protein modification (proteoglycan): MR cause unknown	<i>BcDNA:GH02536</i>	0027607	~127
<i>FLNA</i>	Filamin A	Xq	Periventricular nodular heterotopia; others	300017	Protein binding	Cytoskeleton (actin): CNS development/function (neuronal migration)	<i>cheerio</i> (&¶)	0014141	~300
<i>FMR1</i>	Fragile X mental retardation 1	Xq	Fragile X mental retardation syndrome	309550	RNA binding	Translational regulation: CNS development/function (neuronal differentiation)	<i>dfrm1</i> (¶)	0028734	~95
<i>FMR2</i>	Fragile site mental retardation 2	Xq	X-linked nonspecific MR	309548	[Transcription regulator]	Transcription regulation: CNS development/function (?neuronal differentiation)	<i>lilliputian</i> (*)	0041111	~19
FOXP2 ●●●	Forkhead box P2	7q	Developmental verbal dyspraxia	605317	Transcription regulator	Transcription regulation: CNS development/function	<i>CG16899</i> (&¶)	0037735	~32
<i>FRAS1</i>	Fraser syndrome gene 1	4q	Fraser syndrome	607830	Unknown function	?Extracellular matrix: CNS development/function	[<i>fur2</i> , others]	0004598	~65

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<i>FUCA1</i>	α -L-Fucosidase 1	1p	Fucosidosis	230000	Hydrolase	Lysosomal pathway (glycoprotein): MR 2 ^o local toxicity (neuron, glia)	<i>CG6128</i>	0036169	-129
<i>FUCT1</i>	GDP-fucose transporter 1	11p	Congenital disorder of glycosylation type IIc	605881	Transporter	Protein modification (glycosylation): CNS development/function	<i>CG9620</i>	0037567	-76
<i>G6PD</i>	Glucose-6-phosphate dehydrogenase	Xq	Nonspherocytic hemolytic anemia; kernicterus	305900	Oxidoreductase	Metabolic (glycolysis): MR 2 ^o systemic toxicity	<i>Zwischenferment</i> (&)	0004057	-300
<i>GALE</i>	Galactose epimerase	1p	Epimerase-deficiency galactosemia	606953	Isomerase	Metabolic (carbohydrate): ?CNS development/function	<i>CG12030</i> (&)	0035147	-124
<i>GALT</i>	Galactose-1-phosphate uridylyltransferase	9p	Transferase-deficiency galactosemia	606999	Transferase	Metabolic (carbohydrate): MR 2 ^o local toxicity	<i>CG9232</i>	0031845	-118
<i>GAMT</i>	Guanidinoacetate methyltransferase	19p	Reversible brain creatine deficiency	601240	Transferase	Metabolic (creatine): CNS development/function; MR 2 ^o systemic energy deficiency	None	—	—
<i>GATM</i> (<i>AGAT</i>)	L-Arginine:glycine amidinotransferase	15q	Inborn error of creatine metabolism	602360	Transferase	Metabolic (creatine): CNS development/function; MR 2 ^o systemic energy deficiency	None	—	—
<i>GCDH</i> ●●●	Glutaryl-CoA dehydrogenase	19p	Glutaricacidemia I	231670	Oxidoreductase	Metabolic (amino acid): CNS development/function; ?neurotoxicity	<i>CG9547</i> (&)	0031824	-163
<i>GCHI</i>	GTP cyclohydrolase 1	14q	Atypical hyperphenylalaninemia	600225	Hydrolase	Metabolic (BH ₄ synthesis): neurotransmission (amines); systemic toxicity	<i>Punch</i>	0003162	-75
<i>GCSI</i>	Glucosidase I	2p	Congenital disorder of glycosylation type IIb	601336	Hydrolase	Protein modification (glycosylation): CNS development/function	<i>CG1597</i>	0030289	-138

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<i>GCSH</i>	Glycine cleavage system H protein	16q	Glycine encephalopathy	238330	Transferase	Metabolic (amino acid): MR 2° neuro/glial toxicity (neurotransmission)	<i>pumpless</i>	0027945	-26
<i>GDI1</i>	Guanine dissociation inhibitor 1 (Rab GDI α)	Xq	MRX41, MRX48	300104	Receptor signaling protein	Signaling pathway (small G): neuronal development/function	<i>GDP dissociation inhibitor (&¶)</i>	0004868	-156
<i>GFAP</i>	Glial fibrillary acidic protein	17q	Alexander disease	137780	Structural molecule	(neurotransmission) Cytoskeleton (intermediate filament): glial development/function	[<i>Laminin, Lamin C</i>]	0002525	-40
<i>GK</i>	Glycerol kinase	Xp	Hyperglycerolemia due to GK deficiency	307030	Kinase	Metabolic (gluconeogenesis): ?MR 2° local/systemic energy deficiency	<i>Glycerol kinase, others</i>	0025592	-155
<i>GLB1</i>	β -Galactosidase 1	3p	GM1-gangliosidosis types I, II	230500	Hydrolase	Lysosomal pathway (glycolipid): MR 2° local toxicity (neuron)	<i>CG3132, CG9092</i>	0037977	-139
<i>GLDC</i>	Glycine decarboxylase	9p	Glycine encephalopathy	238300	Oxidoreductase	Metabolic (amino acid): MR 2° neuro/glial toxicity (neurotransmission)	<i>CG3999</i>	0037801	-300
<i>GLL3</i>	GLL-Kruppel family member 3	7p	Acrocallosal syndrome; Greig cephalopolysyndactyly	165240	Transcription factor	Transcription regulation: CNS development/function (neuronal differentiation)	<i>cubitus interruptus (&¶)</i>	0004859	-93
<i>GM2A</i>	Ganglioside GM2-activator	5q	Tay-Sachs disease, AB variant	272750	Enzyme regulator	Lysosomal pathway (glycolipid): MR 2° local toxicity (neuron, glia)	None	—	—
<i>GNAS</i>	Stimulatory G protein, α -subunit	20q	Albright hereditary osteodystrophy	139320	Nucleotide binding	Signaling pathway (GPCR \rightarrow cAMP): CNS function	<i>G protein $\alpha 60A$ (&¶)</i>	0001123	-163
<i>GNPAT</i>	Glyceronephosphate O-acyltransferase	1q	Rhizomelic chondrodysplasia punctata type II	602744	Transferase	Lipid synthesis: CNS development/function (glia: myelin)	<i>Dhap-at (&)</i>	0040212	-74
<i>GNS (G6S)</i>	N-Acetylglucosamine-6-sulfatase	12q	Mucopolysaccharidosis IIID (Sanfilippo syndrome D)	607664	Hydrolase	Lysosomal pathway (glycosaminoglycan): MR 2° local toxicity	<i>CG18278 (&)</i>	0033836	-110

