



FUNCTIONAL STUDIES OF LDLR MUTATIONS

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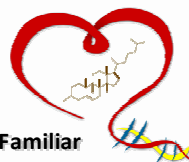
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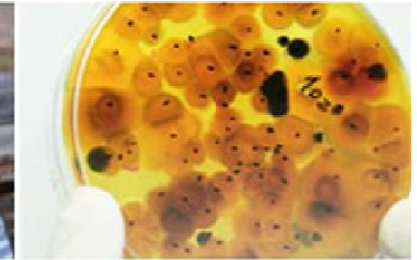
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Estudo Português de
Hipercolesterolemia Familiar





Familial Hypercholesterolemia (FH)



Causative genes:

1. *LDLR*
2. *APOB*
3. *PCSK9*



Clinical relevance

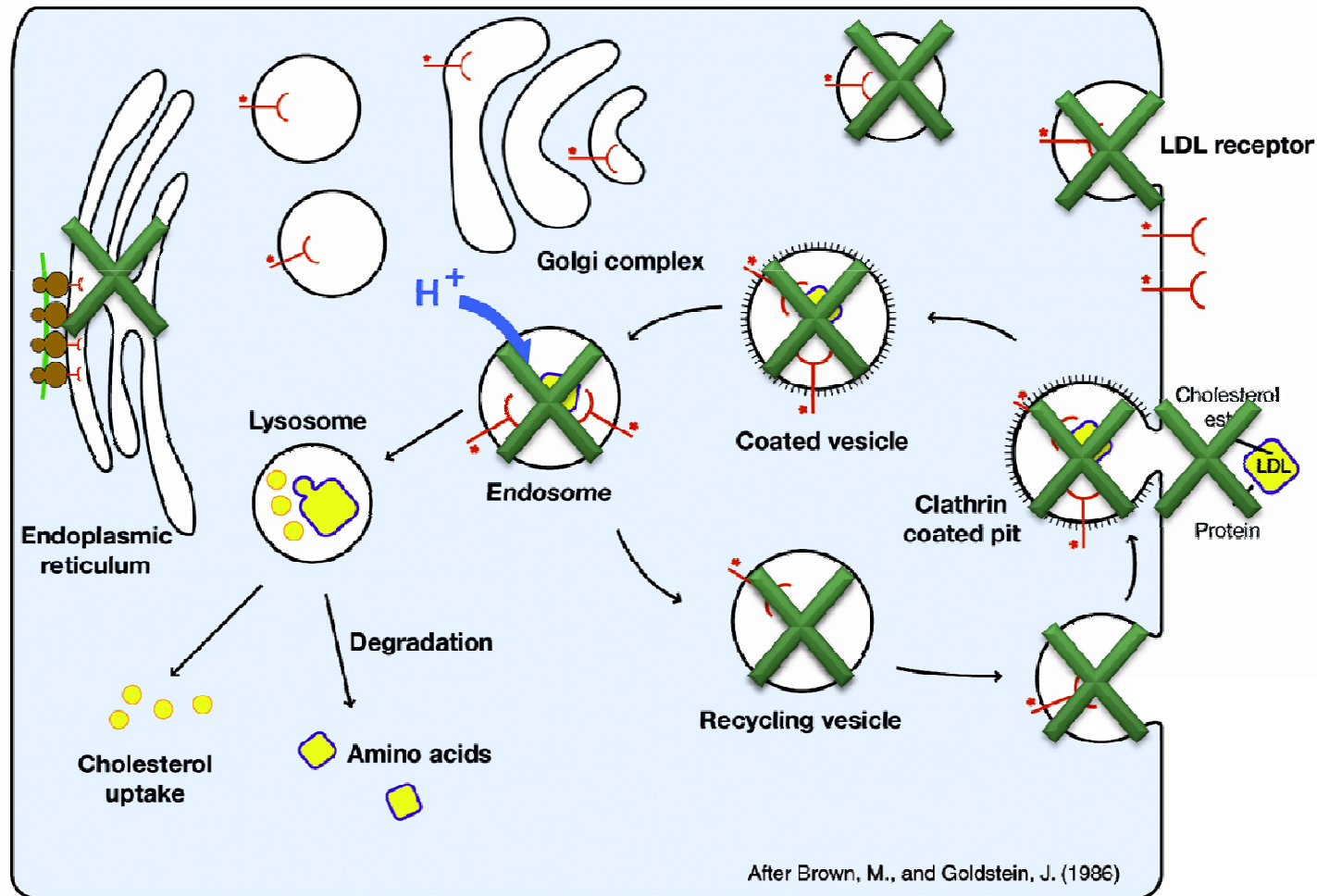
→ high cardiovascular risk

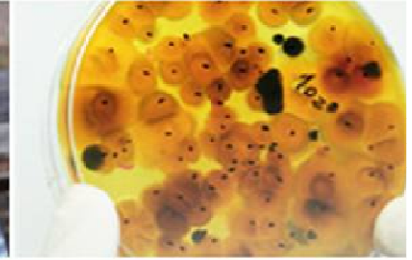
- Autosomic dominant
- High prevalence (1/500)
- **Increased total and LDL cholesterol levels TC > 290 mg/dl and LDL-c >190 mg/dl)**
- Elevated levels of Apo B (>120 mg/dL)
- Triglycerides levels within normality (TG <150 mg/dl)
- **Family history of hypercholesterolaemia in all generations**
