Analysis of the COL1A1 and COL1A2 Genes by PCR Amplification and Scanning by Conformation-Sensitive Gel Electrophoresis Identifies Only COL1A1 Mutations in 15 Patients with Osteogenesis Imperfecta Type I: Identification of Common Sequences of Null-Allele Mutations

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Summary

Although 1**90% of patients with osteogenesis imperfecta (OI) have been estimated to have mutations in the COL1A1 and COL1A2 genes for type I procollagen, mutations have been difficult to detect in all patients with the mildest forms of the disease (i.e., type I). In this study, we first searched for mutations in type I procollagen by analyses of protein and mRNA in fibroblasts from 10 patients with mild OI; no evidence of a mutation was found in 2 of the patients by the protein analyses, and no evidence of a mutation was found in 5 of the patients by the RNA analyses. We then searched for mutations in the original 10 patients and in 5 additional patients with mild OI, by analysis of genomic DNA. To assay the genomic DNA, we established a consensus sequence for the first 12 kb of the COL1A1 gene and for 30 kb of new sequences of the 38-kb COL1A2 gene. The sequences were then used to develop primers for PCR for the 103 exons and exon boundaries of the two genes. The PCR products were first scanned for heteroduplexes by conformation-sensitive gel electrophoresis, and then products containing heteroduplexes were sequenced. The results detected disease-causing mutations in 13 of the 15 patients and detected two additional probable disease-causing mutations in the remaining 2 patients. Analysis of the data developed in this study and elsewhere revealed common sequences for mutations causing null alleles.**

Introduction

Osteogenesis imperfecta (OI) is a heritable disorder that produces varying degrees of bone fragility associated with defects in several other tissues rich in type I collagen. Almost 200 mutations in the two genes for type I procollagen (COL1A1 and COL1A2) have been detected in probands with OI (Prockop 1990; Byers 1993; Prockop and Kivirikko 1995; Kuivaniemi et al. 1997). The most severe variants of the disease (OI types II–IV) are caused primarily by single-base substitutions that convert a codon for an obligate glycine in the triple helix of the protein to a codon for an amino acid with a bulkier side chain that distorts the conformation of the triple helix. Most of the mutations in the mildest variant (OI type I) cause decreased expression of $prox1(I)$ chains because of either premature-termination codons or RNA-splicing defects in the COL1A1 gene (Willing et al. 1992, 1994, 1996; Redford-Badwal et al. 1996; Körkkö et al. 1997). DNA linkage studies have suggested that 190% of probands with OI have a mutation in either the COL1A1 gene or the COL1A2 gene (Sykes et al. 1990). However, most unrelated probands have different mutations, and it has been difficult to define the mutations in a number of patients with OI type I by means of previously employed protocols, which have sought to assay type I procollagen synthesized by either cultured skin fibroblasts or mRNAs extracted from such cells.

In the present study, we have developed protocols to amplify all 103 exons and exon boundaries of both the COL1A1 gene and the COL1A2 gene by PCR and to scan for mutations by conformation-sensitive gel electrophoresis (CSGE) (Ganguly et al. 1993; Ganguly and Prockop 1995). To develop the protocols, it was necessary to complete 90% of the structure of the 38-kb COL1A2 gene and to resequence extensive regions of the 18-kb COL1A1 gene. We used the protocols to analyze the COL1A1 and COL1A2 genes in 15 patients

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| Conneal Summary of Orlype Fritenotypes in Frobanus | | | | | | | |
|----------------------------------------------------|---------------|-----------|-------------------------------------------------------|---------------------------|-------------------------------------------|---------------------------|-----------------------------|
| Proband (Code) | Year of Birth | Fractures | Bone De- formity/ Short Stature ^a | Blue Sclerae ^a | Dentinogenesis Imperfecta ^a | Hearing Loss ^a | Family History ^a |
| 1(421) | 1970 | Multiple | | ND | ND | | |
| 2(262) | 1964 | | | $^+$ | | | $^+$ |
| 3(207) | 1963 | 6 | | $\hspace{0.1mm} +$ | $^+$ | | $^{+}$ |
| 4(395) | 1974 | >100 | | | | | $^+$ |
| 5(491) | 1990 | Multiple | | | | | $^+$ |
| 6(185) | 1974 | 12 | | | | | $^{+}$ |
| 7(292) | 1967 | Multiple | | ND | | | $^+$ |
| 8 (394) | 1952 | Multiple | | $^{+}$ | | | $^+$ |
| 9(283) | 1956 | Multiple | | ND | | | $^{+}$ |
| 10 (286) | 1989 | Multiple | | $^{+}$ | 土 | | $^+$ |
| 11 (LE) | 1963 | Multiple | | | ND | | $^+$ |
| 12 (ROMA) | 1980 | Multiple | | | | | ND |
| 13 (J198) | 1970 | Multiple | | | | ND | |
| 14 (J210) | 1963 | Multiple | ND^a | $^{+}$ | ND | ND | $^{+}$ |
| 15 (J218) | 1976 | Multiple | | | 土 | | $^{+}$ |

Clinical Summary of OI Type I Phenotypes in Probands

^a A plus sign (+) denotes presence; a minus sign (-) denotes absence; and a plus-or-minus sign (\pm) denotes possible presence. $ND = not$ definitively defined.

with mild OI. Disease-causing mutations were found in 13 of the 15 patients, and two probable disease-causing mutations were found in the remaining 2 patients. Analysis of the data, together with analysis of previously published mutations causing OI, indicate that there are common sequences for mutations that produce null alleles of the COL1A1 gene.