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<i>GPC3</i>	Glypican 3	Xq	Simpson-Golabi-Behmel syndrome type I	300037	Signal transducer	Signaling pathways (TGFβ, RTK, Wnt); ?CNS development/function	<i>division abnormally delayed</i> (&¶)	0011577	-23
<i>GPH</i>	Gephyrin	14q	Molybdenum cofactor deficiency type C	603930	Protein binding	CNS development/function: neurotransmission and metabolic (see <i>MOC51,2</i>)	<i>cinnamon</i> (¶)	0000316	-59
<i>GPI</i>	Glucose-6-phosphate isomerase (neuroleukin)	19q	Hemolytic anemia due to GPI deficiency	172400	Isomerase	CNS development/function (neuron survival, differentiation, ?plasticity)	<i>Phosphoglucose isomerase</i> (¶)	0003074	-300
<i>GSS</i>	Glutathione synthetase	20q	5-Oxoprolinuria due to GSS deficiency	601002	Ligase	Metabolic (general cell integrity): ?MR 2°	<i>CG32495</i> (&)	0052495	-92
<i>GUSB</i>	β-Glucuronidase	7q	Mucopolysaccharidosis type VII (Sly syndrome)	253220	Hydrolase	local/systemic toxicity	<i>CG15117, CG2135</i>	0034417	-146
<i>HESX1</i>	Homeobox gene expressed in ES cells	3p	Septo-optic dysplasia	601802	Transcription factor	Lysosomal pathway (glycosaminoglycan): MR 2° local toxicity	[<i>PHDP</i> , others]	0025334	-14
<i>HEXA</i> ●●●	Hexosaminidase A	15q	Tay-Sachs disease	606869	Hydrolase	Transcription: CNS and endocrine (pituitary) development/function	<i>Hexo2</i> , others	0041629	-62
<i>HEXB</i>	Hexosaminidase B	5q	Sandhoff disease (GM2-gangliosidosis)	606873	Hydrolase	Lysosomal pathway (glycolipid): MR 2° local toxicity (neuron)	<i>Hexo2</i> , others	0041629	-64
<i>HLCS</i>	Holocarboxylase synthetase	21q	Biotin-responsive multiple carboxylase deficiency	253270	Ligase	Lysosomal pathway (glycolipid): MR 2° local toxicity (neuron)	<i>CG14670</i>	0037332	-67
<i>HMGCL</i>	3-Hydroxy-3-methylglutaryl-CoA lyase	1p	3-Hydroxy-3-methylglutaric aciduria	246450	Lyase	Metabolic (various): MR 2° systemic and local toxicity (see also <i>PC, PCC</i>)	<i>CG10399</i>	0031877	-99
<i>HPPD</i>	4-Hydroxyphenylpyruvate dioxygenase	12q	Tyrosinemia type III	276710	Oxidoreductase	Metabolic (various): systemic neurotoxicity, glial development/function (myelin)	<i>CG11796</i>	0036992	-140

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<i>HPRT</i>	Hypoxanthine phosphoribosyltransferase	Xq	Lesch-Nyhan syndrome	308000	Transferase	Metabolic (purine): ?neurotransmission (DA); ? CNS devel (neuron)	None	—	—
<i>IDS</i>	Iduronate 2-sulfatase	Xq	Mucopolysaccharidosis type II (Hunter syndrome)	309900	Hydrolase	Lysosomal pathway (glycosaminoglycan): MR 2° local toxicity	<i>CG12014</i>	0035445	-118
<i>IDUA</i>	α-L-Iduronidase	4p	Mucopolysaccharidosis type I (Hurler syndrome)	252800	Hydrolase	Lysosomal pathway (glycosaminoglycan): MR 2° local toxicity	<i>CG6201</i>	0032343	-64
<i>IGF1</i>	Insulin-like growth factor 1	12q	Growth retardation with deafness and MR	147440	Ligand	Signaling pathway (RTK): CNS development/function (neuron, glia)	None	—	—
<i>IKBK</i> (<i>NEMO</i>)	Inhibitor of KB kinase, γ-subunit	Xq	Incontinentia pigmenti type II	300248	Signal transducer	Signaling pathway (multiple): ?CNS development/function (?cell survival)	None	—	—
<i>ILIRAP1</i>	Interleukin 1 receptor accessory protein-like 1	Xp	MRX34	300206	Signal transducer	Signaling pathway (cytokine): ?CNS development/function	[<i>Tehao</i> , others]	0026760	-13
<i>ITGA7</i>	Integrin α-7	12q	Congenital myopathy	600536	Receptor	Signaling pathway (integrin): ?CNS development/function	<i>multiple edematous wings (&¶)</i>	0004456	-83
<i>JAG1</i>	Jagged 1	20p	Alagille syndrome	601920	Ligand	Signaling pathway (Notch): CNS development/function (neuron, glia, ?blood vessel)	<i>Serrate (&¶)</i>	0004197	-168
<i>KCNJ1</i> (<i>ROMK</i>)	Potassium channel J1, inwardly rectifying	11q	Barter syndrome type II, antenatal hypercalcemic form	600359	Transporter	MR cause unknown: ?systemic toxicity	<i>Ir, Irk2 (*)</i>	0039061	-76
<i>KCNJ11</i> (<i>Kir6.2</i>)	Potassium channel J11, inwardly rectifying	11p	Hyperinsulinemic hypoglycemia of infancy	600937	Transporter	Endocrine (pancreas): MR 2° systemic fuel deficiency	<i>Ir, Irk2 (*)</i>	0039061	-86
<i>L1CAM</i>	L1 cell adhesion molecule	Xq	MASA syndrome; HSAS; SPG1	308840	Cell adhesion molecule	Cell adhesion: CNS development/function (neuron migration, ?survival)	<i>neuroglial (&¶)</i>	0002968	-136

