

## Xp Duplications and Sex Reversal [and Discussion]

Elena Zanaria, Barbara Bardoni, Branka Dabovic, Vladimiro Calvari, Marco Fraccaro, Orsetta Zuffardi, Giovanna Camerino, J. A. M. Graves and A. McLaren

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# Xp duplications and sex reversal

ELENA ZANARIA<sup>1</sup>, BARBARA BARDONI<sup>1</sup>, BRANKA DABOVIC<sup>1</sup>,  
VLADIMIRO CALVARI<sup>1</sup>, MARCO FRACCARO<sup>1</sup>, ORSETTA ZUFFARDI<sup>1</sup>  
AND GIOVANNA CAMERINO<sup>1,2\*</sup>

<sup>1</sup> *Biologia Generale e Genetica Medica, Università di Pavia, via Forlanini 14, 27100 Pavia, Italy*

<sup>2</sup> *Istituto di Istologia ed Embriologia, Università di Sassari, via S.Pietro 43/B, Sassari, Italy*

## SUMMARY

Male to female sex reversal has been observed in individuals with duplications of the short arm of the X chromosome. The study of Xp duplicated patients demonstrated that sex reversal results from the presence of two active copies of the DSS (dosage sensitive sex reversal) locus. A double dosage of DSS disrupts testis formation whereas its absence is compatible with a male phenotype, suggesting a role for DSS in ovarian development and as a link between ovary and testis formation.

DSS was localized to a 160 kb region of Xp21, overlapping the adrenal hypoplasia congenita locus. The search for expressed sequences in the DSS critical region led to the identification of two types of genes: the DAM family and DAX-1, an atypical member of the nuclear receptor superfamily. Although no function is currently known for DAM genes, functional deficiency for DAX-1 has been shown to be responsible for adrenal hypoplasia congenita and hypogonadotropic hypogonadism. The search for the DSS gene(s) is still open and both the DAM genes and DAX-1 represent DSS candidate genes.

## 1. INTRODUCTION

Phenotype analysis in sex chromosome aneuploidies (for example, 45,X Turner individuals or 47,XXY Klinefelter individuals) suggests that the number of X chromosomes present in a zygote, although important for normal sex differentiation, does not influence gonadal sex determination. Only one of the X chromosome is, however, genetically active in mammalian cells and most X-linked genes are subject to X-inactivation. The sex phenotype of sex chromosome aneuploidies thus simply indicates that the dosage of X-specific genes escaping X-inactivation is not important in gonadal sex determination. On the other hand, activity of more than one X chromosome and true hermaphroditism is common in triploid 69,XXY foetuses (reviewed in Petit *et al.* 1992). Furthermore, sex reversal has been observed in 46,XY individuals carrying a duplication of the short arm of the X chromosome (Bernstein *et al.* 1980; Scherer *et al.* 1989; Stern *et al.* 1990; May *et al.* 1991; Ogata *et al.* 1992; Arn *et al.* 1994; Bardoni *et al.* 1994), a condition involving obligatory double dosage of the Xp duplicated genes. The dosage of X-specific gene(s) subject to X-inactivation might thus be important in the determination of gonadal sex. In this paper we describe the mapping of one Xp locus, DSS (dosage sensitive sex reversal), involved in sex determination and the search for the DSS candidate gene(s).

## 2. THE DSS LOCUS: GENE DOSAGE AND GONADAL DIFFERENTIATION

Sex reversal has been observed in 12 of the 17 dup(Xp) genetic males described (reviewed in Arn *et al.* 1994; Bardoni *et al.* 1994; Ogata & Matsuo 1994).

Phenotype-karyotype correlation suggested that the duplication of an Xp21-p22 locus is responsible for male to female sex reversal (Arn *et al.* 1994; Ogata & Matsuo 1994)

Molecular analysis of Xp duplicated patients confirmed that sex reversal results from the presence of two active copies of an Xp21 locus that was called DSS (Bardoni *et al.* 1994). The DSS locus was initially mapped to a region of approximately 15 Mb of Xp21.2-p22.1 by comparing the extent of the duplications in four sex reversed patients and in four patients with normal testis differentiation (see figure 1a).