Subjects and Methods

Subjects

All probands presented the typical phenotype of OI type I. The major clinical manifestations for each of them are summarized in table 1.

Protein Analysis

A skin biopsy was obtained from probands 1–10, and fibroblast cultures were established under standard conditions. Cells were seeded at 35,000 cells/cm². Labeling of the fibroblasts and purification of the collagen molecules were performed as reported elsewhere (Nuytinck et al., in press). In brief, for labeling of the cells, Basal Medium Eagle (Life Technologies) supplemented with 1 μ Ci ¹⁴C proline/ml, 5% dialyzed FCS, 0.05 mg β APN/ ml, and 0.025 mg ascorbic acid/liter was added. After 20 h, the medium was removed and supplemented with proteinase inhibitors (0.1 mg phenylmethyl sulfonyl flouride/ml, 0.1 mg N-ethylmaleimide/ml, and 2 mM EDTA pH 7.5). The cell layer was trypsinized, and the cells were collected by centrifugation and were lysed in 0.5% Triton X-100 in 0.5 M acetic acid. The supernatant was used for collagen analysis.

Collagen samples were isolated from the medium by alcohol precipitation and were redissolved in 0.5 M acetic acid. For the conversion of procollagen to collagen, the samples were digested with 50 μ g pepsin/ μ l (Boehringer) for 4 h at 15° C. The digestion was stopped by the addition of 0.5 μ g pepstatin/ μ l (Boehringer). SDSelectrophoresis was performed by the Laemmli (1975) system, with 3% stacking and 5% separation gel. Prior to being loaded, the samples were lyophilized, redissolved in sample buffer (Tris-HCl pH 6.8, 2 M urea, and 0.04% bromophenol blue), and denatured for 20 min at 55° C. Electrophoresis was performed at 8° C overnight (3.5 V/cm). The gels were processed for fluorography by use of 20% 2.5-diphenyloxazole in 100% acetic acid and then were dried and exposed to a hyperfilm MP (Amersham).

Analysis of Polymorphisms in cDNAs and Genomic DNAs

Total RNA was isolated from cultured skin fibroblasts by Trizol (Life Technologies). Prior to cDNA synthesis, RNA samples were treated with RNase-free DNase (Life Technologies) to avoid genomic DNA contamination in the reverse transcriptase–PCR experiments. For the conversion to cDNA, Moloney murine leukemia virus reverse transcriptase was used in combination with random hexanucleotide primers. For detection of the *Mnl*I polymorphisms in the COL1A1 gene, the primers and conditions used were those given by Sokolov et al. (1991). After enzymatic digestion, the fragments were evaluated either by agarose electrophoresis or by sepa-

ration on polyacrylamide gels by automated laser detection (ALF; Pharmacia).

For the detection of the 4-bp insertion polymorphism in the $3'$ end of the COL1A1 gene (Nuytinck et al., in press), the following primers were used: 5 -CCT TTC TGC TCC TTT CTC CA (sense primer) and 5 -AGC AAC ACA GTT ACA CAA GG (antisense primer). Approximately 500 ng of genomic DNA was amplified under the following conditions: 94° C for 1 min, 56° C for 1 min, and 72°C for 1 min, for 25 cycles. The products were separated on a 6% polyacrylamide gel by an automated laser fluorescent DNA sequencer (ALF; Pharmacia). A fragment of 430 bp (allele A1) and/or a fragment of 434 bp (allele A2) was obtained by use of size markers for correct fragment-length evaluation.

Defining the Consensus Sequences of the 5 Half of the COL1A1 Gene

To define the consensus sequences, genomic DNAs from eight unrelated probands with OI were used as separate templates for PCR with primers based on published sequences of the COL1A1 gene (Chu et al. 1985; D'Alessio et al. 1988; Määttä et al. 1991; Westerhausen et al. 1991). The PCR reactions were performed with a commercial DNA polymerase (AmpliTaq® Gold; Perkin-Elmer) in a $40-\mu l$ volume, with thermal cycling at 95 \degree C for 10 min, for one cycle, followed by 95 \degree C for 40 s, 60°C for 40 s, and 72°C for 50 s, for 35 cycles. The PCR products ranged in size from 1 kb to 2.5 kb. Sequences were defined by automated sequencing (ABI PRISM[®] 377 Sequencer; Perkin-Elmer; and ABI PRISM Dye Therminator Cycle Sequencing Ready Kit, with AmpliTaq DNA polymerase, FS; Perkin-Elmer). Prior to the sequencing, the samples were treated with exonuclease I, to degrade the residual PCR primers, and with shrimp alkaline phosphatase, to dephosphorylate the residual nucleotides (Hanke and Wink 1994; Werle et al. 1994).