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<i>LAMA2</i>	Laminin α -2 (merosin)	6q	Congenital merosin-deficient muscular dystrophy	156225	Structural molecule	Extracellular matrix: CNS development/function (neuronal migration; myelin)	<i>wing blister</i> (&¶)	0004002	~300
<i>LAMP2</i>	Lysosome-associated membrane protein 2	Xq	Glycogen storage disease IIB	309060	Protein binding	Lysosomal pathway: MR cause unknown; ?local toxicity (neuron, glia)	None	—	—
<i>LARGE</i>	Acetylglucosaminyltransferase-like protein	22q	Congenital muscular dystrophy ID	603590	Transferase	Protein modification (glycosylation): CNS development/function	<i>CG3253</i> , others (*)	0041706	~19
<i>LIS1</i> (<i>PAFAH-1B1</i>)	Platelet-activating factor acetylhydrolase 1B α	17p	Lissencephaly; subcortical laminar heterotopia	601545	Unclassified enzyme	Cytoskeleton (microtubule): CNS development/function (neuron migration, ?proliferation)	<i>Lisencephaly-1</i> (&¶)	0015754	~300
<i>LRPPRC</i>	Leucine-rich PPR motif-containing protein	2p	Leigh syndrome, French-Canadian type	607544	[DNA binding]	Metabolic (oxidative phosphorylation): MR 2 ^o local energy deficiency	<i>bicoid stability factor</i> (&)	0032679	~79
<i>MAN2B1</i>	α -Mannosidase 2B1, lysosomal	19q	α -Mannosidosis	248500	Hydrolase	Lysosomal pathway (glycoprotein): MR 2 ^o local toxicity	<i>BdDNA:GH02419</i> , others	0027611	~300
<i>MANBA</i>	β -Mannosidase	4q	β -Mannosidosis	248510	Hydrolase	(neuron, glia) vessel Lysosomal pathway (glycoprotein): MR 2 ^o local toxicity (neuron, glia)	<i>CG12582</i>	0037215	~72
<i>MAOA</i>	Monoamine oxidase A	Xp	Brunner syndrome	309850	Oxidoreductase	Metabolic (amine): CNS development/function: neurotransmission (DA, 5HT)	None	—	—
<i>MATIA</i>	Methionine adenosyltransferase	10q	Methionine adenosyltransferase I/III deficiency	250850	Transferase	Metabolic (methionine): CNS development/function (glia: myelin)	<i>M(2)21AB</i>	0005278	~162
<i>MCCCI</i> (<i>MCCA</i>)	3-Methylcrotonyl-CoA carboxylase 1	3q	3-Methylcrotonyl-glycinuria I	210200	Ligase	Metabolic (amino acid): MR 2 ^o local and systemic neuroglial toxicity	<i>CG2118</i> (&)	0039877	~300

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<i>MCCC2</i> (<i>MCCB</i>)	3-Methylcrotonyl-CoA carboxylase 2	5q	3-Methylcrotonyl-glycinuria II	210210	Ligase	Metabolic (amino acid): MR 2° local and systemic neuroglial toxicity	<i>CG3267</i> (&)	0042083	~300
<i>MCOLN1</i>	Mucopolipin 1	19p	Mucopolipidosis IV	605248	Transporter	Lysosomal pathway (glycolipid): MR 2° local toxicity (neuron)	<i>CG8743</i>	0036904	~100
<i>MCPH1</i>	Microcephalin	8p	Primary microcephaly I	607117	[DNA binding]	(?DNA repair): CNS development/function: neurogenesis	[<i>CG898I</i>]	0033664	~12
<i>MECP2</i>	Methyl-CpG-binding protein 2	Xq	Rett syndrome; MRX16; neonatal encephalopathy; other	300005	DNA binding	Transcription regulation; CNS development/function: neuron differentiation	None	—	—
<i>MGAT2</i>	β-1,2-N-Acetylglucosaminyltransferase II	14q	Congenital disorder of glycosylation type IIa	602616	Transferase	Protein modification (glycosylation): CNS development/function	<i>Mgat2</i>	0039738	~57
<i>MIDI1</i>	Midline 1	Xp	Opitz syndrome type I	300000	Protein binding	Cytoskeleton (microtubule): CNS development/function (?proliferation)	<i>CG31721</i> (¶)	0051721	~30
<i>MLYCD</i>	Malonyl-CoA decarboxylase	16q	MLYCD deficiency	606761	Lyase	Metabolic (?fatty acid): ?CNS development/function	none	—	—
<i>MOC51</i> (<i>orfs A, B</i>)	Molybdenum cofactor synthesis I	6p	Molybdenum cofactor deficiency type A	603707	Unclassified enzyme	Metabolic (amino acids and others): MR 2° local toxicity (neuron, glia)	orfs A and B: <i>Mocs1</i>	0036122	~123, ~32
<i>MOC52</i> (<i>orfs A, B</i>)	Molybdopterin synthase, small and large subunits	5q	Molybdenum cofactor deficiency type B	603708	Unclassified enzyme	Metabolic (amino acids and others): MR 2° local toxicity (neuron, glia)	orfs A and B: <i>CG10238</i> ⁱ	0039280	~13, ~29
<i>MPDUI</i> (<i>Lec35</i>)	Mannose-P-dolichol utilization defect I	17p	Congenital disorder of glycosylation type If	604041	[Chaperone]	Protein modification (glycosylation): CNS development/function	<i>CG3792</i>	0031662	~45

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<i>MTATP6</i>	ATP synthase subunit 6	Mt	Leigh syndrome; neuropathy, ataxia, retinitis pigmentosa	516060	Transporter	Metabolic (oxidative phosphorylation): MR 2° local energy deficiency	<i>mt:ATPase6</i>	0013672	—16
<i>MTCO1</i>	Cytochrome <i>c</i> oxidase subunit I	Mt	Mitochondrial syndromic encephalopathy	516030	Oxidoreductase	Metabolic (oxidative phosphorylation): MR 2° local energy deficiency	<i>mt:CoI</i>	0013674	—300
<i>MTCO2</i>	Cytochrome <i>c</i> oxidase subunit II	Mt	Mitochondrial encephalopathy	516040	Oxidoreductase	Metabolic (oxidative phosphorylation): MR 2° local energy deficiency	<i>mt:CoII</i>	0013675	—52
<i>MTCO3</i>	Cytochrome <i>c</i> oxidase subunit III	Mt	Leigh-like encephalopathy; MELAS	516050	Oxidoreductase	Metabolic (oxidative phosphorylation): MR 2° local energy deficiency	<i>mt:CoIII</i>	0013676	—79
<i>MTCYB</i>	Cytochrome b of complex III	Mt	Multisystem mitochondrial disorder	516020	Oxidoreductase	Metabolic (oxidative phosphorylation): MR 2° local energy deficiency	<i>mt:Cyt-b</i>	0013678	—107
<i>MTHFR</i>	Methylenetetrahydrofolate reductase	1p	Homocystinuria due to MTHFR deficiency	607093	Oxidoreductase	Metabolic (methionine): CNS development/function (myelin)	<i>CG7560</i>	0036157	—21
<i>MTND5</i>	NADH-ubiquinone oxidoreductase subunit 5	Mt	Leigh syndrome, MELAS syndrome	516005	Oxidoreductase	Metabolic (oxidative phosphorylation): MR 2° local energy deficiency	<i>mt:ND5</i>	0013684	—65
<i>MTR</i>	Methionine synthase	1q	Methylcobalamin deficiency, cblG type	156570	Transferase	Metabolic (methionine): CNS development/function (myelin)	None	—	—
<i>MTRR</i>	Methionine synthase reductase	5p	Homocystinuria-megaloblastic anemia	602568	Transferase	Metabolic (methionine): CNS development/function (myelin)	[<i>Cpr</i> , others]	0015623	—46
<i>MTTE</i>	Mitochondrial glutamic acid transfer RNA	Mt	Encephalomyopathy with diabetes mellitus	590025	Transfer RNA	Metabolic (myelin) functional (myelin)	<i>mt:tRNA:E</i>	0013692	51% id
<i>MTTK</i>	Mitochondrial lysine transfer RNA	Mt	MERRF syndrome; MERRF/MELAS overlap syndrome; others	590060	Transfer RNA	Metabolic (mitochondrial translation): MR 2° local energy deficiency	<i>mt:tRNA:K</i>	0013697	50% id

