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(54) CONNEXIN MUTATION DETECTION FOR LYMPHATIC VARIATION AND DISEASE
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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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[^0]MSWSFLTRLL EETHNHSTFV GKVWLTVLVV ERIVLTAVGG EAIYSDEQAK ETCNTRQPGC DNVCYDAFAP LSHVRFWVFQ IVVISTPSVM YLGYAVHRLA RASEQERRRA LRRRPGPRRA PRAHLPPPHA GWPEPADLGE EEPMLGLGEE EEEEETGAAE 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 ggggccettg agggcccctc ctccagcccc cattgtgctt ggtggtgaga
61 ggtggcectg gctcggccac acaccctcgg ggaggaccag catccaagca ggtggaaggg
121 ctctgaggga gactggaatt ttctggcctg gagaaggacc egcccgcccg cccctatgac
181 caacatgagc tggagcttcc tgacgcggct gctggaggag atccacaacC ACtccacctt
241 egtgggcaag gtgtggctca eggtgctggt ggtettccgc atcgtgctga cggetgtggg
301 cggcgagcce atctactCGg acgagcaggc caagttcact tgcaacacgc ggcagccagg
361 ctgcgacaac gtctgctat.g acgocttcgc gcecctgtcg cacgt.gcget tctgggtct.t.
421 ccagattgtg gtcatctcca cgccctcggt catgtacctg ggctacgccg tgcaccgcct
481 ggcccgtcc tctgagcagg agcggcgccg cgccctccgc cgccgcccgg ggccacgccg
541 cgcgcccCGA gcgcacctgc cgcccccgca cgccggctgg cetgagcceg cogacctggg
601 cgaggaggag cccatgctgG GCctgggcga ggaggaggag gaggaggaga cgggggcagc
661 cgagggcgcc ggcgaggaag cggaggaggc aggcgcggag gaggcgtgca ctaaggcogt
721 cggcgct.gac GGCaaggcgg cagggaccce gggcccgacc gggcancacg atgggcggag
781 gcgcatccag cgggagggec tgatgcgcgt gtacgtggcc cagctggtgg ccagggcagc
841 tttcgaggtg gcottcotgg tgggccagta cotgctgtac ggcttogagg tgcgacogtt
901 ctttccctgc agccgccagc cetgcccgca cgtggtggac tgcttcgtgt cgCGCcctac
961 tgaaaagacg gtcttcctgc tggttatgta cgtggtcagc tgcctgtgcc tgctgctcaa
1021 cctctgtgag atggcccacc tgggcttggy cagcgcgcag gacgcggtgc gcggccgccg
1081 cggccecceg gcetccgcec cegcceccge gccgcggcec CCGccetgeg cettccetgc
1141 ggcggcegct ggcttggcet gcccgcccga ctacagcctg gtggtgcggg cggecgagcg
1201 cgctcgggcy catgaccaga acctggcaaa cctggccetg caggcgctgc gcgacggggc
1261 agcggctcgg gaccgcgacc gggacagttc gccgtgcgtc ggcctccctg cgocctccco
1321 ggggCCCccc agagcaggeg cccccgcgtc ccggacgggc agtgctacct ctgcgggcac
1381 tgtcgggcag cagggccggc ccggcacc CA Cgagcggcca ggagccaagc ccagggctgg
1441 ctccgagaag ggcagtgcca gcagcaggga cgggaagacc accgtgtgga tctgagggcg
1501 ctggcttgcg agctgggcca gggaggagga gggttggggg gctccggt.gg aaacct.gcga
1561 ccccttctcc tcagccttct ccttagccgg tggcctcagg cagactctgc ccagaggggc
1621 agccaggctg ctcagggaag gggctgaaag cggcagagga gtcccctggc ttggtcacca
1681 ctggggccaa ggtggggtgg agagaggcct aggagccaga aagggccctc tgctgtggtc
1741 tgaaccccag ggggagtggg gcattgactc cacccctgtc ctgagctgga ataggtcctc
1801 tgggatgcca gctctcccct ttgtgcttcc ctgcagcaac ccatggaggg cccagggtgc
1851 ctggtatggg catcagttgg tgggggtgcg ggggtgcgtg tccccattcc ctgcaacagc

1921 aatggggct ccttcttcag ccctcccctt cccagcccca aactgagaca gactgggagc
Fig. 1B-1

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1 9 8 1 ~ t g g g a g c c t g ~ g g g t g g a c a g ~ g a c c a t a c c c ~ t c t t t g a g c t ~ t c t g c g a t g c ~ c g g c c t t c c g )
2 0 4 1 ~ t t c e t c t g g g ~ a g g e t t g a a g ~ t t c t g c a a a g ~ a t g t t g a t a t ~ g c e t t g c a g c ~ t t g g a c c c a a ~
2 1 0 1 ~ t g g g t g g t g g ~ t c a g g g c c t g ~ g g g g c t t g g c ~ c a t g c t g g g g ~ g a a t g g g g c t ~ c t g g g t t c c t ~
2161 gcctgtggcc tgtctgtcct cctccctaat tcagacccag cctcaagagg aaagggagta
2 2 2 1 ~ a a a t a a a a c t ~ a a c t t g t t t a ~ t a a a a a a a a a ~ a a a a a a a a a ~
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Fig. 1B-2


#### Abstract

Protein（SEQ ID NO：3） MGDWGFLEKL LDQVQヨHSTV VGKIWLTVLF IFRILILGLA GESVWGDEQS DE ECNTAQPG CTNVCYDQAF PISHIRYWVL QFLFVSTPTL VYLGHVIYLS RREERLRQKE GELRALPAKD PQVERALAAV ERQMAKISVA EDGRLRIRGA LMGTYVASVL CKSVLEAGヨL YGQWRLYGWT MEPVFVCQRA PCヨYLVDCFV SRFTEZTIFI IEMIVVGGTS LVLNLLEIVH TLCRCISRGM RARQGQDAPP TQGTSSDPYT DQVFEYTPVG QGPSSDPCPT YNGLSSSEQN WANLTTEERL ASSRFPLELD PPPQNGQREP SRPSSSASKK QYV