Completing the Structure of the Human COL1A2 Gene

To sequence the $5'$ end of the human COL1A2 gene, a 14-kb fragment spanning introns 1–21 was obtained from an *Eco*RI/*Eco*RI genomic fragment that had previously been cloned into bacteriophage in the course of the definition of one mutation that had been shown to cause OI (Vasan et al. 1991). The fragment was broken randomly by sonication, and the fragments were size separated by gel electrophoresis. The selected fragments were subcloned into a plasmid (pUC18), and 60 clones were isolated. Plasmid DNA from 13 color-selected colonies indicated that the inserts ranged in size from 500 to 4,000 bp. Approximately 90% of the sequences were recovered by shotgun sequencing of the clones. The remaining gaps were closed by sequencing the original bacteriophage clone containing the 14-kb genomic fragment, by manual or automated procedures.

To complete the structure of the COL1A2 gene, a genomic P1 clone containing the complete human gene was obtained by PCR screening of human P1 library (Genome Systems). Screening was done by PCR amplification using primers designed on the basis of the published human cDNA sequences (de Wet et al. 1987; Kuivaniemi et al. 1988). The PCR primers were C1PF1 (5 -GTA CAT TTC CTA GAG AAC TTG) and C1PR1 (5 -CTA CTC TCA GCC CAG GAG GTC CTG), corresponding to sequences in intron 19 and exon 21/intron 21. Three positive clones were obtained: DMPC-HFF1 1250-E2, GS control 7403; DMPC-HFF1 1365-B1, GS control 7404; and DMPC-HFF1 1473-F6, GC control 7405. Because P1 clone 7407 was found to contain the entire coding sequences of the human COL1A2 gene, the clone was selected for detailed characterization of the gene.

To increase the yield of DNA, P1 clone 7407 was transferred from *Escherichia coli* strain NS3529 to *E. coli* strain NS3516 via transduction, as suggested by Genome Systems. The P1 plasmid DNA was isolated by the method of Birnboim and Doly (1979), with modifications suggested by Genome Systems. The isolated DNA was dissolved in water and was further purified, by spot dialysis with a membrane (VSWP 02500; Millipore), against water.

Nucleotide sequencing was performed by cycle sequencing of the P1 clone (dsDNA Cycle Sequencing System; Life Technologies; and Cycle Sequencing Kit; Pharmacia Biotech). Sequencing primers for the COL1A2 gene were designed on the basis of published cDNA and genomic sequences (Bernard et al. 1983; de Wet et al. 1987; Kuivaniemi et al. 1988). Additional primers were designed on the basis of sequences obtained during the study. The $5'$ end of the primer was labeled with T4 polynucleotide kinase (U.S. Biochemical) and $[\gamma^{-33}P]ATP$ (DuPont NEN). For cycle sequencing, $0.5-2.0 \mu$ g of P1 DNA was used as template, and thermal cycling was performed with a commercial instrument (either GeneAmp 9600; Perkin Elmer; or PTC 225 DNA Engine Tetrad; MJ-Research). Some of the nucleotide sequences were obtained by the Terminator Cycle Sequencing Ready Reaction kit and ABI PRISM 377 DNA Sequencer (Perkin-Elmer). The data were analyzed by means of the Wisconsin Sequence Analysis Package versions 8.0 and 8.1 UNIX (Genetics Computer Group) and the Editseq program from the Lasergene software package (DNAStar).

Mutation Analysis

Genomic DNA was extracted from blood samples or from cultured skin fibroblasts. The exons and the flanking sequences of the 51 exons of the COL1A1 gene and the 52 exons of the COL1A2 gene were amplified by a series of specific primers (table 2). Genomic DNA was amplified in a 40- μ l volume, by thermal cycling at 95 \degree C for 10 min, for one cycle, followed by 95° C for 40 s, 60 \degree C for 40 s, and 72 \degree C for 50 s, for 35 cycles. This was followed by heteroduplex formation steps: 95° C for 5 min and 68°C for 30 min. CSGE analysis was performed as described elsewhere, with the precaution that the taurine buffer was not autoclaved (Ganguly et al. 1993; Ganguly and Prockop 1995). The gels were examined with a hand-held UV illuminator (short wave), to identify regions containing bands of homoduplexes and heteroduplexes. Appropriate regions were cut from the gels, transferred to a filter paper, and analyzed further in a UV-image analyzer with a CCD camera (DOC-ITTM Gel Documentation System; UVP). The image from the monitor was recorded by a thermal printer. PCR products containing heteroduplexes were sequenced either manually (Sequenase PCR Product Sequencing Kit; USB) or by automated instrument (ABI PRISM 377 Sequencer; Perkin-Elmer; and ABI PRISM Dye Therminator Cycle Sequencing Ready Kit with AmpliTaq DNA polymerase, FS; Perkin-Elmer) after treatment with exonuclease I and shrimp alkaline phosphatase (Hanke and Wink 1994; Werle et al. 1994). PCR products that contained deletions in one allele were purified from agarose (QIAEX II Gel Extraction Kit; Qiagen). Approximately 60 ng of purified product was cloned into a plasmid (pT7 Blue T-Vector Kit; Novagen) and was sequenced.