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<i>MTTL1</i>	Mitochondrial leucine transfer RNA 1	Mt	MELAS syndrome	590050	Transfer RNA	Metabolic (mitochondrial translation): MR 2° local energy deficiency	<i>mt:tRNA:L:UUR</i>	0013699	56% id
<i>MTTS1</i>	Mitochondrial serine transfer RNA 1	Mt	MERRF/MELAS overlap syndrome	590080	Transfer RNA	Metabolic (mitochondrial translation): MR 2° local energy deficiency	<i>mt:tRNA:S:UCN</i>	0013706	47% id
<i>MTTV</i>	Mitochondrial valine transfer RNA	Mt	Leigh syndrome	590105	Transfer RNA	Metabolic (mitochondrial translation): MR 2° local energy deficiency	<i>mt:tRNA:V</i>	0013708	48% id
<i>MYO5A</i>	Myosin VA	15q	Elejalde syndrome (neuroectodermal melanolyosomal disease)	160777	Motor protein	Cytoskeleton: CNS development/function: neurotransmission	<i>didum (&¶)</i>	0015933	~300
<i>NAGLU</i>	N-acetyl-α-D-glucosaminidase	17q	Mucopolysaccharidosis type IIIB	252920	Hydrolase	Lysosomal pathway (glycosaminoglycan): MR 2° local toxicity	<i>ESTS:172F5T</i>	0014417	~145
<i>NBS1</i>	Nibrin	8q	Nijmegen breakage syndrome	602667	Protein (DNA?) binding	DNA repair: CNS development/function	<i>nbs</i>	0026198	~33
<i>NDP</i>	Norrin	Xp	Norrie disease	310600	Ligand	?Signaling pathway (?growth factor): neuronal survival	None	—	—
<i>NDUFS1</i>	NADH-ubiquinone oxidoreductase Fe-S p. 1	2q	Mitochondrial complex I deficiency	157655	Oxidoreductase	Metabolic (oxidative phosphorylation): MR 2° local energy deficiency	<i>ND75</i>	0017566	~300
<i>NDUFS2</i>	NADH-ubiquinone oxidoreductase Fe-S p. 2	1q	Encephalomyopathy	602985	Oxidoreductase	Metabolic (oxidative phosphorylation): MR 2° local energy deficiency	<i>CG1970, CG111913</i>	0039909	~300
<i>NDUFS4</i>	NADH-ubiquinone oxidoreductase Fe-S p. 4	5q	Leigh syndrome	602694	Oxidoreductase	Metabolic (oxidative phosphorylation): MR 2° local energy deficiency	<i>CG12203</i>	0031021	~36
<i>NDUFS7</i>	NADH-ubiquinone oxidoreductase Fe-S p. 7	19p	Leigh syndrome	601825	Oxidoreductase	Metabolic (oxidative phosphorylation): MR 2° local energy deficiency	<i>CG2014, CG9172</i>	0039669	~66

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<i>NDUFS8</i>	NADH-ubiquinone oxidoreductase Fe-S p. 8	11q	Leigh syndrome	602141	Oxidoreductase	Metabolic (oxidative phosphorylation): MR 2° local energy deficiency	<i>ND23</i>	0017567	-75
<i>NDUFX1</i>	NADH-ubiquinone oxidoreductase flavoprotein 1	11q	Leigh syndrome, Alexander syndrome	161015	Oxidoreductase	Metabolic (oxidative phosphorylation): MR 2° local energy deficiency	<i>CG9140</i> , others	0031771	-300
<i>NEU1</i>	Neuraminidase	6p	Sialidosis type II	256550	Hydrolase	Lysosomal pathway (glycolipid): MR 2° local toxicity	<i>CG7447</i> (*)	0035539	-19
<i>NF1</i>	Neurofibromin	17q	Neurofibromatosis type I	162200	Receptor signaling protein	Signaling pathway (small/ heterotrimeric G proteins): ?synaptic plasticity	<i>Neurofibromin 1</i> (&¶)	0015269	-300
<i>NP</i>	Nucleoside phosphorylase	14q	Purine NP deficiency	164050	Transferase	Metabolic (purine): ?MR 2° local toxicity	<i>CG16758</i> (&)	0035348	-81
<i>NPCI</i>	Niemann-Pick disease type C1	18q	Niemann-Pick disease types C1, D	607623	Transporter	Lysosomal pathway (cholesterol): MR 2° local toxicity (neuron, glia)	<i>NPCI</i> , <i>NPC1b</i>	0024320	-300
<i>NPC2</i>	Niemann-Pick disease type C2	14q	Niemann-Pick disease type C2	601015	Transporter	Lysosomal pathway (cholesterol): MR 2° local toxicity (neuron, glia)	<i>CG7291</i> (&)	0031381	-24
<i>NSD1</i>	Nuclear receptor binding SET domain protein 1	5q	Sotos syndrome (cerebral gigantism)	606681	Transcription regulator	Transcription regulation: CNS development/function	<i>Mes-4</i> (&¶)	0039559	-113
<i>NTRK1</i> (<i>TRKA</i>)	Neurotrophic tyrosine kinase receptor type 1	1q	Congenital insensitivity to pain with anhidrosis	191315	Receptor	Signaling pathway (RTK): CNS development/function (neuron)	[<i>Ror</i> , others]	0010407	-73
<i>OAT</i>	Ornithine ketoacid aminotransferase	10q	Gyrate chorioretinal atrophy	258870	Transferase	Metabolic (amino acid): ?MR 2° local energy deficiency	<i>CG8782</i> (&)	0036898	-168
<i>OCRL</i>	Oculocerebrorenal syndrome of Lowe	Xq	Lowe oculocerebrorenal syndrome	309000	Phosphatase	Signaling pathway (PI) and/or protein sorting: CNS development/function (myelin)	<i>EG-86E4.5</i> (&¶)	0023508	-105

(continued)