Fig． $2 A$

## mRNA（SEQ ID NO：4）

1 cagcaggget cocgcgggeg tcactccgge catcgtcccc acctccacct gggcegcceg
61 gcaggcaggc gacggaggce cgggagccat gggtgactog ggcttcctgg agaagttgct
121 ggaccaggtc caggagcact cgaccgtggt gggtaagatc tggctgacgg tgctcttcat
181 cttccgcatc ctcatcotgg gcetggccgg cgagtcagtg tggggtgacg agcaatcaga
241 tttcgagtgt aacacggccc agccaggctg caccaacgtc tgctatgacc aggcettccc
301 catctcccac atccgctact gggtgctgca gttcctcttc gtcagcacac ccaccctggt
361 ctacctgggc catgtcattt acctgtctcg gcgagaagag cggctgcggc agaaggaggg
421 ggagctgcgg gcactgccgg ccaaggaccc acaggtggag cgggcgctgg cggcegtaga
481 gcgtcagatg gccaagatct cggtgçcaga agatggtcgc ctgcgcatcc gcggagcact
541 gatgggcacc tatgtcgcca gtgtgctctg caagagtgtg ctagaggcag gcttcctcta
601 tggocagt．gg egcotgtacg gotggacoat ggagooogtg tttgtgt．goo agogagoaco
661 ctgcocctac ctcgtggact gctttgtctc tcgccccacg gagaagacca tcttcatcat
721 cttcatgttg gtggttggac tcatctccct ggtgcttaac ctgctggagt tggtgcacct
781 gctgtgtcgc tgcctcagcc gggggatgag ggcacggcaa ggccaagacg cacceccgac
841 ccagggcacc tcctcagacc cttacacgga ccaggtcttc ttctacctcc cogtgggcca
901 ggggccctca tccccaccat gccccaccta caatgggctc tcatccagtg agcagaactg
961 ggccaacctg accacagagg agaggctgge gtcttccagg ccccctctct tcctggacce
1021 accccetcag aatggccaaa aacccccaag tcgtcccagc agctctgctt ctaagaagca
1081 gtatgtatag aggcctgtgg cttatgtcac ccaacagagg ggtcctgaga agtctggctg
1141 cctgggatgc cccctgcccc ctcctggaag gctctgcaga gatgactggg ctggggaagc
1201 aggtgcttgc tggccatgga gcctcattgc aagttgttct tgaacacctg aggccttcct
1261 ggtgcccacc aggcactacg gcttcctctc cagaatgtgg ctttgcctga gcacagacag
1321 agtcagcatg gaatgctctt ggccaagggt actgggggcc ctctggcctt ttgcagctga
1381 tccagaggaa cccagagcca acttacccca acctcaccct atggaacagt cacctgtgcg
1441 caggttgtco tcaaaccoto toctcacagg aaaaggcgga ttgaggctgo tgggtcagco
Fig．2B－2

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1 5 0 1 ~ t t g a t c g c a c ~ a g a c a g a g c t ~ t g t g c c g g a t ~ t t g g c c c t g t ~ c a a g g g g a c t ~ g g t g c c t t g t ~
1 5 6 1 ~ t t t c a t c a c t ~ c c t t c c t a g t ~ t c t a c t g t t c ~ a . g c t t c t g a ~ a a t a a a c a g g ~ a c t t g a t c a c
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1681 aaaaaaaaaa aaaaadadaa aaadaaaaad
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Fig. 2B-1


#### Abstract

Protein（SEQ ID NO：5） MGDWSALGKT，JDKVQAYSTA GGKVWLSVIF TコRTTLTGTA VESANGDEQS AFRCNTQQPG CENVCYDKSE PISHVRFWVL QIIFVSVPTL LYLAHVEYVN ZスヨヨXLNKXヨ EELKVAQTDG VNVDVHLKQI EIKKFKYGIE FHGKVKMRGG LIRTYTTSTL FKSTFFVAFT，LTQWYTYG\＃S LSAVYTCKRD PCPHQVDCFL SRPTEKTTET IFMLVVSLVS LALNITELFY VFFKGVKDRV ZGKSD＝YAAT SGALSPAKDC GSQKYAYENG CSSPTAPLSP MSPPGYKLVT GDRNNSSCRN YNKQASEQNW ANYSAFQNQM GQAGSTISNS HAQPFDFPDD NQNSKRLAAG HELQPLAIVD QRPSSRASSR ASSRPRPDDL コI


Fig．3A

## mRNA（SEQ ID NO：6）

1 gagtcagtgg cttgaaactt ttaaaagctc tgtgctccaa gttacaaaaa agcttttacg
61 aggtatcagc acttttcttt cattaggggg aaggcgtgag gaaagtacca aacagcagcg
121 gagttttaaa ctttaaatag acaggtctga gtgcotgaac ttgccttttc attttacttc
181 atcctccaag gagttcaatc acttggcgtg acttcactac ttttaagcaa aagagtggtg

241 cccaggcaac atgggtgact ggagcgcctt aggcaaactc cttgacaagg ttcaagccta
301 ctcaactgct ggagggaagg tgtggctgtc agtacttttc atttccogaa tcotgctgct
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 cotacatcat
721 cagtatcctc ttcaagtcta tctttgaggt ggccttcttg ctgatccagt ggtacatcta
781 t．ggattocagc ttgagtgctg tttacacttg caaaagagat coctgccoac atcaggtgga

841 ctgtttcctc tctcgcccca cggagaaaac catcttcatc atcttcatgc tggtggtgtc
901 cttggtgtcc ctggcettga atatcattga actcttctat gttttcttca agggcgttaa
961 ggatcgggtt aagggaaaga gcgaccotta ccatgcgacc agtggtgcgc tgagccctgc
1021 caaagactgt gggtctcaaa aatatgctta tttcaatggc tgctcctcac caaccgctcc
1081 cctctcgcct atgtctcctc ctgggtacaa getggttact ggcgacagaa acaattcttc

1141 ttgccgcaat tacaacaage aagcaagtga gcaaaactgg gctaattaca gtgcagaaca
1201 aaatcgaatg gggcaggcgg gaagcaccat ctctaactcc catgcacagc cttttgattt
1261 ccccgatgat aaccagaatt ctaaaaaact agctgctgga catgaattac agccactagc

Fig．3B－1


Fig. 4-1

Fig. 4-2

## Human Chimp Cow Mouse Rat

11 Chimp
Cow
Mouse
Rat


| Human |  | 120 |
| :---: | :---: | :---: |
| Chimp |  | 120 |
| Cow |  | 119 |
| Mouse |  | 120 |
| Rat | MTMMSUSFLTELEELHNHSTYVGLVMU |  |
|  |  | 120 |
|  |  |  |
| Human |  | 237 |
| Chimp |  | 237 |
| Cow |  | 235 |
| Mouse |  | 236 |
| Rat |  | 236 |
|  |  |  |
|  |  |  |
| Human |  | 357 |
| Chirmp |  | 357 |
| Cow |  | 354 |
| Mouse |  | 356 |
| Rat |  | 356 |
|  |  |  |
| Human | MRDGAAMGPR- DRDS SPCVGIPASEGPERAGAPASRTGSATSAGTVGRCGRPGTHERPGAKPRAGSEKES-ASSRDGKMIVI 439 |  |
| Chimp |  |  |
| Cow |  |  |
| Mouse | GRDGAMVAAVSADRDSPPCAGINATSRGAPRVGGIASGIGSATSGGIVGEGSRPGAOEQUATKPRAGSEKES-IGSRDGKAIVNT 440 |  |
| Rat | LRDGAAVAAVSAMROSPPGSGLMATSRGPRRAGGPASGRGSATSGGTVGEQGRSGAOEQEATKPRVGSEKES ESSRDGKATVWI 440 |  |
|  |  |  |
|  | $\text { Fig. } 5$ |  |