Results

Detection of Mutations by Assays of Protein and mRNAs

In initial experiments in the present study, fibroblasts from 10 probands with type I OI were assayed for the ratio of newly synthesized chains of type I and type III procollagen. Also, the fibroblasts were assayed for the presence of polymorphic markers in mRNA that reflect expression of both alleles of the COL1A1 gene. As is shown in table 3, a reduced ratio of newly synthesized type I to type III procollagen was found in 7 of the 10 probands, and a slight reduction was seen in an 8th proband (probands 1–8); the ratio was normal in fibroblasts from 2 of the probands (probands 9 and 10). An assay for a polymorphic base in the mRNA indicated that one COL1A1 allele either was not expressed or was expressed at a reduced level in fibroblasts from five probands (probands 1–4 and 9), including one in whom the protein assays were normal (proband 9). The mRNA assay indicated that both alleles were expressed in one proband with a decreased ratio of type I to type III

collagen (proband 8). The mRNA assays for four probands were noninformative.

Sequences of the COL1A1 and COL1A2 Genes

To develop PCR primers for analysis of the COL1A1 and COL1A2 genes, new sequences were defined. In the case of the COL1A1 gene, several groups contributed to the complete structure of the gene (Chu et al. 1985; D'Alessio et al. 1988; Määttä et al. 1991; Westerhausen et al. 1991). However, in the present study, our attempts to develop PCR primers based on published sequences of the $5'$ half of the COL1A1 gene were largely unsuccessful; apparently the published sequences were not from the most frequent alleles of the gene. Therefore, about 12 kb of the COL1A1 gene were re-sequenced from genomic DNA of 8 individual probands. A new consensus sequence was developed that in some regions differed considerably from the previously published sequences. For example, comparison of 3.4 kb of sequences from introns 6–24 indicated that 9.6% of the nucleotides differed. Except for 13 single-base polymorphisms in the introns, the same consensus sequence was found in 16 alleles from eight unrelated individuals. The revised consensus sequence of the complete 18-kb COL1A1 gene have been submitted to GenBank (accession number AF017178).

In the case of the COL1A2 gene, previous publications provided the complete cDNA of ∼5 kb coding for the $prox(1)$ chain (Bernard et al. 1983; de Wet et al. 1987; Kuivaniemi et al. 1988), ∼4 kb of genomic sequences that included ∼400 bp of the promoter and 5 UTR, and 3.5 kb of introns (Myers et al. 1983; Dickson et al. 1984, 1985; Kuivaniemi et al. 1988; Tromp and Prockop 1988; Sherwood et al. 1990; Ganguly et al. 1991; Vasan et al. 1991). In the present study, we sequenced >30 kb to provide the complete sequence of the 38-kb gene. Approximately 11 kb of new sequences from the $5'$ end of the gene were obtained from a 14-kb *Eco*RI/*Eco*RI genomic fragment (Vasan et al. 1991). An additional 19 kb of sequences of the COL1A2 gene were obtained from P1 clone 7407. The results defined all the intron sizes and sequences (fig. 1). The sequences of the COL1A2 gene have been submitted to GenBank (accession number AF004877).

The intron sizes of the human COL1A2 gene were approximately the same as the previously defined introns of the corresponding 30-kb gene from chick (Boedtker et al. 1985). As noted elsewhere, there were major differences between the intron sizes of the human and chick COL2A1 genes (Ala-Kokko et al. 1995).

Oligonucleotide Primers for PCR Amplification of Promoter Regions, 103 Exons, and Flanking Sequences and Polyadenylation Signals of the COL1A1 And COL1A2 Genes

(*continued*)

Table 2 (continued)

(*continued*)

(*continued*)

Table 2 (continued)

^a Exons 33 and 34 were fused for the COL1A1 gene.

Mutations Detected in OI Type I

| Proband (Code) | Reduced Ratio, Pro- collagen I: Procollagen III^a | Absence of COL1A1 Allele in mRNA ^b | Mutation in COL1A |
|----------------|-----------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------|
| 1(421) | $^{+}$ | $^{+}$ | $A^{+3}IVS22 \rightarrow G$ |
| 2(262) | $^{+}$ | $^{+}$ | $G^{-12}IVS20 \rightarrow A$ |
| 3(207) | $^{+}$ | $+$ | $A^{-2}IVS.5\rightarrow G$ |
| 4 (395) | $^{+}$ | $+$ | del T nt 927 (E12) |
| 5 (491) | $^{+}$ | NI | $\text{Arg}^{183} \rightarrow \text{stop}$ |
| 6 (185) | $^{+}$ | NI | del T nt 2192 (E31) |
| 7(292) | 土 | NI | del G nt 3198 (E43) |
| 8 (394) | $^{+}$ | $\mathbf{0}$ | G^{\dagger} IVS12 \rightarrow A |
| 9(283) | θ | $^{+}$ | del T nt 2732 (E38) |
| 10 (286) | θ | NI | $Arg^{42}\rightarrow stop$ |
| 11 (LE) | NA | NA | ins C nt 1787 (E24) |
| 12 (ROMA) | NA | NA | $Arg519\rightarrow stop$ |
| 13 (J198) | NA | NA | ins AC nt 1838 (E25) |
| 14 (J210) | NA | NA | $G^{-1}IVS25 \rightarrow A$ |
| 15 (1218) | NA | NA | $G^{-1}IVS18 \rightarrow A$ |

