The novel mutation c.1210-3C>G in cis with a poly-T tract of 5T affects CFTR mRNA splicing in a Chinese patient with cystic fibrosis

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Abstract

Purpose To identify potential pathogenic mutations in a Chinese patient with cystic fibrosis (CF) and subsequently study its splicing effect on cystic fibrosis transmembrane conductance regulator (CFTR) mRNA in vitro. Methods Genomic DNA was extracted from peripheral blood leukocytes of the patient and his parents. To detect the possible pathogenic mutations in this patient, Sanger sequencing was conducted on all 27 coding exons of CFTR and their flanking intronic regions. Minigene constructs of the wild type and the identified mutant type were produced and transfected into HEK293T cells. Total RNA was extracted and reverse-transcribed into cDNA, with which as the template polymerase chain reaction (PCR) was performed to amplify the corresponding region. Original TA cloning and Sanger sequencing of the resultant PCR products were performed to analyze their splicing patterns. Results The patient is a compound heterozygote of c.2909G>A, p.Gly970Asp in exon 18 and c.1210-3C>G in cis with a poly-T of 5T (T5) sequence, 3 bp upstream in intron 9. As reported, c.2909G>A, p.Gly970Asp is considered to be the most frequent CFTR mutation among Chinese CF patients. c.1210-3C>G, a variant adjacent to the 3’ splice site, may affect splicing and reduce the levels of normal mRNA. We validated this hypothesis by a minigene assay in vitro, which showed that the wild-type plasmid containing c.1210-3C together with the T7 sequence produced a normal transcript as well as a partial exon 10-skipping transcript, whereas the mutant plasmid containing c.1210-3G in cis with the T5 sequence caused almost all mRNA to skip exon 10. Conclusion c.1210-3C>G, newly identified in our patient, in combination with the T5 sequence in cis affects CFTR gene splicing and produces nearly no normal transcripts in vitro, which makes it a pathogenic mutation in this patient. Moreover, this patient carries a p.Gly970Asp mutation, which reinforces the high frequency of this mutation in Chinese CF patients.

Introduction

Cystic fibrosis (CF) is a monogenic inherited disease, referring to the only pathogenic gene cystic fibrosis transmembrane conductance regulator (*CFTR*). *CFTR* is located on chromosome 7q31 and encodes cAMP- and ATP-dependent chloride channels that are abundant in the apical membrane of respiratory epithelial cells, submucosal glands, exocrine glands, liver, sweat ducts, and the reproductive tract. This explains why CF affects multiple systems[1–3]. CF is the most common life-limiting autosomal recessive disorder in individuals of northern European background, with a 1:3200 incidence rate in live births of this population[4]. Nevertheless, the CF prevalence rate in China is rather low. Though there is no exact rate of CF patients in China, the predictions span from 1:10,000 to 1:350,000[5]. CF phenotypes in Chinese patients are relatively nonclassic and may suffer from chronic airway infection, bronchiectasis, and a significant elevation in sweat chloride concentration but with pancreatic sufficiency, enhancing the trouble of diagnosis compared with Caucasians who have more frequent CF cases and more classic CF phenotypes[6].

Since *CFTR* has been identified to be responsible for CF, more than 2000 mutations in *CFTR* have been reported, and this number recorded by the Cystic Fibrosis Gene Analysis Consortium (CFGAC; www.genet.sickkids.on.ca/) continues to grow. The most common pathogenic mutation, ΔF508, among

Caucasians is rarely reported in CF individuals of Chinese origin. In contrast, mutations detected in Chinese CF patients tend to be unusual among the Caucasian population[7,8]. As far as it is known, c.2909G>A in exon 18 (p.Gly970Asp, in short, G970D) of *CFTR*, which is restricted to Chinese CF patients and has a frequency of 9.8% (12 in 122 Chinese CF patients), becomes the most common variant[7,9]. All these facts imply that Chinese populations may have a specific CF mutation spectrum.