Fig. 6A


Fig. 6B


Fig. 6C


Fig. 6D


Fig. 7A


Fig. 7B


Fig. 7C


Fig. 7D


Fig. 7E


Fig. 8


Fig. 9


Fig. 10


Fig. 11


Fig. 12A


Fig. 12B


## Protein (SEQ ID NO: 7)


#### Abstract

MGDWSFLGNF LঅEVHKFSTV VGXVWLTVLF TFRMLVLGTA AFSSWGDEQA DFRCDTIQPG CQNVCYDQAF PISHIRYWVL QIIFVSTPSL VYMGHAMHTV RMQERRKLRE AERAKEVRGS GSYEYPVAEK AELSCWEEGN GRTALQGTLI NTYVCSTLTR TTMEVGFTVG QYFTYGTFLT TLHVCRRSPC PHPVNCYVSR PTEKNVFIVE MLAVAALSLI LSLAELYHLG WXKIRQRFVK PRQAMAKCQL SGPSVGIVQS CTPPPJFNQC LENGPGGKFF NFFSNNMASQ QNTDNLVTEQ VRGQEQTPGE GFIQVRYGQK PEVPNGVSPG HRLPHGYHSD KRRLSKASSK ARSDDLSV


Fig. 13A

## mRNA (SEQ ID NO: 8)

1 attaaaaaga cggtggaaga ggaacaacto acaggctcaa gagcaaaaag cgtgggcagt
61 tggagaagaa gcagccagag tgtgaagaag cccacggaag gaaagtccag ggaggaggaa 121 aagaagcaga agttttggca tctgttccct ggctgtgcca agatgggcga ttggagctte
181 ctgggaaatt tcctggagga agtacacaag cactcgaccg tggtaggcaa ggtctggctc
241 actgtcotct toatattocg tatgctcgto ctgggcacag ctgctgagto ttoctggggg
301 gatgagcagg ctgatttcog gtgtgatacg attcagcotg gctgccagaa tgtctgctac
361 gaccaggett tcccoatctc ccacattcgc tactgggtge tgcagatcat cttcgtctco
421 acgccctctc tggtgtacat gggccacgce atgcacactg tgcgcatgca ggagaagcge
481 aagctacggg aggccgagag ggccaaagag gtccggggct ctggctctta cgagtacceg 541 gtggcagaga aggcagaact gtcctgctgg gaggaaggga atggaaggat tgccctccag
601 ggcactctgc tcaacaceta tgtgtgcagc atcotgatco gcaccaccat ggaggtggge
661 ttcattgtgg gccagtactt catctacgga atcttcctga ccaccotgca tgtctgccgc
721 aggagtccet gtccccaccc ggtcaactgt tacgtatccc ggcccacaga gaagaatgtc
781 ttcattgtct ttatgctggc tgtggctgca ctgtccctcc tccttagcct ggctgaactc
841 taccacctgg gctggaagaa gatcagacag cgatttgtca aaccgcggca gcacatggct
901 aagtgccagc tttctggcce ctctgtgggc atagtccaga gctgcacacc accccccgac
961 tttaatcagt gcctggagaa tggccctggg ggaaaattct tcaatccctt cagcaataat
1021 atggcctccc aacaaaacac agacaaccto 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 aggctcagag aagaaagacg tgtccottct gaactgatge

Fig. 13B-1

| 1 tttctcactg | atcactgc |  |  |  | tgctcat |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 1381 taattctaga | aactataacc | agggetctgg | gatagtaaga | gaggtgacaa | cccacccaga |
| 1441 ctgcagttco | ctccccacce | totaccoagt | cgaagce | ttcagatta | tcatgaace |
| 1501 agggtagagg | gaaagaagg9 | aagcatggca | aaagctggcc | tggaagggat | agccagaggg |
| 1561 atagaatgac | totctotcta | cataccagca | gcataccaaa | tgcgttctct | aagttoctac |
| 1621 ctccttgacc | tgatcaccct | cctcctcca | aggaagagct | aaagttccc | agccaataga |
| 1681 cagcatgaat | caaggaactt | gcattatatg | tgctcttgaa | t | ccatggacca |
| 1741 ttcetcggag | tagtggtgag | atggcettgg | gttgccettg | gcttctcctc | cctctactca |
| 1801 gccttaaaaa | gggcttcttg | C | agcagcctca | aad | tgcettggta |
| 1861 tgtacctctg | gcaaatgccc | cac | atottgcaac | ctttccttct | gctagggtgt |
| 1921 acacctagcc | tgtgcaggtg | tcagccetge | tagggagtca | ctgtacacac | aaactctact |
| 1981 ggazttcctg | ccadcatctg | tcaccetgca | getcctttac | agttcadte | àtgatagad. |
| 2041 accatccctt | cectttctcc | cttggctgtt | cacccag | g | gccttaccaa |
| 2101 caggaatatc | caagaagctg | tgtcccctc | tcgaaccctg | accagatcat | cagccactga |
| 2161 ggccagtgga | ttccccag | gccttgttaa | aacaaagaad | gcattgtac | tctcagattc |
| 2221 cccttgtgga | aaaaaaaatt | -9 | gatgaaaat | àaatggag | gaaaacactg |
| 2281 gaaaactatt | ttcccctcct | atttacttcc | tgact | ccaacttag | tgccaagagg |
| 2341 aggtgtgatg | acacctatgo | aggeccccag | atctctctct | ctggaggc | tagcaggga |
| 2401 caaggaaata | gtaggggaat | ag | ttggcaggg | cctttattt | agagcgcag |
| $2461 \text { aga }$ | ccctag | tgcccctaat | agactgcca | gtg9g99 | tagaaaage |
| 2521 cttgcettcc | ccagggattg | gcetggtct | gtattcact | ggatccataa | tgggttgctg |
| 2581 ttgttttgga | tgaagg | gatgcttgg | 99 | tgagacttat | agagggatta |
| 2641 ttacattatt | azatgcacg | gtgtg | g9gtgc | atgggatg | taaaggctt |
| 2701 ggggagtcct | aaataagga | aggaaacca | cagagaaact | tgtgtcttcc | tgctctcctc |
| 2761 tccggctgcc | tggcagttat | aacctaado | agatagcca | agaggttgg | gacagaggag |
| 2821 ggtaaaggct | ggaaggagg | caacctct | actcaccto | cccatctctg | ggccetctgc |
| 2881 tgacacttgg | atgctattgt | tgggtggaaa | gataaatgag | agtggagagg | tgqaggaaag |
| 2941 tgactaggat | ccatttagg | aggaatgtc | tgatcatccc | gggtccetgg | aggggacacc |
| 3001 ttttaatcta | tgcotagca | Laatatttt | tctccttct | tctctgaaa | tgttttatga |
| 3061 aatgagtgtt | cttgaattag | aattctgtg | ggatcaatct | ttgatggtga | gggttttaga |
| 3121 aaggaaaaat | atagtaaat | gtgtaatttg | tcttaataaa | atctatctct | acatcta |