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Gene symbol ^a	Gene name	Chr. arm ^b	Clinical disorder ^c	OMIM no.	Molecular-function GO category ^d	Biological function(s) ^e	Drosophila homolog(s) ^f	FlyBase no. ^g	BLASTP E-value ^h
<i>OPHN1</i>	Oligophrenin 1	Xq	MRX60	300127	Receptor signaling protein	Signaling pathway (small G): cytoskeleton (actin); CNS development/function	<i>Graf</i> (&¶)	0030685	-82
<i>OTC</i>	Ornithine transcarbamylase	Xp	Hyperammonemia due to OTC deficiency	311250	Transferase	Metabolic (urea cycle); MR 2° systemic toxicity	[<i>rudimentary</i>]	0003189	-17
<i>PAH</i>	Phenylalanine hydroxylase	12q	Phenylketonuria	261600	Oxidoreductase	Metabolic (amino acid); MR 2° systemic toxicity (neuron, glia)	Henna (&)	0001208	-153
<i>PAK3</i>	p21-activated protein kinase 3	Xq	MRX30, MRX47	300142	Kinase	Signaling pathway (small G): ?cytoskeleton (actin); CNS development/function	Pak (&¶)	0014001	-148
<i>PANK2</i>	Pantothenate kinase 2	20p	Hallervorden-Spatz disease	606157	Kinase	Metabolic (various): MR 2° local energy deficiency	fumble	0011205	-87
<i>PAX8</i>	Paired box gene 8	2q	Thyroid dysgenesis	167415	Transcription factor	Transcription regulation: endocrine development/function (thyroid)	shaven (&)	0003561	-59
<i>PC</i>	Pyruvate carboxylase	11q	Leigh necrotizing encephalopathy	266150	Ligase	Metabolic: local & neurotoxicity; neurotransmission (glutamate)	<i>BcDNA: GH06348</i> (&)	0027580	-300
<i>PCCA</i>	Propionyl-CoA carboxylase, α-subunit	13q	Propionicacidemia	232000	Ligase	Metabolic (amino acid); MR 2° systemic toxicity	<i>CG2118</i> (* &)	0039877	-123
<i>PCCB</i>	Propionyl-CoA carboxylase, β-subunit	3q	Propionicacidemia	232050	Ligase	Metabolic (amino acid); MR 2° systemic toxicity	<i>CG3267</i> (* &)	0042083	-61
<i>PDHAI</i>	Pyruvate dehydrogenase, E1-α	Xp	PDHAI deficiency	312170	Oxidoreductase	Metabolic (glycolysis); ?CNS development/function; MR 2° local energy deficiency	<i>CG7010, CG7024</i>	0029721	-118
<i>PEPD</i>	Peptidase D (prolidase)	19q	PEPD deficiency	170100	Hydrolase	Protein degradation (?extracellular matrix): MR cause unknown	<i>Dipeptidase C</i> (&)	0000455	-139

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**APPENDIX
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Gene symbol ^a	Gene name	Chr. arm ^b	Clinical disorder ^c	OMIM no.	Molecular-function GO category ^d	Biological function(s) ^e	Drosophila homolog(s) ^f	FlyBase no. ^g	BLASTP E-value ^h
<i>PEX1</i>	Peroxin 1 (peroxisome biogenesis factor 1)	7q	Zellweger syndrome; infantile Refsum disease; NALD	602136	Nucleotide binding	Metabolic (oxidation): CNS development/function (neuron migration, glia)	<i>l(3)70Da (&)</i>	0013563	-85
<i>PEX2</i> (<i>PXMP3</i>)	Peroxisomal membrane protein 3	8q	Zellweger syndrome; infantile Refsum disease	170993	Protein binding	Metabolic (oxidation): CNS development/function (neuron migration, glia)	<i>CG7081</i>	0035876	-31
<i>PEX3</i>	Peroxin 3 (peroxisome biogenesis factor 3)	6q	Zellweger syndrome	603164	[Protein binding]	Metabolic (oxidation): CNS development/function (neuron migration, glia)	<i>CG6859</i>	0036484	-51
<i>PEX5</i> (<i>PXR1</i>)	Peroxisome receptor 1	12p	Zellweger syndrome; NALD	600414	Receptor	Metabolic (oxidation): CNS development/function (neuron migration, glia)	<i>EG:63B12.5</i>	0023516	-102
<i>PEX6</i>	Peroxin 6 (peroxisome biogenesis factor 6)	6p	Zellweger syndrome	601498	Nucleotide binding	Metabolic (oxidation): CNS development/function (neuron migration, glia)	<i>CG11919 (&)</i>	0033564	-82
<i>PEX7</i>	Peroxin 7 (peroxisome biogenesis factor 7)	6q	Rhizomelic chondrodysplasia punctata type I	601757	Receptor	Metabolic (oxidation): CNS development/function (neuron migration, glia)	<i>CG6486 (&)</i>	0035922	-71
<i>PEX10</i>	Peroxin 10 (peroxisome biogenesis factor 10)	1p	Zellweger syndrome; NALD	602859	Protein binding	Metabolic (oxidation): CNS development/function (neuron migration, glia)	<i>CG7864</i>	0035233	-26
<i>PEX12</i>	Peroxin 12 (peroxisome biogenesis factor 12)	17p	Zellweger syndrome	601758	Protein binding	Metabolic (oxidation): CNS development/function (neuron migration, glia)	<i>CG3639</i>	0031282	-23
<i>PEX13</i>	Peroxin 13 (peroxisome biogenesis factor 13)	2p	Zellweger syndrome; NALD	601789	Protein binding	Metabolic (oxidation): CNS development/function (neuron migration, glia)	<i>CG4663</i>	0033812	-29
<i>PEX16</i>	Peroxin 16 (peroxisome biogenesis factor 16)	11p	Zellweger syndrome	603360	[Protein binding]	Metabolic (oxidation): CNS development/function (neuron migration, glia)	<i>CG3947</i>	0037019	-32

