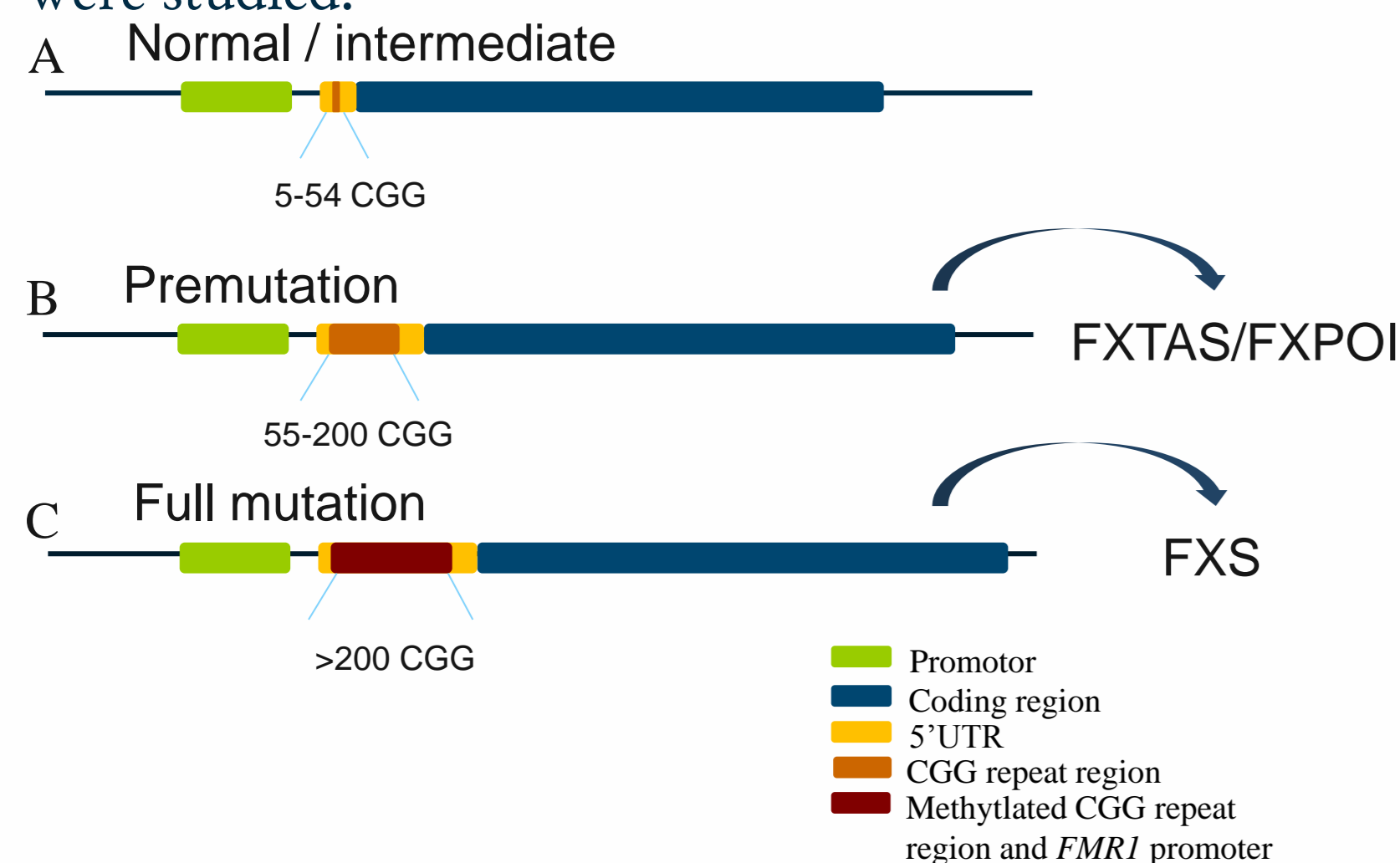


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INTRODUCTION

Fragile X syndrome (FXS) is the most common hereditary form of intellectual disability with an estimated frequency of 1/4000 males and 1/8000 females. This disease is caused by a (CGG)_n expansion in the 5'UTR of the *FMR1* gene, which as a result is methylated and the gene silenced. Four classes of alleles can be found based on CGG repeat length: normal (5-44), intermediate (45-54), premutation (55-200) and full mutation (>200). Two different disorders are associated to premutation carriers, fragile X-associated tremor/ataxia syndrome (FXTAS) and Fragile X-related primary ovarian Insufficiency (FXPOI). However, recent studies suggest that other phenotypes can be associated with premutation allele carriers. To gain insights into instability of *FMR1* CGG repeats and associated phenotypes, 537 individuals from 128 FXS Portuguese families were studied.



FMR1 gene: A) Normal allele, B) Premutation allele in FXTAS and FXPOI. FXTAS is a late-onset neurodegenerative disorder with age dependent penetrance from 17% in the sixth decade to 75% after the age of 80 years, in premutation carrier males, and is rare in women. FXPOI is defined by cessation of menses before age 40 years and occurs in 20% of premutation carrier females, C) Methylated full mutation allele causing FXS.

MATERIAL & METHODS

- The sample comprised 174 premutation carriers (140 females and 34 males), detected among 537 individuals from 128 Portuguese FXS families.
- FMR1* CGG repeat size was assessed by PCR reaction followed by automated fragment analysis and Southern blot in males where no allele was amplified and females where only a single allele was observed by PCR.

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Fragile X syndrome: intergenerational allele instability and associated phenotypes in families

RESULTS & DISCUSSION

A. Meiotic instability of *FMR1* allele classes

- Normal and intermediate alleles were stable upon transmission (50 normal and 5 intermediate allele transmissions).
- Only premutation alleles were inherited by daughters of premutation and full mutations males.
- The allele with 66 CGG repeats was the smallest premutation to expanded to a full mutation in a single generation.

