# COMPARATIVE AND INTEGRATIVE GENOMIC APPROACH TOWARD DISEASE GENE IDENTIFICATION: APPLICATION TO BARDET-BIEDL SYNDROME

by

Annie Pei-Fen Chiang

An Abstract

Of a thesis submitted in partial fulfillment of the requirements for the Doctor of Philosophy degree in Genetics (Computational Genetics) in the Graduate College of The University of Iowa

December 2006

Thesis Supervisors: Assistant Professor Terry A. Braun Professor Thomas L. Casavant Professor Val C. Sheffield

#### **ABSTRACT**

The identification of disease genes (genes that when mutated cause human diseases) is an important and challenging problem. Proper diagnosis, prevention, as well as care for patients require an understanding of disease pathophysiology, which is best understood when the underlying causative gene(s) or genetic element(s) are identified. While the availability of the sequenced human genome helped to lead to the discovery of more than 1,900 disease genes, the rate of disease gene discovery is still occurring at a slow pace. The use of genetic linkage methods have successfully led to the identification of numerous disease genes. However, linkage studies are ultimately restricted by available meioses (clinical samples) which result in numerous candidate disease genes. This thesis addresses candidate gene prioritizations in disease gene discovery as applied toward a genetically heterogeneous disease known as Bardet-Biedl Syndrome (BBS). Specifically, the integration of various functional information and the development of a novel comparative genomic approach (Computational Orthologous Prioritization – COP) that led to the identification of *BBS3* and *BBS11*. Functional data integration and application of the COP method may be helpful toward the identification of other disease genes.

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Graduate College The University of Iowa Iowa City, Iowa

CERTIFICATE OF APPROVAL

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## PH.D. THESIS

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This is to certify that the Ph.D. thesis of

Annie Pei-Fen Chiang

has been approved by the Examining Committee for the thesis requirement for the Doctor of Philosophy degree in Genetics (Computational Genetics) at the December 2006 graduation.

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To my parents

To get through the hardest journey we need take only one step at a time, but we must keep on stepping

-- Chinese proverb

#### **ACKNOWLEDGMENTS**

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#### **ABSTRACT**

The identification of disease genes (genes that when mutated cause human diseases) is an important and challenging problem. Proper diagnosis, prevention, as well as care for patients require an understanding of disease pathophysiology, which is best understood when the underlying causative gene(s) or genetic element(s) are identified. While the availability of the sequenced human genome helped to lead to the discovery of more than 1,900 disease genes, the rate of disease gene discovery is still occurring at a slow pace. The use of genetic linkage methods have successfully led to the identification of numerous disease genes. However, linkage studies are ultimately restricted by available meioses (clinical samples) which result in numerous candidate disease genes. This thesis addresses candidate gene prioritizations in disease gene discovery as applied toward a genetically heterogeneous disease known as Bardet-Biedl Syndrome (BBS). Specifically, the integration of various functional information and the development of a novel comparative genomic approach (Computational Orthologous Prioritization – COP) that led to the identification of *BBS3* and *BBS11*. Functional data integration and application of the COP method may be helpful toward the identification of other disease genes.



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## **CHAPTER 1 INTRODUCTION**

#### **1.1 Introduction**

The field of human genetics, often synonymous with medical genetics, is concerned with the study of hereditability of genetic variations in humans, particularly as it relates to human diseases. It is a field that has gained considerable momentum since the pioneering work performed by Hersey and Chase to identify DNA (and not protein) as the hereditary material in bacteriophages, and ultimately all organisms (Hershey and Chase 1952). Together, many scientific discoveries and technological advances such as advances in protein biochemistry and x-ray crystallographic methods that led to the elucidation of the DNA structure (Watson and Crick 1953), and discoveries of restriction endonuclease enzymes (Arber and Dussoix 1962; Danna and Nathans 1971; Smith and Wilcox 1970), polymorphic genetic markers (Lander and Botstein 1986), polymerase chain reaction (PCR) (Mullis 1990), and DNA sequencing methods (Sanger and Coulson 1975; Maxam and Gilbert 1977) along with an international effort in sequencing the human genome - Human Genome Project (HGP), made it possible to study genetic origins of human diseases.

One of the major pillars of human genetics is the study of disease genes and how defects at the genetic level can lead to the observed disease phenotype. This requires the initial identification of the causative (disease) gene or genetic element, a process often referred to as disease gene discovery, or the identification of those genes or genetic elements, that if mutated, cause human diseases. Since the initial discovery that sicklecell anemia resulted from a single amino acid substitution in 1957 (Ingram 1957), only 1,952 genes (OMIM, August 15, 2006) have been identified to cause or be associated with higher risk of developing human diseases.

Many factors contribute to the difficulty of the disease gene discovery process. The clinical phenotype(s) of a disease may overlap with that of another; the heterogeneity of clinical phenotypes of a single disease can mislead or confound genetic studies; the genetic contributions of a single gene or genetic element may not provide strong linkage signal(s) thus requiring the development of different methodologies; finally, lack of costeffective high-throughput technologies for mutational screening all combine to serve as strong impediments in the disease gene discovery process.

Despite rapid advancement in the field of medicine over the last half century, much of patient care is directed at the intermediate phenotype or symptoms rather than the underlying cause of disorders. This is primarily because the lack of in-depth understanding of disease states and pathophysiologies. Though challenging, there are additional reasons for a focused effort on disease gene discovery. Different diseases can sometimes present similar phenotypes, potentially leading to misdiagnosis and/or improper care. The identification of a disease gene would allow for development of diagnostic tests that will either confirm or refute the initial diagnosis. Knowing the disease gene also allows for functional studies to better understand the disease state for disease prevention and may eventually lead to drug development. Thus, to effectively prevent, diagnose and treat disease, one must first identify the defective gene or genetic element present in diseased patients.

#### **1.2 Goals**

Traditional disease gene discovery efforts have relied primarily on cytogenetic studies or the use of large and/or multiple families for genetic linkage mapping studies to map the disease phenotype to genetic loci or intervals. However, until relatively recently, the combined lack of human genome sequence, scarcity of large and/or multiple pedigrees to allow for further interval delineation, and lack of densely-spaced informative genetic markers have impeded the rate of disease gene discovery, leaving some 1,542 disease loci mapped but the causative gene or genetic element unidentified (OMIM, August 15, 2006).

The sequencing of the human genome (HGP), began in the late 1980's and completed fifteen years later, helped usher in the 'omics' era: an era founded on the ability to interrogate the activities of thousands of cellular components (e.g. RNA, proteins) from a single experiment, owing to technological advances such as microarray chips (Schena et al. 1995). These large-scale efforts undoubtly provide tremendous resources upon which additional studies can build, however, one of the major challenges at hand is to sort and integrate these large datasets so that interesting, meaningful information can be extracted and studied further.

Functional studies in model organisms ranging from the intestinal bacterium *Escherichia coli* to the chimpanzee *Pan troglodytes* are able to provide specific mechanistic information on human diseases primarily because basic biological features are conserved between the model organisms and humans. With the availability of various genomic sequences generated concomitantly along with the sequenced human genome, comparisons at the genomic level between model organisms and humans may yield additional insights. This process, also known as comparative genomics, has already been applied successfully toward genome assemblies (Kirkness et al. 2003; Pop et al. 2004) as well as identification of regulatory elements (Kellis et al. 2003; Bofffeli et al. 2003).

The primary goal of this thesis is to utilize the already abundant existing information from multiple sources, particularly the genome sequence of humans (HGP) as well as other organisms to help prioritize candidate genes for disease gene discovery. The combined use of comparative genomics and integration of other sources of functional information will be applied to a genetically heterogeneous disorder known as Bardet-Biedl Syndrome (BBS).

#### **1.3 Organization**

The rest of the thesis will be organized as follows. Chapter 2 will provide some background on candidate gene prioritization methods and BBS. A novel comparative genomics methodology, Computational Orthologous Prioritization (COP), developed for candidate gene prioritization will be outlined in Chapter 3. Chapter 4 will describe the identification of *BBS3*, including how the COP method played a pivotal role in *BBS3* discovery. Chapter 5 will describe the identification of *BBS11* with the integration of multiple sources of functional information. Chapter 6 will evaluate the phylogenetic profile of some heterogeneous disorders in an attempt to determine if the COP method could have contributed to the respective (disease) gene discovery. Finally, conclusions and future work will be presented in Chapter 7.

#### **CHAPTER 2**

#### **CANDIDATE GENE PRIORITIZATION**

#### **2.1 Candidate gene prioritization approaches**

The primary goal of disease gene discovery is to determine if a shared common genetic feature(s) exist among disease patients and are not found in healthy individuals (at statistically significant frequencies). Many methods are available to assist disease gene discovery efforts and can be categorized into two major groups: knowledgedependent and knowledge-independent approaches.

#### **2.1.1 Knowledge-dependent approach**

Knowledge-dependent approaches are sometimes referred to as candidate gene approach. The knowledge-dependent approach requires the formation of specific hypotheses involved in disease pathogenesis. It is based on these hypotheses that certain genes or genetic elements are selected for mutation analysis. Successful applications of knowledge-based approaches included the identification of the gene coding for the enzyme phenylalanine hydroxylase (PAH), that when mutated, cause phenylketonuria. Phenylketonuria was long known to be caused by PAH deficiency, however, the *PAH* gene eluded discovery until the use of antibodies raised against normal rat PAH enzyme allowed successful isolation of human PAH enzyme (Robson et al. 1982). Similarly, the identification of *DNAI1*, that when mutated, cause primary ciliary dyskinesis (PCD), was facilitated by the observation of axonemal defects in the biflagellated green algae model organism *Chlamymonas reinhardtii* that was similar to those observed in PCD patients (Pennarun et al. 1999). The association of apolipoprotein E (*ApoE*) *E4* allele with higher risk of developing late-onset Alzheimer's disease was discovered based on specific hypotheses observed in Alzheimer's patients (Corder et al. 1993). Interestingly, the *E2*  allele of the same gene, *ApoE*, is associated with decreased risk for developing Alzheimer's disease (Talbot et al. 1994; Corder et al. 1994). In sum, the candidate gene approach can be powerful and cost effective if the hypothesis is correct.

#### **2.1.2 Knowledge-independent approach**

Knowledge-independent approach is often referred as positional cloning (Collins 1992). It is so named because this approach requires no prior knowledge of disease pathogenesis except linkage based on chromosomal location. Two popular approaches are linkage-based on cytogenetic methods and polymorphic genetic markers. The processes are outlined in Figure 1.

#### **2.1.2.1 Linkage via cytogenetics**

Human cytogenetics, a branch of genetics that really began with the determination by Tjio and Levan in 1956 that normal human cells have only 46 chromosomes (Tjio and Levan 1956), not 48, as was believed for the previous thirty years (Painter 1923). This simple observation that established the normal human karyotype helped pave the way for numerous discoveries that included the cause of Down's Syndrome due to trisomy of chrosome 21 (normal individuals have only two chrosome 21) by a French group in 1959 (Lejeune et al. 1959) and the shortened "Philadelphia" chromosome 22 found in chronic myeloid leukemia (CML) patients (Nowell and Hungerford 1960).

By collecting cells from disease patients and comparing them against those in normal, healthy individuals, one can survey for differences between the two groups. The resolution of cytogenetic methods increased substiantially when staining methods



**Figure 1**. Schematic illustration of knowledge-independent approaches toward disease gene discovery.

developed by Torbjorn Caspersson and colleagues demonstrated the patterns of "light" and "dark" bands that serve as unique markers along chromosmes (Caspersson et al. 1968). From this, Janet Rowley determined that the "Philadelphia" chromosome was due to reciprocal translocation between chrosomes 9 and 22 (Rowley 1973). Even today, cytogenetics continue to play a pivotal role. Karyotypes from fetal cells extracted from amniotic fluid are routinely screened for chromosomal abnormalities. However, despite the development of additional methods such as somatic-cell hybrids (Harris and Watkins

1965; Ephrussi and Weiss 1965), fluorescence in situ hybridization (FISH) (Landegent et al. 1985), and continued increases in marker resolution, cytogenetic methods can only detect gross chromosomal abnormalities (e.g. macrodeletions), leaving defects affecting <1 kilobases (kb) of DNA virtually undetectable.

#### **2.1.2.2 Linkage via genetic markers**

Taking into account the characterization of the first sequence specific restriction endonucleases and how sequence length variations (polymorphisms) exist after cleavage by these restriction enzymes, Solomon and Bodmer (Solomon and Bodmer 1979) and Botsetein et al. (Botstein et al. 1980) suggested the use of these restriction fragment length polymorphisms (RFLP) as DNA (genetic) markers in family-based genetic linkage studies. By analyzing the patterns of certain polymorphisms in families with a (disease) trait, certain genetic markers can be linked to the disease.

Once again, a simple idea (observation) helped pave the way for disease mapping of family-based studies. Similar to cytogenetic studies, linkage-based disease mapping, otherwise known as positional cloning, begins not with polymorphic genetic markers but with something even more fundamental (Figure 1). The observation and/or characterization of a shared inherited clinical phenotype in a family is required before clinical samples (e.g. blood, tissue samples) are obtained from both the diseased (affected) members as well as normal (unaffected) members. Following the extraction of DNA from clinical samples, genome-wide polymorphic genetic markers (e.g. short tandem repeat polymorphism [STRP] markers) are applied to DNA from both affected and unaffected individuals. The resulting ordinal pattern (haplotype) of the sequence length polymorphisms in all affected individuals are compared against those in

unaffected individuals. Those regions or intervals that are found in common in affected individuals and not in unaffected individuals are evaluated further for statistical significance based on family structure. The goal is to identify chromosomal region(s) that are linked to the disease phenotype.

A hypothesis first proposed by C.A.B. Smith described the theoretical framework for homozygosity mapping (Smith 1953). Homozygosity mapping is a variation in theme from traditional linkage methods. It is designed for the mapping of (Mendelian) recessive traits in consanguineous families, particularly rare disorders where clinical samples are scarce. This method is based upon the premise that the region containing the disease locus in offspring(s) with recessive disorders of consanguineous marriage(s) are more likely to be in those regions that are homozygous by descent. The lack of complete genome-wide polymorphic genetic markers imposed an "impractical" obstacle (Smith 1953). Three and a half decades later, with the reality of genome-wide genetic polymorphic (RFLP) linkage maps more practical, Lander and Botstein revisited the idea of homozygosity mapping (Lander and Botstein 1987). This powerful strategy has led to the identification of many disease genes such as Friedreich ataxia (Ben Hamida et al. 1993) and Werner's Syndrome (Schellenberg et al. 1992).

Oftentimes, many studies are halted at this stage for a variety of reasons. The statistically significant intervals found in affected individuals are also found in unaffected individuals, thus ruling out these intervals. Sometimes, an individual may manifest the diseased phenyotype due to a non-genetic cause (i.e. environmental) in a phenomenon known as phenocopy that can confound the study. There may not be enough (affected) samples to achieve statistical significant power, effectively preventing further analysis

due to high costs associated with studying multiple weakly linked intervals. Typically, the use of evenly spaced lower-resolution genome-wide genetic markers (~10 centi Morgans [cM]) serve as a first pass for linkage analysis, however, there may be extraordinary cases due to recombination events, where the linkage is not easily detectable.

