



Mapping of Chromosomal Breakpoints Associated with Congenital Heart Defects Using Fluorescence *In-situ* Hybridization (FISH): A Bypass for Isolation of Candidate Disease Genes

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Introduction

Congenital heart defects (CHD) is the most common group of inborn malformations. The incidence of moderate to severe CHD is 6/1000 [1]. The etiology of CHD is complex and involves both environmental and genetic factors. Studies of model organisms and isolation of human genes involved in syndromes, which include CHD in the phenotype, have given some insight in the molecular mechanisms behind. However, the number of identified genes is less than 20 and the genetic basis of CHD is presently far from understood.

The Mendelian Cytogenetic Network (MCN) was initiated in 1995 as a worldwide collaborative study to identify disease associated balanced chromosome rearrangements (DBCRs). Mapping of breakpoints in DBCRs has been instrumental in the isolation of many disease genes and may be used as a shortcut for identification of genes involved in CHD.

The MCN database (MCNdb, www.mcnadb.org) contains data on 125 patients with CHD and bi-balanced chromosome rearrangements. Interestingly, many of the breakpoints associated with CHD are shared among several patients in the database, suggesting that these loci contain genes involved in development of CHD (figure 1). Our strategy for isolation of disease genes using DBCRs is outlined in figure 2.

Results

We have identified three CHD patients with DBCRs of potential interest. Clinical phenotypes and karyotypes are listed in table 1. Two of the breakpoints, Sq13 and 8p23, had been mapped using FISH (figure 3 and 4).

The Sq13 breakpoint is shared among five unrelated CHD cases in MCNdb (figure 1). Deletions in 8p23 often include CHD in the clinical spectrum [2].

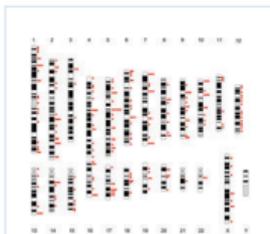


Figure 1. Location of chromosomal breakpoints reported among patients with congenital heart defects, which have been registered in MCNdb. Each dot represents a patient with a chromosomal breakpoint in the corresponding band.

Table 1. CHD patients included in this study.

Clinical phenotype	Karyotype
Ebstein's anomaly Mild tricuspid valve regurgitation Small atrial septal defect	46, XY, inv (5) (q13q13) de novo
Ventricular septal defect	46, XY, inv (5) (p13q13) mat
Atrial septal defect Cleft palate	46, XY, inv (8) (p23q13) mat

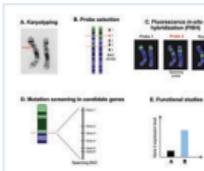


Figure 2. Strategy for isolation of disease genes using disease associated balanced chromosomal rearrangements. A. Karyotyping of a patient with CHD reveals a balanced chromosomal rearrangement (e.g. an inversion). B. Bacterial Artificial Chromosome (BAC) clones are selected in the breakpoint area and used as templates for FISH probes. C. The breakpoint is mapped using FISH. Probes located distal or proximal to the breakpoint results in two signals (e.g. probe 1 and 2) while probes that span the breakpoint results in three signals (probe 3). D. Candidate genes located in the breakpoint area are screened for mutations in a cohort of CHD patients. E. Candidate genes are further characterized by functional studies.

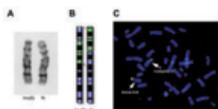


Figure 3. FISH mapping of a breakpoint in Sq13. The karyotype of the patient is 46, XY, inv (5) (q13q13) mat. A. G-banded chromosome. The paracentric inversion is marked by an arrow. B. FISH analysis of normal chromosome 5 and the chromosome 5 with the inversion. C. Result of FISH analysis. The probe derived from the BAC spanning the Sq13 breakpoint gives two signals on the chromosome with the inversion.

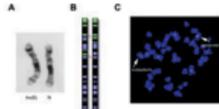


Figure 4. FISH mapping of a breakpoint in 8p23. The karyotype of the patient is 46, XY, inv (8) (p23q13) de novo. A. G-banded chromosome. The paracentric inversion is marked by an arrow. B. FISH analysis of the normal chromosome 8 and the chromosome 8 with the inversion. C. Result of FISH analysis. The probe derived from the BAC spanning the 8p23 breakpoint gives two signals on the chromosome with the inversion.

Materials and Methods

BAC clones from the BAC library was obtained from the Shiga Morita Institute for Molecular Genetics, Berlin. FISH was carried out using standard protocols. 200 ng BAC DNA was labelled using a biotin-16-dUTP mix (Invitrogen) and hybridized to metaphase chromosomes prepared from peripheral blood lymphocytes. Posthybridization was carried out using avidin-FITC. Chromosomes were visualized by DAPI staining. All DBCRs were confirmed cytogenetically and mapped with a standard 1000-1000 centromeric and PLAF software imaging software [3] and used to register the signals.

Acknowledgements

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References

- 1 Hoffman and Kaplan (2001). J. Am. Coll. Cardiol. 38:1899-1905.
- 2 Digby et al. (2002) Circulation. 105:1022-7.