



FMR3 is a novel gene associated with FRAXE CpG island and transcriptionally silent in FRAXE full mutations

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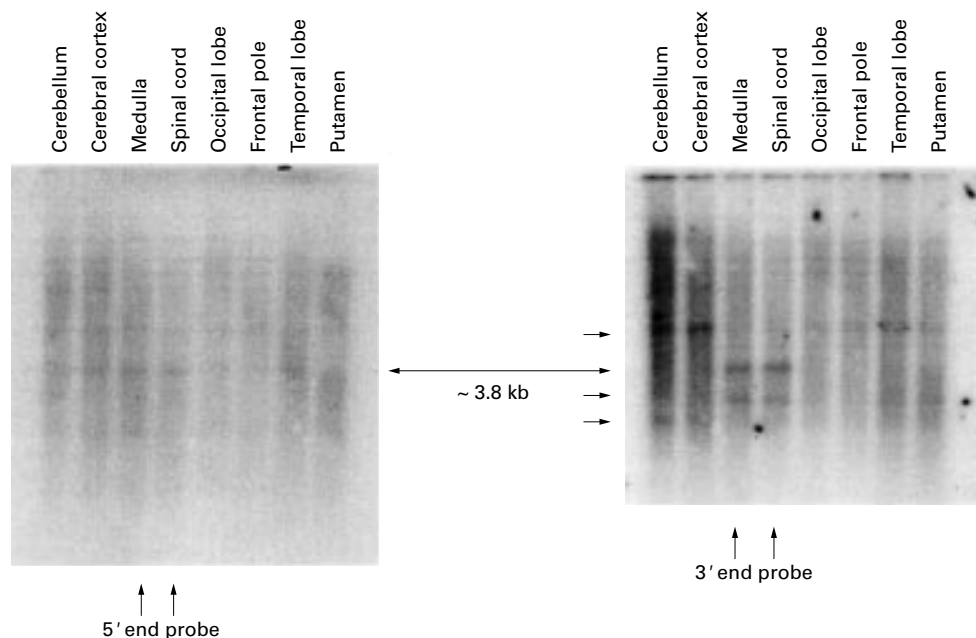


Figure 2 Northern blot analysis of *FMR3*. *FMR3* probes (5' and 3') were hybridised to human brain II Northern blot (Clontech). *FMR3* transcript of ~3.8 kb was detected in medulla and spinal cord. Additionally, two smaller and one larger transcript (of slightly lower abundance) were detected with the 3' end *FMR3* probe (right panel, indicated by arrows). A 5' end probe 1.2 kb insert of EST AI470948 was used. The 3' end probe was derived by RT-PCR based on the sequence of EST N66183 (see text).

Northern blot analysis with the 1.2 kb insert of the EST AI470948 identified ~3.8 kb low abundance transcript expressed in adult brain (medulla and spinal cord) (fig 2, left panel). In the search for the 3' end of *FMR3*, two ESTs derived from the same cDNA clone (N66183 and N99175) were identified more proximal (~6 kb) to the *FRAXE* CpG island. A 541 bp PCR probe just distal to the polyadenylation signal observed in the EST N66183 was designed and generated by RT-PCR on human adult brain mRNA using standard techniques.⁹ The following oligonucleotide primers were used: F10 5'-CTA TGC TGC TAT GCA ACG ACG-3' and R5 5'-ACA CTT AGC ACT GCT GAT GTC ACC-3'. Northern blot hybridisation showed the same size transcript (~3.8 kb) as detected with the EST AI470948 clone insert (fig 2, right panel). However, in addition to the ~3.8 kb transcript one larger and two smaller sized transcripts were detected (arrows, fig 2, right panel). It is not yet clear whether these transcripts are the result of an alternative splicing of the *FMR3* gene or alternative transcription start sites.

In searching for additional introns and exons within the *FMR3* gene, EST AI470948 was fully sequenced and the region between ESTs AI470948 and N66183 was subdivided into 500-900 bp regions and amplified from oligo dT primed human adult brain cDNA. No additional exons were detected, which would indicate that the *FMR3* gene is composed of only two exons. Careful analysis of the region of the *FMR3* transcript did not show any protein coding open reading frame (ORF) within the *FMR3* transcript, although smaller ORFs

(up to 51 amino acids) were present. Thus, based on currently available information, we can only speculate that the *FMR3* is a protein coding gene.

To investigate whether this gene is subject to transcriptional repression in subjects with *FRAXE* CCG full mutations, fibroblast RNA from seven *FRAXE* full mutations, one *FRAXE* premutation, two known *FMR2* deletion patients, and controls was analysed by RT-PCR.⁷ The result of this experiment is shown in fig 3. As in the *FMR2* gene (fig 3, middle panel) the newly identified gene *FMR3* is transcriptionally silenced in *FRAXE* full mutations (fig 3, upper panel). *FMR3* transcripts were detected in a *FRAXE* premutation and in controls. *FMR3* transcription was also detected in two *FMR2* deletion patients. These results show that absence of *FMR3* expression might also contribute to the *FRAXE* MR phenotype.