Each of the handful of linked intervals is refined further with additional higherresolution markers to determine a single linked locus or critical candidate interval. Due to the density of these markers and/or the pedigree structure (e.g. number of samples/meioses, degree of consanguineity), the candidate interval mostly contains many candidate genes from which to select for mutational screening. The laborious and timeconsuming task of physical mapping, the determination of the gene locations and their exon/intron boundaries, has to be performed before these genes can be analyzed for mutations. Prior to the HGP, this critical stage, the selection of candidate genes for mutation screening, was the major bottleneck of the entire process. Two of the early disease genes identified through positional cloning were *CFTR* and *HD*. Employing the physical mapping methods of chromosome walking and jumping, the cystic fibrosis gene *CFTR* was finally determined in 1989 (Riordan et al. 1989) after initial linkage to *D0CRI-917*, a DNA marker on chromosome 7, in 1985 (Tsui et al. 1985). After initial linkage (mapping) of Huntington's Disease (HD) to *G8* [D4S10], a DNA marker on chromosome 4, in 1983 (Gusella et al. 1983), it look another decade before HD was attributed to unusually long triplet CAG expansion in the *HD* gene (The Huntington's Disease Collaborative Research Group 1993). Since the HGP, with the exon/intron junctions of most genes defined, the bottleneck has shifted toward choosing which of the

many candidate genes for mutation screening. With the clinical samples serving as the ultimate limiting resource, candidate gene selection becomes a crucial step in disease gene discovery. It is this step of candidate gene selection and/or prioritization that this thesis will address, as it pertains to BBS.

#### **2.2 Bardet-Biedl Syndrome (BBS)**

BBS is a pleiotropic, autosomal recessive disorder with cardinal features of retinitis pigmentosa, central obesity, postaxial polydactyly, cognitive impairments, hypogonadism and kidney abnormalities (Bardet 1920; Biedl 1922; Green et al. 1989). In addition, BBS patients are also at higher risk of developing diabetes mellitus, hypertension and congenital heart diseases (Harnett et al. 1988; Green et al. 1989; Elbedour et al. 1994). Moreover, both intra- and inter- family expressivity of the cardinal features have been documented, a finding suggesting genetic complexity.

#### **2.2.1 Phenotypic heterogeneity of BBS**

The first description of the phenotypic manifestation of BBS was done by the French physician Georges Bardet in 1920. In his Ph.D. thesis, he described a case involving pigmentary retinopathy, obesity and polydactyly (Bardet 1920). Two years later, in a German medical journal, a report documented the observation by an Austrian physician, Arthur Biedl, that found these phenotypes as well as hypogonadism and mental deficits (Biedl 1922). These were later confirmed by Rabb in 1924 (Raab 1924). Since then, additional phenotypes have been ascribed in BBS patients, including diabetes mellitus, renal abnormalities, hearing impairments, asthma, dental abnormalities,

congenital heart diseases, and developmental delays (Harnett et al. 1988; Green et al. 1989; Elbedour et al. 1994; Beales et al. 1999).

Due to the wide spectrum of BBS phenotypes affecting multiple organ systems, the phenotypes of BBS patients often overlap with those of different disorders. To help with better diagnosis, Schachat and Maumenee proposed the criteria of having at least four of the five primary phenotypes (pigmentary retinopaty, mental retardation, obesity, polydactyly, hypogonadism) in order to be classified as BBS (Schachat and Maumenee 1982). This criteria was refined with the observation of high percentage of BBS patients with renal abnormalities by Green (Green et al. 1989) to include renal anomalies in the primary phenotype as well as secondary phenotypes such as diabetes, congenital heart defects and developmental delay (Elbedour et al. 1994; Beales et al. 1999).

Based on phenotypic similarities, BBS has been closely linked to Laurence-Moon Syndrome (LMS), Mukusick-Kaufmann Syndrome (MKS), Meckel-Gruber Syndrome (MGS), and Alstrom's Syndrome. BBS was initially considered as a variation of LMS and continues to be linked to LMS today. LMS was first characterized in the late 19<sup>th</sup> century with major symptoms of mental retardation, pigmentary retinopathy, obesity, hypogonadism as well as spastic paraparesis, distal muscle weakness and rare occurrences of polydactyly (Laurence and Moon 1866). MKS patients have primary features of hydrometrocolpos, congenital heart defects and postaxial polydactyly. The first BBS gene identified was a gene that also causes MKS (Katsanis et al. 2000; Slavotinek et al. 2000; Stone et al. 2000). MGS is a rare but lethal disorder with the characteristic triad of phenotypes: occipital encephalocele, polycystic kidneys, and postaxial polydactyly as well as hepatic fibrosis (Mecke and Passarge 1971). A recent

report identified mutations in BBS genes of MGS patients (Karmous-Benailly et al. 2005). Alstrom syndrome was first described by a Swedish physician in 1959 with primarily phenotypes of obesity, deafness, pigmentary retinopathy, diabetes mellitus and kidney abnormalities (Alstrom et al. 1959). Although Alstom syndrome is caused by *ALMS* (Collins et al. 2002), which to date has not been associated with BBS, the significant phenotypic overlap between the two disorders may indicate involvement of similar pathways.

#### **2.2.2 Genetic heterogeneity of BBS**

The complex landscape of phenotypic heterogeneity of BBS is complicated further by the genetic heterogeneity of BBS. The linkage mapping of the first BBS locus (*BBS2*) revealed a large, inbred Israeli Arab Bedouin family that was linked to chromosome 16 (16q21), however, a second, unrelated inbred Arab Bedouin family was excluded from the same region (Kwitek-Black et al. 1993). This finding was confirmed by additional reports showing linkage to other regions including *BBS1* to 11q13 (Leppert et al. 1994), *BBS3* to 3p12-13 (Sheffield et al. 1994), *BBS4* to 15q23 (Carmi et al. 1995), and *BBS5* to 2q31 (Young et al. 1999).

Even with the linkage mapping of five BBS loci, the first BBS gene cloned was at a sixth locus in 2000 that was facilitated by the cloning of *MKKS* on 20p12 causing MKS (Katsanis et al. 2000; Slavotinek et al. 2000; Stone et al. 2000). This is due to a combination of various factors: small number of patients, lack of sequenced human genome, and low resolution of genetic markers. With the exception of the mapping of the *BBS1* critical interval, strong linkage signal was achieved through homozygosity mapping in "large" inbred families. Although sufficient for a statistically significant

linkage signal, the 8-12 affected individuals were not sufficient to narrow the interval further. The lack of completed human genome (thus requiring physical mapping) coupled with low level of resolution provided by genetic markers prevented further candidate interval refinement without large expenditure of resources. The next year, two other BBS genes, *BBS2* and *BBS4*, were also identified by positional cloning approaches (Nishimura et al. 2001; Mykytyn et al. 2001). Subsequent identification of additional BBS genes, however, relied on sequence similarity to the three known BBS genes: *BBS1* and *BBS7* show weak sequence similarity to *BBS2* (Mykytyn et al. 2002; Badano et al. 2003), while *BBS8* shows sequence similarity to *BBS4* (Ansley et al. 2003). In a short span of three years, six genes were identified to cause BBS, however, two additional loci remained: the *BBS3* locus on 3p12-q13, mapped in 1994 (Sheffield et al. 1994) and the *BBS5* locus on 2q31, mapped in 1999 (Young et al. 1999). A summary of the eight mapped loci and six cloned genes (*BBS1*, *BBS2*, *BBS4*, *BBS6/MKKS*, *BBS7*, *BBS8*), as of 2003 is shown in Table 1. Although the six cloned genes all code for relatively large proteins, they do not share protein domain similarities, making additional BBS discovery (for *BBS3* and *BBS5*) based upon sequence similarity difficult. However, instead of relying only on sequence similarity of any BBS genes to one another, a methodology was developed that utilizes the collective sequence similarity of the BBS genes to prioritize the candidate genes in *BBS3* and *BBS5* loci. This method is called Computational Orthologous Prioritization (COP).

Gene name	Gene locus	Mapping reference	Exons	Protein length	Protein domain	Protein similarity	Cloning reference
BBS1	11q13	Leppert et al. 1994	17	593	CC	None	Mykytyn et al. 2002
BBS2	16q21	Kwitek- Black et al. 1993	17	721	CC	None	Nishimura et al. 2001
BBS3	$3p12-q13$	Sheffield et al. 1994					
BBS4	15q23	Carmi et al. 1994	16	519	8 TPR	O-linked GlcNAc transferase	Mykytyn et al. 2001
BBS5	2q31	Young et al. 1999					
<b>BBS6/</b> <b>MKKS</b>	20p12	Katsanis et al. 2000; Slavotinek et al. 2000	$\overline{4}$	570	Cpn60 Tcp1	Chaperonin	Katsanis et al. 2000; Slavotinek et al. 2000
BBS7	4q27	Badano et al. 2003	19	715	CC	None	Badano et al. 2003
BBS8	14q32.1	Ansley et al. 2003	15	531	8 TPR	pilF	Ansley et al. 2003

**Table 1**. Summary of the eight mapped loci of BBS as of 2003.

Protein domain abbreviations: CC, coiled-coil; TPR, tetratricopeptide repeat, Cpn60\_TCP1, chaperonin domain; pilF, pilus formation domain.

#### **CHAPTER 3**

#### **COMPUTATIONAL ORTHOLOGOUS PRIORITIZATION**

## **3.1 Overview of the Computational Orthologous Prioritization**

#### **(COP) approach**

The COP method is a computationally iterative ranking approach designed to prioritize candidate genes for mutation screening. This method does not preclude the use of other currently used prioritization methods but rather is meant to augment the existing prioritizations in the disease gene identification process. This process is depicted in Figure 2, and described below:



**Figure 2.** General outline of the candidate ranking process. A list of unfiltered genes  $(G_c)$  can be prioritized through a set of positive filter species  $(S_+)$  on the basis of a similarity filter threshold  $(Th<sub>+</sub>)$ , which yields a subset of genes  $(G<sub>c+</sub>)$  found in all positive filter species  $(S_+)$ . These can be further screened with similarity filter threshold (*Th*) in a set of negative filter species (*S*-) to yield a more restrictive subset of genes (*Gc*+-). Further filtering continues by intersection (Λ) with additional criteria (*A*) to generate (*Gc*+,*A*). An even more refined set  $(G_{c+,A})$  can be obtained by intersecting  $G_{c+A}$  with  $G_{c+A}$ .

- 1. Initial determination of candidate gene set *Gc*.
- 2. Selection of positive and/or negative sets of species: *S*<sup>+</sup> and/or *S* , based on training gene set *G<sup>t</sup>* .
- 3. Determination of thresholds for similarity filters:  $Th_+$  and/or  $Th_+$ , based  $G_t$ .
	- a. Similarity analysis of  $G_t$  relative to  $S_+$ , and selection of a similarity threshold  $Th_+$ , whereby a subset of the genes in  $G_t$  exceed  $Th_+$ . This subset is referred to as " $G_{t+}$ ".
	- b. Similarity analysis of  $G_t$  relative to  $S_t$ , and selection of a similarity threshold *Th*- , whereby a subset of the genes in *G<sup>t</sup>* fall below *Th*- . This subset is referred to as " $G_t$ .".
- 4. Computational application of filters  $S_+$  and  $S_-$  to candidate gene set  $G_c$ .
	- a. Similarity analysis of  $G_c$  relative to  $S<sub>+</sub>$ , and retention of candidates exceeding  $Th_{+}$ . This subset is referred to as " $G_{c+}$ ".
	- b. Similarity analysis of  $G_c$  relative to  $S<sub>z</sub>$ , and rejection of candidates falling below *Th*- . This subset is referred to as "*Gc*-".
	- c. Combination of similarity analyses of  $G_c$  relative to  $S<sub>+</sub>$  and  $S<sub>-</sub>$ , and retention of candidates exceeding *Th*+ as well as the rejection of candidates falling below *Th*.. This subset is referred to as " $G_{c+}$ ".
- 5. Application of additional criteria, *A,* for candidate gene ranking. Intersection of the subset of genes prioritized based additional criteria, *A*, to gene subsets *Gc*, *Gc*<sup>+</sup>,  $G_c$ , and  $G_c$ +.. This subset is referred to as " $G_{c,A}$ ", " $G_{c+A}$ ", " $G_{c-A}$ ", and " $G_{c+A}$ ", respectively.
	- a. Utilization of known or suspected linkage interval(s).
- b. Utilization of available expression information.
- c. Utilization of animal model(s) information.
- d. Utilization of other annotations (e.g., Gene Ontology Consortium [GO] (Ashburner et al. 2000), protein domain similarities).

#### **3.2 Initial determination of candidate gene set (***Gc***)**

One key aspect of any disease gene discovery effort is the proper determination of the candidate gene set  $(G_c)$ , namely, the set of genes most likely to contain those gene(s), that when mutated, can result in the disease phenotype. Initially, this is likely to include all genes annotated in the human genome, however, the observed disease phenotype may help narrow the starting set, such as in sex-linked diseases, to genes on sex chromosomes. Furthermore, additional prioritization criteria such as positional, expression or functional information can help reduce the number of genes in *Gc*.

#### **3.3 Selection of positive**  $(S_+)$  and/or negative sets  $(S_+)$  of species

The fundamental basis of the COP method is that species sharing conserved structural and/or functional traits, such as that of a circulatory system, tend to share genes that underlie the biological processes responsible for these features. Similarly, species that do not share these features are less likely to contain these genes. Additionally, those genes that are involved in the parallel structural and/or functional processes are more likely to be evolutionarily conserved and therefore orthologous to one another.

Thus, using the presence or absence of biological feature(s) as a criterion, one can readily identify two subsets of mutually exclusive species whose genomes/proteomes can serve as positive and negative filters. These filters act as reference standards against which sequence similarities can be compared. The positive filter or species set  $(S<sub>+</sub>)$ consists of those species that share one or more biological feature(s) whereas the negative filter or species set  $(S)$  contains those species that specifically lack these biological feature(s). One good source from which to select the structural and/or functional characteristic(s) is from those (physiological) feature(s) that are affected and/or defective in diseased patients.

The association of a disease with functional feature(s), however, is not a prerequisite for the selection of positive and/or negative filters. The existence of previously identified genes for the same or similar disease(s) can also serve as a partitioning factor. This is based on the notion that the set of defective gene(s) which lead to identical disease phenotype(s) are more likely to be involved in the same or similar (defective) pathway. In short, there are two different approaches on which to base the selection of positive and/or negative species sets: functional feature(s) and/or previously identified genes.

# **3.4 Determination of thresholdsfor similarity filters:** *Th***<sup>+</sup> and** *Th***- , based on training gene set** *G<sup>t</sup>* **.**

To validate the inclusion of species in *S*+ and/or *S*- and set corresponding thresholds for similarity filters (*Th*+ and *Th*-), the utilization of a similarity analysis tool is necessary to compare genes in  $G_c$  against those in  $S_+$  and/or  $S$ . Although genome sequencing projects are not expected to continue indefinitely, the current dynamic nature of both the number of genomes available and the constant improvements of genome
assemblies, dictate that the similarity analysis tool be both quick and sensitive. Two such tools are BLAST (Altschul et al. 1997) and BLAT (Kent 2002) for the evaluation of sequence similarities. As BLAT is a tool that is designed to identify highly similar sequences (>95%), it is more appropriate for the detection of orthologs in closely related species. For the general detection of orthologs in a wide range of organisms, BLAST is a more suitable tool. Many parameters, ranging from percentage identity, length of match, to e(xpect)-values, inherent to sequence similarity analysis tools can be selected on which to filter *Gc*. The parameter chosen depends largely on *G<sup>t</sup>* , although generally e-values are reflective of most parameters.