Fig. 13B-2

# 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 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 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 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 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 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, A., et al. (2003). Mutations in the transcription factor gene SOX18 underlie recessive and dominant forms of hypotricho-sis-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 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, 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 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 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, $\mathrm{Ca}^{2+}$, 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 $\mathrm{Ca}^{2+}$ 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: $436 \mathrm{G}>\mathrm{A}$ (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 $547 \mathrm{G}>\mathrm{T}$, resulting in the G183C substitution; $1141 \mathrm{C}>\mathrm{T}$, resulting in the P381S substitution; or $1225 \mathrm{C}>\mathrm{T}$, resulting in the H 409 Y 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 $5^{\prime}$ upstream regions and the $3^{\prime}$ 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 SEQ ID NO: 2, resulting in the S45L substitution and a polymorphism selected from the group consisting of $620 \mathrm{G}>\mathrm{A}$, $731 \mathrm{G}>\mathrm{T}, 1325 \mathrm{C}>\mathrm{T}, 1409 \mathrm{C}>\mathrm{T}, 318 \mathrm{C}>\mathrm{T}, 953 \mathrm{C}>\mathrm{T}, 549 \mathrm{G}>\mathrm{A}$, $231 \mathrm{~A}>\mathrm{C}$ and $1122 \mathrm{C}>\mathrm{T}$ 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 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 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 Cx 47 and wild type Cx 47 in one or more functional 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 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 $\mathrm{Cx} 37, \mathrm{Cx} 40$ and Cx 47 as compared to a wild type allele using one or more of a plaque assay, an electric coupling assay, a wound assay and a dye spread assay.

## BRIEF DESCRIPTION OF THE DRAWINGS

FIGS. 1A and 1B, respectively, are exemplary amino acid (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.

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 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 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 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 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 lymphatics of neonatal foreskin, $40 \times$ oil, 1.3 N.A; scale bar 50 $\mu \mathrm{m}$. B: Cx47 (red), Prox-1 (green) and phalloidin (blue) in
primary human dermal LECs, $63 \times$ oil, 1.4 N.A.; scale bar 50 $\mu \mathrm{m}$. 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, $\mathrm{p}<0.05$. 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 Cx 47 constructs S 45 L and R 257 c . 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; $100 \times$ 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 $\mathrm{p}<0.05$ 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 $10 \mathrm{~min} ., 10 \times$ images, pseudocolored to reflect intensity, scale bar $100 \mu \mathrm{~m}$.

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. Cx $43.63 \times$ oil, 1.4 NA objective; scale bar $50 \mu \mathrm{~m}$. C. Relative Cx gene expression, duplicate LEC samples normalized to GAPDH.

FIG. 9. Cx expression in superficial lymphatics in neonatal 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. $20 \times$ oil, 0.85 N.A. objective, scale bar 100 $\mu \mathrm{m}$.
FIG. 10. GJIC by dye transfer assay. A-B. $20 \times$ pseudocolored images at time $0(\mathrm{~A})$, and $1 \mathrm{hr}(\mathrm{B})$, 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, $\mathrm{p}<0.05$ 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 $63 \times$ 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-hCx 47 at $\mathrm{p}<0.05$, 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
plaques in WT-hCx47-EGFP expressing cells (A). Green indicative of EGFP and transfection, red Cx47, and blue nuclei. Scale bar, $10 \mu \mathrm{~m}$.

FIGS. 13A and 13B, respectively, are exemplary amino acid (SEQ ID NO: 7) and cDNA (SEQ ID NO: 8) sequences 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 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) 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 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 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 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. 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, inversions, 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 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. 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 function, including a plaque assay, an electric coupling assay, a wound assay and a dye spread assay, examples of which are
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. $\mathbf{5}$, 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 Cx 47 , 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 ( $\mathrm{wt} / \mathrm{wt}$ ) to heterozygous $(\mathrm{m} / \mathrm{wt})$ or homozygous ( $\mathrm{m} / \mathrm{m}$ ) 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 ( $\mathrm{m} / \mathrm{wt}$ ) and homozygous $(\mathrm{m} / \mathrm{m}$ ) 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 Cx 47 , 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): $436 \mathrm{G}>\mathrm{A}$ (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 G 146 S substitution; a $547 \mathrm{G}>\mathrm{T}$, resulting in the G183C substitution; 1141C $>$ T, resulting in the P381S substitution; or $1225 \mathrm{C}>\mathrm{T}$, resulting in the H 409 Y 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: $2, \mathrm{~T} / \mathrm{G}$ or T/T at base 731 of SEQ ID NO: 2 , or A/G or $\mathrm{A} / \mathrm{A}$ at base 620 of SEQ ID NO: 2 of SEQ 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., 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, G183Хaa, R257Xaa, P313Хаа, P381Хаa and H409Xaa missense mutations are expected to be indicative of increased risk 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 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 polymorphisms 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 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 methods 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 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 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, $5^{\prime}$ 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, 169193; 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 (UPLFS). 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 1 p 35.1 ) (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).

TABLE 1

| GJC2 |  |  |  |
| :---: | :---: | :---: | :--- |
| Mutations Observed in Primary | Lymphedema Families |  |  |
|  | Sequence <br> Family <br> Substitution | Amino Acid <br> Change | Predicted Domain |
| 337 | $47 \mathrm{~A}>\mathrm{C}$ | H16P | N-terminal |
| 135 | $134 \mathrm{C}>\mathrm{T}$ | S45L | Extracellular loop 1 |
| 251 | $365 \mathrm{G}>\mathrm{A}$ | R122Q | Intracellular loop |
| 104 | $436 \mathrm{G}>\mathrm{A}$ | G146S | Intracellular loop |
| 168 | $769 \mathrm{C}>\mathrm{T}$ | R257C | Extracellular loop 2 |
| 151 | $938 \mathrm{C}>\mathrm{T}$ | P313L | C-terminal |