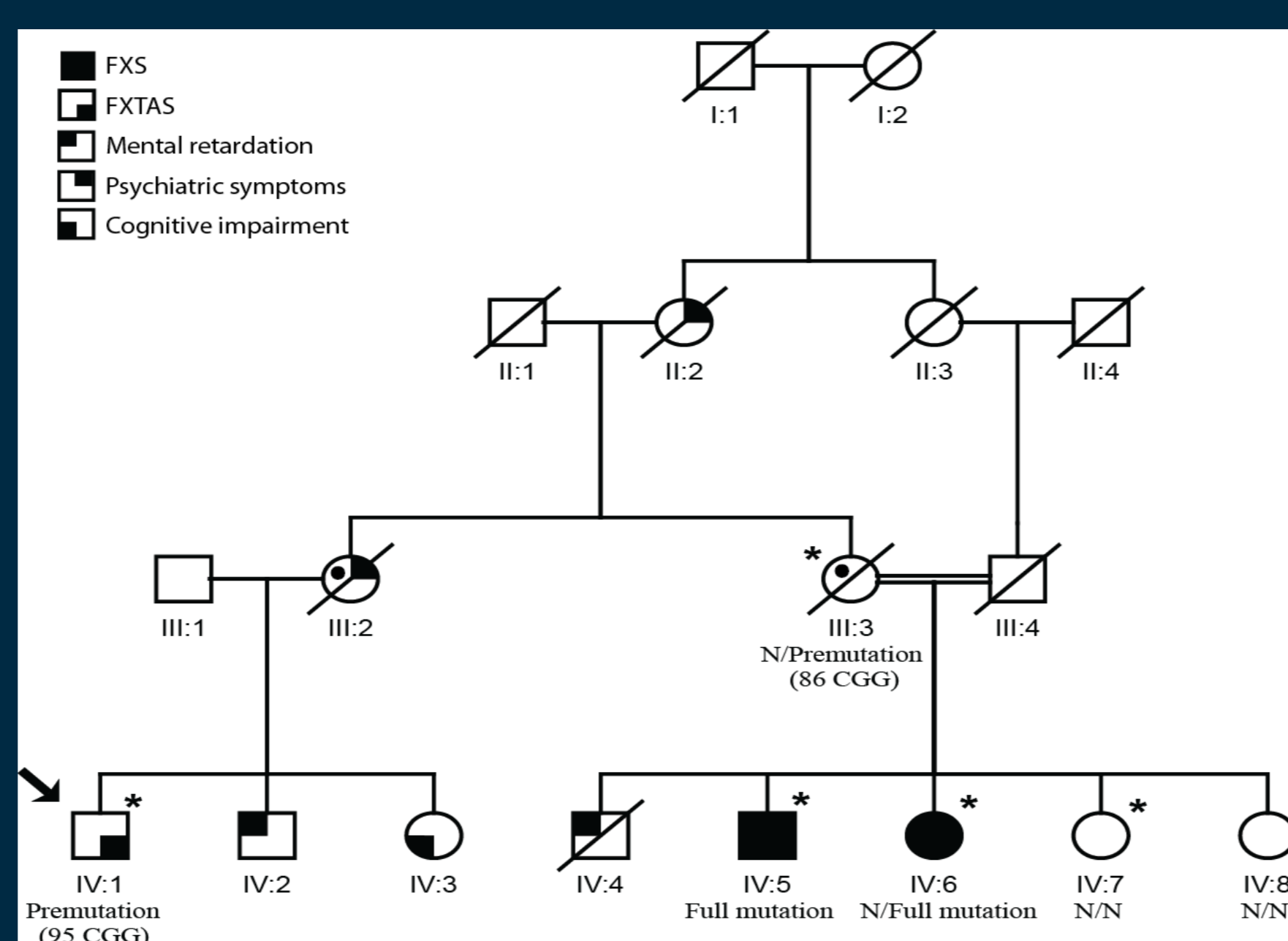
Transmissions of premutation and full mutation alleles

Repeat size of allele	Transmitting mothers	Number of offspring with		Observed expansion to FM (%)	Transmitting fathers	Number of offspring with	
		PM	FM			PM	FM
55-59	-	-	-	-	2	3	0
60-69	6	9	1	10	2	2	0
70-79	22	16	15	48	1	1	0
80-89	17	1	24	96	2	2	0
90-99	21	1	35	95	0	0	0
100-109	6	0	8	100	1	1	0
110-200	6	0	6	100	1	1	0
>200	31	1 ^{a)}	44	-	2	4 ^{b)}	0

a) Contraction of a full mutation to an ~77CGG premutation allele.

b) Contraction of two full mutations to ~92, ~87, ~97 and ~103 premutation alleles.