To effectively prioritize candidate genes, appropriate thresholds need to be empirically determined, oftentimes in an iterative fashion to accommodate new information as it is generated. As genome assemblies get updated and/or known (related) disease genes increase in number, the thresholds for *S*+ (*Th*+) and/or *S*- (*Th*-) can change with each iteration. The establishment of proper thresholds relies on the appropriate selection of a separate set of genes,  $G_t$ , which consists of the training gene set, that is distinct from those in *Gc*. The set of previously known genes would ideally be included in *G<sup>t</sup>* , however, in diseases where no genetic heterogeneity exists, the use of disease genes with similar phenotype and/or information from functional studies may provide some clues. For instance, the use of previously identified genes involved in the circulatory system may serve to identify additional genes involved in similar pathway(s). Alternatively, with proper selection for  $S_+$  and/or  $S_-$  based on functional feature(s), one can generate a set of genes to establish thresholds for the evaluation of the likelihood of a set of genes to be involved in functional feature(s). For example, by setting organisms

with circulatory systems as  $S_+$  and organisms without circulatory systems as  $S_+$ , one can apply the filters to generate a list of genes from which threshold values can be derived to determine if genes with unknown function are likely to be involved in circulatory pathways.

Once the  $G_t$  is initially chosen, the next step is to generate a phylogenetic profile of the genes in  $G_t$  using the similarity analysis tool to determine the species that make up *S*+ and/or *S*- . In other words, a phylogenetic profile is the profile summary from comparing the genes in *G<sup>t</sup>* against the genes/proteins from various genomes/proteomes with a similarity analysis tool. Preferably, the use of a wide range of organisms from different branches of the tree of life would allow for the identification of the most optimal species to use, however, there may be cases where the study restricts the number of species analyzed. From a phylogenetic profile, the organisms that best distinguish (most or all of the) genes in  $G_t$  such that an inverse conservation profile exists (high conservation in some, low conservation in others) are then designated as  $S_+$  and  $S_-$ , respectively. In the case where no inverse conservation profile exists, a subset or all of the organisms used can be selected for either as  $S_{+}$  or  $S_{-}$ . The selection of multiple organisms from different branches of the tree of life, while not necessary, would help eliminate those genes that are specific to that that particular tree of branch. Furthermore, an organism's gene set (either predicted, verified, or a combination of both), should also be considered. Logically, the smaller the gene set, the more the enrichment for a certain type of genes.

After selecting species belonging to  $S_+$  and/or  $S_+$ , the thresholds for  $S_+(Th_+)$ and/or *S*. (*Th*.) can then be established. Setting the  $Th_+$  and/or  $Th_-$  is in essence setting a

floor and/or ceiling against which sequences with certain level of conservation (similarity) will either be retained or eliminated. In general, the *Th*+ serve as the floor, or the lowest allowed level of conservation such that sequences will be retained, while the *Th*- is the ceiling, or the highest allowed level of conservation such that sequences will be eliminated. Thus, the subset of  $G_t$  that exceeds  $Th_+$  is  $G_{t+}$  whereas the subset of  $G_t$  that falls below  $Th$  is  $G_t$ . As the evolutionary relationship between the organisms will most likely be of disparate distance, there may be a need for establishing species-specific thresholds. Moreover, in those cases where e-value distribution/range  $G_t$  genes used to determine  $S_{+}$  is relatively small and well-defined, for instance, between values of 1e-200 and 1e-100, then a more stringent  $Th_+$  range can be set accordingly. However, a less stringent criterion of a value rather than a range, such as 1-e100 or even 1-80 (from the previous example) can allow for the detection of those genes that may be more distantly related. Thus, the stringency of the thresholds is largely dependent on the distribution/range of the phylogenetic profile of the *G<sup>t</sup>* genes as well as the desired sensitivity/specificity tradeoffs. As such, threshold establishment may need to be performed iteratively.

By comparing the genes in  $G_t$  against various organisms, one can choose the proper species (*S*+ and/or *S*-) and thresholds (*Th*+ and/or *Th*-) that best capture the phylogenetic 'signature' of the genes in  $G_t$  so that it can be used in genome-wide searches. Additionally, functionally related genes and/or organisms can also be used to identify the thresholds (*Th*<sub>+</sub> and/or *Th*<sub>-</sub>) and appropriate species ( $S_+$  and/or  $S_-$ ), respectively.

#### **3.5 Computational application of filters**  $S_+$  **and**  $S_+$  **to candidate gene set**  $G_c$ **.**

Together, with the appropriate selection of species as filters (*S*+ and/or *S*-) and corresponding thresholds  $(Th_+$  and/or  $Th_-$ ), as well as the chosen sequence similarity search tool, three different computational applications of similarity analyses can be performed on the candidate gene set  $G_c$ . These similarity analyses are designed to prioritize candidate genes for further experimental analysis and validation, such as mutational screening. A less stringent criteria involves singular application of either filters ( $S_+$  or  $S$ ) to  $G_c$ ; the similarity analysis of  $G_c$  relative to  $S_+$ , and retention of (high conservation) candidates exceeding  $Th_+$  results in a subset referred to as  $G_{c_+}$ . Likewise, the similarity analysis of *G<sup>c</sup>* relative to *S*- , and rejection of (high conservation) candidates falling below *Th*, result in a subset referred as  $G_c$ . The most stringent criteria combines the similarity analyses of  $G_c$  relative to  $S_+$  and  $S<sub>-</sub>$ , and retention of candidates exceeding *Th*+ as well as the rejection of candidates falling below *Th*- to yield a compact subset referred as *Gc*+-. Additional stringency can be achieved in those cases involving two or more species for either  $S_+$  and/or  $S_+$ , such that the retention or rejection of candidates is only performed when similarity analyses exceeds or falls below for two or more species. On the other hand, depending on the completeness and quality of annotation of various genomes, particularly in those cases involving two or more species in either *S*<sup>+</sup> and/or *S*- , a reduced stringency criteria can be made such that the candidate gene is kept (for  $S_{+}$ ) or removed (for *S*-) by passing the *Th*+ and/or *Th*- of only one of the two or more species in either  $S_+$  and/or  $S_-$ . In addition, species-specific threshold may serve to increase sensitivity and specificity of the desired candidates. Although somewhat circuitous, the genes in  $G_t$  should be a subset of  $G_{c+}$ ,  $G_{c-}$ , or  $G_{c+}$ .

#### **3.6 Application of additional criteria,** *A,* **for candidate gene ranking.**

Historically, the identification of disease genes, is aided by knowledge-based hypotheses formed based on the incorporation of multiple sources of information to prioritize candidate genes. As a result, the application of additional criteria, *A*, is an essential step in the COP method. More specifically, the application of *A* to *Gc*, *Gc*<sup>+</sup>, *Gc*- , or *Gc*+- would result in more restrictive subsets *Gc,A*, *Gc*+,*A*, *Gc*-*,A*, or *Gc*+-*,A*, respectively. One primary resource, for example, is the use of known or suspected linkage intervals from cytogenetic or genetic linkage studies, however, additional resources such as those on gene expression (from ESTs, microarray experiments, SAGE, etc), proteomics data, animal model information, interaction data, and functional annotations (e.g. Gene Ontology Consortium [GO], protein domain similarities) all can combine to help prioritize candidate genes.

#### **CHAPTER 4**

#### **IDENTIFICATION OF** *ARL6* **AS** *BBS3*

#### **4.1 BBS and cilia**

The genetic landscape of BBS at the end of 2003 stands with eight mapped loci accounting for less than 50% of the BBS patient population (Katsanis 2004; Hichri et al. 2005; Nishimura et al. 2005). Within the eight mapped loci, six genes were cloned (*BBS1*, *BBS2*, *BBS4*, *BBS6/MKKS*, *BBS7*, *BBS8*), leaving two remaining mapped loci (*BB3* and *BBS5*) (Table 1). It seems to reason that the existence of six known BBS genes could potentially assist in the identification of *BBS3* and *BBS5*. However, there is no common shared sequence similarity among all six BBS genes. BBS6/MKKS shows weak sequence similarity to the  $\alpha$  subunit of the *Thermoplasma acidophilum* thermosome (Stone et al. 2000), a prokaryotic chaperonin complex with similarity to a eukaryotic chaperonin called "tailless complex polypeptide ring complex" (TRiC) (Frydman et al. 1992). BBS4 and BBS8 contain multiple copies of tetratricopeptide repeat (TPR) domains, which are thought to be involved in protein-protein interactions. Additionally, BBS8 also shows sequence similarity to a prokaryotic pilF domain involved in pilus formation and twitching mobility (Ansley et al. 2004). Except for small regions of sequence similarity in the form of coiled-coil domains in BBS1, BBS2, and BBS7, the three proteins are considered novel proteins with unknown function.

Despite the lack of known protein function of the six known BBS proteins, there were three important clues linking the involvement of BBS proteins in cilia function. First, the initial characterization of BBS8 found BBS8 proteins localized to the basal

body, which is a centriole-like cylindrical structure that nucleate cilia and flagella, of ciliated cells (Ansley et al. 2003). Second, BBS4 was also found localized to the centriolar satellite of centrosomes and basal bodies of primary cilia (Kim et al. 2004). Finally, the first BBS mouse model of BBS, that of BBS4 knockout (ko) mice, exhibit general cilia formation except for spermatozoa flagellar formation (Mykytyn et al. 2004). Moreover, the absence of BBS4 protein did not disrupt initial formation of photoreceptor outer segments, including the connecting cilia; rather, photoreceptors underwent cell death due to apoptosis. Considering these cilia associations, it was not a surprise that the identification of *BBS5* involved cilia. Li et al. (2004) used comparative genomics (between ciliated and nonciliated organisms) to construct the flagellar apparatus-basal body (FABB) proteome containing 688 proteins. Only two of the 230 proteins that mapped to the *BBS5* critical interval were found in FABB: NM\_024753 and NM\_152384. Complete sequencing of the coding regions of NM\_152384 detected mutations in BBS patients from four different families, thus identifying *BBS5*.

The cilia connection is even more striking in light of the phylogenetic profile of the first six BBS genes (as *BBS5* was identified during the course of the study). Table 2 shows the expect value (e-value) from BLAST analysis comparing the known BBS proteins against the proteomes from both predicted and verified genes, hereafter referred to as proteomes, of various genomes, ranging from the unicellular human parasites, trypanosomes (*Trypanosoma brucei* [TB], *Trypanosoma cruzi* [TC]) to the vertebrate rodent *Mus musculus* [MM]. BLAST is a sequence similarity analysis tool that takes a query sequence as input, which in this case is the protein sequence of one of the six BBS proteins, and compares it against the proteomes of the organisms listed.

The proteomes of *M. musculus* [MM] and *D. rerio* [DR] contain all six BBS

orthologues with highly significant e-values (consisting of mostly 0's – the best possible

value indicating the highest conservation), sequence percent identity  $(563\%)$ , and

similarity (>75%) to five known BBS proteins. Even the lower ciliated organisms (*T.* 

*brucei, T. cruzi, C. reinhardtii,* and *Ciona intestinalis*) showed significant e-values (≤*e* -40),

**Table 2**. Phylogenetic genetic profile of BBS protein sequence similarities across various genomes showing e-values obtained from BLAST analysis of human BBS proteins against predicted protein databases of a set of ciliated (MM, DR, CI, CE, CR, TC, TB, DM) and nonciliated (SC, SP, AN, AT) organisms.

	<b>MM</b>	<b>DR</b>	<b>CI</b>	CE	<b>CR</b>	ТC	TB	<b>DM</b>	<b>SC</b>	<b>SP</b>	AN	AT
<b>BBS1</b>	0.0	2e-82	1e-138	$7e-64$	$3e-75$	$2e-73$	6e-64	5e-64	3.1	2.5	1.1	3.2
<b>BBS2</b>	0.0	0.0	0.0	1e-85	6e-55	$4e-98$	1e-87	0.24	0.024	0.13	3.0	1.1
<b>BBS4</b>	0.0	0.0	1e-134	$8e-11$	$2e-9$	$2e-80$	$3e-72$	$3e-55$	$5e-9$	$2e-7$	$1e-6$	$3e-13$
<b>BBS6/</b>	0.0	1e-130	$6e-26$	$4e-8$	$2e-7$	$5e-18$	$2e-11$	$2e-11$	$5e-13$	$3e-15$	$9e-13$	$2e-8$
<b>MKKS</b>												
<b>BBS7</b>	0.0	0.0	0.0	$1e-110$	$1e-115$	$3e-50$	$8e-41$	2.0	0.16	0.62	1.3	1.8
<b>BBS8</b>	0.0	0.0	0.0	$1e-109$	$1e-135$	$4e-92$	$1e-79$	$4e-53$	$2e-4$	$2e-5$	$4e-5$	$2e-7$
<b>Estimated</b>	2.5	1.6	160	100	100	35	35	130	12	12	31	115
genome size	GB	<b>GB</b>	MB	MВ	MВ	MB	MВ	MВ	MВ	MB	MВ	MВ

Matches showing high conservation (low e-values) are highlighted in pink. Abbreviations: MM, *Mus musculus;* DR, *Danio rerio;* CI, *Ciona intestinalis;* CE, *C. elegans;* CR, *Chlamydomonas reinhardtii;* TC, *T. cruzi;* TB, *T. brucei;* DM, *D. melanogaster;* SC, *S. cerevisiae;* SP, *Schizoaccharomyces pombe;* AN, *Aspergillus nidulans;* AT, *A. thaliana*, MB, megabases (nucleotides); GB, gigabases.

percent identity (>20%), and similarity (>40%) to BBS1, BBS2, BBS4, BBS7, and BBS8.

So, instead of relying on sequence similarity of any BBS genes to one another, the

COP methodology was developed and implemented to take advantage of the collective

sequence similarity of the BBS genes to prioritize the candidate genes in the *BBS3* and *BBS5* loci. This is further described in section 4.3.

### **4.2 Refinement of the** *BBS3* **critical interval**

The *BBS3* locus was initially mapped to a  $\sim$  11 cM region on chromosome 3 in a large, inbred Israeli Bedouin kindred in a study that showed the utility of using pooled DNA samples for genetic mapping of human disorders (Sheffield et al. 1994). The availability of higher resolution STRPs allowed refinement of the interval to a ~5.3 cM region in two affected individuals who were not homozygous for all markers in the original interval (Figure 3). This interval proved to be a region of below average recombination, in part because the 16.9 Mb region between the flanking markers (D3S1595 and D3S3655) crosses the centromere. Analysis of the human genome (UCSC Genome Browser) across the *BBS3* interval revealed a minimum of 67 UniGene clusters. Additional refinement of the locus has been restricted by lack of other BBS3 families.

#### **4.3 Identification of** *BBS3* **and** *BBS5* **with the COP method**

Here, each step of the COP method is described as it applies toward the identification of *BBS3* as well as the detection of *BBS5*.

*1. Initial determination of candidate gene set Gc.* 

To evaluate the genome-wide applicability of the COP method, the 21,184 predicted and verified human genes (as annotated by Ensembl build 22.34a) were chosen as the initial candidate gene set *Gc*.

Marker	Locus	Genetic (cM)	Physical (bp)	<u>IV-7</u>	$V-27$
GAT ABBE12	D3S3049	109.22	78,830,250		
Mfd233A	D3S1254	110.82	82,860,300		
AFM161xg11	D3S1276	111.89	85, 177, 250		
UT674	D3S1663	111.89	85,538,500		
AFM294zf9	D3S1595	112.42	86,092,000		
AFMb350ze1	D353671	112.96	86,888,500		
GAT A13HDB	D352386	114.02	87,839,500		
<b>Mfd210A</b>	D3S1251	114.02	95,598,000		
ATC3D09	D3S1752	114.02	99,066,250		
AFM126zc5	D3S1271	117.76	102,055,750		
AFMb327yb5	D353655	117.76	103,025,500		
GAT A11F06	D3S1753	117.76	103,173,750		
AFM222xb12	D3S1302	124.83	109,873,500		

**Figure 3**. Refinement of genetic localization of the BBS3 candidate interval. The genetic map was obtained from the Marshfield Medical Clinic Web site, and the physical map distances were obtained from the UCSC Genome Browser on the basis of the July 2003 data release. Critical recombination events are also illustrated. The patient identification terminology is the same as was published previously (Sheffield et al. 1994).

