On molecular genetic analysis of juvenile myoclonic epilepsy

A thesis submitted for the degree of Doctor of Philosophy

by

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Dedicated to

Amma, Appa and Adi

Declaration

I hereby declare that this thesis entitled "*On molecular genetic analysis of juvenile myoclonic epilepsy*" is an authentic record of research work carried out by me under the guidance of Prof. Anuranjan Anand at the Molecular Biology and Genetics Unit, Jawaharlal Nehru Centre for Advanced Scientific Research, Bangalore, India. This work has not been submitted elsewhere for the award of any other degree.

In keeping the norm of reporting scientific observations, due acknowledgements have been made, wherever the work described here is based on the findings of other investigators. Any omission, which might have occurred by oversight or misjudgement, is regretted.

Shrete Jaishankar.

Shveta Jaishankar

Place: Bangalore Date: 28th May 2021

Certificate

This is to certify that the work described in this thesis entitled "*On molecular genetic analysis of juvenile myoclonic epilepsy*" is the result of the investigations carried out by Ms. Shveta Jaishankar in the Molecular Biology and Genetics Unit, Jawaharlal Nehru Centre for Advanced Scientific Research, Bangalore, India, under my guidance. The results presented in this thesis have not previously formed the basis for the award of any other diploma, degree, or fellowship.

Prof. Anuranjan Anand

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Abbreviation

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Chapter 1 *Introduction*

Epilepsy is a neurological disorder characterized by occurrence of recurrent seizures that are sudden abnormal hypersynchronous electrical discharges of neurons located predominantly in the central nervous system. Clinical manifestations of epilepsy comprise loss of consciousness, loss of sensation, peculiar behaviour and convulsions or a combination of these. Practical definition of epilepsy states that incidence of at least two unprovoked seizures occurring 24 hours apart or one unprovoked seizure with a probability of further seizures similar to the general recurrence risk after two unprovoked seizures, occurring over the next ten years (Fisher et al. 2014).

Forty-six million people worldwide are burdened with epilepsy (Beghi 2020). Of these, 24 million have active (repeated seizure occurrence or those with treatment requirement) epilepsy. The prevalence of active epilepsy is slightly higher in men, where it is 329 per 100,000 population, and is 319 per 100,000 population in women (Beghi 2020). The prevalence of epilepsy increases with age, ages between 5-7 years and those above 80 have the highest number of epileptic cases (Beghi 2020). The mortality rate of active epileptic cases is 1·74 per 100,000 population: in women it is 1·40, and in men, it is 2·09. Mortality is either due to SUDEP (Sudden Unexpected Death in Epilepsy) or indirectly due to seizurerelated accidents such as drowning, asphyxiation, etc. Epilepsy incidences are higher in lower- and middle-income countries over higher-income countries, which is 139 vs. 49 per 100,000 person-years, reflecting differences in risk of infections, population structure, and access to healthcare. About 80% of active epilepsy cases are present in low-/middle -income countries (GBD 2019, Beghi 2020).

The age of the patient influences the aetiology of epilepsy. In newborns, perinatal hypoxia and ischemia, intracranial haemorrhage, and trauma, maternal neurotoxic drug-use triggers seizures or epilepsy, in addition to other factors that they share with other age groups. Metabolic defects such as inborn errors of metabolism cause epilepsies in addition to causing other comorbidities. Structural defects that occur due to developmental cortical malformation, hippocampal sclerosis, tuberous sclerosis, brain tumours, and traumatic brain injury lead to seizure activity. Infections that affect the central nervous system, such as bacterial meningitis, viral encephalitis, neurocysticercosis, and cerebral abscess, increases the risk of contracting epilepsy. Autoimmune disorders such as multiple sclerosis, systemic lupus erythematosus, celiac disease, and Rasmussen encephalitis have epileptic seizures as one of the clinical manifestations. Certain endocrine disorders, haematological disorders, and several other systemic diseases may also cause seizures over a broad age range. Advances in sequencing and diagnostic technology have identified mutations associated with epileptic disorders. 15% of epileptic patients are family history positive. Epilepsy syndromes not associated with any other phenotypic abnormality other than seizures are majorly due to mutations influencing ion channels. Symptomatic (structural/metabolic) epilepsies were found to be associated mostly with mutations in genes involved in nervous system development (Shorvon, Andermann and Guerrini 2010, Kasper et al. 2015, Sazgar and Young 2019).

The most recent classification proposed by ILAE in 2017 is a revision of the 1989's categorization, whose primary purpose was clinical diagnosis, but this has greatly influenced disease research, drug development, and scientific communications. The aspects considered for classification are as follows, seizure types based on onset include generalized, focal, and unknown origins; etiological factors that include structural, infections, metabolic, immune, genetic, and unknown factors; and comorbidities that comprise learning, psychological, and behavioural defects. Classification is performed at three levels, the first being the seizure type followed by the diagnosis of epilepsy type that includes focal epilepsy, generalized epilepsy, combined focal and generalized epilepsy, and unknown epilepsy based on epilepsy seizure type, aetiology, and comorbidities (Figure 1). This finally leads to the diagnosis of an epilepsy syndrome (Fisher et al. 2017, Scheffer et al. 2017).

Figure 1: ILAE 2017 Classification (modified from Fisher et al. 2017)

Seizures are initiated in neurons due to high-frequency burst of action potential caused due to long-lasting depolarization of neuronal membranes by an influx of extracellular Ca⁺ ions resulting in an influx of Na⁺ ions leading to repeated hyperpolarization. This is followed by afterpotential hyperpolarization that involves GABA and K^+ channels. Neighbouring neurons also lose their ability to inhibit this burst due to the accumulation of K^+ and Ca^+ ions extracellularly and activation of NMDA receptors leading to propagation of the seizures. The extent and type of seizing activity is a result of several factors. Intrinsic factors include ion channel-numbers, -types, and -distribution that affect conductance, activation of secondary messenger system, protein expression changes determined by gene transcription, translation, and post-translational modification. Extrinsic factors include neurotransmitter concentration and type, extracellular receptor modification, spatial and temporal factors, neuronal networks, and properties of synaptic junctions, and the role of non-neuronal cell types such as astrocytes and oligodendrocytes. The basic mechanism behind the role of triggers such as sleep, fever, alcohol deprivation is not clearly understood, while rudimentary knowledge is available on seizure initiation and propagation (Shorvon et al. 2010, Kasper et al. 2015).

Epileptogenesis is the process by which the triggers leading to cortical hyperexcitability further lead to full-blown epileptic convulsions. The timeline between the initiating factors and the consequence can vary due to delays in alterations of neuron's properties, reduced inhibitory activity threshold, etc. Neuronal networks in thalamic-cortical regions are sites for initiation of generalized seizures and are mostly genetic in origin. In focal seizures, hemisphere-specific limbic and neocortical neurons are the origin sites and are usually caused due to structural abnormalities. Absence seizures are usually due to excessive inhibition of neuronal electric discharge, unlike other seizures (Shorvon et al. 2010, Kasper et al. 2015, Thijs et al. 2019).

Antiepileptic drugs can control seizures. In several cases, lifelong treatment is required, while in up to 70% of adults, antiepileptic therapy is discontinued once seizures are completely controlled. Medication is prescribed, keeping in mind the age, sex, types of seizures, clinical comorbidities, effect on precipitating factors, efficacy, toxicity, and interaction of drugs. Antiepileptic drug therapy is begun once epilepsy diagnosis is made or when epileptogenic factors such as lesions, infections, or trauma have been identified. Although several drugs have been developed to counter seizures, old medications are often used as the first line of therapy that includes valproic acid, phenytoin, carbamazepine, and ethosuximide. Twenty percent of patients with epilepsy are resistant to antiepileptic drug therapy. Surgical procedures that include lesionectomy, region-specific lobotomy, transections to disconnect cortical neurons to prevent the spread of seizure activity are conducted once a surgical evaluation is done, and when the use of drugs is deemed unsuccessful. Vagus nerve stimulation by placing an electrode is a relatively recent treatment option for patients who are not candidates for surgical procedures (Thijs et al. 2019, Kasper et al. 2015).

1.1 Genetic generalized epilepsy

Genetic generalized epilepsy (GGE), earlier known as idiopathic generalized epilepsy, contributes to about a quarter of all epileptic cases. These are characterized mostly by bilateral generalized tonic-clonic seizures, myoclonic jerks, and absence seizures, while febrile, tonic, and atonic seizures are also observed. The seizures are reflected in electroencephalograms as generalized poly spike and wave discharges, suggesting a synchronized hyperexcited state of thalamocortical circuits (epilepsydiagnosis.org). The seizure activity occurs in both cerebral cortex hemispheres. In earlier times, the patient's cognition, intelligence, and brain imaging were considered normal. However, with advances in imaging technology, volumetric differences in various brain subregions in GGE cases, when compared to healthy individuals have been identified, while a small number of patients also exhibit temporary or permanent cognitive impairment. The risk and frequency of status epilepticus are ambiguous. The most common form of status epilepticus is absence status, which is prolonged, generalized, nonconvulsive seizures with variable consciousness levels. GGE patients with persisting GTCS due to abnormal lifestyle factors and poor compliance to therapy have an increased SUDEP risk. The antiepileptic medications effectively control seizures, although the remission rate varies across the different GGE syndromes (Kay and Szaflarski 2014, Nuyts et al. 2017, Nilo, Gelisse and Crespel 2020). The genetic component plays a crucial role in the aetiology of the disease. No clear-cut inheritance model has been accepted due to inconsistency in the presentation of epilepsy in family members. Both single gene and copy number variations have been identified to lead to genetic generalized epilepsy (Mullen and Berkovic 2018, Guerrini, Marini and Barba 2019).

Based on the age of onset and types of seizures presented, classic syndromes of GGE's include childhood absence epilepsy (CAE), juvenile absence epilepsy (JAE) and juvenile myoclonic epilepsy (JME), and epilepsy with generalized tonic-clonic seizures alone (EGTCS). These are also the most common forms of GGE. Rarer forms include generalized epilepsy with febrile seizures plus (GEFS+), severe myoclonic epilepsy of infancy (SMEI), benign myoclonic epilepsy in infancy (BMEI), epilepsy with myoclonic absences (EMA), epilepsy with Eyelid Myoclonia and myoclonic-astatic epilepsy (MAE) (Table 1). This thesis's focus is the genetics of juvenile myoclonic epilepsy.

Bold – Mandatory seizures, EE – Epileptic encephalopathy, GTCS – Generalized tonic-clonic seizures.

1.2 Epilepsy consortia studies

With the availability of NGS technologies, our abilities to sequence and study complete exome and genome sequences have been substantially enhanced. This has become a powerful tool to comprehensively study genetic variants contribution to a disorder in a single patient or in a large cohort. One of the earliest studies exploring genetic architecture of GGE was conducted for 118 European GGE patients by whole exome sequencing, and screening for potential epilepsy variant found in 878 GGE cases, but it did not identify any significant GGE-associated variant or pathways (Heinzen et al. 2012). Among the top-ranking variants, heterozygous *GREM1* p.Pro35Ala was the most enriched GGE associated variant located near the epilepsy CNV hotspot 15q13.3, while heterozygous missense variants in *PSME2, BTD* and *PEX6* and homozygous variant in *AGPAT3* were absent in controls and found in more than three epilepsy cases (Heinzen et al. 2012). Targeted Sanger sequencing of 237 channel genes in 152 GGE cases also did not identify any significantly associated variant or gene or gene family (Klassen et al. 2011). Combination of common and rare variants in complex patterns were inferred to contribute to disease causation (Klassen et al. 2011). Whole exome sequencing of 152 European GGE patients did not identify enrichment of any variant while gene set analysis identified missense variants in GABAA receptor genes to exhibit significant enrichment that was recapitulated in two other cohorts of 357 and 583 GGE European patients. These variants were equally distributed among the GABA^A receptor genes. Function analysis revealed four ultra-rare, segregating, missense variants in *GABRB2* and *GABRA5,* previously unreported to cause epilepsy, to exhibit defective receptor function (May et al. 2018).

Given the complexity and heterogeneous genetics underlying epilepsy, worldwide collaborative studies were set up to explore epilepsy-associated genes, genetic variants, phenotypes in very large sample sizes. The first study analyzed 4000 epilepsy genomes, which included epileptic encephalopathy, genetic generalized epilepsy and focal epilepsy patients from multi-generational families, pairs, and sporadic individuals (Epi4KConsortia 2012). Analysis of familial genetic generalized epilepsy patients of European ancestry by a case- control study by exome sequencing identified enrichment of ultra-rare variations in known 43 dominant epilepsy and 33 epileptic encephalopathy genes (Epi4K Consortium 2017a). No single gene was study-wide significantly associated with the disorders, while the top ten ranking genes with functional variants included three known epilepsy genes (*KCNQ2*, GABRG2, and SCN1A) and the rest were ATP1A3,

CACNA1B, COPB1, KEAP1, SLC9A2. Variants with MAF > 0.1% (from ExAC and EVS database) were concluded to not contribute to familial GGE risk (Epi4K Consortium 2017a). Analysis of phenotypic elements of familial GGE patients from the Epi4K collections revealed several strongly heritable features particularly age of onset which was predominantly during adolescence (Epi4K Consortium 2017b, Ellis et al. 2019, Ellis et al. 2020). Absence epilepsy did not segregate strongly with JME but did so with MAE. Female preponderance was observed, while no "maternal effect" was identified (Epi4K Consortium 2017b).

A major study that aimed to cover 25000 epilepsy genomes began with analysis of 9170 affected samples that included 4,453 GGE patients of European descent by whole exome sequencing (Epi25 Collaborative 2019). No single gene exhibited study-wide statistical significance while known or potential epilepsy associated genes exhibited higher burden of ultra-rare variants whose allele count is not more than three. Ultra-rare nonsynonymous variants, notably protein truncating variants in GGE cases were largely present in genes intolerant to loss of function changes. Missense ultra-rare variants were at least 2-fold enriched in GGE patients over controls in known epilepsy genes and brain expression enriched genes (Epi25 Collaborative 2019). Singleton ultra-rare variants in *CACNA1G* and *UNC79* were top ten ranking GGE-associated, brain-enriched and novel epilepsy genes that function as ion channels or ion channel interactors. The rest top ranking genes with singleton variants were in *EEF1A2, GABRG2, ALDH4A1, SLC6A1, RC3H2, GABRA1, DNAJC13 and ZBTB2* (Epi25Collaborative 2019*).* GABA^A receptor subunits encoding genes exhibited higher burden of protein- truncating variants among GGE patients, while missense variants burden was elevated in GABA^A receptor subunits, voltage-gated cation channel encoding genes and GABAergic pathway genes but not in ionotropic glutamate receptor subunits and nicotinic acetylcholine receptor subunits encoding genes. The GABA receptor subunit variant burden reiterates an earlier finding in an exome-based case-control study (May et al. 2018, Epi25 Collaborative 2019). Top ten ranking GGE associated genes with up to three variant allele counts were *EEF1A2, UNC79, RC3H2, GABRA1, GABRG2, IRAK3, F9, PARVG, ALDH4A1* and *SLC6A1* (Epi25 Collaborative 2019). The variant burden and genic association to GGE recapitulates the findings by the Epi4K study which had over representation of familial cases whereas the Epi25K study were mostly sporadic (Epi25 Collaborative 2019). Contribution of common genetic variants to GGE risk was estimated by polygenic risk scores which were significantly higher in GGE patients over control subjects

and focal epilepsy cohort of non-Finnish European ancestry (Leu et al. 2019). Polygenic risk scores in Finnish GGE cases were significantly higher over healthy subjects while the phenotypic variance was not efficiently justified by the scores when compared to non-Finnish European cohort. GGE risk in Japanese epilepsy cohort could not be estimated by polygenic risk scores (Leu et al. 2019). Copy number variations at epilepsy associated hotspots exhibited significant association to GGE unlike other epilepsy syndromes studied (Niestroj et al. 2020). More than 2 Mb deletion CNVs at epilepsy hotspots 16p13.11 and 22q11.2, as well as smaller CNVs at 15q13.3 and 16p13.11 were enriched in GGE cases. More than 2 Mb duplications were enriched in GGE cases with febrile seizure over GGE cases without febrile seizures. Network analysis of genes affected by CNVs in GGE cases identified *APP*, *SUMO3*, and *UBE3A* to centrally connect other genes. These three genes have not been previously associated with epilepsy but are known to cause neurological defects in presence of pathogenic variations (Niestroj et al. 2020).

An extension of Epi25k collaborative study involved additional 13,171 epileptic cases that included 5303 GGE patients that also included samples with non-European ancestry (Epi25 Collaborative 2021). Top ten ranking GGE associated genes that were ranked for genes with more than one ultra-rare pathogenic variant included four known epilepsy genes, *SLC6A1, SCN1A, GRIN2A, GABRA1* while the rest were *FBXO42, DAW1, NUP98, KCNK18, ZNF324B* and *C1orf112* (Epi25 Collaborative 2021). Only *SLC26A1, SCN1A* and *GABRA1* overlapped with top ten gene ranks from Epi4K and the first Epi25K findings. Ultra-rare missense variants in known epileptic encephalopathy genes particularly in sub-genic intolerant regions as defined by MTR scores were enriched in GGE patient cohort. ClinVar ultra-rare pathogenic variants were also enriched in GGE patients especially protein truncating variants and the missense variants located in sub-genic intolerant regions. Protein truncating variants, not missense variants were enriched in GGE cases in loss of function variant intolerant genes unreported to be associated with any disease, defined as those not reported in OMIM database. *NLGN2, HDLBP, RC3H2* and *XPO5* were top candidates for LOF intolerant, non-OMIM, GGE enriched protein truncating variants (Epi25 Collaborative 2021).

The findings of a few large-scale consortia studies so far indicate that no single gene has study- wise significance with respect to burden of rare pathogenic variants. This reflects the enormous complexity and heterogenous genetic background underlying epilepsy pathology and suggests requirement of even higher number of samples to achieve statistical significance. As expected, several known epilepsy genes have been identified, while a few genes not previously associated with epilepsy or neurological phenotypes have also been highlighted suggesting that several novel genes are yet to be discovered. Milder epilepsy phenotypes have missense variant burden in genes associated with severe epilepsy phenotypes caused usually due to protein truncating variations, connecting the severity of the phenotype with the type of variation. No clear phenotype-genotype corelation could be made from these studies. The difference in top ranking epilepsy associated candidate genes across the studies is primarily due to difference in the analysis methodologies. The major limitation of these studies is lack of non-European samples.

1.3 Juvenile myoclonic epilepsy

1.3.1 History

JME was first described in 1867 by Théodore Herpin, a Parisian clinician, in a 14-year-old boy who presented myoclonic jerks. The next report was described in a thesis where five patients were diagnosed with JME clinical manifestations in 1899 by Leon Rabot. Janz and Christian in 1957 proposed that these clinical presentations be a distinct epileptic disorder along with identifying specific precipitating factors, on studying 45 epileptic cases and naming it *impulsive petit mal* due to which JME is also known as Janz syndrome. Lund first coined the term Juvenile myoclonic epilepsy in 1976. In 1982, Gastaut referred to JME as *Herpin–Rabot syndrome* after authors described epileptic patients who presented JME clinical symptoms described in essays titled *De la myoclonie épileptique* and *Des access incomplets D'epilepsie.* Delgado Escueta described this disease as juvenile myoclonic epilepsy of Janz in 1984. ILAE's 1989 proposal of classification of epileptic disorders termed it juvenile myoclonic epilepsy. ILAE's 2017 revision of the 2003's classification retained the term juvenile myoclonic epilepsy and classified it under genetic generalized epilepsy since greater than 50% of JME cases are family history positive, indicating genetic predisposition (Genton and Gelisse 2013, Yacubian 2017).

1.3.2 Epidemiology

The incidence of JME is 1 in 100,000 people, while the prevalence ranged from 0.1 to 0.2 per 1000 people. The occurrence of JME varies across countries, but generally accepted values lie between 1-10% among all epilepsies, and among generalized epilepsies, the value is about 18% (Jallon and Latour 2005). The prevalence varies from 3% (population-based

prevalence) to 12% (hospital/clinic-based prevalence) of all epilepsies (Nicoletti et al. 1999, Delgado-Escueta 2007). Literature suggests both male and female preponderance based on population and time of the study. Recent studies indicate higher representation among women up to 60% (Camfield, Striano and Camfield 2013, Christensen et al. 2005). 15-18% of CAE evolves into JME (Wirrell et al. 1996, Martínez-Juárez et al. 2006).

1.3.3 Seizure types and reflex traits

Three main seizure subtypes are observed in JME cases. Generalized tonic-clonic seizures (GTCS), earlier known as 'grand mal seizures' are characterized by tonic muscle contractions leading to clonic rhythmic jerking due to alternating muscle contraction and relaxation, resulting in unresponsiveness and muscle flaccidity throughout one's body. Myoclonic seizures or jerks are portrayed by an increase in muscle tone resulting in sudden and brief contractions in one or several parts of the body. Absence seizures are also known as 'petit mal seizures' are characterized by short temporary loss of consciousness without any changes in postural control. Although no other major clinical manifestation is observed, subtle signs of rapid blinking, chewing, or arms movement can be seen. Early morning, bilateral myoclonic jerks are the flagship seizures for JME diagnosis. GTCS is found to occur in 80- 95% of JME cases. Absence seizures occur in about 31.9% of the patients (12.8% begin in the first decade of life and 19.1% exhibit juvenile-onset) (Panayiotopoulos, Obeid and Waheed 1989, Usui et al. 2005, Yacubian 2017). Reflex traits are also known to be associated with JME. They are photosensitivity (PS) present in 25-38%, eye closure sensitivity (ECS) in 15-20%, praxis induction (PI) in 30-50% and orofacial reflex myoclonia (ORM) is 26-40% of cases (Mayer et al. 2006, Guaranha et al. 2009, Guaranha et al. 2011, Yacubian and Wolf 2014, Yacubian and Wolf 2015, Gelžinienė, Endzinienė and Jurkevičienė 2015, Millichap and Millichap 2015, Wolf et al. 2015, Baykan and Wolf 2017).

1.3.4 Age of onset

Seizures begin during adolescence, around puberty, where myoclonic jerks are the first of the seizures to occur; after a gap of 3.3 years, there is a recurrence of seizures. In 25% of cases, GTCS is the first seizure to occur, while in 33% of cases, GTCS and myoclonic jerks cooccur. Absences occur first in about 15% of the cases. Myoclonus, usually the onset symptom, occurs around 12 - 14 years of age among girls and around 14 - 16 years of age among boys. In cases of CAE evolving into JME, the onset of absence seizures is around 4.5 ± 2.5 years (Panayiotopoulos et al. 1989, Panayiotopoulos, Obeid and Tahan 1994, Yacubian 2017).

1.3.5 Precipitating factors

Several factors have been identified to trigger seizures in JME patients. Sleep deprivation contributed the highest risk in developing seizures either by itself or in combination with other factors, followed by menstruation in women. Stress caused by both mental and physical activities amounted to the third-highest risk contribution. Photic stimulation by viewing videos or flashing lights also triggered seizures. Other factors that promoted seizures include sudden auditory stimuli, alcohol intake or withdrawal, drug abuse, activities requiring concentration, complex mental calculations or decision-making thoughts and, sudden awakening or element of surprise. These risk factors' contribution varies with studies conducted across the world (Murthy, Rao and Meena 1998, da Silva Sousa et al. 2005).

