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# (12) United States Patent

# Baty et al.

#### (54) CONNEXIN MUTATION DETECTION FOR LYMPHATIC VARIATION AND DISEASE

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See application file for complete search history.

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#### (57)ABSTRACT

Methods are provided for identifying risk of developing lymphedema, including primary and secondary edema. The methods comprise identifying the presence in a biological sample of a polymorphism in one or more of GJA4, GJA5 and GJC2, resulting in a functional mutation of one or more of connixin 37 (Cx37), Cx40 or Cx47.

#### 3 Claims, 22 Drawing Sheets

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# Protein (SEQ ID NO: 1, residues 4-439)

MSWSFLTRLL EEIHNHSTFV GKVWLTVLVV FRIVLTAVGG EAIYSDEQAK FTCNTRQPGC DNVCYDAFAP LSHVRFWVFQ IVVISTPSVM YLGYAVHRLA RASEQERRRA LRRRPGPRRA PRAHLPPPHA GWPEPADLGE EEPMLGLGEE EEEETGAAE GAGEEAEEAG AEEACTKAVG ADGKAAGTPG PTGQHDGRRR IQREGLMRVY VAQLVARAAF EVAFLVGQYL LYGFEVRPFF PCSRQPCPHV VDCFVSRPTE KTVFLLVMYV VSCLCLLLNL CEMAHLGLGS AQDAVRGRRG PPASAPAPAP RPPPCAFPAA AAGLACPPDY SLVVRAAERA RAHDQNLANL ALQALRDGAA AGDRDRDSSP CVGLPAASRG PPRAGAPASR TGSATSAGTV GEQGRPGTHE RPGAKPRAGS EKGSASSRDG KTTVWI

Fig. 1A

# mRNA (SEQ ID NO: 2)

1	ggggaacaat	ggggcccttg	agggcccctc	ctccagcccc	cattgtgctt	ggtggtgaga
61	ggtggccctg	gctcggccac	acaccctcgg	ggaggaccag	catccaagca	ggtggaaggg
121	ctctgaggga	gactggaatt	ttctggcctg	gagaaggacc	cgcccgcccg	cccctatgac
181	caacatgagc	tggagcttcc	tgacgcggct	gctggaggag	atccacaac <u></u>	<b>AC</b> tccacctt
241	cgtgggcaag	gtgtggctca	cggtgctggt	ggtcttccgc	atcgtgctga	cggctgtggg
301	cggcgaggcc	atctac <u><b>TCG</b></u> g	acgagcaggc	caagttcact	tgcaacacgc	ggcagccagg
361	ctgcgacaac	gtctgctatg	acgccttcgc	geccetgteg	cacgtgcgct	tetgggtett
421	ccagattgtg	gtcatctcca	cgccctcggt	catgtacctg	ggctacgccg	tgcaccgcct
481	ggcccgtgcg	tctgagcagg	agcggcgccg	cgccctccgc	cdccdcccdd	ggccacgccg
541	cgcgccc <b>CGA</b>	gcgcacctgc	cgcccccgca	cgccggctgg	cctgagcccg	ccgacctggg
601	cgaggaggag	cccatgctg <u><b>G</b></u>	<b>GC</b> ctgggcga	ggaggaggag	gaggaggaga	cggggggcagc
661	cgagggcgcc	ggcgaggaag	cggaggaggc	aggcgcggag	gaggcgtgca	ctaaggcggt
721	cggcgctgac	<u><b>GGC</b></u> aaggcgg	cagggacccc	gggcccgacc	gggcaacacg	atgggcggag
781	gcgcatccag	cgggagggcc	tgatgcgcgt	gtacgtggcc	cagctggtgg	ccagggcagc
841	tttcgaggtg	gccttcctgg	tgggccagta	cctgctgtac	ggcttcgagg	tgcgaccgtt
901	ctttccctgc	ageegeeage	cctgcccgca	cgtggtggac	tgcttcgtgt	cg <u>CGC</u> cctac
961	tgaaaagacg	gtcttcctgc	tggttatgta	cgtggtcagc	tgcctgtgcc	tgctgctcaa
1021	cctctgtgag	atggcccacc	tgggcttggg	cagegegeag	gacgcggtgc	geggeegeeg
1081	cggccccccg	gcctccgccc	ccgcccccgc	geegeggeee	<u>ccc</u> ccctgcg	ccttccctgc
1141	ggcggccgct	ggcttggcct	geeegeeega	ctacageetg	gtggtgcggg	eggeegageg
1201	cgctcgggcg	catgaccaga	acctggcaaa	cctggccctg	caggcgctgc	gcgacgggggc
1261	agcggctggg	gaccgcgacc	gggacagttc	gccgtgcgtc	ggcctccctg	eggeeteeeg
1321	gggg <u>CCC</u> ccc	agagcaggcg	cccccgcgtc	ccggacgggc	agtgctacct	ctgcgggcac
1381	tgtcggggag	cagggccggc	ccggcacc <b>CA</b>	<b>c</b> gagcggcca	ggagccaagc	ccagggctgg
1441	ctccgagaag	ggcagtgcca	gcagcaggga	cgggaagacc	accgtgtgga	tctgagggcg
1501	ctggcttgcg	agctgggcca	gggaggagga	gggttggggg	gataaggtgg	aaacctgcga
1561	ccccttctcc	tcagccttct	ccttagccgg	tggcctcagg	cagactctgc	ccagaggggc
1621	agccaggctg	ctcagggaag	gggctgaaag	cggcagagga	gtgccctggc	ttggtcacca
1681	ctggggccaa	ggtggggtgg	agagaggcct	aggagccaga	aagggccctc	tgctgtggtc
1741	tgaaccccag	ggggagtggg	gcattgactc	cacccctgtc	ctgagctgga	ataggteete
1801	tgggatgcca	gctctcccct	ttgtgcttcc	ctgcagcaac	ccatggaggg	cccagggtgc
1861	ctggtatggg	catcagttgg	tgggggtgcg	ggggtgcgtg	tccccattcc	ctgcaacagc
1921	aaatgggggt	ccttcttcag	ccctcccctt	cccagcccca	aactgagaca	gactgggagc

Fig. 1B-1

1981 tgggageetg gggtggaeag gaeeataeee tetttgaget tetgegatge eggeetteeg 2041 tteetetggg aggettgaag ttetgeaag atgttgatat geettgeage ttggaeeeaa 2101 tgggtggtgg teagggeetg ggggettgge eatgetggg gaatgggget etggeteet 2161 geetgtggee tgtetgteet eeteetat teagaeeeag eeteaagagg aaagggagta 2221 aaataaaeet aaettgttta taaaaaaaa aaaaaaaa

# Fig. 1B-2

### **Protein** (SEQ ID NO: 3)

MGDWGFLEKL LDQVQEHSTV VGKIWLTVLF IFRILILGLA GESVWGDEQS DFECNTAQPG CINVCYDQAF PISHIRYWVL QFLFVSTPTL VYLGHVIYLS RREERLRQKE GELRALPAKD PQVERALAAV ERQMAXISVA EDGRLRIRGA LMGTYVASVL CKSVLEAGFL YGQWRLYGWT MEPVFVCQRA PCPYLVDCFV SRPTEKTIFI IFMLVVGLIS LVLNLLELVH LLCRCLSRGM RARQGQDAPP TQGTSSDPYT DQVFFYLPVG QGPSSPPCPT YNGLSSSEQN WANLTTEERL ASSRPPLFLD PPPQNGQKPP SRPSSSASKK QYV

Fig. 2A

### mRNA (SEQ ID NO: 4)

1 cagcaggget cocgegggeg teacteegge categteece acctecacet gggeegeeeg 61 gcaggcaggc gacggaggcc cgggagccat gggtgactgg ggcttcctgg agaagttgct 121 ggaccaggte caggageact cgaccgtggt gggtaagate tggetgacgg tgetetteat 181 ettecgeate etcateetgg geetggeegg egagteagtg tggggtgaeg ageaateaga 241 tttcgagtgt aacacggccc agccaggctg caccaacgtc tgctatgacc aggccttecc 301 catcteecac atcegetact gggtgetgea gtteetette gteageacae ceaecetggt 361 ctacctgggc catgtcattt acctgtctcg gcgagaagag cggctgcggc agaaggaggg 421 ggagetgegg geactgeegg ecaaggaeee acaggtggag egggegetgg eggeegtaga 481 gegteagatg gecaagatet eggtggeaga agatggtege etgegeatee geggageaet 541 gatgggcacc tatgtcgcca gtgtgctctg caagagtgtg ctagaggcag getteeteta 601 tggccagtgg cgcctgtacg gctggaccat ggagcccgtg tttgtgtgcc agcgagcacc 661 etgecectae etegtggaet getttgtete tegececaeg gagaagaeea tetteateat 721 cttcatgttg gtggttggac tcatctccct ggtgcttaac ctgctggagt tggtgcacct 781 getgtgtege tgeeteagee gggggatgag ggeaeggeaa ggeeaagaeg eacceegae 841 ccagggcace tectcagace ettacaegga ccaggtette ttetaeetee eegtgggeca 901 ggggccctca tccccaccat gccccaccta caatgggctc tcatccagtg agcagaactg 961 ggccaacetg accacagagg agaggetgge gtettecagg ecceetetet teetggacee 1021 accecetcag aatggecaaa aacceecaag tegteecage agetetgett etaagaagea 1081 gtatgtatag aggeetgtgg ettatgteae eeaacagagg ggteetgaga agtetggetg 1141 cctgggatgc cccctgcccc ctcctggaag gctctgcaga gatgactggg ctggggaagc 1201 aggtgettge tggecatgga geeteattge aagttgttet tgaacaeetg aggeetteet 1261 ggtgcccacc aggcactacg gcttcctctc cagaatgtgg ctttgcctga gcacagacag 1321 agtcagcatg gaatgetett ggecaagggt actgggggee etetggeett ttgeagetga 1381 tecagaggaa cecagageea acttaceeea aceteaceet atggaacagt cacetgtgeg 1441 caggttgtcc tcaaaccete teeteacagg aaaaggegga ttgaggetge tgggtcagee

Fig. 2B-2

# Fig. 2B-1

# Protein (SEQ ID NO: 5)

MGDWSALGKL LDKVQAYSTA GGKVWLSVLF IFRILLLGTA VESAWGDEQS AFRCNIQQPG CENVCYDKSF PISHVRFWVL QIIFVSVPTL LYLAHVFYVM RKEEKLNKKE EELKVAQTDG VNVDMHLKQI EIKKFKYGIE EHGKVKMRGG LLRTYIISIL FKSIFEVAFL LIQWYIYGFS LSAVYTCKRD PCPHQVDCFL SRPTEKTIFI IFMLVVSLVS LALNIIELFY VFFKGVKDRV KGKSDPYHAT SGALSPAKDC GSQKYAYFNG CSSPTAPLSP MSPPGYKLVT GDRNNSSCRN YNKQASEQNW ANYSAEQNRM GQAGSTISNS HAQPFDFPDD NQNSKKLAAG HELQPLAIVD QRPSSRASSR ASSRPRPDDL EI

Fig. 3A

# mRNA (SEQ ID NO: 6)

1	gagtcagtgg	cttgaaactt	ttaaaagete	tgtgctccaa	gttacaaaaa	agettttaeg
61	aggtatcagc	acttttcttt	cattaggggg	aaggcgtgag	gaaagtacca	aacagcagcg
121	gagttttaaa	ctttaaatag	acaggtetga	gtgcctgaac	ttgccttttc	attttacttc
181	atcctccaag	gagttcaatc	acttggcgtg	acttcactac	ttttaagcaa	aagagtggtg
241	cccaggcaac	atgggtgact	ggagegeett	aggcaaactc	cttgacaagg	ttcaagccta
301	ctcaactgct	ggagggaagg	tgtggctgtc	agtacttttc	attttccgaa	tcctgctgct
361	ggggacagcg	gttgagtcag	cctggggaga	tgagcagtct	gcctttcgtt	gtaacactca
421	gcaacctggt	tgtgaaaatg	tctgctatga	caagtctttc	ccaatctctc	atgtgcgctt
481	ctgggtcctg	cagatcatat	ttgtgtctgt	acccacactc	ttgtacctgg	ctcatgtgtt
541	ctatgtgatg	cgaaaggaag	agaaactgaa	caagaaagag	gaagaactca	aggttgccca
601	aactgatggt	gtcaatgtgg	acatgcactt	gaagcagatt	gagataaaga	agttcaagta
661	cggtattgaa	gagcatggta	aggtgaaaat	gcgagggggg	ttgctgcgaa	cctacatcat
721	cagtatcctc	ttcaagtcta	tctttgaggt	ggccttcttg	ctgatccagt	ggtacatcta
781	tggattcagc	ttgagtgctg	tttacacttg	caaaagagat	ccctgcccac	atcaggtgga
841	ctgtttcctc	tctcgcccca	cggagaaaac	catcttcatc	atcttcatgc	tggtggtgtc
901	cttggtgtcc	ctggccttga	atatcattga	actettetat	gttttcttca	agggcgttaa
961	ggatcgggtt	aagggaaaga	gcgaccctta	ccatgcgacc	agtggtgcgc	tgagccctgc
1021	caaagactgt	gggtctcaaa	aatatgetta	tttcaatggc	tgctcctcac	caaccgctcc
1081	cctctcgcct	atgtctcctc	ctgggtacaa	gctggttact	ggcgacagaa	acaattcttc
1141	ttgccgcaat	tacaacaage	aagcaagtga	gcaaaactgg	gctaattaca	gtgcagaaca
1201	aaatcgaatg	gggcaggcgg	gaagcaccat	ctctaactcc	catgcacagc	cttttgattt
1261	ccccgatgat	aaccagaatt	ctaaaaaact	agetgetgga	catgaattac	agccactage



1321	cattgtggac	cagcgacctt	caagcagagc	cagcagtcgt	gccagcagca	gacctcggcc
1381	tgatgacctg	gagatctaga	tacaggcttg	aaagcatcaa	gattccactc	aattgtggag
1441	aagaaaaaag	gtgctgtaga	aagtgcacca	ggtgttaatt	ttgatccggt	ggaggtggta
1501	ctcaacagcc	ttattcatga	ggcttagaaa	acacaaagac	attagaatac	ctaggttcac
1561	tgggggtgta	tggggtagat	gggtggagag	ggaggggata	agagaggtgc	atgttggtat
1621	ttaaagtagt	ggattcaaag	aacttagatt	ataaataaga	gttccattag	gtgatacata
1681	gataagggct	ttttctcccc	gcaaacaccc	ctaagaatgg	ttctgtgtat	gtgaatgagc
1741	gggtggtaat	tgtggctaaa	tatttttgtt	ttaccaagaa	actgaaataa	ttctggccag
1801	gaataaatac	ttcctgaaca	tcttaggtct	tttcaacaag	aaaaagacag	aggattgtcc
1861	ttaagtccct	gctaaaacat	tccattgtta	aaatttgcac	tttgaaggta	agctttctag
1921	gcctgaccct	ccaggtgtca	atggacttgt	gctactatat	ttttttattc	ttggtatcag
1981	tttaaaattc	agacaaggcc	cacagaataa	gattttccat	gcatttgcaa	atacgtatat
2041	tctttttcca	tccacttgca	caatatcatt	accatcactt	tttcatcatt	cctcagctac
2101	tactcacatt	catttaatgg	tttctgtaaa	catttttaag	acagttggga	tgtcacttaa
2161	cattttttt	ttgagctaaa	gtcagggaat	caagccatgc	ttaatattta	acaatcactt
2221	atatgtgtgt	cgaagagttt	gttttgtttg	tcatgtattg	gtacaagcag	atacagtata
2281	aactcacaaa	cacagatttg	aaaataatgc	acatatggtg	ttcaaatttg	aacctttctc
2341	atggattttt	gtggtgtggg	ccaatatggt	gtttacatta	tataattcct	gctgtggcaa
2401	gtaaagcaca	ctttttttt	ctcctaaaat	gtttttccct	gtgtatccta	ttatggatac
2461	tggttttgtt	aattatgatt	ctttattttc	tctccttttt	ttaggatata	gcagtaatgc
2521	tattactgaa	atgaatttcc	tttttctgaa	atgtaatcat	tgatgcttga	atgatagaat
2581	tttagtactg	taaacaggct	ttagtcatta	atgtgagaga	cttagaaaaa	atgcttagag
2641	tggactatta	aatgtgccta	aatgaatttt	gcagtaactg	gtattcttgg	gttttcctac
2701	ttaatacaca	gtaattcaga	acttgtattc	tattatgagt	ttagcagtct	tttggagtga
2761	ccagcaactt	tgatgtttgc	actaagattt	tatttggaat	gcaagagagg	ttgaaagagg
2821	attcagtagt	acacatacaa	ctaatttatt	tgaactatat	gttgaagaca	tctaccagtt
2881	tctccaaatg	ccttttttaa	aactcatcac	agaagattgg	tgaaaatgct	gagtatgaca
2941	cttttcttct	tgcatgcatg	tcagctacat	aaacagtttt	gtacaatgaa	aattactaat
3001	ttgtttgaca	ttccatgtta	aactacggtc	atgttcagct	tcattgcatg	taatgtagac
3061	ctagtccatc	agatcatgtg	ttctggagag	tgttctttat	tcaataaagt	tttaatttag
3121	tataaacata					

Fig. 3B-2

















Fig. 6D









Fig. 7C



Fig. 7D



HeLa

WT

R260C

Fig. 7E





Fig. 8



A





Fig. 9



Fig. 10



100 ms

Fig. 11



Fig. 12A



Fig. 12B



# Protein (SEQ ID NO: 7)

MGDWSFLGNF LEEVHKHSTV VGXVWLTVLF IFRMLVLGTA AESSWGDEQA DFRCDTIQPG CQNVCYDQAF PISHIRYWVL QIIFVSTPSL VYMGHAMHTV RMQEKRKLRE AERAKEVRGS GSYEYPVAEK AELSCWEEGN GRIALQGTLL NTYVCSILIR TTMEVGFIVG QYFIYGIFLT TLHVCRRSPC PHPVNCYVSR PTEKNVFIVF MLAVAALSLL LSLAELYHLG WKKIRQRFVK PRQHMAKCQL SGPSVGIVQS CTPPPDFNQC LENGPGGKFF NPFSNNMASQ QNTDNLVTEQ VRGQEQTPGE GFIQVRYGQK PEVPNGVSPG HRLPHGYHSD KRRLSKASSK ARSDDLSV

# Fig. 13A

# mRNA (SEQ ID NO: 8)

1	attaaaaaga	cggtggaaga	ggaacaactg	acaggeteaa	gagcaaaaag	cgtgggcagt
61	tggagaagaa	gcagccagag	tgtgaagaag	cccacggaag	gaaagtccag	ggaggaggaa
121	aagaagcaga	agttttggca	tetgtteeet	ggctgtgcca	agatgggcga	ttggagette
181	ctgggaaatt	tcctggagga	agtacacaag	cactcgaccg	tggtaggcaa	ggtctggctc
241	actgtcctct	teatatteeg	tatgetegtg	ctgggcacag	ctgctgagtc	tteetggggg
301	gatgagcagg	ctgatttccg	gtgtgatacg	attcagcctg	gctgccagaa	tgtctgctac
361	gaccaggett	tecceatete	ccacattege	tactgggtgc	tgcagatcat	cttcgtctcc
421	acgccctctc	tggtgtacat	gggccacgcc	atgcacactg	tgcgcatgca	ggagaagcgc
481	aagctacggg	aggccgagag	ggccaaagag	gteegggget	ctggctctta	cgagtacccg
541	gtggcagaga	aggcagaact	gtcctgctgg	gaggaaggga	atggaaggat	tgccctccag
601	ggcactctgc	tcaacaccta	tgtgtgcagc	atcctgatcc	gcaccaccat	ggaggtgggc
661	ttcattgtgg	gccagtactt	catctacgga	atcttcctga	ccaccctgca	tgtctgccgc
721	aggagteeet	gtecceacee	ggtcaactgt	tacgtatccc	ggcccacaga	gaagaatgtc
781	ttcattgtct	ttatgctggc	tgtggctgca	ctgtccctcc	teettageet	ggctgaactc
841	taccacctgg	gctggaagaa	gatcagacag	cgatttgtca	aaccgcggca	gcacatggct
901	aagtgccagc	tttctggccc	ctctgtgggc	atagtccaga	gctgcacacc	accccccgac
961	tttaatcagt	gcctggagaa	tggeeetggg	ggaaaattct	tcaatccctt	cagcaataat
1021	atggcctccc	aacaaaacac	agacaacctg	gtcaccgagc	aagtacgagg	tcaggagcag
1081	actcctgggg	aaggtttcat	ccaggttcgt	tatggccaga	agcctgaggt	gcccaatgga
1141	gtctcaccag	gtcaccgcct	tccccatggc	tatcatagtg	acaagcgacg	tcttagtaag
1201	gccagcagca	aggcaaggtc	agatgaccta	tcagtgtgac	cctcctttat	gggaggatca
1261	ggaccaggtg	ggaacaaagg	aggeteagag	aagaaagacg	tgtcccttct	gaactgatgc