*2. Selection of positive and/or negative sets of species: S<sup>+</sup> and/or S- , based on training* 

*gene set G<sup>t</sup> .* 

Since there were already six known BBS genes, the six BBS proteins BBS1, BBS2, BBS4, BBS6, BBS7, BBS8 were selected as the training gene set *G<sup>t</sup>* . The existence of orthologs of human BBS proteins in the distantly related invertebrate roundworm *Caenorhabditis elegans*, suggests BLAST as a better similarity analysis tool. Moreover, it also ruled out the use of the biological structure "backbone" as a partitioning factor. While many parameters can be utilized as a conservation metric, including singular or combinatory use of e-value, percentage identity (of match),

and/or match length, analyses using BBS genes as an example determined the use criteria other than e-value did not exhibit improvement in sequence conservation detection.

A phylogenetic profile of  $G_t$  genes generated from similarity analysis with BLAST in various organisms that are of different evolutionary distance is presented in Table 2. Of note, *BBS6* do not have any orthologs in invertebrate organisms. Interestingly, *Drosophila melanogaster* lacks orthologs (high conservation matches) to BBS2 and BBS7, perhaps implying the specific absence of ciliary related components found in other lower organisms (e.g. TB, CR). Ciliated structures are only found in sensory cilia and the sperm in DM, although in CE, whose proteome contains both BBS2 and BBS7 orthologs but lacks a BBS4 ortholog, cilia is only found in sensory neurons. Reasoning that the low conservation seen in similarity analysis of BBS4 against the *C. reinhardtii* proteome was likely due to incomplete annotation (the complete *C. elegans* genome was sequenced in 1998, compared with a sequenced *C. reinhardtii* genome in 2003 (Li et al. 2003), it was observed that an inverse conservation profile (high conservation of BBS proteins in ciliated organisms, little or no conservation in nonciliated organisms) in five of the six BBS proteins (BBS1, BBS2, BBS4, BBS7, BBS8).

This phylogenetic bifurcation based on the biological structure "cilia", coupled with recent functional studies that found BBS4 and BBS8 localized to basal bodies (Ansley et al. 2003; Kim et al. 2004), prompted the selection of "cilia" as the partitioning factor. Remarkably, the high conservation (as indicated by low e-values) of BBS proteins in lower, ciliated organisms, particularly in unicellular organisms

such as *C. reinhardtii* [CR], *T. brucei* [TB], and *T. cruzi* [TC], suggests increased enrichment or sensitivity of cilia-related and/or BBS genes with the use of these genomes. Thus, the invertebrates *C. intestinalis* [CI], *C. reinhardtii* [CR], *T. brucei*  [TB], and *T. cruzi* [TC] as *S*<sup>+</sup> and *Saccharomyces cerevisiae* [SC] and the land plant Arabidopsis thalina [AT] as *S*. were selected. Multiple organisms were chosen for both  $S_+$  and  $S_-$  to eliminate species-specific genes.

*3. Determination of thresholdsfor similarity filters: Th<sup>+</sup> and/or Th- , based on G<sup>t</sup> .* 

Due to the high conservation (low e-values) even in unicellular organisms (e.g. conservation of BBS2 in TC with an e-value of 4e-98), a single general threshold for both  $S_+$  and  $S_-$  was chosen.

*a. Similarity analysis of Gtrelative to S+, and selection of a similarity threshold*   $Th_{+}$ , whereby a subset of the genes in  $G_t$  *exceed Th*<sub>+</sub>*. This subset is referred to as "Gt+".* 

An e-value of 9e-35 as  $Th_+$  with a "less than" relationship was chosen, this is slightly higher than the highest e-value of 8e-41 (BBS7 to TB) to allow for inclusion of "borderline conservation" candidate genes that may have been otherwise eliminated. The gene subset  $G_t$  that exceed  $Th_+$  include *BBS1*, *BBS2*, *BBS4*, *BBS7*, and *BBS8*.

*b. Similarity analysis of Gtrelative to S- , and selection of a similarity threshold Th- , whereby a subset of the genes in G<sup>t</sup> fall below Th- . This subset is referred to as "Gt-".* 

Similarly, a "greater than" *Th*- e-value threshold of 1e-35 was chosen with a "greater than" relationship (lowest e-value of 5e-13 from BBS6)

comparison to SC) to specifically filter out those genes with high conservation to retain borderline conservation candidate genes. The gene subset  $G_t$  that fall below *Th*- contains BBS1, BBS2, BBS4, BBS6, BBS7, and BBS8.

*4. Computational application of filters S+ and S- to candidate gene set Gc.* 

Similarity analysis of  $G_c$  relative to  $S_+$  and/or  $S$  to yield three subsets of genes  $G_{c+}$ ,  $G_{c+}$ ,  $G_{c+}$ . Where appropriate, a high stringency criterion of having high conservation (e-value  $\leq$  9e-35) in all four organisms (CI, CR, TB, and TC) of  $S_+$ and/or low conservation (e-value  $\geq$  1e-35) in both species of *S*. (SC and AT) were selected.

*a. Similarity analysis of G<sup>c</sup> relative to S+, and retention of candidates exceeding Th+. This subset is referred to as "* $G_{c+}$ *".* 

Of the five genes in *G<sup>t</sup>* use for training *Th*+, only four (*BBS1*, *BBS2*, *BBS7*, *BBS8*) remained in the 1,588 gene set that make up *Gc*<sup>+</sup>(Table 3). *BBS4* was eliminated by the incomplete annotation of the CR translated genome. The list of the 1,588 genes, hereafter referred to as the "cilia set". The cilia set of genes include those genes involved in axoneme, the core component of ciliary structures, such as dynein light chain (e.g. *DNALI1*), dynein intermediate chain (e.g. *DNAI2*), dynein heavy chain (e.g. *DNAH12*), intraflagellar transport genes (e.g. *IFT88*, *IFT74*) as well as genes found in eukaryotes such as those of kinases (e.g. *MAPK9*, *MAP3K1*), DNA repair (e.g. *RAD51*, *MLH1*) and molecular motors (e.g. *MYO7A*, *ACTB*, *TUBA2*).

	All Ensembl genes	$S_{+}$ filter only	$S_+$ and $S_-$ filters
All chromosomes	21,184 $(G_c)$	1,588 $(G_{c+})$	114 $(G_{c+})$
BBS3 interval	62 $(G_{c, A/BBS3 interval})$	$4(G_{c+A/BBS3\;interval})$	$0(G_{c+\Delta/BBS3\;interval})$

**Table 3.** Ensembl genes from each stage of the comparative genomic approach.

*b. Similarity analysis of G<sup>c</sup> relative to S- , and rejection of candidates falling below Th*<sub>*-*</sub> *This subset is referred to as "* $G_c$ *-".* 

All six known BBS proteins (*BBS1*, *BBS2*, *BBS4*, *BBS6*, *BBS7*, *BBS8*) were included in the gene subset  $G_c$ - along with genes coding for IFT (e.g. *IFT122*).

*c. Combination of similarity analyses of Gc relative to S+ and S- , and retention of candidates exceeding Th+ as well as the rejection of candidates falling below Th-This subset is referred to as "Gc+-".* 

The intersection of  $G_c$  and  $G_c$  results in the most stringent set  $G_c$ <sup>+</sup> which is intended to enrich for genes involved in cilia, as the similarity analysis relative to *S*- was designed to remove those essential and common genes to all eukaryotes. Some of the 114 members, hereafter referred to as "restricted cilia set", include genes involved in IFT (e.g. *IFT88*, *IFT52*), axonemal components (e.g. *DNAH11*, *DNALI1*, *DNAI1*). Interestingly, members of the the tubulin tyrosine ligase-like (TTLL) family (e.g. *TTLL4*, *TTLL7*) and cAMP-specific 3',5'-cyclic phosphodiesterases (e.g. *PDE8A*, *PDE4D*) are highly enriched in this set.

Of note, two genes in  $G_{c+}$  (the cilia set) mapped to the BBS5 critical interval: NM\_024753 (ENSG00000123607) and NM\_152384

(ENSG00000163093). Even though NM\_152384 was identified as *BBS5* by a separate group during the course of our study, the ability to enrich (reduce) the candidate genes in the *BBS5* candidate interval in a genome-wide prioritization lends credence that the COP method may be used to prioritize candidate BBS genes. As none of the 114 genes in *Gc*+- mapped to the *BBS3* critical interval, additional criteria were employed to prioritize the candidate genes in the BBS3 critical interval.

- *5. Application of additional criteria, A, for candidate gene ranking. Intersection of the subset of genes prioritized based additional criteria, A, to gene subsets*  $G_c$ ,  $G_c$ <sup>+</sup>,  $G_c$ <sup>-</sup>, *and*  $G_{c+}$ *. This subset is referred to as "* $G_{c,A}$ ", " $G_{c+A}$ ", " $G_{c-A}$ ", and " $G_{c+A}$ ", *respectively.* 
	- *a. Utilization of known or suspected linkage interval(s).*
	- *b. Utilization of available expression information.*
	- *c. Utilization of animal model(s) information.*
	- *d. Utilization of other annotations (e.g., Gene Ontology Consortium [GO] (Ashburner et al. 2000), protein domain similarities).*

Armed with the additional criteria from linkage interval *A*[BBS3 interval] applied to *Gc*, only 62 genes remained that make up *Gc*,*A[BBS3 interval]*. From the genome-wide *Gc* analysis, it was known that *Gc*+-,*A[BBS3 interval]* is an empty set. Further investigation determined that this was due to *Th*- (i.e. *Gc*-*,A[BBS3 interval]* is also an empty set) and not *Th*+. The candidancy of the four genes in *Gc*+*,A[BBS3 interval]* as putative BBS genes were evaluated based on additional functional information. The four genes (*ARL6*, *NIT2*, *WWP1*, and *PCNP*) are listed in Table 4 by their Ensembl gene

ID, gene symbol, gene description, protein domain and functional annotation. Based on internal laboratory experiments A[experiment] in which intracellular defects were observed in zebrafish BBS models (Yen et al. 2006) and annotation from Gene Ontology, A[GO], *ARL6* was selected as the best candidate gene (i.e. the set *Gc*+*,A[BBS3 interval],A[zebrafish BBS models],A[GO]* contains only one gene - *ARL6*).

Ensembl gene ID	Gene symbol	Gene description	Protein Domain	Functional annotation
ENSG000 00113966	ARL <sub>6</sub>	$ADP-$ ribosylation factor 6	ADP ribosylation factor (ARF)	Intracellular protein transport, small GTPase mediated signal transduction
ENSG000 00114021	NIT <sub>2</sub>	Nitrilase protein 2	Nitrilase	Nitrogen compound metabolism
ENSG000 00189290	WWP1	E3 ubiquitin ligase	WW domains and <b>HECT</b>	Ubiqutin ligase activity
ENSG000 00081154	<b>PCNP</b>	PEST- containing nuclear protein	<b>PCNP</b>	Cell cycle

**Table 4.** Four genes  $(G_{c+A/BBS3 interval})$  in the *BBS3* interval that are highly conserved in ciliated organisms.

Abbreviations: WW, tryptophan-tryptophane domain; HECT, homologous to the E6 associated protein carboxyl terminus; PNCP, PEST-containing nuclear protein.



**Figure 4**. BBS3 mutation (R122X) detected in a large Bedouin kindred. *A,* Sequence from an affected individual from the Bedouin family and a controlsample, showing the homozygous  $C \rightarrow T$  change that results in premature termination at codon 122. Data for the figure generated by A. Ferguson. *B,* An example of the *Taq*Irestriction enzyme digest that was used to confirm the R122X mutation. Data for the figure generated by C. Searby. The mutation results in the abolition of a *Taq*Isite within exon 7. Following *Taq*I digestion of a PCR fragment containing exon 7, the wild-type allele is observed astwo bands (142 bp and 170 bp), whereasthe uncut mutant allele produces a 312-bp fragment. For the pedigree, the hatched symbols represent BBS carriers, as determined by genetic analysis; the filled symbol denotes an individual with BBS; and the open symbols are unaffected individuals. The patient-identification terminology is the same as was published previously (Sheffield et al. 1994), with the exception of the 0, which denotes a sample that was not previously available. *C,* The genomic structure of the *ARL6* gene is shown, with the blue shading representing the translated region. The two *ARL6* isoforms that are produced by alternative splicing are shown below. The location of the R122X mutation within the *ARL6* gene is indicated in red.

#### **4.4 Mutational analysis identifies** *ARL6* **as** *BBS3*

Mutational screening in all 13 of the BBS3 patients (performed by Amanda

Ferguson of the Sheffield laboratory) detected a nonsense mutation  $(C \rightarrow T)$  that results in

truncation of the last 65 amino acids (aa) of the normal (186 aa) ARL6 protein and confirms that *ARL6* is *BBS3* (Chiang et al. 2004). A representative chromatograph showing the R122X mutation in an affected individual, compared to a control sample is shown in Figure 4A (data generated by A. Ferguson). Figure 4B depicts a restriction enzyme assay (based on a TaqI site in exon 7) that was used to confirm the mutation (data generated by Charles Searby of the Sheffield laboratory). Although *ARL6* has two isoforms derived from alternative splicing of exon 2, the R122X mutation lies in exon 7 and affects both isoforms (Figure 4C).

# **4.5 Identification of additional BBS genes using similar comparative genomic approach**

#### **4.5.1 Identification of** *BBS5*

The identification of *BBS5* was briefly described above (section 4.3, COP method 4C). Li et al. (2004) compared the human proteome to the proteomes of *C. reinhardtii* as  $S_+$  and *A. thaliana* as *S.* with both  $Th_+$  and  $Th_-$  at 1e-10 to construct the flagellar apparatus-basal body (FABB) proteome containing 688 proteins. Only two of the 230 proteins that mapped to the BBS5 critical interval were found in FABB: NM\_024753 and NM\_152384. Complete sequencing of the coding regions of NM\_152384 detected mutations in BBS patients from four different families, thus identifying NM\_152384 as *BBS5*. Unlike the COP method, in which the *Th*<sup>+</sup> and *Th*- were selected based on previously known BBS genes (training gene set), the chosen e-value thresholds (1e-10) of the

comparative genomic approach employed by Li et al. (Li et al. 2005) was not based upon a training gene set *G<sup>t</sup>* .

#### **4.5.2 Identification of** *BBS9*

Nishimura et al. (Nishimura et al. 2005) chose ciliated organisms *T. cruzi* and *Leishmania major* as *S*+, *Giardia lambia* [GL], a flagellated eukaryote without any of the know BBS orthologs (based on similarity analysis comparing the known BBS proteins against the predicted proteome of GL), and *S. cerevisiae* as *S*- . 239 unique proteins were obtained from the use of an e-value of 1e-37 as both  $Th_+$  and  $Th_-$  and a stringency criterion in which proteins were eliminated if similarity analysis fulfilled "greater than" *Th*- in either GL or SC. By intersecting these proteins with data from homozygosity mapping (with high density [10K] SNP chips), as well as reduced gene expression in *Bbs4-/-* mouse models, they were able to identify the parathyroid hormone-responsive B1 (*PTHB1*) gene as *BBS9*.

