## BRIEF REPORT — POLYMORPHISM REPORT

Kazuhiro Tsukamoto · Ikuyo Watanabe · Tadayoshi Shiba Mitsuru Emi

# Isolation and radiation hybrid mapping of a dinucleotide repeat polymorphism at the human calcium-sensing receptor (CASR) locus

Received: June 2, 1998 / Accepted: June 24, 1998

**Abstract** Calcium-sensing receptor (CASR) in parathyroid gland regulates calcium homeostasis by sensing decreases in extracellular calcium levels and effecting an increase in secretion of parathyroid hormone. A polymorphic dinucle-otide (CA) sequence was isolated from a genomic clone containing the human *CASR* gene and was mapped to 3q13.3–q21. This polymorphism will be useful in the genetic study of disorders affecting calcium metabolism, such as hypercalcemia, hypocalcemia, osteoporosis, hyperparathyroidism, and hypoparathyroidism.

**Keywords** Calcium-sensing receptor parathyroid gland · Calcium metabolism dinucleotide repeat

# Introduction

Calcium-sensing receptor (CASR) is a member of a superfamily of G-protein-coupled cell surface receptors expressed in parathyroid gland and kidney. Parathyroid cells respond to decreases in extracellular calcium levels by means of this receptor, which ultimately effects an increase in parathyroid hormone secretion. Brown et al. (1993) identified a cDNA encoding a 120-Kda receptor containing a large extracellular domain and seven membrane-spanning regions, characteristic of G protein-coupled receptors, by expression cloning.

Defects in the *CASR* gene have been implicated in several genetic disorders with disturbed parathyroid calcium homeostasis, such as familial hypocalciuric hypercalcemia (Pollak et al. 1993), autosomal dominant hypocalcemia

Tel. +81-44-733-5230; Fax +81-44-733-5192 e-mail: memi@nms.ac.jp.

T. Shiba

Department of Molecular Biology, Faculty of Science, Kitasato University, Sagamihara, Japan

(Pollak et al. 1994), neonatal severe hyperparathyroidism (Pollak et al. 1993), and autosomal dominant hypoparathyroidism (Baron et al. 1996). To understand the relationship between genetic variations at the *CASR* locus and various disorders affecting calcium metabolism (Nakamura 1996; Yanase 1997), we isolated and characterized a dinucleotide repeat polymorphism at this locus.

## Source and Isolation of CA repeat sequence

A human genomic clone containing the *CASR* gene was identified from a P1-derived artificial chromosome (PAC) library by polymerase chain reaction (PCR) threedimensional screening, using primer sequences derived from the 3' portion of the gene. A fragment containing the CA repeat was identified by Southern blotting of PAC DNA digested by *Hae* III, *Sau* 3A, or *Rsa* I with the (GT)<sub>20</sub> probe, subcloned, and sequenced. An autoradiogram of the CA repeat sequence is shown in Fig. 1. PCR primers were designed to flank this new repeat sequence for polymorphism analysis.

PCR primers

The PCR primers used were: Forward (CASR, 5F) 5' TAA TGT TGC TAT GAA CAT TTT ATG 3' Reverse (CASR, 5R) 5' GAA CTT GGG GTC CTC CAT AG3'

#### PCR conditions

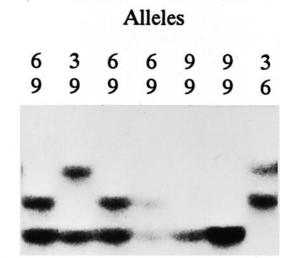
PCR was performed in a volume of  $10\mu$ l containing 20ng genomic DNA, 10mM Tris HCl (pH 8.4), 50mM KCl, 1.5mM MgCl<sub>2</sub>, 0.01% gelatin, 200 $\mu$ M deoxyribonucleotide triphosphate (dNTP)s, 2.5pmol of a [<sup>32</sup>P] end-labeled forward primer and a nonlabeled reverse primer, and 0.25 units of Taq polymerase. Cycle conditions were 94°C for 4min, then 30 cycles of 94°C for 30s, 60°C for 30s, and 72°C for 30s, with a final extension step of 5min at

K. Tsukamoto · I. Watanabe · M. Emi (🖂)

Department of Molecular Biology, Institute of Gerontology, Nippon Medical School, 1-396, Kosugi-cho, Nakahara-ku, Kawasaki 211-8533, Japan

Fig. 1 A Nucleotide sequence of the CA repeat and the flanking region at the *calcium-sensing receptor* (*CASR*) locus. Sequences used for forward and reverse primers are *underlined*. CA repeats are shown in *bold*. B Autoradiogram showing a polymorphic CA repeat at the *CASR* locus in seven unrelated individuals

TGGTTGTTAT	GAG <u>TAATGTT</u>	GCTATGAACA	TTTTATGTAC
AAATGTTTGT	GTGGACATAT	ATTTTCATTT	CTCCTAGGAA
TGTACACACA	CACACACACA	CACACACACG	AGTAGGATTG
TTGGGCAAAT	GATGACTCTA	TGTTTAACTT	TTTAAGGAAC
TGCCAGACGT	TTTTTCCAAT	GTGGCTGCAC	CAGTTTACAT
CCCCACCAGC	AGT <u>CTATGGA</u>	GGACCCCAAG	TTCTCTACGT
В.			