We identified two GJC2 mutations in families suitable for linkage analysis: one cosegregating lymphedema and a $\mathrm{C}>\mathrm{T}$ transition at nucleotide $+134(134 \mathrm{C}>\mathrm{T})$ leading to an S 45 L (family 135) substitution in extracellular loop 1 of Cx 47 , and another cosegregating lymphedema and a $\mathrm{C}>\mathrm{T}$ transition at nucleotide +769 ( $769 \mathrm{C}>$ 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 matehed 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-lymphedema related sequence changes in Cx47 <br> observed in 150 lymphedema probands. Ref Seq. NM 020345. |  |  |
| :---: | :---: | :---: |
| Location ${ }^{1}$ | Flanking Sequence | Rs \# |
| Promoter -771 | ggcatctgctgectgce (G/A) getcgtggetgctgcc (SEQ ID NO: 9) |  |
| Promoter -692 | ggctgcatggggcag (C/G) ctgaggctgcaggggt (SEQ ID NO: 10) | 11581169 |
| Promoter -702 | tgcctcttggtgecc (G/A) accetgtgggtctggc (SEQ ID NO: 11) |  |
| Promoter -526 | ggaggttctagatctc (G/A) aggt ctaaggggttc (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 ( $\Delta \mathrm{G}$ ) atgggtgggagagaa (SEQ ID NO: 15) |  |
| Promoter -215 | cagagcceagactgc ( $C / T$ ) ggaggatacaggcca (SEQ ID NO: 16) |  |
| Promoter -181 | cgcctggactgggc (G/A) gctgggcaggggagg (SEQ ID NO: 17) |  |
| Promoter -145 | gagggeccaggcag ( $\Delta \mathrm{C}$ ) ccecggtcgettgct (SEQ ID NO: 18) |  |
| Promoter -92 | ccacacaccetcggg (G/T) aggaccagcatcc (SEQ ID NO: 19) |  |
| Intron 1 +58 | caggagacagcctca( $C / T$ ) getgtgcecatgge (SEQ ID NO: 20) |  |
| Coding Sequence 585 | $585 \mathrm{C}>\mathrm{T}$ | 4653910 |
| Coding Sequence 957 | $957 \mathrm{G}>\mathrm{C}$ |  |
| ${ }^{1}$ Numbered from first ATG, human genome build 18 (http://genome.ucsc.edu) ${ }^{2}$ 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 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 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 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 truncated Cx47 protein (E44ter) and a 22 bp deletion leading to a truncation of the G.JC2 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 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 abnormality (Odermatt, B., et al. (2003). Connexin 47 (Cx47)-deficient mice with enhanced green fluorescent protein reporter gene reveal predominant oligodendrocytic expression of Cx 47 and display vacuolized myelin in the CNS. J. Neurosci. 23, 45494559 and Menichella, D. M., et al. (2003). Connexins are 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 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 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 mutations 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 (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 alternans. Am. J. Physiol. Heart Circ. Physiol. 294, H41H49), 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 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 Cx 47 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 Cx 47 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 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 (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 stably transformed with FACS selection then G418 ( $1 \mathrm{mg} / \mathrm{ml}$ ) maintenance as previously described.

Immunofluorescent Confocal Microscopy:
Human neonatal foreskin was collected anonymously as discarded tissue according to an IRB protocol. Samples were collected immediately after harvest in DMEM, then fixed in $2 \%$ paraformaldehyde for 2 hrs , then stored in $30 \%$ sucrose in $1 \times \mathrm{PBS}$ overnight for cryosectioning, and sectioned in $6 \mu \mathrm{~m}$ slices at $-30^{\circ} \mathrm{C}$. Transfected (stable and transient) and untransfected HeLa cells were grown to near confluence in 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 $S$. 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 $\operatorname{IgG}$ as negative controls (data not shown). Cx47 ab was diluted in $0.5 \%$ 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-MouseCy3; Invitrogen) for one hour at RT and washed; Draq5 was used as a nuclear marker. HeLa images were acquired with an inverted Olympus Fluoview 1000 Confocal Microscope $100 \times$ oil, 1.4 NA objective. Foreskin images were acquired on a Zeiss Meta LSM 510 inverted confocal microscope with $40 \times$ oil, 1.3 N.A. objective. LECs (primary human microvascular adult dermal lymphatics; Lonza) were grown in fibronectin coated coverslip bottom MatTeks dishes in EGM ${ }^{T M}-2$ MV-Microvascular Endothelial Cell Medium-2 (Lonza Inc.) to approximately $80 \%$ confluence, and prepared similarly but a commercially available (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 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 $10 x, 0.4$ NA objective was used to collect DIC and GFP images every 5 seconds for 10 minutes without changing media. A pipette loaded with $1 \mu 1$ 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 hCx 47 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 ( $\mathrm{p}<0.05$ ) 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): $130 \mathrm{CsCl}, 10 \mathrm{EGTA}, 10$ HEPES, 3 Mg ATP, 2 Na -ATP, $0.5 \mathrm{CaCl}_{2}, \mathrm{pH} 7.3$. The culture was bathed in a solution consisting of $(\mathrm{mM}): 140 \mathrm{NaCl}, 5$ HEPES, 5 glucose, $4 \mathrm{KCl}, 2 \mathrm{CsCl}, 2 \mathrm{CaCl}_{2}, 2$ pyruvate, $1 \mathrm{BaCl}_{2}, \mathrm{pH} 7.3$. 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 ( $22^{\circ} \mathrm{C}$.). 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 $\mathrm{pA} / \mathrm{mV}$. Means $\pm$ SEM were calculated and statistical significance using a one-way analysis of variance and Tukey's post-hoc test, $\mathrm{p}<0.05$.

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 $\mathrm{pA} / \mathrm{mV}$ (FIG. 6C). Replicate measurements ( $\mathrm{n}=3-6$ ) 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 S 45 L 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 WThCx 47 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
cells, only those expressing the linked mutants S 45 L and R257c, fail to demonstrate Cx 47 plaques (FIG. 7A-C; Table $3)$.