#### **4.5.3 Identification of** *BBS5* **using an alternative approach**

Fan et al. (Fan et al. 2004) employed a different strategy to identify *ARL6* as *BBS3*. Reasoning that the existence of a DAF-19 RFX transcription factor binding site (X box) is found in the promoters of all *C. elegans* bbs genes, they detected 168 X box-containing genes that have human orthologs. Three of these mapped to the BBS3 critical interval and complete sequencing of all three genes detected different missense mutations in four separate families, thus identify *ARL6* as *BBS3*.

#### **4.6 BBS and** *ARL6*

ARL6 was not in *Gc*-*,A[BBS3 interval]* due to *Th*- of 1e-35. Similarity analysis of ARL6 to SC and AT resulted in e-values of 1e-36 and 4e-36, respectively. While a decrease in stringency of *Th*- to 1e-37, for instance, would result in elimination of best BLAST hit matches of CAA98769 (in SC) and AB87634.1 (in AT), additional analysis determined that those two proteins are considered orthologs (i.e. the hits are reciprocal best hits) and is reflected in the multiple alignment of ARL6 and the top hit (from BLAST analysis) of various proteomes (Figure 5). Note that while the best BLAST hit to (human) ARL6 in SC (CAA98769), AT (AB87634.1), and AN (EAA66244) show high protein sequence identity and conservation, the arginine at residue 122 is not conserved in SC, AT, or AN.

Despite the fact it took more than a decade to clone *ARL6*, after an ~11 cM candidate interval was first defined in 1994 (Sheffield et al. 1994), the identification of *ARL6* as *BBS3* is considered a story of success. This is because for a rare, autosomal recessive disorder such as BBS, the number of clinical samples (in conjunction with denselyspaced genetic markers) is crucial. The lack of additional families combined with a reasonable number candidate genes (62) stalled the discovery effort. Only with additional prioritization was *ARL6* identified as *BBS3*. The use of comparative genomics can be applied to speed up the rate of disease gene discovery, particularly for BBS. This is illustrated by a novel application of comparative genomics in the identifications of *ARL6* as *BBS3* using COP, of *BBS5* and *BBS9* using similar comparative genomic methods. However, it is worthwhile to note that comparative genomics was only one of many components responsible for successful discoveries in each case. Using the *BBS3*



**SC CAA98769** 

**Figure 5**. Multiple alignment of ARL6 (HS\_NP\_115522) and the corresponding best BLAST hit in 11 other model organisms. The mutation (R122X) is denoted by an arrow. Each sequence is denoted by the first letter of the genus-species name, followed by a GenBank accession number (whenever possible) or a unique identifier (e.g., "DM\_NP\_611421" refers to the protein represented by NP\_611421 in the genome of *Drosophila melanogaster*). Consensus residues are shown in red; conserved residues are shown in blue. Numbers flanking sequences correspond to the position of the residue within each sequence (excluding gaps). Abbreviations are as follows: HS, *Homo sapiens*; MM, *Mus musculus*; RN, *Rattus norvegicus*; CI, *Ciona intestinalis*; DM, *Drosophila melanogaster*; CE, *Caenorhabditis elegans*; TB, *Trypanosoma brucei*; TC, *Trypanosoma cruzi*; CR, *Chlamydomonas reinhardtii*; AN, *Aspergillus nidulans*; AT, *Arabidopsis thaliana*; and SC, *Saccharomyces cerevisiae*.

discovery with COP as an example, the COP method was only successful when applied to a mapped interval. This reduced the 62 candidate genes to 4. Only with additional prioritization based on function annotation (GO – intracellular transport) and zebrafish BBS models did *ARL6* emerge as the best candidate gene. Thus, the discovery of *BBS3* was made possible by the integration of multiple sources of functional information.

While the specific function of ARL6 is unknown, ARL6 is the first BBS gene with significant functional information. ARL6 contains an ADP-ribosylation factor (ARF/SAR) domain, which is named after the best characterized members of the family ARF1, ARF6 and SAR1. Members of the ARF/SAR protein family have been implicated in the regulation of vesicle assembly and intracellular trafficking (D'Souza-Schorey and Chavrier 2006). There are at least 50 members of the ARF/SAR protein family in the human genome, thus ARL6 may perform a specialized function related to vesicle assembly and intracellular trafficking. The fact that ARL6 belongs to a protein family with a reasonable number of members is consistent with the seven identified BBS genes. BBS6 has a weak similarity to chaperonin domain, of which there are many members. BBS1, BBS3, and BBS7 contain coiled-coil domain, which is a very common protein domain. This is also true of TPR containing proteins, which include BBS4 and BBS8. Based on protein domain similarity, one general statement can be made. BBS proteins contain commonly found domains, perhaps reflecting the specificity and scope of phenotypes found in BBS patients. By building on existing studies of other ARF containing proteins, the study of ARL6 may provide quick insights into the pathophysiology of BBS.

#### **CHAPTER 5**

#### **IDENTIFICATION OF** *TRIM32* **AS** *BBS11*

# **5.1 BBS11 family and linkage mapping**

At the end of 2004, there were no more BBS mapped critical intervals. Yet mutation screening of the eight known genes indicates that additional BBS genes and mutations have yet to be identified. This can partly be attributed to the limited number of meioses that do not provide strong linkage signals (at any single locus). However, clinical samples of a new BBS family, hereafter referred to as BBS11 family, was identified in late 2004, giving rise to the possibility of an additional BBS interval. The pedigree of this small family is shown in Figure 6. This Israeli Arab Bedouin family is highly consanguineous, as indicated by double horizontal bars.



**Figure 6**. Pedigree of the BBS11 family. Males are represented by boxes and females are represented by circles. Affected individuals are shaded. Double horizontal bar indicate consanguineity, or inbredness.

#### **5.1.1 Clinical features of BBS11 family**

Table 5 lists the clinical phenotypes of the BBS11 family. The affected individuals have BBS hallmark phenotypes including obesity (high BMI), polydactyly, retinitis pigmentosa, mental retardation, and genital defects.

Fam ID BMI HC (cm) BW (g) Polydactyly/ syndacyly  $RP/$  blindness  $MR$  Genital defects Comorbidity V-6 24.88 52.5 4,500 Polydactyly right and left feet, syndactyly, wide and short forefeet Night blindness, RP MR Micropenis s/p asthma V-5 22.77 51.0 3,500 No polydactyly, wide short forefeet Night and day blindness, RP, cong. ptosis, nistagmus, bilateral esotropia MR  $V-4$  | 26.78 | 51.5 | 4,000 | Polydactyly: left hand (bifid  $5<sup>th</sup>$ finger), right and left feet. Brachydactyly, wide and short forefeet MR  $V-1$  19.15 52.5 2,570  $V-7$  16.58 51.0 3,250  $V-8$  13.19 48.5 2.500  $V-2$  19.63 2.750  $V-3$  | 19.29 | 52.0 | 3,200 V-9 13.87 50.0 3,250 No polydactyly Night blindness, RP  $MR$  s/p craniosyno stosis surgery IV-1 | 27.70 | 51.0 IV-2  $32.74$  56.0

**Table 5.** Clinical phenotypes of BBS11 family.

Abbreviations: Fam ID, family identifier; BMI, body mass index; HC, head circumference; BW, birth weight; RP, retinitis pigmentosa; MR, mental retardation.

#### **5.1.2 Genome-wide linkage mapping**

The high degree of consanguineity in the BBS11 family makes it a good candidate for mapping the disease locus by homozygosity mapping. STRP genotyping using 400 highly informative STRP markers was performed by John Beck of the Sheffield laboratory. However, no informative STRPs were homozygous in all four affected individuals.

Reasoning that the density provided by STRPs (average intermarker density of  $\sim$ 10 Mb) was insufficient, the use of high-density SNP (Single Nucleotide Polymorphism) microarrays for application toward linkage mapping was evaluated. While the informativity of SNPs on the (Affymetrix) microarrays (average heterozygosity of 0.3) as compared to those of genotyping STRPs (average heterozygosity of  $>0.7$ ), is much lower, it is anticipated the the SNP arrays can overcome this deficiency by using large number of markers to achieve greater coverage at finer resolution. To identify homozygous regions consistent with linkage, the four affected members of the BBS family were genotyped with the Affymetrix GeneChip HindIII array (of the two-chip 100K set) containing 57,244 SNPs (average intermarker distance ~47 kb). The SNP genotyping was performed by John Beck of the Sheffield laboratory.

In order to identify regions of homozygosity across all four affected individuals, a simple "homozygosity allowing for NoCalls" (HANC) criteria was implemented. As the SNPs chosen for the SNP arrays are biallelic, there are three possible genotype states at every SNP: AA, AB, or BB. Both genotypes of AA and BB are considered homozygous, while an AB genotype is not. Additionally, as each genotype assignment ("call") is made based on the detected fluorescence of twenty probe pair sets for each allele, each

genotype call is assigned a confidence value (CV) between 0 and 1, with 0 being the highest confidence. Thus, for those SNPs, for which a clear SNP genotype (AA, AB, or BB) cannot be assigned, a fourth "NoCall" state is assigned (with high CVs) in its place. For this additional genotype state, the HANC criteria excludes any SNP genotypes assigned with "NoCall" from being considered. In other words, the NoCall genotypes are merely passive placeholders. Six examples illustrating the HANC criteria are shown in Table 6.

**Table 6**. Six hypothetical SNP genotyping examples (1-6) illustrating the HANC (homozygous allowing for NoCalls) criteria as applied to four individuals (V-4, V-5, V-6, and V-9).

Example /	V-4	$V-5$	$V-6$	$V-9$	Homozygous?
Individual					
	AA	AA	<b>BB</b>	<b>BB</b>	N <sub>o</sub>
	AA	AB	AA	AA	N <sub>o</sub>
3	<b>BB</b>	<b>BB</b>	<b>BB</b>	<b>BB</b>	Yes
$\overline{4}$	NC	NC	NC	NC	Yes
	AA	NC	NC	<b>BB</b>	N <sub>o</sub>
6	N <sub>C</sub>	<b>BB</b>	NC	<b>BB</b>	Yes

SNPs fulfilling the HANC criteria are considered homozygous.

Briefly, SNP example 1 (second row) demonstrates that while the SNP genotypes across all four affected individuals (V-4, V-5, V-6, and V-9, the identifier correspond to those in Table 6) are homozygous, they do not share identical homozygous SNP genotypes (e.g. V-5 has AA compared with BB genotype of V-6) and therefore would not be classified as a homozygous SNP under the HANC criteria. Example 2 shows that individual V-5 is not homozygous (SNP genotype of AB) and thus the SNP would not be classified as homozygous. Examples 3 and 4 illustrate two instances in which the SNP

genotypes would be considered homozygous. Example 5 reinforces the idea behind example 1 (AA in V-4 is not equivalent to the BB genotype in V-9), as well as the "NoCall" (in individuals V-5 and V-6) exclusion criterion. This exclusion is also demonstrated by the sixth and final example whereby the SNP genotypes of V-4 and V-6 are ignored. Only the genotypes of V-5 and V-9 are evaluated for homozygosity in the final example and because both share identical genotype (BB), the SNP genotype is considered homozygous.

A "slice" of the homozygosity analysis based on the HANC criteria can be seen in Figure 7. First, each individual SNP is evaluated for homozygosity using the HANC criteria. SNPs that are considered homozygous are then highlighted in light yellow. Next, the number of consecutative homozygous SNP - CHS (based on the physical location of the SNPs) and the total physical distance (nucleotides) spanned by the CHS "blocks" are computed.

Table 7 shows that individually (when including those SNP genotype calls of NoCalls), each of the affected individuals is homozygous for >75% of the SNPs. On average, the SNP genotype call rate was >96%, and only 42 SNP genotypes ( $\approx 0.07\%$ ) were found in common across all four affected siblings. Not surprisingly,  $32,631 \approx$ 57%) SNP genotypes were homozygous in all four affected individuals, a finding reflecting the relative lack of informativity of SNP markers and the inbred nature of the pedigree. Moreover, the breakdown for the four SNP genotype states and their average CVs conform to the expectation that the three major genotype states (AA, AB, and BB) have lower average confidence values than those of NoCalls.



**Figure 7**. A sample result from the SNP analysis based on the HANC criteria. SNPs fulfilling the homozygosity criteria across all four affected siblings are highlighted in yellow. Each row represents a SNP by its unique identifiers (row number [#], SNP identifier [ID], chromosomal location [Chr], and physical position (in nucleotides) as well as the genotype calls from the four affected siblings (V-4, V-5, V-6, and V-9). Tabulation of the number of consecutative homozygous SNPs (CHS, highlighted in yellow) is stored the CHS column and the physical distance spanned between the CHS "blocks" is store in the Distance column.

**Table 7**. Distribution of the genotyping calls and their associated confidence values (CV) in the four affected siblings (V-4, V-5, V-6, and V-9).

Fam ID	Genot yping rate (% )	$%$ of homozy gosity	$%$ of AA calls	Avg CV of AA calls	$%$ of <b>BB</b> calls	Avg CV of BB calls	$%$ of AB calls	Avg CV of AB calls	$%$ of <b>NC</b> calls	Avg CV of NC calls
$V-4$	98	76	38	0.0072	36	0.0084	24	0.0210		0.3815
$V-5$	92	79	36	0.0150	35	0.0181	21	0.0358	8	0.4094
$V-6$	97	77	38	0.0092	36	0.0116	23	0.0251		0.3832
$V-9$	99	76	38	0.0135	37	0.0147	24	0.0146		0.0151

The consensus row refers to the average or shared percentage (%) across all four individuals. Abbreviations: %, percentage; Avg, average; NC, NoCall.