72°C in a Gene Amp PCR9600 System (Perkin Elmer Cetus, Foster City, CA, USA) (Nakura et al. 1994). PCR products were electrophoresed in 0.3-mm-thick denaturing 6% polyacrylamide gels containing 36% formamide and 8M urea, at 2000 volts for 2–4h. The gels were transferred to filter papers, dried at 80°C, and autoradiographed. The sizes of alleles were determined by comparison with the sequencing ladder of a control plasmid.

### **Polymorphism and allele frequency**

Ten alleles (Table 1) were detected in 192 chromosomes of unrelated Japanese individuals. Representative autoradiogram of the CA repeat polymorphism is shown in Fig. 1. Observed heterozygosity was 0.55.

## Mendelian inheritance

Codominant inheritance was observed in two twogeneration families.

#### Chromosomal localization

The human *CASR* gene was assigned to human chromosome 3q13.3–q21 (Janicic et al. 1995).

**Table 1** Size and frequency of the alleles of the CA repeat

 polymorphism at the human CASR locus

Allele	Size (bp)	Frequency
A1	232	0.01
A2	230	0.02
A3	228	0.32
A4	226	0.01
A5	224	0.02
A6	222	0.02
A7	220	0.01
A8	218	0.01
A9	216	0.57
A10	214	0.01

### **Radiation hybrid mapping**

The newly isolated CA repeat at the *CASR* locus was mapped to chromosome 3, using the G3 RH mapping panel of 83 hybrid cell lines of the Stanford Human Genome Center (Boehnke et al. 1991), by linkage to a marker SHGC-7096 with a Logarithm of the ODds (LOD) score of more than 6.0.

**Acknowledgments** This work was supported by research grants for osteoporosis from the Ministry of Health and Welfare of Japan and the Novartis Foundation for Gerontological Research.

## References

Baron J, Winer KK, Yanovski JA, Cunningham AW, Laue L, Zimmerman D, Culter GB (1996) Mutations in the Ca(2+)-sensing

receptor gene cause autosomal dominant and sporadic hypoparathyroidism. Hum Mol Genet 5: 601–606

- Boehnke M, Lang K, Cox DR (1991) Statistical methods for multipoint radiation mapping. Am J Hum Genet 49: 1174–1188
- Brown EM, Gamba G, Riccardi D, Lombardi M, Butters R, Kifor O, Sun A, Hediger M, Lytton MA, Hebert SC (1993) Cloning and characterization of an extracellular Ca(2+)-sensing receptor from bovine parathyroid. Nature 366: 575–580
- Janicic N, Soliman E, Pausova Z, Seldin MF, Riviere M, Szpirer J, Szpirer C, Hendy GN (1995) Mapping of the calcium-sensing gene (CASR) to human chromosome 3q13.3–21 by fluorescence in situ hybridization, and localization to rat chromosome 11 and mouse chromosome 16. Mamm Genome 6: 798–801
- Nakamura Y (1996) Application of DNA markers to clinical genetics. Jpn J Hum Genet 41: 1–14

- Nakura J, Miki T, Ye L, Mitsuda N, Ogihara T, Ohta T, Jinno Y, Niikawa N, Takahashi A, Ishini Y (1994) Six dinucleotide repeat polymorphisms on chromosome 7. Jpn J Hum Genet 39: 447–449
- Pollak MR, Brown EM, Chou YHW, Hebert SC, Marx SJ, Steinmann B, Levi T, Seidman CE, Seidman JG (1993) Mutation in the human Ca(2+)-sensing receptor gene causes familial hypocalciuric hypercalcemia and neonatal severe hyperparathyroidism. Cell 75: 1297–1303
- Pollak MR, Brown EM, Estep HL, McLaine PN, Kifor O, Park J, Hebert SC, Seidman CE, Seidman JG (1994) Autosomal dominant hypocalcemia caused by a Ca(2+)-sensing receptor gene mutation. Nature Genet 8: 303–307
- Yanase T (1997) Human genetics: Past, present, and future. Jpn J Hum Genet 42: 265–316