B. Intergenerational *FMR1* allele instability and associated phenotypes

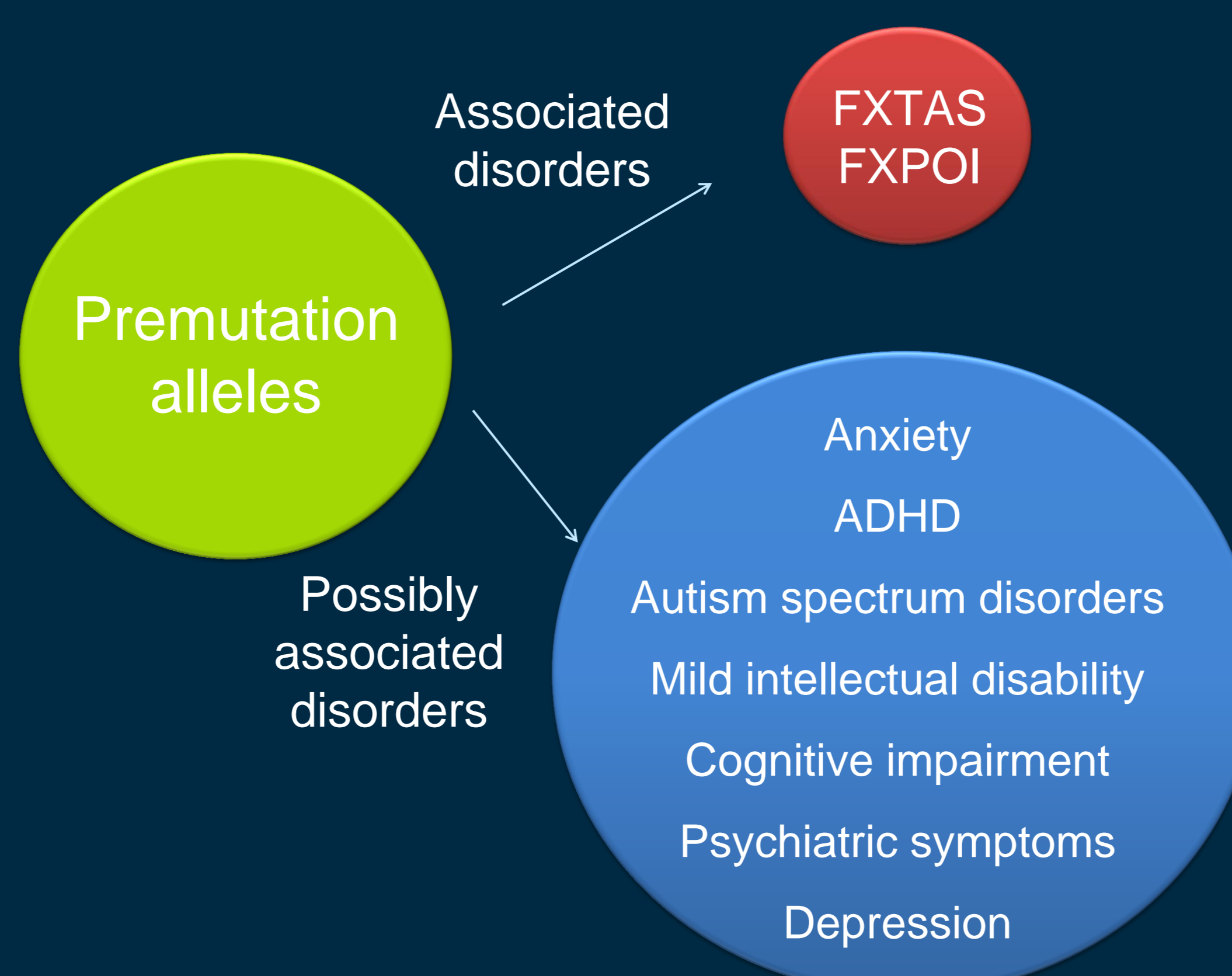


Family pedigree showing *FMR1* allele instability and associated phenotypes. Proband is a FXTAS patient. Individual IV:3 also presents tremor, III:2 was an obligate carrier of an expanded allele and had a psychiatric disease. *FMR1* repeat lengths are available for individuals marked with (*). Symbols with (*) are obligate carriers of an *FMR1* expanded allele. (N – normal repeat size).

C. Phenotypes associated with premutation alleles

Disorders described in premutation allele carriers

Clinical evaluation of premutation carriers from Portuguese FXS families



Gender	Clinically evaluated*	Age of examination	Premutation size	FXPOI	FXTAS
Female	6	20-43	78-99	2	0
Male	1	73	95	-	1

*The cohort was not yet fully analyzed.

CONCLUSIONS

- In Portuguese FXS families, allele instability upon transmission is in agreement with previous reports:
 - Expansion and contraction of *FMR1* expanded alleles is dependent on the gender of the progenitor,
 - The observed risk of premutation to full mutation expansion increase with maternal premutation size allele.
- One FXTAS and two FXPOI cases were identified in premutation carriers among FXS Portuguese families.