1.3.6 Psychosocial and cognitive dysfunctions

Behavioural and psychiatric defects such as mood swings, anxiety, forgetfulness, etc. are observed in JME patients. Their contribution ranges from 25-75%. Cluster B personality disorders (PD), which consist of emotional instability, immaturity, and lack of discipline identified by MRI studies, also indicated prefrontal cortical abnormalities in JME patients. Varying aspects of cognitive function are affected in JME patients, such as learning difficulties, verbal fluency, and working memory, including impulsive decision-making capacity and reasoning. However, intellectual capacity is found to be unaltered and behavioural defects also vary with age. With disease progression, the severity of the symptoms presented increase. It is yet unclear whether personality disorders are a cause or effect of JME (de Araújo Filho et al. 2007, Wolf et al. 2015, Gilsoul et al. 2019).

1.3.7 Neuropathology

The presence of structural and physiological abnormalities in the brain of JME patients is debatable. Studies reporting both the presence and absence of differences when matched with their control samples, are available. Brain autopsy studies have uncovered alterations in the subcortical white matter showing increased neuronal density. A reduced number of axons have been observed in the anterior horn of the spinal cord. Structural MRI studies using voxel-based morphometry (VBM), surface-based morphometry, and diffusion tensor imaging (DTI) have indicated abnormal cortical layers thickening or thinning and volume reduction in

the thalamus and hippocampus. White matter structural integrity was modified, affecting connectivity in the corpus callosum and with the primary motor cortex. Functional MRI studies have identified dysfunctional connectivity between motor and frontal cognitive neural networks (Gilsoul et al. 2019).

Molecular MRI and PET studies in JME patient brains have identified alteration in levels of several metabolites. N-acetyl aspartate (NAA) in the prefrontal cortex, frontal lobe, thalamus, and hippocampus was found to be reduced. Brain glutamate Glx (Glutamine and Glutamate) was found to be increased in the thalamus, striatum, and insula and reduced in the medial prefrontal cortex and the primary motor cortex. Inhibitory neurotransmitter GABA (γ aminobutyric acid) concentrations were reduced in the thalamus and increased in the prefrontal cortex. Dopamine transporter (DAT) binding sites numbers in the midbrain were reduced. Dopamine D2/D3 receptor binding sites have been demonstrated to be reduced in the posterior putamen, while serotonin 1A receptor binding was decreased in the dorsolateral prefrontal cortex, the raphe nuclei, and the hippocampus (Gilsoul et al. 2019).

1.3.8 Management and treatment

The main course of treatment is antiepileptic drugs (AED). Medications are selected such that they do not aggravate seizure promoting factors, interact with other medication prescribed for other underlying clinical conditions, and do not have harsh side effects. Other criteria for drug selection, in addition to efficacy, include types of seizures presented, the ability of the patient to follow the medication routine, dosage scheduling convenience and amount, use of contraception, plans for pregnancy, and previously used drugs (Mantoan and Walker 2011, Kasper et al. 2015).

Valproic acid (VPA) is the first drug of choice to control seizures and was also reported to be used in the earliest reported JME cases. In 85-95% of JME cases, valproate controls seizures. Its mechanism of action is unclear to date, although it is known to affect the metabolism of GABA, leading to an increase in inhibitory neurotransmitter GABA in the brain. Side effects include ataxia, sedation, gastrointestinal irritation, hair loss, hepatotoxicity, thrombocytopenia, hyperammonemia, and weight gain. VPA also is severely teratogenic and is not prescribed for women belonging to the child-bearing age group. It is ineffective in patients presenting the triad of seizures, i.e., GTCS, myoclonic jerks, absence seizure, and those with psychiatric complications. VPA is the first choice of AED in men with JME (Gelisse et al. 2001, Marson et al. 2007, Mantoan and Walker 2011, Kasper et al. 2015).

Prior to the availability of VPA, phenobarbital (PB) and primidone were prescribed that controlled seizures in 86% of the patients, while phenytoin (PHT) was effective in controlling seizures in 67% of the cases. Post the 1990s; several drugs have been developed to address the drawbacks of valproate. Pharmacokinetics and toxicity of the drugs are considered while prescribing drugs to JME cases. For women of child-bearing potentials, levetiracetam or lamotrigine are prescribed. Topiramate and zonisamide anticonvulsants are teratogenic and have side effects, including psychiatric problems and weight loss. Benzodiazepines such as clonazepam, clobazam, and carbamazepine, oxcarbazepine are drugs used in combination with other AEDs to improve the overall efficacy of the medication (Mantoan and Walker 2011, Crespel et al. 2013, Landmark et al. 2019b, Serafini et al. 2019, Silvennoinen et al. 2019).

The overall prognosis in JME is good. In addition to medication, several other factors are important for controlling seizures. Proper lifestyle choices that include proper sleep-wake cycle, avoiding alcohol consumption, and avoiding drug abuse are vital to prevent seizure recurrence. Compliance with medication is also crucial in controlling seizures. A sudden stoppage and change in AED consumption can reduce the medication's effect and may instead increase the occurrence of seizures. Therapeutic drug monitoring (TDM) is useful in drug adherence and individual precision medication. TDM studies have identified extensive pharmacokinetic variability between JME patients (Landmark et al. 2019a). Psychotherapy is beneficial in patients with social and cognitive difficulties. With age, the AED's' side effects and the triggering factors fade, increasing the efficacy of the medication. Lifelong consumption of AEDs in certain cases is discontinued when there is complete control over seizures (Crespel et al. 2013, Landmark et al. 2019b).

1.4 Genetics of JME

The genetic contribution to the causation of JME has been well established. Up to 65% of all JME cases were found to be family history positive where both clinical manifestations and EEG patterns were inherited over generations (Panayiotopoulos et al. 1994, Renganathan and Delanty 2003, Jayalakshmi et al. 2006). First-degree family members have a 6% higher risk to present epilepsy, which is doubled in cases where absence seizures are also reported (Vijai et al. 2003a, Pal et al. 2006). In twin studies, concordance rates between monozygotic pairs were significantly higher than dizygotic pairs (Kjeldsen et al. 2005, Vadlamudi et al. 2014). Although these studies have indicated that a genetic component is involved in the causation of JME patients, these have not been identified for majority of the cases due to both complex inheritance patterns and the non-availability of genomic technology. Linkage analysis, association studies, candidate gene sequencing, and next-generation sequencing studies have identified 29 JME associated loci, amongst which six genes have been identified. These are described in the following sections.

1.4.1 Genes identified by linkage studies

Linkage mapping using DNA polymorphisms, especially microsatellites as markers have been used to trace the transmission of chromosomal regions over generations in families. The identification of critical recombination events helps demarcate the critical region of interest. In general, higher the number of meiotic events, narrower the interval that denotes the smallest possible region associated with a trait. Large multi-affected families affected with JME have been utilized for genome-wide linkage analyses to identify causative genes such as *GABRA1, EFHC1, CASR,* and *CILK1,* which post-identification have been screened in JME cohorts to strengthen the evidence of the gene's involvement in the disorder. Linkage mapping uses an unbiased approach without any preconception. Hence, it does not require a prior knowledge of the biology or physiology of the trait to study its inheritance, contributing to its advantage over other methods. The discovery and role of the identified genes are described in the following section.

1.4.1.1 GABRA1

Genome-wide linkage analysis in a French-Canadian family afflicted with JME identified the marker with the highest LOD score of 3.1 at locus 5q34, where the mutation p.Ala322Asp in *GABRA1* was identified. This variation was absent in controls and in 83 sporadic GGE patients that included 21 JME cases (Cossette et al. 2002). *GABRA1* variations c.248+1G>T and p.Phe104Cys were identified in JME cases of European origin and p.Lys353delin18X and p.Asp219Asn in IGE cohort of French-Canadian background (Lachance-Touchette et al. 2011, Johannesen et al. 2016). *GABRA1* was the first gene to be identified to be associated with JME. Several other studies involving *GABRA1* gene sequencing identified no other mutations in JME patients (Kapoor et al. 2003, Ma et al. 2006b), while variations were identified in GGE patients, including CAE cases (May et al. 2018). Phenotypic differences have also been observed in monozygotic twins diagnosed with generalized epilepsy having the same *GABRA1* missense mutation p.Pro181Ser (Krenn et al. 2019). *GABRA1* variants have been identified in several other types of epilepsy, including Dravet syndrome, Epileptic encephalopathy, Generalised epilepsy with febrile seizures, Infantile spasms, Ohtahara and West syndromes (Carvill et al. 2014, Johannesen et al. 2016, Kodera et al. 2016, Farnaes et al. 2017, Epi25 Collaborative 2019, Steudle et al. 2020).

γ -aminobutyric acid receptor subunit alpha-1 (*GABRA1*) is a ligand-gated chloride channel, a subunit of the heteropentameric GABA receptor, a major inhibitory neurotransmitter in the brain. GABRA1 is highly expressed in most brain regions, especially in the cerebral cortex, cerebellar sections, hippocampus, and synaptic regions. It binds to benzodiazepines or GABA neurotransmitters causing phasic inhibition (McKernan et al. 1991, Jacob, Moss and Jurd 2008). Homozygous *Gabra1* knockout mice exhibit abnormal behaviour and synaptic transmission, defective reactions to benzodiazepines, reduced life span, and essential tremors (Kralic et al. 2005). Heterozygous *Gabra1* knockout revealed alteration in the GABA receptor composition leading to a reduction in GABAergic synaptic current amplitude and an extended current rise and decay time (Zhou et al. 2013). Zebrafish *gabra1* knockouts exhibited seizures in juvenile stages that could also be induced by photic stimulation. They also exhibited defective and reduced inhibitory synaptic networks during development (Samarut et al. 2018). Zebrafish *gabra1* knockdown models exhibited reduced motility, which was partially rescued by introducing wild-type morpholinos and was not rescued in missense mutation p.Thr292Ile morpholino experiments (Reyes-Nava et al. 2020). Human epilepsy *GABRA1* mutations replicated in mammalian cells and mice presented defective postsynaptic currents affecting amplitude and decay time, absence like seizures at juvenile stages that continued and expanded to myoclonic seizures, increase in pyramidal cell spine's density, and defective GABA receptor composition (Cossette et al. 2002, Fisher 2004, Gallagher et al. 2004, Ding et al. 2010, Arain, Boyd and Gallagher 2012, Lachance-Touchette et al. 2014, Arain et al. 2015, Bai et al. 2019). The presence of altered synaptic functions and presentation of seizures in *Gabra1* mutants and null animal models explain the phenotype presented by JME patients with *GABRA1* mutations.

1.4.1.2 EFHC1

Mutations in *EFHC1* were first identified in JME patients in a Mexican family with the highest LOD scores at the 6p12-11 locus known to be linked to JME and named EJM1. Forty-four additional JME positive families from Belize and Los Angeles who also presented significant linkage at 6p12-11 were sequence analyzed for *EFHC1* identifying several other missense mutations (Liu et al. 1995, Liu et al. 1996, Suzuki et al. 2004, Bai et al. 2002).

Additional *EFHC1* mutations were also identified in other JME, IGE and TLE patients in populations from Mexico, Honduras, Japan, Austria, Italy, Turkey, and India (Stogmann et al. 2006, Annesi et al. 2007, Medina et al. 2008, Jara-Prado et al. 2012, Raju et al. 2017, Thounaojam et al. 2017, Şirinocak et al. 2019). In contrast, variants were absent or rare in Dutch, Swedish, German, and United Kingdom populations (Ma et al. 2006b, Pinto et al. 2006, Gilsoul et al. 2019). In certain Hispanic and African JME cohorts, *EFHC1* SNPs and certain previously ascertained pathogenic variations were found in a healthy control population that has questioned the variation's actual contribution to JME (Bai et al. 2009, Subaran et al. 2015). *EFHC1* missense mutations have also been identified in a SUDEP and a primary intractable epilepsy in infancy case of Moroccon-Jewish ancestry (Berger et al. 2012, Coll et al. 2016).

EF-hand domain containing 1 earlier known as Myoclonin 1 codes for a calcium-binding protein that contains three DM10 and one EF-hand domains. It localizes at the spindle poles and midbody in mitotic cells using its N- terminal microtubule-binding region, and its absence leads to cell division and migration defects (de Nijs et al. 2006, de Nijs et al. 2009). Monomeric EFHC1's C- terminal region interacts with Ca^{+2} or Mg^{+2} , which is abolished on dimerization (Murai et al. 2008). *Efhc1* is expressed ubiquitously, strongly in fallopian tubes and testis. In the mouse adult brain, it is expressed in neuronal cells in the cortex, striatum, hippocampus, cerebellum, and a few glial cells in the cortex. It is also expressed in the cilia of ependymal cells lining the ventricles, sperm flagella, and tracheal cilia (Ikeda et al. 2005). During mouse development, at E16, *Efhc1* is expressed in brain ventricles, in choroid plexus, and radial glial fibres of piriform and neocortex regions (Léon et al. 2010, Suzuki et al. 2004, Suzuki et al. 2008). Homozygous and heterozygous *Efhc1* mice knockouts were fertile, but the former exhibited enlarged brain ventricles with reduced cilia motility and smaller hippocampus, whereas these abnormal anatomical features were absent in the latter. Both mice exhibited spontaneous seizures with higher frequency in homozygote knockouts, whose susceptibility increased on chemical induction (Suzuki et al. 2009). In *Xenopus laevis,* efhc1 is expressed in ciliary axonemes in epidermal, gastrocoel roof plate, and neural tube cells but is absent in the basal body. Its knockdown leads to defective CNS patterns and neural crest formation due to disruption in Wnt expression and its signalling pathway (Zhao et al. 2016). In *Drosophila Efhc1* knockouts, the number of synaptic boutons at the neuromuscular junction synapse, terminal branching of dendrites, and spontaneous neurotransmitter release were enhanced (Rossetto et al. 2011). In *C. elegans*, *efhc-1* is present in both nonmotile cilia and motile cilia. It is also present at presynaptic regions of dopaminergic neurons wherein it regulates its mechanosensation (Loucks et al. 2019). Mutations identified in JME patients exhibited mitotic defects in mammalian cells, abnormal radial and tangential migration of neuroblasts, and altered apoptotic activity in primary mouse hippocampal neurons (Suzuki et al. 2004, de Nijs et al. 2009, Katano et al. 2012, de Nijs et al. 2012, Raju et al. 2017). These findings indicate that loss of EFHC1 functions leads to mild defects in neuronal migration and synapse formation resulting in abnormal neuronal circuitry during cortical development that probably induces seizures in postnatal timelines (Grisar et al. 2012).

1.4.1.3 CASR

Linkage analysis in a three-generation GGE affected family from India identified the locus at 3q13.3‐q21 to be associated with the disorder, with most of the affected individuals having JME. Candidate gene sequencing identified rare missense mutation p.Arg898Gln in *CASR* that segregated in the family. Several other missense mutations were identified on screening *CASR* in additional GGE patients (Kapoor et al. 2008). A patient with both intractable generalized epilepsy in addition to intellectual disability and hypocalcemia with missense mutation p.Phe788Cys in *CASR* has been reported (Rossi et al. 2019). *CASR* mutation p.Leu123Ser was identified in a patient with hypocalcemia who also presented seizures, cognitive impairment, and neuropsychological disabilities during childhood, while his mother exhibited mosaicism for the variant and was normal (Regala et al. 2015). Mutations in *CASR* have also been identified in patients with hyperparathyroidism, hypocalcemia, and hypocalcemia associated with hypercalcemia or Bartter syndrome (Thakker 2004, Hendy, Guarnieri and Canaff 2009, Vahe et al. 2017, Nissen and Rejnmark 2019). Calcium-sensing receptor CASR is a seven-transmembrane G protein-coupled receptor that senses fluctuation in extracellular calcium ions using its extracellular domain, thereby maintaining homeostasis (Gama and Breitwieser 1998, Ray et al. 1997, Bai 2004, Huang et al. 2009, Brown 2013). The intracellular domain participates in regulating its cell surface expression and signal transduction via interaction with various intracellular factors (Ray et al. 1997, Ward 2004, Huang and Miller 2007). CASR is expressed highly in the parathyroid glands and kidney and is also present in various brain regions with the highest expression in the hypothalamus and corpus striatum. Its punctate localization in nerve terminals probably indicates its role in regulating neurotransmitter release in synaptic regions in response to calcium levels (Brown et al. 1993, Ruat et al. 1995, Kapoor et al. 2008). CASR was found to regulate voltage-gated sodium channels (VGSC), Ca^{2+} activated potassium (BK) channels currents, and nonselective cation channel (NSCC) activity modulating neuronal excitability (Chen et al. 2010, Vysotskaya et al. 2014, Mattheisen, Tsintsadze and Smith 2018). *Casr* null mice exhibit parathyroid hyperplasia, reduced growth, osteomalacia, and premature death. They also have high serum concentrations of parathyroid hormone and calcium, which is also observed in heterozygous knockouts with partial effects (Ho et al. 1995, Tu et al. 2003). Homozygous *Casr* and *Gcm2*/*Pth* double knock out mice did not have the phenotypic abnormalities exhibited by *Casr* only null mice (Kos et al. 2003, Tu et al. 2003). Nuf mice model which exhibited cataract, ectopic calcification, hypocalcemia, hyperphosphatemia, hypoparathyroidism was identified to have a missense mutation p.Lys723Gln in *Casr*, while heterozygous Nuf mice exhibited a milder phenotype (Hough et al. 2004). *CASR* mutations identified in GGE patients disrupted its intracellular retention that is naturally brought about by phosphorylation of arginine motif, which led to an increase in plasma membrane expression in mammalian cells affecting its downstream signalling pathways (Stepanchick et al. 2010). CASR was also found to regulate dendritic and axonal growth of the prenatal peripheral nervous system and postnatal hippocampal pyramidal neurons (Vizard et al. 2008, Jones and Smith 2016). CASR's functions concerning neuronal excitability and its probable impact on seizures mirror the findings of *CASR* mutations amongst GGE/JME patients.

1.4.1.4 CILK1

Linkage analysis of a 37 -member JME afflicted family of European/Amerind ancestry identified significant linkage at locus 6p12.2 with a maximum LOD score of 3.35. Whole exome sequencing of 6 individuals from the family identified the only nonsynonymous variant p.Lys305Thr at this locus to be present in the *CILK1* gene that also segregated with the disease in the family. Additional 22 rare *CILK1* variants were identified among 310 JME patients who were mostly of Hispanic, European - American Indian, and Japanese ancestry (Bailey et al. 2018). Rare *CILK1* variants were not identified in 1149 GGE, of which 357 were JME in the North American population of European ancestry, indicating populationspecific risk factors involvement (Lerche, Berkovic and Lowenstein 2019). Homozygous lethal missense variations in *CILK1* have been identified in patients with endocrine-cerebroosteodysplasia initially diagnosed as Majewski-hydrolethalus phenotype in old order Amish and Turkish families (Lahiry et al. 2009, Oud et al. 2016).

Ciliogenesis associated kinase 1 (CILK1), earlier known as intestinal cell kinase (ICK), is a serine/threonine kinase related to mitogen-activating protein (MAP) kinases family. It is ubiquitously expressed with the highest expression in the spinal cord, testis, ovary, and brain (Nagase et al. 1999). In adult mice, the *Cilk1* transcript is highly expressed in lung and colon tissues, especially in intestinal crypt compartments, and lower expression in other tissues, differing from human expression pattern (Togawa et al. 2000). In developing mouse brain, Cilk1 is expressed in ganglion cells, retinal progenitor cells, ependymal cells lining the walls of the lateral ventricles, the choroid plexus, pyramidal cells in the hippocampus, neocortical cells, Purkinje cells in the cerebellum, telencephalon and cortical plate, intermediate zone, and ventricular and subventricular zones of the cerebral cortex (Bailey et al. 2018). *Cilk1* null mice presented displayed cleft palate, peripheral edema, hydrocephalus, polydactyly, delayed skeletal development, and embryonic lethality with elongated cilia and reduced Shh signalling during limb digit patterning (Moon et al. 2014). Brain-specific *Cilk* null mice had smaller cerebellum, hippocampal dentate gyrus, and exhibited ciliary defects in neuronal progenitor cells with Hedgehog signal defects (Chaya et al. 2014). Isoflurane sleepinduced heterozygous *Cilk1* null mice exhibited tonic-clonic convulsions and myoclonia (Bailey et al. 2018). EGFP tagged CILK1 localizes to the nucleus and the centrosome in mammalian cells. It is absent in motile cilia while present at the basal body in non-motile primary cilia (Yang, Jiang and Chen 2002, Oud et al. 2016, Bailey et al. 2018, Wang et al. 2020). JME *CILK1* variants exhibited defective radial migration, mitotic progression, cell cycle exit and apoptosis in neural progenitor cells and unrestricted ciliary length, reduced ciliation, mislocalization along axoneme of primary cilia in mammalian culture cells (Bailey et al. 2018, Wang et al. 2020). *CILK1* role in ciliogenesis involves its interaction with KIF3A, Scythe, Raptor, and GSK3β that affects intraflagellar transport, autophagy, mTOR, and hedgehog signalling, respectively (Fu et al. 2019). Genetic and functional studies performed on the *CILK1* variants using cellular and mice models revealed a loss of function effect explaining their roles in JME.

1.4.2 Candidate gene sequencing studies

An alternative approach to identify a gene's link to the disease either through mutation or allelic association is by exploring the sequence of notable genes. The gene to be sequenced is decided based on their location in the genome, especially if at a linked locus, mutations identified in the gene exhibiting similar phenotype, expression in tissue of interest, and its contribution to the relevant disease mechanism. In JME patient cohorts, several genes have been chosen to be screened for variations by both Sanger sequencing technique and nextgeneration sequencing techniques that include targeted gene panel and exome sequencing. Mutations in *SCN1A*, a voltage-gated ion channel expressed in the brain has been identified in patients with GEFS+, and Dravet Syndrome hence was selected to be screened in JME patients (Moulard et al. 1999, Baulac et al. 1999, Escayg et al. 2000a, Claes et al. 2001, Carranza Rojo et al. 2011). Missense mutations in *SCN1A* have been identified in European, Turkish and Malaysian populations in JME patients (Escayg et al. 2001, Lal et al. 2016, Chan et al. 2020). *CACNA1G*, a low voltage-activated Ca(v)3.1 T-type calcium channel, was selected to be screened in JME patients since mutations in its associate subunit *CACNA1H* have been identified in CAE patients (Chen et al. 2003, Heron et al. 2007). *CACNA1G* mutations in Japanese JME patients were identified (Singh et al. 2007). *CHD2* mutations are known to cause epileptic encephalopathy in children, among whom several patients exhibited photosensitivity (Carvill et al. 2013). Photosensitivity being a seizure trigger for several GGE patients, *CHD2* was screened among these that identified one JME patient with *CHD2* missense mutation in addition to mutations in other types of GGE patients (Galizia et al. 2015). Candidate genes extensively researched in JME patients include *GABRD* and *CACNB4,* which are described in the following section.