The mental retardation in *FRAXE* is mild to borderline ($50 < IQ < 85$) without any dysmorphic features. There are at present six documented cases of *FRAXE* full mutations with a clinically normal phenotype,⁴ although the level of *FMR2* expression was tested in only two of them.⁷ Identification of yet another gene, *FMR3*, associated with the *FRAXE* fragile site is intriguing, especially the extent of any contribution this gene might have to *FRAXE* MR. Currently, there is only one *FMR2* mutation (deletion of exons 2 and 3) which affects only the *FMR2* gene (where a truncated protein would be produced) and not *FMR3*. All other *FRAXE* full mutations so far tested have had both *FMR2* and *FMR3* transcripts

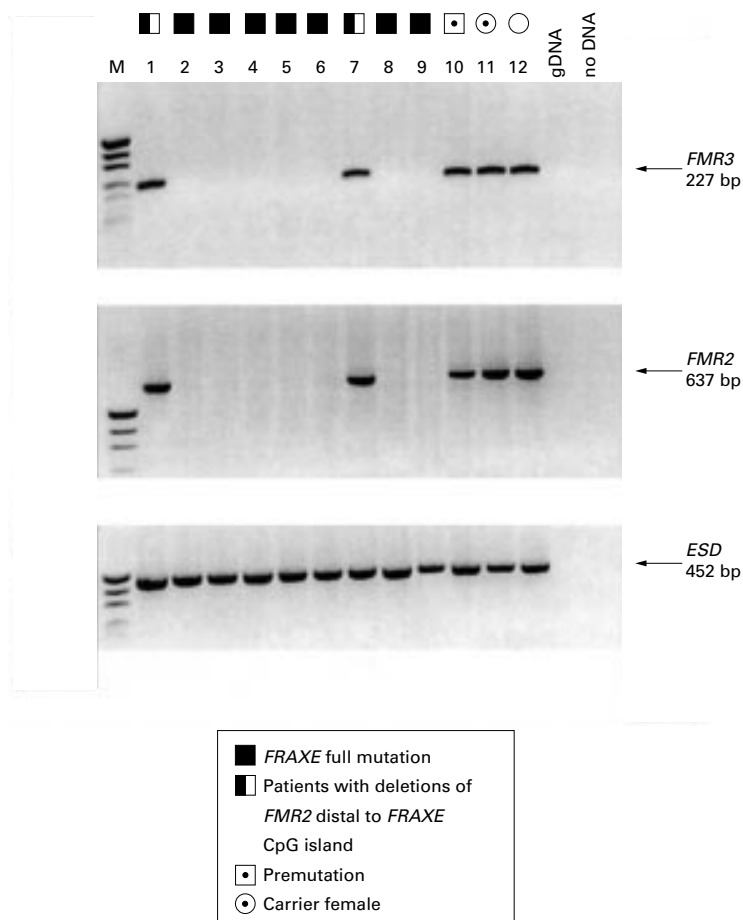


Figure 3 RT-PCR analysis of *FMR3* and *FMR2* genes in fibroblasts of *FRAXE* full mutations. *FMR3* expression was not detected in subjects with a full mutation at *FRAXE*. For *FMR3*, initially 20 cycles were performed using primers F1, 5'-CGG AGC CTG GAC AGC TAG AAG C-3' and R1, 5'-AGT AGC TGA TGC TCA GTG AGC-3' followed by 30 cycles with primers F2, 5' - GCT AGA AGC CGC GAC ATG GAG C -3' and R2, 5' -TGT TTG AGG AGA GTG GCT AGG AAG -3'. For *FMR2*, primers 14 and 62 were used.⁹ Esterase D (*ESD*) was used as a control.⁹ gDNA denotes genomic DNA and M stands for pUC19/*HpaII* marker.

absent. Thus, it is difficult to estimate the extent of the contribution of *FMR3* to the *FRAXE* MR clinical phenotype and to establish whether the affected phenotype is the result of more than one gene.

Several deletions of the *FMR3/FMR2* 5' end region have been described. These were identi-

fied either from a *FRAXA* full mutation male¹⁰ or females with premature ovarian failure (POF,¹¹ fig 1A). While the contribution of the *FMR2/FMR3* genes to the *FRAXA* phenotype of the deletion patient of Brown *et al*¹⁰ is difficult to assess (because of the severity of the *FRAXA* phenotype), the four deletions reported by Murray *et al*¹¹ may help to determine the relative contributions of the *FMR2/FMR3* genes to POF, as these affect transcription starts of either the *FMR3* or the *FMR2* gene.

The identification of a second gene associated with the *FRAXE* (CCG)_n repeat is novel and may help to resolve unanswered questions about *FRAXE* MR and the aetiology of POF.

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