Fig. 13B-1

1321 tttctcactg tcatcactgc ttggctcctt tgagccccgg gtctcaatga cgttgctcat 1381 taattetaga aactataace agggetetgg gatagtaaga gaggtgacaa eecaeceaga 1441 ctgcagttee etceceaece tetacecagt atacgaagee tttcagatta etcatgaaae 1501 agggtagagg gaaagaaggg aagcatggca aaagctggcc tggaagggat agccagaggg 1561 atagaatgac teteteteta cataceagea geataceaaa tgegttetet aagtteetae 1621 ctccttgacc tgatcaccct ccctccta aggaagaget caaagttccc agccaataga 1681 cagcatgaat caaggaactt gcattatatg tgctcttgaa tctgttgtct ccatggacca 1741 tteeteggag tagtggtgag atggeettgg gttgeeettg getteteete eetetaetea 1801 geettaaaaa gggettettg gaactttaee ageageetea getttaeaaa tgeettggta 1861 tgtacctctg gcaaatgccc caccttggtg atgttgcaac ctttccttct gctagggtgt 1921 acacctagee tgtgcaggtg teagecetge tagggagtea etgtacaeae aaaetetaet 1981 ggaatteetg ecaacatetg teaceetgea geteetttae agtteaatee aatgatagaa 2041 accatecett ecettetee ettggetgtt eaeceageea tteeetgaag geettaceaa 2101 caggaatate caagaagetg ttgteecete tegaaceetg accagateat cagecaetga 2161 ggccagtgga atttccccag gccttgttaa aacaaagaaa gcattgtacc tctcagattc 2221 cccttgtgga aaaaaaaatt ctgctgtgaa gatgaaaata aaaatggaga gaaaacactg 2281 gaaaactatt ttcccctcct atttacttcc tttgctgact gccaacttag tgccaagagg 2341 aggtgtgatg acagetatgg aggeceecag atetetetet eetggagget ttageagggg 2401 caaggaaata gtaggggaat ctccagctct cttggcaggg cctttattta aagagcgcag 2461 agatteetat gteteetag tgeeectaat gagaetgeea agtggggget gtagaaaage 2521 ettgeettee eeagggattg geetggtete tgtatteact ggateeataa tgggttgetg 2581 ttgttttgga tgaaggtaaa cgatgcttgg aattggaaac tgagacttat agagggatta 2701 ggggagteet gaaataagga aaggaaaeea cagagaaaet tgtgtettee tgeteteete 2761 tccggctgcc tggcagttat taacctaaac agatagccac aagaggttgg gacagaggag 2821 ggtaaagget cagaaggagg ttcaacctet gactcacetg cecatetetg ggeeetetge 2881 tgacacttgg atgctattgt tgggtggaaa gataaatgag agtggagagg tggaggaaag 2941 tgactaggat gccatttagg aaggaatgte tgatcateee gggteeetgg aggggacaee 3001 ttttaatcta ttgcctagca ttaatatttt ctctccttct atctctgaaa tgttttatga 3061 aatgagtgtt cttgaattag aaattctgtg ggatcaatct ttgatggtga gggttttaga 3121 aaggaaaaat atagtaaaat gtgtaatttg tettaataaa atetatetet acateta

Fig. 13B-2

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### CONNEXIN MUTATION DETECTION FOR LYMPHATIC VARIATION AND DISEASE

#### CROSS REFERENCE TO RELATED APPLICATIONS

This application claims the benefit under 35 U.S.C. §119 (e) to U.S. Provisional Patent Application No. 61/333,794, filed on May 12, 2010, which is incorporated herein by reference in its entirety.

### STATEMENT REGARDING FEDERAL FUNDING

This invention was made with government support under 15 Grant No. HD037243, awarded by the National Institutes of Health. The government has certain rights in the invention.

The Sequence Listing associated with this application is filed in electronic format via EFS-Web and is hereby incorporated by reference into the specification in its entirety. The 20 name of the text file containing the Sequence Listing is ConnexinSEQID\_ST25.txt. The size of the text file is 49,330 bytes, and the text file was created on Sep. 28, 2011.

Lymphedema is the abnormal accumulation of lymphatic fluid in interstitial space. Patients with lymphedema suffer 25 from recurrent local infections, physical impairment, and cosmetic and psychosocial stigmatization and may be at increased risk for developing lymphangiosarcoma. The population prevalence of lymphedema is estimated in the range of 1.3-1.4 per 1000. Primary (inherited) lymphedema is less 30 common than secondary lymphedema, which is associated with conditions such as filariasis, trauma, and cancer therapy. Recent studies in families with inherited forms of lymphedema have identified six genes, FLT43, (encoding VEGFR3; Karkkainen, M. J., et al. (2000). Missense mutations interfere 35 with VEGFR-3 signalling in primary lymphoedema. Nat. Genet. 25, 153-159) (MIM 153100), FOXC25, (MIM 153400 and Finegold, D. N., et al. (2001). Truncating mutations in FOXC2 cause multiple lymphedema syndromes. Hum. Mol. Genet. 10, 1185-1189), SOX18 (MIM 607823 and Irrthum, 40 A., et al. (2003). Mutations in the transcription factor gene SOX18 underlie recessive and dominant forms of hypotrichosis-lymphedema-telangiectasia. Am. J. Hum. Genet. 72, 1470-1478), HGF (MIM 142409 and Finegold, D. N., et al. (2008). HGF and MET mutations in primary and secondary 45 lymphedema. Lymphat. Res. Biol. 6, 65-68), MET (MIM 164860 and Finegold, D. N., et al. (2008). Lymphat. Res. Biol. 6, 65-68), and CCBE1 (MIM 235510; Alders, M., et al. (2009). Mutations in CCBE1 cause generalized lymph vessel dysplasia in humans. Nat. Genet. 41, 1272-1274 and Connell, 50 F., et al. Lymphoedema Consortium. (2010). Linkage and sequence analysis indicate that CCBE1 is mutated in recessively inherited generalized lymphatic dysplasia. Hum. Genet. 127, 231-241), causing lymphedema.

Gap junctions were identified in the 1960s, but it was not 55 until almost 20 years later that Connexins were identified as the major protein constituent of these complexes. There are at least 21 different human Cx proteins; all form hexameric pores through the plasma membrane and typically align with a corresponding connexon (i.e., hemichannel) on an adjacent 60 cell membrane. Cx nomenclature is varied: proteins are named based on their molecular weight in kD or based on the genes uniquely expressing Cxs. There is increasing documentation of functional hemichannels, heterogeneity of Cx proteins within and between connexons, and heterocellular coupling, demonstrating the complexity and variability of the organization of a gap junction complex.

While gap junctions are present in most mammalian cells, and are well studied in certain cell types, especially cardiac myocytes, vascular smooth muscle cells, and cells in the CNS, understanding of the function and regulation of these structures is still expanding.

Gap junction intercellular communication allows for the transport of small metabolites,  $Ca^{2+}$ , ATP, etc., with an estimated size limitation of 1000 daltons. Regulation of channels' open probability and selective permeability may be Cx specific but may also be mediated by factors such as pH, phosphorylation of Cx residues, ischemia, voltage and intracellular Ca<sup>2+</sup> levels.

#### SUMMARY

Described herein are methods of identifying (determining, etc.) relative risk of development of lymphedema in a human. Patients having functional mutations in connexins 37, 40, and 47, encoded by GJA4, GJA5 and GJC2, respectively, have an increased risk of development of lymphedema as compared to patients with wild-type alleles. Functional mutations of Cx47 include the mis sense mutations identified as: S45L (wildtype Serine amino acid residue at position 45 of SEQ ID NO: 1 is replaced by a Leucine residue), H16P, R122Q, G146S, G183C, R257c, P313L, P381S and H409Y of SEQ ID NO: 1. In the Examples below, these result from single nucleotide polymorphisms that alter the wild-type codon, including, in reference to the sequence presented as SEQ ID NO: 2: 436G>A (wild-type guanine at +436 in relation to the first base of the start codon (+1) and which also can be alternately recited as position 620 of SEQ ID NO: 2, is replaced with an adenine, resulting in a change of the codon for Glycine (GGC) to a codon for Serine (AGC)), resulting in the G146S substitution; a 547G>T, resulting in the G183C substitution; 1141C>T, resulting in the P381S substitution; or 1225C>T, resulting in the H409Y substitution.

This is an extremely novel finding as virtually nothing is known about cell-cell interaction with regard to the lymphatic endothelial cell, and the Connexin 47 mutations previously found in patients have been associated with a neurological phenotype, Pelizaeus-Merzbacher Disease. Connexins appear to be a major reservoir of mutations in individuals with primary lymphedema as well as individual suffering from secondary lymphedema. Comprehensive genetic sequencing of the Connexin genes including the 5' upstream regions and the 3' downstream regions will offer a specific mutational diagnosis to many individual suffering from primary and secondary lymphedema.

Provided therefore is a method of identifying risk of developing lymphedema, in a human patient. The method comprises identifying in a sample obtained from the patient the presence of or absence of a polymorphism in one or both alleles of one of GJA4, GJA5, and GJC2, where the presence of a wild-type allele is indicative of a lower relative risk of lymphedema and the presence of the mutant allele is indicative of a higher relative risk of lymphedema as compared to the presence of the wild-type allele. The mutant allele typically encodes a functional mutation of Cx37, Cx40 or Cx47. In one embodiment, the mutant allele (e.g., the functional mutation) is dominant. In one embodiment, the method comprises identifying the presence of or absence of a polymorphism in one or both alleles of GJC2 in the patient that is associated with increased or decreased risk of lymphedema in a patient. According to certain embodiments, the mutant allele encodes one or more of H16P, S45L, R122Q, G146S, G183C, R257c, P313L, P381S and H409Y substitutions in Cx47 (SEQ ID NO: 1). Examples of polymorphisms that result in these mutant alleles include: a C to T transversion at nucleotide 953 of SEQ ID NO: 2, resulting in the R257c substitution: a C to T transversion at nucleotide 318 of SEO ID NO: 2, resulting in the S45L substitution and a polymorphism selected from the group consisting of 620G>A, 5 731G>T, 1325C>T, 1409C>T, 318C>T, 953C>T, 549G>A, 231A>C and 1122C>T of SEQ ID NO: 2. The lymphedema can be primary or secondary lymphedema. In one non-limiting example, the lymphedema is secondary lymphedema following breast cancer treatment. Non-limiting examples of 10 polymorphisms identified in connection with secondary lymphedema following breast cancer treatment include polymorphisms resulting in G146S, G183C, P381S and H409Y substitutions in Cx47 (SEQ ID NO: 1). According to one non-limiting embodiment, the non-functional mutation of 15 Cx47 associated with secondary lymphedema does not result in a difference between the mutant Cx47 and wild type Cx47 in a plaque assay. Functional mutations in connexins, including in Cx47/GJC2 include mutations that result in differences between the mutant Cx47 and wild type Cx47 in one or more 20functional assay including a plaque assay, an electric coupling assay, a wound assay and a dye spread assay.

Also provided is a method of identifying a polymorphism that is associated with risk of development of lymphedema in a patient. The method comprises: determining the presence of 25 a polymorphism in one or more of GJA4, GJA5 and GJC2 in a lymphedema patient, and determining if the mutant allele of the GJA4, GJA5 and GJC2 gene is a functional mutation of one or more of Cx37, Cx40 and Cx47 as compared to a wild type allele using one or more of a plaque assay, an electric 30 coupling assay, a wound assay and a dye spread assay.

#### BRIEF DESCRIPTION OF THE DRAWINGS

(SEQ ID NO: 1, residues 4-439) and cDNA (SEQ ID NO: 2) sequences for Cx47 (GenBank Accession No. NM\_020435). Codons corresponding to polymorphisms H16P, S45L, R122Q, G146S, G183C, R257C, P313L, P381S and H409Y are emphasized. 40

FIGS. 2A and 2B, respectively, are exemplary amino acid (SEQ ID NO: 3) and cDNA (SEQ ID NO: 4) sequences for Cx37 (GenBank Accession No. NM\_002060).

FIGS. 3A and 3B, respectively, are exemplary amino acid (SEQ ID NO: 5) and cDNA (SEQ ID NO: 6) sequences for 45 Cx43 (GenBank Accession No. NM\_000165).

FIG. 4. Pedigrees of the Two Linked Families Pedigrees of the two linked families showing current age or age at death, cosegregation of GJC2 missense mutation with lymphedema, age at onset of lymphedema of the leg and/or hand, and other 50 phenotypic features. Family 168, R257c (identified as R260c), and family 135, S45L, are shown. Filled shapes indicate affected individuals with lymphedema. LOD=6.5. Arrows indicates the probands.

FIG. 5. Amino Acid Alignment of Cx47 from Different 55 Species (human, SEQ ID NO: 1; chimpanzee, SEQ ID NO: 21; cow, SEQ ID NO: 22; mouse, SEQ ID NO: 23; and rat, SEQ ID NO: 24). Light gray indicates intracellular domains; dark gray indicates transmembrane domains; white indicates extracellular domains. Dots represent the positions of amino 60 acids altered in lymphedema families in this example.

FIG. 6. Cx47 expression by immunofluorescent confocal microscopy and GJIC measured in pairs of HeLa cells using dual whole cell patch clamp recordings. A: Cx47 (red) and lymphatic marker, Prox-1 (green) in superficial dermal lym- 65 phatics of neonatal foreskin, 40× oil, 1.3 N.A; scale bar 50 µm. B: Cx47 (red), Prox-1 (green) and phalloidin (blue) in

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primary human dermal LECs, 63× oil, 1.4 N.A.; scale bar 50 µm. C: Mean coupling current in control HeLa, WT hCx47, and mutant expressing HeLa cell pairs. \* indicates statistical significance using a one-way analysis of variance and Tukey's post-hoc test, p<0.05. D: Representative junctional currents in HeLa cell pairs in response to a voltage step protocol showing the absence of coupling in HeLa pairs expressing mutant Cx47 constructs S45L and R257c. In contrast, HeLa pairs expressing WT hCx47 and mutants G146S and P313L are well coupled. Untransfected HeLa cells have very little coupling current. Top panel shows the voltage stepping protocol (-100 to +100 in 20 mV steps).

FIG. 7. GJIC function assessed by plaque formation and scrape dye transfer assay. A-C: Presence (A, arrow) or absence (B, C) of plaque formation at cell membrane in nearly confluent transiently transfected HeLa cells. A, WT hCx47, B, R257c and C, S45L. Red is human Cx47, blue is Draq5 nuclear marker, green is EGFP indicative of transfection; 100× oil, 1.4 N.A. D. Gap junction function measured by calcein dye scrape loading in confluent cultures of stably transfected HeLa cells, normalized to untransfected HeLa cells. \* indicates statistical significance at p<0.05 in unpaired Student's t-test in comparison to WT transfected cells. E. Samples of calcein dye scrape loading images collected at 1 min and 10 min., 10× images, pseudocolored to reflect intensity, scale bar 100 µm.

FIG. 8. Cx expression in human dermal LECs. A-B: Immunofluorescent confocal microscopy shows Cx antibodies in red, F-actin in green, and Draq5 nuclear stain in blue: A. Cx37, B. Cx43. 63× oil, 1.4 NA objective; scale bar 50 µm. C. Relative Cx gene expression, duplicate LEC samples normalized to GAPDH.

FIG. 9. Cx expression in superficial lymphatics in neonatal FIGS. 1A and 1B, respectively, are exemplary amino acid 35 foreskin. Lymphatic markers in red, Cxs in green, nuclear marker in blue; colocalization indicated by yellow, marked with arrows. A. Cx43 and VEGFR3; B. Cx40 and Prox-1; C. Cx37 and LYVE-1.20× oil, 0.85 N.A. objective, scale bar 100 μm

> FIG. 10. GJIC by dye transfer assay. A-B. 20× pseudocolored images at time 0 (A), and 1 hr (B), showing dye (blue) spread from donor LEC to underlying monolayer. C. Dye transfer assays in hTERTs and LECs; hTERTs treated with inhibitors and respective vehicle controls (GRA and EtOH; Gap 27 peptide and DMSO). \* Significance, p<0.05 compared to hTERT control (0.5% FBS).

> FIG. 11. Electrically coupled LECs. A. Representative junctional currents in LEC pair, showing strong coupling, voltage dependent decline above 40 mV applied voltage. B. voltage stepping protocol (-100 to +100 in 20 mV steps). C. Paired LECs used in dual whole cell patch clamp recordings, DIC 63× oil, 1.4 N.A.

> FIG. 12: FIGS. 12A and 12C: representative transjunctional currents and average peak coupling current in HeLa cell pairs measured by dual whole cell patch clamping in response to a voltage step protocol, top right (-100 to +100 in 20 mV steps). Untransfected HeLa pairs have very little coupling current, while cell pairs expressing WT-hCX47-EGFP and mutant Cx47 G146S, P381S and H409Y are well coupled. G183C transfected pairs demonstrate increased peak coupling currents significantly different than WT-hCx47 at p<0.05, two tailed Student's t-test, \*. FIG. 12C Immunofluorescent confocal microscopy reveals Cx47 intercellular plaques in near confluent HeLa cells transfected with WT-hCx47-EGFP (A), and mutants: G146S(C), G183C (D), P381S (E), and H409Y (F). No plaques are seen in untransfected HeLa cells (B). White arrow head indicates sample

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plaques in WT-hCx47-EGFP expressing cells (A). Green indicative of EGFP and transfection, red Cx47, and blue nuclei. Scale bar, 10 um.

FIGS. 13A and 13B, respectively, are exemplary amino acid (SEQ ID NO: 7) and cDNA (SEQ ID NO: 8) sequences 5 for Cx40 (GenBank Accession No. NM\_002060, MIM \*121013).

### DETAILED DESCRIPTION

The use of numerical values in the various ranges specified in this application, unless expressly indicated otherwise, are stated as approximations as though the minimum and maximum values within the stated ranges are both preceded by the word "about". In this manner, slight variations above and 15 below the stated ranges can be used to achieve substantially the same results as values within the ranges. Also, unless indicated otherwise, the disclosure of these ranges is intended as a continuous range including every value between the minimum and maximum values.

For convenience, all polymorphisms described in the claims are in reference to published sequences that are publically available from GenBank. For instance, for GJC2/ Cx47, reference is made to GenBank Accession No. NM 020435, presented herein as SEQ ID NO: 1 (protein) 25 and SEQ ID NO: 2 (mRNA)). The nucleotide and protein sequences provided herein are exemplary and are used to represent and identify nucleotide and protein sequences, as well as to describe polymorphisms, as they exist in the human population. The sequences are presented herein are not 30 intended to be limiting.

A patient is a mammal, including humans, and does not imply any doctor-patient relationship or any other relationship.

