

European Working Group  
on Cystic Fibrosis Genetics

## No Evidence for Segregation Distortion of Cystic Fibrosis Alleles among Sibs of Cystic Fibrosis Patients

In 1988, an excess of male carriers of cystic fibrosis (CF) mutations among sibs of CF patients was reported by Kitzis et al. [1]. In particular, a significant deviation from a 1:1 sex ratio was observed among heterozygous carriers in favor of males, and among homozygous normals in favor of females. When the study reported by Kitzis et al. [1] was carried out, before the identification of the CFTR gene, carriers were detected by means of RFLPs tightly linked to the CF locus. Following the identification of the CFTR gene, direct carrier detection has become possible in those CF families where mutations are identified, thus avoiding possible errors deriving from misdiagnosis and/or recombination with the linked markers. We decided, therefore, to further investigate the question of a possible sex ratio distortion among carrier sibs of CF patients taking advantage of the large amount of data already available. Only families which were not included in the analysis done by Kitzis et al. [1], and in which both the paternal and the maternal mutations were identified, were included in the present analysis.

The sample of families was further subdivided into two groups:

one composed of all families in which both parents were carriers of the  $\Delta F508$  mutation [2], and one in which only one parent was a  $\Delta F508$  carrier, while the other was a carrier of another known mutation. This subdivision allowed us to investigate the parental origin of the mutation in the second group of families. Results for the first group (both parents  $\Delta F508$  carriers) are shown in table 1. There is no deviation from the expected 2:1 ratio of heterozygotes to homozygotes among either the brothers or the sisters of CF patients in this group.

Results for the second sample are reported in table 2. There were 218 families in which the father was a  $\Delta F508$  carrier, and 198 in

**Table 1.** Segregation of alleles in families with both parents  $\Delta F508$  carriers

	Carriers	Noncarriers	Total
Boys	413 (411.3)	204 (205.7)	617
Girls	431 (428.7)	212 (214.3)	643
Total	844 (840.0)	416 (420.0)	1,260

Expected numbers are given in parentheses.

which the mother was a  $\Delta F508$  carrier. Although this is not a significant deviation from a 1:1 ratio, the following analysis was carried out separately in these two groups. The sex ratio among sibs was very close to 1:1 in both groups. Overall, boys were more likely to be carriers of  $\Delta F508$  or another mutation and girls were more likely to be noncarriers, independently of whether the  $\Delta F508$  mutation was coming from the father or the mother, but none of the observed proportions was significantly different from that expected under Mendelian segregation of the alleles.

In conclusion, there is no statistically significant indication in our sample of a segregation distortion;

**Table 2.** Segregation of alleles in families with only one parent a  $\Delta F508$  carrier

		$\Delta F508$ carriers	Other carriers	Non- carriers	Total
$\Delta F508$ fathers	boys	59 (56.7)	61 (56.7)	50 (56.7)	170
	girls	57 (55.7)	48 (55.7)	62 (55.7)	167
	total	116 (112.3)	109 (112.3)	112 (112.3)	337
$\Delta F508$ mothers	boys	50 (44.7)	44 (44.7)	40 (44.7)	134
	girls	44 (47.0)	39 (47.0)	58 (47.0)	141
	total	94 (91.7)	83 (91.7)	98 (91.7)	275
Total	boys	109 (101.3)	105 (101.3)	90 (101.3)	304
	girls	101 (102.7)	87 (102.7)	120 (102.7)	308
	total	210 (204.0)	192 (204.0)	210 (204.0)	612

Expected numbers are given in parentheses.

however, it is intriguing that, although not significant, the observed deviation is in the same direction of that observed by Kitzis et al. [1].

## Appendix

### Members of the European Working Group on Cystic Fibrosis Genetics:

*M. Devoto*, *G. Romeo*, Istituto G. Gaslini, Genova (Italy); *L.P. ten Kate*, Department of Human Genetics, Vrije Universiteit Amsterdam, Amsterdam (The Netherlands); *F. Chevalier*, *D. Bozon*, Biochimie Pédiatrique, Lyon (France); *X. Estivill*, *T. Casals*, Institut de Recerca Oncologica, Barcelona (Spain); *D. Abeliovich*, *I. Lerer*, Hadasah Hebrew University Hospital, Jerusalem (Israel); *R. Padoan*, Centro Fibrosi Cistica, Università di Milano, Milano (Italy); *M. Seia*, Laboratorio di Ricerche Cliniche, ICP, Milano (Italy); *A. Hill*, Belfast City Hospital, Belfast (UK); *S. Liechti-Gallati*, Laboratory of Molecular Genetics, Department of Clinical Pharmacology, University of Berne, Berne (Switzerland); *R. Kramer*, Department of Pediatrics and Pneumology, University of Berne, Berne (Switzerland);