Polymorphisms within *CFTR* can also lead to insufficiency, absence, or malfunction of CFTR protein and affect intrinsic chloride activity, such as TG repeats and poly-T tract referring to *CFTR* exon 10 splice acceptor site, as previously described[10]. The mutual effects of various numbers of TG repeats associated with diverse lengths of poly-T tracts can exert different influences on the splicing process of exon 10[10]. The complete-exon10-deleted *CFTR* mRNA accounts for 25% of total *CFTR* transcripts in normal individuals with a 7T structure. In contrast, the 5T polymorphism may reduce its competitive capacity as a splice acceptor site recognized by splicing branch sites and produce 90% exon 10 lacking mRNA of total mRNA[10,11].

This report describes an 18-year-old male from Peking Union Medical College Hospital (PUMCH) with disseminated bronchiectasis and a high level of chloride in sweat chloride who carries a novel mutation c.1210-3C>G in *cis* with $TG_{12}T_5$, resulting in almost all *CFTR* mRNA transcripts lacking exon 10. This patient also carries the second pathogenic mutation, G970D, the most common mutation in Chinese CF patients so far. Our study aimed to expand the CF mutation spectrum of the Chinese population and provided extra cases supporting the previous findings of G970D's high frequency among Chinese CF patients.

Results

Mutation detection in the patient

All 27 coding exons were amplified and sequenced for the patient and his parents, and the results showed that the patient carried two suspected pathogenic variants (Fig. 2A, B), c.2090G>A and c.1210-3C>G. c.2909G>A in exon 18 (p.Gly970Asp) from his mother is considered the most frequent *CFTR* mutation among Chinese CF patients[9]. Interestingly, the other novel variant c.1210-3C>G in intron 9, inherited from his father, is just 3 bp upstream a poly-thymine (T) sequence of 5T on the same allele. Given that the 5T allele causes a partially reduced level of normal CFTR mRNA per se, which is common even in the general population, the combination of 5T with G might contribute to the pathogenicity of the paternal allele[12]. Thus, a minigene assay was conducted to determine the effect of c.1210-3C>G in combination with the *cis* 5T sequence on *CFTR* mRNA splicing.

Functional testing results of the *CFTR* splicing mutation in the patient using the minigene assay

In the minigene assay, total RNA was isolated from minigene construct-transfected HEK293T cells, followed by RT-PCR to amplify transcripts of the 7T+C, 5T+C, 7T+G, and 5T+G plasmids. Sanger sequencing and electrophoresis were performed for RT-PCR products to distinguish the multiple

transcripts, and the results are shown in Fig 2C and D. Notably, resultant transcripts of the 7T+C (wild type) plasmid had 3 bands: the top band corresponds to the wild-type transcript, approximately 750 bp long, corresponding to the length of exon A from *pCAS2* plasmid+exon10 from inserted *CFTR* segment + exon B from plasmid; bottom band is mutant transcript, nearly 500 bp, corresponding to exon A + exon B with exon 10 skipping; and middle band is the heterodimer, of wild-type transcript and mutant transcript. To verify the heterodimer, a TA cloning assay was performed, and the results showed that no transcript other than the wild-type or mutant transcript was inserted into the pMD 18-T vector (data not shown). Moreover, direct sequencing of the heterodimer could also confirm this, as the double peaks shown in the trace picture align perfectly with the combination of variant and wild-type transcript sequences. Electrophoresis results illustrated that in-frame exon 10 skipping *CFTR* mRNA exists in individuals with all four different combinations, but with different levels: 7T+C has an approximately equal number of transcripts with exon 10 and without exon 10; 5T+C has relatively more transcripts without exon 10 than with exon 10; 7T+G and 5T+G both have almost all transcripts without exon 10 and almost no transcripts with exon 10.

Discussion

Cystic fibrosis (CF) is a rare autosomal recessive inherited disease associated with impaired pulmonary function and a defective digestive system. With symptoms affecting multiple organs and a relatively high incidence rate, CF has become one of the most frequent lethal diseases for Caucasians[13]. Since *CFTR* was considered a CF-causative gene, more than 2000 mutations have been recognized, forming a defined *CFTR* mutation spectrum of Caucasian origin. In contrast, the morbidity of CF is low in China, given that there are considerably fewer reports of CF among large populations of Chinese. Atypical clinical syndromes and novel mutations unidentified previously in Caucasians also show an ethnicity-specific pattern in Chinese CF patients[9]. In this study, we aimed to identify potential pathogenic mutations in a CF patient of Chinese origin. By Sanger sequencing, we identified a low-frequency variant p.Gly970Asp (c.2909G>A, p.G970D), and a novel variant c.1210-3C>G in this patient.