An allele is one of two or more forms of a gene. The 35 sequence differences in genes between two alleles are polymorphisms, which can be single-nucleotide (SNP) or can involve multiple bases. Wild-type is the most prevalent allele in a population (e.g., of humans) and is considered "normal." A mutation is a change in a genetic code (nucleotide sequence 40 or genomic sequence) that differs from wild-type. Mutations include somatic and germ-line mutations. Mutations include insertions, deletions and substitutions of one or more nucleotide in a nucleotide sequence, and can result in alteration of a protein sequence, depending on the nature of the mutation. 45 A mutation may be silent, meaning that it has no discernable physiological effect. A mutation also can be functional, meaning it has some physiological effect; either a loss or gain of a particular function. Mutations include: missense, frameshift, nonsense (stop, truncation), deletion, insertions, inver- 50 sions, etc. An allele (version of a gene, for example w.t. or mutated) can be recessive or dominant. In the case of a dominant mutation (e.g., a dominant autosomal mutation, as described below), only one allele is needed to exhibit the physiological effects of the mutation. In the case of connexins 55 and their role in lymphedema, the mutant alleles appear to be autosomal dominant, but in some instances, may act as a recessive.

A functional mutation is a mutation that results in loss or gain of function of a protein when compared to wild-type. 60 With respect to connexins, a mutation is deemed to be functional by an increase or decrease in any function attributable to the connexin, and preferably related to the function of the connexin in lymphatic tissue. For example, as indicated below, four assays are described for determining connexin 65 function, including a plaque assay, an electric coupling assay, a wound assay and a dye spread assay, examples of which are

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described in the examples below. Presence of altered functionality of the connexin when a mutation is present is indicative of its suitability as a marker for determining risk of development of lymphedema. It should be noted that cloning of connexin, such as Cx47 mutations, such as in testing point mutations, is routine (as demonstrated herein), and determining alteration of functionality using the described assays is well within the skill of one of ordinary skill in the art and is not considered to be undue experimentation.

Small insertions and deletions and more typically missense mutations are good candidates as dominant mutant alleles. A number of single nucleotide missense polymorphisms have been documented in connection with connexins 37, 40 and 47. Missense mutations of evolutionary-conserved amino acids are suitable candidates, as they are expected to have a function in the protein. For example, in the alignment of FIG. 5, a mis sense mutation of any amino acid residue that is conserved in all species, or if only two amino acids are present in that position across species, would be expected to alter function of Cx47, and be indicative of increased risk of developing lymphedema. Mutations of any of the SRPTEK residues (e.g., amino acids 256-261 of SEQ ID NO: 2), would be expected to alter function of Cx47 or other connexins and be indicative of increased risk of developing lymphedema.

The risk of developing lymphedema in an individual having one particular set of connexin alleles is a relative risk as compared to the risk of developing lymphedema with a different set of alleles. Therefore, increased risk of developing lymphedema is associated with the presence of one (heterozygous) or two (homozygous) alleles of a mutation as compared to risk associated with homozygous wild-type. Decreased risk also is relative and is in the context of comparing homozygous wild-type (wt/wt) to heterozygous (m/wt) or homozygous (m/m) mutants. As indicated herein, the risk of developing lymphedema when a mutant allele is present is statistically significant and is at least 50% greater than in a wt/wt person, but in reality, given the mutations are not present in the controls, the risk is much higher in both heterozygous (m/wt) and homozygous (m/m) individuals.

Methods are provided for determining risk of developing lymphedema in a human patient. The methods comprise identifying in a sample obtained from the patient the presence of or absence of a polymorphism in one or both alleles of one of GJA4, GJA5 and GJC2, where the presence of a wild-type allele is indicative of a lower relative risk of lymphedema and the presence of the mutant allele is indicative of a higher relative risk of lymphedema as compared to the presence of the wild-type allele. The mutation may be homozygous or heterozygous, and within this class are any functional mutation of Cx37 (encoded by GJA4), Cx40 (encoded by GJA5) or Cx47 (encoded by GJC2). Examples of such functional mutations, in the context of Cx47, and with reference to the exemplary sequence provided in FIG. 1A (SEQ ID NO: 1, residues 4-439), include the missense mutations: H19P, S45L, R122Q, G146S, G183C, R257C, P313L, P381S and H409Y of SEQ ID NO: 1. In the Examples below, these all result from single nucleotide polymorphisms that alter the wild-type codon, including, in reference to SEQ ID NO: 2 (cDNA of the mRNA encoding Cx47): 436G>A (wild-type guanine at position 436 in relation to the start codon and base 620 of SEQ ID NO: 2 (FIG. 1B) is replaced with an adenine, resulting in a change of the codon for Glycine (GGC) to a codon for Serine (AGC)) resulting in the G146S substitution; a 547G>T, resulting in the G183C substitution; 1141C>T, resulting in the P381S substitution; or 1225C>T, resulting in the H409Y substitution. As indicated above, the mutations may be homozygous or heterozygous. For example, the sample may have the geno-

types (alleles) C/T or T/T at base 1141 of SEQ ID NO: 2 (heterozygous or homozygous for the mutant allele "T" at base 1325 of SEQ ID NO: 2), T/C or T/T at base 1409 of SEQ ID NO: 2, T/G or T/T at base 731 of SEO ID NO: 2, or A/G or A/A at base 620 of SEO ID NO: 2 of SEO ID NO: 2. Of note, due to codon degeneracy, more than one nucleotide changes may result in the same amino acid change. Also, it should be recognized that other amino acids may be substituted and would be expected to yield identical results. For example, while G146S is shown to yield the lymphedema phenotype, G146Xaa where Xaa can be any or all amino acids other than Gly (Xaa is any amino acid), are expected in most instances to disrupt function of the Cx47 protein (are expected to be functional mutations) because the mutated positions (e.g., 15 H16, S45, R122, G146, G183, R257, P313, P381 and H409) are demonstrated to be functionally-sensitive positions in Cx47, indicating that H16Xaa, S45Xaa, R122Xaa, G146Xaa, G183Xaa, R257Xaa, P313Xaa, P381Xaa and H409Xaa missense mutations are expected to be indicative of increased risk 20 of developing lymphedema. That said, single nucleotide polymorphisms (mutations) are more likely than multiple nucleotide polymorphisms within the same codon, so certain substitutions would be more likely to be identified than others

The identity of a polymorphism that is linked to increased risk of lymphedema may be identified in any useful manner. As indicated herein, it is expected that further studies will identify additional candidate polymorphisms. Sequencing of the genes encoding connexins 37, 40 and 47 (GJA4, GJA5 and 30 GJC2, respectively) in lymphedema patients are expected to identify additional polymorphisms linked to lymphedema risk. Methods of sequencing connexins GJA4, GJA5 and GJC2 are described herein and elsewhere. Known and heretofore unknown polymorphisms, for example polymor- 35 phisms identified in dbSNP or other public, broadly-available SNP databases, may be associated with risk of lymphedema by use of well-established population genetics statistical methods. Non-random association of one or more alleles with a connexin allele associated with lymphedema (by linkage or 40 linkage disequilibrium) may be observed such that the identification of the non-connexin allele is sufficiently indicative of the presence of a functional mutation of a connexin.

As indicated elsewhere, the presence of a mutation (polymorphism) may be detected by any suitable assay. The meth- 45 ods described herein are broadly-known and in most cases, commercial kits are available to conduct the assay. In one embodiment, DNA or mRNA (e.g., via cDNA) in a sample from a patient is sequenced (resequenced) and the nucleotide sequence thus obtained is compared against a wild-type sequence (e.g., SEQ ID NOS: 2, 4, 6 and 8), and, if present, non-silent mutations located in the open reading frame (ORF) of the connexin gene, such as those identified herein, indicate an increased risk of development of lymphedema, especially 55 when located in an evolutionarily-conserved amino acid, such as one of the SRPTEK residues (amino acids 256-261 of SEQ ID NO: 1, also present in Cx37 (amino acids 201-206 of SEQ ID NO: 3 (FIG. 2A), e.g., R202) and CxCx40 (amino acids 199-204 of SEQ ID NO: 7 (FIG. 13A), e.g., R200)). It is understood that as more connexin genes are resequenced in lymphedema patients, more polymorphisms associated with lymphedema will be identified. Other methods for identifying polymorphisms include: hybridization methods, such as 65 molecular beacons, SNP microarrays, and dynamic allelespecific hybridization; enzymatic methods, such as restric-

tion fragment length polymorphism (RFLP), PCR methods, primer extension methods (e.g., MassARRAY® iPLEX (Sequenom) and arrayed primer extension methods), oligonucleotide ligase methods, 5' nuclease (Taqman) and Flap endonuclease (Invader) methods; and other methods including single strand conformation polymorphism, temperature gradient gel electrophoresis, denaturing HPLC and high-resolution amplicon melting. Mutations can also be identified on the protein level by any useful method, such as by sequencing, ligand (e.g. antibody) binding methods, or even by testing tissue samples from a patient by nucleic acid hybridization, in situ staining, etc.

#### Example 1

To identify other causal genes for lymphedema, we reviewed differential gene expression in lymphatic endothelial cells (LECs) versus blood endothelial cells (BECs) and noted that GJA1 (encoding Cx 43) (MIM 121014) is expressed in BECs and LECs whereas GJC2 (encoding Cx47) (MIM608803) is expressed only in LECs (Wick, N., et al. (2007). Transcriptomal comparison of human dermal lymphatic endothelial cells ex vivo and in vitro. Physiol. Genomics 28, 179-192). Gap junctions are intercellular channels formed by hexamers of connexin proteins on adjoining cells that facilitate the electrical and metabolic coupling of cells within a tissue via a variety of mechanisms. Rhodin first suggested a role for gap junctions on lymphatic vessels, but there has been limited characterization of gap junction intercellular communication (GJIC) in lymphatic vessels or LECs (Rhodin, J. A. (1978). Microscopic anatomy of the pulmonary vascular bed in the cat lung. Microvasc. Res. 15, 169-193; Zawieja, D. C., et al. (1993). Distribution, propagation, and coordination of contractile activity in lymphatics. Am. J. Physiol. 264, H1283-H1291; and McHale, N. G., et al. (1992). Co-ordination of pumping in isolated bovine lymphatic vessels. J. Physiol. 450, 503-512).

We investigated the connexins as potential genes for causal lymphedema mutations in the families ascertained through the University of Pittsburgh Lymphedema Family Study (UP-LFS). Initially, families were ascertained by a physician's diagnosis of lymphedema in the proband (confirmed by medical records) and a lymphedema occurrence in a first-degree relative. We screened 150 probands from the UPLFS for mutations in GJA1 (chromosome 6q22-q23), GJA4 (chromosome 1p35.1) (MIM 121012), and GJC2 (chromosome 1q41q42). Sequences were aligned and curated with Sequencher v4.7 (Gene Codes Corp.). Mutations in FLT4, FOXC2, and SOX18, known lymphedema genes, were previously excluded in these probands by bidirectional sequence analysis. The sequences of GJA4 (NM002060), GJA1 (NM000165), and GJC2 (NM020435) were downloaded from Entrez Nucleotide. Unique sequence amplification and sequencing primers were designed to amplify genes in overlapping fragments. These fragments were then sequenced in both directions with ABI BigDye v3.1 chemistry, and the products were resolved on an ABI 3730 DNA sequencer in the Genomics and Proteomics Core Laboratory of the University of Pittsburgh. Six lymphedema families of mixed European ancestry were identified with heterozygous dominant causal GJC2 mutations (see, FIG. 4 and Table 1).

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GJC2	Mutations Obser	ved in Primary L	ymphedema Families
Family	Sequence Substitution	Amino Acid Change	Predicted Domain
337	47A > C	H16P	N-terminal
135	134C > T	S45L	Extracellular loop 1
251	365G > A	R122Q	Intracellular loop
104	436G > A	G146S	Intracellular loop
168	769C > T	R257C	Extracellular loop 2
151	938C > T	P313L	C-terminal

We identified two GJC2 mutations in families suitable for linkage analysis: one cosegregating lymphedema and a C>T transition at nucleotide +134 (134C>T) leading to an S45L 15 (family 135) substitution in extracellular loop 1 of Cx47, and another cosegregating lymphedema and a C>T transition at nucleotide +769 (769C>T) resulting in an R257c (family 168) substitution in extracellular loop 2. Linkage analysis in these two families yielded a LOD score of 6.5 under a model of disease frequency=0.0001, penetrance=0.9, phenocopy rate=0.0, assuming no recombination. The R257c mutation is located within the conserved SRPTEK motif, important for

connexon docking. This motif is a target of peptide mimetic inhibitors of GJIC for Cx43 and Cx32 (Warner, A., et al. (1995). Specific motifs in the external loops of connexin proteins can determine gap junction formation between chick heart myocytes. *J. Physiol.* 488, 721-728 and Berthoud, et al. (2000). Peptide inhibitors of intercellular communication. *Am. J. Physiol. Lung Cell. Mol. Physiol.* 279, L619-L622). Four additional unique GJC2 mutations were observed in other, smaller families: H16P in the N-terminal domain, R122Q in the intracellular loop, G146S in the intracellular loop, and P313L in the C-terminal domain were transmitted from an affected parent to an affected child. Samples were not available from other family members, and these cases are consistent with, but not informative for, linkage.

GJC2 mutations occur only in affected or at-risk individuals, cause a change in a conserved amino acid of Cx47, and were not present in 250 sequenced, ethnically matched controls (0 of 500 alleles). These missense mutations affect amino acids highly conserved in mammalian evolution, showing only one variation of glycine to alanine in the case of the G146S mutation (FIG. **5**). Non-lymphedema-associated sequence variants were also identified (Table 2).

TABLE 2

Non-lym observed in	phedema related sequence changes in Cx47 150 lymphedema probands. Ref Seq. NM 020	345.
Location <sup>1</sup>	Flanking Sequence	Rs #
Promoter -771	ggcatctgctgcctgcc(G/A)gctcgtggctgctgc (SEQ ID NO: 9)	c
Promoter -692	ggctgcatggggcag(C/G)ctgaggctgcaggggt (SEQ ID NO: 10)	11581169
Promoter -702	tgcctcttggtgccc(G/A)accctgtgggtctggc (SEQ ID NO: 11)	
Promoter -526	ggaggttctagatctc(G/A)aggtctaaggggttc (SEQ ID NO: 12)	55662277
Promoter -307	gcctctggggtggggt(G/A)tagacagatgggtgg (SEQ ID NO: 13)	
Promoter -304	tctggggtggggtgta(G/C)acagatgggtggga (SEQ ID NO: 14)	
Promoter -300	ggtggggtgtagaca(∆G)atgggtggggagagaa (SEQ ID NO: 15)	
Promoter -215	cagagcccagactgc(C/T)ggaggatacaggcca (SEQ ID NO: 16)	
Promoter -181	cgcctggactgggc(G/A)gctgggcaggggagg (SEQ ID NO: 17)	
Promoter -145	gagggeccaggeag ( $\Delta$ C) ecceggtegettget (SEQ ID NO: 18)	
Promoter -92	ccacacaccctcggg(G/T)aggaccagcatcc (SEQ ID NO: 19)	
Intron 1 +58	caggagacagcctca(C/T)gctgtgcccatggc (SEQ ID NO: 20)	
Coding Sequence 5	85 585C > T	4653910
Coding Sequence 9	57 957G > C	

<sup>1</sup>Numbered from first ATG, human genome build 18 (http://genome.ucsc.edu) <sup>2</sup>Reference sequence numbers from dbSNP (www.ncbi.nlm.nih.gov)

The current age or age at death, genotype with respect to GJC2, age at onset of lymphedema of the leg and/or hand, and other phenotypic features in the families demonstrating linkage are shown in FIG. 4. Uncomplicated lymphedema of the leg or hand was the only constant feature reported in the 5 affected individuals. Individual IV-20, family 135, was reported to have a nuchal fold at birth but was nonpenetrant for lymphedema. Many affected individuals had onset of lymphedema in childhood or adolescence. Individuals IV-4, family 168, and 111-18, IV-19, and IV-20, family 135, were 10 nonpenetrant males, showing reduced penetrance of GJC2 mutations in these families. Generally, males showed a later age at onset than females. Other features reported in some lymphedema pedigrees (ptosis, cellulitis, venous insufficiency, etc.) appeared sporadically in these families. Four 15 individuals in family 135 reported recurrent skin infections. In the four smaller families with mutations, the clinical phenotypes were similar to the families demonstrating linkage, including a later age at onset.

Of note, two additional rare mutations, one leading to a 20 truncated Cx47 protein (E44ter) and a 22 bp deletion leading to a truncation of the GJC2 protein at residue 30, were identified. These changes were not present in 500 control alleles but failed to segregate with disease in pedigrees. These early nonsense changes are predicted to code for a prematurely 25 truncated polypeptide, leading to a null allele. The carriers of these truncation mutations showed no discernable phenotype, consistent with the Cx47-deficient mouse, in which heterozygous or homozygous null animals have no gross phenotype and no Cx47-specific developmental or functional abnormal- 30 ity (Odermatt, B., et al. (2003). Connexin 47 (Cx47)-deficient mice with enhanced green fluorescent protein reporter gene reveal predominant oligodendrocytic expression of Cx47 and display vacuolized myelin in the CNS. J. Neurosci. 23, 4549-4559 and Menichella, D. M., et al. (2003). Connexins are 35 critical for normal myelination in the CNS. J. Neurosci. 23, 5963-5973). We show here that mutations in GJC2 cause primary lymphedema, through linkage in two families and significant genetic evidence from four independent families.

We hypothesize that coordinated gap junction function is 40 needed to optimize the conduction of lymph from the periphery to the thoracic duct and is compromised in individuals with GJC2 missense mutations. In vivo evidence in rat mesenteric lymphatics shows significant impairment of contraction propagation upon treatment with nonspecific gap 45 junction inhibitors (Zawieja, D. C., et al. (1993). Distribution, propagation, and coordination of contractile activity in lymphatics. Am. J. Physiol. 264, H1283-H1291 and McHale, N. G. et al (1992). Co-ordination of pumping in isolated bovine lymphatic vessels. J. Physiol. 450, 503-512). The GJC2 muta-50 tions are notable because they support an abnormality in lymphatic function rather than the previously identified mutations in genes causing abnormal lymphatic development. Such functional abnormalities could potentially benefit from the current development of gap-junction-modifying drugs 55 (Verma, V., et al. (2009). Novel pharmacophores of connexin43 based on the "RXP" series of Cx43-binding peptides. Circ. Res. 105, 176-184 and Kjølbye, A. L., et al. (2008). Maintenance of intercellular coupling by the antiarrhythmic peptide rotigaptide suppresses arrhythmogenic discordant 60 alternans. Am. J. Physiol. Heart Circ. Physiol. 294, H41-H49), offering a novel medical treatment for lymphedema. The role of GJC2/Cx47 in lymphatic function is unexpected because it has a demonstrated primary role in the central nervous system (CNS), with expression reportedly limited to 65 oligodendrocytes (Odermatt, B., et al. (2003). J. Neurosci. 23, 4549-4559 and Nagy, J. I., et al. (2003). Coupling of astrocyte

connexins Cx26, Cx30, Cx43 to oligodendrocyte Cx29, Cx32, Cx47: Implications from normal and connexin32 knockout mice. Glia 44, 205-218). Homozygous loss-of function mutations in GJC2 cause Pelizaeus-Merzbacherlike disease (PMLD; MIM 608804), characterized by severe CNS dysmyelination. Neither individuals affected with PMLD nor their obligate heterozygous carriers of GJC2 mutations are reported to have a lymphatic phenotype, although the clinical phenotype of lymphedema is often subtle. Likewise, the clinical information available on our lymphedema patients and families would be insensitive to a mild clinical neurological abnormality. We observed no mutations in the transmembrane domains where many of the PMLD mutations are found (Orthmann-Murphy, J. L., et al. (2007). Loss-of-function GJA12/Connexin47 mutations cause Pelizaeus-Merzbacherlike disease. Mol. Cell. Neurosci. 34, 629-641). The GJC2 lymphedema mutations are distributed throughout the protein, with no geographical clustering.