TABLE 3

| Summary of Functional Assays in HeLa Cells |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- |
| Transfected | WT- |  |  |  |  |
| HeLas | hCx47 | S45L | G146S | R257C | P313L |
| domain |  | EL1 | IL | EL2 | C-Term |
| plaques | $(+)$ | $(-)$ | $(+)$ | $(-)$ | $(+)$ |
| dye | $1.80 \pm$ | $1.11 \pm$ | $1.05 \pm$ | $2.56 \pm$ | $2.10 \pm$ |
| transfer $^{1,2}$ | 0.15 | 0.39 | $0.23^{*}$ | $0.26^{*}$ | 0.25 |
| elect | $31.6 \pm$ | $0.1 \pm$ | $16.2 \pm$ | $0.0 \pm$ | $37.6 \pm$ |
| coupling ${ }^{3}$ | 11.8 | $0.0^{* *}$ | 5.8 | $0.0^{*}$ | 8.7 |

${ }^{1}$ Dye transfer expressed as ratio, with rate normalized to that obtained in untransfected HeLa cells.
${ }_{2 *}{ }^{\text {indicates }}$ significantly different than WT at $\mathrm{p}<0.05$ unpaired Student's $t$-test.
${ }^{3}$ in $\mathrm{pA} / \mathrm{mV}$, *indicates statistical significance using a one-way analysis of variance and Tukey's post-hoc test, $\mathrm{p}<0.05$.
Domain abbreviations:
EL1, extracellular loop 1;
П, 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 untransfected 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 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, 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 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 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 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 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 loss-of-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 Cx 47 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/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 Cx 47 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 counterpart and increasingly its unique functions beyond 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 documented 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 , are expressed as shown by immunofluorescent confocal microscopy, and further supported by semiquantitative RTPCR. 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. Functional 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 antiCx43 was purchased from Sigma Chemical (St. Louis, Mo.). Mouse anti-Cx45 was obtained from Millipore. Rabbit anti-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 sequence Ser-Arg-Pro-Thr-Glu-Lys-Thr-Ile-Phe-Ile-Ile) and $18 \alpha$-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 (Carlsbad, Calif.). Donkey Anti-Rabbit Cy3 (DaR) and donkey Anti-Goat Cy 5 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 ${ }^{\mathrm{TM}}-2$ MV - Microvascular Endothelial Cell Medium-2 (both from Lonza Inc.) Coverslip bottom dishes (MatTek, Inc) were coated with fibronectin using a concentration of $6 \mu \mathrm{~g} / \mathrm{ml}$ in $1 \times$ 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; 165:1124). 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 $1 \times \mathrm{PBS}$ overnight; for cryosectioning they were submerged in cold 2 -methylbutane for 20 seconds, liquid nitrogen for $2-5$ seconds, and sectioned in $6 \mu \mathrm{~m}$ slices at $-30^{\circ} \mathrm{C}$. 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 $1 \times \mathrm{PBS}$, and both were stored at $4^{\circ} \mathrm{C}$. Images were taken of dishes with an inverted Olympus Fluoview 1000 confocal microscope and $63 \times$ oil 1.4 N.A. objective, and images of tissues were taken with an Olympus Fluoview 500 confocal microscope using $20 \times 0.8$ 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 $57-68 \mathrm{bp}$. 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 $2.5 \mu \mathrm{M}$ Calcein-AM (Invitrogen) in (PBS) for 30 min at $37^{\circ} \mathrm{C}$. Excessive dye was removed by rinsing three times in PBS before dislodgment using $500 \mu 1$ $0.25 \%$ Trypsin-EDTA. Detached cells were dispersed with a pipette and $10 \mu 1$ 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 $37^{\circ} \mathrm{C}$. 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 $20 \times, 0.7$ N.A. objective at 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 $10 \mu \mathrm{M}$, 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 $10 \mu 1$ volume to make 50 mM stock) and diluted in media to $500 \mu \mathrm{M}$ final concentration. The Gap27 was handled similarly to

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 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. 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; 1:1799809). Briefly, the pipette solution consisted of (in mM): 130 $\mathrm{CsCl}, 10 \mathrm{EGTA}, 10 \mathrm{HEPES}, 3 \mathrm{Mg}-\mathrm{ATP}, 2 \mathrm{Na}-\mathrm{ATP}, 0.5 \mathrm{CaCl}_{2}$, pH 7.3. The culture was bathed in a solution consisting of (in $\mathrm{mM}): 140 \mathrm{NaCl}, 5 \mathrm{HEPES}, 5$ glucose, $4 \mathrm{KCl}, 2 \mathrm{CsCl}, 2 \mathrm{CaCl}_{2}$, 2 pyruvate, $1 \mathrm{BaCl} 2, \mathrm{pH} 7.3$. Patch pipettes were fabricated from borosilicate glass, and coupling currents were amplified by Axopatch 200 A amplifiers, filtered at 1 KHz , and digitized at 5 KHz for subsequent analysis using pClamp software (Axon Instruments/Molecular Devices; Sunnyvale, Calif.). Experiments were carried out at room temperature ( $22^{\circ} \mathrm{C}$.), and on two separate days. 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 $\mathrm{pA} / \mathrm{mV}$.
Results
We show Cx specific immunolocalization in human superficial dermal lymphatic vessels and in primary adult dermal microvascular LECs. Antihuman antibodies for $\mathrm{Cx} 37,40,43$, 45 were initially used based on the literature of blood vascular Cx expression; Cx 47 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. Interestingly, Cx 40 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 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. 8C).

Connexin Expression in Lymphatics in Human Neonatal Foreskin:

Since $C x$ 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 important 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 foreskintissue. 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 $20 \times$ 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 GJC between LEC pairs by dual whole cell patch clamp recording. In LECs ( $\mathrm{n}=6$ ), mean coupling current in LECs is $52.2+/-12.2 \mathrm{pA} / \mathrm{mV}$. Sample coupling currents between LEC pairs demonstrate strong electrical coupling and voltage dependent decline in junctional current at applied voltages (FIG. 11).

Discussion
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 Cx 37 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 Cx 47 as well. Using both a 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 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 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 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 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; 28:17992). This difference may reflect other factors besides $\mathrm{BEC} /$ LEC identity such as vessel size and tissue specificity. Cx43 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 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 healthy and diseased cardiovascular system. Microse 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 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 GJC 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 heteromeric gap junctions in normal lymphatic vessels.

## 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
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 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. 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 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 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.

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 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 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. Loss-of-function GJA12/Connexin47 mutations cause Pel-izaeus-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 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, $100 \times$ oil objective.

Electrophysiologic characteristics of GJC 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 $\mathrm{pA} / \mathrm{mV}$. 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 $\pm$ 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 $\mathrm{p}<0.05$ considered significant.
Functional Assay in Human Lymphatic Endothelial Cells: Adult human dermal lymphatic microvascular endothelial cells were cultured in EGM ${ }^{\mathrm{TM}}-2$ MV (both from Lonza). Cells were electroporated with $2 \mu \mathrm{~g}$ 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
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 lymphedemagenes FLT4 (VEGFR3), FOXC2, orHGF. A single case had a mutation in MET previously reported (Finegold D N, et al. Lymphat Res Biol 2008; 6:65-8) and was excluded from this study.