- **Family history of premature CHD**
- Presence of tendon xanthomas
- Therapeutics: 2nd generation statins and selective inhibitor of cholesterol absorption (combined therapeutic) associated to modification of life habits as diet, regular exercise and tobacco cessation



LDLR cycle

LDLR





Type of mutations

Nonsense, large rearrangements and frameshift
(**severe mutations**).



Splicing and missense (**less severe mutations**) –
the protein retains some activity (**defective
alleles**) – increased levels of cholesterol but
lower than cases with null alleles.



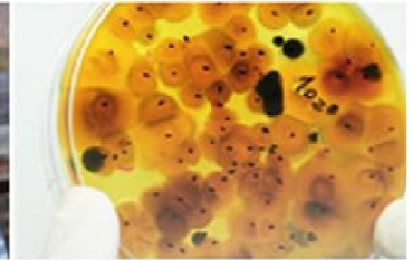
Type of studies

No need for functional studies

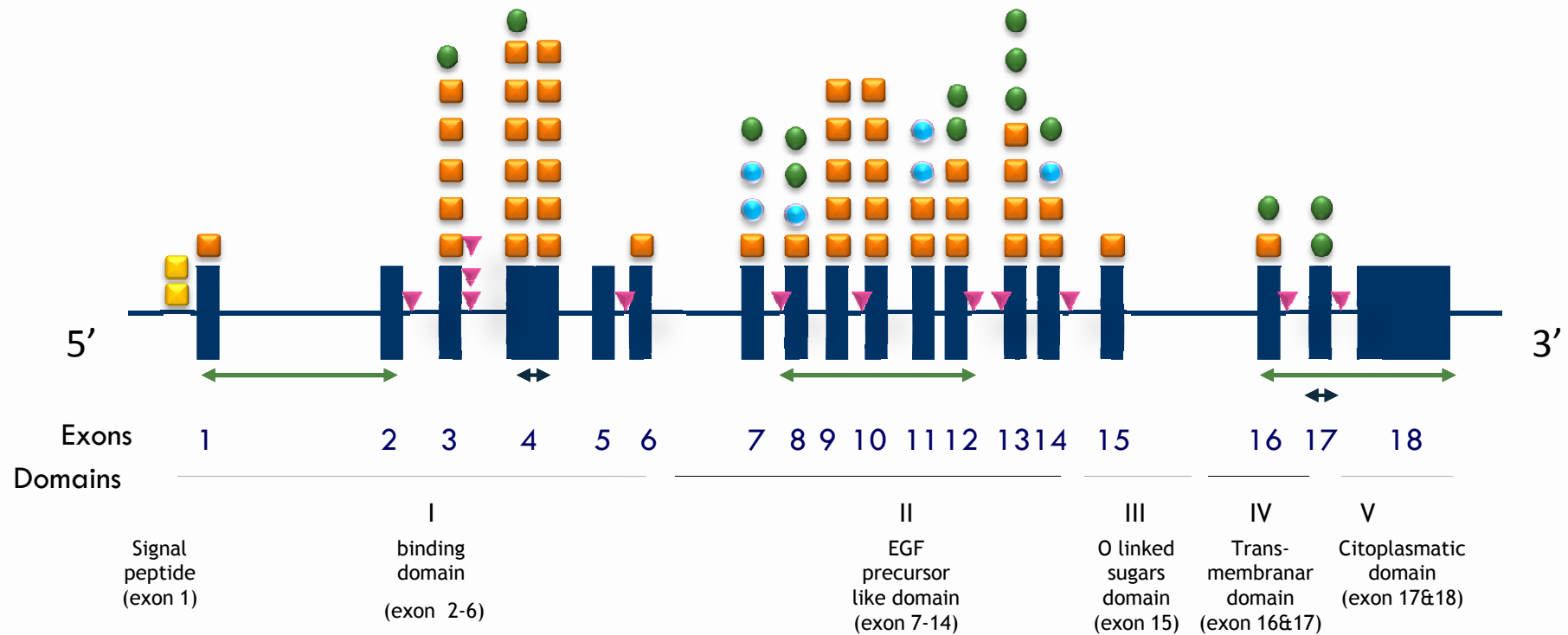
non production of protein (**null alleles**) – increased
levels of cholesterol – **major CHD risk**.