	$V-4$			$V-5$		$V-6$		$V-9$			<b>Consensus</b>				
Top Regions	Chromosome band	<b>CHS</b>	<b>DIS</b>	Chromosome band	<b>CHS</b>	<b>DIS</b>	Chromosome band	<b>CHS</b>	DIS	Chromosome band	<b>CHS</b>	<b>DIS</b>	Chromosome band	<b>CHS</b>	<b>DIS</b>
1	15q21.3-q26.1	522	33.45	15q21.3-q23	335	15.75	15q21.3-q25.3	506	31.9	12p11.21-q13.13	406	22.36	9q33.1	83	2.40
$\overline{c}$	8q21.13-q22.2	352	17.69	$4q22.1-q23$	283	10.70	9q31.2-q33.2	306	17.0	8q21.13-q22.2	387	18.89	16q16.3	50	0.96
3	9q31.2-q33.2	306	17.07	13q31.1-q31.2	241	9.88	10q22.2-q23.2	258	12.2	8q12.1-q13.1	274	11.66	10q23.1	42	0.90
$\overline{4}$	12q23.2-q24.22	278	17.36	4q21.21-q22.1	216	7.57	9q22.2-q31.1	247	14.3	9q22.31-q31.1	262	14.13	2p22.1	34	1.20
5	$4q22.1-q23$	261	10.18	8q13.2-q21.11	190	6.18	$6q21-q22.1$	165	7.67	12q33.2-q24.21	237	13.92	8q13.3	34	0.69
6	8q21.11-q21.13	226	8.07	13q22.1-q31.1	175	5.65	6q22.31-q22.33	165	6.36	8q143.2-q21.11	222	7.01	3p26.3	32	0.53
$7\overline{ }$	8q13.2-q21.11	214	6.66	6q14.1-q14.3	172	6.11	6q22.1-q22.31	162	5.61	6q14.3-q16.1	216	7.89	2q21.1	30	2.96
8	6q14.1-q15	205	7.83	8p21.2-12	170	7.58	12q13.11-q13.3	126	11.1	6q16.1-q13.3	215	7.92	2q24.3	30	1.00
9	6p25.1-p24.2	199	6.51	8q21.11-q21.13	168	5.53	8p23.2	114	1.19	9q32-q33.2	191	10.00	4q21.22	30	0.67
10	15q21.3	90	3.18	6q16.1	161	5.28	1p36.32-p36.21	104	10.4	12p12.2-p11.23	191	6.84	9q31.1	29	0.95
11				13q21.1-q32.3	155	6.44	6p24.1-p22.3	103	4.29	8q21.11-q21.13	191	6.60	6q16.1	28	0.69
12				13q33.1-q33.2	153	2.84	12q14.1	93	3.76	10q22.3-q23.2	179	7.58	4p15.1	26	1.24
13				12q23.2-q23.3	152	7.04	15q21.3	90	3.18	6q14.1-q14.3	157	5.01	9q31.1	26	1.14
14				13q31.3	147	4.16				12p11.23-p11.21	130	3.72	7q11.2	25	1.25
15				3p14.1-913	133	4.86				6p24.1-p22.3	103	4.29			
16				6p24.2-p22.3	126	5.05				12q14.1	93	3.76			
17				10q23.1-q23.2	115	4.91									
18				10q23.31	109	3.08									
19				6q14.3-q15	98	4 1 8									
20				2q24.3	95	3.42									
21				7p13-p12.3	94	3.63									
22				9q32-q33.1	93	3.41									
23				15q24.1-q25.2	88	8.78									
24				9q31.2-q31.3	88	4.60									

**Table 8**. Top autosomal homozygosity regions, as ordered by the number of consecutative homozygous SNP genotypes (CHS) in the four affected individuals (V-4, V-5, V-6, V-9, cut-off at 80 CHS) as well as the consensus homozygous regions in all four affecteds, cut-off at 25 CHS. The disease locus is shown in bold. Abbreviations: DIS, physical distance

Due to the uninformativity of the SNP markers and the high degree of consanguineity in the family, additional prioritization based on the number of consecutative homozygous SNPs (across all four affected individuals) was performed to yield consensus homozygous regions. Table 8 summarizes the homozygous regions of all four affected individuals as well as the consensus homozygous regions. Fourteen autosomal regions were consistent with linkage based on homozygosity of 25 CHS in the four affected siblings. The largest consensus homozygous region (as defined by the number of CHS) is a 2.4 Mb region in 9q33.1 that is spanned by 83 CHS across all four affected siblings. The next biggest consensus homozygous region is a much smaller region (0.96 Mb) that falls in 16q16.3 and is spanned by 50 CHS. Notably, three regions (15q21.3, 8q21.11, and 6q14.1) were highly homozygous in three of the four affected siblings but failed to be prioritized as a consensus region as a result of the fourth sibling not sharing the region of homozygosity.

Next, in order to reduce cost associated with the use of high-density SNP genotyping and to exclude homozygosity regions found in phenotypically normal individuals, genotyping was performed (by J. Beck) on the the four affected patients, their unaffected siblings, and their parents with STRP markers that mapped within the fourteen regions of apparent homozygosity identified by the SNP genotyping. Genotyping with informative STRPs excluded all but one region as being linked to the disease phenotype, a 2.4-Mb region containing 83 consecutive homozygous SNPs (CHS) on chromosome  $9q33.1$  (Figure 8). Of interest, this region contained no STRPs from the original 400 STRPs that were used for linkage analysis. Logarithm of the odds score analysis (performed by Val Sheffield) using completely informative markers within the

2.4-Mb region reveals highly significant linkage with a maximum logarithm of the odds score of 3.7  $(\Theta = 0)$ .



**Figure 8**. Haplotype of 9q33.1 in the nuclear BBS11 family. The haplotype segregating with the disease phenotype is boxed in affected individuals. Data for the figure generated by J. Beck.

# **5.1.3 9q33.1 Candidate genes and mutational analysis**

Analysis of the 2.4-Mb homozygous region on chromosome 9 reveals four RefSeq

genes [pregnancy-associated plasma protein-A (*PAPPA*, NM\_002581), astrotactin 2

isoform a (*ASTN2*, NM\_014010), tripartite motif (TRIM)-containing protein 32 (*TRIM32*,

NM  $012210$ ), and Toll-like receptor 4 precursor (*TLR4*, NM 138554)] and two

placental-specific genes (*DIPLA* and *DIPLAS*). No gene within the linked interval

showed sequence similarity to the proteomes of microbial eukaryotes such as CR or TB.

Many lines of evidence suggest *TRIM32* as the best BBS candidate gene in the 2.4- Mb interval. First, the expression pattern of *TRIM32* is similar to the other known BBS genes (Reymond et al. 2001; Frosk et al. 2002; Horn et al. 2004). Second, there are three relevant knockout mouse models for genes within the linked interval (no mouse model exists for *Trim32*): *Pappa* (Conover et al. 2004), *Astn1* (a paralog of *Astn2*) (Adams et al. 2002), and *Tlr4* (Hoshino et al. 1999). The phenotypes of the mouse models of the three genes are summarized in Table 9. Briefly, mice with *Pappa-/-* show developmental delays but are fertile, this is in constrast to the absence of flagella in the spermatozoa observed in mouse models of *BBS2*, *BBS4*, and *BBS6*. Similarly, mice with *Astn1-/* exhibit primarily neuronal defects which have not been observed in the three BBS mouse models. Finally, there are three transgene and one knockout mouse models of *Tlr4*. These models display general immunological defects which are not found in mouse BBS models. In short, these three models do not have phenotypes that resemble BBS mouse models (Mykytyn et al. 2004; Nishimura et al. 2004; Fath et al. 2005). Third, functional characterization of other TRIM proteins indicates involvement with components of the cytoskeleton, a finding consistent with the function of other BBS proteins (Kim et al.

**Table 9**. Summary table outlining the phenotypes observed in mouse models of three of the four candidate genes in the *BBS11* candidate interval: Pappa, Astn1, and Tlr4.

<b>Target</b>	Knockout/transgene model(s) phenotypes
gene	
Pappa	Smaller embryo size, slow growth, fertile, delayed bone
	ossification
Astn1	Reduced cerebellum size, abnormal Purkinje cell
	morphology, reduced coordination performance on Rotarod
Tlrd	Hyporesponsive to bacterial liposaccharide

2004; Kulaga et al. 2004; Blacque et al. 2004). Fourth, in terms of being members of protein families, both PAPPA and ASTN2 have only one other paralog (PAPP2 and ASTN1, respectively) while TLR4 has ~14 paralogs. In contrast, TRIM32 belongs to a relatively large protein family consisting of  $\sim$ 70 members. TRIM32 membership in a relatively large protein family fits well with the recent identification of *ARL6* as *BBS3*, which itself belongs to the  $\sim$ 50-member ARF/SAR protein family. In protein families with many members, it is generally believed that each member performs functionally similar but somewhat specialized role. Examples of specializations are differences in spatial (e.g. different cellular localizations) and/or temporal expression (e.g. different developmental stages). Given the specific yet muti-organ system defects observed in BBS patients, some of whom live past their sixth decade, it seems to reason that genes that belonging to large protein families (with some functional redundancies) may be better candidates. Additionally, TRIM32 has been implicated in apoptosis (Horn et al. 2004) which has been observed in the three BBS mouse models in which photoreceptors degenerate as a result of apoptosis (Mykytyn et al. 2004; Nishimura et al. 2004; Fath et al. 2005). The observation of webbing of fingers and toes in BBS patients may also indicate incomplete apoptotic process that involved E3 ubiquitin ligases (which is a predicted function of TRIM32). While any single functional information described above may not be sufficient to prioritize the four candidate genes alone, however, based on the combination of various functional information, *TRIM32* was selected as the best candidate gene.

DNA sequencing of the entire coding sequence and consensus splice sites of the six genes within the 2.4-Mb interval (performed by A. Ferguson and J. Beck) revealed a single potential disease-causing variant in the four affected siblings, a homozygous transition (C388T) resulting in a proline to serine substitution at codon 130 (P130S) in *TRIM32* (Figure 9). The parents were heterozygous for the P130S allele, and all five unaffected siblings were either heterozygous for P130S or homozygous for the normal allele. No P130S alleles were detected in 184 control individuals, including 94 Bedouin Arab control individuals and 90 ethnic diversity controls. The proline residue at position 130 was found in a conserved B-box domain of TRIM32 (Figure 10).



**Figure 9**. Representative *TRIM32* sequence. (*A*) Normal proline homozygote at position 130 (CCT). (*B*) Heterozygous sequence. (*C*) Mutant serine homozygote (TCT). Data for the figure generated by A. Ferguson and J. Beck.



**Figure 10**. Schematic diagram of TRIM32 (653 residues). N-terminal tripartite motif (zinc RING finger, zinc B-box, and coiled-coil domains) and five NHL repeats (solid boxes) are shown.

Mutation screening using single-strand conformational polymorphism analysis of

the coding sequence (of *TRIM32)* in a panel of 90 BBS probands (performed by J. Beck)

failed to detect any additional mutant alleles. Additional studies, described below, were performed to validate *TRIM32* as a BBS gene.

# **5.2** *TRIM32* **expression is strongly correlated with expression of other BBS genes**

The tissue expression pattern of *TRIM32* has been reported (Reymond et al. 2001; Frosk et al. 2002; Horn et al. 2004) and is similar to the pattern of expression of other BBS genes. Expression of *TRIM32* in the mammalian eye and hypothalamus has not been previously evaluated. Northern blot analysis on RNA isolated from multiple mouse tissuesincluding whole eye and hypothalamus with a 3' UTR *Trim32* probe was performed by Ruth Swiderski of the Sheffield laboratory. The northern blot results confirm an expression pattern similar to other BBS genes, including expression in the eye and hypothalamus.

Recent studies in humans and animal models have used microarray expression data from thousands of genes in combination with genome-wide polymorphism data to search for loci controlling variation in gene expression (Brem et al. 2002; Schadt et al. 2003; Morley et al. 2004). This approach, known as expression quantitative trait loci (eQTL) mapping, demonstrates the correlation of expression of specific genes with specific genetic loci. A large-scale eQTL mapping study was performed by other members of the Sheffield and Stone laboratory with a cross of  $120 \mathrm{F}_2$  rats genotyped with 400 STRPs across the rat genome to identify loci involved in regulation of thousands of genes expressed in the eye. In addition to eQTL mapping analysis, pairwise gene expression correlation analysis of the microarray expression data was performed by Todd Scheetz and Kwan-Youn Kim of the Sheffield laboratory to identify genes whose

expression levels are highly correlated among the  $120 \text{ F}_2$  animals. The pairwise correlation analysis was performed to explore the hypothesis that the genetic permutations created by the mapping cross would allow the detection of functional relationships among genes because the regulatory mechanismsshared by related genes would likely cause their expression to respond to biological variations in a coordinated fashion.

The Affymetrix rat 230.20 chip containing  $\approx$  31,000 probe sets was used for the experiments, and  $\approx 19,000$  probe sets, including the nine known BBS genes and *Trim32*, were shown to be expressed in the eye and exhibit enough expression variation among the 120  $F_2$  animals to allow for detection of significantly correlated expression. Evaluation of pairwise gene expression correlations in the eyes from the  $120 \, \text{F}_2$  rats revealed that the expression levels of the nine known BBS genes were positively correlated with one another. Specifically, of the 36 possible pairwise comparisons of expression correlations among the nine BBS genes, all displayed positive correlation and 21 of the 36 comparisons were individually statistically significant (Table 10). The correlation among the nine known BBS genes was determined by comparing the mean multiple correlation coefficient of each gene individually to the other eight, and the significance of this value was assessed by comparing it to 10,000 randomly selected sets of nine genes. The result is highly significant ( $P = 0.0027$ ). This finding leads to the hypothesis that expression of novel BBS genes should be positively correlated with the known BBS genes and suggests an approach for prioritizing candidate BBS genes. The pairwise gene expression variation correlation of each gene in the 2.4-Mb 9q33.1 candidate interval with the nine known BBS genes was examined. The only gene demonstrating significant positive
correlation with multiple BBS genes was *Trim32* (Table 10). The significance of the correlation of *Trim32* was determined to be *P* < 0.0001 based on a multiple correlation coefficient of 0.72 between *Trim32* and the nine known BBS genes and after correcting for assessment of the multiple genes in the interval.

**Table 10**. Pairwise (Pearson's) correlation expression values (among the 120 F2 rats analyzed with Affymetrix expression arrays) between the nine known BBS genes and four genes in the 9q33.1 candidate interval.

Gene Name	<b>BBS1</b>	BBS2	BBS3	BBS4	BBS5	<b>BBS6</b>	BBS7	<b>BBS8</b>	<b>BBS</b> 9	<b>TRI</b> M32	PAPP A	<b>ASTN</b> 2	<b>TLR</b> $\overline{4}$
BBS1	1	0.59	0.44	0.41	0.47	0.43	0.53	0.40	0.47	0.40	$-0.36$	$-0.29$	0.22
BBS <sub>2</sub>		1	0.71	0.41	0.69	0.55	0.73	0.72	0.68	0.58	$-0.30$	$-0.38$	0.35
BBS3			1	0.31	0.82	0.34	0.78	0.77	0.57	0.60	$-0.17$	$-0.18$	0.28
BBS4					0.54	0.25	0.62	0.23	0.31	0.23	$-0.08$	$-0.25$	0.23
BBS5					1	0.34	0.79	0.65	0.52	0.63	$-0.22$	$-0.28$	0.30
BBS6						1	0.46	0.35	0.30	0.40	$-0.24$	$-0.35$	0.52
BBS7							1	0.65	0.57	0.53	$-0.16$	$-0.32$	0.38
BBS8								1	0.58	0.62	$-0.25$	$-0.15$	0.24
BBS9										0.49	$-0.37$	$-0.30$	0.10
TRIM 32										1	$-0.44$	$-0.34$	0.43
PAPP A											1	0.27	$-0.29$
<b>ASTN</b> 2												1	$-0.50$
TLR4													1

Empirically, correlation values  $>0.48$  are significant at  $P < 0.05$ , and correlation values  $>0.64$  are significant at  $P < 0.01$ . Data for the table generated by T. Scheetz and K. Kim.

## **5.3 Knockdown of TRIM32 in zebrafish reveals BBS phenotypes**

Recently, zebrafish BBS models have been developed using antisense morpholino oligonucleotides (MOs) to knock down the expression of BBS genes in developing zebrafish embryos (Yen et al. 2006). Two specific phenotypes were observed in common with individual knockdown of known BBS zebrafish orthologs (bbs1–bbs8): (*i*) disruption of Kupffer's vesicle (KV), a transient ciliated organ involved in left–right



**Figure 11**. Representative KV phenotypes and summary of zebrafish *trim32* knockdown. (*A*–*D*) Photographs of live zebrafish embryos at the 10- to 13-somite stage. (*A*) KV (dashed box) located in the posterior tailbud in a representative control-injected embryo. (*B*) Control KV (arrowhead). (*C*) *trim32* MO-injected embryo with a reduced KV (arrowhead). (*D*) *trim32* MO-injected embryo with no morphologically visible KV (arrowhead). (Magnifications: *A*, x5; *B*–*D*, x10.) (*E*) Percentage of zebrafish with altered KV (reduced or absent). MO refers to zebrafish *trim32* antisense MO-injected embryos. In rescue experiments, WT, P130S, or D487N containing full-length *trim32* mRNA was coinjected with the *trim32* MO. Controls were injected with an MO containing mismatched bases to the *trim32* sequence. Thirty-six percent of *trim32* MO-injected embryos displayed KV defects, whereas only 2% of control-injected embryos exhibited KV defects  $(P < 0.0001)$ . Both WT human *TRIM32* (4%) and the D487N allele (11%) rescued the KV phenotype (not significantly different from controls); however, the P130S allele (30%) failed to rescue the KV phenotype  $(P < 0.0001$  compared with controls). Data for the figures generated by J. Beck, Hsan-Jen Yen, and Marwan Tayeh.