1.4.2.1 GABRD

GABRD gene was sequenced in IGE, GEFS+, and FS patients since mutations in GABA_A receptor genes that GABRD forms channels with, have been detected in GGE patients. A homozygous p.Arg220His allele was identified in one JME patient. This variation was commonly found in controls and was absent as a homozygous allele in other JME and IGE cases screened, indicating it was not a common factor in JME. However, mammalian cell based electrophysiological experiments indicated that this variant exhibited reduced current amplitude in both homo- and hetero-zygous conditions. Variants p.Arg220His, p.Glu177Ala, and p.Arg220Cys in heterozygous conditions were identified in other GEFS+ family individuals that segregated in a polygenic manner that were primarily of European descent (Dibbens et al. 2004, Lenzen et al. 2005c). *GABRD* variations are not associated with temporal lobe epilepsy preceded by febrile seizures patients and in patients with neurodevelopmental disorders with epilepsy (Ma et al. 2006a, Heyne et al. 2019). *GABRD* ins-del variant leading to 2 missense variants, p.Met166Ile, p.Asp167Asn, was identified in a Rett syndrome patient (Okamoto et al. 2015). *GABRD* via gene-gene interaction with *GABRB3* contributes to increased risk for autism spectrum disorders in Argentinian populations while a *GABRD* SNP was identified to increase susceptibility to a childhoodonset mood disorders in the Hungarian population (Feng et al. 2010, Sesarini et al. 2014).

Gamma-aminobutyric acid receptor, delta (*GABRD*), is located at extra-synaptic and perisynaptic locations and mediate tonic inhibition (Dibbens et al. 2004). It is highly expressed in various brain regions, especially in the cerebellum, cerebral cortex, putamen, occipital lobe, temporal lobe, and frontal lobe. It is expressed in low amounts in the kidney (Windpassinger et al. 2002). Homozygous *Gabrd* null mice exhibited postpartum depression leading to maternal neglect and reduced pup survival, impaired memory, enhanced fear acquisition, and impaired adult neurogenesis due to migration, maturation, and dendritic development defects (Whissell et al. 2013, Maguire and Mody 2008).

1.4.2.2 CACNB4

CACNB4 gene was sequenced in a cohort of GGE and Ataxia patients that included 49 JME cases since mouse mutant *lethargic* that contains truncating mutation in *Cacnb4* exhibited ataxia, hypomotor behaviour, focal motor seizures, and absence seizures. Heterozygous rare nonsense mutation p.Arg482Ter was identified in one JME case that co-segregates with the family's disease. Functional analysis of p.Arg482Ter in *Xenopus laevis* oocytes identified the absence of slowly inactivating inward Ba^{+2} currents, increased current density and altered inactivation kinetics and affected nuclear localization in HEK293, CHO, and hippocampal neurons at seven days *in vitro* cells due to its inability to interact with Ppp2r5 affecting neuronal excitability to gene expression coupling, but did not affect its nuclear localization in tsA-201 cells, skeletal myotubes, and in hippocampal neurons (Burgess et al. 1997, Escayg et al. 2000b, Tadmouri et al. 2012, Etemad et al. 2014). *CACNB4* heterozygous mutation p.Arg468Gln in *SCN1A* mutation-positive background in severe myoclonic epilepsy in infancy case exhibited increased Ba^{+2} current density in mammalian cell electrophysiological experiments. A homozygous mutation p.Leu126Pro in a patient with a neurodevelopmental disorder that included intellectual disability, psychomotor retardation, blindness, epilepsy, movement disorder, and cerebellar atrophy did not associate with a calcium channel complex, lost nuclear localization property in cultured myotubes and hippocampal neurons and interaction with TNIK impairing its function (Ohmori et al. 2008, Coste de Bagneaux et al. 2020).

Calcium voltage-gated channel auxiliary subunit beta 4 (*CACNB4*) codes for the auxiliary β⁴ subunit of the P/Q-type calcium channels regulating the amplitude, kinetics, and voltagedependence of calcium currents of high-voltage-gated calcium channels that in turn regulates rapid neurotransmitter release in the brain. CACNB4 is expressed in the kidney, testis, retina, lymphocytes, and lymphoblasts with the highest expression in the cerebellum and lower expression in the hippocampus among brain regions (Day et al. 1998, Escayg et al. 1998). Its localization progresses from cytoplasm/plasma membrane to nucleus as *in vitro* neurons differentiate. In the plasma membrane, it affects calcium channel properties, while in the nucleus, it regulates gene expression of tyrosine hydroxylase by repressing it (Tadmouri et al. 2012).

1.4.3 Non-mendelian JME and association studies

A comparison of SNP allele frequencies between patients and healthy individuals would identify those SNPs that pose a greater risk for the disease's predisposition. This can be conducted either by selecting a previously known set of polymorphisms and screen them in a cohort or genome-wide association analysis that would pick up multiple loci that could be related to the disease. Mendelian and non-mendelian method of inheritance of alleles would be detected that would include incompletely penetrant alleles and risk alleles associated with oligo or polygenic inheritance models. Population stratification can pose problems in such studies, which increases the number of false positives. GWAS, case-control, and familybased association studies have been conducted in several JME populations and have identified several loci and genes to contribute to JME risk. While *BRD2*, *GJD2,* and *ME2* associations were replicated in more than one study, have been described below, other genes associated with JME have been listed in Table 2.

1.4.3.1 BRD2

Case-control SNP analysis in samples JME samples that had exhibited significant linkage at previously identified JME locus EJM1 at 6p21 identified a strong association of SNPs rs3918149 (c.-1765G>A) and rs206787 (c.-1900A>T) located in the promoter region of the *BRD2* gene (Pal et al. 2003). Studies have also reported no association between the *BRD2* gene and JME in Europeans and GGE with photosensitivity in the Turkish population (Cavalleri et al. 2007, Yavuz et al. 2012, Schulz et al. 2019). Opposing studies report *BRD2* promoter hypermethylation in JME patients of Caucasian origin (Pathak et al. 2018). The 5'UTR c.-198A/T polymorphism in the *BRD2* gene was found to be associated with JME patients, while c.-198A/A was overrepresented in controls when compared to JME patients (Mehndiratta et al. 2007).

Bromodomain-containing protein 2 (*BRD2*) is a transcription factor that belongs to the BET family of proteins containing two tandem bromodomains and an extra-terminal domain that are involved in cellular proliferation and differentiation processes (Taniguchi 2016). The balance between neuronal proliferation and differentiation is maintained by growth factor Pleiotrophin – Brd2 interaction by preventing the association of Brd2 to chromatin in the embryonic nervous system (Garcia-Gutierrez et al. 2014). *Brd2,* also known as female sterile homeotic related gene - 1, *Fsrg1* is ubiquitously expressed, especially in hormonally modulated epithelia, including the mammary gland, ovary, kidney, and uterus (Rhee et al. 1998, Trousdale and Wolgemuth 2004). Brd2 mRNA is expressed in the brain, both in the hippocampus and cerebellum, while the protein can only be detected in the cerebellar Purkinje cells and not in hippocampal cells. Human brain regions cerebellum, cerebral cortex, medulla, spinal cord, occipital cortex, frontal cortex, temporal cortex, and putamen expresses *BRD2* transcript (Shang et al. 2011). Homozygous *Brd2* null mice exhibit embryonic lethality at E13.5 when Brd2 is highly expressed in the developing brain and show severe nervous system development defects (Gyuris et al. 2009, Shang et al. 2009). Heterozygous *Brd2* null mice are seemingly phenotypically normal but exhibit spontaneous generalized seizures on flurothyl vapor inhalation whose threshold varied between sexes during adolescence. Behavioural tests identified increased aggression in both sexes while decreased anxiety in females. The number of GABAergic neurons was decreased in the neocortex, striatum, substantia nigra reticulata, superior colliculus, and basolateral amygdala in *Brd2* Het mice that probably leads to seizure susceptibility (Chachua et al. 2014, Velíšek et al. 2011). *Brd2* Zebrafish morpholino knockdowns exhibited defective patterning of segmental tissue, especially the CNS with reduced hindbrain and an ill-defined midbrainhindbrain boundary (MHB) region; irregular notochord, neural tube, and somites; and abnormalities in the ventral trunk and ventral nerve cord interneuron positioning were observed with extensive cellular apoptosis (Murphy et al. 2017).

1.4.3.2 GJD2

GJD2 is a neuron-specific gap junction protein-coding gene that lies at the EJM2 locus at chromosome 15q14, contributing to genetic susceptibility to JME. The locus also has genes *CHRNA4*, GABA_A α_5 , β_3 , and γ_3 subunit gene cluster (Elmslie et al. 1997, Sander et al. 1997). *GJD2* gene sequencing in EJM2+JME patients and ethnically matched controls identified homozygous SNP rs3743123, p.Ser196Ser, c.588C>T associated with the disease in the European population (Mas et al. 2004, Hempelmann, Heils and Sander 2006).

GJD2, also called connexin-36 (CX36), belongs to the connexin gene family that are radially organized to form intercellular channels. GJD2 is expressed in the inferior olivary complex, cerebellar cortex, olfactory bulbs, brainstem nuclei, reticular thalamic nuclei, cerebral cortex, and (GABA)ergic interneurons of the adult mice's hippocampus and in the developing mouse's forebrain at E9.5 (Belluardo et al. 1999). *Gjd2* null mice were deficient in electrical synapses, exhibited impaired γ-frequency oscillation between interneurons of hippocampus and cortex, and kainite- induced spontaneous generation of sharp wave/ripple activity in the interneuronal network (Deans et al. 2001, Hormuzdi et al. 2001, Pais et al. 2003).

1.4.3.3 ME2

Genome scan analysis of small IGE families that include JME families supports an oligogenic model with the strongest evidence for locus in chromosome 18 (LOD score - 4.4/5.2 multipoint/two-point) in addition to other loci (Durner et al. 2001). Case-control and family-based association studies identified strong evidence of several SNPs located in the promoter of the *ME2* gene association to adolescent-onset IGE cases that included several JME index patients. Homozygous nine-SNP haplotype in a recessive inheritance model was found to increase the risk for IGE populations of European origin (Greenberg et al. 2005). Analysis of *ME2* SNPs in a freshly recruited GGE cohort and reanalysis in previously collected data supported *ME2* haplotype's association with the disease while *ME2* SNP genotyping studies in a German IGE cohort indicated otherwise (Lenzen et al. 2005b, Wang, Greenberg and Stewart 2019). SNPs within the *ME2* gene have also been associated with psychosis and mania, as well as 5.6-fold lower expression of *ME2* in anterior cingulate tissue post-mortem brains of bipolar patients (Lee et al. 2007).

Malic enzyme 2 (ME2) is a nuclear gene that codes for a homotetrameric mitochondrial NAD(+)-dependent enzyme that is involved in glucose metabolism by reversibly catalyzing the oxidative decarboxylation of malate to pyruvate, which is required for the synthesis of γ aminobutyric acid (GABA) in neurons and provide NADPH to maintain intramitochondrial glutathione required for survival of neurons (Greenberg et al. 2005). Malic enzyme kinetic activity was enhanced in mitochondria of cortical synaptic terminals when compared to primary cultures of cortical neurons, cerebellar granule cells, or astrocytes (McKenna et al. 2000).

Table 2. Gene SNPs associated with JME

CC- Case-control association study, FB – Family-based association, GWAS – genome-wide association study

1.4.4 Copy number variations in JME

Structural deletions or duplications, ranging from tandem to complex multisite chromosomal rearrangements larger than 1kb, are defined as copy number variants (CNV) but these can be several mega-bases in length. Certain genomic regions that are more prone to microchromosomal variations are labelled 'hotspots' although CNVs can be distributed throughout the genome impartially, which usually encompass several genes. As ascertained from population studies, normal individuals' susceptibility for CNV varies from 6% to 19% per chromosome, encompassing more nucleotide bases than SNPs in a genome (Redon et al. 2006). CNVs can be inherited or be of *de novo* origin and are associated with both simple and complex disorders. The earliest methods to detect CNVs included karyotyping, Fluorescent In Situ Hybridization (FISH), Multiplex Amplifiable Probe Hybridization MAPH, and multiplex Ligation-dependent Probe Amplification (MLPA). With the advent of genomic technology, high-density microarrays such as comparative genomic hybridization (aCGH) and single nucleotide polymorphism (SNP)-based microarrays (SNP-arrays) are utilized. They are the current mainstay in identifying CNVs, although the next-generation sequencing technique's utility is expanding (Shaikh 2017).

Each recurrent CNVs that occur at hotspots are present in 0.5-1% of GGE patients but are absent or rare in healthy individuals, and 3% of GGE cases are carriers for each CNV. They are also associated with other neurodevelopmental disorders such as autism spectrum disorders (ASDs), intellectual disability (ID), and schizophrenia. These CNVs are present in 3% of GGE cases but were 10% in GGE with intellectual disability patients (Mullen et al. 2013). Three microdeletions at 15q13.3, 15q11.2, and 16p13.11 were recurrently occurring CNVs in GGE patients. Since these are also present in unaffected family members, they are considered more as risk factors than as the sole cause of the disease (Mullen and Berkovic 2018).

15q13.3 microdeletion was first reported in 6 Western European JME patients that comprised 3.8 Mb between breakpoints BP3-BP5 that contains six genes, including *CHRNA7,* which was considered a prime candidate JME gene (Helbig et al. 2009). Several other studies have supported 15q13.3 microdeletion that lies between breakpoints at BP4-BP5 that is about 1.5Mb long, susceptibility to JME and exhibited complex inheritance (Dibbens et al. 2009, de Kovel et al. 2010, Mefford et al. 2010, Jähn et al. 2014, Lal et al. 2015). 15q13.3 microdeletion mouse model (Df[h15q13]/+) recapitulated human phenotypes associated with it, including increased risk of generalized epilepsy while these were more strongly pronounced in homozygous null mice (Fejgin et al. 2014, Forsingdal et al. 2016).

15q11.2 microdeletion was first identified in JME patients 0.5 – 1.5 kb from the northwestern European population and has been identified in several other studies. The breakpoint markers BP1-BP2 covers four genes that include *NIPA1*, *NIPA2* that code for Mg+ transporting ion channel, and *CYFIP1* gene, which are considered the prime candidate genes. This region overlaps with an extended microdeletion frequently found in Prader-Willi Syndrome and Angelman Syndrome patients who also exhibit seizures as one of the clinical manifestations (de Kovel et al. 2010, Mefford et al. 2010, Mullen et al. 2013, Lal et al. 2015).

iPSC neurons derived from patients containing this microdeletion exhibited altered dendritic morphology compared to wild-type and reduced expression of the genes that lie in the region (Das et al. 2015).

16p13.11 microdeletions that range between 0.9 Mb – 3.1Mb have been identified in JME patients of mostly west European ancestry covering seven genes, including *NDE1* (de Kovel et al. 2010, Mefford et al. 2010, Mullen et al. 2013). *NDE1* is involved in cell division and cortical development. *NDE1* null mice exhibit embryonic lethality or microcephaly that is recapitulated more severely in humans in addition to lissencephaly by *NDE1* homozygous truncating mutation (Feng and Walsh 2004, Alkuraya et al. 2011, Doobin et al. 2016). While heterozygous SNVs in *NDE1* are associated with neuropsychiatric disorders, indicating a dramatically different impact of *NDE1* on phenotype (Kimura et al. 2015).

Rare CNVs have been identified in JME patients from both European and non-European populations, including deletions and duplications. Phenotypic heterogeneity is also observed among some of these CNVs. Candidate genes are proposed based on their brain expression, the effect on the nervous system's functioning, and previously known genes associated with a similar phenotype. These have been listed in Table 3.

Location	Size	Change	Gene	Population/Country	Ref
6p12.1	51.5 Kb	Duplication	BMP	Saudi arabia	(Naseer et al. 2015)
7q32.3	59.5 Kb	Deletion	PODXL	Saudi arabia (Naseer et al. 2015)	
22q11.22	254.6 Kb	Deletion	TOP ₃ B NA	Tunisia European	(Daghsni et al. 2018) (Strehlow et al. 2016)
Xp22.31	1.7 Mb	Duplication		Italy	(Brinciotti et al. 2018)
2q21.1	0.49 Mb	Deletions	RAB6C	NW European	(Lal et al. 2015)
4p15.1	3.45 Mb	Deletions	PCDH7	NW European	(Lal et al. 2015)
11p15.4	1.09 Mb	Deletions	C11orf40, TRIM68	NW European	(Lal et al. 2015)
21q22.3	0.49 Mb	Deletions	ADARB1, <i>S100B</i>	NW European	(Lal et al. 2015)
16p11.2	700 Kb	Duplication	SEZ6L2	European	(Mefford et al. 2010)
6q12	1.06 Mb	Duplication	EYS	European	(Mefford et al. 2010)
7q11.22	78.7 Kb	Deletions	AUTS2	European	(Mefford et al. 2010)
9p21.3	427.5 Kb	Deletions	KLHL9	European	(Mefford et al. 2010)
13q31.1	671.8 Kb	Deletions	<i>SLITRK6</i>	European	(Mefford et al. 2010)
14q24.2	268.6 Kb	Deletions	SIPA1L1	European	(Mefford et al. 2010)

Table 3: Rare copy number variations in JME patients not associated with comorbidities

1.5 The relevance of JME genetics studies

As described in the above section, several independent studies have demonstrated that a genetic component underlies the aetiology of juvenile myoclonic epilepsy. These findings were initially made via family-based studies. Later, advances in genomic sequencing and large cohorts' study via consortia further supported the genetic basis for JME. A variety of genetic variants ranging from single nucleotide variants, including synonymous, missense and nonsense variants to copy number variants that are *de novo,* have been identified. Noncoding variants located in promoter or intronic regions have also been reported to be associated with JME. Both monogenic and oligo/polygenic inheritance models have been observed where the former mostly involved gene coding for ion channels. In contrast, the latter model has mapped non-ion channel genes that include transcription factors, enzymes, microtubule-associated proteins, etc. Genetic variant- risk to JME varies across populations. Despite best efforts, in the vast majority of JME cases, underlying genetic factors are yet to be elucidated, indicating genetic heterogeneity and complex genetic architecture.

The identification of genes associated with JME provides key insights into the mechanism underlying JME pathogenesis. Cellular models, including immortal cell lines, primary cell cultures, iPSC, and few animal models such as mice, zebrafish, Xenopus, and flies have been used to understand the effect of variants on gene's function leading to JME phenotype. The common feature among the JME genes identified is their contribution to neurogenesis and brain development, including cell proliferation, cell migration, neurite extension, neuronal connectivity, excitability, and synaptic transmission. Structural brain changes observed in JME patients reflect these subtle neurodevelopmental defects. The distinctive association of sleep with seizure triggers in JME cases also supports this rationale since its primary activity is neurobiological development. This also indicates that multiple pathways lead to the development of phenotype. The adolescent onset of the clinical presentation is yet to be elucidated, although sex differences in JME manifestation that has been observed in certain populations likely reflecting the neurobiology of seizure semiology. Certain JME associated genes are also known to cause other disorders, and the presentation of various degrees of severity of the phenotype by the same gene complicates the genotype-phenotype correlation. Mechanistic understanding of JME shall help identify therapeutic targets or suggest appropriate treatment options.

1.6 Objectives of the current study

The aim of my research work was to explore genetic factors and their contribution to etiology of juvenile myoclonic epilepsy. I investigated a multigenerational JME family and a set of JME patients from the southern parts of India using next generation sequencing technology. This work involved examination of a family exhibiting Mendelian inheritance of JME, which has been previously subjected to a genome-wide linkage analysis identifying locus 5q34 for the disorder in the family. I also conducted a candidate gene sequence analysis of a neurodevelopmental disorder associated gene's possible role in JME. Main objectives of my work, discussed in this thesis are as follows:

- i) Whole genome sequencing and focused 5q34 GABA gene cluster analysis in NIH34 family - identification and in vitro functional validation of rare segregating alleles.
- ii) Functional evaluation of rare variants identified among a set of JME patients in the prospective gene, *SOX30* – a transcription factor, linked to JME using cellbased assays and identification of its potential genomic targets using chromatin immunoprecipitation followed by massive parallel sequencing.
- iii) Identification of rare *CHD2* variants in a JME cohort and cell-based analysis of their potential effect on the gene.

Chapter 2

Whole-genome sequencing analysis of the 5q33-q35 region suggests a role for the SOX30 gene for juvenile myoclonic epilepsy.

2.1 Summary

In this chapter, I discuss analysis of the 5q33-35 locus linked to juvenile myoclonic epilepsy in an affected family and identification of a potentially causative 5'UTR variant (c.-57G>A) in *SOX30* **in the family. The 5q33-35 linked region comprises 15Mb of the genome and contains 54 protein-coding genes. This region also includes the gamma aminobutyric acid receptor gene cluster containing four known epilepsy associated genes. Complete gene sequencing of GABA receptor genes in this locus including the 2kb promoter region identified no critical variants. Whole genome sequencing was conducted for the proband and her father, and this identified 985 rare, heterozygous variants at 5q33-35. No amino acid altering rare variants were identified. Bioinformatic analysis, family-segregation and in-house healthy individual sequencing analysis identified four UTR variants (***SOX30* **c.-57G>A;** *EBF1* **c.*1437T>c;** *CNOT8* **c.*1058G>A; and** *ZBED8* **c.*322G>A) which satisfied the criteria for being potentially pathogenic variants. Reporter luciferase assays indicated that only the** *SOX30* **c.- 57G>A variant altered activity when compared to the reference allele. From these findings, it was inferred that** *SOX30***, a lineage-associated transcription factor, is the most likely pathogenic gene contributing to juvenile myoclonic epilepsy in the family***.*

2.2 Introduction

A previous genetic study of a four-generation south Indian family with several of its members affected with juvenile myoclonic epilepsy (JME) identified a genetic locus for the disorder. A whole genome-based linkage analysis found a region at chromosome 5q33-35, wherein the highest two-point LOD score of 3.66 was obtained for the microsatellite marker D5S415 at 90% penetrance value. The centromere-proximal and -distal limits of the region were defined by D5S2012 and D5S2075. This critical region corresponds to genetic interval of 19cM and encompasses 15Mb of the human genome sequence. While candidate gene analysis was conducted earlier for the critical region, a detailed whole genome-based analysis was not, and needed to be carried out. In the present study, the family and locus were analyzed employing next-generation sequencing technology wherein one can detect almost all the sequence variants present including in the non-coding regions and newly annotated genes, to draw a more informed conclusion about a potentially causative gene as compared to a candidate gene approach.