The identification of a submicroscopic duplication in a 46,XY sex reversed female patient (BI, Bardoni *et al.* 1994), allowed us to refine the mapping of the DSS critical region to a 160 Kb region of Xp21 (see figure 1a), overlapping to the AHC locus and approximately 0.4 and 1 Mb distal to the glycerol kinase deficiency (GK) and Duchenne muscular dystrophy (DMD) genes, respectively (see figure 1b, Bardoni *et al.* 1994; Zanaria *et al.* 1994).

Interestingly, the DSS critical region maps to a region of Xp21 where a number of deletions have been described in 46,XY individuals. These deletions are associated with a contiguous gene syndrome (see below) but are not lethal. The circumscribed mapping of the DSS locus allowed us to analyse the effect of duplications and deletions of the DSS critical region on gonadal differentiation in 46,XY and 46,XX individuals:

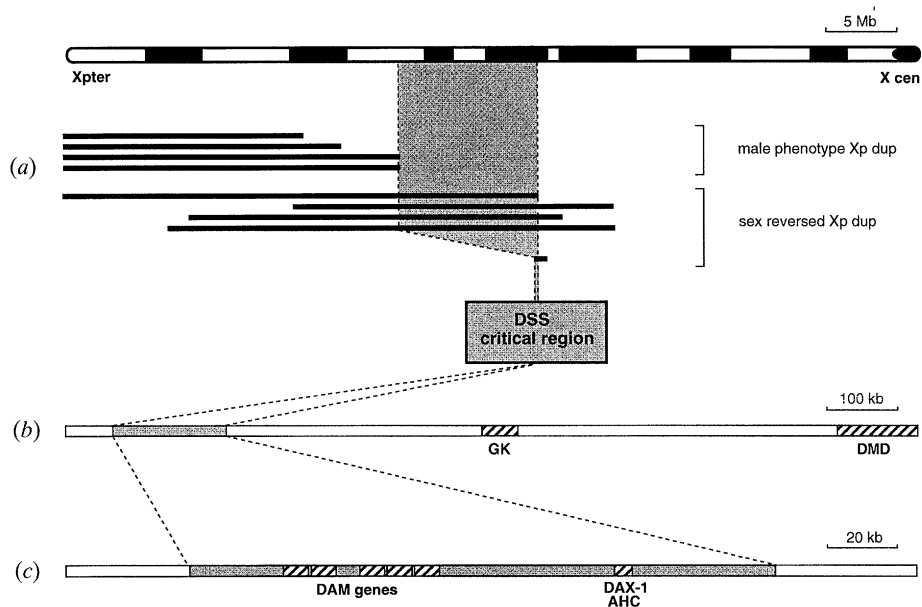


Figure 1. Mapping of the DSS locus and search for the DSS gene. (a) Mapping of the DSS locus by phenotype-genotype correlation in patients with microscopic and submicroscopic Xp duplications. (b) The DSS critical region maps approximately 0.4 and 1 Mb distal to the glycerol kinase deficiency (GK) and Duchenne muscular dystrophy (DMD) genes, respectively. (c) Localization of DAX-1 and DAM genes within the DSS critical region.

#### (a) Duplication of DSS in genetic males

The internal and external genitalia of published sex reversed Xp duplicated patients are described in table 1.

The phenotype of the patients indicates that two doses of DSS are sufficient to disrupt normal testis development in the presence of a functional SRY gene. Interestingly, apparently normal ovarian development was described in one dup(Xp) foetus at 20 weeks of gestation (Bernstein *et al.* 1980, see case 2).

Sex reversed, Xp duplicated patients show different degrees of gonadal dysgenesis, ranging from incompletely differentiated testes to the presence of a single streak gonad. Phenotypic variability was described in the sex reversal syndromes associated with mutations in SRY (Berta *et al.* 1990; Harley *et al.* 1992), in the Wilm's tumour gene (Hastie 1992) or in the SOX9 gene (Foster *et al.* 1994; Wagner *et al.* 1994).