Missense mutations – binding, internalization and
degradation studies of labelled LDL (^{125}I -LDL) or
flow cytometry.

Splicing mutations – RT PCR study of the mRNA
extracted from patients fresh blood mononuclear
cells and Real Time PCR.



Mutations in LDLR gene



2 Promotor

43 Missense

6 Nonsense

12 Splicing

14 Frameshift

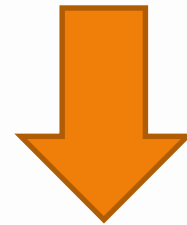
3 large deletions

2 Short deletion

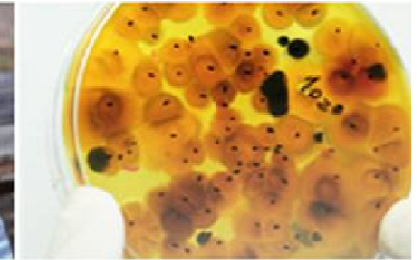


Aims

To characterize LDLR variants not previously described in other population, or that have not been functionally characterized before.



To determine mutation pathogenicity, important for cardiovascular risk stratification since FH has a much higher cardiovascular risk than other dyslipidaemias.



METHODS

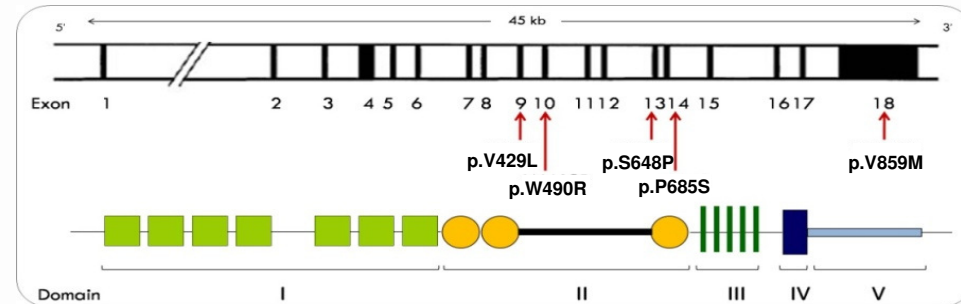
pcDNA3-LDLR
In vitro mutagenesis

Transfection CHO cells (Lipofectamin)

Western blot

Immunofluorescence assays

Uptake and Degradation of ¹²⁵I-LDL (37°C)

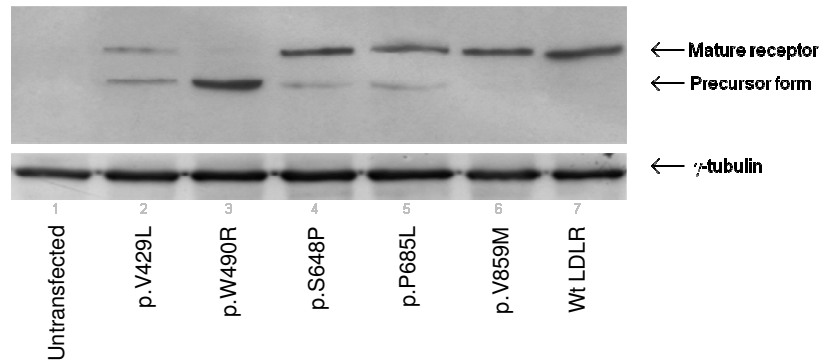


exon	cDNA	Protein
Ex 9	c.1285G>C	p.V429L in EGF precursor homology domain
Ex 10	c.1468T>C	p.W490R in EGF precursor homology domain
Ex 13	c.1942T>C	p.S648P in EGF precursor homology domain
Ex 14	c.2053C>T	p.P685S in EGF precursor homology domain
Ex 18	c.2575G>A	p.V859M in internalisation signal domain