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Gene symbol ^a	Gene name	Chr. arm ^b	Clinical disorder ^c	OMIM no.	Molecular-function GO category ^d	Biological function(s) ^e	Drosophila homolog(s) ^f	FlyBase no. ^g	BLASTP E-value ^h
<i>PEX19</i>	Peroxin 19 (peroxisome biogenesis factor 19)	1q	Zellweger syndrome	600279	[Protein binding]	Metabolic (oxidation): CNS development/function (neuron migration, glia)	CG5325	0032407	-13
<i>PGK1</i>	Phosphoglycerate kinase 1	Xq	Hemolytic anemia and MR due to PGKI deficiency	311800	Kinase	Metabolic (glycolysis): ?CNS development/function (?synaptic plasticity)	<i>Pgh</i> , <i>CG9961</i>	0003075	-164
<i>PHF6</i>	Plant homeodomain-like finger 6	Xq	Börjeson-Forssman-Lehmann syndrome	300414	Transcription regulator	?Transcription: ?CNS development/function	None	—	—
<i>PLP1</i>	Proteolipid protein 1	Xq	Pelizaeus-Merzbacher disease	300401	Structural molecule	CNS development/function: oligodendrocyte (myelin)	<i>M6</i>	0037092	-16
<i>PMM2</i>	Phosphomannomutase 2	16p	Congenital disorder of glycosylation type Ia	601785	Isomerase	Protein modification (glycosylation): CNS development/function	<i>CG10688</i>	0036300	-74
<i>POMGNT1</i>	<i>N</i> -Acetylglucosaminyltransferase I.2	1p	Muscle-eye-brain disease	606822	Transferase	Protein modification (glycosylation): CNS development/function (neuron migration)	[<i>Mgat1</i>]	0034521	-29
<i>POMT1</i>	Protein <i>O</i> -mannosyltransferase 1	9q	Walker-Warburg syndrome	607423	Transferase	Protein modification (glycosylation): CNS development/function (neuron migration)	<i>rotated abdomen (&)</i>	0003292	-158
<i>POU1F1 (PTT1)</i>	POU domain class 1 transcription factor 1	3p	Combined pituitary hormone deficiency	173110	Transcription factor	Transcription: endocrine dev/function (pituitary) → CNS development/function	<i>ventral veins lacking</i> , others (*)	0003995	-47
<i>PPGB</i>	β-Galactosidase protective protein (cathepsin A)	20q	Galactosialidosis	256540	Protein binding	Lysosomal pathway (glycolipid): MR 2° local toxicity (neuron)	<i>CG4572</i> , others (*)	0038738	-35
<i>PPOX</i>	Protoporphyrinogen oxidase	1q	Variagate porphyria	600923	Oxidoreductase	Metabolic (heme synthesis): MR cause unknown	<i>protoporphyrinogenoxidase</i>	0020018	-79
<i>PRPS1</i>	Phosphoribosylpyrophosphate synthetase 1	Xq	PRPS1-related gout	311850	Kinase	Metabolic (purine, pyrimidine synthesis): MR cause unknown	<i>CG6767 (&)</i>	0036030	-161

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Gene symbol ^a	Gene name	Chr. arm ^b	Clinical disorder ^c	OMIM no.	Molecular-function GO category ^d	Biological function(s) ^e	Drosophila homolog(s) ^f	FlyBase no. ^g	BLASTP E-value ^h
<i>PRSS12</i>	Serine protease 12 (neurotrypsin)	4q	Autosomal recessive nonspecific MR	606709	Hydrolase	Protein degradation: CNS development/function (synapse)	<i>Tequila</i> (&¶)	0023479	-71
<i>PSAP</i>	Prosaposin	10q	Metachromatic leukodystrophy, PSAP deficiency	176801	Enzyme regulator	Lysosomal pathway (glycolipid): MR 2° local toxicity (glia: myelin)	<i>Saposin-related</i>	0000416	-27
<i>PTCH</i>	Homolog of Drosophila <i>patched</i>	9q	Holoprosencephaly 7; basal cell nevus syndrome	601309	Receptor	Signaling pathway (Hh): CNS development/function (?neuron identity, proliferation)	<i>patched</i> (&)	0003892	-127
<i>PTCH2</i>	Homolog 2 of Drosophila <i>patched</i>	1p	Nevoid basal cell carcinoma syndrome	603673	Receptor	Signaling pathway (Hh): CNS development/function (?neuron identity, proliferation)	<i>patched</i> (&)	0003892	-300
<i>PTEN</i>	Phosphatase and tensin homolog	10q	Cowden syndrome; Bannayan-Zonana syndrome; others	601728	Phosphatase	Signaling pathway (PI): CNS development/function (neuron migration/differentiation)	<i>Pten</i> (&¶)	0026379	-72
<i>PTPN11</i> (<i>SHP2</i>)	Protein-tyrosine phosphatase, nonreceptor type 11	12q	Noonan syndrome 1; LEOPARD syndrome	176876	Phosphatase	Signaling pathway (various): ?CNS development/function	<i>cockscrew</i> (&¶)	0000382	-114
<i>PTS</i>	6-Pyruvoyltetrahydropterin synthase	11q	Hyperphenylalaninemia due to PTS deficiency	261640	Lyase	Metabolic (BH ₄ synthesis): neurotransmitter toxicity	<i>purple</i>	0003141	-40
<i>PVRL1</i>	Poliovirus receptor-like 1 (nectin 1)	11q	Cleft lip/palate-ectodermal dysplasia syndrome; others	600644	Cell adhesion molecule	Cell-cell adhesion: CNS development/function (?plasticity)	None	—	—
<i>PYCS</i>	δ-1-Pyrroline-5-carboxylate synthetase	10q	Hyperammonemia	138250	Oxidoreductase	Metabolic (amino acid): MR 2° systemic toxicity; ?neuromodulation	<i>CG7470</i>	0037146	-300
<i>QDPR</i>	Quinoid dihydropteridine reductase	4p	Atypical phenylketonuria	261630	Oxidoreductase	Metabolic (BH ₄): neurotransmission (amines); systemic toxicity	<i>Dihydropteridine reductase</i>	0035964	-70
<i>RAI1</i>	Retinoic acid induced 1	17p	Smith-Magenis syndrome	607642	[Transcription regulator]	?Transcription regulation; CNS development/function: ?neuron differentiation	none	—	—