2.3 Materials and methods

2.3.1 GABA gene cluster sequencing

Four genes, *GABRB2, GABRA6, GABRA1 and GABRG2,* situated in the 5q33-q35 locus encompass about 420kb of the genome. Overlapping primer sets covering this gene cluster were designed using Primer3 software and their propensity to form hairpin formation and self-complementarity were predicted by Oligocalc. Each amplicon overlapped with the adjacent amplicon by about 200bp. Thirty-two primer pairs were synthesized (Sigma Aldrich, St. Louis, USA) to examine *GABRA6*; 95 to examine *GABRA1*; 159 to examine *GABRG2*; and 362 to examine *GABRB2* (Table A2.2). Genomic DNA (50ng) PCR amplified using 1X standard reaction buffer (New England Biolabs, Ipswich, USA) containing 10mM Tris-HCl and 50mM KCl (pH 8.3), 0.25µM of forward and reverse primers, 800uM dNTPs, 1.5mM MgCl2, and 1U of *Taq* Polymerase in a 20µl reaction volume. Amplification was carried out using a GeneAmp9700 thermal cycler (Applied Biosystems, Foster City, USA). The conditions for the PCR amplification were: initial denaturation at 94°C for 5minutes, followed by 40 cycles of denaturation at 94°C for 30 seconds, annealing at 55-65°C for 30 seconds, extension at 72°C for 30 seconds and a final extension at 72°C for 15 minutes. The amplified products were purified using MultiScreen® PCRµ96 Filter Plate (Millipore, Burlington, USA) using a vacuum manifold system. Cycle sequencing was performed on a GeneAmp 9700 thermal cycler using 100-200ng of purified PCR product, 4µL of 5X sequencing buffer containing 80mM Tris-HCl (pH 9.0) and 2mM MgCl₂, 1μl of ABI PRISM BigDye Terminator v3.1 Ready Reaction Mix (Applied Biosystems) containing fluorescentlabelled dideoxyterminators, 0.04μM of forward or reverse primers in a 20μl reaction volume, made up with deionized water on the following conditions: initial denaturation at 96°C for 1 minute, 25 cycles of denaturation at 96°C for 10 seconds, annealing at 50°C for 5 seconds, extension at 60°C for 4 minutes in 96 well sequencing plate. Cycle sequencing products were precipitated in 95% ethanol, the DNA pellet washed with 70% ethanol followed by dissolution in 10µl HiDi Formamide (Applied biosystems), denaturing at 96°C for 5 minutes and snap chilling in ice. The samples were then electrophorized on a 3730 Genetic Analyzer (Applied Biosystems). Each amplicon was sequenced bi-directionally and analyzed using Sequencing Analysis Software (Applied Biosystems) and SeqMan II 5.01 software (DNASTAR Inc., Madison, USA). Except for *GABRB2,* which was sequenced in the individual IV:1 due to sample limitation, other GABA genes were sequenced in the individual III:2.

2.3.2 Library preparation and sequencing

Whole-genome sequencing was carried out for an unaffected father (II:1) and his affected offspring (III:2). Genomic DNA concentration was measured using Nanodrop 1000 spectrophotometer (ThermoFisher scientific, Waltham, USA) and Qubit 2.0 fluorometer (ThermoFisher Scientific, USA). Quality of DNA was analyzed by 1.5% agarose gel electrophoresis to check for RNA contamination, if any, and signs of degraded genomic DNA. 50ng of genomic DNA was tagmented (transposon-mediated fragmentation followed by adapter incorporation at fragment ends) using the Nextera DNA library prep kit (Illumina, San Diego, USA). Limited-cycle PCR was used to amplify the DNA fragments, and these were purified using ZR-96 DNA clean and concentrator-deep well (Zymoresearch, Irvine, USA). Dual index approach was used, wherein two 8-base indexes are added to each sample using five-cycle PCR and purification done using size-selective AMPure XP beads (Beckman coulter, Brea, USA) (Table 1). Quality control analysis of the library was done using Agilent 2100 Bioanalyzer (Agilent, Santa Clara, USA) to confirm the expected fragment size and yield. The library generated was subjected to onboard cluster generation using TruSeq rapid paired-end cluster kit (Illumina) followed by sequencing by synthesis using Truseq rapid SBS kit (Illumina) in two batches for each sample, using two flow cells in the first batch and one in the second batch on Hi-Seq 2500 (Illumina) generating 2 X 100 paired end reads in rapid run mode according to manufacturer's instruction.

	Sample Index $1(i7)$	Index $2(i5)$
III:2	N701 - TAAGGCGA N501 - TAGATCGC	
$\Pi:1$	N702 - CGTACTAG N502 - CTCTCTAT	

Table1:Index primers used to label samples for whole-genome sequencing

2.3.3 Whole-genome sequencing data analysis

Real-time analysis software (RTA)(Illumina) stores the base call data in BCL (Binary Base Call) format. For compatibility with the downstream analysis pipeline, BCL files are converted to FASTQ files using BCL2FASTQ software (Illumina), which also demultiplexes sample sequences based on cluster's index sequences. Raw FASTQ files were subjected to adapter trimming using Cutadapt. *Inhouse* scripts were used for primer and low quality base trimming. Reads with at least 70% of the bases having Phred score ≥ 20 were considered for alignment to the human reference genome (GRCh37/hg19 assembly) using Burrow wheelers aligner 0.7.5a, which helped generate SAM (Sequence Alignment Map) output files. Duplicate reads resulting from PCR artifacts were removed using SAMtools version 0.1.19-44428cd. SAM files were converted to BAM (Binary version of SAM) files that were *de facto* standard for storing large nucleotide sequence alignments using SAMTools for further processing. Local realignment around indels and base quality recalibration were performed using GATK v3.1-1-g07a4bf8 (Genome analysis toolkit). GATKHaplotype caller was used for calling single nucleotide variants (SNVs) and short insertions/deletions (InDels) generating VCF (variant call format) files. Minor allele frequencies of these variants were obtained from 1000 Genomes and dbSNP144 databases using *in house* scripts. SnpEFF was used to annotate and predict the effects of the variants on genes, categorizing them into nonsynonymous, synonymous, UTR, frameshift, splice site donor/acceptor, start/stop – loss/gain, intergenic and intronic subtypes. Read and alignment statistics were obtained using *in-house* scripts.

2.3.4 Sanger sequence validation of novel/rare variants

Genes harbouring variants of probable significance had their nucleotide sequence obtained from the GenBank sequence database. The variants in 5q33-35, which were present exclusively in the proband, and were novel or had a minor allele frequency less than 0.005, were taken up for validation by Sanger sequencing. Primers were designed across the exon/region carrying the variant (Table A2.7). Sanger sequencing was carried out as per the protocol mentioned in the previous section. Sanger sequencing confirmed variants were then checked for their segregation with epilepsy in the family. On confirmation, the variants were screened in 192 ethnically matched healthy controls. Genes which had remained uncovered in the previous candidate gene analysis were also examined by Sanger sequencing (Table A2.1)

2.3.5 Bioinformatic analysis of significant variants

In silico analysis was performed on rare and novel variants. Sequence conservation was obtained from Multiz alignment (UCSC Genome browser) for eight vertebrate species. The deleteriousness of variants was scored using Combined Annotation Dependent Depletion (CADD) annotation, which is calculated using multiple genomic features such as conservation, epigenetic and regulatory features, allele frequency etc, wherein variants with CADD Phred-like scaled score greater than 10 were considered. Mutationtaster was used to predict the deleteriousness of the sequence variants. UCSC Genome browser track sets were used to analyze the presence of transcription factor binding sites (ChIP-Seq), histone modification (ChIP-Seq), Open chromatin regions (DNase-seq, FAIRE-seq), CpG island from ENCODE database. Repeatmaster was used to identify the presence of repetitive regions that includes transposon elements such as SINEs, LINEs, satellite DNA, simple and long terminal repeats. miRNA, ncRNA, and snoRNA binding sites in 3'UTR were analyzed using TargetScan, PolymiRTS, miRbase, miRDB, and RegRNA2.0. The splicing effect was determined by the Human splicing factor and Mutationtaster. Minor allele frequencies were obtained from Genome Aggregation Database (gnomAD), Trans-Omics for Precision Medicine program (TOPMED), 1000 Genomes, Exome variant server (EVS) databases, GenomeAsia100K, Indigene and INDEX-db databases.

2.3.6 Reporter constructs and site-directed mutagenesis

The 3'UTR of genes *ZBED8*, *CNOT8,* and *EBF1, which* were 558bp, 1353bp, and 3196bp, respectively, were amplified from human genomic DNA using primers sets containing sequences for restriction sites *SacI* and *HindIII* for *ZBED8;* and *SacI* and *MluI* for *CNOT8* and *EBF1*(Table A2.8). pMIR-REPORT Luciferase miRNA Expression Reporter vector was used to insert the 3'UTR PCR products in the multiple cloning sites that lies downstream of the luciferase gene. Restriction digestion was done for both vector and insert DNA, generating compatible restriction ends, followed by purification using the QIAquick Gel Extraction Kit (QIAGEN, Hilden, Germany). The vector to insert ratio of 1:3 was used for ligation at 16°C for 72hrs using T4 DNA ligase enzyme (NEB). XL10-gold CaCl₂ treated competent cells were used for the transformation of the ligation mix, and the bacterial colonies were screened by colony-PCR. Plasmids from the colonies positive for the insert were extracted using a QIAGEN Plasmid Mini Kit (QIAGEN). The insert sequences were validated by Sanger sequencing. Site-directed mutagenesis with specific primers was performed to introduce variants identified in the NGS study in their respective genes using QuikChange II Site-Directed Mutagenesis Kit (Agilent Technologies), which was confirmed by Sanger sequencing (Table A2.9). The 940bp fragment of *SOX30* 5'UTR was amplified from human wildtype and variant containing genomic DNA and inserted in between *NheI* and

HindIII restriction sites in pGL3 basic vector (Promega, Madison, USA) (Table A2.8). pCMVBeta-galactosidase vector was used for 5'UTR reporter assays, while pMIR-REPORT™ Beta-galactosidase Reporter Control vector for 3'UTR reporter assays for normalizing transfection efficiency.

2.3.7 Cell culture and transient transfection

HEK293 and SH-SY5Y cell lines were cultured in Dulbecco's modified eagle medium (DMEM) (Sigma Aldrich) containing 10% heat-inactivated fetal bovine serum (Sigma Aldrich), 2mM Glutamine and antibiotics (100U/ml penicillin and 0.1mg/ml streptomycin (Sigma Aldrich) in a humidified atmosphere of 5% $CO₂$ at 37°C. The cultured cells grown in 12- well dishes, at about 40% confluency were transfected with the 1µg of luciferase vector (empty, wildtype or mutant) along with a 100ng of control β-galactosidase vector using lipofectamine 2000 (Thermo Fisher) in media without serum. Six hours posttransfection, the media was replaced with the fresh media containing serum. Twenty-four hours later, cells were harvested and lysed in reporter lysis buffer (Promega) which were used for luciferase reporter assays.

2.3.8 Reporter luciferase assays for the variants

Cells collected post-transfection were washed once with 1X PBS and resuspended in 100µl of 1X reporter lysis buffer (Promega) and incubated on ice for 2 hours for cell lysis to occur. The sample was centrifuged for 15min at 4°C at 13000rpm. The supernatant lysate was collected and stored at -20° C. 2µl of the lysate was mixed with 10µl of luciferase assay reagent (Promega) and the firefly luciferase activity was measured by a luminometer (Berthold Detection Systems, Pforzheim, Germany). Differences in transfection efficiencies were corrected for by assaying for β-galactosidase enzyme activity. It was measured by mixing 20µl of lysate to 50µl of 2X assay buffer (Promega) which contains substrate ortho-Nitrophenyl-β-galactoside (ONPG) and incubation at 37°C for 45 minutes. 100µl of the stop solution containing 1M sodium bicarbonate was added to the reaction mixture to stop the reaction. The β galactosidase activity was measured using an ELISA plate reader (Molecular Devices, San Jose, USA) at 420nm. Relative luciferase values after normalizing the data were obtained from three biological replicates. Two-tailed Student's t-test was conducted using GraphPad Prism for statistical analysis.

Figure 1: **Pedigree chart of the family, NIH34**: The squares represent males and circles, females. The filled symbols denote affected members, and the unaffected members are denoted by empty symbols. Clinical features of affected members are indicated beside their symbols (MJ: myoclonic jerks, GTCS: generalised tonic-clonic seizures, ABS: absence seizures. The nine-marker critical haplotype between D5S2012 and D5S2075 is denoted by a solid line below the individuals. Recombination sites are marked by arrows in individuals II:2 and III:2. Red-squared individuals were taken up for whole-genome sequencing (modified from Ratnapriya, R. PhD Thesis, 2009).

2.4 Results

2.4.1 JME 5q33-35 locus analysis

2.4.1.1 GABA gene cluster

Sequencing of the four 5q33-35, GABA receptor genes: *GABRA1, GABRA6, GABRG2* and *GABRB2* covered the exonic, intronic, and 2kb promoter regions upstream of the transcription start sites (TSS). We identified 194 variants, of which 47 were in *GABRA1*, 23 in GABRA6, 45 in *GABRG2* and 79 in *GABRB2* including both SNV and InDels (Table A2.3)*.* No frameshift, nonsense or missense variants were present. Three synonymous variants, three 5'UTR and five 3'UTR variants were found which were commonly reported in the population with global minor allele frequency (MAF) greater than 0.01. Of these 194 variants, 94 were heterozygous of which two were novel variants in *GABRA6* and *GABRB2* and five were reported variants in *GABRB2* and *GABRG2* with MAF less than 0.005 (Table 2). No rare/novel heterozygous variants were identified in *GABRA1*, a well-established JME gene. *GABRG2* rare variants had MAF >0.005 in the Asian/ Indian population obtained from GenomeAsia100k and IndiGen databases. These seven rare/novel variants were in the deep intronic regions of the respective genes ranging from 983 to 22312 bases away from the closest exon, in poorly conserved regions, in no regulatory feature containing sites and were predicted to be polymorphisms by MutationTaster. They did not co-segregate with the epilepsy phenotype in the family indicating that these variants were unlikely to contribute to causation of JME.

Gene	Genomic variant	cDNA change	rsID	Global	GA100K/ GA100K	Indigen	CADD
	GRCh37/hg19			MAF	India MAF	MAF	score
GABRB2	g.161577753A>G	$c.459 - 22312C > T$					1.687
GABRB ₂	g.160881766G>A	$c.458 + 4864C > T$	rs146198359	0.002796	$0.002012/-$	0.0044	1.415
GABRB2	g.160888862T>A	c.238-2012A>T	rs149477433	0.002796	0.002017/	0.0044	4.223
GABRB ₂	g.161513901G > A	c.238-10632A>G	rs532076409	0.0002	0.000575/0.0017	0.0015	2.544
GABRA6	g.160897482T>C	c.1086+4308C $>$ T					6.12
GABRG2	g.161123514C > T	c.108-6933G>A	rs539352915	0.002196	0.003739 / 0.00829	0.0064	0.006
GABRG ₂	$g.160860375G\geq A$	c.1249-983A>G	rs145030721	0.004792	0.003223 / 0.005	0.0059	0.22

Table 2: Novel/rare heterozygous GABAAreceptor subunit gene variants identified by Sanger-based sequencing.

GA100K - GenomeAsia100K, IndiGen – IndiGenomes

2.4.1.2 Whole-genome sequencing and the 5q33-35 region

DNA samples of the proband (III:2) and her unaffected father (II:1) were subjected to rapid run whole-genome sequencing on an Illumina HiSeq2500 platform (Figure 1). About 181.5 Gb of data was generated for each sample, with an average of 654.96 million raw reads containing $>90\%$ high-quality reads (Phred score >20) (Table 3). The processed reads were mapped to the GRCh37/hg19 human reference genome. An average genome coverage of 91.82% with a mean depth of 38.92 was obtained. The critical haplotype that lies between the markers D5S2012 and D5S2075 is a 15Mb sub-genomic region harbouring 54 proteincoding genes, 24 pseudogenes, 10 long noncoding RNA genes and 9 miRNA genes. The average coverage of the region of interest is 99.61%, with a mean read depth of 42.14. At least 96.12% of target regions with more than 20-fold read depth were successfully captured, with 97.48% of the exonic regions covered (Table 4). The uncovered exons in this region were exons 33, 34, and 35 of *SLIT3.* Exons with less than 5X read depth included first exons of genes *EBF1, HMMR, GABRB2* and *GABRA1.* Exons 8 and 9 of *SGCD*, exon 2 of *ADRA1B,* exon 16 of *EBF1* also had read depth less than 5. These 'missing exons' were examined by Sanger sequencing.

2.4.1.3 Variant filtration, prioritization, and bioinformatics

Variants common between the two individuals (II:1, III:2; Figure 1) were omitted from further evaluation because the unaffected individual (II:1) does not share the haplotype. Variants exclusively present in the proband were 10,48,722, of which 282 variants were heterozygous protein sequence-altering variants such as frameshift, nonsense, missense, codon deletion or insertion and splicing variants (Table A2.4). Among the proband-exclusive genomic variants, 5545 were present in the critical region. Considering an autosomal dominant mode of inheritance of JME in family NIH34, 5338 heterozygous variations were taken forward for further analysis. The variants were verified for their occurrence in dbSNP144 and 1000Genome databases. dbSNP144 was found to have annotated a higher number of variants in comparison to 1000 Genome project datasets. Of 5338 variants, 985 had minor allele frequencies less than 0.005 (Table A2.5, A2.6). Among these, seven variants were present in the mRNA coding region, while the rest (978) were present either in the intergenic or intronic regions or other RNA genes. All the variants were manually analyzed by viewing their read alignment in SAMTools to further filter out variants with possible strand-bias and variants that fall into homo- or hetero-polymeric regions (Figure 2).

Table 4: Sequence alignment and coverage summary for whole genome sequencing of III:2 and II:1

Figure 2: Flow chart showing filtering methods to prioritize variants obtained from whole-genome sequencing study. The variants were filtered based on their zygosity (heterozygous), minor allele frequency threshold of 0.005 obtained from dbSNP144 databases. *denotes bases up to 5kb.

GABA receptor genes were also separately analyzed and compared to the previously performed Sanger sequencing data in the proband sample. In addition to the variants identified by Sanger sequencing, several other variants were also called. Most of these lay in homo- and hetero-polymer regions or mostly in GC-rich polymer regions which are prone to errors in sequencing and were found to be false in Sanger sequencing datasets. None of the true variants were exclusively present in the affected members of the epilepsy family and were hence, discarded from further analysis.

No high or medium impact variants such as frameshift, nonsynonymous, or splice site variants were identified. Three missense variants present exclusively in the proband, were found in *RARS*, *FABP6,* and *C5orf52.* However, their allele frequencies were 0.01, 0.46, and 0.18, respectively - these were not considered further. The 978 non-coding variants were analyzed for their presence in regulatory regions: enhancers, promoters, silencers and repressors, DNase hypersensitivity regions, H3K27Ac epigenetic marks, transcription factor binding sites, miRNA and snoRNA binding regions, repeat regions such as LINES, SINES, LTR, etc., splice regulatory elements, cryptic or pseudo-exon inclusion, and their conservation, using bioinformatic tools and online datasets. CADD uses conservation, functional genomic, and expression data for calculation of scores. CADD scores for these non-coding variants were obtained, and variants with a value above 10, predicted to be 10% of most deleterious variants, were considered.

Updated minor allele frequency values were obtained from databases. Variants with MAF> 0.005 were discarded. In total, 30 rare non-coding variants with CADD phred score greater than 10 were present (Table 6). These were 29 SNVs and 1 Indel, and of which 5 were unreported variants. Of these, 18 variants were rare in the Indian population databases Indigene and GenomeAsia100k. Among these population specific rare variants, 10 were in repeat regions and hence were presumed to be inconsequential. Of the remaining 8 variants, 2 were in introns that were predicted to be polymorphisms by MutationTaster, and 6 were intergenic variants. No regulatory features were present at the location of these 8 variants. With this, we inferred that no critical variants were located in the non-exonic regions that could contribute to JME in this family.

Amongst the mRNA coding variants, five were present in 3'UTR, 1 in 5'UTR, and 1 was a synonymous variant. Sanger sequencing was done to confirm the variants. Two false positives - a synonymous change in *HAVCR1* and a 3'UTR variant in *CYFIP2* which were

in the polyA region were excluded. All the other Sanger confirmed variants segregated with the clinical phenotype in the family. A 3'UTR variant in *PWWP2A* was eliminated due to its presence in normal individuals at a minor allele frequency of 0.0075. Three of the remaining variants were present in the 3'UTR regions and were not reported in the databases, and one, in 5'UTR was rare with a MAF of 0.003 in our healthy control individuals and a MAF of 0.002 in global population databases (Table 5).

These variants were c.*322G>A in *ZBED8*, c.*1058G>A in *CNOT8*, c.*1437T>C in *EBF1,* and c.-57G>A in *SOX30* (Figure 3). They co-segregated with JME in the family; and as mentioned earlier, were absent or rare in both databases, and in- house controls of 384 individuals (Table 5).

Table 5: Novel or rare, mRNA variants identified at the 5q33-35 locus in III:2

Table 6: Novel or rare, non-coding variants with CADD Phred score >10 identified at 5q33-35 in III:2.

Figure 3: (A) Electropherograms of rare variants identified from the WGS study of the NIH34 in forward strand; (B) Conservation of the variant nucleotides across vertebrates obtained from the Multiz aligner.

2.4.2 Reporter assay of significant variants from WGS study

Bioinformatic analysis of the three 3'UTR variants did not identify the presence of any miRNA binding sites, H3K27Ac marks, ncRNA binding sites, UTR motifs, repeat regions at the variant locations. To find potential effects of the UTR variants, reporter luciferase assays was performed in cultured HEK293 and SH-SY5Y cells on the 5'UTR and 3'UTR variants. No significant difference was observed between the wild-type and 3'UTR variants in *ZBED8*, *CNOT8,* and *EBF1* (Figure 4). However, in the case of the *SOX30* 5'UTR, we found that the mutant c.-57G>A exhibited a higher level of luciferase expression as compared to the wildtype. The increase in expression level was 2-fold in HEK293 and 3-fold in SH-SY5Y (Figure 4). This 5'UTR variant is present in a CpG island and DNaseI hypersensitive cluster indicating its regulatory function. No repeat sequences and epigenetic mark H3K27Ac was found. Transcription factors, SP1 and RBBP5 have been found to bind to this site, as determined from the ENCODE CHIP-Seq datasets. The 5' UTR variant (c.-57G>A) may affect the binding ability of these transcription factors leading to increased SOX30 expression. These findings point towards the possible role of *SOX30*, underlying JME in the family.

Figure 4: (A) Table lists the genes, length of the UTR cloned, and the variant (B) Schematic of vector used for reporter luciferase assays; (C) Luciferase reporter activity for 3'-UTR and 5'-UTR variants represented as normalized values of the variant to the wildtype. Statistical analyses were carried out on normalized values from three independent experiments using the one-way ANOVA ($p<0.0001$).

2.5 Discussion

JME is a relatively common class of genetic generalized epilepsy with substantial genetic basis to its aetiology. Family and twin studies have provided support to genetic predisposition underlying the disorder (Kjeldsen et al. 2005). There is high genetic heterogeneity, contributed in part due to the population-specific risk factors, due to which, in most JME cases, causative variants remain undetermined (Heinzen et al. 2012, Delgado-Escueta et al. 2013). GWAS employed to study non-mendelian factor for JME have identified mostly non-ion channel genes. Using linkage analysis in affected families, genes variants have been identified that co-segregated with Mendelian or near-Mendelian forms of JME.

Genome-wide linkage analysis of the Family NIH34 which consisted of seven JME affected individuals across four generations, inherited in an autosomal dominant pattern, identified significant linkage for the markers in the 5q33-35 region. The critical region was delimited by markers DS2012 and DS2075 comprising about 15Mb of the genome. Whole genome sequencing helped identify a previous unreported epilepsy gene, *SOX30* with a rare variant c.-57G>A segregating in the family, suggesting it as a potentially causative gene for JME in the family. The current study involved a comprehensive analysis of the disease-linked locus employing whole genome sequencing. Whole-genome sequencing on a father-daughter pair identified four rare variants in *EBF1, CNOT8, ZBED8* and *SOX30*. These variants were present in UTRs of the genes. All the four variants were rare in the ethnically matched control individuals and co-segregated with the disorder in the family.