TABLE 4

| Characteristicsof Secondary Lymphedema Cases and Controls |  |  |  |
| :--- | :---: | :---: | :--- |
|  | Cases | Controls | P |
|  | 80 | 108 |  |
| N | $60(37-93)$ | $54(22-78)$ | $\mathrm{NS}^{*}$ |
| Age (years) Current | $54(30-77)$ | $51(20-74)$ | NS |
| Age at Diagnosis (BC) | $56(37-82)$ | - |  |
| Age at Diagnosis (LE) | $28.6(19.6-48.4)$ | $27.5(19.2-43.9)$ | NS |
| Body Mass Index | $33(41 \%)$ | $51(47 \%)$ | NS |
| Mastectomy | $68(85 \%)$ | $83(58 \%)$ | NS |
| Radiation |  |  |  |
| Risk Factors | $7(9 \%)$ |  |  |
|  | $9(11 \%)$ | $21(19 \%)$ | NS |
| Blood draw | $7(9 \%)$ | $20(17 \%)$ | NS |
| Blood pressure | $24(30 \%)$ | $47(44 \%)$ | NS |
| Cat scratch | $22(28 \%)$ | $24(22 \%)$ | NS |
| Cut | $18(22 \%)$ | $31(29 \%)$ | NS |
| Insect bite | $9(11 \%)$ | $16(15 \%)$ | NS |
| Manicure |  |  |  |
| Sun pain |  |  |  |

${ }^{*} N S$, no signific ant difference; $B C$, breast cancer; LE, lymphedema.
Among the 80 sequenced breast cancer patients with secondary 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; $\mathrm{p}<0.03$ ). None of the cases with mutations reported a personal or family history of primary lymphedema. 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, 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 |  |  |  |  |
| :--- | :---: | :---: | :--- | :--- |
|  | Ant | AMINO | PROTEIN |  |
| cDNA | LOCATION | COMMENT |  |  |
| bp 436 | $\mathrm{G} \rightarrow \mathrm{A}$ | G146S | Intracellular loop | identified in primary <br> lymphedema also <br> reported in PMLD |
|  |  |  |  |  |
| bp 547 | $\mathrm{G} \rightarrow \mathrm{T}$ | $\mathrm{G183C}$ | Intracellular loop |  |
| bp 1141 | $\mathrm{C} \rightarrow \mathrm{T}$ | P381S | C terminal |  |

TABLE 5-continued

| Connexin 47 Mutations Seen in Secondary Lymphedema |  |  |  |  |
| :--- | :---: | :--- | :--- | :--- |
| AMINO PROTEIN    <br> cDNA $\Delta$ nt ACID LOCATION COMMENT <br> bp 1225 $\mathrm{C} \rightarrow \mathrm{T}$ H409Y C terminal sister with secondary <br> lymphedema following <br> breast cancer <br> bp 585 $\mathrm{C} \rightarrow \mathrm{T}$ H195H Intracellular loop polymorphism |  |  |  |  |

Cx47 mutations were not seen among at least 298 population controls ( 596 alleles) $(\mathrm{p}=0.002$ ). 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 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 Cx 47 , 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 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, dye 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.
5 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-hCx 47 transfected cells (Table 6). Hela cells transfected with the mutations located in the C-terminal domain (P381S and H409Y) were not functionally distinct from WT-hCx47-EGFP transfected cells.

Table 6

| Summary of Functional Assessment of Mutations |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | $\begin{aligned} & \text { WT- } \\ & \text { Cx47 } \end{aligned}$ | G146S ${ }^{1}$ | G183C | P381S | H409Y |
| LEC spread ${ }^{2,3}$ | $\begin{aligned} & 1.4 \pm \\ & .14 \end{aligned}$ | $2.0 \pm$ | na | $2.26 \pm$ | $\begin{gathered} 0.07 \pm \\ .07 * \end{gathered}$ |
| electrical | $35.9 \pm$ | $32.4 \pm$ | $68.6 \pm$ | $48.2 \pm$ | $46.4 \pm$ |
| coupling ${ }^{2,4}$ | 8.9 | 8.6 | 11.3* | 8.6 | 12.9 |
| wound | $0.72 \pm$ | $0.62 \pm$ | $0.68 \pm$ | $0.70 \pm$ | $0.73 \pm$ |
| assay ${ }^{2,5}$ | 0.01 | 0.03* | 0.16 | 0.03 | 0.02 |

${ }^{1}$ G146S mutation also found in patients with primary lymphedema.
${ }^{2}$ mean $\pm$ SEM.
${ }^{3}$ 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.
${ }_{5}$ in $\mathrm{pA} / \mathrm{mV}$.
${ }^{5}$ 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 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.

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 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 Cx 47 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 (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 basic cell processes including proliferation (Wei C J, et al. Annu Rev Cell Dev Biol 2004; 20:811-38 and Laird D W. 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 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 Cx 47 mutations cause or contribute to the development of dermal lymphedema by impaired gap junction function causing impaired conduction of 1 ymph 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
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-Merz-bacher-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 Cx 47 mutations causing and/or predisposing to lymphedema suggests some patients may manifest both neurologic and lymphatic deficits.

Our finding of four independent mutations in Cx 47 , 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
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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| $\begin{aligned} & \text { Pro } \\ & 305 \end{aligned}$ | Ala | Ser | Ala | Pro | $\begin{aligned} & \text { Ala } \\ & 310 \end{aligned}$ | Pro | Ala | Pro | Arg | $\begin{aligned} & \text { Pro } \\ & 315 \end{aligned}$ | Pro | Pro | Cys | Ala | $\begin{aligned} & \text { Phe } \\ & 320 \end{aligned}$ |
| Pro | Ala | Ala | Ala | $\begin{aligned} & \text { Ala } \\ & 325 \end{aligned}$ | Gly | Leu | Ala | Cys | $\begin{aligned} & \text { Pro } \\ & 330 \end{aligned}$ | $\mathrm{Pr}$ | Asp | Tyr | Ser | $\begin{aligned} & \text { Leu } \\ & 335 \end{aligned}$ | Val |
| Val | Arg | Ala | $\begin{aligned} & \text { Ala } \\ & 340 \end{aligned}$ | Glu | Arg | Ala | Arg | $\begin{aligned} & \text { Ala } \\ & 345 \end{aligned}$ | His |  | $\mathrm{Gln}$ | Asn | $\begin{aligned} & \text { Leu } \\ & 350 \end{aligned}$ | Ala | Asn |
| Leu | Ala | $\begin{aligned} & \text { Leu } \\ & 355 \end{aligned}$ | Gln | Ala | Leu | Arg | $\begin{aligned} & \text { Asp } \\ & 360 \end{aligned}$ | Gly | Ala |  | Ala | $\begin{aligned} & \text { Gly } \\ & 365 \end{aligned}$ | Asp | Arg | Asp |
| Arg | $\begin{aligned} & \text { Asp } \\ & 370 \end{aligned}$ | Ser | Ser | Pro | Cys | $\begin{aligned} & \text { Val } \\ & 375 \end{aligned}$ | Gly | Leu | Pro |  | $\begin{aligned} & \text { Ala } \\ & 380 \end{aligned}$ | Ser | Arg |  | Pro |
| $\begin{aligned} & \text { Pro } \\ & 385 \end{aligned}$ | Arg | Ala | Gly | Ala | $\begin{aligned} & \text { Pro } \\ & 390 \end{aligned}$ | Ala |  | Arg | Thr | $\begin{aligned} & \mathrm{Gly} \\ & 395 \end{aligned}$ | Ser | Ala |  | Se] | $\begin{aligned} & \text { Ala } \\ & 400 \end{aligned}$ |
| Gly | Thr | Val | Gly | $\begin{aligned} & \mathrm{Glu} \\ & 405 \end{aligned}$ | Gln | Gly | Arg | Pro | $\begin{aligned} & \text { Gly } \\ & 410 \end{aligned}$ | Thy | His | $\mathrm{Glu}$ | Arg | $\begin{aligned} & \text { Pro } \\ & 415 \end{aligned}$ | Gly |
| Ala | Lys | Pro | $\begin{aligned} & \text { Arg } \\ & 420 \end{aligned}$ | Ala | Gly | Ser | Glu | $\begin{aligned} & \text { Lys } \\ & 425 \end{aligned}$ | Gly |  | Ala | Ser | $\begin{aligned} & \text { Ser } \\ & 430 \end{aligned}$ | Arg | Asp |
| Gly | Lys | $\begin{aligned} & \text { Thr } \\ & 435 \end{aligned}$ | Thr | Val | $\operatorname{Trp}$ | Ile |  |  |  |  |  |  |  |  |  |