 $a A$ plus sign $(+)$ denotes presence; a minus sign $(-)$ denotes absence; and a plus-or-minus sign (\pm) denotes possible presence. NA = not assayed.

 b A plus sign (+) denotes presence. NI = noninformative assay (because proband was homozygous for polymorphism); and NA not assayed.

Primers for PCR Amplification of the Exons and Exon Boundaries

The sequences of the human COL1A2 gene that have been defined in the present study, together with the pre-

viously published sequences of both the COL1A1 gene and the COL1A2 gene, were used to design primers for amplification of each of the 103 exons and of ≥ 80 bp of the $5'$ and $3'$ flanking sequences (table 2). Conditions for PCR amplification were optimized so that each PCR product gave a discrete band detectable by agarose gel electrophoresis and by PAGE. In addition, the primers were designed so that the PCR products were not >500 bp, so that the presence of single-base substitutions could be detected by heteroduplex analysis using CSGE (Ganguly and Prockop 1995; J. Körkkö, S. Annunen, D. J. Prockop, and L. Ala-Kokko, unpublished data).

Detection of Mutations in OI Type I by PCR and CSGE Scanning

The new protocols were used to search for mutations in the initial 10 probands with type OI and in 5 additional probands (table 1). Twenty-five polymorphisms in the COL1A1 gene and 18 polymorphisms in the COL1A2 gene were detected with frequencies ranging between .01 and ∼.5 (not shown). Most of the polymorphisms were found within the intron sequences analyzed. In addition, the results detected the presence of unique heteroduplexes in each of the 15 probands (see fig. 2). Sequencing of the PCR products that generated unique heteroduplexes identified 13 mutations. Five of the mutations were single-base deletions or insertions (probands 4, 6, 7, 9, and 11; table 1), one mutation was a 2-bp insertion (proband 13), and three of the mutations were single-base substitutions that converted a co-

Figure 1 Schematic representation of the genomic organization of the human COL1A2 gene. The exons and introns are drawn to scale; the exact sizes are given for the introns.

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Figure 2 CSGE assays of PCR products for heteroduplexes reflecting the presence of single-base changes in the COL1A1 gene. Samples are from probands described in tables 1 and 2. Dots indicate homoduplex and heteroduplex bands that are readily visible by UV illumination of the gels but that are difficult to reproduce by the image provided by the thermal printer of the UV-image analyzer.

don for arginine to a premature-termination codon (probands 5, 10, and 12). Four mutations altered consensus sites of RNA splicing in the first two or last two bases of an intron (probands 3, 8, 14, and 15). Two additional changes in the two remaining probands were also likely to alter RNA splicing, one at position +3 of intron 22 (proband 1) and the other at position -12 of intron 20 (proband 2). Although the bases at these two positions are not conserved in all introns (Nakai and Sakamoto 1994), the mutations were not found in 100 other COL1A1 alleles. Also, no other changes were found in the analysis of all the other PCR products from the COL1A1 and COL1A2 genes of these two patients. In addition, the protein data and the mRNA data both indicated that one COL1A1 allele was not expressed at a normal level in both probands. Two other observations supported the conclusion that the single-base change at position -12 of intron 20 in proband 2 was a diseasecausing mutation. One observation was that the same change was found in the proband's affected father and sister but not in his unaffected brother, and the second

observation was that the single-base change at -12 produced a $3'$ consensus sequence for RNA splicing—that is, it converted a sequence of $(Pyr)_{11}CGG$ to $(Pyr)_{11}CAG$. In summary, definitive disease-causing mutations were found in 13 probands, and probable disease-causing mutations were found in the other 2 probands. As indicated in table 3, all the mutations detected were in the COL1A1 gene.

Identification of Common Sequences for Mutations Causing COL1A1 Null Alleles

Comparison between the data generated in the present study and those reported for previously defined mutations in OI identified common sequences for null-allele mutations in the COL1A1 gene (Willing et al. 1994, 1996; Redford-Badwal et al. 1996; Körkkö et al. 1997). For the sake of comparison, we first considered singlebase substitutions that converted a codon for arginine, CGA, to a premature-termination codon, TGA. There were nine mutations that met this criterion (table 4). All were found in the sequence context of C/GCC CGA GG/T in the COL1A1 gene. They were found in five of the six such sequences in the wild-type COL1A1 gene. In contrast, no such mutations have yet been reported that convert codon of CGA for arginine in seven other sequence contexts of the COL1A1 gene—that is, in which the CGA is not preceded by G/CCC.