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(Continued)**

Gene symbol ^a	Gene name	Chr. arm ^b	Clinical disorder ^c	OMIM no.	Molecular-function GO category ^d	Biological function(s) ^e	Drosophila homolog(s) ^f	FlyBase no. ^g	BLASTP E-value ^h
<i>RELN</i>	Reelin	7q	Norman-Roberts lissencephaly syndrome	600514	Ligand	Signaling pathway (various): CNS development (neuron migration, differentiation)	none	—	—
<i>RSK2</i> (<i>RPS6KA3</i>)	Ribosomal S6 kinase 2	Xp	Coffin-Lowry syndrome; MRX19	300075	Kinase	Signaling pathway (growth factor): ?CNS development/function	<i>S6kII</i> (&¶)	0011285	~300
<i>SARA2</i> (<i>SAR1B</i>)	Sar1-ADP-ribosylation factor 2	5q	Chylomicron retention disease with Marinesco-Sjogren syndrome	607690	Nucleotide binding	Transport (lipids): MR cause unknown	<i>sar1</i> (* &)	0038947	~80
<i>SC5DL</i> (<i>SC5D</i>)	Sterol C5-desaturase (lathosterol dehydrogenase)	11q	Lathosterolosis	602286	Oxidoreductase	Metabolic (cholesterol): signaling pathway (Hh); ?CNS development/function	None	—	—
<i>SCO2</i>	Homolog of yeast <i>SCO2</i>	22q	Fatal infantile cardiomyopathy	604272	Chaperone	Metabolic (oxidative phosphorylation): MR 2° local energy deficiency	<i>CG8885</i>	0031656	~56
<i>SDHA</i>	Succinate dehydrogenase complex subunit A	5p	Leigh syndrome	600857	Oxidoreductase	Metabolic (oxidative phosphorylation): MR 2° local energy deficiency	<i>Scs-fb</i> , <i>CG5718</i>	0017539	~300
<i>SGSH</i> (<i>HSS</i>)	<i>N</i> -Sulfolucosamine sulfolucosylase	17q	Mucopolysaccharidosis type IIIA	605270	Hydrolase	Lysosomal pathway (glycosaminoglycan): MR 2° local toxicity	<i>CG14291</i> (&)	0038660	~139
<i>SHH</i>	Sonic hedgehog	7q	Holoprosencephaly 3	600725	Ligand	Signaling pathway (Hh): CNS development (neuron and glia identity, differentiation)	<i>hedgehog</i> (&¶)	0004644	~83
<i>SIX3</i>	Homolog 3 of <i>Drosophila sine oculis</i>	2p	Holoprosencephaly 2	603714	Transcription factor	Transcription reg: CNS development (cell fate, differentiation; morphogenesis)	<i>Optix</i> (&¶)	0025360	~87
<i>SLC4A4</i> (<i>NBC1</i>)	Solute carrier 4A4 (Na-HCO ₃ cotransporter)	4q	Renal tubular acidosis II	603345	Transporter	Transport (pH regulation): ?CNS development/function (neuron, glia)	<i>Na⁺-driven anion exchanger 1</i> (&)	0031899	~300

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Gene symbol ^a	Gene name	Chr. arm ^b	Clinical disorder ^c	OMIM no.	Molecular-function GO category ^d	Biological function(s) ^e	Drosophila homolog(s) ^f	FlyBase no. ^g	BLASTP E-value ^h
<i>SLC5A5</i>	Solute carrier 5A5 (Na-I symporter)	19p	Genetic defect in thyroid hormonegenesis I	601843	Transporter	Transport (iodide): endocrine function (thyroid): CNS development/function	<i>CG2187</i> , others	0017448	-84
<i>SLC6A8 (CRTR)</i>	Solute carrier 6A8 (creatine transporter)	Xq	X-linked creatine deficiency syndrome	300036	Transporter	Transport (creatine): CNS development/function; MR 2° local energy deficiency	<i>CG1732</i> , others (*)	0039915	-156
<i>SLC7A7</i>	Solute carrier 7A7 (y + L amino acid transporter 1)	14q	Lysinuric protein intolerance	603593	Transporter	Transport (dibasic amino acids): ?MR 2° systemic toxicity	<i>CG1607</i> , others	0039844	-124
<i>SLC12A1 (NKCC2)</i>	Solute carrier 12A1 (Na-K-Cl transporter 2)	15q	Bartter syndrome type I, antenatal	600839	Transporter	Transport (ions): MR cause unknown; ?systemic toxicity	<i>CG4577</i> , others	0036279	-300
<i>SLC12A6 (KCC3)</i>	Solute carrier 12A6 (K-Cl cotransporter)	15q	hypocalcaemic form Agnesis of corpus callosum (ACCPN)	604878	Transporter	Transport (ions): CNS development/function	<i>BEST:CK01510</i> (&)	0025698	-300
<i>SLC17A5</i>	Solute carrier 17A5 (sialin)	6q	Infantile sialic acid storage disorder; Salla disease	604322	Transporter	Lyosomal pathway (various): MR 2° local toxicity (neuron, glia)	<i>CG4288</i> , others	0038799	-94
<i>SLC25A15 (ORNT1)</i>	Solute carrier 25A15 (ornithine transporter 1)	13q	HHH syndrome	603861	Transporter	Transport (ornithine): MR 2° systemic toxicity ?and CNS development/function	<i>CG1628</i> (&)	0030218	-71
<i>SMPD1 (ASM)</i>	Sphingomyelin phosphodiesterase 1	11p	Niemann-Pick disease, type A	257200	Hydrolase	Lyosomal pathway (glycolipid): MR 2° local toxicity (neuron)	<i>CG3376</i> (&)	0034997	-124
<i>SMS</i>	Spermine synthase	Xp	Snyder-Robinson syndrome	300105	Transferase	Metabolic (polyamine): ?CNS development/function (neuron excitability)	<i>CG4300</i>	0036272	-64
<i>SOX3</i>	SRY-related HMG-box 3	Xq	MR with growth hormone deficiency	313430	Transcription factor	Transcription regulation: CNS development/function (neurogenesis)	<i>Sox1Neuro</i> (&¶)	0029123	-25
<i>SOX10</i>	SRY-related HMG-box 10	22q	Waardenburg-Shah syndrome, neurologic variant	602229	Transcription factor	Transcription regulation (myelin: oligodendrocyte differentiation)	<i>Sox10OB</i> (&)	0024288	-29

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Gene symbol ^a	Gene name	Chr. arm ^b	Clinical disorder ^c	OMIM no.	Molecular-function GO category ^d	Biological function(s) ^e	Drosophila homolog(s) ^f	FlyBase no. ^g	BLASTP E-value ^h
<i>SUOX</i>	Sulfite oxidase	12q	Sulfocysteinuria	606887	Oxidoreductase	Metabolic (amino acids): MR 2° local toxicity	<i>CG7280</i>	0030966	-130
<i>SURF1</i>	Surfeit 1	9q	Leigh syndrome	185620	[Protein binding]	Metabolic (oxidative phosphorylation): MR 2° local energy deficiency	<i>Surfeit 1</i>	0029117	-57
<i>TAT</i>	Tyrosine aminotransferase	16q	Tyrosinemia type II	276600	Transferase	Metabolic (amino acids): ?MR 2° systemic toxicity	<i>CG1461 (&)</i>	0030558	-127
<i>TBCE</i>	Tubulin-specific chaperone E	1q	Hypoparathyroidism-retardation-dysmorphism syndrome	604934	Chaperone	Cytoskeleton (microtubule): ?CNS development/function	<i>CG7861 (&¶)</i>	0033055	-61
<i>TC2</i>	Transcobalamin II	22q	TC2 deficiency	275350	Transporter	Transport (cofactor): CNS development/function and ?local neurotoxicity	None	—	—
<i>TGFI</i> (<i>CRPTO</i>)	Teratocarcinoma-derived growth factor 1	3p	Holoprosencephaly, other forebrain defects	187395	Receptor	Signaling pathway (nodal): CNS development/function	None	—	—
<i>TG</i>	Thyroglobulin	8q	Genetic defect in thyroid hormonogenesis V	188450	Ligand	Hormone synthesis: endocrine function (thyroid): CNS development/function	[<i>Acetylcholinesterase</i> , others]	0000024	-33
<i>TGIF</i>	TG-interacting factor	18p	Holoprosencephaly 4	602630	Transcription regulator	Transcription regulation: CNS development/function (morphogenesis, ?proliferation)	<i>vismay</i> , <i>achintya</i>	0033748	-25
<i>THRB</i>	Thyroid hormone receptor β	3p	Thyroid hormone resistance	190160	Receptor	Transcription regulation: endocrine function (thyroid): CNS development/function	<i>E75B</i> , others (*)	0000568	-37
<i>TIMM8A</i> (<i>DDP1</i>)	Translocase of inner mitochondrial membrane 8	Xq	Mohr-Tranebjaerg syndrome	300356	Transporter	Transport (mitochondria): metabolic; MR 2° local energy deficiency	<i>Tim8</i>	0027359	-15