Patient BI (Bardoni *et al.* 1994), who carries a submicroscopic Xp21 duplication, has normal female external genitalia and an almost complete form of gonadal dysgenesis. This indicates that the variability in sexual differentiation is not related to the size of the duplications and suggests that additional Xp genes are not involved in sex reversal.

#### (b) Deletion of DSS in genetic males

Male individuals carrying deletions in Xp21 are affected by a contiguous gene syndrome that may include AHC, hypogonadotropic hypogonadism (HHG), mental retardation (MR), glycerol kinase deficiency (GK), Aland Island eye disease (AIED), hearing loss and Duchenne muscular dystrophy (DMD) (Walker *et al.* 1992; Worley *et al.* 1992, 1993). Amongst the 46,XY patients affected by the complex AHC, GK, DMD deletion syndrome, many are

entirely deleted for the DSS critical region (Muscatelli *et al.* 1994; Zanaria *et al.* 1994). Although these patients may show HHG and cryptorchidism (see DAX-1 mutations below), they have male external genitalia and no evidence for Mullerian derivatives. Altogether these data provide strong evidence that 46,XY, del(DSS) patients undergo normal male gonadal sex determination and suggest that DSS is not essential for testicular development.

#### (c) Heterozygous deletion or duplication of DSS in genetic females

In some of the Xp duplication cases the duplication was inherited from the mother. Similarly, in a few cases of Xp deletion encompassing the DSS locus, the deletion was maternally inherited (Bardoni *et al.* 1994). Genotypic females carrying a duplication or a deletion at the DSS locus can thus be fertile. Although it is likely that an increased DSS dosage does not interfere with ovary formation, the effect of its deletion in XX females is difficult to assess, due to X-inactivation. Accordingly, only a mosaic of normal and dysgenetic gonadal cells would be found in heterozygous carriers of a deletion, even if DSS is essential for ovarian development (see below) and acts cell autonomously.

Double dosage of DSS disrupts testis formation whereas its absence is compatible with a male phenotype. This paradox could be explained if DSS is a link between the ovarian and testicular pathways. Different genes must be activated and/or repressed to differentiate an ovary or a testis. Although it is likely that absence of the SRY gene is sufficient to avoid activation of the testicular pathway in normal females, it is not clear how the reciprocal function (i.e. repression of the ovarian pathway) is achieved in normal males. It is possible that DSS is an ovarian differentiation gene with an important function in the