However, the two mutations located in the extracellular loop domains (i.e., S45L and R257c) are predicted to interfere with connexon (i.e., hemichannel) assembly into functional channels. The linked R257c mutation is located in a conserved SRPTEK motif important for connexon docking; the importance of this motif is further underscored by a homologous autosomal-dominant GJA1 mutation (R202H) identified in families with oculodentodigital dysplasia (MIM 164200), with functional characteristics of poor plaque formation and impaired dye transfer and electrical coupling. Similarly, we expect these two extracellular mutations to result in impaired channel activity and propose that this might result in impaired coordination of pulsatile lymphatic flow (McHale, N. G., et al. (1992). Co-ordination of pumping in isolated bovine lymphatic vessels. J. Physiol. 450, 503-512). The mechanism through which the identified intracellular mutations mediate their effects is not clear, especially in light of the more recent recognition that connexin function is not limited only to their well-recognized channel activity but may involve hemichannel function or changes in cell adhesion or motility (Goodenough, D. A., et al. (2009). Gap junctions. Cold Spring Harb. Perspect. Biol. 1, a002576; Rhee, D. Y., et al. (2009). Connexin 43 regulates epicardial cell polarity and migration in coronary vascular development. Development 136, 3185-3193; Wei, C. J., et al. (2004). Connexins and cell signaling in development and disease. Annu. Rev. Cell Dev. Biol. 20, 811-838 and Elias, L. A., et al. A. R. (2007). Gap junction adhesion is necessary for radial migration in the neocortex. Nature 448, 901-907). Further characterization of the mutations reported here, especially with regard to their predicted dominant-negative effect with wild-type Cx47 or transdominant effect with other endogenous connexins expressed in LECs, will contribute to our understanding of the role of connexins in lymphatic function.

#### Example 2

After confirming the expression of Cx47 in human lymphatics and LECs, we chose to express the Cx47 mutations in communication deficient HeLa cells (17) to determine functional changes in GJIC. Four of five mis sense mutations were introduced by site directed mutagenesis into a vector containing human wild type Cx47 pIRES2-EGFP (a gift from Dr. S. Scherer), and the fidelity of the wild type and all mutant constructs confirmed by bidirectional sequence analysis. We measure electrophysiologic characteristics of GJIC between HeLa cell pairs transfected with the mutant constructs by dual

whole cell patch clamp recording. Pairs of cells are chosen for study only if both express the GFP marker indicative of successful transfection.

Materials and Methods

# Site Directed Mutagenesis:

A human WT Cx 47 construct subcloned into the bicistronic pIRES2-EGFP vector (Clontech) was obtained from S. Scherer laboratory (19). Single nucleotide substitutions S45L, G146S, R257c and P313L were introduced into human WT Cx47 using the QuickChange II XL Site-Directed 10 Mutagenesis kit (Stratagene). Plasmids were introduced into One Shot Stb13 *E. coli* (Invitrogen), vector containing colonies were selected on kanamycin, and expanded by log-phase growth overnight on LB medium and plasmid DNA extracted using the Wizard Plus SV Miniprep DNA purification system 15 (Promega). The fidelity of all clones was confirmed by bidirectional sequence analysis.

Transient and Stable Transfection of HeLa Cells:

HeLa cells used were transiently transfected using Lipofectamine 2000 and Optimem (Invitrogen) and subsequently 20 stably transformed with FACS selection then G418 (1 mg/ml) maintenance as previously described.

Immunofluorescent Confocal Microscopy:

Human neonatal foreskin was collected anonymously as discarded tissue according to an IRB protocol. Samples were 25 collected immediately after harvest in DMEM, then fixed in 2% paraformaldehyde for 2 hrs, then stored in 30% sucrose in 1×PBS overnight for cryosectioning, and sectioned in 6 µm slices at -30° C. Transfected (stable and transient) and untransfected HeLa cells were grown to near confluence in 30 coverslip bottom dishes. All cells were rinsed with PBS and fixed with 2% paraformaldehyde. Subsequently, tissue and HeLa cells were processed similarly: following permeabilization with 0.1% Triton X, cells were blocked with 2% BSA. A human Cx47 antibody (ab) was obtained from the S. 35 Scherer laboratory: polyclonal rabbit against amino acids 344-399 in the cytoplasmic C-terminal tail; we used human CNS tissue and positive oligodendrocyte staining as a positive control and primary antibody delete and rabbit IgG as negative controls (data not shown). Cx47 ab was diluted in 40 0.5% BSA in a 1:200 ratio, applied to cells and incubated at RT for one hour. Mouse monoclonal Proxl (Chemicon) was used as a lymphatic marker for the foreskin samples. Cells were incubated with the secondary abs (Donkey Anti-Rabbit Cy5 and Donkey Anti-Mouse Cy3; Invitrogen) for one hour at 45 RT and washed; Draq5 was used as a nuclear marker. HeLa images were acquired with an inverted Olympus Fluoview 1000 Confocal Microscope 100× oil, 1.4 NA objective. Foreskin images were acquired on a Zeiss Meta LSM 510 inverted confocal microscope with 40× oil, 1.3 N.A. objective. LECs 50 (primary human microvascular adult dermal lymphatics; Lonza) were grown in fibronectin coated coverslip bottom MatTeks dishes in EGMTM-2 MV-Microvascular Endothelial Cell Medium-2 (Lonza Inc.) to approximately 80% confluence, and prepared similarly but a commercially available 55 (AbCam) Cx47 ab, polyclonal rabbit against amino acids 41-70 in the human sequence was used along with Drag 5 nuclear marker and phalloidin to mark f-actin.

Scrape Loading and Dye Transfer:

A confluent monolayer of HeLa cells (untransfected and 60 stably transfected, as described above) was grown in DMEM with 10% FBS in coverslip bottom plates (MatTek) and placed in a temperature controlled microincubator (Zeiss). A 10x, 0.4 NA objective was used to collect DIC and GFP images every 5 seconds for 10 minutes without changing 65 media. A pipette loaded with 1 µl Calcein AM (Invitrogen), a gap junction permissive dye with molecular weight 662, -4

charge when intracellular and fluorescent, was used to create a scrape across the monolayer. At least 5 replicate dishes were analyzed on the same day, and WT hCx47 expressing HeLas were grown and assayed as a concurrent control; assays were performed on at least 2 different batches of HeLa cells on different days. Quantitation of the rate of spread was calculated using MetaMorph, by obtaining integrated intensity at the 10th time point, within the first minute of imaging, and then at the endpoint at 10 min, and subtracting the initial intensity from that at the endpoint. Results are reported as mean and SEM, and tested for significance (p<0.05) using an unpaired Student's t-test.

Dual Whole Cell Patch Clamp Recordings:

Coupling currents were recorded using simultaneous double whole-cell patch clamp recordings from isolated pairs of cells that were in contact with one another (determined visually) as previously described. Briefly, the pipette solution consisted of (mM): 130 CsCl, 10 EGTA, 10 HEPES, 3 Mg-ATP, 2 Na-ATP, 0.5 CaCl<sub>2</sub>, pH 7.3. The culture was bathed in a solution consisting of (mM): 140 NaCl, 5 HEPES, 5 glucose, 4 KCl, 2 CsCl, 2 CaCl<sub>2</sub>, 2 pyruvate, 1 BaCl<sub>2</sub>, pH 7.3. Transfected HeLas undergo electrophysiologic analysis in a blinded manner. Pairs of cells were chosen for study only if both expressed the GFP marker indicative of successful transfections; both stable and transient transfectants were analyzed. Patch pipettes were fabricated from borosilicate glass, and coupling currents were amplified by Axopatch 200A amplifiers, filtered at 1 KHz, and digitized at 5 KHz for subsequent analysis using pClamp software (Axon Instruments/Molecular Devices; Sunnyvale, Calif.). All experiments were carried out at room temperature (22° C.). Coupling current was quantified by measuring the peak current recorded in the pair when the neighboring cell received a 100 mV step membrane potential change (in both positive and negative directions). Step changes in membrane potential were delivered to each cell in the pair in sequence and the average current recorded in the neighboring cell was determined and divided by 100 to generate coupling current expressed in pA/mV. Means±SEM were calculated and statistical significance using a one-way analysis of variance and Tukey's post-hoc test, p<0.05.

Coupling current is quantified by measuring the peak current recorded in the pair when the neighboring cell receives a 100 mV step membrane potential change (in both positive and negative directions). Step changes in membrane potential are delivered to each cell in the pair in sequence and the average current recorded in the neighboring cell determined and divided by 100 to generate coupling current expressed in pA/mV (FIG. 6C). Replicate measurements (n=3-6) are made on at least two different days. FIG. 6D shows sample coupling currents. Consistent with previous reports, the junctional currents generated in the WT-hCx47 expressing HeLas show evidence of voltage-dependent gating. In stark contrast, HeLa cell pairs expressing the linked mutants S45L and R257c do not exhibit functional channels. HeLa cell pairs expressing the other missense mutations are well coupled, but do not show voltage sensitivity similar to that seen with the WThCx47 expressing cells. The untransfected HeLa cell pairs also show minimal channel function, as predicted.

Immunofluorescence microscopy determines the presence or absence of Cx47 gap junction plaques when the constructs are transiently expressed in HeLa cells. Cx plaques reflect a physiologic accumulation of Cx channels in the cell membrane between cells (tens to thousands of channels); thus plaques are indicative of normal trafficking and gap junction formation at the cell membrane. Of the transfected HeLa

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cells, only those expressing the linked mutants S45L and R257c, fail to demonstrate Cx 47 plaques (FIG. 7A-C; Table 3).

TABLE 3

Summary of Functional Assays in HeLa Cells					_	
Transfected HeLas	WT- hCx47	S45L	G146S	R257C	P313L	_ 10
domain plaques dye transfer <sup>1, 2</sup> elect coupling <sup>3</sup>	(+) 1.80 ± 0.15 31.6 ± 11.8	EL1 (-) 1.11 ± 0.39 0.1 ± 0.0*	IL (+) 1.05 ± 0.23* 16.2 ± 5.8	EL2 (-) 2.56 ± 0.26* 0.0 ± 0.0*	C-Term (+) 2.10 ± 0.25 37.6 ± 8.7	- 10 15

<sup>1</sup>Dye transfer expressed as ratio, with rate normalized to that obtained in untransfected HeLa cells.  $2^*$  indicates significantly different than WT at p < 0.05 unpaired Student's t-test.

 $^3$  in pA/mV, \*indicates statistical significance using a one-way analysis of variance and Tukey's post-hoc test, p < 0.05. Domain abbreviations:

EL1, extracellular loop 1; IL, intracellular loop;

EL2, extracellular loop 2.

In these mutants, Cx47 appears to concentrate in the ER. Unlike electrophysiologic measurements, dye transfer assays are used to assess GJIC of relatively large molecules. We also found significant differences in GJIC in HeLa cells overexpressing Cx47 lymphedema associated mutations by assessing rates of dye transfer in a conventional scrape assay using stably transfected HeLa cells normalized to rates in untrans- 30 fected HeLa cells (FIG. 7D; Table 3). All four of the mutants tested demonstrate some degree of Calcein AM (-4 charge, m.w. 622) dye transfer, with some mutants showing significantly greater dye transfer than the WT-hCx47 transfected HeLa cells (R257c) and others showing less (G146S). It is not 35 surprising that the mutants show some differences in GJIC between the electrophysiologic and dye transfer assays given that they are designed to measure different kinds of transport and that Cx channel permeability is now believed to be governed by factors including molecular shape, charge and size, 40 in addition to channel conformation and composition.

We also observed two mutations, leading to a truncated Cx47 protein (E44ter and a 22 bp deletion leading to a truncation at residue 30), not present in 500 control alleles. These mutations likely lead to null alleles. They have no discernable 45 counterpart and increasingly its unique functions beyond phenotype in carriers and do not segregate with lymphedema in affected pedigrees. This is consistent with the Cx47 deficient mouse where the heterozygous or homozygous null animals have no gross phenotype, and no Cx47 specific developmental or functional abnormality.

For the first time, we present strong genetic evidence that mutations in Cx47 cause primary lymphedema, showing both statistical linkage of mutation with disease in two families and significant changes in GJIC when these and other novel Cx47 mis sense mutations are expressed in communication 55 deficient human cells. A summary table of all the functional changes identified in HeLa cells transfected with the four different Cx47 missense mutations is provided (Table 3). We hypothesize that coordinated gap junction function is needed to optimize the conduction of lymph from the periphery to the 60 thoracic duct. In vivo evidence in rat mesenteric lymphatics shows significant impairment of contraction propagation upon treatment with non-specific gap junction inhibitors. The Cx47 mutations are notable because they reflect an abnormality in lymphatic function rather than the previously identified 65 mutations in genes causing abnormal lymphatic development. Such functional abnormalities potentially benefit from

the current development of gap junction modifying drugs, offering a medical treatment for lymphedema.

The role of Cx47 in lymphatic function is unexpected since it has a demonstrated primary role in the CNS with expression essentially limited to oligodendrocytes. Homozygous lossof-function mutations in Cx47 cause Pelizaeus-Merzbacherlike disease (PMLD), characterized by severe CNS dysmyelination. Neither individuals affected with PMLD nor their obligate heterozygous carriers of Cx47 mutations are <sup>10</sup> reported to have a lymphatic phenotype, although the clinical phenotype of lymphedema is often subtle. Likewise, the clinical information available on our lymphedema patients/families would be insensitive to a mild clinical neurological abnormality. We observe no missense mutations in the transmembrane domains where many of the PMLD mutations are found.

The Cx47 lymphedema mutations are distributed throughout the protein, with no geographical clustering. However, those mutations not forming plaques, and without evidence of electrical coupling are both located in the extracellular loop domains of Cx47 where mutations are predicted to interfere with connexon (i.e., hemichannel) assembly into functional channels. Those mutations forming plaques normally, but with abnormal gap junction function, are located in the intracellular domains. As mentioned previously, the linked Arg257Cys mutation is located in a conserved SRPTEK motif important for connexon docking; the importance of this motif is further underscored by a homologous autosomal dominant Cx43 mutation (Arg202His) identified in families with oculodentodigital dysplasia (ODDD), with similar characteristics of poor plaque formation and impaired dye transfer and electrical coupling. Further characterization of the mutations reported here, especially with regard to their suspected dominant negative effect with WT Cx47, or transdominant effect with other endogenous Cxs expressed in LECs, will contribute to our understanding of the role of Cxs on lymphatic function.

#### Example 3

#### Connexin Expression and Gap Junction Function in Lymphatic Vessels and Endothelial Cells

Lymphatic vasculature is distinct from its blood vascular fluid homeostasis are being documented in a variety of physiologic and pathologic processes including immunosurveillance, inflammation, wound healing and cancer metastasis. We sought to determine Cx expression in normal human superficial dermal lymphatic vessels and determine Cx expression and GJIC in primary human dermal lymphatic endothelial cells (LECs). By immunofluorescent microscopy, Cx37 and 43 are expressed in LECs and Cx37, 40 and 43 are expressed in human superficial dermal lymphatic vessels. RT-PCR revealed mRNA transcripts of Cx37, 43 and 47 in LECs; Cx40 was barely detectable. GJIC in LECs are quantitated in real time in LECs using a parachute dye transfer technique and electrical coupling is measured by dual whole cell patch clamp recording; dye transfer was inhibited by conventional gap junction inhibitors. For the first time, this paper documents the expression of specific Cxs in superficial dermal lymphatics in human neonatal foreskin by immunofluorescent microscopy and in primary dermal LECs. Importantly we show that there are endogenous functional gap junctions in LECs. It remains to be determined how Cxs interact and contribute to normal and abnormal lymphatic vascular function.

The expression and distribution of connexins (Cxs) and function of gap junction intercellular communication (GJIC) in lymphatic vasculature may be central to lymphatic physiology. Lymphatic vessels demonstrate gap junctions, first suggested in rat mesenteric lymphatic capillaries and docu-5 mented in cultured lymphatic endothelial cells (LECs) by electron microscopy. Gap junction communication mediates the propagation of spontaneous contractions in mesenteric lymphatics. Because LECs and lymphatic vessels importantly differ in structure, function and signaling from their better known blood vascular counterparts, we reasoned that their GJIC would also reflect unique vascular and tissue specific features. This hypothesis is supported by recent surveys in gene expression contrasting LEC with blood endothelial cells (BECs) listing a relatively high expression of Cx37 in BECs versus LECs and Cx47 expressed only in LECs.

We report, for the first time, the presence of functional gap junctions in primary adult human dermal microvascular LECs. Two conventional vascular Cx proteins, Cx 37 and 43, 20 are expressed as shown by immunofluorescent confocal microscopy, and further supported by semiquantitative RT-PCR. The significance of these in vitro findings is validated by the concurrent expression of Cxs 37, 40, and 43 in superficial lymphatic vessels in human neonatal foreskin. Func- 25 tional gap junctions are also seen in cultured LECs using two different approaches: real time fluorescent dye transfer technique on confluent monolayers and electrophysiologic coupling between LEC pairs by dual whole cell patch clamp recordings. These findings support our hypothesis that gap junctions and their associated Cx proteins are important mediators of lymphatic function. Materials and Methods

Reagents:

Primary antibodies against human antigens including rabbit polyclonal anti-Cx40, goat polyclonal anti-Cx37, were purchased from Santa Cruz (Santa Cruz, Calif.). Rabbit anti-Cx43 was purchased from Sigma Chemical (St. Louis, Mo.). Mouse anti-Cx45 was obtained from Millipore. Rabbit anti- 40 VEGFR-3/Flt-4 and anti-LYVE-1 were purchased from ReliaTech GmbH (Braunschweig, Germany) and AngioBio Co (Del Mar, Calif.), respectively. Mouse monoclonal anti-Prox-1 was obtained from AbCam (Cambridge, Mass.). Synthetic connexin-mimetic peptide Gap-27 (amino acid 45 sequence Ser-Arg-Pro-Thr-Glu-Lys-Thr-Ile-Phe-Ile-Ile) and 18α-glycyrrhetinic acid (GRA) were purchased from Sigma Chemical (St. Louis, Mo.). Human fibronectin, Calcein AM, Alexa Fluor 488 and 609 Phalloidin, and Alexa Fluor 488 donkey anti-goat (DaG) were purchased from Invitrogen 50 (Carlsbad, Calif.). Donkey Anti-Rabbit Cy3 (DaR) and donkey Anti-Goat Cy5 were purchased from Jackson ImmunoResearch Laboratories, Inc. (West Grove, Pa.). DRAQ5 nuclear stain was purchased from Biostatus Ltd. (Leicestershire, UK).

Cell Culture:

Adult human dermal lymphatic microvascular endothelial cells were cultured in EGM<sup>TM</sup>-2 MV—Microvascular Endothelial Cell Medium-2 (both from Lonza Inc.) Coverslip bottom dishes (MatTek, Inc) were coated with fibronectin using a concentration of 6  $\mu$ g/ml in 1× phosphate buffered saline (PBS) prior to culture and imaging. Human telomerase-transfected human dermal lymphatic endothelial cells (hTERTs; gift of M. Pepper lab), are routinely used in the lab because they grow rapidly and manifest many characteristics of primary LECs (Nisato R E, et al. Generation and characterization of telomerase-transfected human lymphatic endothelial

cells with an extended life span. *Am J. Pathol.* 2004; 165:11-24). hTERTs were grown routinely in MCDB-131 (VEC Technologies).