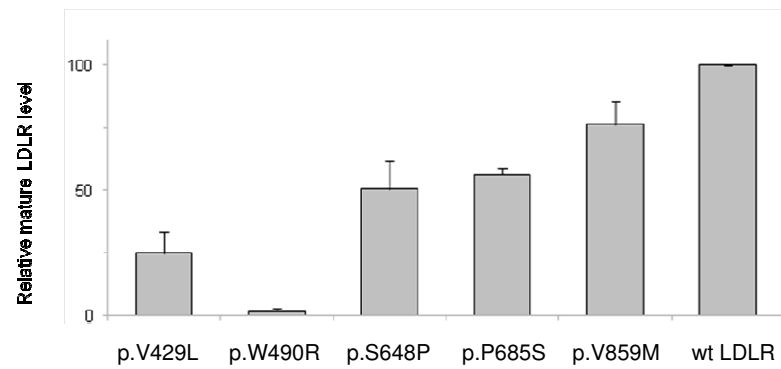


Detection of LDLR expression in transfected CHO_{A7} cells

A



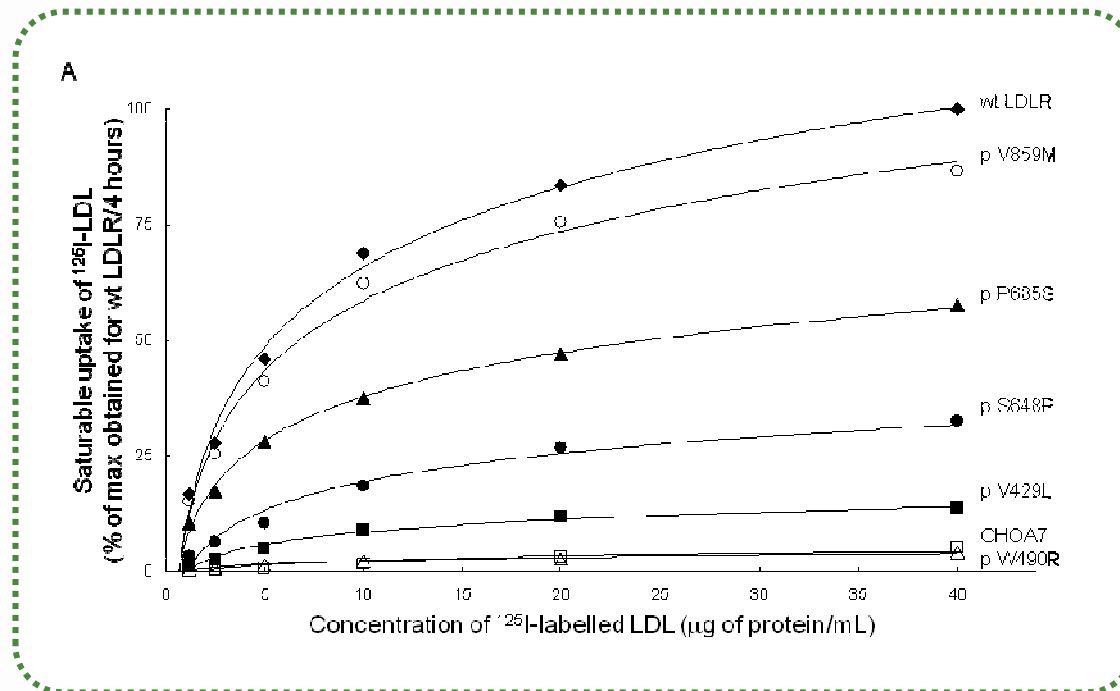
B



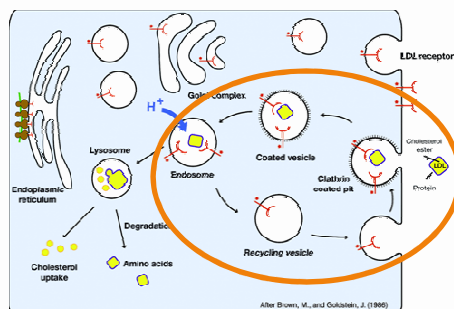
p.V429L and p.W490R variants might have a defective mature form?