Table 1. *Gonadal dysgenesis in dup(Xp) patients*

reference, case (age at examination)	dup (X)	external genitalia	Mullerian derivatives	Wolffian derivatives	gonads
Bernstein <i>et al.</i> 1980 case 1 (5 years)	p21-pter	normal female	normal vagina, hypoplastic uterus and Fallopian tubes	tubular structures resembling immature epididymes adjacent to Fallopian tubes	small area of ovarian stroma with scant early primordial follicle formation, many showing degenerative changes
Bernstein <i>et al.</i> 1980 case 2 (20 weeks foetus, sib of case 1)	p21-pter	normal female	normal	absent	normal fetal ovarian tissue with ovarian stroma and numerous early primordial follicles, no testicular tissue
Stern <i>et al.</i> 1990 (child)	p21-p22.3	female, hypoplasia of labia minora	normal (?)	absent (?)	?
May <i>et al.</i> 1991 (birth)	p11.4-pter	normal female	normal (?)	absent (?)	?
Ogata <i>et al.</i> 1992 (2 years)	p21-p22.3	normal female	normal	absent	streaks gonads with ovarian stroma and gonadoblastoma
Arn <i>et al.</i> 1994 case 1 (birth)	p21.2-p22.1	ambiguous: fusion of labioscrotal folds, 1.5 cm cleft phallus with meatus at the base	absent (laparotomy) (large prostatic utricle or Mullerian remnant)	vasa deferentia	gonads (in the internal ring): right fibrovascular tissue and smooth muscle with few embryonal tubular rests; left structures resembling epididymis and vas deferens
Arn <i>et al.</i> 1994 case 2 (2 months, sib of case 1)	p21.2-p22.1	ambiguous: prominent clitoris with a uretra at the base and fused labia minora	absent	well-defined epididymis and vas deferens	prominent fibroconnective tissue and multiple nests of seminiferous tubules, no Leydig cells, no germ cells
Scherer <i>et al.</i> 1989; Bardoni <i>et al.</i> 1994 case FR (2 years)	p21.2-p22.3	hypoplastic female	normal vagina	?	?
Scherer <i>et al.</i> 1989; Bardoni <i>et al.</i> 1994 case BG (7 years)	p21.2-p22.2	normal female	normal (laparoscopy)	absent	right streak gonad with primordial sex cords and multifocal gonadoblastoma; absent left gonad
Bardoni <i>et al.</i> 1994 case PT (4 years)	p21.2-p22.1	female, slight clitoromegaly	rudimentary right tube, normal left tube	vasa deferentia and epididymes	intra-abdominal testes with seminiferous tubules focally hypotrophic and well represented rete testis
Bardoni <i>et al.</i> 1994 case RR (21 years)	p21.3-pter	ambiguous: perineal hypospadias, bifid empty scrotum	hypoplastic, adjacent to left testis	ectasic vasa deferentia and epididymes; bilateral epididymal cystis	intra-abdominal testes with atrophic tubules and Leydig cell hyperplasia
Bardoni <i>et al.</i> 1994 case BI (14 years)i	> 1 Mb	normal female	rudimentary uterus, thin and long tubes with incomplete ampulla	glandular structures resembling epididymes	ovarian streaks; cortical ovarian tissue with rare glandular structures resembling rete testis; no seminiferous tubules

sexual determination network. In normal male individuals ovarian development and DSS function are repressed allowing testis formation. In 46, XY individuals with deletions of DSS, the ovarian pathway is inactive, due to the absence of functional DSS gene(s) and testis differentiation takes place. The double dosage of DSS in individuals with Xp duplications and a functional SRY gene, however, hampers repression of the ovarian pathway, leading to gonadal dysgenesis and phenotypic sex reversal.

### 3. SEARCH FOR THE DSS GENE

The DSS critical region maps to a 160 kb region of Xp21, overlapping to the AHC locus and approximately 0.4 and 1 Mb distal to the glycerol kinase deficiency (GK) and Duchenne muscular dystrophy (DMD) genes, respectively (see figure 1*b*, Bardoni *et al.*, 1994). Among the disease-genes of this region (AHC, HHG, MR, GK, AIED and DMD), only those responsible for DMD and GK were isolated when we mapped the DSS locus to Xp21. The DSS-AHC region was, however, partially cloned in YAC contigs (Walker *et al.* 1992; Worley *et al.* 1992, 1993).

To isolate expressed sequences from the region, we subcloned two overlapping YACs and constructed a 230 kb phage contig covering the DSS-AHC critical intervals. We then analysed the YACs by PFGE, subcloned the single CpG rich region and used it to screen cDNA libraries (Zanaria *et al.* 1994). In addition, we used the minimum phage overlap of the region to select cDNAs (Korn *et al.* 1992) from an adult testis cDNA library. Several overlapping cDNA clones, corresponding to three genes that we called DAX-1, DAM6 and DAM 10, were isolated (see figure 1*c*).

#### (a) DAM genes

By using the direct cDNA selection approach, we identified two DAM genes (for *DSS/AHC* critical interval genes, belonging to the *MAGE* superfamily) expressed in adult testis, DAM10 and DAM6 and demonstrated that at least five DAM genes are clustered in 50 kb of the DSS critical region. DAM6 and DAM10 are approximately 82% identical at the DNA level and their predicted protein products are 66% identical and 82% similar. Multiple forms of DAM10 mRNA, derived from alternative splicing, were detected in adult testis. The mouse DAM family, as judged by Southern blotting experiments, has the same complexity as the human counterpart (Dabovic *et al.* 1995).