*F. Beards*, *S. Dear*, Division of Medical and Molecular Genetics, United Medical and Dental Schools of Guy's and St. Thomas's Hospitals, London (UK); *B. Dallapiccola*, *F. Sangiuolo*, Cattedra di Genetica Umana, Università Tor Vergata, Roma (Italy); *M. Macek Jr.*, Center for Medical Genetics, Johns Hopkins Medical Institutions, Baltimore, Md. (USA); *M. Macek*, Department of Medical Genetics II, Faculty Hospital Motol, Prague (Czech Republic); *R. McMahon*, Molecular Genetics Laboratory, Addenbrooke NHS Trust, Cambridge (UK); *M. Connarty*, *J.F. Harvey*, Wessex Regional Genetics Laboratory, Salisbury (UK); *M. Claustres*, *M. Desgeorges*, Laboratoire de Biochimie Génétique, Institut de Biologie, Montpellier (France); *R. de Vries*, *H. Scheffer*, Department of Medical Genetics, University of Groningen, Groningen (The Netherlands); *N. Canki-Klain*, *M.P. Audrezet*, Division of Medical Genetics, University of Ljubljana, Ljubljana (Slovenia); *T. Bienvenu*, *J.C. Chomel*, Laboratoire de Biochimie Génétique, Hôpital Cochin, Paris (France); *V. Dziadek*, *B. Tümmler*, Klinische Forschergruppe, Medizinische Hochschule Hannover, Hannover (Germany); *M. Schwarz*, *A. Haworth*, Royal Manchester Children's Hospital, Manchester (UK); *J. Benitez*, *E. Fernandez*, Fundación Jiménez Díaz, Madrid (Spain); *T. Mazurczak*, *J. Bal*, De-

partment of Genetics, National Research Institute of Mother and Child, Warsaw (Poland); *L. Cremonesi*, Unità di Genetica, DIBIT, H.S. Raffaele, Milano (Italy); *P. Ronchetto*, Istituto G. Gaslini, Genova (Italy); *S.M. Cashman*, Department of Genetics, University of Dublin, Dublin (Ireland); *C. Ferec*, Centre Departemental de Transfusion Sanguine, Brest (France); *H. Cuppens*, Center for Human Genetics, Leuven (Belgium); *I. Bauer*, Medizinische Genetik, Medizinische Fakultät der Universität Rostock, Rostock (Germany); *D. Angelicheva*, Laboratory of Molecular Pathology, Sofia (Bulgaria); *K. Wagner*, Karl-Franzens Universität, Graz (Austria); *P. Pacheco*, Instituto Nacional de Saúde, Lisboa (Portugal); *A. Bonizzato*, Centro Regionale Veneto Fibrosi Cistica, Verona (Italy); *M. Witt*, Institute of Human Genetics, Poznan (Poland); *C.J. McMahon*, Unit of Clinical Genetics, Institute of Child Health, London (UK); *M. Ravnik-Glavac*, Institute of Biochemistry, Ljubljana (Slovenia); *A. Reis*, Institut für Humangenetik, Freie Universität Berlin, Berlin (Germany); *M. Stuhmann*, Abteilung Humangenetik, Medizinische Hochschule Hannover, Hannover (Germany); *S. Garmerone*, Dipartimento Genetica and CNR/CIOS, Università di Torino, Torino (Italy); *A. Curtis*, Molecular Genetics Unit, Northern Region Genetics Service, Newcastle (UK); *G. Grüning*, Institut für Humangenetik, Universität zu Lübeck, Lübeck (Germany); *E. Kanavakis*, Department of Pediatrics, Unit of Molecular Medicine, University of Athens, Athens (Greece); *T. Klaassen*, Institute of Molecular and Cell Biology, Tartu University, Tartu (Estonia); *K. Grade*, Max-Delbrück-Zentrum, Berlin (Germany).

## References

- 1 Kitzis A, et al: Unusual segregation of cystic fibrosis alleles. *Nature* 1988;336:316.
- 2 Kerem BS, Rommens JM, Buchanan J, Markiewicz D, Cox TK, Chakravarti A, Buchwald M, Tsui LC: Identification of the cystic fibrosis gene: Genetic analysis. *Science* 1989;245:1073-1080.