Immunofluorescence Imaging:

Human neonatal foreskin samples were collected immediately after harvest in DMEM, then fixed in 2% paraformaldehyde for 2 hrs, then stored in 30% sucrose in 1×PBS overnight; for cryosectioning they were submerged in cold 2-methylbutane for 20 seconds, liquid nitrogen for 2-5 seconds, and sectioned in 6 µm slices at -30° C. Cells were rinsed with PBS, then fixed with 2% paraformaldehyde. Subsequently cells and tissue were handled similarly. Following permeabilization with 0.1% Triton X, cells were blocked with 2% BSA. The primary antibodies (see above) were diluted in 0.5% BSA usually in a 1:100 ratio, applied to cells and incubated at RT for one hour. The cells were incubated with appropriate secondary antibodies for one hour at RT and washed. Coverslips were mounted on slides with Gelvatol and coverglass bottom dishes were covered in 1×PBS, and both were stored at 4° C. Images were taken of dishes with an inverted Olympus Fluoview 1000 confocal microscope and 63× oil 1.4 N.A. objective, and images of tissues were taken with an Olympus Fluoview 500 confocal microscope using 20×0.8 N.A. objective.

RNA Analysis:

LECs were grown as described in T75 flasks in complete media. Total RNA extraction was performed using TRIzol (Invitrogen). Taqman Gene Expression Assays for mRNA transcripts for Cxs 37, 40, 43, 45 and 47 were run in duplicate on an ABI 7900 using default settings and cycling conditions; amplicons ranged from 57-68 bp. Relative gene expression was calculated according to manufacturer's recommendations using the comparative method; human control RNA (ABI; part of GAPDH standard) was used as the calibrator, and averaged cycle thresholds (Cts) were normalized relative

to those of GAPDH (ABI) in the corresponding sample. Intercellular Communication Assay:

To characterize intercellular gap junction communication over time between seeded donor cells and an acceptor monolayer, LECs were loaded with 2.5 µM Calcein-AM (Invitrogen) in (PBS) for 30 min at 37° C. Excessive dye was removed by rinsing three times in PBS before dislodgment using 500 µl 0.25% Trypsin-EDTA. Detached cells were dispersed with a pipette and 10 µl cell suspensions was added to a confluent LEC monolayer in MCDB-131 supplemented with 25 mM HEPES. To ensure attachment of dye loaded suspended cells, the dish was incubated at 37° C. for 40 min prior to syringe filtration of the medium to remove floating cells that would interfere with subsequent imaging. The dish was thereafter mounted in a temperature controlled open chamber microincubator (Harvard Apparatus) on an inverted Olympus IX81 microscope. Dual images were collected using MetaMorph software 6.3 (MDS Analytical Technologies) every minute for one hour, in 5 positions with a 20×, 0.7 N.A. objective at 55 50 ms and neutral density filter using differential interference contrast (DIC) and green fluorescent protein (GFP) filter sets. Experiments using inhibitors were done in a batched blinded manner so that cultured cells from the same passage and plating were used for treatments and appropriate inhibitors on the same day. GRA was solubilized in 100% EtOH, diluted in media and used at a concentration of 10 µM, and cultures were treated together with dye loaded cells for 40 min, then washed, and imaged in MCDB-131 supplemented with 25 mM HEPES; EtOH vehicle control experiments were also run. The Gap 27 was solubilized in DMSO (diluted in 10 µl volume to make 50 mM stock) and diluted in media to 500 µM final concentration. The Gap27 was handled similarly to

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GRA and a DMSO control was measured on the same day. Significance was assigned at p<0.05 and treatments were analyzed as independent samples using a Student's t-test. Analysis was done blindly, using MetaMorph software 6.3, as indicated in the Methods section of the paper.

Whole-Cell Patch Clamp Recordings:

Coupling currents were recorded using simultaneous double whole-cell patch clamp recordings from isolated pairs of LECs that were in contact with one another (determined visually) as previously described (Srinivas M, et al. Voltage 10 dependence of macroscopic and unitary currents of gap junction channels formed by mouse connexin50 expressed in rat neuroblastoma cells. J. Physiol. 1999; 517 (Pt 3):673-89; Srinivas M, et al. Functional properties of channels formed by the neuronal gap junction protein connexin36. J. Neurosci. 15 1999; 19:9848-55; and del Corsso C, et al. Transfection of mammalian cells with connexins and measurement of voltage sensitivity of their gap junctions. Nat. Protoc. 2006; 1:1799-809). Briefly, the pipette solution consisted of (in mM): 130 CsCl, 10 EGTA, 10 HEPES, 3 Mg-ATP, 2 Na-ATP, 0.5 CaCl<sub>2</sub>, 20 pH 7.3. The culture was bathed in a solution consisting of (in mM): 140 NaCl, 5 HEPES, 5 glucose, 4 KCl, 2 CsCl, 2 CaCl<sub>2</sub>, 2 pyruvate, 1 BaCl2, pH 7.3. Patch pipettes were fabricated from borosilicate glass, and coupling currents were amplified by Axopatch 200A amplifiers, filtered at 1 KHz, and digitized 25 at 5 KHz for subsequent analysis using pClamp software (Axon Instruments/Molecular Devices; Sunnyvale, Calif.). Experiments were carried out at room temperature (22° C.), and on two separate days. Coupling current was quantified by measuring the peak current recorded in the pair when the 30 neighboring cell received a 100 mV step membrane potential change (in both positive and negative directions). Step changes in membrane potential were delivered to each cell in the pair in sequence and the average current recorded in the neighboring cell was determined and divided by 100 to gen- 35 erate coupling current expressed in pA/mV. Results

We show Cx specific immunolocalization in human superficial dermal lymphatic vessels and in primary adult dermal microvascular LECs. Antihuman antibodies for Cx 37, 40, 43, 40 45 were initially used based on the literature of blood vascular Cx expression; Cx47 was subsequently evaluated by semiquantitative RT-PCR in light of recent microarray data suggesting unique Cx47 expression6.

Connexin Expression in Human Dermal LECs:

Cx 37 and 43 are identified in primary human dermal LECs by immunofluorescent microscopy (FIG. **8** A, B). Cx37 expression is weak but present, although it is primarily cytoplasmic. Cx43 is strongly expressed, especially in junctional areas between cells, as expected for functional gap junctions. 50 Interestingly, Cx40 which is commonly expressed in a variety of blood vessels and cultured BECs, was not detected by immunofluorescence (data not shown). Cx45, which is uncommonly expressed in BECs, was also not observed (data not shown). Semiquantitative RT-PCR was performed on 55 LECs assessing mRNA levels of these same Cxs, and in addition, Cx47. mRNA transcript levels were highest for Cx37 and 43 and 47; those for Cx45 were barely detectable and undetectable for Cx40 (FIG. **8**C).

Connexin Expression in Lymphatics in Human Neonatal 60 Foreskin:

Since Cx was expressed in cultured cells, we evaluated the expression of Cxs in human lymphatic vessels ex vivo. Variation in gene expression has been well documented in cultured LECs, so the confirmation of expression in tissue was impor-65 tant prior to the ongoing use of primary LECs for in vitro studies of GJIC. The same antihuman antibodies used on the

LECs were used on the foreskin tissue. Cx 37, 40, and 43 were detected in superficial dermal lymphatic vessels in human neonatal foreskins (FIG. 9). Interestingly, Cx40 was detected in these neonatal superficial dermal lymphatic vessels despite little evidence of its expression in adult LECs. Conventional lymphatic markers, LYVE-1, Prox-1, and VEGFR3 were used to identify lymphatic vessels and colocalization was demonstrated with antibodies against human Cx 37, 40, and 43, as indicated, using confocal microscopy. As with the cultured LECs, no Cx45 was detected (data not shown).

Gap Junctional Intercellular Communication Measured by Dye Transfer:

Since the presence of Cx, even in well localized plaques along the cell membrane, does not necessarily confirm gap junction function, we investigated GJIC in LECs in 2D culture. We optimized a so called "parachute" dye loading technique reflecting normal physiologic function and allowing quantitation of temporal differences in gap junction function more than scrape leading or microinjection.

FIG. 10A-B shows a sample of the pre and post (1 hr) images obtained from a typical GJIC experiment demonstrating the method of parachuting dye loaded LECs onto a confluent LEC monolayer (no dye). Calcein AM allows cell permeable loading, and with a molecular weight of 662, is frequently used in gap junction communication studies. To ensure cell attachment, the dish was incubated for 40 min prior to imaging, then mounted in a temperature controlled microincubator on an inverted fluorescent microscope. Dual images, differential interference contrast (DIC) and green fluorescent protein (GFP), were collected every minute for one hour using a 20× objective. The pseudocolored bar on the left indicates the range of color corresponding to signal intensity, where white is most intense and black is least. Initially the donor cell shows a high intensity signal on a background of cells with little to no signal, but by 1 hr the intensity of the donor cell signal has decreased and correspondingly cells in the surrounding monolayer have taken up dye from the donor cell and then adjoining cells. Replicate blinded experiments were performed on at least 2 separate days, and quantitation of dye spread was determined in an automated manner using Metamorph and standardized regions of interest with autothresholding. Additional validation of GJIC was afforded in hTERTs with the use of conventional inhibitors of gap junctions; a non-specific inhibitor 18  $\alpha$ -glycerrhetinic acid, a non-specific gap junction inhibitor (GRA) and a connexin mimetic peptide, Gap 27, with a sequence targeted to the extracellular loop 2 of Cx4334 (FIG. 10B). In both primary adult human dermal LECs and immortalized hTERTs (neonatal derived) GJIC was demonstrated by dye transfer and significantly reduced in response to conventional gap junction inhibitors. The extent of inhibition of GJIC is greater for the GRA, although some of that is attributable to the effect of EtOH vehicle.

Gap Junctional Intercellular Communication by Dual Whole Cell Patch Clamp Recording:

Dye transfer studies of GJIC provide a quantitative assessment of transport of relatively larger molecules (but less than 1 kDa) and different Cxs show different selectivity based on molecular size, charge, and shape. In contrast, dual whole cell patch clamp recordings afford sensitive measurement of the junctional conductance between cells. We measured electrophysiologic characteristics of GJIC between LEC pairs by dual whole cell patch clamp recording. In LECs (n=6), mean coupling current in LECs is 52.2+/–12.2 pA/mV. Sample coupling currents between LEC pairs demonstrate strong electrical coupling and voltage dependent decline in junctional current at applied voltages (FIG. **11**).

Others previously reported dye transfer between lymphatic endothelial cells in guinea pig mesenteric lymphatics (von der Weid P Y, et al. Functional electrical properties of the endothelium in lymphatic vessels of the guinea-pig mesentery. J. Physiol. 1997; 504 (Pt 2):439-51) or reported data suggesting the presence of functional gap junctions in rat mesenteric lymphatics (Zawieja D C, et al. Distribution, propagation, and coordination of contractile activity in lymphatics. Am J. Physiol. 1993; 264:H1283-91); now we present the first evidence of functional gap junctions in cultured human LECs and identification of specific Cx expression in neonatal human dermal lymphatics vessels. We identify the expression of Cx37 and 43 in cultured human microvascular LECs and Cx37, 40, and 43 in superficial lymphatic vessels in human neonatal foreskin by immunofluorescence. Semiquantitative RT-PCR confirmed mRNA transcript levels consistent with the immunofluorescent findings, and identified the expression of Cx47 as well. Using both a 20 dye loading technique and dual whole cell patch clamp recording, functional GJIC is confirmed in cultured LECs.

Connexin Expression in Lymphatics and LECs:

Cxs detected in microvascular LECs and superficial dermal lymphatics are generally consistent with those reported in <sup>25</sup> blood vascular endothelium. Cx37, 40 and 43 are generally expressed in vascular endothelial cells, but there is an acknowledged variation among developmental stage, species (Cruciani V, et al. The detection of hamster connexins: a comparison of expression profiles with wild-type mouse and the cancer-prone Min mouse. Cell Commun Adhes. 2004; 11:155-71), tissue, and vessel type. Expression of Cx47 has not been specifically investigated in BECs or blood vessels, especially since its distribution and function has primarily 35 been characterized in the CNS. Cx45 expression is occasionally reported in endothelium in animal models but most of the vascular Cx45 expression appears to be in the vascular smooth muscle. Cx 31.1 is equally expressed in BECs and LECs in a recent cDNA microarray study (Podgrabinska S, et 40 eromeric gap junctions in normal lymphatic vessels. al. Molecular characterization of lymphatic endothelial cells. Proc Natl Acad Sci USA. 2002; 99:16069-74), but like Cx47 it was not initially targeted for our evaluation in lymphatics or LECs.

Another BEC/LEC expression survey reported relatively 45 higher expression of Cx37 in BECs (Wick N, et al. Transcriptomal comparison of human dermal lymphatic endothelial cells ex vivo and in vitro. Physiol Genomics. 2007; 28:179-92). This difference may reflect other factors besides BEC/ LEC identity such as vessel size and tissue specificity. Cx43 50 is the most ubiquitously expressed Cx in general, and in BECs and blood vessels as well. Similarly Cx43 is well expressed in both human LECs and in the superficial lymphatics in human neonatal foreskin.

Historically, some cross-reactivity is reported between 55 commercially available Cx43 and 45 antibodies but this was not judged a confounding issue since Cx45 was not detected in our immunofluorescent studies. Cross reactivity of Cx40 and Cx43 antibodies has also been reported (Severs N J, et al. Immunocytochemical analysis of connexin expression in the 60 healthy and diseased cardiovascular system. Microsc Res Tech. 2001; 52:301-22), but is unlikely based on the difference in presence of expression between these Cxs in LECs and neonatal foreskin. While mRNA levels will not necessarily correspond to protein expression levels, these data support 65 our results independent of antibody specificity (i.e., Western blots).

Gap Junction Function in LECs:

Functional gap junctions were documented in cultured LECs using dye loading techniques and appropriate response to inhibitors. Others previously noted that the currently available inhibitors lack specificity, in the case of GRA, and there is a lack of consensus regarding the mechanism of action as in the case of the Cx peptide mimetics. In published literature, the degree of inhibition afforded by Cx peptide mimetics is variable, but our results are consistent with that reported by others and may reflect the presence of Cx 40 and 47 that are not expected to be responsive to the Gap 27 peptide. Our use of two different approaches to quantitate GJIC in addition to appropriate inhibition by both non-specific and gap peptide mimetics is strong evidence of functional gap junctions in these cells. While we documented conductance between paired LECs with voltage dependent gating consistent with that found in various Cx channels, we are unable to attribute these characteristics to a single Cx since we documented different Cxs in LECs and channels may be comprised of one or more Cxs. Recently the non-junctional connexon functions, so called hemichannels, were associated with at least some Cx proteins, but we made no attempt in this study to address these structures or their function in LECs. Conclusions

Cxs 37 and 43 are expressed in primary human LECs and superficial dermal lymphatics in human neonatal foreskin and semiquantitative RT-PCR. Cx40 is not expressed in primary adult human LECs but is expressed in neonatal superficial dermal lymphatic vessels. Using a fluorescent dye loading technique, functional gap junctions were identified in cultured LECs and were inhibited by conventional gap junction inhibitors and GJIC was also confirmed by electrical coupling determined through dual whole cell patch clamp recordings. These findings support a unique physiological role for GJIC in lymphatic vascular endothelium, and offer a potential causal role for GJIC in understanding lymphatic disease. Given the concurrent expression of at least two Cx proteins in LECs, future studies will determine the physiologic role of individual Cx proteins and/or evidence of heterotypic or het-

#### Example 4

Connexin 47 Mutations Increase Risk for Secondary Lymphedema Following Breast Cancer Treatment

Secondary lymphedema is frequent, and one of the most feared complications of breast cancer treatment associated with removal of lymph nodes or use of radiation on lymph nodes during breast cancer treatment. The staging and treatment of other cancers involving removal and/or radiation of lymph nodes may also precede secondary lymphedema. Secondary lymphedema as a complication of breast cancer therapy occurs in approximately 30% of patients, but estimates range from 2% to 80%, depending on the study population, and on the timing and method of ascertainment of lymphedema. As many as 600,000 women may suffer from secondary lymphedema following breast cancer treatment. Recognized risk factors for secondary lymphedema include treatment related factors: extent of surgery, radiation and chemotherapy; disease related factors: stage at diagnosis, pathological nodal status and number of dissected lymph nodes; and patient related factors: age at diagnosis, body mass index and presence of a sedentary lifestyle. As demonstrated by these risk factors, secondary lymphedema is viewed is the consequence of a traumatic event. This contrasts with familial or primary lymphedema which is considered to have a genetic

### Discussion

etiology. Primary lymphedema is viewed as a developmental abnormality which often segregates within families and has multiple causal genes. The contribution of a genetic susceptibility to the subsequent risk of developing secondary lymphedema following surgical trauma, radiation, and other <sup>5</sup> tissue insults has not been evaluated.

Finegold et al. (HGF and MET mutations in primary and secondary lymphedema. Lymphat Res Biol 2008; 6:65-8) reported a shared, rare mutation in the high affinity receptor for hepatocyte growth factor, MET, between a patient with primary lymphedema and an unrelated patient with breast cancer and secondary lymphedema. This observation supported our hypothesis that some cases of secondary lymphedema are conditioned by mutation in genes causing primary lymphedema influencing lymphatic development or function. This hypothesis is further supported by quantitative lymphoscintigraphy in women with secondary lymphedema following breast cancer treatment demonstrating abnormalities in the unaffected contra-lateral normal arm (Stanton A W, et al. 20 Lymphatic drainage in the muscle and subcutis of the arm after breast cancer treatment. Breast Cancer Res Treat 2009; 117:549-57). The pre-symptomatic identification of individuals susceptible to secondary lymphedema following cancer therapy would identify a subset of patients for preventive 25 intervention or early therapy, with the potential of ameliorating the negative effects of secondary lymphedema. We studied a series of women with breast cancer, post treatment, with and without secondary lymphedema to determine whether they carried mutations in known causal genes for primary lymphedema.

Methods

We studied 188 breast cancer patients recruited between 2000 and 2010. Blood specimens were obtained for DNA <sup>35</sup> isolation and analysis. Participants were classified as cases if diagnosed with secondary lymphedema by a physician, physical therapist, or had received therapeutic treatment for lymphedema. Those without lymphedema were treated as controls. 40

Each participant was sequenced for the candidate lymphedema genes FLT4 (encoding VEGFR3), FOXC2, HGF, MET, GJC2 (Cx47) as previously described (Ferrell R E, et al. Candidate gene analysis in primary lymphedema. Lymphat Res Biol 2008; 6:69-76). We previously reported numbering 45 for amino acid sequence based on the first ATG start site for human GJC2 as originally published by Uhlenberg et al. (Mutations in the gene encoding gap junction protein alpha 12 (connexin 46.6) cause Pelizaeus-Merzbacher-like disease. Am J Hum Genet. 2004; 75:251-60). There is now sufficient 50 evidence supporting the second ATG site for initiation of translation for human GJC2 (Diekmann S, et al. Pelizaeus-Merzbacher-like disease is caused not only by a loss of connexin47 function but also by a hemichannel dysfunction. Eur J Hum Genet. 2010; 18:985-92; Orthmann-Murphy J L, et al. 55 Loss-of-function GJA12/Connexin47 mutations cause Pelizaeus-Merzbacher-like disease. Mol Cell Neurosci 2007; 34:629-41; Ruf N, et al. Analysis of human alternative first exons and copy number variation of the GJA12 gene in patients with Pelizaeus-Merzbacher-like disease. Am J Med Genet B Neuropsychiatr Genet. 2009; 150B:226-32; and Maeda S, et al. Structure of the gap junction channel and its implications for its biological functions. Cell Mol Life Sci 2011; 68:1115-29) and we use this site for initiation of numbering the amino acid sequence. Statistical comparisons of 65 mutation frequencies in case and control groups were performed using Fisher's exact test.

Functional Assays in Transfected HeLa Cells:

The Cx47 mutations were transfected (transient and stable) into communication deficient HeLa cells (Elfgang C, et al. Specific permeability and selective formation of gap junction channels in connexin-transfected HeLa cells. J Cell Biol 1995; 129:805-17) to determine functional changes in gap junction intercellular communication (GJIC) or connexin function. The four mutations were introduced by site directed mutagenesis into a vector containing wild type human Cx47 pIRES2-EGFP (WT-hCx47-EGFP), a gift from Dr. S. Scherer, and the fidelity of the wild type and all mutant constructs confirmed by bidirectional sequence analysis.