DAM predicted proteins show a highly significant and continuous similarity to the *MAGE* family of tumour-associated antigens (van der Bruggen *et al.* 1991; De Plaen *et al.* 1994). The best characterized gene of this family, *MAGE1*, encodes for a tumour antigen recognized on a melanoma by autologous cytolytic T lymphocytes (van der Bruggen *et al.* 1991). *MAGE* genes are not expressed in normal adult tissues (with the exception of testis and placenta) but are expressed at a high level in tumours. A very significant similarity was also found between the C-terminal

portions of the DAM predicted proteins and mouse necdin (Maruyama *et al.* 1991), a brain-specific nuclear protein. The biological function of *MAGE* and necdin proteins is presently unknown. It has been hypothesised that *MAGE* proteins play a role during foetal differentiation (De Plaen *et al.* 1994). DAMs, *MAGE*s and necdin define a new superfamily of genes, the *MAGE* superfamily, probably derived by duplication of a common ancestor. Interestingly, while DAM genes are clustered in Xp21, *MAGE* genes have been reported to cluster in Xq26–28 (De Plaen *et al.* 1994, Wang *et al.* 1994).

The molecular characterization of DAM genes provides very little information on their function. Several 46,XY patients, partially or completely deleted for the DSS critical region and adjacent portions of Xp21 have been described (Walker *et al.* 1992; Worley *et al.* 1992, 1993). The complexity and poor clinical description of the phenotype associated with these deletions, however, currently hampers correlation between DAM genes loss and a specific pathological phenotype.

#### (b) The DAX-1 gene

The DAX-1 gene (*DSS-AHC* critical region on the X, gene 1) encodes a protein product of 470 amino acids that can be divided in two portions: the N-terminal portion, which contains four incomplete repeats of a new structural motif and may define a novel DNA-binding domain, and the C-terminal part, which shows approximately 50% continuous similarity to the ligand binding domain of the nuclear hormone receptor superfamily. DAX-1 is a nuclear protein that binds efficiently a retinoic acid (RA) responsive element and acts as a down regulator of the RA-dependent transcriptional activation elicited by different RA receptors (Zanaria *et al.* 1994).

DAX-1 is responsible for the X-linked form of adrenal hypoplasia congenita. Adrenal hypoplasia congenita is an inherited disorder of adrenal gland development. The X-linked form, (AHC, MIM 300200) (McKusick 1992) is characterized by the absence of the permanent zone of the adrenal cortex and by a structural disorganization of the glands. The disorder, which is lethal if untreated, results in adrenal insufficiency early in infancy, with low serum concentration of glucocorticoids, mineralcorticoids and androgens, and failure to respond to ACTH stimulation. Hypogonadotropic hypogonadism (HHG) is commonly associated with the X linked form of the disease and is generally noted at the expected time of pubertal maturation. It is not clear if this form of HHG is of pituitary or hypothalamic origin (reviewed in Kletter *et al.* 1991).

DAX-1 is expressed in adrenal glands and adult testis, and is deleted in all AHC deletion patients previously used to define the AHC critical interval (Walker *et al.* 1992; Worley *et al.* 1992, 1993). Furthermore, mutations that disrupt the integrity of the DAX-1 protein were identified in three unrelated AHC patients with no detectable deletions or rearrangements in this region (Zanaria *et al.* 1994). In

a more comprehensive screening, we identified point mutations, small insertions or deletions within the coding portion of the DAX-1 gene, in 15 out of 21 (71%) unrelated AHC patients (Muscatelli *et al.* 1994).

It was not clear if mutations causing AHC are also responsible for HH or if rearrangements involving two closely linked genes cause AHC and HHG, respectively. We demonstrated that patients carrying point mutations in the DAX-1 gene and no detectable deletions or rearrangement in Xp21, can be affected by both AHC and HHG. These data definitively establish that the absence of an intact DAX-1 gene product is responsible for both AHC and HHG (Muscatelli *et al.* 1994; Zanaria *et al.* 1994). Further studies will allow a better clarification of the role of DAX-1 in the hypothalamus/pituitary/steroidogenic axis.