A second category of mutations were mutations that created frameshifts and premature-termination codons because of single-base deletions or insertions. A total of 14 such mutations have been reported in the COL1A1 gene (table 5). Nine of the mutations were in the sequence context of CCC CCT. Only 5 of these 14 mutations were found in other sequences. In the COL2A1 gene, six such mutations were reported, and two are in the sequence context of CCC CCT (table 5).

Discussion

Assays of procollagens and mRNAs in cultured skin fibroblasts have been useful in the definition of mutations that cause OI. However, as illustrated here, the assays do not detect all mutations, particularly in OI type I. Also, the assays require biopsies of skin and culture of fibroblasts for ≥ 3 wk. For these reasons, we developed protocols for PCR amplification of the exon and exon boundaries of all 103 exons of the COL1A1 and COL1A2 genes.

To develop PCR-amplification primers directly from genomic DNA, it was necessary to perform extensive resequencing of the $5'$ half of the COL1A1 gene and to sequence 30 kb of the 38-kb COL1A2 gene. Comparison between our data for the human COL1A2 gene and

Common Sequences in COL1A1 for Mutation of CGA Codons to Premature-Translation-Termination Codons

previously reported data on the chick COL1A2 gene (Boedtker et al. 1985) indicate that the intron sizes are conserved. In contrast, the intron sizes of the COL2A1 gene are not conserved (Ala-Kokko et al. 1995). The primers for PCR amplification of the exons were developed so that the PCR products could be scanned, by CSGE, for single-base differences and other mutations (Ganguly et al. 1993; Ganguly and Prockop 1995). The availability of the scanning technique greatly reduced the amount of DNA sequencing necessary to search for mutations in the genes of patients with OI.

With the new protocols, definitive disease-causing mutations were found in 13 probands with type I OI, including 2 probands in whom protein assays were negative and 1 proband in whom the RNA assay was not informative. In addition, probable disease-causing mutations were found in the remaining 2 probands.

One of the initial hypotheses informing the present study was that probands in whom no mutations were found in the COL1A1 gene were likely to have mutations in the COL1A2 gene. However, no mutations in the COL1A2 gene were found. Therefore, mutations in the COL1A2 gene appear to be a rare cause of OI type I, even though mutations in the gene can cause some severe variants of OI (see Kuivaniemi et al. 1997). Individuals and mice heterozygous for nonfunctional $prox(1)$ chains probably have decreased bone density (Dickson et al. 1984; Chipman et al. 1993; Saban and King 1996). Therefore, individuals with nonfunctional COL1A2 genes may have phenotypes that are milder than OI type I and that overlap with that of osteoporosis.

As suggested by previous reports (see Byers 1993; Kuivaniemi et al. 1997), most mutations found in patients with OI type I are mutations that introduce either premature-termination codons for translation or aberrant RNA splicing and that thereby reduce the expression of

the COL1A1 gene. Analysis of such mutations detected in the present study and reported previously indicates that they tend to occur in common sequence contexts. Of a total of nine mutations that converted the arginine codon CGA to the premature-termination codon TGA, all were found in the sequence context of G/CCC CGA GG/T of the COL1A1 gene (Willing et al. 1994, 1996; Redford-Badwal et al. 1996; Körkkö et al. 1997). None were found in seven CGA codons for arginine in other sequence contexts of the COL1A1 gene. Therefore, the mutability of the CpG sequence (see Ollila et al. 1996; Körkkö et al. 1997) is apparently enhanced by the context. Ollila et al. (1996) have noted that CpG is more mutable in the context of YYCGRR—and especially in the context of YYCGRY—than in other contexts. The results of the present study agree with this suggestion. As noted here, the COL1A1 gene has six G/CCC CGA GG/T sequences, whereas the COL1A2 has none. A similar analysis has indicated that single-base insertions or deletions in collagen genes are frequently in the context of CCC CCT. As noted by Jego et al. (1993), such mu-

Table 5

Null-Allele Mutations Produced by Single-Nucleotide Insertions or Deletions

| | No. of CCC CCT | REPORTED SINGLE-BASE INSER- TIONS OR DELETIONS | | |
|-------------|--------------------------|----------------------------------------------------------|---------------------|--|
| GENE | SEQUENCES | Total | In CCC CCT Sequence | |
| COL1A1 | 30 | 14 ^a | | |
| COL1A2 | 6 | | | |
| COL2A1 | 16 | 6b | \mathcal{P} | |
| COL3A1 | | | | |

^a Source: Dalgleish (1997); present study.

^b Source: Ahmad et al. (1995); Brown et al. (1995); Kuivaniemi et al. (1997); A. De Paepe (unpublished data).

tations are likely to occur in duplicated sequences. In the case of collagens, the sequence CCC CCT, coding for Pro-Pro or Pro-Hyp, is a common sequence in the COL1A1 gene, and 9 of the 14 reported single-base insertions or deletions in the COL1A1 gene are in such a sequence. As is seen in table 5, such sequences are less common in the COL1A2, COL2A1, and COL3A1 genes, but two of the six null alleles reported in the COL2A1 gene are in the sequences.