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Gene symbol ^a	Gene name	Chr. arm ^b	Clinical disorder ^c	OMIM no.	Molecular-function GO category ^d	Biological function(s) ^e	Drosophila homolog(s)/others	FlyBase no. ^g	BLASTP E-value ^h
<i>TM4SF2</i>	Transmembrane 4 superfamily, member 2	Xq	MRX58	300096	Signal transducer	Signaling pathway (integrin); actin cytoskeleton; ?CNS development/function	<i>Tetraspanin 29Fb</i> , others	0032075	-22
<i>TPH1</i>	Triosephosphate isomerase 1	12p	Nonspherocytic hemolytic anemia	190450	Isomerase	Metabolic (glycolysis): MR 2° local energy deficiency ?and local toxicity	<i>Triose phosphate isomerase</i>	0003738	-88
<i>TPO</i>	Thyroid peroxidase	2p	Thyroid hormone or total iodide organification defect	605765	Oxidoreductase	Hormone synthesis: endocrine function (thyroid); CNS development/function	<i>Peroxidase</i> (* & c)	0011828	-148
<i>TSC1</i>	Hamartin	9q	Tuberous sclerosis 1	605284	Protein binding	Cytoskeleton: CNS development/function	<i>Tsc1</i>	0026317	-43
<i>TSC2</i>	Tuberin	16p	Tuberous sclerosis 2	191092	Receptor signaling protein	(neuron/glia proliferation, differentiation) Signaling pathway (small G): CNS development/function (neuron/glia proliferation, differentiation)	<i>gigas</i> (& ¶)	0005198	-151
<i>TSHB</i>	Thyroid-stimulating hormone, β-chain	1p	Congenital hypothyroidism due to TSHB deficiency	188540	Ligand	Signaling pathway (heterotrimeric G): endocrine function: CNS development/function	None	—	—
<i>TSHR</i>	Thyroid-stimulating hormone receptor	14q	Congenital hyperthyroidism, hypothyroidism	603372	Receptor	Signaling pathway (heterotrimeric G): endocrine function: CNS development/function	<i>Fsh</i> (& c)	0016650	-113
<i>TTFI (NKX2A)</i>	Thyroid transcription factor 1	14q	Congenital hypothyroidism with choreoathetosis	600635	Transcription factor	Transcription regulation: endocrine development/function (thyroid); CNS development/function	<i>scarcrow</i> (& c)	0028993	-44

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Gene symbol ^a	Gene name	Chr. arm ^b	Clinical disorder ^c	OMIM no.	Molecular-function GO category ^d	Biological function(s) ^e	Drosophila homolog(s) ^f	FlyBase no. ^g	BLASTP E-value ^h
<i>TTF2</i> (<i>FOXE1</i>)	Thyroid transcription factor 2	9q	Congenital hypothyroidism	602617	Transcription factor	Transcription regulation: endocrine development/ function (thyroid); CNS development/ function	<i>crocodile</i> , others (*)	0014143	-30
<i>UBE3A</i>	Ubiquitin-protein ligase E3A	15q	Angelman syndrome	601623	Small protein conjugating	Protein degradation (proteasome); CNS development/ function (neuron differentiation)	<i>CG6190</i> (&¶)	0036148	-175
<i>XPA</i>	Xeroderma pigmentosum type A	9q	Xeroderma pigmentosum type A	278700	Protein (DNA?) binding	DNA repair: CNS development/function	<i>Xpac</i>	0004832	-50
<i>ZFX1B</i> (<i>SIP1</i>)	Zinc-finger homeobox 1B	2q	Hirschsprung disease-mental retardation syndrome	605802	Transcription regulator	Transcription regulation/function; ?signaling pathway	[<i>Kr-h1</i> , others]	0028420	-17
<i>ZIC2</i>	Zinc-finger protein of cerebellum 2	13q	Holoprosencephaly 5	603073	Transcription factor	Transcription regulation: CNS development (cell fate, differentiation; morphogenesis)	<i>odd paired</i> (&)	0003002	-83

?, precedes functions suggested but not conclusively demonstrated.

^a Alternative gene symbols used commonly in the literature are in parentheses. Genes marked "●●●" were found by the OMIM search for "cognitive impairment" or "learning disability."

^b Mt indicates a gene in the mitochondrial genome.

^c Additional disorders may also be caused by mutation of these genes.

^d Bracketed entries represent a proposed function, on the basis of the available literature, for genes that are not listed in GO or have been classified by GO as "unknown molecular function."

^e 2° means "secondary to."

^f The Drosophila genes with prefixes CG, BC, EG, ESTS, BEST, or BcDNA have been identified only by genomic sequencing projects (see FlyBase at <http://flybase.bio.indiana.edu/> for details). An asterisk (*) following a gene name indicates a homolog that may be an ortholog, but it was not possible to assign ortholog status only on the basis of BLAST results and functional domain alignments. Gene names in brackets are homologous to the human gene, but are not likely to be orthologs on the basis of reverse BLAST analysis. All other Drosophila genes listed are orthologs. The ampersand symbol (&) after an ortholog indicates that it was selected from among two or more homologous genes. The paragraph symbol (¶) after an ortholog indicates that it is a "prime candidate" (Table 3).

^g The prefix FBgn before each accession number is required to access the entry in FlyBase. If two or more homologs are listed, only the FlyBase accession number of the gene producing the top-scoring BLASTP alignment is given.

^h Only the exponent of the forward BLASTP E-value is shown. If two or more homologs are listed, only the exponent of the top-scoring BLASTP alignment is shown. For tRNA genes, the percentage identity, based on a pairwise alignment between the Drosophila and human sequences (using LALIGN), is shown in lieu of a BLAST score.

ⁱ The gene-sequencing software used by the Drosophila genome sequencing project (releases 2 and 3) has failed to recognize that homologs of both *MOC52* open reading frames are present.