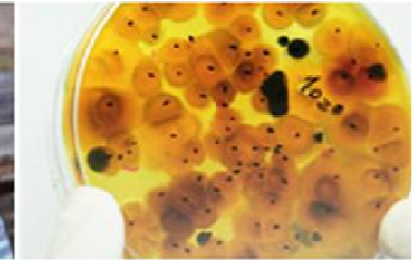


Uptake of ^{125}I -LDL @ 37°C (binding + internalization)

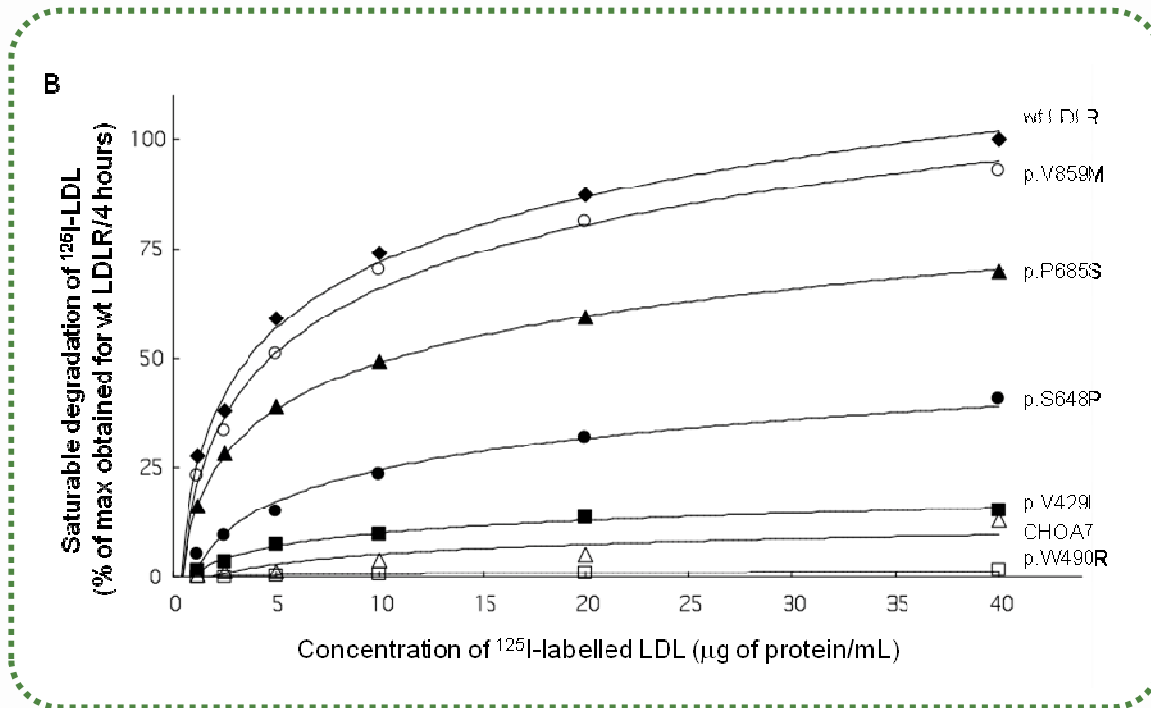


- p.V429L and p.W490R variants severely impair LDLR ability to uptake LDL;
- p.S648P, LDLR retains only ~25% of normal capacity for uptake of LDL;
- p.P685S retains ~50% of normal LDLR activity;
- p.V859M variant of LDLR has only ~10% less capacity for uptake of LDL than the native receptor protein.





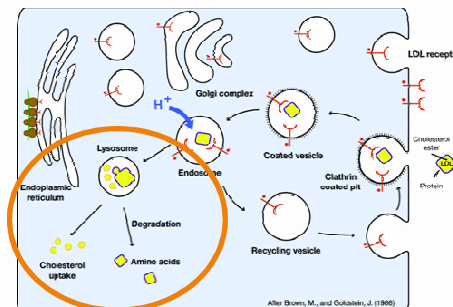
Degradation of ^{125}I -LDL @ 37°C



- No significant variation of degradation compared to uptake rates

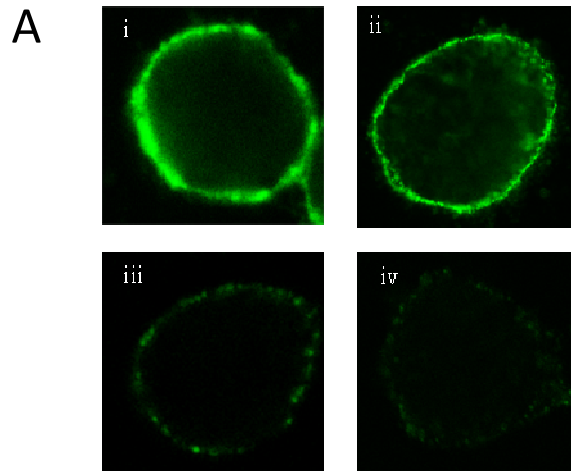


- Impaired binding rather than internalization or release of ligand at the endosomes