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References

- Ahmad NN, Dimascio J, Knowlton RG, Tasman WS (1995) Stickler syndrome: a mutation in the nonhelical 3' end of type II procollagen gene. Arch Ophthalmol 113:1454–1457
- Ala-Kokko L, Kvist A-P, Metsäranta M, Kivirikko KI, de Crombrugghe B, Prockop DJ, Vuorio E (1995) Conservation of the sizes of 53 introns and over 100 intronic sequences for the binding of common transcription factors in the human and mouse genes for type II procollagen (COL2A1). Biochem J 308:923–929
- Bernard MP, Myers JC, Chu M-L, Ramirez F, Prockop DJ (1983) Structure of a cDNA for the $pro\alpha$ 2 chain of human type I procollagen: comparison with chick cDNA for $prox2$ (I) identifies structurally conserved features of the protein and the gene. Biochemistry 22:1139–1145
- Birnboim HC, Doly J (1979) A rapid alkaline extraction procedure for screening recombinant plasmid DNA. Nucleic Acids Res 7:1513–1523
- Boedtker H, Finer M, Aho S (1985) The structure of the chicken a2 collagen gene. Ann N Y Acad Sci 460:85–116
- Brown DM, Vandenburgh K, Kimura AE, Weingeist TA, Sheffield VC, Stone EM (1995) Novel frameshift mutations in the procollagen 2 gene (COL2A1) associated with Stickler syndrome (hereditary arthro-ophthalmopathy). Hum Mol Genet 2:141–142
- Byers PH (1993) Osteogenesis imperfecta. In: Royce PM, Steinmann B (eds) Connective tissue and its heritable disorders. Wiley-Liss, New York, pp 317–351
- Chipman SD, Sweet HO, McBride DJ Jr, Davisson MT, Marks SC Jr, Shuldiner AR, Wenstrup RJ, et al (1993) Defective $prox(1)$ collagen synthesis in a recessive mutation in mice: a model of human osteogenesis imperfecta. Proc Natl Acad Sci USA 90:1701–1705
- Chu M-L, de Wet W, Bernard M, Ramirez F (1985) Fine structural analysis of the human $prox1(I)$ collagen gene: pro-

moter structure, AluI repeats, and polymorphic transcripts. J Biol Chem 260:2315–2320