**Figure 12.** Summary of the melanosome transport assay in 5-day zebrafish embryos injected with *trim32* MO with and without mRNA rescue. Control MO- and *trim32* MOinjected embryos were observed for melanosome transport response time after epinephrine treatment. Embryos treated with *trim32* MO alone showed an average response time of 178 s compared with an average 94-s response time for embryos treated with the control MO ( $P < 0.0001$ ). Both WT human *TRIM32* (103 s) and the D487N allele mRNA (103 s) rescued the melanosome transport defect (not significantly different from controls). The P130S allele (158 s) failed to rescue the transport defect  $(P < 0.0001)$ compared with controls). Data for the figure generated by J. Beck.

patterning, and (*ii*) delay of intracellular transport as determined by measuring the intracellular rate of retrograde melanosome transport (Yen et al. 2006). To determine whether knockdown of zebrafish *trim32* results in similar defects, the zebrafish trim32 sequence was first identified by BLAST analysis using human TRIM32 as the query sequence and subsequently sequenced by J. Beck. The zebrafish trim32 is 62% identical and 75% similar to the human protein. Knockdown of zebrafish *trim32* with an antisense MO flanking the initiator methionine resulted in 36% of fish having abnormal KV as defined by a reduced KV diameter compared with control-injected embryos (*P* < 0.0001) (Figure 11). This finding is consistent with those observed with knockdown of other zebrafish BBS orthologues(range 25–40%) (Yen et al. 2006). In addition, similar to knockdown of other BBS genes, *trim32*-MO injected fish showed a delay in melanosome transport compared with controls  $(P < 0.0001)$  (Figure 12). Both the KV and melanosome transport phenotypes were rescued when MOs were coinjected with normal human *TRIM32* mRNA (*P* < 0.0001) (Figures 11 and 12).

Of interest, a single *TRIM32* missense variant (D487N) has been reported to cause limb-girdle muscular dystrophy type 2H (LGMD2H) (Figure 10) (Frosk et al. 2002). To evaluate the known human *TRIM32* variants as BBS-causing mutations, expression constructsindividually containing the BBS P130S allele and the LGMD2H D487N allele were individually generated by C. Searby (Figure 10). Coinjection of the variant human mRNAs with the *trim32* MO was performed by J. Beck to determine whether mutant variants could functionally rescue both the KV defects and the melanosome transport delay. Human *TRIM32* mRNA containing the P130S variant failed to rescue both the KV defect and melanosome transport, indicating that the P130S variant results in an abnormal protein. Human *TRIM32* mRNA containing the D487N variant successfully rescued both phenotypes (Figures 11 and 12). In short, two functional analyses (pairwise correlation in the eye eQTL study and zebrafish knockdown and rescue experiments) further support that *TRIM32* is a BBS gene.

#### **5.4 TRIM32 and BBS**

TRIM32 was first characterized in a yeast two-hybrid study screening for proteins that bind to the Tat protein, a protein that activates the transcription of lentiviruses

(Fridell et al. 1995). As a member of the TRIM protein family (of which there  $\sim$ 70 members in the human genome), TRIM32 contains the shared N-terminal domain structure composed of a zinc RING finger, a zinc B-box, and a coiled-coil domain found in all TRIM proteins. The C-terminal of TRIM32 consists five C-terminal NHL repeats and is only found in one other TRIM protein, TRIM2, which also contains a filamin protein domain. The BBS mutation (P130S) in TRIM32 affects the N-terminal B-box domain. The B-box domain is composed of ~40 aa and spanned by eight ligands of cysteines and histidines in the highly conserved  $C-x_2$ -[CH]- $x_{7-12}-C-x_2$ -[CH]- $x_4-C-x_2-C-x_3$ .  $_{6}$ -H-x<sub>2-4</sub>-H motif. The proline mutated in the BBS11 family is the  $2^{nd}$  (of 4) residue between the final two ligands. With their non-polar, hydrophobic ring-based structure (no free amino group), prolines are known for introducing a 'bend' in  $\alpha$ -helices. Thus, it seems likely that a substitution by a polar, hydrophilic serine residue (in place of proline) may cause a change in the conformation of TRIM32 to alter its activity. Members of the TRIM protein family participates in a variety of cellular processes, including apoptosis, cell growth, differentiation, transcriptional regulation, and ubiquitination. Recent studies show that TRIM32 has E3 ubiquitin ligase activity and binds to the head and neck region of myosin and ubiquitinates actin (Kudryashova et al. 2005), implicating TRIM32 in regulating components of the cytoskeleton, a function that fits well with the observed zebrafish knockdown phenotypes (Yen et al. 2006).

Of note is a previous report that a single TRIM32 missense variant (D487N) is associated with autosomal recessive LGMD (Frosk et al. 2002). There are many examples where different mutations in the same gene can result in different disorders (Bonne et al. 1999; Cao and Hegele 2000; Muchir et al. 2000; Speckman et al. 2000;

Eriksson et al. 2003). The TRIM32 LGMD2H mutation lies in a different domain (Cterminal NHL domain) than the BBS mutation (N-terminal B-box domain). A study of 37 members of the TRIM protein family has shown that ablation or disruption of N-terminal domains have differential subcellular localization effects than those observed with disruption of C-terminal domains (Reymond et al. 2001). A recent study determined that the LGMD2H allele D487N did not affect the E3 ubiquitin ligase activity, whereas disruption of TRIM32 coiled-coil domain reduced the binding affinity to myosin (Kudryashova et al. 2005). The hypothesis that different domains of TRIM32 may be involved in different processes issupported by our study of the two different mutations in the zebrafish model system. Although the LGMD2H D487N mRNA is able to rescue the zebrafish *trim32* knockdown phenotypes, the P130S mRNA does not rescue the zebrafish knockdown phenotypes, indicating that the P130S mutation disrupts aspects of the protein function that are not affected by the D487N variant.

Similar to the identification of *BBS3*, the discovery of *TRIM32* as *BBS11* resulted from the integration of multiple sources of functional information. The combined use of the linkage interval (9q33.1) from the high-density SNP genotyping, the elimination of candidate genes based on animal models and expression profile of all the genes in the BBS11 candidate interval, as well as existing functional information on *TRIM32* helped to prioritize *TRIM32* as the best candidate gene in the interval.

*TRIM32* is the first BBS gene identified to be involved in the ubiquitin/proteasome system. This system of protein degradation is a multistep cascade that relies on a series of enzymes to tag substrates with multiubiquitin for degradation (Ciechanover 2005a; Ciechanover 2005b; Hershko 2005; Rose 2005). The third enzyme in this series, an E3 ubiquitin-protein ligase, of which there are many in the human genome, is involved in the recognition and transfer of ubiquitin to the protein substrate. Determination of substrate specificity provided by TRIM32 may help to explain the highly specialized and multiorgan system defects observed in BBS patients. Additional BBS genes may be either direct or downstream targets of TRIM32.

#### **CHAPTER 6**

#### **PHYLOGENETIC PROFILES OF SOME DISEASE PROTEINS**

#### **6.1 Introduction**

The development of a novel application of comparative genomic approach (COP) toward candidate gene prioritization has been outlined in Chapter 3. This comparative genomic approach has been shown to be powerful for the identification of BBS genes (Chapter 4; Chiang et al. 2004; Li et al. 2004; Nishimura et al. 2005). This chapter explores the possibility of utilizing the COP method for more general disorders. That is, perhaps disease genes (proteins) causing diseases other than BBS have similar (though not identical) phylogenetic profiles. To explore the answer to this question, the phylogenetic profiles of several genetically heterogeneous diseases that involve ciliated and nonciliated structures were chosen. In order to construct the phylogenetic profile of those disease proteins, the proteomes of 28 organisms that were available were selected. These 28 organisms are listed in Table 11. In essence, the primary goal is to determine if

Pan troglodytes (PT)	Danio rerio (DR)	Caenorhabditis elegans (CE)	Trypanosoma cruzi (TC)
<i>Bos Taurus</i> (BT)	Takifugu rubripes (FR) Arabidopsis thaliana	(AT)	<i>Tetrahymena</i> <i>thermophila</i> (TT)
Canis familiaris (CF)	(TN)	Tetraodon nigroviridis Aspergillus nidulans (AN)	Chlamydomonas reinhardtii (CR)
Mus musculus (MM)	Ciona intestinalis (CI)	Neurospora crassa (NC)	Entamoeba histolytica (EH)
Rattus norvegicus (RN)	Drosophila <i>melanogaster</i> (DM)	Saccharomyces cerevisiae (SC)	Dictyostelium discoideum (DD)
Gallus gallus (GG)	Anopheles gambiae (AG)	Leishmania major (LM)	Phytophthora ramorum (PR)
Xenopus tropicalis (XT)	Apis mellifera (AM)	Trypanosoma brucei (TB)	Girardia lambia (GL)

**Table 11**. The list of 28 organisms along with two-letter abbreviations used for phylogenetic profile construction.

there exist conservation pattern(s) that can be detected through the phylogenetic profiles of cilia related proteins. By extension, if such a pattern exists, then to assess if the COP method could have contributed toward the discovery of the disesase proteins (genes) examined.

## **6.2 Cilial diseases**

As the connection between BBS and cilia is somewhat indirect (and unclear), an obvious question to ask is whether those disease genes encoding proteins (hereafter referred to as disease proteins) that play a role in ciliated structures in humans have similar phylogenetic profiles as BBS proteins. The motile cilia from primary ciliary dyskinesia (PCD) patients have been observed with abnormal dynein arms (required for normal motile functions) and irregular cilia beat frequencies (Eley et al. 2005). Defects in three proteins (DNAH11, DNAH5, and DNAI1) have been identified to cause PCD. Moreover, defects in additional proteins cause the most common hereditary kidney diseases. The proteins causing nephronophthisis (NPHP1, NPHP2, NPHP3, NPHP4, NPHP5) and polycystic kidneys (PKD1, PKD2) have been found to localize to the renal primary cilium (Menezes et al. 2004; Otto et al. 2003; Wang et al. 2004; Yoder et al. 2002; Zhang et al. 2004). It is believed that each cilium that is generated by the principal cell of the nephron extends into the tubule lumen to perform chemo- or mechano-sensor functions. These principal cells play an important role and are responsible for water and salt absorption. Thus, one would expect that those proteins that cause PCD, NPHP, and PKD to be highly conserved in ciliated organisms and not in nonciliated organisms. However, this is not the case, as seen from Figure 13. The phylogenetic profiles of the three proteins that cause PCD are somewhat unexpected. These three proteins show overall high conservation (e-val  $\leq$  9e-35, shown in pink in Figure 13) to all 28 proteomes, even nonciliated organisms (e.g. NC and SC). Notably, none of the three proteins are



**Figure 13**. Phylogenetic profiles of 10 proteins the cause cilial disorders, including PCD, NPHP and PKD, against 28 proteomes that are from different branches of the tree of life. Each protein is represented by a row and each proteome is presented by a column. The conservation match between the human protein and the corresponding proteome is measured by BLAST e-val (e.g. tb\_eVal shows the e-val comparison result to proteome of TB). High conservation matches with e-val  $\leq$  9e-35 is shown in pink.

conserved in proteomes of CE or LM. This may be partially attributed to incomplete proteome annotation. In addition, DNAI1 orthologs are not found in the proteomes of AM, AT, AN, NC, and SC. This suggests that the function of DNAI1 is more cilia related, as DNAI1 is not found in nonciliated organisms. Similarly, the high conservation (e-val of 0) of DNAH11 and DNAH5 in nonciliated organisms AT, AN, NC, and SC indicate that the proteins may either be multifunctional, that is, these proteins likely perform non-cilia related functions in nonciliated organisms, or that these proteins are not tightly linked to cilia function.

 The phylogenetic profiles of the seven known proteins that cause common hereditary kidney diseases are somewhat random. All seven proteins are found in vertebrate proteomes (the lack of detectable orthologs, e.g. NPHP4 in proteomes of PT and BT are likely due to incomplete annotation). Based on the phylogenetic profiles of the five proteins that cause NPHP, at least two groups or clusters can be made. NPHP1 is not found in the proteomes of invertebrates or protozoans, indicating that the protein is not an essential eukaryotic protein. The remaining four proteins exhibit intermittent conservation to the proteomes of invertebrates and protozoans. Thus, there is no conserved pattern among the phylogenetic profile of these four proteins. A similar nonconservation pattern is also observed in the two proteins causing PKD. Like NPHP1, PKD1 orthologs are only found in the proteomes of vertebrates while PKD2 show only partial conservation to proteomes of some invertebrates.

 In light of the phylogenetic profiles of ten proteins involved in cilial diseases evaluated above, the conservation patterns of BBS proteins seem even more remarkable. Overall, the three proteins involved in PCD exhibit strong conservation to the proteomes of the 28 organisms surveyed. This is in contrast to the conservation pattern observed for those proteins involved in NPHP and PKD, which only have intermittent conservation to the proteomes of invertebrates and protozoans.

## **6.3 Retinal diseases**

Retinis pigmentosa (RP) is caused by progressive degeneration of photoreceptors. Photoreceptor cells are photosensitive neurons that transduce light signals into electrical signals so that these signals can be transmitted to the brain. Each photoreceptor cell is composed of four major components: an outer segment that is responsible for light absorption and electrical signal generation; an inner segment that produces energy and synthesizes proteins; a cell body (soma); and an axon for transmitting electrical signals. Within the inner segment lies a connecting cilium that connects to the outer segment. It is through this narrow cilium that all the proteins (e.g. visual pigments such as rhodopsins) needed by the outer segment are transported.

It is estimated that the outer segment, which itself is a modified cilium, experiences a high rate (10%) of protein turnover. Thus, given the importance of cilia to photoreceptors, phylogenetic profiles of disease proteins causing retinal disease were constructed. The retinal phylogenetic profiles were constructed based on disease proteins annotated in the Retinal Information Network against the proteomes of the 28 organisms listed in Table 11. The Retinal Information Network (RetNet, http://www.sph.uth.tmc.edu/Retnet/ ) is a comprehensive resource that assembles all disease genes (proteins) causing inherited retinal disorders. Figure 14 shows the

phylogenetic profiles of 114 unique retinal proteins ordered by their degree of conservation with the highest conserved proteins on top. High conservation matches (sequence alignments at an e-val  $\leq$  9e-35) are highlighted in pink.