$<210>$ SEQ ID NO 10
$<211>$ LENGTH: 439
$<212>$ TYPE : PRT
$<213>$ ORGANISM: Pan troglodytes
$<400>$ SEQUENCE $: 10$


$<210>$ SEQ ID NO 11
$<211>$ LENGTH: 429
$<212>$ TYPE: PRT
$<213>$ ORGANISM: BOs primigenius
$<400>$ SEQUENCE: 11


$<210>$ 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




| $<210>$ | SEQ ID NO 14 |
| ---: | :--- |
| $<211>$ LENGTH: 34 |  |
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| $<221>$ NAME/KEY: misc_feature |  |
| $<222>$ LOCATION: (18)..(18) |  |
| $<223>$ | OTHER INFORMATION: n = single nucleotide polymorphism (guanine or |
|  | adenine) |
| $<400>$ | SEQUENCE: 14 |

ggcatctgct gcetgcengc tcgtggctgc tgce

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<222> LOCATION: (16)..(16)
<223> OTHER INFORMATION: n = single nucleotide polymorphism (cytosine or
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<400> SEQUENCE: 15
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ggctgcatgg ggcagnctga ggctgcaggg gt
32

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<223> OTHER INFORMATION: n = single nucleotide polymorphism (guanine or
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<400> SEQUENCE: 16
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tgectcttgg tgecenacce tgtgggtctg gc

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<212> TYPE: DNA
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<220> FEATURE:
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<222> LOCATION: (17)..(17)
<223> OTHER INFORMATION: n = single nucleotide polymorphism (guanine or
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<400> SEQUENCE: 17

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<211> LENGTH: 32
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<220> FEATURE:
<221> NAME/KEY: misc_feature
<222> LOCATION: (17)..(17)
<223> OTHER INFORMATION: n = single nucleotide polymorphism (guanine or
    adenine)
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$<400>$ SEQUENCE: 18
gcctctgggg tggggtntag acagatgggt gg 32

| $<210>$ | SEQ ID NO 19 |
| ---: | :--- |
| $<211>$ | LENGTH: 31 |
| $<212>$ | TYPE: DNA |
| $<213>$ | ORGANISM: Homo sapiens |
| $<220>$ FEATURE: |  |
| $<221>$ NAME/KEY: misc_feature |  |
| $<222>$ LOCATION: (17)..(17) |  |
| $<223>$ | OTHER INFORMATION: $n=$ single nucleotide polymorphism (guanine or |
|  | cYtosine) |
| $<400>$ | SEQUENCE: 19 |

tetggggtgg ggtgtanaca gatgggtggg a 31

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<223> OTHER INFORMATION: n = guanine or nothing
<400> SEQUENCE: 20
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ggtggggtgt agacanatgg gtgggagaga a

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<223> OTHER INFORMATION: n = single nucleotide polymorphism (cytosine or
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<400> SEQUENCE: 21
cagagcccag actgenggag gatacaggcc a

| $<210>$ | SEQ ID NO 22 |
| ---: | :--- |
| $<211>$ LENGTH: 30 |  |
| $<212>$ TYPE: DNA |  |
| $<213>$ ORGANISM: Homo sapiens |  |
| $<220>$ FEATURE: |  |
| $<221>$ NAME/KEY: misc_feature |  |
| $<222>$ LOCATION: (15) ..(15) |  |
| $<223>$ | OTHER INFORMATION: n = single nucleotide polymorphism (guanine or |
|  | adenine) |
| $<400>$ | SEQUENCE: 22 |

cgcetggact gggengctgg gcaggggagg 30
$<210>$ SEQ ID NO 23
$<211>$ LENGTH: 30
$<212>$ TYPE: DNA
$<213>$ ORGANISM: Homo sapiens
$<220>$ FEATURE:
$<221>$ NAME/KEY: misc_feature

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<222> LOCATION: (15)..(15)
<223> OTHER INFORMATION: n = cytosine or nothing
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gagggcecag gcagnccceg gtcgcttgct 30
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<211> LENGTH: 29
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<223> OTHER INFORMATION: n = single nucleotide polymorphism (guanine or
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ccacacaccc togggnagga ccagcatcc 29
<210> SEQ ID NO 25
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<212> TYPE: DNA
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<220> FEATURE:
<221> NAME/KEY: misc_feature
<222> LOCATION: (16) ..(16)
<223> OTHER INFORMATION: n = single nucleotide polymorphism (cytosine or
    thymine)
<400> SEQUENCE: 25
caggagacag cctcangctg tgccccttgg c

\section*{We claim:}
1. A method of detecting a mutation in a GJC2 nucleic acid comprising:
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 Cx 47 , comprising:
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.

\title{
UNITED STATES PATENT AND TRADEMARK OFFICE \\ CERTIFICATE OF CORRECTION
}

PATENT NO.
APPLICATION NO.
DATED
INVENTOR (S)
: 9,260,754 B2
: 13/106424
: February 16, 2016
: Catherine Baty et al.

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 "comnixin" and insert -- connexin --

Signed and Sealed this
Fifth Day of July, 2016
Thichlle K. Lee
Michelle K. Lee```


[^0]:    * cited by examiner