Immunofluorescence microscopy determines the presence or absence of Cx47 gap junction plaques when the constructs are transiently expressed in HeLa cells. A human Cx47 antibody was obtained: polyclonal rabbit against amino acids 344-399 in the cytoplasmic C-terminal tail (Orthmann-Murphy J L, et al. Mol Cell Neurosci 2007; 34:629-41); we used human CNS tissue and positive oligodendrocyte staining as a positive control and primary antibody delete as a negative control (data not shown). Cultured HeLa cells were routinely fixed and stained with the primary antibodies against Cx47, along with a nuclear marker, and transfected cells were identified by their EGFP signal. Plaques were imaged using an Olympus Fluoview 1000 confocal microscope, 100× oil objective.

Electrophysiologic characteristics of GJIC were measured between HeLa cell pairs transfected with the mutant constructs (as indicated by EGFP expression) by dual whole cell patch clamp recording. All experiments were carried out in a blinded manner. Coupling current is quantified by measuring the peak current recorded in the pair when the neighboring cell receives a 100 mV step membrane potential change (in both positive and negative directions). Step changes in membrane potential are delivered to each cell in the pair in sequence and the average current recorded in the neighboring cell determined and divided by 100 to generate coupling current expressed in pA/mV. Untransfected HeLa cells and cells transfected with empty vector (i.e., no hCx47) were used as additional controls.

The wound assay, a measure of proliferation/migration, was performed using differential interference contrast time lapse of over 24 hrs using confluent transfected HeLa cells. Analysis was done using TScratch (Geback T, et al. TScratch: a novel and simple software tool for automated analysis of monolayer wound healing assays. Biotechniques 2009; 46:265-74), mean±SEM of at least 10 positions along wound; the scrape width was normalized to the first image for each position. In all cases a two tailed student's T test was applied with p<0.05 considered significant.

Functional Assay in Human Lymphatic Endothelial Cells: Adult human dermal lymphatic microvascular endothelial cells were cultured in EGM<sup>TM</sup>-2 MV (both from Lonza). Cells were electroporated with 2 µg cDNA of the EGFP tagged mutant constructs and then selected with G418 as described above. Cells were microinjected using a combination (1:4 ratio) of 70 kd Texas Red dextran (Invitrogen) to mark injected cell for reference and Lucifer yellow, a known gap junction permeable dye (m.w. 443, -2 charge), to assess change in extent of spread (Abbaci M, et al. Advantages and limitations of commonly used methods to assay the molecular permeability of gap junctional intercellular communication. Biotechniques 2008; 45:33-52, 6-62). All cells were injected using constant conditions and cells were scored for dye spread in tiers from reference cell, using constant exposure time and thresholding, and were imaged using a Nikon TE2000 with temperature controlled motorized stage and Qlmaging Retiga CCD camera. Images were obtained using

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differential interference contrast (DIC) and standard filters for EGFP (identify expression of mutation), DAPI (for Lucifer yellow) and dsRed (for dextran) preinjection, immediately post-injection and 2 min after injection. Results were calculated as mean SEM and statistical significance was determined in comparison to WT-hCx47-EGFP expressing cells using a Mann-Whitney Test. Results

Patient Characteristics and Mutation Analysis:

The characteristics of the study subjects are shown in Table 4. No significant differences were seen in demographic, clinical, or treatment variables between women who developed secondary lymphedema and controls that did not. None of the cases or controls had amino acid substitutions in the lymphedema genes FLT4 (VEGFR3), FOXC2, or HGF. A single case had a mutation in MET previously reported (Finegold DN, et al. Lymphat Res Biol 2008; 6:65-8) and was excluded from this study.

TABLE 4

Characteristics of Se	csof Secondary Lymphedema Cases and Controls			-		
	C	Cases	Co	ontrols	Р	_
N	80		108			25
Age (years) Current	60	(37-93)	54	(22-78)	NS*	
Age at Diagnosis (BC)	54	(30-77)	51	(20-74)	NS	
Age at Diagnosis (LE)	56	(37-82)				
Body Mass Index	28.6	(19.6-48.4)	27.5	(19.2-43.9)	NS	
Mastectomy	33	(41%)	51	(47%)	NS	
Radiation	68	(85%)	83	(58%)	NS	30
Risk Factors						20
Blood draw	7	(9%)	21	(19%)	NS	
Blood pressure	9	(11%)	18	(17%)	NS	
Cat scratch	7	(9%)	20	(18%)	NS	
Cut	24	(30%)	47	(44%)	NS	25
Insect bite	22	(28%)	24	(22%)	NS	35
Manicure	18	(22%)	31	(29%)	NS	
Sun pain	9	(11%)	16	(15%)	NS	

\*NS, no significant difference; BC, breast cancer; LE, lymphedema

Among the 80 sequenced breast cancer patients with sec- 40 ondary lymphedema, we observed Cx47 mutations in four patients and observed no mutations among 108 sequenced breast cancer controls that did not develop secondary lymphedema (Table 5; p < 0.03). None of the cases with mutations reported a personal or family history of primary lymphedema. <sup>45</sup> Two cases (P381S and H409Y) had sisters with breast cancer and one case (H409Y) reported her sister also having secondary lymphedema following breast cancer treatment. All four women with mutations were receiving therapy for the lymphedema including bandaging, compression garments, 50 and in one case exercise. None of them reported metastatic disease. Of note, all four women had prior surgeries including hysterectomy, cholecystectomy, knee surgery, and other procedures. They did not report lymphedema following any of these surgical procedures.

TABLE 5

Connexin 47 Mutations Seen in Secondary Lymphedema					
cDNA	Δnt	AMINO ACID	PROTEIN LOCATION	COMMENT	60
bp 436	G→A	G146S	Intracellular loop	identified in primary lymphedema also reported in PMLD	-
bp 547 bp 1141	$G \rightarrow T$ $C \rightarrow T$	G183C P381S	Intracellular loop C terminal	<b>F</b>	65

26 TABLE 5-continued

	Connexin	47 Mutatic	ons Seen in Seconda	ry Lymphedema		
cDNA	Δnt	AMINO ACID	PROTEIN LOCATION	COMMENT		
bp 1225	C→T	H409Y	C terminal	sister with secondary lymphedema following breast cancer		
bp 585	C→T	H195H	Intracellular loop	polymorphism		

Cx47 mutations were not seen among at least 298 population controls (596 alleles) (p=0.002). We identified a synonymous Cx47 polymorphism, H195H, which occurred in secondary lymphedema patients, breast cancer controls, and population controls with essentially equal frequency (5/80 secondary lymphedema patients, 8/108 breast cancer controls, and 27/298 population controls). One secondary lymphedema patient had the same mutation (G146S) seen in 20 a family with primary lymphedema as indicated above. The other three mutations (G183C, P381S and H409Y) are unique.

The Cx47 mutations found in secondary lymphedema patients all met the following criteria for relevance of mutation status (similar to the Cx47 mutations observed in our reported primary lymphedema patients). Each mutation causes a change in the amino acid sequence of Cx47, is not present in at least 298 sequenced, ethnically matched controls (0/596 alleles), and is well conserved in mammalian evolution.

The three mutations found in probands with breast cancer and secondary lymphedema, the shared G146S mutation (by probands with primary and secondary lymphedema), and our 35 previously identified mutations in families with primary lymphedema are distributed throughout the Cx47 monomer, although no mutations have been found in the transmembrane domains. Mutations G146S and G183C are located within the intracellular loop domain while P381S and H409Y are located in the C-terminal domain.

No single functional assay is adequate to assess the complex spectrum of connexin physiology and the effect of connexin (Cx) mutations. We used a combination of frequently used assays in HeLa cells and another assay done in human dermal LECs, the cell type we believe most likely to manifest the dysfunction causing clinical lymphedema. Each of the four mutations found in patients with secondary lymphedema have a phenotype different from that found in cells (HeLas and/or LECs) expressing WT-hCx47-EGFP.

Multiple assays for Cx function are usually performed in HeLa cells because they have little endogenous Cx expression, allowing the role of the specific Cx of interest to be isolated, and because of their ease of manipulation. The most common functional assays used utilize immunofluorescent microscopy to demonstrate the presence or absence of Cx plaques along the cell membrane between adjoining cells, dve transfer studies to document the transport of gap junction permeable dyes between cells, and measurement of electrical coupling between paired cells. Since there is increasing evidence that Cxs function independent of gap junctional communication (Laird D W. Closing the gap on autosomal dominant connexin-26 and connexin-43 mutants linked to human disease. J Biol Chem 2008; 283:2997-3001; Wei C J, et al. Connexins and cell signaling in development and disease. 65 Annu Rev Cell Dev Biol 2004; 20:811-38; and Xu X, et al.

Connexin 43-mediated modulation of polarized cell movement and the directional migration of cardiac neural crest cells. Development 2006; 133:3629-39), we also performed a wound healing assay to quantify the mutations' effects on cell migration/proliferation.

When observed by immunofluoresence confocal microscopy, HeLa cells transfected with Cx47 mutant constructs were indistinguishable from WT-hCx47 transfected cells (no plaques were detected in untransfected control HeLa cells). However, both mutations in the intracellular loop domain showed significant functional differences as compared to WT-hCx47-EGFP transfected cells. G146S transfected cells showed faster wound closure in a conventional cell scratch assay than the WT-hCx47-EGFP transfected cells (Table 6). G183C transfected cells showed increased electrical coupling (FIG. 12; Table 6) as compared to the WT-hCx47 transfected cells (Table 6). Hela cells transfected with the mutations 15 located in the C-terminal domain (P381S and H409Y) were not functionally distinct from WT-hCx47-EGFP transfected cells.

Table 6

	WT- Cx47	$G146S^1$	G183C	P381S	H409Y
LEC	1.4 ±	2.0 ±	na	2.26 ±	0.07 ±
spread <sup>2, 3</sup>	.14	.13		.17	.07*
electrical	35.9 ±	32.4 ±	68.6 ±	48.2 ±	46.4 ±
coupling <sup>2, 4</sup>	8.9	8.6	11.3*	8.6	12.9
wound	$0.72 \pm$	$0.62 \pm$	$0.68 \pm$	0.70 ±	0.73 ±
assay <sup>2, 5</sup>	0.01	0.03*	0.16	0.03	0.02

<sup>1</sup>G146S mutation also found in patients with primary lymphedema. <sup>2</sup>mean ± SEM.

<sup>3</sup>Dye spread to tiers of LECs after 2 min; significance by Mann Whitney test.

\*indicates significantly different than WT-hCx47 at p < 0.05, two tailed Student's t-test. 4in pA/mV.

<sup>5</sup>expressed as fraction of original wound in HeLa cell monolayer after 24 hrs.

When the dye spread was evaluated in LECs expressing the human mutations the C-terminal domain mutations were also phenotypically distinguished from WT-hCx47-EGFP expressing LECs (Table 3). The H409Y mutation showed 40 dramatically impaired dye transfer of Lucifer yellow after microinjection. In contrast, the P381S mutation showed significantly enhanced dye transfer.

Discussion

Secondary lymphedema is one of the most feared complications of breast cancer treatment. Detection of increased risk of lymphedema is particularly important given the value of preoperative assessment and early postoperative intervention in reducing the impact of secondary lymphedema. Although studies of secondary lymphedema typically use patient specific information, like age and body mass index, in evaluating the risk of secondary lymphedema, family history of lymphedema and genotype are not typically considered. A decision to intervene with treatment is usually based on the clinical burden of secondary lymphedema in the post-operative period. 55

Mutations leading to secondary rather than primary lymphedema might be expected to result in fairly subtle dysfunction in vitro since, clinically, no lymphedema is observed until after some significant insult in vivo, in these cases, breast cancer treatment. This is consistent with our observation that all four of the mutations show normal plaque formation when expressed in HeLa cells. The detection of plaques indicates fairly normal trafficking of the Cx proteins to the cell membrane and subsequent organization into clusters of gap junctions, i.e., plaques. Of relevance, one of these four 65 Cx47 mutations associated with secondary lymphedema, G146S, can cause primary lymphedema when inherited as an

autosomal dominant mutation with reduced penetrance. As yet unknown environmental or modifying genetic factors must influence the expression of clinically detectably lymphedema. Variation in penetrance and expression has been demonstrated for other lymphedema genes such as FLT4 and FOXC2 (Ferrell R E, et al. Hereditary lymphedema: evidence for linkage and genetic heterogeneity. Hum Mol Genet. 1998; 7:2073-8 and Finegold D N, et al. Truncating mutations in FOXC2 cause multiple lymphedema syndromes. Hum Mol Genet. 2001; 10:1185-9).

In two mutations including G146S, we detected abnormal gap junction or Cx function using in vitro assays in HeLa cells. We have documented autosomal dominant inheritance in two primary lymphedema families with Cx47 mutations and thus might expect a dominant negative effect of Cx47 mutations. However, these in vitro assays in HeLa cells are likely independent of such an effect since they have little Cx expression (Elfgang C, et al. J Cell Biol 1995; 129:805-17) (and data not shown). In the case of the G146S mutation 20 (shared in both primary and secondary lymphedema patients), the more rapid closure in the wound closure assay as compared to WT-hCx47-EGFP transfected cells is not necessarily associated with what has previously been considered as gap junction activity: transfer of ions, small metabolites through gap junctions to adjoining cells (Xu X, et al. Development 2006; 133:3629-39). Increasingly there is evidence of Cxs' role in a large signaling complex of associated proteins which serve to regulate coordination of conventional cell-cell communication in adhesion, motility but also other <sup>30</sup> basic cell processes including proliferation (Wei C J, et al. Annu Rev Cell Dev Biol 2004; 20:811-38 and Laird DW. The gap junction proteome and its relationship to disease. Trends Cell Biol 2010; 20:92-101). As shown above, we identified mutations in connexin 47 (Cx47) encoded by GJC2 as a 35 frequent cause of primary lymphedema. This finding was confirmed by Ostergaard et al (Ostergaard P, et al. Rapid identification of mutations in GJC2 in primary lymphoedema using whole exome sequencing combined with linkage analysis with delineation of the phenotype. J Med Genet. 2011; 48:251-5). Connexins (Cxs) are the major constituents of gap junctions which mediate intercellular communication. Gap junctions form as two apposing hexamers of Cx in adjoining cells. Gap junction communication mediates the propagation of spontaneous contractions in mesenteric lymphatics (McHale N G, et al. Co-ordination of pumping in isolated bovine lymphatic vessels. J Physiol 1992; 450:503-12 and Zawieja D C, et al. Distribution, propagation, and coordination of contractile activity in lymphatics. Am J Physiol 1993; 264:H1283-91).

Functional supports for the significance of these mutations in the development of secondary lymphedema comes from abnormalities demonstrated in human dermal LECs (Table 3). Although, until recently, Cx47 expression was thought to be confined to the CNS and primarily oligodendrocytes, we demonstrated Cx47 expression in LECs along with other Cx species. Little is known about Cx expression and gap junction function in lymphatics, but there is evidence that gap junctions are important to the propagation of spontaneous contractions through mesenteric lymphatics in animal models (McHale N G, et al. J Physiol 1992; 450:503-12 and Zawieja D C, et al. Am J Physiol 1993; 264:H1283-91). We postulate that Cx47 mutations cause or contribute to the development of dermal lymphedema by impaired gap junction function causing impaired conduction of lymph from the periphery to more central lymphatic trunks. This is also supported through the identification of two Cx47 mutations in families with four limb lymphedema, one novel and one previously reported by

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us, where lymphoscintigraphy showed normal anatomy in distal lymphatics but impaired uptake (Ostergaard P, et al. J Med Genet. 2011; 48:251-5). Our findings of significant changes in gap junction function in LECs expressing the four mutations found in patients with secondary lymphedema: 1) confirms the significance of these mutations in patients with secondary lymphedema and 2) suggests impaired gap junction function as a novel mechanism for the development of lymphedema.

Identification of Cx47 mutations in secondary lymphedema, and previously in primary lymphedema, expands the clinical pathology of Cx47 in human disease. Until recently, Cx47 was only considered important for CNS myelination because Cx47 mutations are causal for Pelizaeus-Merzbacher-like disease (PMLD) and a milder phenotype of spastic paraplegia. These were all reported to be recessive mutations but recently dominant mutations in Cx47 were also identified as causing PMLD, among them a G146S mutation (identified as G146S, Diekmann S, et al. Eur J Hum Genet. 2010; 18:985-92). In contrast to disease caused by recessive mutations, autosomal dominant mutations in Cxs are more likely to cause syndromes in a similar fashion to the Cx43 mutations causing oculodentodigital dysplasia and the Cx26 mutations causing hearing loss and a variety of skin diseases (Laird D W. J Biol Chem 2008; 283:2997-3001). Thus, the recent identification of dominant mutations in Cx47 causing PMLD coupled with our findings of Cx47 mutations causing and/or predisposing to lymphedema suggests some patients may manifest both neurologic and lymphatic deficits.

Our finding of four independent mutations in Cx47, including one shared mutation described above, not only supports these mutations as a genetic risk to the development of secondary lymphedema but raises the likelihood that other genes may contribute to such a genetic risk to secondary lymphedema as well. Gap junctions are a multiprotein complex and 30

our observations implicate any of these proteins as potential candidates for risk mutations and targets for drug therapy. A patient's family history of lymphedema may be useful in identifying women at higher than normal risk of developing secondary lymphedema, and sequencing of GJC2 and other genes known to cause primary lymphedema may prospectively identify a group of women who would benefit from early, aggressive surveillance and therapy prior to the clinical onset of lymphedema. Our findings challenge the commonly held view that secondary lymphedema is solely due to mechanical trauma. Genetic susceptibility is an important risk factor which must be included with mechanical trauma, radiation, and/or chemical insult. A priori recognition of such a genetic susceptibility 1) raises the potential for early detection of a group at high risk, and 2) allows the possibility of altering surgical approach and/or chemotherapy radiation therapy or direct medical treatment of the lymphedema.

The prospect of preventive intervention or pharmacological treatment in secondary lymphedema is especially attractive given the estimated prevalence of up to 600,000 women who suffer from secondary lymphedema following treatment for breast cancer, and the limited treatment options currently available to these patients. With regard to the Cx47 mutations specifically, there is potential for rapid translational progress given the ongoing effort to develop Cx modifying drugs for application to cardiovascular disease. These findings offer the possibility that early detection and intervention may be possible before breast cancer treatment is complete, and also offers the chance to ameliorate the severity of secondary lymphedema in a subset of breast cancer patients.

Whereas particular embodiments of this invention have been described above for purposes of illustration, it will be evident to those skilled in the art that numerous variations of the details of the present invention may be made without departing from the invention as defined in the appended claims.