The 5q33-35 locus harbours a set of the GABAA receptor genes which have been reported to be causative for epilepsy syndromes. Variants in *GABRA1, GABRA2, GABRA3, GABRB1, GABRB2, GABRB3, GABRD* and *GABRG2* have been identified in patients with epilepsy and epilepsy-associated disorders (Cossette et al. 2002, Harkin et al. 2002, Kananura et al. 2002,Dibbens et al. 2004, Srivastava et al. 2014, Epi4K Consortia 2016, Johannesen et al. 2016, Moller et al. 2017, Niturad et al. 2017,Shen et al. 2017, Zou et al. 2017, Orenstein et al. 2018, Baulac et al. 2020, Wallace et al. 2020). Mutations in GABA_A receptors were enriched in a case-control exome study (May et al. 2018). GABR subunit coding genes are known to exhibit atypical chromosomal clustering due to their origin from a common ancestor by multi-layered gene duplications (Bailey et al. 1999, Simon et al. 2004). Among these, *GABRA1*, *GABRA6, GABRB2* and *GABRG2* are located at the 5q33-35 locus identified in this study. Hence were the first candidates to be analysed in the

family. These were examined by Sanger sequencing of the entire set of genes. Interestingly, no novel/rare variant was identified in these genes that segregated in the family. Whole-genome sequencing analysis carried out subsequently, also validated these observations. Whole-genome sequencing (WGS) was conducted for two members of the NIH34 family. WGS has a major benefit of representing the entire genome as compared to the exome sequencing. WGS has been reported to capture exonic variants better than WES due to unbiasedness, uniform coverage, read depth, data quality and lower false positives (Belkadi et al. 2015, Meienberg et al. 2016). WGS has also been reported to have identified disease-causing variants in patients previously undetected by the exome sequencing methods (Fresard et al. 2018, Shashi et al. 2018, Cho et al. 2020). WGS would also identify any structural and copy number variants that would have been overlooked previously. Given the identification of no amino acid coding nucleotide variant for this family in the previous study, it was important to look at the complete genome sequences. The proband and her unaffected father were chosen for the study since the marker haplotypes (Figure 1) indicated that the proband was likely to inherit the variant from the affected mother, and any variant inherited from the father would be inconsequential. The genes with important variants identified are discussed below.

EBF1 was first identified to be a regulator of *MB1* that codes for a membrane-bound antibody in early stages of B cell differentiation and ensures B cell lineage commitment by limiting GATA3 expression in lymphoid biased progenitors and therefore named Early B cell Factor (Hagman et al. 1991, Banerjee et al. 2013). Mice deficient in *Ebf1* have cells stalled at the pro-B cell stage, and no subsequent differentiated cells are present that are required for antibody production. Homozygous *Ebf1* knockout mice have severe growth defects that lead to prenatal lethality at around week four due to abnormal lipid metabolism (Hagman et al. 1993, Lin et al.1995). *EBF1* was earlier named Olfactory neuronal transcription factor (*OLF1*) since it drove the transcription of genes such as Olfactory marker protein (OMP) that is required for odour detection (Kudrycki et al. 1993, Wang et al.1993). *Ebf1* is involved in the development and transition of striatal cells from the subventricular zone to the mantle, differentiation of striatonigral neural projections and regulates axonal myelination (Garel et al. 1999, Lobo et al. 2006, Moruzzo et al. 2016). *EBF3*, a paralog of *EBF1,* is involved in nervous system development. Mutations in *EBF3* have been identified in individuals with epilepsy, intellectual disability, developmental delay, cerebellar ataxia, facial dysmorphism, and other co-morbidities (Chao et al. 2017, Harms et al. 2017, Sleven et al. 2017, Tanaka et al. 2017). With these reports indicating *EBF1*'s involvement in neuronal development, it was considered a good candidate gene for JME in the family.

CNOT8 codes for 3'-5'exonuclease activity performing subunit of the CCR4-Not complex, which is involved in both transcription and mRNA processing that is required for gene expression (Miller et al. 2012, Collart 2016). It has overlapping functions with *CNOT7* in the complex with which it shares high sequence homology (Bianchin et al. 2005). Although ubiquitously expressed, the highest expression is observed in ovary, testis, spleen, and thymus, and its expression is down regulated during differentiation of neural stem cells (Chen et al. 2011). By deadenalysing, PMP22 and BTG/TOB proteins, it promotes cell proliferation in MCF breast cancer cells (Aslam et al. 2009, Doidge et al. 2012). CNOT8 is also required for the maintenance of the stability of rRNA clusters (Hosoyamada et al. 2019). A nonsense mutation in *cnot8* in the zebrafish model is known to cause increased differentiation of dopaminergic cells exclusively in the hypothalamus by affecting transcript expression of several FGF signalling pathway proteins. This indicated the involvement of *CNOT8* in the development of dopaminergic neurons (Koch et al. 2014). Therefore, *CNOT8* was also considered a candidate gene to cause epilepsy in this family.

ZBED8 is a relatively poorly studied gene. It shares homology with genes belonging to the hAT buster DNA transposon family. Unlike other members of the family, ZBED8 does not contain a zinc finger motif. ZBED family of proteins are involved in diverse processes (Hayward et al. 2013). Doxorubicin, an antineoplastic drug, was found to increase expression of ZBED8 in SH-SY5Y cells along with other Wnt signaling pathway proteins, demonstrating ZBED8 involvement in apoptosis (Suebsoonthron et al. 2017). *ZBED8* was also considered to be a likely candidate gene to cause JME in this family.

SOX30 belongs to the SRY-related HMG box containing family of proteins that are involved in the regulation of embryonic development and cell lineage determination. It is highly expressed in testes and very weakly expressed in other tissues in mice (Osaki et al. 1999). Our experiments suggested expression in various human brain regions (Ratnapriya 2009). Male mice lacking Sox30 were found to be infertile while the females were fertile. No other apparent phenotype was observed in these animals (Feng et al. 2017). Male germ cells were stalled at the round spermatid stage due to block in expression of post-meiotic spermatid specific genes (Bai et al. 2018, Feng et al. 2017, Zhang et al. 2018). *SOX30* promoter methylation caused non obstructive azoospermia due to impaired spermiogenesis (Han et al. 2014, Han et al. 2020). SOX30 was also found to autoregulate its expression and genes such as p53 affecting apoptosis, β catenin, and desmosomal genes affecting proliferation in lung cancer cells and tissues (Han et al. 2015, Han et al. 2018, Hao et al. 2018). To date, the role of *SOX30* in neuronal development has not been explored, while several other members of the SOX family proteins are known to be involved in neurogenesis. *SOX2* mutations in humans and *Sox1* in mice have been shown to cause epilepsy in addition to other brain pathological abnormalities (Malas et al. 2003, Sisodiya et al. 2006). The *SOX30* -57G>A variant was identified in 3 healthy individuals in from the southern parts of India and is present at low frequencies in databases (1000G, TOPMED, GnomAD). Reduced penetrance, genetic background and small biological effect size are possibly reasons as to why certain apparently healthy individuals harbour potentially pathogenic variants. *SOX30* is a variant tolerant gene hence the probability for the gene to accumulate variation is relatively high. Another example among GGE genes is *EFHC1* which is also a variant tolerant gene, where functionally defective missense variants are present in equal proportions in both patient and control cohort (Gonsales et al. 2020). It is interesting to note that all the four rare segregating variants in the family are in genes that are nucleic acid binding proteins, which directly or indirectly are involved in the regulation of other genes. The variants were present in the UTR regions of the genes. *Cis* and *trans*-regulatory sequences present in UTR regions are required for protein synthesis. Defects in sequence or structure of the UTR is known to cause several human disorders (Chatterjee et al. 2009). Mutations in miRNA binding sites located in 3'UTR of genes *GABRA3, GRM7, GABBR2, SOX11, MECP2, ADCY1,* and *ABCG2* are known for mesial temporal lobe epilepsy (Haenisch et al. 2015). 3'UTR variants in *SCN1A* in Dravet syndrome patients led to the formation of GAPDH binding sites impacting its mRNA stability (Zeng et al. 2014). None of these genes identified in this study were previously reported to be associated with any epilepsy syndromes; hence, it was important to identify the variant's contribution to disease. Since access to brain biopsy tissue is not feasible, as the first line of study conducted to interpret the functional consequence of the identified four variants were, luciferase reporter assays. The results indicated that variants in 3'UTR of genes, *ZBED8*, *CNOT8,* and *EBF1* did not affect their transcriptional capacity compared to the wildtype counterpart, while the *SOX30* variant situated in the 5'UTR of the gene exhibited enhanced transcriptional activity in cultured HEK293 and SH-SY5Y cells. The -57G>A variant led to a significant increased expression of the downstream luciferase gene suggesting this variant to be likely causative of JME in this family.

Chapter 3

Functional characterization of SOX30 rare alleles identified among JME patients

3.1 Summary

Identification of *SOX30* **as a candidate juvenile myoclonic epilepsy gene led us to examine additional JME patients for variants in** *SOX30***. Fifteen rare heterozygous coding variants were identified in** *SOX30* **of which 14 were missense and one was a nonsense variant. Two of these variants were in the HMG domain while the remaining were distributed in the rest of the protein***. In silico* **prediction tools indicated, these variant's effect to vary from benign to damaging. To evaluate their potential impact on SOX30 function,** *in vitro* **overexpression experiments of the wild type and variant forms of** *SOX30* **were carried out in cultured cells, wherein they were examined for subcellular localization and in reporter luciferase assays. The missense variants did not affect the protein's exclusive nuclear localization while the nonsense mutation p.Trp404Ter exhibited both cytoplasmic and nuclear localization. SOX30 wildtype protein repressed downstream gene expression. The transcriptional activity of the variants was assessed by reporter gene activity and the variants p.Pro82Arg, p.Pro353Arg, and p.Trp404Ter resulted in a complete loss of transcriptional activity in both HEK293 and SH-SY5Y while variants p.Pro123Thr and p.Ser611Pro exhibited differences in transcriptional modulations. To investigate SOX30's regulatory functions in a neural cell line, I employed chromatin immunoprecipitation coupled with sequencing to identify genomic sites that are directly bound by SOX30 protein in cultured SH-SY5Y cells. Among the targets represented in two replicates, high ranking genes** *ZSCAN9, STX16, BRWD1* **and** *BCL2L1* **were validated to be SOX30 targets by ChIP-PCR and qRT-PCR in cells overexpressing SOX30. These genes have varied functions and are known to be involved in cell proliferation, differentiation, and apoptosis pathways. Any of the hitherto known epilepsy genes were not the direct targets of SOX30.**

3.2 Introduction

Studies on the 5q34 locus presented in the previous chapter suggested a role of *SOX30* for JME in the family. SOX30 is an HMG box-containing transcription factor that belongs to SRY related family of proteins, well known to be involved in embryogenesis and organogenesis. While mutations in the SOX family proteins have been implicated in neurological disorders, the role of SOX30 has not been reported for a clinical neurological manifestation so far. Reverse transcription PCR and western analysis has indicated the expression of SOX30 in human brain tissues. We found 15 additional rare *SOX30* coding variants consisting of 14 missense, and one nonsense variant, among 480 JME patients screened. The amino acid at these variant locations were mostly conserved across species suggesting that they have a biological role. To examine possible functional effects, nuclear localization, and reporter assays for transcription regulatory capacities of the variants, were conducted. These initial studies may help guide further work to establish the genetic mechanism by which SOX30 and its variants lead to JME.

3.3 Materials and methods

3.3.1 Bioinformatic analysis of the SOX30 rare variants

Bioinformatic prediction tools available as web-based applications were employed to predict functional aspects of the *SOX30* variants. ClustalOmega was used to align protein sequences of all SOX family genes to examine conservation of the amino acids. Evolutionary conservation model-based tools used to predict the effect of the variant included Mutation assessor, FATHHM, Panther, PhD-SNP, and SIFT. SNP&GO, UMD predictor, ENVISION, and SNAP2, utilize protein structure, variant location, and biochemical function to predict the effect of the variant. Multiple sequence alignment-based tool, PROVEAN and tools that use a combination of sequence conservation and structure that included Mutationtaster, MutPred2, and PolyPhen2 were also used to determine effect of variants. CADD scores that is derived by contrasting natural variants with simulated variants were calculated.

3.3.2 Vector construction and site-directed mutagenesis

The human SOX30 full length clone (cDNA clone MGC:34408 IMAGE:5172577) in pCMV-SPORT6 vector was PCR amplified with *Taq* polymerase (NEB) and cloned between *NheI* and *HindIII* into pcDNA 3.1 (Invitrogen, Carlsbad, USA), *HindIII* and *EcoRI* into pCMV-3XFLAG-10 (Sigma-Aldrich) and *EcoRI* and *SalI* into pCMVTag4a (Stratagene, La Jolla, USA). The mCherry cDNA was inserted between between *NheI* and *EcoRI* at 5' end of SOX30 cDNA cloned into pCMVTag4a (Table S3.1).

Site-directed mutagenesis was performed on the pcDNA-SOX30 to introduce variants identified using the Quikchange SDM kit (Stratagene). Fifteen missense variants were incorporated individually in pcDNA-SOX30 (Table S3.2). The p.Trp404Ter variant was introduced into 3XFLAG tagged SOX30 encoding vector (Table S3.2). The constructs generated, were transformed into DH5α or XL10-Gold competent *Escherichia coli* strains. Small-scale preparations and purifications of plasmid DNA were done using plasmid miniprep kit (QIAGEN) and were confirmed by Sanger sequencing (Table S3.3, S3.4).

For luciferase assays, an oligonucleotide containing four copies of the SOX30 binding site (5' GAGACAATGGGACAATGGCGAGACAATGGGACAAT 3') was cloned into *NheI* and *XhoI* restriction enzyme sites of pGL3 promoter vector (Promega, USA). The vector sequences were confirmed using primers RV3 5⁻-d(CTAGCAAAATAGGCTGTCCC)-3² and GL25[']d(CTTTATGTTTTTGGCGTCTTCCA)-3′. pCMV-β-Galactosidase was used as a control for transfection efficiency.

For Chip-Seq experiments, 3XFLAG-SOX30 cDNA was restriction digested using primers *NdeI* and *EcoRI* from its parent plasmid and inserted into pIRES2-EGFP generating pIRES-EGFP-3XFLAG-SOX30 vector.

3.3.3 Cell culture and transfection

HEK293 and SH-SY5Y cell lines obtained from ATCC were grown in Dulbecco's modified eagle medium (DMEM) supplemented with 10% heat-inactivated fetal bovine serum (USA Origin, Sigma Aldrich), 2mM L- glutamine, 100U/ml penicillin and 0.1mg/mg streptomycin (Sigma Aldrich) in a humidified chamber with 5% CO₂ at 37° C. Cells were grown to about 40% confluency before transfection was done. Lipofectamine 2000 (Thermo Fischer) was incubated with the respective plasmids to form Lipo-DNA complexes, which were then added to cells in serum-free media. Six hours post-transfection, the media was replaced with serumsupplemented media. The cells were collected 24 hours post transfection for immunocytochemistry, western analysis and reporter luciferase assays.

3.3.4 Immunocytochemistry

HEK293 cells were grown on poly-L-lysine coated coverslips. At about 40% confluency, cells were transfected with SOX30-wildtype or SOX30-variant construct. Twenty-four hours posttransfection, the coverslips were washed once with 1X PBS followed by fixation using 4% paraformaldehyde for 20 minutes. Cells were then washed in 1X PBS for 5 minutes twice, followed by permeabilization using 0.1% Triton X 100 for 15 minutes.

Blocking was performed to eliminate non-specific signals using 5% bovine serum albumin for 45 minutes. SOX30 -specific, rabbit -raised polyclonal antibody (Sox-30 (H-300): sc-20104, SCBT) at 1:100 dilution was used to study the localization of wildtype and missense mutant constructs. Anti-FLAG M2 monoclonal mouse raised antibody (F1804, Sigma-Aldrich) at 1:1000 dilution was used to study wildtype and nonsense p.Trp404Ter variant proteins. Cells were incubated with the appropriate antibody for 1 hour. Cells were then washed twice with 1X PBS and incubated with secondary IgG antibody raised in either in mouse or rabbit, conjugated to Alexafluor 568 (Molecular probes, Oregon, USA) at 1: 500 dilution for 1 hour. Cells were then washed twice in 1X PBS followed by nucleus staining using 1ug/ml DAPI for 15 minutes and then rewashed in 1X PBS for 10 minutes thrice to removed excess stain.

The above steps were conducted at room temperature. The solutions were made in 1X PBS, while the antibody dilutions were made in 1% BSA solution. Coverslips containing antibody labeled cells were mounted onto glass slides using 70% glycerol, and the edges of the coverslip were sealed using transparent nail polish. Confocal images of the labeled cells were then obtained using either LSM 510 meta or LSM 880 (Carl Zeiss, Oberkochen, Germany) at 63X magnification.

3.3.5 Nuclear cytoplasmic fractionation

HEK293 cells were grown in 6-well dishes. They were transfected with empty vector pCMV-3XFLAG-10, 3X FLAG-SOX30 wildtype or with SOX30 nonsense allele, p.Trp404Ter. Twenty-four hours post-transfection cells were collected by centrifugation at 1500rpm for 2 minutes and washed with ice-cold 1X PBS twice. Cells were then resuspended into 200µl hypotonic solution containing 20Mm Tris-HCl, pH 7.4, 10mM NaCl, and 3mM MgCl2supplemented with 1mM PMSF and 1:1000 dilution of protease inhibitor cocktail (Sigma Aldrich) and incubated on ice for 30 minutes. The hypotonic solution and cell suspension mixture was supplemented with 25μ l of 10% NP40 detergent and vortexed for 10 seconds followed by centrifugation at 3000rpm for 15 minutes at 4 °C. The supernatant containing the cytoplasmic fraction was collected and stored separately at -20°C.

The nuclear pellet was washed twice in ice-cold hypotonic solution to remove residual cytoplasmic contents at 3000rpm for 5 minutes at 4°C. The pellet was then resuspended in 80µl of cell extraction buffer containing 10 mM Tris, pH 7.4, 2 mM Sodium orthovanadate (Na3VO4), 100 mM NaCl, 1% Triton X-100, 1 mM EDTA, 10% Glycerol, 1 mM EGTA, 0.1% SDS, 1 mM NaF, 0.5% Sodium deoxycholate (C24H39NaO4) and 20 mM Sodium pyrophosphate tetrabasic (Na₄P₂O₇) supplemented with 1mM PMSF and 1:1000 dilution of protease inhibitor cocktail (Sigma Aldrich) and incubated on ice for 1 hour with intermittent vortexing. The solution was centrifuged at 13000rpm at 4°C for 45 minutes. The supernatant containing the nuclear fraction was collected and stored at -20°C till immunoblotting was performed.

3.3.6 Western blotting

Whole-cell lysates were prepared from 6-well dishes by resuspending cells in 200 μ l RIPA buffer (50Mm Tris-HCl pH 7.4, 150mM NaCl, 1mM EDTA, 0.5% sodium deoxycholate, 1% NP-40 and 1% SDS) supplemented with protease inhibitor cocktail at 1:1000 dilution. It was incubated for 2 hours on ice with intermittent vortexing. The lysates were homogenized by passing through 1mL syringes ten times followed by incubation in ice for 15 minutes. This step was repeated thrice and then centrifuged for 45 minutes at 4°C at 13,000rpm. Lysate protein concentration was measured using bicinchoninic acid (BCA) assay (Sigma Aldrich).

20µg of whole cell lysate or 20µl of nuclear/cytoplasmic lysate was mixed with 3µl of 6X SDS gel loading dye and placed in boiling water for 10 minutes. The samples were then loaded into wells of 12% SDS containing polyacrylamide gel followed by vertical electrophoresis (BioRad, Hercules, USA). Protein separated in the gel were then transferred onto 0.2µm pore sized distilled water activated nitrocellulose membrane (PALL Corp, New York, USA) at 20V for 1 hour in transfer buffer (25mM Tris HCl, 192mM glycine, 20% methanol and 0.036% SDS) using semi-dry transfer system (BioRad).

The membrane was blocked in 5% skimmed milk for 1 hour at room temperature. Blocking was followed by incubation with 1:5000 dilution of Anti-FLAG antibody (F1804, Sigma Aldrich), 1:10,000 dilution of anti-histone H3 (tri methyl K4) antibody (ab8580, Abcam, Cambridge, UK) and 1:5000 dilution of anti-alpha tubulin antibody (Sigma Aldrich) in 1% BSA solution with 0.05% Tween20 4°C overnight. The membrane was then washed thrice in 1X PBS with 0.05% Tween20 for 10 minutes each at room temperature followed by secondary antibody staining using anti-mouse or anti-rabbit IgG conjugated to horseradish peroxidase (HRP) followed by a repeat of the wash step thrice. The membrane was then treated with the enhanced chemiluminescent substrate (ECL) for HRP (Pierce, Illinois, USA) for 5 minutes and exposed to either X-ray film or imaged using a Versadoc imaging system (BioRad)

3.3.7 Reporter luciferase assay

HEK293 and SH-SY5Y cells were plated in 12-well plates. 500ng of wildtype SOX30 or variant SOX30 expressing vector were co-transfected with 100ng of pGL3 promoter with SOX30 binding site and 50ng of β-galactosidase expressing vector. In parallel, only empty vector along with pGL3 promoter and SOX30 wildtype vector was also transfected in separate wells as controls. Twenty-four hours post-transfection, 100μ l 1X reporter lysis buffer (E3971, Promega, USA) was added to the cells and was placed on ice for 30 minutes for lysis to occur. The lysate was collected and centrifuged at 13,000rpm at 4^oC for 15 minutes. 2µl of the lysate was added to 10µl of luciferase assay reagent (E1500, Promega), vortexed immediately followed by measurement of luciferase activity in a luminometer (Berthold Detection Systems) with a 10-s premeasurement delay and repeated values were captured till saturated values are obtained.

Βeta-galactosidase activity reading was measured by mixing 20µl of lysate to 50µl of 2X assay buffer (Promega) that contains ortho-Nitrophenyl-β-galactoside (ONPG) and is incubated at 37° C for 45 minutes. The reaction was halted by adding 100 μ l of the stop solution containing 1M sodium bicarbonate to the reaction mixture. The β -galactosidase activity was measured using an ELISA plate reader (Molecular Devices) at 420nm. All experiments were performed at least three times, producing qualitatively similar results. Data in each experiment are presented as the mean \pm SEM of triplicates from a representative experiment.

3.3.8 Transient overexpression in cultured cells and fluorescent-activated cell sorting (FACS) for ChIP

SH-SY5Y cells grown in 100mm cell culture dishes were transfected with 15µg of pIRES-EGFP-3XFLAG-SOX30 vector when cells were at about 40% confluent in serum-free media. Six hours post-transfection, the media was replaced with 10% fetal bovine serum-containing media. Twenty-four hours post-transfection, cells were washed twice with plain DMEM media and collected in 2% FBS containing media in a FACS collection tube. GFP-positive cells were collected using FACS Aria III cytometer (Beckton Dickinson, New Jersey, UK), after gating the negative controls. Collected cells were then formaldehyde crosslinked, and stored at -80°C.