p.Gly970Asp is located within the third cytoplasmic loop of the CFTR protein, and its impairment of chloride conductance may lead to a potentiator-sensitive gating defect as well as a partial trafficking defect without RNA splicing alteration[7,14]. In Amato's report, p.Gly970Asp mutant plasmid-transfected HEK293 cells showed very low channel activity, demonstrating the mutation's pathogenicity[14]. In addition, with an allele frequency of 9.8%, p.Gly970Asp is the most commonly seen hotspot mutation in CF patients of Chinese origin [9]. This may encourage the eligibility of pharmaco-gene treatment focusing on p.Gly970Asp in order to correct the CF phenotype in Chinese patients.

The second mutation in this patient, c.1210-3C>G, is adjacent to the splice acceptor site of *CFTR* exon 10, in *cis* with a poly-T tract of 5T, 3 bp upstream. Human splicing finder (http://www.umd.be/HSF3/) was chosen to predict the effect of c.1210-3C>G, as well as the complicated outcome of c.1210-3C>G combined with the poly-T tract of 5T, both of which were predicted to most likely affect splicing pattern. This result suggested that c.1210-3C>G might contribute to the pathogenicity in this patient, which

prompted us to test its effect on the splicing pattern. Unfortunately, *CFTR* expression was too weak to be captured from peripheral blood leukocytes, and this study was restricted to a minigene assay in vitro because of the unavailability of the nasal epithelium from this patient.

CFTR exon 10 in-frame skipping mRNA exists in normal individuals with the poly-T tract of 7T, and among the 5T, 7T, and 9T forms of the poly-T tract, referring to the exon 10 splice acceptor site, the shorter the poly-T tract, the higher the amount of aberrant *CFTR* mRNA transcripts in the respiratory epithelium, as described in Chin-Shyan's article[10]. However, the $TG_{12}T_5$ sequence may not be strong enough to be a disease-causing variant per se. (data shown on the CFTR2 website, https://www.cftr2.org/mutation/general/5T/). The level of human exon10+ transcripts in the bronchial epithelium of non-CF individuals can be as low as 8% of total *CFTR* transcripts[11]. This could be explained by the residual normal mRNA being abundant enough to exert *CFTR* function, as CF is an autosomal recessive disease but is not a haploinsufficiency. In contrast, c.1210-3C>G, a possibly pathogenic mutation carried by this patient, seems to arouse the CF phenotype alone, as the normal transcript can hardly be seen in the 7T+G and 5T+G plasmids, according to the results of the minigene assay. The 5T variant alone is not a definitive CF-causing variant, but it may act synergistically with c.1210-3C>G in *cis* to produce a null allele[15,16]. An antecedent case was reported in which the combined effect of $TG_{12}T_5$ and p.Arg117His in the same chromosome as p.Phe508del in *trans* contributed to the CF phenotype, which also hypothesized the combined effect of two mutations [16].

CFTR exon 10 (regarded as exon 9 in reference article for legacy name) encodes the first 21% of NBF1, a domain that is critical to CFTR function [17]. The defective protein encoded by a transcript without exon 10 cannot exit from the endoplasmic reticulum and traffic through the Golgi complex to the cell membrane. The resultant extremely decreased normal CFTR Cl^- channel in the cell membrane may lead to the CF phenotype in our patient [11,18].

Conclusions

The present study reports a patient who carries p.Gly970Asp, a relatively high frequency mutation among Chinese CF individuals, as well as a novel c.1210-3C>G mutation, which possibly acts synergistically with $TG_{12}T_5$ in intron 9 to cause the CF phenotype. To some extent, this study expands the mutation spectrum of the *CFTR* gene in patients with CF of Chinese origin and explains the potential pathogenicity of a novel splicing mutation.