Overall, some proteins (e.g. ABCC6, PEX1) seem to be essential for all eukaryotes while other proteins are only found in the proteomes of vertebrates (e.g. RBP4, RP1). Clearly, no distinct conservation pattern was observed in the phylogenetic profiles of the 114 proteins. However, thinking that these retinal phylogenetic profiles are made up of many separate disorders, a closer analysis of the phylogenetic profiles of Usher Syndrome and Leber congenital amaurosis (LCA) were performed. Usher Syndrome is the most common inherited disorder that results in combined deafness and RP. Individuals diagnosed with LCA suffer from severe vision loss at birth. The phylogenetic profiles Usher Syndrome and LCA proteins are shown in Figures 15 and 16. For Usher Syndrome disease proteins, all are conserved in vertebrate proteomes (low



**Figure 14**. Phylogenetic profiles of 114 proteins that cause retinal disorders, including RP, Usher Syndrome, and Leber congenital amaurosis, against 28 proteomes that are from different branches of the tree of life. Each protein is represented by a row and each proteome is presented by a column. The conservation match between the human protein and the corresponding proteome is measured by BLAST e-val (e.g. tb\_eVal shows the eval comparison result to proteome of TB). High conservation matches with e-val  $\leq$  9e-35 is shown in pink.

conservation matches of USH3A to RN and TN are likely due to incomplete proteome

annotation. Most are conserved in invertebrate proteomes and only myosin 7 is

conserved in all 28 proteomes. The LCA disease proteins are conserved in all vertebrate

and most invertebrate proteomes. Intermittent conservation is observed in the proteomes of microbial eukaryotes. In sum, no disease-specific phylogenetic conservation patterns were detected in these diseases. Additional rearrangement of the phylogenetic profiles based on disease classification (e.g. Usher Syndrome) or mode of inheritance (e.g. recessive) did not yield any conservation pattern as observed for BBS proteins. Thus, similar to the phylogenetic profiles of proteins involved in PCD, PKD, and NPH, the retinal phylogenetic profiles failed to yield "unique" conservation pattern(s) based on either disease or mode of inheritance classifications.







**Figure 15**. Phylogenetic profiles of 8 proteins that cause Usher Syndrome against 28 proteomes that are from different branches of the tree of life. Each protein is represented by a row and each proteome is presented by a column. The conservation match between the human protein and the corresponding proteome is measured by BLAST e-val (e.g. tb\_eVal shows the e-val comparison result to proteome of TB). High conservation matches with e-val  $\leq$  9e-35 is shown in pink.

If nothing else, the retinal phylogenetic profiles highlight the effectiveness of BBS candidate gene prioritization. Of the ten proteins that are highly conserved in protozoans (e.g. TB, CR) and are not conserved in fungi (e.g. AN, NC) or the land plant AT, six of them are BBS proteins (BBS1, BBS2, BBS4, BBS5, BBS7, BBS8). Notably BBS3 is considered highly conserved in nonciliated organisms, based on e-val threshold of 9e-35, and thus was not included in this group. Likewise, this group excluded BBS6, BBS10, and BBS11 as these proteins appear to be vertebrate-specific.







**Figure 16**. Phylogenetic profiles of 10 proteins that cause Leber congenital amaurosis against 28 proteomes that are from different branches of the tree of life. Each protein is represented by a row and each proteome is presented by a column. The conservation match between the human protein and the corresponding proteome is measured by BLAST e-val (e.g. tb\_eVal shows the e-val comparison result to proteome of TB). High conservation matches with e-val  $\leq$  9e-35 is shown in pink.

#### **6.4 Charcot-Marie Tooth Disease**

The evaluation of phylogenetic profiles of cilia-related disease proteins (sections 6.2 and 6.3) failed to identify any conservation pattern(s) based on disease, disease subtype, and mode of inheritance. Thinking that perhaps ciliated structures are evolutionarily highly conserved, an evaluation of the phylogenetic profiles of disease proteins affecting non-ciliated structure was performed. Charcot-Marie Tooth (CMT) is the most commonly inherited neurological disorder. CMT is characterized by progressive deterioriation of muscles in the limbs. This is due to lack of (electrical) signal (conduction) preservation in the axons of neurons as a result of loss of myelin shealth (insulation) or components of axon. The phylogenetic profiles of CMT proteins arranged by the disease subtype is shown in Figure 17. Most CMT proteins are conserved in vertebrate proteomes. Two proteins, kinesin family member 1B (CMT2A) and Glycyl-tRNA synthetase (CMT2D), are conserved in all 28 organisms. Interestingly, Ras-associated protein RAB7 (CMT2B) is only found in humans. Thus, similar to the phylogenetic profiles of the cilia-related proteins examined in Sections 6.2 and 6.3, the phylogenetic profiles of CMT proteins do not share conservation pattern(s) based on disease, disease subtype or mode of inheritance.

#### **6.5 Conclusions**

By examining the phylogenetic profiles of 124 proteins (including BBS proteins) involved in cilia function, only a subset of BBS proteins (BBS1, BBS2, BBS4, BBS5, BBs7, BBS8) exhibit a 'specialized' conservation pattern. This pattern of conservation in ciliated organisms, particularly those of microbial eukaryotes (e.g. CR, TB), and nonconservation in nonciliated organisms was not observed in other disease proteins evaluated. This can be attributed to several factors. First, the number of genes (proteins) that cause any particular disease may not be sufficient for conservation pattern



pt\_eVal bt\_eVal gg\_eVal cf\_eVal mm\_eVal rn\_eVal xt\_eVal dr\_eVal fr\_eVal tn\_eVal ci\_eVal



**Figure 17**. Phylogenetic profiles of the proteins that cause Charcot-Marie Tooth disease against 28 proteomes that are from different branches of the tree of life. Each protein is represented by a row and each proteome is presented by a column. The conservation match between the human protein and the corresponding proteome is measured by BLAST e-val (e.g. tb\_eVal shows the e-val comparison result to proteome of TB). High conservation matches with e-val  $\leq$  9e-35 is shown in pink.

evaluation. The comparative genomic approach of BBS candidate gene prioritizations relied on at least six pre-existing BBS genes (protein). Diseases such as PCD and PKD have less than four genes identified to date. Additional disease gene discoveries may allow for better conservation pattern detection. Second, the exact functions of BBS proteins remain poorly understood. Thus, the phylogenetic profile of BBS proteins may reflect a property (e.g. clinical, mechanistic) that has not yet been uncovered. A better understanding of why a subset of BBS proteins gives such striking conservation pattern may also aid the analysis of phylogenetic profiles of other disease proteins. Third, the phylogenetic profiles were constructed based on 28 organisms that were available at the start of the study. The incorporation of additional proteomes that have since been completed (updated) may provide additional insights into other disease proteins. Finally, the phylogenetic profiles constructed here provide only a partial glimpse of the disease proteins. Specifically, it relied on primary sequence conservation. It is well-known that the sequence conservation among members of the globin protein family member can be rather low but that the globins share similar three dimensional structural conformations. So, the lack of conservation patterns for the other disease proteins (based on phylogenetic profiles) does not demonstrate that the COP method is not generalizable. It simply requires additional investigations into why this particular approach worked so well for BBS before it can be applied toward other diseases.

#### **CHAPTER 7**

# **CONCLUSIONS AND FUTURE WORK**

#### **7.1 Conclusions**

In the last half century, many scientific discoveries and technological advances have helped to pave the way toward greater understanding of the genetic components of human diseases. One of the first steps toward this is the identification of those genes or genetic elements, that cause human disorders. This process is also known as disease gene discovery. There are two major strategies toward genetic dissection of human disorders: (1) knowledge-dependent candidate gene approach, and (2) knowledge-independent positional cloning approach.

This thesis addressed disease gene discovery as it pertains to a genetically heterogeneous disorder known as Bardet-Biedl syndrome (BBS). Utilizing (1) positional cloning, (2) a new comparative genomic methodology, Computational Orthologous Prioritization (COP), developed to prioritize candidate genes, and (3) functional annotation, only one gene was prioritized in the *BBS3* critical interval. Mutational analysis determined that this candidate gene, *ARL6*, was mutated in all BBS3 patients. Similarly, the identification of *BBS11* was the result of the integration of multiple sources of functional information. Based on (1) genetic linkage mapping from high-density SNP arrays, (2) known animal models of candidate genes in the the critical interval, (3) gene expression profile of the candidate genes, (4) functional studies indicating BBS involvement in apoptosis, and (5) additional sources of functional information to together determined *TRIM32* as the best candidate gene. Indeed, a missense mutation in *TRIM32* 

was detected in all BBS11 patients. This BBS mutation fell in the N-terminal B-box domain of the TRIM32 protein, which is different from the missense mutation in the Cterminal NHL domain that has been shown to cause LGMD2H. Together, the identification of *BBS3* and *BBS11* described here emphasizes the importance of integration of multiple sources of functional informations toward disease gene discovery.

While the identification of *BBS3* and *BBS11* have occurred only in the last two years, of the eleven BBS genes identified to date (as *BBS10* was identified during the publication of *BBS11* [Stoetzel et al. 2006]), *ARL6* and *TRIM32* are considered to be more functionally well-characterized than the other nine. This can be attributed to the fact that both *ARL6* and *TRIM32* belong to moderate-size protein families. Thus, existing knowledge about the ARF/SAR protein family and the TRIM protein family can be quickly extrapolated to aid the functional dissection of the pathophysiology of BBS. Furthermore, the existence of common protein domains (e.g. coiled-coil, tetratricopeptide repeats, and chaperonin doamins) in the eleven known BBS genes may also provide additional clues as to other BBS genes, as there are still 30% of BBS patients, of which no genetic defects have been determined.

The phylogenetic profile of the eleven BBS genes presents an intriguing piece of the puzzle toward understanding BBS pathophysiology. Eight BBS proteins (BBS1, BBS2, BBS3, BBS4, BBS5, BBS7, BBS8, and BBS9) are highly conserved in the proteomes of microbial eukaryotic organisms, all except GL, while the other three BBS proteomes (BBS6, BBS10, and BBS11) are only conserved in the proteomes of vertebrate organisms. One hypothesis can be proposed to explain the uniqueness of the phylogenetic profiles of all eleven BBS proteins. This hypothesis takes advantage of the

fact that BBS patients exhibit a very specialized and progressive set of phenotypes. Thus, the phylogenetic profiles may indicate that BBS proteins play very specialized roles. To date, ARL6 represents an interesting outlier, as it is conserved both in ciliated and nonciliated organisms. It is likely that this protein plays a broader or more multifunctional role than the other BBS proteins, given the high conservation in nonciliated organisms. This role is somewhat fitting considering that other ARF/SAR protein family members have been implicated in the regulation of vesicle assembly and intracellular trafficking. The six BBS proteins that show high conservation in microbial ciliated eukaryotes and not in nonciliated organisms suggest that their functions are tightly linked to ciliated structures but not absolutely essential for ciliogenesis. This idea is supported by several BBS mouse models. Normal global ciliogenesis was observed in all mouse models, the lone exception being the loss of the flagellum found in the spermatozoa. Finally, the three vertebrate-specific proteins indicate that these proteins are newly-evolved proteins that likely function in regulatory roles, perhaps in vertebrate ciliation. This is supported by protein sequence similarity of BBS6 and BBS10 to chaperonin domains and BBS11 to E3 ubiqutin ligases. Over a short span of sixteen years, eleven genes have been discovered to cause the same disease – BBS. The phylogenetic profiles of the BBS proteins provide only one viewpoint of BBS. It is anticipated that additional functional studies over the next sixteen years (and beyond) will provide a clearer picture of the true pathophysiology of BBS.

## **7.2 Future work**

The development of a novel application of comparative genomic approach (Computational Orthologous Prioritization – COP) toward candidate gene prioritization has been outlined in this thesis and shown to be powerful for the identification of BBS genes. The examination of phylogenetic profiles of 100+ proteins involved in cilia related diseases such as PCD and RP and a non-ciliated disorder (CMT) failed to detect any conserved phylogenetic pattern. Thus, the conservation of the six BBS proteins to the proteomes of microbial ciliated eukaryotes and not to the proteomes of nonciliated eukaryotes seem to be a specialized feature not detected in the phylogenetic profiles of the other cilia related disease proteins. Additionally, it is worthwhile to note that the COP approach was unable to prioritize the recent discovery efforts of *BBS10* and *BBS11* as both genes are only found in vertebrate organisms.

The lack of a conservation pattern in the other cilia related proteins does not suggest that the COP method is not generalizable. What it does highlight is that without the incorporation of multiple sources of (disease-specific) functional information, disease gene discovery can be very challenging. The power of the COP approach toward the identification of *BBS3* relied primarily on three major sources of functional information: 1) the phylogenetic profiles of previously identified genes; 2) the functional connection to cilia; and 3) additional information from functional sources such as phenotypes of animal models. The pathophysiologies of different disorders varies from disease to disease, therefore, it is plausible that disease gene discovery of other diseases may not rely on conserved phylogenetic profiles.

There are several ways that can perhaps fine-tune the COP method to explore other biological questions and even to extend the applicability of the method toward other diseases. First, the parameters used for the COP method should be evaluated for its usefulness and importance. These include altering the thresholds, establishing speciesspecific thresholds, or doing away with thresholds and instead focus on a rank order. By analyzing the different (sub-) sets of genes obtained from the various parameters and correlating these genes with functional information, specialized properties may be uncovered. Additionally, the COP method currently implement a one-way BLAST as its measure of conservation, this may lead to false positives as paralogs may give the false impression that a true ortholog exists. One way to address this deficiency is to implement reciprocal BLAST analysis. Second, one unique property of the COP method is the utilization of either a training gene set (e.g. previously known genes) and/or a functional feature (e.g. cilia) from which to select the positive and/or negative filter set(s) as well as to establish similarity analysis thresholds. Perhaps the exploration of different training gene sets and/or functional features may reveal previously undetectable pattern. Third, the COP method stresses the inclusion of multiple organisms in the selection of positive and/or negative filter set(s) to increase the sensitivity of the approach. By examining the inclusion and/or exclusion of genes based on different combinations of species, one can achieve additional enrichment. For instance, the candidate gene prioritization of the *BBS3* interval relied on the use of two trypanosome proteomes (TB and TC). The evolutionary distance between these two organisms is less than 100 million years apart. One would expect that the use of just one organism would be sufficient, yet additional enrichment is obtained with the use of both. This may be partly explained by the

incomplete proteome annotation during the course of the study, as the genome sequence of the trypanosomes were still unpublished then. Another explanation is that the proteomes of the two species were sufficiently different to attain enrichment. Thus, additional analysis of the gene set(s) that result from the inclusion of closely related species may aid future use of the COP method. Finally, the success of the COP method for the prioritization of candidate BBS genes relied on sequence comparisons at the protein level. However, as protein-coding genes/elements account for only  $\sim$ 2% of the entire human genome, the expansion of the COP method toward the detection of nonprotein-coding genetic elements may augment the power of the COP method. This may require more efforts as sequence conservations at the nucleotide level are required. The primary difference lies in the the alphabet size between nucleotides (4) and amino acids (20). A larger alphabet may be more sensitive as it allows for some degeneracy (e.g. substitution of one polar amino acid for another). One potential approach would be to use closely related organisms, such as those of the trypanosomes (TB and TC) in combination with a more stringent sequence similarity tool (e.g. BLAT) in order to identify high conservation regions at the nucleotide level.

## **APPENDIX A**

## **GENOMEWIDE CILIA SET**

Appendix A lists the "cilia" set of genes (*Gc+*, 1,588), including the Ensembl gene

identifier (ID), gene symbol, and gene description, that is highly conserved in all four

ciliated organisms CI, TB, TC, and CI. Those 114 genes  $(G_{c+})$ , "restricted cilia set", that

are highly conserved in all four ciliated organisms (CI, TB, TC, and CI) and not

conserved in two nonciliated organisms SC and AT are listed in bold.
























































































## **APPENDIX B**

## **GENES IN** *BBS3* **INTERVAL**

Appendix B lists the set of genes (*Gc,A[BBS3 interval]*, 62), including the Ensembl

gene identifier (ID), gene symbol, and gene description in the *BBS3* interval. Only four

genes (*Gc[BBS3 interval]+*)are highly conserved in all four ciliated organisms CI, TB, TC, and

CI. These four genes are listed in bold. No genes passed the *S-* filter consisting of AT

and SC.







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