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38

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Tyr	Ala	Val	His 100	Arg	Leu	Ala	Arg	Ala 105	Ser	Glu	Gln	Glu	Arg 110	Arg	Arg
Ala	Leu	Arg 115	Arg	Arg	Pro	Gly	Pro 120	Arg	Arg	Ala	Pro	Arg 125	Ala	His	Leu

50

Pro Pro Pro His Ala Gly Trp Pro Glu Pro Ala Asp Leu Gly Glu Glu 130 135 140

Glu 145	Pro	Met	Leu	Gly	Leu 150	Gly	Glu	Glu	Glu	Glu 155	Glu	Glu	Glu	Thr	Gly 160
Ala	Ala	Glu	Gly	Ala 165	Gly	Glu	Glu	Ala	Glu 170	Glu	Ala	Gly	Ala	Glu 175	Glu
Ala	Суз	Thr	Lys 180	Gly	Val	Gly	Ala	Asp 185	Gly	Lys	Ala	Ala	Gly 190	Thr	Pro
Gly	Pro	Thr 195	Gly	Gln	His	Asp	Gly 200	Arg	Arg	Arg	Ile	Gln 205	Arg	Glu	Gly
Leu	Met 210	Arg	Val	Tyr	Val	Ala 215	Gln	Leu	Val	Ala	Arg 220	Ala	Ala	Phe	Glu
Val 225	Ala	Phe	Leu	Val	Gly 230	Gln	Tyr	Leu	Leu	Tyr 235	Gly	Phe	Glu	Val	Arg 240
Pro	Phe	Phe	Pro	Cys 245	Ser	Arg	Gln	Pro	Cys 250	Pro	His	Val	Val	Asp 255	Суз
Phe	Val	Ser	Arg 260	Pro	Thr	Glu	Lys	Thr 265	Val	Phe	Leu	Leu	Val 270	Met	Tyr
Val	Val	Ser 275	Суз	Leu	Суз	Leu	Leu 280	Leu	Asn	Leu	Суз	Glu 285	Met	Ala	His
Leu	Gly 290	Leu	Gly	Ser	Ala	Gln 295	Asp	Ala	Val	Arg	Gly 300	Arg	Arg	Gly	Pro
Pro 305	Ala	Ser	Ala	Pro	Ala 310	Pro	Pro	Pro	Arg	Pro 315	Pro	Pro	Сүз	Ala	Phe 320
Pro	Ala	Ala	Ala	Ala 325	Gly	Leu	Ala	Сув	Pro 330	Pro	Asp	Tyr	Ser	Leu 335	Val
Val	Arg	Ala	Ala 340	Glu	Arg	Ala	Arg	Ala 345	His	Asp	Gln	Asn	Leu 350	Ala	Asn
Leu	Ala	Leu 355	Gln	Ala	Leu	Arg	Asp 360	Gly	Ala	Ala	Ala	Gly 365	Asp	Arg	Asp
Arg	Asp 370	Ser	Ser	Pro	Сүз	Val 375	Gly	Leu	Pro	Ala	Ala 380	Ser	Arg	Gly	Pro
Pro 385	Arg	Ala	Gly	Ala	Pro 390	Ala	Ser	Arg	Thr	Gly 395	Ser	Ala	Thr	Ser	Ala 400
Gly	Thr	Val	Gly	Glu 405	Gln	Gly	Arg	Pro	Gly 410	Thr	His	Glu	Arg	Pro 415	Gly
Ala	Lys	Pro	Arg 420	Ala	Gly	Ser	Glu	Lys 425	Gly	Ser	Ala	Ser	Ser 430	Arg	Asp
Gly	Lys	Thr 435	Thr	Val	Trp	Ile									
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<40(	)> SI	EQUE	NCE :	11	Ρ <sub>ττι</sub>										
Met 1	Thr	Asn	Met	Ser 5	Trp	Ser	Phe	Leu	Thr 10	Arg	Leu	Leu	Glu	Glu 15	Ile
His	Asn	His	Ser 20	Thr	Phe	Val	Gly	Lys 25	Val	Trp	Leu	Thr	Val 30	Leu	Val
Val	Phe	Arg 35	Ile	Val	Leu	Thr	Ala 40	Val	Gly	Gly	Glu	Ser 45	Ile	Tyr	Ser
Asp	Glu 50	Gln	Thr	ГЛа	Phe	Thr 55	Суз	Asn	Thr	Arg	Gln 60	Pro	Gly	Суз	Asp

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Asn 65	Val	Cys	Tyr	Asp	Ala 70	Phe	Ala	Pro	Leu	Ser 75	His	Val	Arg	Phe	Trp 80
Val	Phe	Gln	Ile	Val 85	Val	Ile	Ser	Thr	Pro 90	Ser	Val	Met	Tyr	Leu 95	Gly
Tyr	Ala	Val	His 100	Arg	Leu	Ala	Arg	Ala 105	Ser	Gln	Asp	Glu	Arg 110	Arg	Arg
Ala	Ser	Arg 115	Arg	Arg	Pro	Ser	Arg 120	Arg	Ala	Pro	Arg	Pro 125	Pro	Leu	Pro
Leu	Pro 130	Pro	Pro	Pro	His	Pro 135	Gly	Trp	Pro	Glu	Pro 140	Ala	Asp	Leu	Gly
Glu 145	Glu	Glu	Pro	Met	Leu 150	Gly	Leu	Gly	Glu	Glu 155	Asp	Glu	Asp	Pro	Gly 160
Val	Ala	Glu	Gly	Leu 165	Gly	Glu	Asp	Glu	Glu 170	Ala	Glu	Asp	Thr	Gly 175	Ala
Ala	Lys	Gly	Ala 180	Gly	Gly	Asp	Thr	Lys 185	Val	Ala	Gly	Val	Pro 190	Gly	Pro
Ala	Gly	Gln 195	His	Asp	Gly	Arg	Arg 200	Arg	Ile	Gln	Arg	Glu 205	Gly	Leu	Met
Arg	Val 210	Tyr	Val	Ala	Gln	Leu 215	Val	Ala	Arg	Ala	Ala 220	Phe	Glu	Val	Ala
Phe 225	Leu	Val	Gly	Gln	Tyr 230	Leu	Leu	Tyr	Gly	Phe 235	Glu	Val	Arg	Pro	Phe 240
Phe	Ala	Cys	Ser	Arg 245	Gln	Pro	Суз	Pro	His 250	Val	Val	Asp	Сүз	Phe 255	Val
Ser	Arg	Pro	Thr 260	Glu	Lys	Thr	Val	Phe 265	Leu	Leu	Val	Met	Tyr 270	Val	Val
Ser	Суз	Leu 275	Суз	Leu	Leu	Leu	Asn 280	Leu	Cys	Glu	Met	Ala 285	His	Leu	Gly
Leu	Gly 290	Asn	Ala	Gln	Asp	Ala 295	Val	Arg	Gly	Arg	Arg 300	Pro	Leu	Pro	Ala
Ser 305	Pro	Gly	Pro	Met	Pro 310	Arg	Pro	Pro	Pro	Cys 315	Ala	Leu	Pro	Ala	Ala 320
Pro	Ser	Gly	Leu	Ala 325	Суз	Pro	Pro	Asp	Tyr 330	Ser	Leu	Val	Val	Arg 335	Thr
Ala	Glu	His	Ala 340	Arg	Ala	Gln	Asp	Gln 345	Glu	Leu	Ala	Ser	Leu 350	Ala	Leu
Gln	Ala	Leu 355	Gln	Asp	Arg	Arg	Ala 360	Leu	Gly	Aap	Leu	Asp 365	Ser	Pro	Pro
Gly	Pro 370	Gly	Leu	Pro	Ala	Asn 375	Ala	Arg	Gly	Pro	Pro 380	Lys	Pro	Gly	Ala
Pro 385	Ala	Ser	Gly	Ser	Gly 390	Ser	Ala	Thr	Ser	Gly 395	Gly	Thr	Val	Gly	Gly 400
Gln	Gly	Arg	Gln	Gly 405	Ile	Lys	Pro	Arg	Met 410	Gly	Ser	Glu	Lys	Gly 415	Ser
Gly	Ser	Ser	Ser 420	Arg	Glu	Gly	Lys	Thr 425	Thr	Val	Trp	Ile			
-210	) > .51	TT OF	NO	12											

<210> SEQ ID NO 12 <211> LENGTH: 440 <212> TYPE: PRT <213> ORGANISM: Mus musculus