Methods

Patient and clinical evaluation

Our patient, with both parents unaffected, is an 18-year-old male suffering from continuous coughing for 10 years. With symptoms of expectorating yellow-green purulent sputum and hemoptysis after eating biscuits, the patient was sent to PUMCH and diagnosed with CF 3 years ago. Forced expiratory volume in

1 second (FEV_1) and forced vital capacity (FVC) were 40.4% and 56.3% of the predicted value, respectively, and the FEV_1/FVC ratio was 71.1%, suggesting impaired pulmonary function. An evaluated chloride level of 131 mmol/l in his sweat was detected (abnormal value: above 60 mmol/l). A chest computed tomography (CT) scan showed disseminated bronchiectasis in both lungs. Informed consent as well as agreements to participate in the study were obtained from him and his parents. All methods carried out in this study were approved by the Institutional Review Board committee at PUMCH.

Detection of mutations in the *CFTR* gene

Genomic DNA was extracted from peripheral blood leukocytes of the patient and his parents using the QIAamp DNA Blood Mini Kit (QIAGEN, Hilden, Germany) by standard methods described in the protocol. Sanger sequencing was subsequently performed on the amplified gDNA to detect mutations in all 27 coding exons and their flanking intronic regions of *CFTR*.

Minigene plasmid construction

In vitro minigene assays were conducted using *pCAS2* vectors with a multicloning site for insertion of the target sequence between two encoding exons (exons A and B) [19]. The target fragment ranges from 414 nucleotides (nt) at the 3' end of intron 9 to 402 nt at the 5' end of intron 10 encompassing the whole sequence of exon 10, with 15-bp extensions on both ends that are complementary to the ends of the BamH1 cloning site of the linearized minigene vector (Fig. 1). After amplification, the target sequence was cloned into a minigene vector using the In-Fusion HD Cloning Kit (Takara, Japan). The wild-type minigene plasmid had a $(TG)_{12}T_7$ structure followed by a C 3 bp downstream, which is designated (7T+C). The 5T+G plasmid was also constructed in the same way, which had a $(TG)_{12}T_5$ structure followed by a G 3 bp downstream. Similarly, the 5T+C plasmid with the $TG_{12}T_5$ sequence and C, as well as the 7T+G plasmid with the $TG_{12}T_7$ sequence and G, were generated through site-directed mutagenesis. All abovementioned plasmids were verified by Sanger sequencing.

Transfection of minigene plasmid and cDNA sequencing

HEK293T cells were seeded to be $1x10^6$ per well, and after 6 h for cell adherence, 4 types (7T+C, 5T+C, 7T+G, 5T+G) of plasmids were transfected into cells using Lipofectamine 3000 reagent (Life Technologies, CA, USA). Cells were cultured with Dulbecco's modified Eagle medium (DMEM, Gibco, USA) for 48 h and then washed twice with PBS. Total RNA was isolated under the standard RNA extraction procedure using TRIzol (Gibco-BRL. San Francisco, CA, USA) and chloroform. Extracted RNA was qualified by a NanoDrop 2000 spectrophotometer (Thermo, Lithuania) and then reverse-transcribed into cDNA with a gross amount of 2 μg using PrimeScript RT Master Mix (Takara, Japan). To analyze the splicing consequences of minigene vectors, resultant transcripts were amplified using the primer pair pCAS2-RTPCR-F (5'-GACCCTGCTGACCCTCCT-3') and pCAS2-RTPCR-R (5'-GACGTGGGTAAGGAGGCTG-3') located in exons A and B. RT-PCR products were electrophoresed in a 2% agarose gel using GelRed staining (Biotium, Hayward, CA, USA) followed by photography under UV. In addition, TA cloning was

conducted to distinguish the multiple transcripts from the RT-PCR products using the pMD 18-T Vector Cloning Kit (Takara, Japan).

List Of Abbreviations

CF: Cystic fibrosis

CFGAC: Cystic Fibrosis Gene Analysis Consortium

CFTR: Cystic fibrosis transmembrane conductance

CT: Chest computed tomography

FEV_1: Forced expiratory volume in 1 second

FVC: Forced vital capacity

PCR: Polymerase chain reaction

PUMCH: Peking Union Medical College Hospital

Declarations

Ethics approval and consent to participate

This study was approved by the Institutional Review Board committee at Peking Union Medical College Hospital (PUMCH). Informed consent was obtained from all participants.