#### 4. CONCLUSIONS

We have localized DSS, a locus involved in gonadal sex differentiation, to 160 kb of Xp21. Duplications of DSS in 46,XY individuals results in male to female sex reversal, although DSS nullisomy is compatible with a male phenotype. We propose that DSS has a role in ovarian development and functions as a switch between ovary and testis formation.

Search for expressed sequences in the 160 kb DSS critical region led to the identification of two types of genes: the DAM family and DAX-1, an atypical member of the nuclear receptor superfamily. Although no function is currently known for DAM genes, functional deficiency for DAX-1 has been shown to be responsible for adrenal hypoplasia congenita and hypogonadotropic hypogonadism.

The search for the DSS candidate gene is still open. It is possible that the DSS locus corresponds to one or more of the genes we have isolated or to still unidentified gene(s) from the 160 kb critical interval. Although we failed to detect gross rearrangements in the DAX-1 gene or in DAM genes in approximately 30 46,XY females, some evidence indicate a role for DAX-1 in gonadal development. We have shown that DAX-1 is a transcription factor which is involved in adrenal development (Zanaria *et al.* 1994). As the steroidogenic components of the gonads and the adrenal glands have a common embryological origin, it is not unlikely, therefore, that DAX-1 may play an important role in the development of both organs. Accordingly, disruption of the Ftz-F1 gene, an orphan member of the nuclear hormone receptor superfamily, prevents the development of both the adrenal glands and the gonads (Luo *et al.* 1994). *In situ* experiments in developing mouse embryos indicates that DAX-1 is indeed expressed in the genital ridge during the critical period for gonadal sex determination (A. Swain *et al.*, unpublished data). Further experiments, including the construction of animals carrying additional copies of DAX-1 or DAM genes and the study of the pattern of expression of DAM genes in the developing mouse will allow to test if any of these genes is involved in sex determination/gonadal differentiation.

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### Discussion

J. A. M. GRAVES (*La Trobe University, Melbourne, Australia*). In wood lemmings there are X\*Y females with a modified X chromosome which evidently suppresses testis determination. Does X\* have a duplicated DAX-1?

G. CAMERINO. We have compared the DAX-1 Southern blotting hybridization profile (and intensity) in XX, X\*Y and XY wood lemmings cell lines. We did not find evidence for duplication or other gross abnormalities in the DAX-1 gene.

A. McLAREN (*Wellcome/CRC Institute, Cambridge, U.K.*). X-chromosome inactivation has not been discussed much at this meeting, but it is clear that gene dosage has an important part to play in sex determination, as evidenced by the male to female sex reversal brought about by a double dosage of the DSS locus and the greater incidence of female to male sex reversal when the *Sry*-containing transgene is in a homozygous rather than hemizygous condition. For a twofold difference in concentration of a gene product to switch development in a system as efficiently canalized as sex determination, with so few intersexual individuals, implies a sharp concentration threshold. This could well interact with developmental time: for example, a twofold increase in concentration of the DSS gene product could reach a critical threshold and thus switch development into the ovarian pathway earlier than normal, rendering *Sry* ineffective

G. CAMERINO. I am not so sure I agree with the idea that sex determination is efficiently canalized. Most human mutations in genes involved in sex determination are somehow leaky: patients with the same mutation in WT-1, or with DSS duplication, may show very different degrees of gonadal dysgenesis; the same SRY mutations have been found in XY sex reversed patients and in their fathers. On the other hand, I agree that gene dosage data suggest a sharp concentration threshold for SRY and DSS gene products. Dosage effects may be due to, or enhanced by, protein-protein interactions; for example, it is not unlikely that DAX-1 may function as a heterodimer. The hypothesis that the concentration threshold may interact with developmental time is very appealing. However I do not think that, for the moment, we have enough information to construct a convincing model of gonadal sex determination.