<400> SEQUENCE: 12

Met Thr Asn Met Ser Trp Ser Phe Leu Thr Arg Leu Leu Glu Glu Ile

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His Asn His Ser Thr Phe Val Gly Lys Val Trp Leu Thr Val Leu Val 20 Val Phe Arg Ile Val Leu Thr Ala Val Gly Gly Glu Ser Ile Tyr Ser 45 Aop Glu Gln Ser Lys Phe Thr Cys Asn Thr Arg Gln Pro Gly Cys Asp 60 Aom Val Cys Tyr Asp Ala Phe Ala Pro Leu Ser His Val Arg Phe Trp 70 Val Phe Gln Ile Val Val Ile Ser Thr Pro Ser Val Met Tyr Leu Gly 90 Tyr Ala Val His Arg Leu Ala Arg Ala Ser Glu Gln Glu Arg Arg Arg 105 Tyr Ala Val His Arg Leu Ala Arg Ala Ser Glu Gln Glu Arg Arg Arg 1105 Pro Pro Pro Pro Pro Gly Trp Pro Asp Thr Thr Asp Leu Gly Glu Ala 115 Pro Pro Pro Pro Pro Gly Thr Arg Arg Leu Pro Arg Ala Gln Leu 115 Pro Glu Gly Pro Gly Gly Asp Gly Lys Thr Val Val Thr Pro Gly 1135 Ala Ala Lys Gly Gly Gly Gly Asp Gly Lys Thr Val Val Thr Pro Gly 119 Pro Ala Gly Glu Arg Ala Phe Glu Val 717 Ala Ala Lys Gly Gly Gly Asp Gly Lys Thr Val Val Thr Pro Gly 119 Pro Ala Gly Glu His Asp Gly Acg Arg Arg Ile Gln Arg Glu Glu Val 210 Ala Phe Leu Val Gly Gln Y Tr Lue Leu Tyr Gly Phe Glu Val 220 Phe Phe Ala Cys Ser Arg Gln Pro Cys Pro His Val Val Asp 255 Val Ser Cys Leu Cys Leu Leu Leu Ang Gly Asp 160 Asp 160 Asp 260 Ala Ala Gly Pro Gly Pro Thr Yaa Phe Leu Uya Met Tyr Val 260 Phe Phe Ala Cys Ser Arg Gln Pro Cys Pro His Val Val Met 717 Val 260 Ala Ala Gly Pro Gly Pro Thr Yaa Phe Leu Leu Yar Gly Arg Gly Ala Ser 300 Ala Ala Gly Pro Gly Pro Thr Pro Arg Pro Pro Pro Pro 265 Val Ser Cys Leu Cys Leu Leu Leu Asp Cys Phe 265 Ala Ala Gly Pro Gly Pro Thr Pro Arg Pro Pro Pro Pro Cys Ala Phe Pro 310 Ala Ala Gly Pro Gly Pro Thr Pro Arg Pro Pro Pro Pro Cys Ala Phe Pro 310 Ala Ala Ala Ala Ya Ala Arg Ala Arg Gly Arg Arg Cys Phe 265 Val Ser Arg Pro Thr Glu Lys Thr Val Phe Leu Leu Val Met 717 Val 260 Ala Ala Gly Pro Gly Pro Thr Pro Arg Pro Pro Pro Cys Ala Phe Pro 310 Ala Ala Ala Gly Pro Gly Pro Thr Pro Arg Pro Pro Pro Cys Ala Phe Pro 310 Ala Ala Gly Pro Gly Pro Thr Pro Arg Pr	1				5					10					15	
Val Phe Arg lle Val Leu Thr Ala Val Gly Gly Glu Ser Ile Tyr Ser $\frac{40}{40}$ $\frac{40}{40}$ and Gly Gly Gly Ser Ile Tyr Ser $\frac{45}{45}$ $\frac{45}{45}$ $\frac{11}{45}$ $11$	His	Asn	His	Ser 20	Thr	Phe	Val	Gly	Lys 25	Val	Trp	Leu	Thr	Val 30	Leu	Val
Asp Glu Gln Ser Lys Phe Thr Cys Asn Thr Arg Gln Pro Gly Cys Asp $\frac{50}{50}$ Tyr Asp Ala Phe Ala Pro Leu Ser His Val Arg Phe Tro $\frac{7}{70}$ Val Phe Gln Ile Val Val Ile Ser Thr Pro Ser Val Met Tyr Leu Gly $\frac{9}{90}$ Tyr Ala Val His Arg Leu Ala Arg Ala Ser Glu Gln Glu Arg Arg Arg $\frac{110}{110}$ Ala Leu Arg Arg Arg Pro Gly Thr Arg Arg Leu Pro Arg Ala Gln Leu $\frac{115}{110}$ Tro Pro Pro Pro Pro Pro Gly Trp Pro Asp Thr Thr Arg Leu Gly Glu Ala $\frac{110}{110}$ Tro Glu Glu Pro Gly Glu Asp Glu Asp Glu Arg Arg I a Glu Arg Val $\frac{110}{105}$ Tro Glu Glu Pro Gly Glu Asp Glu Asp Glu Glu Arg Ala Glu Arg Val $\frac{110}{105}$ Tro Glu Gly Pro Gly Gly Asp Gly Lys Thr Val Val Thr Pro Gly $\frac{110}{105}$ Ala Ala Lys Gly Gly Gly Asp Gly Arg Arg Arg Ile Gln Arg Glu Glu Gly Leu $\frac{195}{100}$ Tro Tro Pro Pro Pro Pro Pro 200 Pro His Val Val Arg Glu Ala $\frac{110}{105}$ Tro Glu Gly Pro Gly Gly Gly Arg Arg Arg Ile Gln Arg Glu Gly Leu $\frac{195}{100}$ Tro Z200 Pro His Val Val Asp Cys Pro 240 Pro $\frac{215}{200}$ Tro His Val Val Asp Cys Pro 240 Pro $\frac{215}{200}$ Tro Tro Pro Pro $\frac{100}{200}$ So $\frac{100}{200}$ Pro $\frac{100}{200$	Val	Phe	Arg 35	Ile	Val	Leu	Thr	Ala 40	Val	Gly	Gly	Glu	Ser 45	Ile	Tyr	Ser
As N Val Cys Tyr As Ala Phe Ala Pro Leu Ser His Val Arg Phe Try 70 Pro 75 Pro Pro Val Met Tyr Leu Gly 95 Pro 77 Ala Val His Arg Leu Ala Arg Ala Ser Glu Gln Glu Arg Arg Arg 100 Tyr Ala Val His Arg Leu Ala Arg Ala Ser Glu Gln Glu Arg Arg Arg 100 110 125 Ala Glu Arg Arg Arg 100 112 120 120 Arg Arg Leu Pro Arg Ala Glu Leu 115 Pro Pro Pro Pro Pro Pro Cly Try Pro As P Thr Thr Arg Leu Gly Glu Ala 160 120 125 Ala Glu Arg Arg 70 112 120 115 Glu Arg Arg Clu Arg Arg Arg 116 115 116 117 116 117 116 117 116 117 116 117 117	Asp	Glu 50	Gln	Ser	Lys	Phe	Thr 55	Суз	Asn	Thr	Arg	Gln 60	Pro	Gly	Суз	Asp
Val Phe Gln Ile Val Val Ile Ser Thr Pro Ser Val Met Tyr Leu Gly 90 Tyr Ala Val His Arg Leu Ala Arg Ala Ser Glu Gln Glu Arg Arg Arg 100 Ala Leu Arg Arg Arg Pro Gly Thr Arg Arg Leu Pro Arg Ala Gln Leu 115 Pro Pro Pro Pro Pro Pro Gly Trp Pro Asp Thr Thr Asp Leu Gly Glu Ala 130 Fro Glu Gly Pro Gly Glu Asp Glu Asp Glu Arg Ala Glu Arg Val 155 Pro Glu Gly Pro Gly Gly Gly Asp Gly Lys Thr Val Val Thr Pro Gly 165 Pro Ala Gly Gly Gly Gly Gly Asp Gly Lys Thr Val Val Thr Pro Gly 185 Pro Ala Gly Gln His Asp Gly Arg Arg Arg Ile Gln Arg Glu Gly Leu 200 Pro Ala Gly Gln His Asp Gly Val Val Val Arg Ala Ala Phe Glu Val 210 Pro Ala Gly Gli Gli Tyr Leu Leu Tyr Gly Phe Glu Val Pro Pro 225 Val Ser Arg Pro Thr Glu Lys Thr Val Phe Glu Val Pro Pro 226 Gly Leu Cys Leu Leu Leu Arg Gly Arg Arg Gly Arg Arg Gly Ala Ala Phe Glu Val 270 Val Ser Cys Leu Cys Leu Leu Leu Arg Gly Arg Arg Gly Ara Ala Phe Cys Phe 240 Ala Ala Gly Gln Thr Glu Lys Thr Val Phe Leu Val Met Tyr Val 250 Val Ser Cys Leu Cys Leu Leu Arg Che Leu Ly Arg Arg Gly Ara Arg Gly Arg 270 Gly Leu Gly Ser Ala Gln Asp Ala Val Arg Gly Arg Arg Gly Ala Ser 290 Ala Ala Gly Pro Gly Pro Thr Pro Arg Pro Pro Cys Ala Phe Pro 305 Ala Ala Gly Pro Gly Pro Thr Pro Arg Pro Pro Cys Ala Phe Pro 305 Ala Ala Gly Pro Gly Pro Thr Pro Arg Pro Pro Cys Ala Phe Pro 305 Ala Ala Ala Gly Arg Ala Ala Arg Ala His Asp Gln Asn Leu Ala Ans Leu 340 Ala Ala Ala Ala Gly Leu Ala Cys Pro Pro Asp Tyr Ser Leu Val Val 325 Ala Ala Ala Ala Ala Gly Leu Ala Cys Pro Pro Asp Tyr Ser Leu Val Val 326 Ala Ala Ala Ala Ala Arg Ala Arg Ala His Asp Gln Asn Leu Ala Asn Leu 340 Ala Ala Ala Ala Ala Arg Ala Arg Ala His Asp Gly Ala Ala Val Ser Ala 360 Ala Pro Arg Val Gly Gly Leu Ala Ser Gly Thr Gly Ser Ala Thr Ser 360 Ala Pro Arg Val Gly Gly Leu Ala Ser Gly Thr Gly Ser Ala Thr Ser 360 Ala Pro Arg Val Gly Gly Gly Gln Ser Arg Pro Gly Ala Gln Gly Ser Ala Thr Ser 360 Ala Thr Lys Pro Arg Ala Gly Ser Glu Lys Gly Ser Thr Gly Ser Arg Gly 415	Asn 65	Val	Суз	Tyr	Asp	Ala 70	Phe	Ala	Pro	Leu	Ser 75	His	Val	Arg	Phe	Trp 80
TyrAlaValHisArgLeuAlaArgAlaSerGluGluGluArgAr	Val	Phe	Gln	Ile	Val 85	Val	Ile	Ser	Thr	Pro 90	Ser	Val	Met	Tyr	Leu 95	Gly
AlaLeuArgArgArgArgArgArgArgArgArgArgAlaGluAlaProProProProProGlyTrpProAspThrThrAspLeuGlyGluAlaGluProIleLeuAlaLeuGluGluGluAspGluAspGluGluGluAspGluGluAspGluGluAspGluAspGluAspGluAspGluAspValIfoProGluGlyProGly <t< td=""><td>Tyr</td><td>Ala</td><td>Val</td><td>His 100</td><td>Arg</td><td>Leu</td><td>Ala</td><td>Arg</td><td>Ala 105</td><td>Ser</td><td>Glu</td><td>Gln</td><td>Glu</td><td>Arg 110</td><td>Arg</td><td>Arg</td></t<>	Tyr	Ala	Val	His 100	Arg	Leu	Ala	Arg	Ala 105	Ser	Glu	Gln	Glu	Arg 110	Arg	Arg
ProProProProProRroProRr	Ala	Leu	Arg 115	Arg	Arg	Pro	Gly	Thr 120	Arg	Arg	Leu	Pro	Arg 125	Ala	Gln	Leu
Glu Pro Ile Leu Ala Leu Glu Glu Asp Glu Asp Glu Glu Pro Gly Ala 145 ro Glu Gly Pro Gly Glu Glu Asp Thr Glu Glu Glu Arg Ala Glu Asp Val 165 ro Glu Gly Pro Gly Gly Gly Asp Gly Lys Thr Val Val Thr Pro Gly 180 ro Ala Gly Gln His Asp Gly Arg Arg Arg Ile Gln Arg Glu Gly Leu 190 ro Ala Gly Gln His Asp Gly Arg Arg Arg Ile Gln Arg Glu Gly Leu 195 ro Ala Gly Gln Tyr Val Ala Gln Val Val Val Arg Ala Ala Phe Glu Val 200 ro 225 ro 240 Met Arg Val Tyr Val Ala Gln Pro Cys Pro His Val Val Asp Cys Phe 245 Phe Phe Ala Cys Ser Arg Gln Pro Cys Pro His Val Val Asp Cys Phe 245 245 ro 240 Val Ser Cys Leu Cys Leu Leu Leu Asn Leu Cys Glu Met Ala His Leu 270 225 ro 240 Val Ser Cys Leu Cys Leu Leu Asn Leu Cys Glu Met Ala His Leu 275 280 ro 275 280 Ala Ala Gly Pro Gly Pro Thr Pro Arg Pro Pro Pro Pro 225 Ala Ala Gly Pro Gly Pro Thr Pro Arg Pro Pro Pro Cys Ala Phe Pro 300 300 Ala Ala Gly Pro Gly Pro Thr Pro Arg Pro Pro Pro Cys Ala Phe Pro 310 330 330 35 ro 333 ro 335 ro 35	Pro	Pro 130	Pro	Pro	Pro	Gly	Trp 135	Pro	Asp	Thr	Thr	Asp 140	Leu	Gly	Glu	Ala
Pro Glu Gly Pro Gly Glu Asp Thr Glu Glu Glu Arg Ala Glu Asp Val 165Gly Gly Asp Gly Lys Thr Val Val 170Gly Thr Val Val 180Thr O Gly 190Ala Ala Lys Gly Gly Gly Gly Gly Asp Gly Arg Arg Arg Ile Gln Arg Glu Gly Leu 195Gly Gln His Asp Gly Arg Arg Arg Ile Gln Arg Glu Gly Leu 200Arg Arg Arg Arg Arg Ala Ala 220Arg Clu Gly Clu Val 200Met Arg Val Tyr Val Ala Gln Tyr Leu Leu Tyr Gly Phe Glu Val Pro Pro 225Ala Phe Leu Val Gly Gln Tyr Leu Leu Tyr Gly Phe Glu Val Asp Cys Phe 255Pro Phe Ala Cys Ser Arg Gln Pro Cys Pro His Val Val Asp Cys Phe 255Val Ser Arg Pro Thr Glu Lys Thr Val Phe Leu Leu Val Met Tyr Val 266Pro 240Val Ser Cys Leu Cys Leu Leu Leu Asn Leu Cys Glu Met Ala His Leu 290Pro Gly Pro Gly Pro Thr Pro Arg Pro Pro 245Gly Leu Gly Ser Ala Gln Asp Ala Val Arg Gly Arg Arg Gly Ala Ser 305Ala Ala Ala Gly Leu Ala Cys Pro Pro Asp Tyr Ser Leu Val Val 330Ala Ala Ala Ala Glu Arg Ala Arg Ala His Asp Gln Asn Leu Ala Asn Leu 340Ala Ala Ala Ala Glu Arg Asp Gly Ala Ala Val Ala Ala Val Asp Cys Pro 310Ala Leu Gln Ala Clu Arg Asp Gly Ala Arg Ala Ala Val Ala Ala Val Asp Cys Ala 340Arg Ala Ala Ala Clu Arg Ala Arg Ala His Asp Gln Asn Leu Ala Asn Leu 350Ala Leu Gln Ala Leu Arg Asp Gly Ala Ala Ala Val Ala Ala Ala Val Arg Ala 350Ala Pro Arg Val Gly Gly Leu Ala Cys Arg Pro Gly Asp Clu Ash Arg 360Ala Pro Arg Asp Ser Pro Pro Cys Ala Gly Leu Ass Clu Asp Ala Ala Ala Ala Val Asp 360Ala Ala Clu Arg Asp Asp Cly Ala Ala Clu Asp Ala 360Ala Pro Arg Val Gly Gly Leu Ala Ser Gly Thr Gly Ser Ala Thr Ser 360Arg Arg Asp Ser Pro Pro Arg Ala Gly Ser Gly Thr Gly Ser Thr Gly Ser Arg 400Ala Thr Lys Pro Arg Ala Gly Ser G	Glu 145	Pro	Ile	Leu	Ala	Leu 150	Glu	Glu	Asp	Glu	Asp 155	Glu	Glu	Pro	Gly	Ala 160
Ala       Ala       Ala       Ala       Gly       Gly       Gly       Ala       Gly       Gly       Gly       Arg       Arg       Arg       Arg       Ile       Gln       Arg       Gly       Glu       Gly       Leu         Pro       Ala       Gly       Val       Tyr       Val       Ala       Gly       Arg       Arg       Ala       Phe       Clu       Val       Clu       Val       Yal       Val       Yal       Val       Yal       Val       Yal	Pro	Glu	Gly	Pro	Gly 165	Glu	Asp	Thr	Glu	Glu 170	Glu	Arg	Ala	Glu	Asp 175	Val
Pro       Ala       Gly       Gln       His       Asp       Gly       Arg       Arg       I       Gln       Arg       Glu       Glu       Glu       Val         Met       Arg       Val       Tyr       Val       Ala       Gln       Val       Val       Arg       Ala       Phe       Glu       Glu       Val       Pro       Ala       Pho       Cuo       Gly       Gln       Tyr       Leu       Val       Arg       Ala       Pho       Glu       Glu       Val       Pro	Ala	Ala	Lys	Gly 180	Gly	Gly	Gly	Asp	Gly 185	Lys	Thr	Val	Val	Thr 190	Pro	Gly
Met       Arg Val       Tyr Val       Ala Sin Val       Val       Val       Arg Ala Ala Pha Ala Pha Glu       Val         Ala       Phe       Leu       Val       Gly Gln Tyr       Leu       Leu       Tyr Gly Pha Glu       Val       Pro       Pro <t< td=""><td>Pro</td><td>Ala</td><td>Gly 195</td><td>Gln</td><td>His</td><td>Asp</td><td>Gly</td><td>Arg 200</td><td>Arg</td><td>Arg</td><td>Ile</td><td>Gln</td><td>Arg 205</td><td>Glu</td><td>Gly</td><td>Leu</td></t<>	Pro	Ala	Gly 195	Gln	His	Asp	Gly	Arg 200	Arg	Arg	Ile	Gln	Arg 205	Glu	Gly	Leu
Ala       Phe       Leu       Val       Gly       Gln       Tyr       Leu       Tyr       Gly       Phe       Glu       Val       Pro       240         Phe       Phe       Ala       Cys       Ser       Arg       Gln       Pro       Cys       Pro       His       Val       Val       Asp       Cys       Pro         Val       Ser       Arg       Pro       Thr       Glu       Lys       Thr       Val       Pro       Nr       Val       Zs5       Phe       Leu       Val       Asp       Cys       Pro       255       Phe         Val       Ser       Arg       Pro       Thr       Glu       Lys       Thr       Val       Pro       Val       Zs5       Phe       Leu       Leu       Val       Pro       Tyr       Val         Val       Ser       Cys       Leu       Leu       Leu       Asp       Leu       Asp       Asp       Asp       Asp       Asp       Sta       St	Met	Arg 210	Val	Tyr	Val	Ala	Gln 215	Val	Val	Val	Arg	Ala 220	Ala	Phe	Glu	Val
Phe       Phe       Ala       Cys       Ser       Arg       Clin       From       Cys       Prom       His       Val       Asp       Cys       Phe         Val       Ser       Arg       Prom       Thr       Glu       Lys       Thr       Val       Phe       Leu       Leu       Leu       Val       Met       Tyr       Val         Val       Ser       Cys       Leu       Cys       Leu       Leu       Leu       Asn       Leu       Cys       Glu       Met       Ala       His       Leu         Gly       Leu       Gly       Ser       Ala       Gln       Asp       Ala       Val       Arg       Gly       Arg       Ala       Ala       Ser         Jas       Ala       Gly       Ser       Ala       Gly       Pro       Gly       Arg       Ala       Ala       Ser       Ala       Ser       Ala       Ser       Arg       Ala       Pro       Ala       Ser       Pro       Ser       Ala       Ser       Ala       Ser       Ala       Ser       Ala       <	Ala 225	Phe	Leu	Val	Gly	Gln 230	Tyr	Leu	Leu	Tyr	Gly 235	Phe	Glu	Val	Pro	Pro 240
ValSerArgPro 260ThrGluLysThrVal 265PheLeuLeuVal 270MetArgAlaMisLeu 270ValSerCysLeuCysLeuLeuLeuAsnLeuCysGluMetAlaHisLeu 280GlyLeuGlySerAlaGlnAsp 295AlaValArgGlyArgGlyAlaSerAlaAlaGlySerAlaGlyProGlyThrProArgProProSroSooAlaAlaGlyProGlyProThrProArgProProSooProSooAlaAlaAlaGlyProGlyProThrProArgProProSooProSooAlaAlaAlaGlyProGlyProProProProProSooProSooProSooAlaAlaAlaGlyArgAlaAlaAlaAlaSooProProSoo <td< td=""><td>Phe</td><td>Phe</td><td>Ala</td><td>Суз</td><td>Ser 245</td><td>Arg</td><td>Gln</td><td>Pro</td><td>Суз</td><td>Pro 250</td><td>His</td><td>Val</td><td>Val</td><td>Asp</td><td>Cys 255</td><td>Phe</td></td<>	Phe	Phe	Ala	Суз	Ser 245	Arg	Gln	Pro	Суз	Pro 250	His	Val	Val	Asp	Cys 255	Phe
ValSerCysLeuCysLeuLeuLeuSenLeuCysGluMetAlaHisLeuGlyLeuGlySerAlaGlnAspAlaValArgGlyArgArgGlyAlaSerAlaAlaGlyProGlyProGlyProThrProArgProProProPro300ArgAlaPheProAlaAlaAlaAlaGlyProGlyProThrProArgProProPro320AlaAlaAlaAlaGlyProGlyProArgProProPro320AlaAlaAlaGlyProAlaCysProProProPro320AlaAlaAlaGlyArgAlaCysProProProPro320ArgAlaAlaGlyArgAlaAlaCysProProPro330AspTyrSerLeuValArgAlaAlaAlaGlyAlaArgAlaHisAspGlnAspLeuAlaAspAlaAlaSerAlaArgAlaAlaClyAlaAlaAlaAlaAlaAlaAlaAlaSerAlaSerAlaAspArgAspSerProPro	Val	Ser	Arg	Pro 260	Thr	Glu	ГЛа	Thr	Val 265	Phe	Leu	Leu	Val	Met 270	Tyr	Val
Gly Leu Gly Ser Ala Gln Asp Ala Val Arg Gly Arg Gly Arg Gly Ala SerAla Ala Gly Pro Gly Pro Thr Pro Arg Pro Pro Pro Pro S15Pro Cys Ala Phe Pro 320Ala Ala Ala Ala Ala Gly Leu Ala Cys Pro Pro Pro Arg Tyr Ser Leu Val 325Val 335Arg Ala Ala Ala Ala Glu Arg Ala Arg Ala Arg Ala Ars Asp Gly Ala Asp Tyr Ser Leu Val 345Arg Ala Ala Ala Ala Gly Leu Ala Cys Pro Pro Arg Arg Gly Asp Arg Asp Clo Arg Ala Ala Ala Ala Gly Arg Ala Arg Ala Arg Ala Arg Ala Ala Ala Val Ala Ala Val Asp Arg	Val	Ser	Cys 275	Leu	Суз	Leu	Leu	Leu 280	Asn	Leu	Суз	Glu	Met 285	Ala	His	Leu
AlaAlaGlyProGlyProThrProArgProProProProS20AlaAlaAlaAlaGlyLeuAlaCysProProProS25ValValArgAlaAlaGluArgAlaArgAlaArgAlaArgAlaArgAlaArgAlaArgAlaArgAlaArgAlaArgAlaArgAlaArgAlaArgAlaArgAlaArgAlaArgAlaArgAlaArgAlaArg	Gly	Leu 290	Gly	Ser	Ala	Gln	Asp 295	Ala	Val	Arg	Gly	Arg 300	Arg	Gly	Ala	Ser
AlaAlaAlaGlyLeuAlaCysProProAspTyrSerLeuValArgAlaAlaGluArgAlaArgAlaAlaAspGlnAsnLeuAlaAsnLeuAlaLeuGlnAlaLeuArgAspGlyAlaAlaValAsnLeuAsnLeuAlaLeuGlnAlaLeuArgAspGlyAlaAlaValAlaAlaValSerAlaAspArgAspSerProProCysAlaGlyLeuAsnAlaThrSerArgGlyAlaProArgValGlyGlyLeuAlaSerGlyThrSerArgGlyGlyGlyGlyThrValGlyGluGlnSerArgGlyAlaGluGluGluSerGlyGlyGlyThrValGlyGluGlnSerArgProArgGluGluSerGluAlaGluGluGluGluGluAlaSerArgAlaGluGluAlaSerArgAlaSerAlaSerAlaSerAlaSerAlaSerAlaSerAlaSerAlaSerAlaSerAlaSerAlaSerAlaSerAlaSer <td< td=""><td>Ala 305</td><td>Ala</td><td>Gly</td><td>Pro</td><td>Gly</td><td>Pro 310</td><td>Thr</td><td>Pro</td><td>Arg</td><td>Pro</td><td>Pro 315</td><td>Pro</td><td>Сүз</td><td>Ala</td><td>Phe</td><td>Pro 320</td></td<>	Ala 305	Ala	Gly	Pro	Gly	Pro 310	Thr	Pro	Arg	Pro	Pro 315	Pro	Сүз	Ala	Phe	Pro 320
Arg Ala AlaGlu Arg Ala Arg Ala Arg AlaHis 345Asp Gln Asn Leu 350Asn Leu 350Ala Leu Gln Ala Leu Arg Asp Gly Ala Ala Ala Val Ala Ala Val Ala 365Ala Leu 355Asn Pro 200Asn Asp 360Ala Val Ala Ala Val Ala 365Ala Ser Ala 365Asp Arg Arg Asp Ser Pro Pro 200Cys Ala Gly Leu Asn Ala Ser Ala 380Thr Ser Arg Gly 375Ala Pro Arg Val Gly Gly Leu Ala Ser Gly Thr Gly Ser Ala Thr Ser 385Asn Arg Gly Gly Glu Gln Ser Arg Pro 400Ala Thr Lys Pro Arg Ala Gly Ser Glu Lys Gly Ser Thr Gly Ser Arg	Ala	Ala	Ala	Ala	Gly 325	Leu	Ala	Суз	Pro	Pro 330	Asp	Tyr	Ser	Leu	Val 335	Val
Ala       Leu       Glu       Arg       Asp       Gly       Ala       Ala       Val       Ala       Ala       Val       Ser       Ala       Ser       Ala       Gly       Ala       Ala       Val       Ala       Ala       Val       Ser       Arg       Gly         Asp       Arg       Asp       Ser       Pro       Pro       Cys       Ala       Gly       Leu       Asn       Ala       Thr       Ser       Arg       Gly         Ala       Pro       Arg       Val       Gly       G	Arg	Ala	Ala	Glu 340	Arg	Ala	Arg	Ala	His 345	Asp	Gln	Asn	Leu	Ala 350	Asn	Leu
Asp Arg Asp Ser ProProCys Ala Gly Leu Asn Ala Gly Leu Asn Ala Thr Ser Arg Gly 380Ala Pro Arg Val Gly Gly Leu Ala Ser Gly Thr Gly Ser Ala Thr Ser 390Gly Thr Gly Ser Ala Thr Ser 400Gly Gly Thr Val Gly Glu Gln Ser Arg Pro 405Gly Ser Thr Gly Ser Arg 410Ala Thr Lys Pro Arg Ala Gly Ser Glu Lys Gly Ser Thr Gly Ser Arg	Ala	Leu	Gln 355	Ala	Leu	Arg	Asp	Gly 360	Ala	Ala	Val	Ala	Ala 365	Val	Ser	Ala
Ala Pro Arg Val Gly Gly Leu Ala Ser Gly Thr Gly Ser Ala Thr Ser 385 Gly Gly Thr Val Gly Glu Gln Ser Arg Pro Gly Ala Gln Glu Gln Leu 405 Ala Thr Lys Pro Arg Ala Gly Ser Glu Lys Gly Ser Thr Gly Ser Arg	Asp	Arg 370	Asp	Ser	Pro	Pro	Суз 375	Ala	Gly	Leu	Asn	Ala 380	Thr	Ser	Arg	Gly
Gly Gly Thr Val Gly Glu Gln Ser Arg Pro Gly Ala Gln Glu Gln Leu 405 410 415 Ala Thr Lys Pro Arg Ala Gly Ser Glu Lys Gly Ser Thr Gly Ser Arg	Ala 385	Pro	Arg	Val	Gly	Gly 390	Leu	Ala	Ser	Gly	Thr 395	Gly	Ser	Ala	Thr	Ser 400
Ala Thr Lys Pro Arg Ala Gly Ser Glu Lys Gly Ser Thr Gly Ser Arg	Gly	Gly	Thr	Val	Gly 405	Glu	Gln	Ser	Arg	Pro	Gly	Ala	Gln	Glu	Gln 415	Leu
400 400 400	Ala	Thr	Lys	Pro	Arg	Ala	Gly	Ser	Glu	Lys	Gly	Ser	Thr	Gly	Ser	Arg

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Asp Gly Lys Ala Thr Val Trp Ile

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Asp Arg Asp Ser Pro Pro Cys Ser Gly Leu Asn Ala Thr Ser Arg Gly 370 375 380
Pro Pro Arg Ala Gly Gly Pro Ala Ser Gly Thr Gly Ser Ala Thr Ser 385 390 395 400
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<213> ORGANISM: Homo sapiens

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n	- 1
v	~

aon	÷	÷	n		~	А
COH	L		11	u	e	u.

<222> LOCATION: (15)(15) <223> OTHER INFORMATION: n = cytosine or nothing	
<400> SEQUENCE: 23	
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We claim:

1. A method of detecting a mutation in a GJC2 nucleic acid <sup>35</sup> comprising: isolating a

- contacting a nucleic acid sample obtained from a human patient with an oligonucleotide that specifically hybridizes to a mutant GJC2 nucleic acid comprising a T allele at position 953 of SEQ ID NO: 2 but not to a wild type GJC2 nucleic acid; and
- detecting the T allele at position 953 of SEQ ID NO: 2 in the sample when a hybrid is formed between the oligonucleotide and the mutant GJC2 nucleic acid.

2. The method of claim 1 wherein the oligonucleotide is utilized in a detection method selected from the group consisting of microarray methods, sequencing methods, hybridization methods, and amplification methods.

**3**. A method of identifying a functional mutation in Cx47, omprising:

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- isolating a portion of GJC2 encoding a mutation in SEQ ID NO: 1 from a human patient with lymphedema;
- introducing into a cell the portion of GJC2 encoding a mutation in SEQ ID NO: 1;
- performing one or more of a plaque assay, an electric coupling assay, a wound assay and a dye spread assay on the cell; and
- determining that the mutation in GJC2 results in a functional mutation in Cx47 when the mutation alters gap junction function as measured by two or more of the assays compared to a cell comprising a sequence encoding SEQ ID NO: 1.

\* \* \* \* \*

# UNITED STATES PATENT AND TRADEMARK OFFICE CERTIFICATE OF CORRECTION

 PATENT NO.
 : 9,260,754 B2

 APPLICATION NO.
 : 13/106424

 DATED
 : February 16, 2016

 INVENTOR(S)
 : Catherine Baty et al.

Page 1 of 1

It is certified that error appears in the above-identified patent and that said Letters Patent is hereby corrected as shown below:

On the title page

Column 2, Item (57) ABSTRACT, Line 6, delete "connixin" and insert -- connexin --

Signed and Sealed this Fifth Day of July, 2016

Michelle K. Lee

Michelle K. Lee Director of the United States Patent and Trademark Office