Consent for publication

Not applicable

Availability of data and materials

The datasets supporting the conclusions of this article are included within the article.

Competing interests

The authors declare that they have no competing interests.

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Authors' contributions

XZ, K-FX, YL and XT designed the study. X-YZ, KL, MX, QZ, JS and YL performed the molecular genetic testing, mutation analysis and minigene assays. XT, WX, KC and K-FX collected patient samples and clinical information. X-YZ, KL, YL and XT drafted the manuscript. All authors read and approved the final manuscript.

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Figures

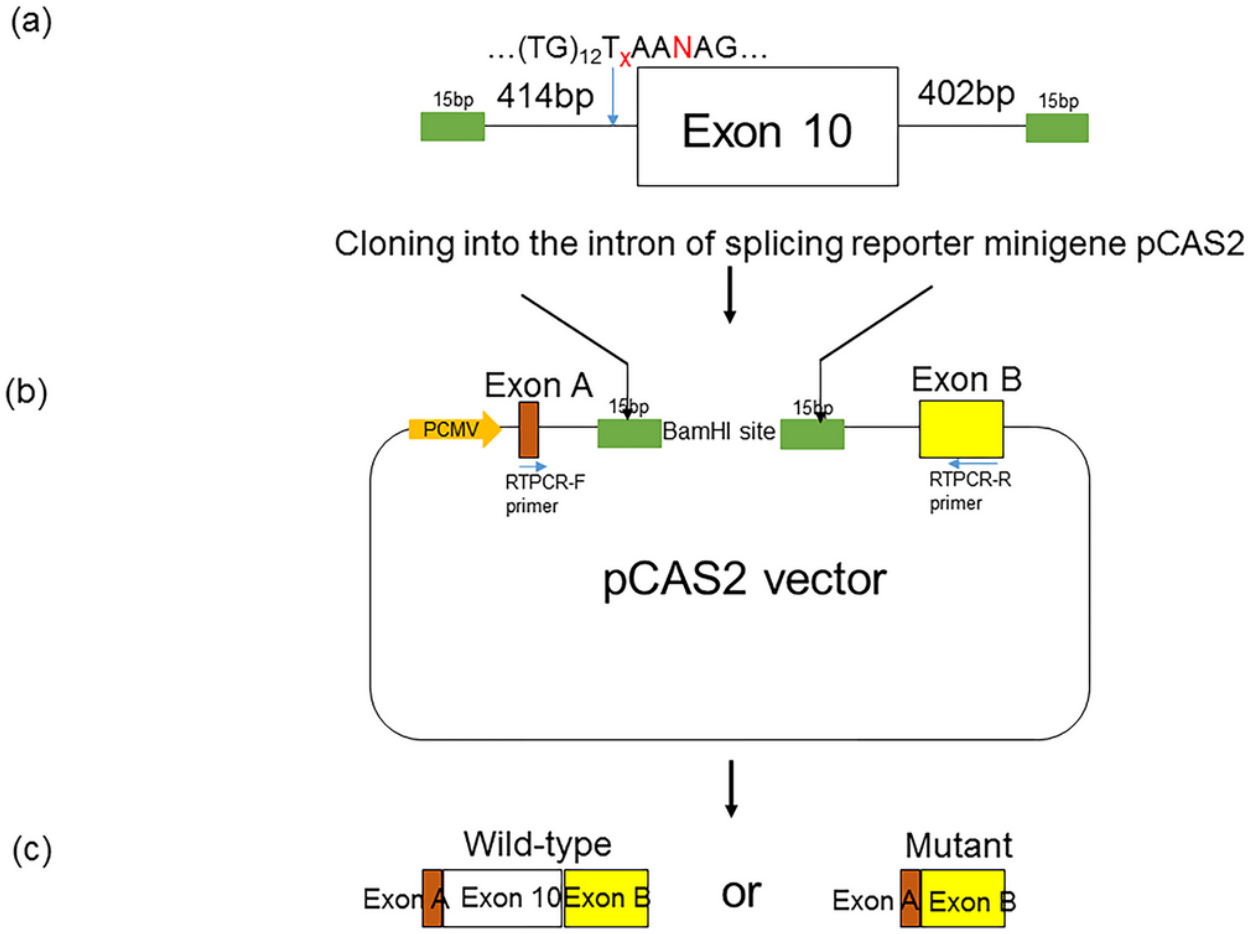

Figure 2

Functional tests of splicing mutations using a minigene assay. (a) A fragment of genomic DNA including exon 10, 414 nucleotide (nt) at the 3' end of intron 9 and 402 nt at the 5' end of intron 10 was amplified. Four types of target sequences encompassing two variants in intron 9 were designated 7T+C (wild type), 5T+C, 7T+G and 5T+G (carried by the patient). Tx stands for T5 or T7, and N stands for C or G nucleotide. (b) The amplicons were cloned into the pCAS2 vector, which has a PCMV promoter (orange) and two exons (exon A and B, brown and yellow, respectively). Two green boxes on the pCAS2 vector and target sequences represent two 15 bp fragments complementary to BamH1 ends, which help clone the target sequence into the pCAS2 vector. (c) Predicted resultant transcripts of the minigene: wild-type transcript, including exon A+exon 10+exon B, on the left; and mutant transcript, including exon A+exon B, skipping of exon 10, on the right.