3.3.9 Antibody and magnetic bead conjugation

Anti-FLAG mouse-raised monoclonal antibody (F1804, Sigma-Aldrich) for FLAG-tagged SOX30 protein and mouse-raised IgG (kch-819, Diagenode, New Jersey, USA) control antibody was used for chromatin immunoprecipitation. The antibody was validated using immunocytochemistry, western blotting of cells overexpressing FLAG-tagged SOX30 and western blotting of immunoprecipitated samples of cells overexpressing 3XFLAG-SOX30 for antibody magnetic bead conjugation (Figure 1 B, C).

50µl of Protein G-coated magnetic beads were washed with 100µl ice cold ChIP buffer C1 by mixing the solution gently and placing them in the magnetic rack for 1 minute till the supernatant is clear and is discarded. After washing, the beads were resuspended in 110µl of ChIP buffer C1. 10µg of FLAG antibody or 1µg of IgG was added to the beads and incubated in a rotating wheel for 4 hours at 4°C at 40rpm. Just before immunoprecipitation, the bead solution was placed in an ice-cold magnetic rack for 1 minute, and the antibody-conjugated beads were collected after discarding the supernatant.

3.3.10 Chromatin Immunoprecipitation (ChIP)

The Highcell# protein G ChIP kit (Diagenode) was used for chromatin immunoprecipitation with modifications to the protocol suggested by the manufacturer. 5×10^5 sorted 3XFLAG-SOX30 SH-SY5Y positive cells were collected in 1.5ml centrifugation tubes. The cell suspension was washed twice in 1 X PBS. The cells were resuspended in 500µl 1X PBS and subjected to chromatin crosslinking by adding 13.5µl of 36.5% formaldehyde (final concentration 1%) and incubated for 8 minutes at room temperature. The reaction was stopped by the addition of 57µl of 1.25M Glycine followed by incubation for 5 minutes with intermittent gentle vortexing. The fixed cells were centrifuged at 1500rpm for 5 minutes at 4° C to pellet the suspension. The cells were washed twice with 500 μ l ice-cold 1X PBS by centrifuging the cell suspension at 1600rpm for 5 minutes at 4°C. Cells were then lysed using 500µl ice-cold Lysis buffer L1 and resuspended by pipetting followed by incubation for 10 minutes at 4°C with gentle mixing. The nuclear pellet was then lysed using 500µl ice cold lysis buffer L2 for 10 minutes at 4°C followed by centrifugation at 1600 rpm for 5 minutes at 4°C and the supernatant containing cell debris was discarded. The chromatin pellet was resuspended in 200µl of Shearing buffer containing protease inhibitor at 1:200 dilution. The chromatin was sonicated using Biorupter Plus (Diagenode) with 30 seconds ON/OFF each cycle with a break every five cycles for 60 cycles in high power setting with vortexing and short spin every five cycles. The chromatin was consistently maintained below 4°C during sonication. The sonicated chromatin was diluted by the addition of 800µl of ChIP Buffer C1 and 5µl of protease inhibitor cocktail. Twenty microlitres of the diluted chromatin was kept aside as input.

For magnetic immunoprecipitation, the 980µl of diluted chromatin was spun at 12000rpm for 10 minutes. The supernatant was collected and transferred to antibody coated Dynabeads (Thermo Fisher) and incubated on constant rotation of 40rpm at 4°C overnight. The beads, now bound to chromatin were subjected to washes twice with ice cold ChIP Buffer C1 and once with Buffer W1 by adding 500µl of the respective solutions followed by incubation for 5 minutes at 4°C in a rotating wheel at a speed of 40rpm and then placed in a magnetic rack to remove the wash supernatant. The magnetic beads and input samples were then processed simultaneously by making up the volume to 200µl of Tris EDTA pH 8.0 containing 0.1% SDS. The samples were then incubated in a thermomixer at 65°C overnight to reverse the crosslinking. To degrade the residual RNA, 4µl of RNase H (Sigma Aldrich) was added and incubated at 37°C for 2 hours and 8µl of Proteinase K is added and incubated at 55°C for 2 hours to degrade the proteins. The remaining nucleic acid was purified using a PCR purification kit (QIAGEN) by mixing the sample with 1ml PB buffer and mixed gently and then transferred to a spin column and centrifuged at 13000rpm for 1 minute. 750µl of PE buffer was added to the column to perform alcohol wash on the column and spun at 13000rpm for 1 minute.

11µl of warm elution buffer (EB) was added to the column and spun at the same speed to collect the eluant. Immunoprecipitated DNA and its respective un-immunoprecipitated input control sample's quality was estimated by a Qubit fluorometer (Thermo Fisher). Sonication quality and size of DNA fragments were checked by agarose gel electrophoresis before immunoprecipitation. The samples were then processed further by next-generation sequencing.

For the ChIP – qPCR, post- IP washes, samples were resuspended in 100µl of 0.1% SDS containing TE buffer and incubated with 1µl Proteinase K at 55°C for 15 minutes followed by incubation at 99°C for 15 minutes. The samples are then collected at the bottom of the tube by a quick spin and then placed in the magnetic rack to collect the DNA.

3.3.11 ChIP-Seq

ChIP-seq libraries were generated forsix samples (3 ChIP and 3 input controls) using NEBNext Ultra II DNA Library Prep Kit (NEB) from sheared immunoprecipitated DNA ranging from 7 to 35ng according to manufacturer's protocol for 2x150 pair-end sequencing on a HiSeq 2500 (Illumina).

3.3.12 ChIP-Seq bioinformatics pipeline

FASTQC and MultiQC (Ewels et al. 2016) software were used to check the quality of the sequence output and to obtain QC metrics including base call quality distribution, percent of bases above Phred score 20 and 30. Low-quality bases and adapter sequences were removed using fastp (Chen et al. 2018). The quality-filtered reads were mapped to the human genome GRCh38 reference assembly using bowtie2 (Langmead and Salzberg 2012). PCR duplicates were removed by eliminating multiple reads with the same start site using PICARD tools (http://broadinstitute.github.io/picard/). Samtools was used to discard multi-mapped reads, and only stringent single aligned sequences were retained. Non-redundant, uniquely mapped reads were then used for detecting ChIP enriched peaks using MACS2 (v2.1.2) with a mfold of [5, 50] and a p-value cutoff of 0.01 (Zhang et al. 2008). Peaks were filtered to remove ENCODE blacklisted genomic regions; non- human chromosome mapped peaks (Amemiya et al. 2019). Irreproducible discovery rate (IDR) with a global threshold of 0.05 was applied on the filtered peak data to identify reproducible peaks. The peaks were annotated using ChIP seeker (Yu et al. 2015)

3.3.13 qRT-PCR

For validation of potential ChIP targets obtained, ChIP-qPCR primers were designed spanning the peak region located in 5' UTR or upstream regions of genes of interest (Table S3.5). For measuring ChIP target transcript (cDNA) expression differences between cells expressing wildtype SOX30 and p.Trp404Ter variant, qRT-PCR primers were designed to overlap an exon-exon junction with amplicon size ranging between 75-200 bp (Table S3.5). Each qPCR reaction contained 10µl of SYBR Green Master, 0.25µl of 25µM forward and reverse primer each, 0.5µl of cDNA or 2µl of ChIP or input DNA and the volume is made up to 20µl with double distilled water. The conditions of PCR were as follows, initial denaturation at 95°C for 10 minutes, 40 cycles of denaturation at 95°C for 15 seconds and annealing at 60°C for 1 minute. The melt curve protocol followed with 5 seconds at 65°C and then 5 seconds each at 0.5°C increments between 65°C and 95°C.qPCR was done using FastStart Universal SYBR Green Master (Rox) (Roche, Basel, Switzerland) using the primers listed in Table (Table S3.5). All qPCR reactions were performed in triplicates on CFX96 Touch Real-Time PCR Detection System (BioRad). Data were analyzed using the comparative Ct method.
3.4 Results

3.4.1 Bioinformatic analysis of SOX30 and its rare variants

The longest SOX30 isoform codes for a 753 amino acid protein, while the smaller isoform codes for a 501 amino acids long protein. Between amino acids, 337 – 405 lies the conserved DNA-binding domain identified as the high mobility group (HMG) box, which SOX30 shares with its family of proteins. SOX30 contains proline-rich regions at the N- and C- terminal ends of the proteins, between $6 - 41$ and $564 - 646$ amino acids that are also found in several transcription factors, wherein they are usually involved in interaction and trans-regulation of the protein (Figure 1A). Multiple sequence alignment of the SOX family proteins identified several highly conserved amino acids in SOX30 that are involved in nuclear localization, DNA binding, DNA bending and protein interaction (Figure 4).

While JME rare coding variants were all novel at the time of their identification, now with the availability of several variant databases, all except two have been reported. All the variants have their minor allele frequency less than 0.005 in global databases, with the highest MAF being 0.00219. In south Asian population databases, except for p.Asn667Ser, which had a MAF of 0.00571, all others have their minor allele frequency less than 0.005. Among the inhouse controls, all the variants had their MAF below 0.005, with the highest MAF being 0.004167 for the missense variant p.Met645Ile. In the Epi25K database, variations p.Pro564Ala, p.Tyr638Cys, and p.Asp667Ser had comparable alleles frequencies in cases and controls. Variants p.Val571Phe and p.Met645Ile were found in epilepsy cases only, while rest were not listed in the database (Table 1). *In silico* prediction of deleteriousness of the variants ranged from being polymorphic to pathogenic. PROVEAN predicted all the variants to be neutral, while FATHHM predicted all to be damaging. No single variant was unanimously predicted to be pathogenic. p.Ala228Thr variant was predicted to be mostly benign. Variants p.Asp654Asn and p.Tyr638Cys had the highest number of bioinformatic tools predict as being damaging, while variants p.Pro353Arg, p.Val571Phe, and p.Ser611Pro variants were next in rank of being pathogenic. Variants present in the C-terminal region of the protein were mostly predicted to be damaging. Nonsense mutation p.Trp404Ter was predicted to be deleterious by the tools applicable to it (Table 2.3)

Table 1: Minor allele frequencies of *SOX30* **rare coding variants**

Table:2. *In silico* **analysis of** *SOX30* **rare JME variants - part 1**

Table 3: *In silico* **analysis of** *SOX30* **rare JME variants- part 2**

3.4.2 Subcellular localization of **SOX30** *wildtype and variant proteins*

Endogenous SOX30 was detected using the SOX30 N-terminal specific antibody in HEK293 cells, where it was found in the cytoplasm at very low intensities (Figure 1C). This cytoplasmic staining could also be a result of background noise since a high concentration of antibody was used for the staining as recommended by the manufacturer. Lower concentration of antibody reduced the signal intensity. A similar observation was also made in cells transiently transfected with an empty vector. The no-primary antibody control experiment in endogenous and SOX30 overexpressing cells did not detect any signal (Figure 1C). HEK293 cells transiently transfected with wildtype SOX30 cDNA encoding vector led to localization of SOX30 protein exclusively to the nucleus with homogenous distribution except in the nucleolus (Figure 1B, 2A). Nuclear localization was also recapitulated in cells transfected with FLAG-tagged SOX30 wildtype protein, where anti-FLAG antibody was used. Mitotic stages observed indicated that SOX30 was present all over the cell and did not bind to the condensed chromatin (Figure S3.2A).

Fourteen missense SOX30 variants also displayed similar nuclear localization like the one observed for wildtype SOX30. No cytoplasmic signal was observed. Nuclear localization signal intensity varied to a small extent across the variants. These variants also exhibited staining at the periphery of the nucleus, which was also observed in wildtype protein perhaps reflecting reduced antibody penetration into the nucleus (Figure 1B). mCherry tagged SOX30 protein did not show intense peripheral staining (Figure S3.2B).

Anti SOX30 antibody did not pick up the nonsense p.Trp404Ter variant, which could be due to the degradation of the partial protein. Hence, this variation was studied in an N-terminal FLAG tag background using an anti-FLAG antibody. FLAG-tagged variant p.Trp404Ter exhibited both nuclear and cytoplasmic localization with predominant cytoplasmic expression (Figure 2B). This suggested that the protein is not degraded but does not entirely get transported to the nucleus, which could be due to the loss of nuclear localization signal. Western blot analysis of p.Trp404Ter protein from nuclear and cytoplasmic fractions of cells overexpressing the variant indicated its presence in the cytoplasm and the nucleus, while the wildtype protein was expressed only in the nucleus (Figure 2C).

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Figure 1: (A) Schematic of SOX30 rare coding mutations identified in JME patients, DIM cc: Homodimerization coiled-coil, HMG: High mobility group. (B) Immunofluorescence to detect subcellular localization for SOX30 wildtype and mutant proteins, performed in transiently transfected HEK293 cells. SOX30 is detected using the anti-SOX30 antibody, and the nucleus was stained using DAPI. (C) Control images representing endogenous protein in untransfected cells and no primary antibody in cells overexpressing wildtype SOX30. Merged images are represented.

Figure 2: Subcellular localization of Flag-tagged SOX30 wildtype and W404X mutation in cultured HEK293 cells. (A) Schematic of SOX30 flag-tagged vector used for the study. (B) Using immunofluorescence, detecting monoclonal mouse anti-FLAG antibody using Alexa Fluor 568 conjugated anti mouse secondary antibody. The nucleus is stained using DAPI. (C) Western blot analysis using nuclear and cytoplasmic fraction of cells overexpressing wildtype or mutant protein. EV – Empty vector, WT – Wildtype, MT – Mutant, N- nuclear fraction, C- cytoplasmic fraction. Histone H3K4me3 was used as a nuclear and α tubulin as a cytoplasmic protein marker. M – Marker.

3.4.3 Luciferase assay

The transcriptional activity of SOX30 mutants was evaluated by a luciferase-based reporter assay. Plasmids expressing either the wildtype or a mutant SOX30 were co-transfected into cultured HEK293 and SH-SY5Y cells along with a luciferase reporter plasmid containing four copies of high-affinity SOX30 binding sites upstream of the minimal SV40 promoter. After normalizing the luciferase values for transfection efficiency differences using β galactosidase activity, values were compared.

Compared to the empty vector control, wildtype SOX30 displayed significant repressed reporter gene transcription. Wildtype SOX30 downregulated luciferase expression by about 40% in HEK293 cells and about 48% in SH-SY5Y cells (Figure 3 B, C). The mutants p.Pro82Arg, p.Pro353Arg, and p.Trp404Ter were found to have lost their ability to drive transcription and behaved like an empty vector in both the cell lines. Statistical analysis indicated mutant p.Pro123Thr also exhibited significant loss of function, where transcriptional repression of 29% in both the cell lines was observed, which is about 11% less than wildtype but not to the extent of exhibited by the empty vector (Figure 3B, C). Mutants p.Asp654Asn in HEK293 cells and p.Pro564Ala, p.Val571Phe, p.Ser611Pro and p.Asn667Ser in SH-SY5Y cells were also found to behave like empty vector indicating loss of trans-repression activity. Variants p.Ser611Pro and p.Asn667Asp in HEK293 cells exhibited enhanced luciferase repression when compared to wildtype, which was found to be significant. They demonstrated nearly 58% repression of luciferase transcription, which is about 18% greater than wildtype transcriptional activity (Figure 3B). This indicated that these two were gain-of-function variants. However, this was not observed in SH-SY5Y cell lines. The rest of the mutants did not indicate any loss- or gain-of-function and were not significantly different from wildtype. The differences in the behaviour of the variants between the cell lines could be due to an inherent difference in regulation and expression of proteins because of cell line specific differences probably as a result of their lineage (Figure 3 B, C).

B
C \mathbf{C}

A

 \overline{B}

Figure 3: (A) Schematic of the SOX30 protein expressing vector and reporter luciferase vector and their interaction. (B) Reporter luciferase analysis in HEK293, of wildtype and mutant SOX30 variants. (C) Reporter luciferase analysis in SH-SY5Y, of wildtype and mutant SOX30 variants. Values are represented as a ratio of normalized luciferase values obtained in presence to the absence of the SOX30 binding site. Values are represented as mean of triplicates, and the error bars represent standard error of the mean. Student's t-test was performed, comparing each mutant with the wildtype, *p<0.05,**p<0.01, and ***p<0.001.

3.4.4 The ChIP-Seq expression vector design and antibody validation

Commercially available, anti-SOX30 antibodies available were not validated for ChIP-Seq experiments (Feng et al. 2017). These were therefore, not selected for this study. SH-SY5Y cell lines selected to conduct ChIP-Seq did not express SOX30 endogenously; hence, a vector encoding N terminal FLAG-tagged SOX30 protein was expressed in these cells and anti-FLAG antibody that targets the N-terminal tag was selected for ChIP-Seq. According to ENCODE guidelines, antibody validation was performed to check for its specificity, reactivity, and degree of enrichment. These were analyzed by immunofluorescence, immunoblotting, and immunoprecipitation experiments by FLAG antibody on cells or cell lysates expressing FLAGtagged SOX30. The antibody correctly recognized FLAG-tagged SOX30 in cultured cells and nothing in empty vector transfected cells (Figure 4B). Antibody specificity was also checked by western analysis of untransfected and FLAG-tagged SOX30 expressing cells where anti-FLAG antibody picked up a specific band at ~100kDa in for the tagged-SOX30. No band was present at the expected size of the protein in the empty vector lane (Figure 4C). The antibody also effectively immunoprecipitated the protein from the FLAG-tagged SOX30 expressing human cell lysates. These experiments validated both the expression vector and antibody for use in ChIP-Seq (Figure 4D).

B

Figure 4. (A) Schematic of vector used to express FLAG-tagged SOX30. **(B)** FLAG antibody validation by immunocytochemistry of HEK293 cells overexpressing N- terminal FLAG-tagged SOX30. Empty vector was used as a negative control. **(C)** Western blot analysis of HEK293 cells overexpressing Nterminal FLAG-tagged SOX30. Empty vector was used as a negative control. γ tubulin was used as a loading control. **(D)** Immunoprecipitation validation of the FLAG antibody in HEK293 cells overexpressing FLAG-tagged SOX30.

3.4.5 SOX30 chromatin immunoprecipitation and massive parallel sequencing analysis

ChIP-sequencing (2x150 paired-end) of three independent replicates of ChIP - input pairs were carried out on HiSeq2500. On an average, each sample produced 3,30,99,274 sequence reads with 99% of the reads having phred score greater than 20. The percentage of reads with phred score which greater than 30 was 93.28%. Post alignment, the average number of reads across samples were 31859293. On average, 92.24% of the sequences were mapped to the human genome (Table 4). 64120 ChIP enriched regions were determined through peaks, obtained by MACS2 analysis. Post peak quality filtration, the average number of peaks across the replicates was 4232. About 60% of chromatin-bound SOX30 was localized over protein-coding gene sequences within 3 kb upstream of the TSS (transcription start site) and 1 kb downstream of the TTS (transcription termination site). Each replicate analyzed for distribution of peaks throughout the genome revealed that promoter regions up to 3 kb were occupied by 17%, 19%, and 4.5% of the peaks (Figure 5). Among these, 11%, 15% and 1.23% of the peaks were present within 1kb upstream of the transcriptional start site. Closer inspection of the peaks located near transcription start sites (TSSs) revealed that they were concentrated in the 5' untranslated regions (5′ UTRs) and upstream of the TSSs except in the third replicate (Figure 5). No clear-cut enrichment in the third replicate E was observed wherein no substantial difference in amplitude between the input and ChIP peaks was present. This indicated that the third replicate had not performed optimally. No peaks overlapped completely across all three replicates with a cutoff q-value $\langle 0.05$, while peaks that overlapped between replicate C and D were 53; D and E were 2; and C and E were 2 (Table S3.6). With a reduced threshold setting, common peaks across all three samples were 229 in number. Due to the poor reproducibility rate, the data could not be confidently considered to represent the binding sites.

	Raw sequences				Aligned sequences			
Sample	Number of reads	GC $\frac{0}{0}$	$\frac{0}{0}$ Bases >Q20	$\frac{0}{0}$ Bases >Q30	Total reads	Mean read length	GC $\frac{6}{6}$	% mapped to the genome
Input-C	3,13,94,752	44	99.4	92.74	2,99,89,896	142.2	43	89.61
$ChIP-C$	3,51,42,598	45.5	99.32	91.72	3,33,56,980	145.38	45	92.18
Input-D	2,75,76,484	43	99.49	94.34	2,67,35,504	141.82	43	88.68
$ChIP-D$	3,98,39,766	45.5	99.17	92.02	3,79,33,754	146.29	45	92.72
Input-E	2,97,87,132	43	99.75	95.63	2,92,11,650	137.45	43	94.26
$ChIP-E$	3,48,54,914	46	99.66	94.43	3,39,27,974	144.54	46	95.99

Table 4: Raw reads and alignment statistics for the ChIP-seq data set.

Figure 5. *Left panel*: Pie chart showing the distribution of SOX30 ChIP-seq peaks over various genomic regions. A dashed curved line indicates the region from 3 kb upstream of TSS to 1 kb downstream of TTS (or polyadenylation site). *Right panel*: Average profile of peak reads found ±5000 bp around TSSs. The confidence interval was estimated by the bootstrap method(resample=1000). The darker color is

input, and the lighter color is the ChIP ped sample. (Acknowledgement: Clevergene Pvt. Ltd, Bengaluru)

3.4.6 Validation of SOX30 occupancy on genomic regions

To validate SOX30 occupancy at some of these sites, peaks were filtered for the following criteria for each replicate: exhibiting fold enrichment beyond 5, is located in the promoter or 5' UTR or early exonic regions and is present in both the replicates. The highest-ranking peak of the first two replicates was in the first exon of *SOX30* indicative of probable autoregulation. *ZSCAN9*, *STX16*, *BRWD1* and *BCL2L1* were selected for validation by ChIP-qPCR with IgG as the control. Independent anti-SOX30 ChIP experiments confirmed SOX30 recruitment, with a 5- to 25-fold enrichment relative to the control IgG ChIP-ed samples represented as a percentage of input control (Figure 6). As an additional negative control, primers recognizing genomic regions in the promoter of MyoD that is regulated only in muscle lineage cells were used for ChIP-qPCR. No peaks were identified in the MyoD promoter region in the ChIP-Seq datasets, and no enrichment was observed in ChIP sample over IgG sample in ChIP-qPCR validation, thus confirming the lack of SOX30 recruitment at non-target sites and the specificity of the anti-SOX30 ChIP (Figure 6). The amount of enrichment for these targets also was reflected in the peak scores obtained from ChIP-Seq datasets except for *BCL2L1*, which, although it had exhibited high enrichment, ranked the lowest.

Figure 6: ChIP with anti-IgG and anti-FLAG antibody on SH-SY5Y cells expressing FLAG-tagged SOX30. Enrichment was determined with qPCR and for each locus normalized against the input.

Control is the MyoD promoter region. Error bars are SEM of two biological replicates. Asterisks indicate significant difference from IgG ChIP $(P < 0.05 = *, < 0.01 = **, < 0.005 = **",$ Student's t-test).

To identify whether the association of SOX30 at the promoter of these genes led to regulation of its expression, cells overexpressing wildtype or nonsense mutant p.Trp404Ter were analyzed for transcript expression of these target genes in three independent replicates. In the presence of wildtype SOX30, genes *BCL2L1, STX16* and *BRWD1* were repressed while in the presence of mutant SOX30, these were upregulated (Figure 7). ZSCAN9 transcript expression was enhanced in the presence of wildtype SOX30, while in the presence of mutant SOX30, the expression was downregulated (Figure 7). The repression or activation of gene expression was with reference to cells not expressing the SOX30 protein. Statistical analysis by student's ttest did not indicate any significant difference between the wildtype and mutant SOX30 expressing cells of target genes, while p values for all samples laid between 0.4-0.09.