- D'Alessio M, Bernard M, Pretorious P, de Wet W, Ramirez F (1988) Complete nucleotide sequence of the region encompassing the first twenty-five exons of the human $prox1(I)$ collagen gene (COL1A1). Gene 67:105–115
- Dalgleish R (1997) The human type I collagen mutation database. Nucleic Acids Res 25: 181–187
- de Wet W, Bernard M, Benson-Chanda V, Chu M-L, Dickson L, Weil D, Ramirez F (1987) Organization of the human proa2(I) collagen gene. J Biol Chem 262:16032–16036
- Dickson LA, de Wet W, Di Liberto M, Weil D, Ramirez F (1985) Analysis of the promoter region and the N-propeptide domain of the human pro alpha 2(I) collagen gene. Nucleic Acids Res 13:3427–3438
- Dickson LA, Pihlajaniemi T, Deak S, Pope FM, Nicholls A, Prockop DJ, Myers JC (1984) Nuclease S1 mapping of a homozygous mutation in the carboxylpropeptide-coding region of the $prox2(I)$ collagen gene in a patient with osteogenesis imperfecta. Proc Natl Acad Sci USA 81:4524–4528
- Ganguly A, Baldwin CT, Strobel D, Conway D, Horton W, Prockop DJ (1991) Heterozygous mutation in the G^{+5} position of intron 33 of the $pro\alpha^2(I)$ gene (COL1A2) that causes aberrant RNA splicing and lethal osteogenesis imperfecta. J Biol Chem 266:12035–12040
- Ganguly A, Prockop DJ (1995) Detection of mismatched bases in double stranded DNA by gel electrophoresis. Electrophoresis 16:1830–1835
- Ganguly A, Rock M, Prockop DJ (1993) Conformation-sensitive gel electrophoresis for rapid detection of single base differences in double-stranded PCR products and DNA fragments: evidence for solvent-induced bends in DNA heteroduplexes. Proc Natl Acad Sci USA 90:10325–10329
- Hanke M, Wink M (1994) Direct DNA sequencing of PCRamplified vector inserts following enzymatic degradation of primer and dNTPs. Biotechniques 17:858–860
- Jego N, Thomas G, Hamelin R (1993) Short direct repeats flanking deletions, and duplicating insertions in p53 gene in human cancers. Oncogene 8:209–213
- Körkkö J, Kuivaniemi H, Paassilta P, Zhuang J, Tromp G, De Paepe A, Prockop DJ, et al (1997) Two new recurrent nucleotide mutations in the COL1A1 gene in four patients with osteogenesis imperfecta: about one-fifth are recurrent. Hum Mutat 9:148–156
- Kuivaniemi H, Tromp G, Chu, M-L, Prockop DJ (1988) Structure of a full-length cDNA clone for the $preprox(II)$ chain of human type I procollagen: comparison with the chick gene confirms unusual patterns of gene conservation. Biochem J 252:633–640
- Kuivaniemi H, Tromp G, Prockop DJ (1997) Mutations in fibrillar collagens (types I, II, III and XI), fibril-associated collagen (type IX), and network-forming collagen (type X) cause a spectrum of diseases of bone, cartilage and blood vessels. Hum Mutat 9:300–315
- Laemmli UK (1975) Cleavage of structural proteins during the assembly of the head of bacteriophage T4. Nature 227: 680–685
- Määttä A, Bornstein P, Penttinen RP (1991) Highly conserved sequences in the 3 -untranslated region of the COL1A1 gene bind cell-specific nuclear proteins. FEBS Lett 279:9–13
- Myers JC, Dickson LA, de Wet WJ, Bernard MP, Chu M-L, DiLiberto M, Pepe G, et al (1983) Analysis of the 3' end of the human $prox(1)$ collagen gene: utilization of multiple polyadenylation sites in cultured fibroblasts. J Biol Chem 258:10128–10135
- Nakai K, Sakamoto H (1994) Construction of a novel database containing aberrant splicing mutations of mammalian genes. Gene 141:171–177
- Nuytinck L, Coppin A, De Paepe A. A 4 bp insertion polymorphism in the $3'$ UTR of the COL1A1 gene is highly informative for null-allele testing in patients with OI type I. Matrix Biol (in press)
- Ollila J, Lappalainen T, Vihinen M (1996) Sequence specificity in CpG mutation hotspots. FEBS Lett 396:119–122
- Prockop DJ (1990) Mutations that alter the primary structure of type I collagen: the perils of a system for generating large structures by the principle of nucleated growth. J Biol Chem 265:15349–15352
- Prockop DJ, Kivirikko KI (1995) Collagens: molecular biology, diseases and potentials for therapy. Annu Rev Biochem 64: 403–434
- Redford-Badwal DA, Stover ML, Valli M, McKinstry MB, Rowe DW (1996) Nuclear retention of COL1A1 messenger RNA identifies null alleles causing mild osteogenesis imperfecta. J Clin Invest 97:1035–1040
- Saban J, King D (1996) PCR genotyping of mutant mice. Biotechniques 21:190–192
- Sherwood AL, Bottenus RE, Martzen MR, Bornstein P (1990) Structural and functional analysis of the first intron of the human a2(I) collagen encoding gene. Gene 89:238–244
- Sokolov BP, Prytkov AN, Tromp G, Knowlton RG, Prockop DJ (1991) Exclusion of COL1A1, COL1A2, and COL3A1 genes as candidate genes for Ehlers-Danlos syndrome type I in one large family. Hum Genet 88:125–129
- Sykes B, Ogilvie D, Wordsworth P, Wallis G, Mathew C, Beighton P, Nicholls A, et al (1990) Consistent linkage of dominantly inherited osteogenesis imperfecta to the type I collagen loci: COL1A1 and COL1A2. Am J Hum Genet 46: 293–307
- Tromp G, Prockop DJ (1988) Single base mutation in the $prox(1)$ collagen gene that causes efficient splicing of RNA from exon 27 to exon 29 and synthesis of a shortened but in-frame proa2(I) chain. Proc Natl Acad Sci 85:5254–5258
- Vasan NS, Kuivaniemi H, Vogel BE, Minor RR, Wootton JAM, Tromp G, Weksberg R, et al (1991) A mutation in the proa2(I) gene (COL1A2) for type I procollagen in Ehlers-Danlos syndrome type VII: evidence suggesting that skipping of exon 6 in RNA splicing may be a common cause of the phenotype. Am J Hum Genet 48:305–317
- Werle E, Schneider C, Renner M, Volker M, Fiehn W (1994) Convenient single-step, one tube purification of PCR products for direct sequencing. Nucleic Acids Res 22:4354–4355
- Westerhausen AI, Constantinou C, Pack M, Peng M, Hanning C, Olsen A, Prockop DJ (1991) Completion of the last half of the structure of the human gene for the $prox1(I)$ chain of type I procollagen (COL1A1). Matrix 11:375–379
- Willing MC, Deschenes SP, Scott DA, Byers PH, Slayton RL, Pitts SH, Arikat H, et al (1994) Osteogenesis imperfecta type I: molecular heterogeneity for COL1A1 null alleles of type I collagen. Am J Hum Genet 55:638–647
- Willing MC, Deschenes SP, Slayton RL, Roberts EJ (1996) Premature chain termination is a unifying mechanism for COL1A1 null alleles in osteogenesis imperfecta type I cell strains. Am J Hum Genet 59:799–809
- Willing MC, Pruchno CJ, Atkinson M, Byers PH (1992) Osteogenesis imperfecta type I is commonly due to a COL1A1 null allele of type I collagen. Am J Hum Genet 51:508–515