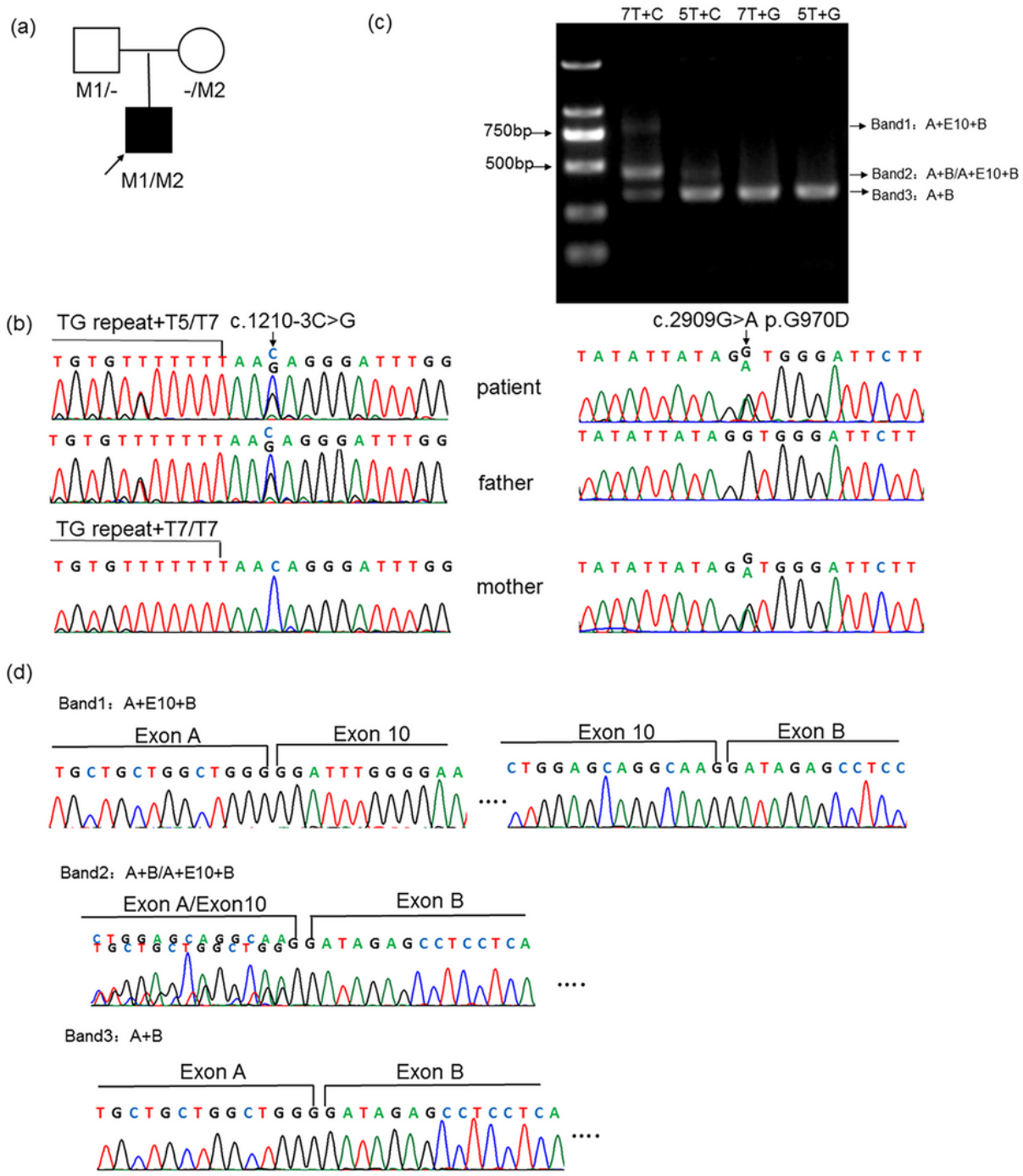

Figure 4

The CFTR mutations in the patient and his parents and their effect on splicing pattern. (a) Pedigree and genotype. Squares and circles symbolize males and females, respectively. No fill symbolizes unaffected individuals, and black fill symbolizes affected individuals. M1: mutation c.1210-3C>G; M2: mutation c.2909G>A (p. Gly970Asp); -: wild type. The arrow indicates the proband. (b): Sanger sequencing outcomes in the patient and his parents to verify their mutations. (c) and (d): Splicing patterns of