Figure 7: Overexpression of SOX30 wildtype or p.W404X mutant modulates gene expression in SH-SY5Ycells. Quantitative RT-PCR analysis of the relative levels of mRNA transcripts of a few genes targeted by SOX30. The values were normalized with GAPDH expression levels. Expression values were calculated applying the −2∆∆CT algorithm. Data are expressed as the mean ± SEM of each group's level of mRNA transcripts. Data are representative of three independent experiments. Unpaired student t test was used to determine statistical significance.

3.5 Discussion

The SOX family of proteins currently consists of 19 members that have originated through multiple rounds of genomic duplications and divergence. They share an evolutionarily conserved high mobility group (HMG) box, DNA-binding domain of about 50% identity to SRY's HMG domain (Bowles et al. 2000, Stros et al. 2007). SRY was the first member of the family and is involved in primary male sex determination (Gubbay et al. 1990, Sinclair et al. 1990). HMG box of SOX proteins bind to a consensus sequence (A/T)(A/T)CAA(A/T)G but with varying degrees of efficiency. They also contain two nuclear localization signals (NLS) at N-terminal and C-terminal of HMG box and one nuclear export signal (NES) that control its nuclear-cytoplasmic shuttling (Malki et al. 2010, Wegner et al. 2010). SOX proteins are involved in regulatory processes from embryonic to adult stages of development in humans, mice, and other vertebrates and invertebrates (Kamachi et al. 2000, Phochanukul and Russell 2010, Kamachi and Kondoh 2013, Sarkar and Hochedlinger 2013). They regulate gene expression by either trans-activating or trans-repressing their targets through their interactions with other transcription factors and cofactors (Wegner 2010). Based on phylogeny, protein structure, and function, the SOX proteins are divided into nine subgroups, labelled A-J, in humans (Bowles et al. 2000, Schepers et al. 2002). Mutations in SOX proteins have been identified in several congenital disabilities, usually due to imperfect developmental processes. These are now collectively named as SOXopathies (Angelozzi and Lefebvre 2019). SOX30 is the most recently identified member of the SOX family. It was found as a WT1 (Wilm's tumor suppressor gene) -associated protein in mouse testis using yeast two-hybrid system, and further screening of human testis cDNA (Osaki et al. 1999). The SOX30 protein domain structural organization is similar to SOXD subgroup proteins consisting of SOX5, SOX6 and SOX13, which contain HMG domain and homodimerizing coiled-coil domains (Heenan et al. 2016, Angelozzi and Lefebvre 2019). Phylogenetic analysis using the neighbour-joining tree method indicated SOX30 to share the closest identity to SRY (Bowles et al. 2000, Schepers et al. 2002, She and Yang 2015). Functionally SOX30 is like SRY, SOX3, SOX8, and SOX9 – known to play key roles in the development of the reproductive system. Mutations in these genes have been identified in patients with disorders of sexual development and intellectual disability (Heenan et al. 2016, Angelozzi and Lefebvre 2019). *SOX30* codes for two major isoforms, the 753 residuelong is the canonical isoform containing the C terminal domain required for transactivation and the other is a 501-residue long isoform lacking the transactivating domain (Osaki et al. 1999). Sox30 transcripts in mice are expressed in the brain, lung, heart, stomach, pancreas,

adrenal glands, kidney, ovary and testis at the embryonic stage 13.5 dpc (Osaki et al. 1999, Lioubinski et al. 2003, Petit et al. 2015, Feng et al. 2017). In adult mice, Sox30 is expressed highly in testes and in lower quantities in muscle and lungs (Osaki et al. 1999, Han et al. 2014, Feng et al. 2017). Sox30 protein is synthesized only in testicular tissues, which increases during postnatal development from P1 to P21 and after that the expression remains apparently the same. In contrast, very low levels of expression have been detected in the brain and uterus at 30 dpc (Han et al. 2014, Petit et al. 2015, Bai et al. 2018). Among the germ cells, Sox30 is expressed in pachytene spermatocytes, round spermatids, and Leydig cells (Bai et al. 2018, Roumaud et al. 2018). In humans, SOX30 transcripts are detected in various regions of the adult brain, such as hippocampus, hypothalamus, cerebral cortex, and cerebellum. SOX30 protein was found to be present in the hippocampus, frontal, parietal, temporal, and occipital lobes of the cortex, basal ganglion, and amygdala in the adult brain (Ratnapriya 2009). Sox30 null male mice are sterile. The testis size of these mice is smaller when compared to that of the wildtype. Histological analysis has indicated the arrest of meiosis at the round spermatid stage with large multinucleated cells and disorganized tissue morphology. Female Sox30 null mice are fertile. Heterozygous mice, both males and females are also normal with no apparent phenotypic and behavioural abnormality (Feng et al. 2017, Bai et al. 2018, Zhang et al. 2018, Han et al. 2020).

Here, I have presented *in silico* and functional characterization of previously unreported *SOX30* variations identified among JME patients. Fourteen missense variants and one nonsense variant were identified in JME patients which were either rare or absent in an ethnically matched control population. The Residual Variation Intolerance RVIS score for SOX30 is 1.29 (93.85%) indicating that it is a tolerant gene, hence, common functional variants are likely to be present in this gene. On the contrary, the probability of being loss-of-function Intolerant (pLI) score for SOX30 is 1.0 indicating that the gene is unlikely to tolerate loss of function variants. Haploinsufficiency Score (HI index) for SOX30 is 45.16 indicating that the gene has about 50% probability of exhibiting haploinsufficiency (Petrovski et al. 2013, Lek et al. 2016). The subRVIS for SOX30, based on protein domain regions indicated that p.Pro353Arg and p.Trp404Ter, located in the HMG box, have percentiles less than 35% (Figure S3.4). The subRVIS based on exonic regions indicated variations located in exons 1 and 2 have exon subRVIS percentiles less than 35%, which include p.Pro82Arg, p.Pro123Thr, p.Pro123Ser, p.Ala228Thr, p.Ala231Pro, and p.Pro353Arg suggesting that these variations are probably disease-causing (Figure S3.5) (Gussow et al. 2016). Metadome server analysis of variants revealed that p.Pro353Arg and p.Ser611Pro were intolerant to changes while the rest was slightly intolerant to missense variations (Wiel et al. 2019). Although the RVIS score supports our finding of several missense variants in a relatively small JME cohort, other intolerance scores indicated that a number of these variants could have pathogenic effects. Bioinformatic analysis of these variants indicated varying predictions from benign to highly pathogenic. Proline is the most frequently mutated residue with five variants changing proline to polar to less-polar amino acids only. No variations were identified at residues that were positively charged and in special residues cysteine and glycine. Although the variants were scattered across the protein sequence, a closer look reveals that 9 of 15 of them are concentrated in structural motifs (Figure 1A). Protein mis-localization has been the cause of several neurological disorders due to mutations in the NLS sequence and in residues that undergo posttranslational modifications (Hung and Link 2011). Experimentally validated posttranslational modifications from reported literature for SOX30 lists phosphorylation of Serines at positions 203, 607, 676, 682, and 685 (Hornbeck et al. 2012). The effect of variants identified on subcellular localization was determined using immunocytochemistry with an anti-SOX30 antibody whose epitope lies in the HMG domain. None of the missense variants exhibited any apparent defect in their nuclear localization. The nonsense mutant was not detected by the antibody possibly due to possible incomplete access to its epitope because of truncation of the protein or due to absence of protein owing to nonsense mediated decay (NMD) of the nonsense variant containing transcript (Figure 1B). Although the p.Pro353Arg variant is located in a conserved calmodulin-binding bipartite N-terminal NLS that has overlapping motif for nuclear export using exportin 4 interaction, no localization defects were observed (Malki et al. 2010, Angelozzi and Lefebvre 2019). Since p.Trp404Ter was not detected by the anti-SOX30 antibody, a FLAG -tagged vector was used to analyze subcellular localization using an anti-FLAG antibody. It exhibited abnormal cytoplasmic localization in additional to nuclear localization that was also recapitulated by western blotting of cellular sub-fractions (Figure 2B, C). This partial mislocalization to the cytoplasm is probably due to loss of the Cterminal NLS sequence that performs nuclear translocation using the importin β interaction pathway. This also indicated that the transcript did not undergo nonsense-mediated decay perhaps because this mutant resembles the SOX30 isoform b, that contains 501 amino acid residues.

Figure 4. Alignment of HMG domain amino acid residues of the SOX family members. ClustalOmega was used to align the sequence and for visualization. The phylogenetic tree was developed using phylogeny.fr using ClustalW for alignment, GBlocks for curation, Bayesian inference of phylogeny model was developed using MrBayes (right). SOX subgroups are labelled on the left of the aligned sequence. * below the residues at the bottom of the alignment indicates a 100% consensus of amino acids. Residues involved in DNA binding are marked by \blacklozenge , in DNA bending are marked by \blacktriangle . Green bar represents alpha helices that form an L shape to bind to the minor groove of DNA, resulting in bending of the nucleic acid. N terminal NLS residues are marked in red, blue residues code for Nuclear export signal (NES), pink residues represent C terminal NLS. Dark red residues lying in NES represent additional residues required for nuclear export in SOX subgroup E. Factor involved in nuclear export and import are labelled below the bars representing their respective motifs (Malki et al. 2010, Angelozzi and Lefebvre 2019)

To assess the ability of the *SOX30* variants to regulate transcription, reporter luciferase assays were conducted using the SOX30 binding site that contains four copies of the 'ACAAT' motif (Osaki et al. 1999) located upstream to SV40 weak promoter in the cultured HEK293 and SH-SY5Y cells. HEK293 was selected for this study since they are easy to culture, manipulate and express large amounts of functional recombinant proteins (Ooi et al. 2016). SH-SY5Y were chosen since they are frequently used model cells to study neurological conditions. They are of human origin, have neuronal properties, including expression of tyrosine hydroxylase and dopamine-beta-hydroxylase, as well as the dopamine transporter and can be differentiated into functional neuronal cells using chemical agents (Xie et al. 2010, Xicoy et al. 2017). In our study, wildtype SOX30 repressed the expression of luciferase which was contrary to the reported findings where SOX30 has been found to predominantly activate its downstream gene targets such as tumor suppressor *TP53* and desmosomal genes *DSP*, *JUP* and *DSC3* in lung cancer cell lines, spermatogenesis genes such as *Ccdc54* and *Spata19*, haploid cell development-related genes such as *Tnp1*, *Hils1*, and *Tsksm* in mice testicular tissues (Osaki et al. 1999, Han et al. 2015, Bai et al. 2018, Hao et al. 2018, Zhang et al. 2018). SOX30 has been reported to repress β catenin expression in addition to interacting with it, leading to inhibition of the Wnt signaling pathway (Han et al. 2018a, Han et al. 2018b). This is in line with the findings of other SOX family members that are mostly involved in repression of the Wnt signaling pathway (Kormish, Sinner, and Zorn 2010). SOX30 was also found to autoregulate its expression via a positive feedback loop (Bai et al. 2018, Zhang et al. 2018).

As expected, p.Trp404Ter exhibited the loss of repression activity in the assay employed. since the localization assay indicated partial cytoplasmic retention of the protein (Figure 3B, C). Nterminal variant p.Pro82Arg and HMG domain variant p.Pro353Arg exhibited loss of repressible activity comparable to empty vector in both the cell lines. p.Pro564Ala in HEK293 and p.Val571Phe and p.Asn667Ser in SH-SY5Y also exhibited complete loss of transregulation. p.Pro123Thr exhibited a partial loss of transrepression in both the cell lines. p.Ser611Pro and p.Asn667Asp and p.Ser611Pro exhibited significant repressive function in HEK293 while p.Ser611Pro had complete loss of function in SH-SY5Y (Figure 3B, C). The rest of the variants showed similar activity like the wildtype protein; hence, these could be incidental variants or low penetrant variants which are not enough to cause the disorder on their own but, in combination with another variant, may increase the susceptibility. p.Pro353Arg is located in the HMG domain and also in the N terminal NLS motif, a highly conserved region, hence this mutation could have led to a disturbance in its ability to drive transcription by affecting the binding of the protein to the target DNA sequence (Figure 1A, 4). Variants located in C- terminal proline-rich regions that included p.Pro564Ala, p.Val571Phe, and p.Ser611Pro exhibiting loss of function, could be due to the residues being important for interaction with other cofactors (Figure 1A, 4). No consistent feature was observed among the remaining variants that exhibited loss or gain of transcriptional activity. Multiple sequence alignments using ClustalW and MAFFT of human SOX proteins revealed that none of the *SOX30* variants present in the corresponding residue of its orthologs were reported to have a pathogenic variation (Figure 4). Subtle differences may not have been picked up due to the redundancy of SOX molecules, which in the context of SOX30 is not known yet. *SOX30* variants have not been reported to be associated with any human disorders. Hence, functional characterization of variants was important to gain initial evidence of their functionality. Other experiments such as interaction studies by co-immunoprecipitation and efficiency of binding to DNA by EMSA would shed more light on the mechanism by which these variants affect the protein function. This study provides evidence that certain rare *SOX30* variants identified among the JME patients, demonstrate altered localization or transcriptional regulatory activity.

To understand the mechanism by which SOX30 regulates expression of other genes, RNA-seq and ChIP-Seq studies have been reported. Knockout of *SOX30* led to downregulation of several genes involved in spermatid development, differentiation, and spermiogenesis -related genes in testes of P21 mice. A few upregulated genes belong to the class of proteins highly expressed in either spermatogonial stem cells or round spermatids. Several of these dysregulated genes had their promoters bound to by SOX30 (Bai et al. 2018). Round spermatids in Sox30 null mice also revealed downregulation of testis-specific genes. These genes belonged to various protein classes such as enzymes, DNA- binding proteins, structural and transmembrane proteins. Key spermatogenesis genes, *Crem, Rfx2, Trf2, Ddx25, Boule, Miwi,* and *Tpap* were found to be independent of Sox30 regulation (Zhang et al. 2018). The absence of *Sox30* in mice analyzed for postnatal developing stages revealed that at 21 dpp, abnormal germ cell begins to be formed. At 23dpp, several spermatogenesis related genes, including *Fhls*, *Tnp1, Tnp2, Prm1, Prm2, Prm3, Odf1, Castsper1,* and *Smcp,* begin to get downregulated (Feng et al. 2017).

Publicly available databases indicate that Sox30 is not highly expressed in murine brain. Allen brain atlas ISH datasets present its transcript expression in various brain subregions with highest being in cortex, olfactory areas and cerebellum in adult mouse brain. The expression is unreported in developing mouse brain at both pre- and postnatal stages except at P28 stage. At P28, highest expression was detected in the telencephalonic vesicle and, to lesser extent in the hindbrain. The HPA Mouse brain RNA-Seq and BrainStars datasets indicate highest Sox30 transcript expression in retina with lower expression in cerebral cortex, hippocampal formation, amygdala, basal ganglia, midbrain, corpus callosum and pituitary gland. Spatio-temporal mouse brain expression by BrainTx states constant cerebellar expression from E18-P56 and hippocampal expression at P7 or P21. SOX30 mRNA has also been reported to be present in small quantities in the lungs in adult mice (Han et al. 2014).

In patients diagnosed with lung adenocarsinoma, increased SOX30 expression in lung tissues was corelated with better chances of survival of the patient (Han et al. 2015b). In patients with reduced SOX30 expression was to be due to methylation of *SOX30* leading to suppression of its expression (Han et al. 2015a). SOX30 is also a prognostic marker for advanced stage ovarian cancer patients wherein higher expression of SOX30 in ovarian cancer tissues predicted better survival of the patient (Han et al. 2019).

Figure 5. Protein interaction network of human SOX30 protein determined from databases. The nodes (colored circles) are proteins, (lines) represent protein-protein interaction among the nodes, (red>purple>pink>grey line) decreasing order of confidence of interaction obtained from String-db, MINT, IntAct, Biogrid databases and literature.

SOX30 interactors obtained from databases and literature were predominately determined by two-hybrid assays. Transcription factors, signal transduction proteins were overrepresented in the interactors list. Network analysis of these genes highlighted cellular and organism developmental process, cell differentiation and reproductive process clusters to be enriched. CTNNB1 physical association with SOX30 was validated via immunoprecipitation experiments. Microarray and RNA array studies in SOX30 overexpressing human lung cancer cell line A549 revealed that genes involved in cell proliferation, migration, invasion, and apoptosis were dysregulated. *TP53* and *CTNNB1* were identified as direct targets of SOX30 hence responsible for directly regulating apoptosis via p53 pathway and cellular propagation via *Wnt* signalling pathway, respectively. Here, TP53 was upregulated in presence of SOX30 while β catenin expression was repressed (Han et al. 2015a, Han et al. 2018a).

SOX30 targets that have been identified to be misregulated in lung cancer cell lines were not found to be dysregulated in mice testicular tissues. Sox30 was found to be bound to the *CTNNB1* promoter but did not affect the expression levels in testicular tissues. These differences between the transcriptome studies in mice testis and lung cancer cells indicated that SOX30 regulates genes differently based on the type of cells it is expressed in. Hence, to study the mechanism behind *SOX30* as an epilepsy-associated gene as identified in our genetic study, it would be ideal to examine SOX30 targets in a neuronal cell line or neuronal tissue background. Given that the acquisition of the human brain tissue has been difficult, and the adult mouse does not seem to express SOX30, an overexpression model in the neuroblastoma cell line was used to study SOX30 genomic targets.

Commercially available antibodies were not suitable for chromatin immunoprecipitation; hence, an attempt was made to generate anti SOX30 antibody against the first 150 amino acids. Both Protein G and affinity purified antibody on western blotting analysis identified a band at around 100kDa, the expected size of SOX30, in cells transiently overexpressing SOX30 but immunocytochemistry analysis indicated signals at centrosomes in interphase HEK293 cells and was also observed at spindle poles through the cell cycle overlapping with tubulin staining in both endogenous and overexpression system (Figure S3.1). Endogenous SOX30 transcripts were not found in HEK293 cells. Due to this unexpected staining and discrepancy with existing data, this antibody was not selected. Instead, a FLAG antibody was used to immune-precipitate FLAG-tagged SOX30 overexpressed in SH-SY5Y, which did not express SOX30 endogenously.

SOX30 ChIP- Seq was performed in triplicates. Data from one of the replicates was of poor quality. The overlap between the first two replicates was weak, although the quality of individual experiments surpassed the standard threshold. Motif enrichment analysis did not provide accurate results due to poor overlap between the replicates. Selected candidate targets ranking high in peak scores were validated for SOX30 binding to its promoter region, indicating that the obtained ChIP-Seq data does represent SOX30 occupancy at a genomic level in these cells. These targets were *ZSCAN9, BCL2L1, BRWD1* and *STX16* (Figure S3.3).

ZSCAN9 alias *ZNF193* is a C2H2 zinc finger transcription factor that is expressed ubiquitously in all organs and tissues with the highest transcript expression in testis followed by the brain (GTex, FANTOM5). SCAN domain was first identified in this protein, which was initially identified from a fetal cDNA library when screening for a protein containing domains present in WT1 that are involved in transcriptional repression of growth factors in cells that do not express WT1 protein. *ZNF193* represses the expression of *PDNF* and *TGF-β* by binding to their promoter regions (Williams et al. 1995). It was identified as the second highest-ranking *SOX30* target where SOX30 binds within 1000bp upstream in the current study. In this region, about 500bps upstream of TSS, two copies of SOX30 binding motif 'ACAAT' in inverted tandem separated by 5bp is present, and two additional copies at 750bp and 970 bp upstream was present. Wildtype SOX30 resulted in increased expression of ZSCAN9, while a nonsense SOX30 mutant resulted in no change in expression when compared to untransfected cells indicating that *ZSCAN9* is a target of SOX30.

STX16 belongs to the syntaxin or t-SNARE (target-SNAP receptor) family that is located on cell membranes that interact and fuse with V-SNARES (vesicle-SNAP receptors) in certain synapses. STX16 isoforms A and B are found to localize in Golgi stack regions while isoform C was present in the cytosol (Simonsen et al. 1998, Tang et al. 1998). STX16 is ubiquitously expressed across various tissues with the highest protein expression in the brain (Simonsen et al. 1998, Chua and Tang 2009). In brain sections, STX16 is expressed in neurons and is localized to perinuclear regions, but not in oligodendrocytes and astrocytes, and is required for neurite outgrowth (Chua and Tang 2009). STX16 is required for retrograde transport of three exogenous cargoes, Shiga B-subunit toxin (STxB), cholera toxin B-subunit (CTxB), and ricin, and endogenous cargo protein mannose 6-phosphate receptor (MPR) in Hela cells and Glut4 in adipocytes between endosomes and the TGN/Golgi. It also regulates cell surface expression of cystic fibrosis transmembrane conductance regulator (*CFTR*) in intestinal epithelial cells (Proctor et al. 2006, Amessou et al. 2007, Gee et al. 2010). *STX16* is required for delivering *Cep55*, *PDCD6IP,* and exocyst complexes to the intracellular bridges for abscission in telophase cells hence affecting cytokinesis in its absence (Neto et al. 2013). Deletions in chromosome 20 covering some exons of *STX16* is associated with Pseudohypoparathyroidism 1b in human while mice knocked out for *STX16* do not exhibit the phenotype (de Lange et al. 2016, Linglart et al. 2005, Sbrocchi et al. 2011, Turan et al. 2012, Nagasaki et al. 2013, Sano et al. 2015). STX16's expression in neurons, the requirement for dendritic outgrowth, and association with Pseudohypoparathyroidism 1b whose symptoms include convulsions indicate that its dysregulation could lead to epilepsy. In the current ChIP-Seq study, *STX16's* promoter is the target for SOX30 and is the third-highest ranked peak. On inspection of this region, no canonical SOX30 binding motif was identified. Overexpression of SOX30 wildtype repressed the expression of STX16 while that of the mutant enhanced its expression.

BRWD1 is a bromodomain and WD repeat domain-containing protein. It belongs to the WDrepeat protein family that is involved in several cellular functions. It is located in Down syndrome critical region 2 (DCR-2) on chromosome 21, which is the minimum region required in partial trisomy that causes down syndrome. BRWD1 functions as both a chromatin remodeler by interacting with BRG1, a component of the ATP-dependent SWI/SNF chromatin remodeling complex, and a transcriptional regulator (Huang et al. 2003). It is expressed ubiquitously in various adult human and mice tissues. During embryonic development, BRWD1 begins its expression at 8.5dpc, peaks at 11.5dpc after which it reduces (Ramos et al. 2002, Huang et al. 2003). BRWD1 is reported to regulate enhancers in pre B cells leading to lineage-specific transcription factor recruitment for B cell development. *Brwd1^{-/-}* exhibits similar phenotypes as Hypogammaglobulinemia patients that have reduced antibody count, leading to decreased immunity, and increasing the risk of infections (Mandal et al. 2018). The current ChIP-Seq study suggested that SOX30 bound to the promoter region of *BRWD1* and the peak rested upstream to the BRWD1-IT2 (intronic transcript) that itself lies upstream of *BRWD1*. Overexpression of SOX30 wildtype resulted in suppression of BRWD1, while mutant SOX30 led to the upregulation of BRWD1.