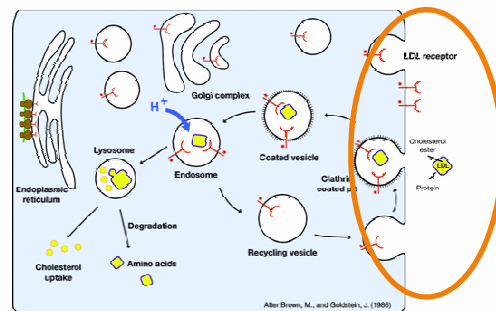
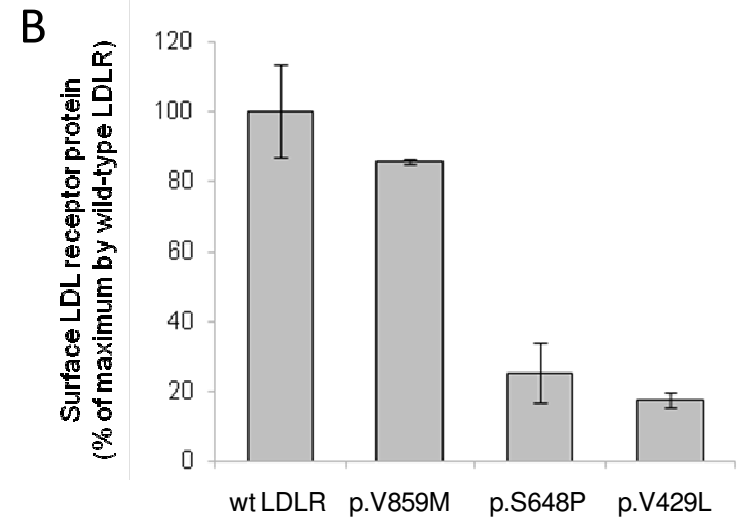


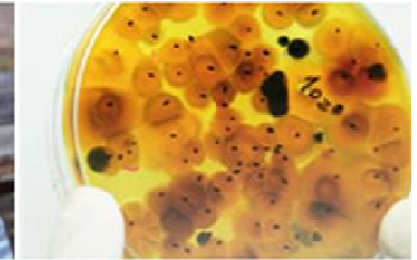


Immunofluorescence assays



(i) Expressing normal, (ii) p.V859M (iii), p.S648P (iv), and p.V429L

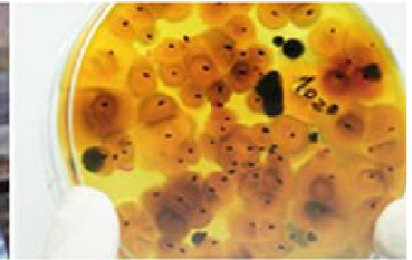




Putative mutation

Putative mutation	Polyphen Prediction	Polyphen-2	SIFT Prediction
p.V429L	Benign	Probably damaging	Not tolerated
p.W490R	Probably damaging	Probably damaging	Tolerated
p.S648P	Benign	Probably damaging	Tolerated
p.P685S	Possibly damaging	Probably damaging	Not tolerated
p.V859M	Benign	Probably damaging	Tolerated

Putative mutation	Polyphen Prediction	Polyphen-2	SIFT Prediction
p.V429L	X	✓	✓
p.W490R	✓	✓	X
p.S648P	X	✓	X
p.P685S	✓	✓	✓
p.V859M	✓	X	✓



Conclusions

- *In vitro* studies are of great importance to determine the actual cause of hyperlipidaemia and distinguish pathogenic mutations from rare silent variants. In silico analysis is not sufficient to predict mutation pathogenicity.
- Four of the five LDLR missense variants studied (p.V429L, p.W490R, p.S648P, p.P664L) are mutations causing disease and p.V859M was characterized as non pathogenic.
- Functional studies allows the correct identification of pathogenic mutations and should be always performed to avoid false positive results:
 - △ co-segregation family studies
 - △ *in vitro* studies



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