plasmid: 7T+C,5T+C,7T+G, and 5T+G were shown by electrophoresis(c) and Sanger sequencing(d): top band (band 1) is wild-type transcript of exon A+exon 10+exon B; middle band (band 2) is heterodimer of wild-type transcript and mutant transcript; bottom band (band 3) is mutant transcript of exon A-exon B, possessing a deletion of exon 10.

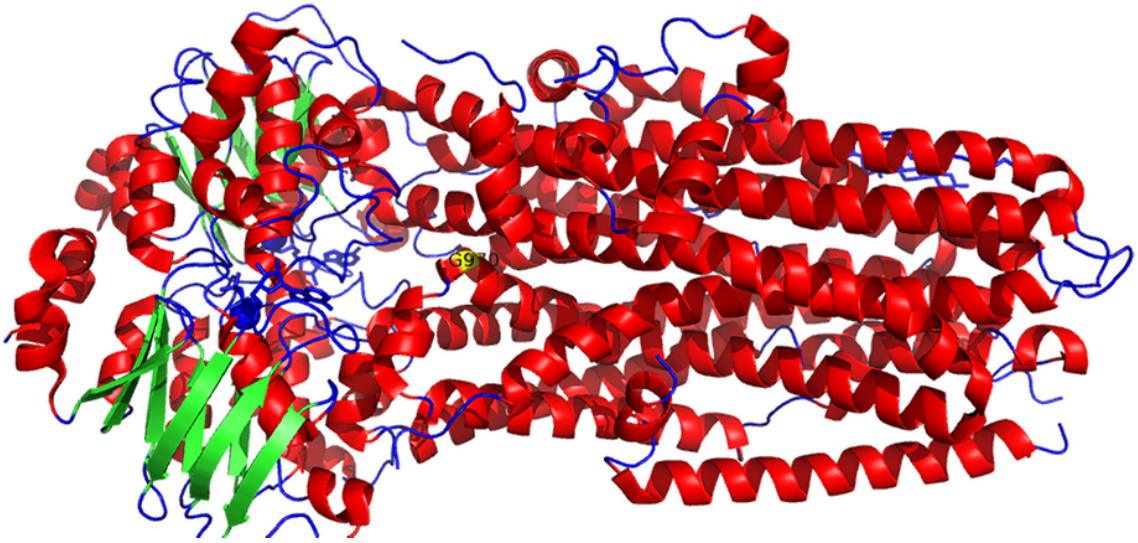

Figure 6

Dephosphorylated, ATP-bound human CFTR protein structure, with G970 colored yellow in the center. This view shows that G970 is a critical residue for chloride ion channel function.