BCL2L1, also called Bcl-X, is a Bcl-2-like protein 1 that belongs to the BCL-2 protein family involved in regulating apoptosis in various tissues and organs. It codes for two isoforms Bcl2- X(L) that codes for the longer isoform containing 4 Bcl-2 Homology domains (BH1, BH2, BH3, and BH4) and is antiapoptotic in its role. The shorter isoform Bcl2-X(S) does not have the BH1 domain and contains a partial BH2 domain and is proapoptotic. They localize on the outer membrane of mitochondria, thereby interacting with other Bcl 2 family of proteins preventing pore opening leading to apoptosis (González-García et al. 1994, Lindenboim et al. 2001, Michelset al. 2013). Homozygous null mutants exhibit embryonic lethality due to extensive apoptosis in postmitotic neurons and hematopoietic cells (Motoyama et al. 1995, Fogarty et al. 2016). They are highly expressed during embryonic development, especially by regulating neurogenesis and haematogenesis (González-García et al. 1994, Fogarty et al. 2016, Opferman and Kothari 2017). BCL2L1 is known to interact with TP53, which is disintegrated when *PUMA*, a TP53 target, is recruited displacing BCL2L1, leading to apoptosis (Chipuk et al. 2005). Whereas SOX30 is known to regulate TP53 transcription and expression in lung cancer cell lines, thereby controlling apoptosis (Han et al. 2015a). The presence of SOX30 binding motif 'ACAAT' in the promoter of BCL2L1 led us to validate DNA binding of SOX30 at the promoter of BCL2L1, which was affirmative. Overexpression of SOX30 led to the suppression of BCL2L1, whereas SOX30 nonsense mutant expression led to upregulations of BCL2L1 protein expression.

Twenty percent of peaks identified as SOX30 targets in P28 mice testis had their expression levels differ between wildtype and knockout mice (Bai et al. 2018). Three percent of genes whose promoter was predicted to have SOX30 binding sites were found to be downregulated in round spermatids of *SOX30* knockout mice (Zhang et al. 2018). On comparing our ChIP targets where peaks which were in promoters or 5'UTR region to the predicted SOX30 targets identified in the Zhang et al. 2018 study, 163 genes were shared, which was about 8% of the predicted sites. Of the targets identified in promoter and 5'UTR of genes in our study, 31 were downregulated in P23 *SOX30* knocked out mouse testis consisting of mostly round spermatids and 5 in pachytene stage spermatocytes and 1 in round spermatids in P21 testis.

Recently, the Epi25 consortium has analyzed exomes of over 13000 epilepsy patients of various subtypes of European ancestry to identify variants that are ultra-rare, deleterious, and overrepresented in cases over 8000 ethnically matched controls. This examination highlighted the mutation burden in ion channels, mainly in inhibitory GABAergic receptor genes (Epi25 Collaborative 2019). *SOX30* targets that were identified in our study when matched with the Epi25 ultra-rare variation containing-gene list highlighted genes *DDX3X*, *JUN* and *EMP2A*- a previously reported epilepsy-associated gene that causes Lafora's disease was also a *SOX30* target. The current targets identified that were downregulated in round spermatids and pachytene cells of *SOX30* null mice were *LRRC8B* and *GSK3B*. On cross-examination of *SOX30* target genes dysregulated in *SOX30* null mice testis and genes that are known to have ultrarare variation in epilepsy patients identified genes *CCDC50, SOX5* and *ADCY10*.

CTNNB1 was also identified as a *SOX30* target, which has been reported to be regulated by *SOX30* in adenocarcinoma and acute myeloid leukemia cell lines (Han et al. 2018a, Han et al. 2018b, Liu et al. 2020). Autoregulation of *Sox30* has been reported in mice testis (Zhang et al. 2018, Bai et al. 2018). *SOX30* autoregulation was also found in our study where the topranking peak was located in the *SOX30* promoter region in all replicates. No single gene was identified to be shared across published *SOX30* targets, dysregulated genes in testicular tissues of *Sox30* null mice, and *SOX30* targets identified in our study.

Massive parallel sequencing of *SOX30* bound genomic sites in this study has led to the identification of probable *SOX30* regulating genes in SH-SY5Y cells. These targets differed from the reported targets identified in mice testicular tissues. No single-family or pathwayrelated proteins were identified to be enriched in the obtained dataset. Cell differentiation, proliferation, and apoptosis pathway genes had the highest-ranking peaks. There is a possibility that *SOX30* may not be directly regulating genes involved with epilepsy etiology. Compounding transcriptome analysis with ChIP-Seq analysis would provide a more confident dataset. Further studies using brain tissues expressing SOX30 could lead to more accurate identification of direct gene targets.

Mouse models can be used to explore Sox30's function in the brain. With brain expression restricted during embryonic stages, developmental defects would be interesting to look at neuronal migration and differentiation (Sox30 is required for post meiotic male germ cell differentiation), proliferation and apoptosis (Sox30 is a tumor suppressor), and electrophysiological defects in neurons of various brain subregions. In adult mice, spontaneous seizures are not reported yet hence, seizure susceptability using chemical convulsants, neuroanatomical examination, behavourial trait assesement and electrophysiological studies can be perfromed to understand SOX30's contribution to epilepsy in adult knockout model.

Chapter 4

CHD2 **variants in juvenile myoclonic epilepsy**

4.1 Summary

In this chapter, I discuss the contribution of *CHD2* **rare variants to JME aetiology.** *CHD2* **is an ATP -dependent chromatin remodeller involved in genome reorganization and gene expression involved in developmental processes. Pathogenic de novo heterozygous mutations in** *CHD2* **have been implicated in various neurodevelopment disorders associated with early onset epilepsy. Photosensitivity is common in patients with** *CHD2* **related epilepsy phenotypes. The overlapping clinical features between patients with JME and** *CHD2* **related neurodevelopmental disorders, mainly photosensitivity and seizure types, led to investigation of** *CHD2* **in aetiology of JME. Massive parallel targeted sequencing was conducted on 189 JME cases of south Indian ancestry, covering all the 39 exons of** *CHD2***. 251 ethnically matched healthy individuals were sequenced for the rare variants detected. Twelve rare variants were identified of which three were heterozygous missense variants and two were located at splice site regions. These variants have not been previously reported in patients with** *CHD2***-related neurodevelopment disorder. Consequence of two splice variants analysed by exon trap assays indicated that variant c.4692+1G>C induced insertion of five nucleotides from the adjacent intron into the cDNA. At the protein level, the variant is predicted to lead to early truncation of the protein at amino acid residue 1574 leading to loss of the DUF1777 domain. Identification of rare variants in JME patients and presentation of splicing defect by a canonical splice site variant suggests a role of** *CHD2* **as a genetic risk factor for JME.**

4.2 Introduction

CHD2-linked neurodevelopmental disorders include phenotypes such as developmental delay, intellectual disability, autism, and epileptic encephalopathy with convulsions primarily being myoclonic and absence seizures, being a consistent feature across the phenotypic spectrum (Carvill et al. 2013, Carvill et al. 2015, Lamar et al. 2018). *CHD2* variants are overrepresented in patients with photosensitive epilepsies, over those with photoparoxysmal response without seizures (Galizia et al. 2015). A large fraction of patients with juvenile myoclonic epilepsy exhibit photosensitivity with early-onset seizures as well as myoclonic and absence seizures. With these apparently common features, we considered screening *CHD2* in a set of juvenile myoclonic epilepsy patients. Massive parallel sequencing of *CHD2* after target enrichment of 39 exons was carried out in 189 unrelated JME patients. Ethnically matched control samples and NGS identified variants were validated by Sanger sequencing. Here, I describe outcome of the study.

4.3 Materials and methods

4.3.1 Patients

One hundred and ninety-two unrelated patients affected with juvenile myoclonic epilepsy were subjected to the *CHD2* targeted resequencing study. Ethnically matched, 192 unaffected individuals were considered as controls. Additionally, 59 non-JME individuals from the same population whose whole-exome sequencing data were available, were also considered as controls for this study. Study participants were primarily of south Indian descent. Written informed consent was obtained from all individuals participating in the study. Ten millilitres of venous blood was collected, and genomic DNA was extracted using phenol-chloroform method. The quality of genomic DNA was checked on a 1.5% agarose gel and quantified using Nanodrop (Thermo Fisher) and Qubit double stranded DNA assay (Thermo Fisher).

4.3.2 Primer design

Sequence coordinates and exon-intron boundaries of *CHD2* were obtained from the human genome build GRCh38/hg38. Primers were designed to amplify exons and 50bp flanking intron sequences. Primer pairs for 55 amplicons covering 39 exons of the gene were synthesized. The average size of the amplicons was 400bp. The primer pool was validated by sequencing a human DNA sample, and 97.6% of the target region was covered.

4.3.3 Library preparation

Multiplex PCR was performed for each sample using two pools of primers sets: Pool A contained odd while the Pool B contained even sets of primer pairs. The PCR reaction mix included 25ul of 2X Cleversense reaction mix, 5ul of primer pool and 20ul of genomic DNA (7ng/ul). The PCR conditions were 95 \degree C for 5 min initial denaturation and 25 cycles of 95 \degree C for 30s, 55°C for 2 mins and 72°C for 1 min and final extension at 72°C for 4 min. The PCR product was checked on a 2% agarose gel to confirm amplification and the left-over PCR product was purified using AMPure XP (Beckman coulter). 5ul of each PCR pool was mixed, followed by Illumina barcoded adapters and index primer addition using limited cycle PCR whose conditions were 95°C for 5min, 25 cycles of 95°C for 30s, 55°C for 45s and 72°C for

1min and final extension at 72°C for 4min. Barcoded libraries were purified using AMPure XP magnetic beads (Beckman coulter).

4.3.4 Targeted resequencing

The barcoded libraries were pooled in equimolar amounts and sequenced on Illumina MiSeq platform to generate 2 x 300 paired-end reads using MiSeq sequencing reagents v3 as per manufactures protocol (Illumina, USA). One flow cell was used for 192 samples.

4.3.5 NGS data analysis

Raw data quality was checked using FastQC. TrimGalore and Trimmomatic was used to remove adapter sequences and low-quality bases, respectively. Reads below 35bp length were excluded from further analysis due to spurious alignment issues. Quality filtered reads were mapped to the human reference genome (GRCh38 build, hg38) using Burrow-Wheelers aligner's algorithm with default parameters. Post alignment processing was performed on BAM files that included sorting and indexing using SAMtools package. Picard tools was used to remove PCR duplicates. Variant calling was performed using Genome analysis tool kit (GATK). Only variants with quality score greater that 20 were called. Vcftools v.0.1.14 was used to calculate allele frequency of the variants called.

4.3.6 Variant filtration and Sanger confirmation

Candidate variants were manually checked on Integrative Genomics Viewer using BAM files. Synonymous and intronic variants beyond 50bp from splice site and poor-quality variants were excluded from further analysis. Primers were designed using Primer3 software, and features were checked using OligoCalc. Sanger sequencing was performed on all the filtered variants in patients and 192 control samples (Table A4.3). Regions uncovered by targeted resequencing were also Sanger sequenced. Sanger sequencing confirmed variants were then filtered to exclude variants whose minor allele frequency was less than 0.005 as obtained from dbSNP database that contains evidence from 1000Genome, INDEX-db, TOPMED, GnomAD, ExAc, EVS, TWINSUK, PAGESTUDY, Go-ESP, ALSPAC, GenomeAsia100k and Indigenomes directory.

4.3.7 Bioinformatic analysis

Prediction tools were used to forecast the probable effect of the variants. Conservation of nucleotide across species was checked using Consurf and CADD. Missense mutations were analyzed using SIFT, PolyPhen, FATHMM, PANTHER, Mutationtaster, Provean, PhD-SNP, MutationAsssessor, MutPred2, SNP&GO and AlignGVGD. Splice site variants were analysed using Human splicing finder and MutationTaster. 5'UTR variants were checked for their location in binding sites of other proteins using UCSC genome browser tracks and 3' UTR variants were checked for miRNA coding sequence and binding sites from miRDB, TargetScan and mirWalk.

4.3.8 Minigene reporter construction for splice site variants

Vector pSPL3 was kindly provided by Dr. Stuart Tompson, University of Wisconsin, USA (Tompson et al. 2017). Exons containing the splice variant with a minimum of 200bp of flanking intronic were amplified using primers containing restriction sites SacI and BamHI at 5' and 3' end of the amplicon, respectively (Table A4.4). The amplicon was inserted in the multiple cloning site that is located in between two artificial exons in the vector backbone using restriction digestion-ligation technique. Side directed mutagenesis using Quikchange® SDM kit (Stratagene) was done to introduce the splice variants.

4.3.9 RNA extraction

Splicing reporter plasmids with wildtype minigene or variant minigene [c.1720-3T>C (Exon 15), c.4692+1G>C (Exon36)] constructs and the empty reporter vector were transfected into HEK293 cells seeded in 6-well dishes at about 40% confluency using Lipofectamine (Thermo fisher). Twenty-four hours after transfection of 1ug of the reporter plasmid, cells from each well were washed with ice-cold 1X PBS and resuspended in 500ul of TRIzol™ reagent (Invitrogen, USA) and incubated for 15 minutes. A set of experiments were also performed by treating cells with 300ug/ml Cycloheximide for 5 hours just 24hours post-transfection. All the glassware used to handle RNA was DEPC-treated, and plasticware was autoclaved twice. Solutions were made using DEPC-treated autoclaved double distilled water. 100ul of chloroform was added to the TRIzol™-treated cells and was incubated for 5 minutes, followed by centrifugation at 13000rpm for 15min at 4°C. The upper aqueous layer was collected carefully, and an equal volume of isopropanol was added, mixed gently and then incubated for 10min. The sample was centrifuged for 10min at 13000rpm, 4°C to pellet the RNA. The supernatant was carefully removed, and the pellet was washed with 75% alcohol by displacing the pellet by vortexing the sample and then centrifuging at 13000rpm for 5min at 4°C. The supernatant was removed, and the pellet was allowed to dry in thermomixer at 60°C for 30min. 30ul of DEPC treated water was added to the pellet and was allowed to dissolve in it for 30min at 60°C. The RNA quality was checked on a 1% agarose gel and quantified using Nanodrop (Thermo fisher) and was stored in -80°C. Samples that had good RNA integrity and 260/280 ratios between 1.8-2.1 were used for cDNA synthesis.

4.3.10 cDNA synthesis

cDNA was synthesized from 2ug of RNA using SuperScript™ III Firststrand synthesis system (Thermo Fisher) in a 10ul reaction. A 5ul mix containing RNA ,0.5ul of OligoDT primer and 0.5ul of 10mM dNTP mix and water was incubated at 65°C for 5min and then placed on ice for 1min. Another 5ul mix containing 1ul of $10X RT$ buffer, 2ul of $25mM$ MgCl₂, 1ul of $0.1M$ DTT and 0.5ul of RNaseOUT™ and Superscript® III each was added to the RNA mix followed by incubation at 42°C for 50 minutes and then at 70°C for 15 minutes followed by snap chilling on ice for at least 1 min. RNase H (0.5ul) was added to degrade residual RNA and, cDNA was stored at -20°C.

4.3.11 PCR and qPCR amplification of spliced product

PCR was performed using 0.5ul of cDNA using primers V1-F (5' TCTGAGTCACCTGGACAACC 3') and V2-R (5' ATCTCAGTGGTATTTGTGAGC 3') located at 5' end of exon V1 and 3' end of exon V2 respectively using Taq polymerase in a 20ul reaction. PCR was performed on GeneAmp PCR system 9700 (Applied Biosystems) with the conditions: 94°C for 5min, 40 cycles of 94°C for 30s, 55°C for 30s and 72° for 3min followed by a final extension at 72°C for 15min. The amplicon from the empty vector generates a 262bp product. qPCR was performed using Faststart universal SYBR master mix (Roche) on CFX96 Touch Real-Time PCR System (Biorad). A 20ul reaction with 0.5ul of cDNA with 0.5ul of primers V1F and V2R, 10ul of 2X SYBR master mix and 8.5 ul of distilled water was prepared. The reaction was run using the following program: 95°C for 10min, 40 cycles of 95°C for 15sec and 55°C for 1min followed by melt curve beginning at 65°C for 5sec with 0.5^oC increment till 95^oC. Cq values were noted post-run. The values were normalized to GAPDH expression using primers GAPDH – F: 5'TCACCACCATGGAGAAGGCT 3' and GAPDH – R: 5' AAGCAGTTGGTGGTGCAGGA 3' to amplify a region of GAPDH cDNA. Student unpaired t-test was used for statistical analysis. Both PCR and qPCR products were run on 1.5% agarose gel to check the product's size.

4.4 Results

4.4.1 Clinical features of JME patients

Of the 192 samples sequenced, 9 were IGE, while the rest 183 were JME patients. Among these, 88 were males, and 104 were females. Electroencephalograms were normal in 28 members, generalized spikes and waves were present in 120 members, 4 samples had 3hz spike and wave discharges while EEG information was unavailable for 40 individuals. Photo paroxysmal response was present in 57 of these patients, absent in 107, and was unavailable for 28 samples.

4.4.2 Targeted sequencing average coverage and read depth

Of the 192 samples taken up for targeted sequencing for *CHD2*, three samples under-performed where the average read depth was below 15. The average read depth other 189 samples ranged between 81 to 27903, with the mean being 2557X. Exon 35 did not get sequenced efficientlyan average read depth of 1 with the highest read depth of 10. Hence, this exon was sequenced using Sanger-based method for the 189 samples. The average read depth of exon 20 across samples was 28, with values ranging between 0-243, which was comparatively lower when compared to other exons (Figure A4.1, A.4.2). (Acknowledgement: Clevergene Pvt. Ltd)

4.4.3 Targeted sequencing analysis results and variant filtration

In total, 49 variants were identified from NGS analysis (Table A4.1). Variants with their minor allele frequencies greater than 0.005 were 19 that included, 2 synonymous variants, 9 intronic variants that lay beyond 30 bases from the exon-intron boundary and 2 low quality 3'UTR variants. These were not considered for further downstream analysis. On Sanger sequencing, two 3' UTR variation and one frameshift variation were found to be false. On sequencing ethnically matched control samples, one missense variation was found to be common and was excluded from further analysis. Exon 35 Sanger sequencing identified three variants whose MAF was less than 0.005 and these were absent in 251 healthy control individuals. Among these, one intronic and one synonymous variant were not taken up for further analysis (Table A4.2).

4.4.4 Variant interpretations using prediction tools, published literature and datasets

In summary, 12 rare variants were identified in *CHD2* among 189 JME/IGE patient samples*.* Two were in the 5'UTR region, 5 were in 3'UTR region, 2 were located at splice site regions and 3 were missense variants (Table 1; Figure 1,2). All these variants were heterozygous except for 3'UTR variant c.*248C>T that was homozygous. The variant nucleotide was present in more than 25% of the reads. Clinical features of the individuals with *CHD2* variation are detailed in Table S4.5. We do not see photoparoxysmal response to be present in all patients with rare CHD2 variations in this cohort. The number of females with *CHD2* rare variation was higher when compared to males.

Variants in the 5'UTR were in binding sites of the RBL2 (Retinoblastoma-like protein 2) and SMARCA4 (SWI/SNF related, matrix-associated, actin-dependent regulator of chromatin subfamily a, member 4) proteins as inferred from ORefAnno datasets. Bioinformatic analysis (Table 2) indicated that the missense variant, p.Gln153Glu results in amino acid change with a small physiochemical difference. It is currently not reported in patients with *CHD2*-related neurodevelopmental disorders and is predicted to be tolerated by most prediction tools. ClinVar reports the variation to be of uncertain significance due to the clashing interpretation of pathogenicity. p.Glu1500Asp missense variant's prediction ranges from tolerated to strongly damaging. Although it is a highly conserved amino acid, the variation does not seem to drastically alter the physiochemical properties. It is also not reported in patients with a *CHD2*- related neurodevelopmental disorder, and ClinVar has currently classified it as variation with uncertain significance. Missense variant p.Pro1699Ser is predicted with conflicting effects of being tolerated or damaging. Proline 1699 is also a highly conserved residue, and the change may introduce a difference in the secondary structure of the protein. This change is reported in the Epi25K database in a GGE patient and in a matched control sample, but this variant is not listed in ClinVar. The five 3' UTR variants were spread throughout the length of the UTR. Of these, two were novel. All these 3'UTR variants were poorly conserved and were predicted to be polymorphisms. None of these are in known miRNA coding or binding sites. Splice variant c.1720-3T>C is at the splice acceptor site. The nucleotide is moderately conserved, while in some species, the variant nucleotide is found instead. Prediction tools have conflicting interpretations of its effect. Splice variant c.4692+1G>C is a novel variant located at a highly conserved splice donor site. Prediction tools have indicated the variant to be damaging for splicing.

Figure 1. Electropherogram representation of 5'UTR and 3'UTR *CHD2* variants in the patient and control samples

Figure 2. Schematic representation of missense and splice site variants along CHD2 protein and the electropherogram representation of the variants in patient and control samples. Conservation of amino acids or nucleotides across 9 species ranging from amphibian to mammals.

Table 1. *CHD2* **rare variants in JME patients**

Conservation organisms: Human, Chimp, Monkey, Mouse, Rat, Dog, Cow, Chicken, Zebrafish, Frog

Databases checked for MAF: GnomAD, ExAc, TOPMED, 1000g, EVS, TWINSUK, ALSPAC, Estonian. Highest MAF for the variant across databases is listed.

Variation	SIFT ^a	PolyPhen2 ^b	PANTHER ^c (preservation time)	FATHMM^d	Mutation AssessorFIS^e	Consurf	PhD-SNPs	Proveanh
p.Gln153Glu	Tolerated (1.00)	Benign (0.000)	probably damaging 97	Damaging 2.44)	Neutral (0)	Variable	Neutral	Neutral (0.389)
p.Glu1500Asp	Tolerated (0.092)	Possibly damaging (0.580)	probably damaging 455	Damaging 2.62)	Low (1.265)	Variable	Neutral	Neutral (- .310)
p.Pro1699Ser	Tolerated (0.182)	Benign (0.004)	probably damaging 456	Damaging 2.53)	Low (1.415)	Variable	Neutral	Neutral(- 2.104)

Table 2. Bioinformatic analysis of missense and splice site variants identified in *CHD2*

^a Sorting Intolerant From Tolerant [SIFT]: scores range from 0-1. Variant scores ranging from 0.0-0.05 are considered deleterious. Scores between 0.05-1.0 are considered tolerated.

 b Polymorphism Phenotyping v2 [PolyPhen-2]: Scores range from 0-1 as being benign to damaging.

^cPANTHER-PSEP: predicting disease-causing genetic variants using position-specific evolutionary preservation

 d Functional Analysis through Hidden Markov Models (FATHMM).

^e Functional impact score (FIS): Neutral impact (FIS \leq 0.8), Low impact (0.8 < FIS \leq 1.9), Medium impact (1.9 < FIS \leq 3.5), High impact (FIS > 3.5).

^fConsurf Server; conservation scores for the amino acids based on the phylogenetic relationship from 41 homologous sequences.

 \textdegree Predictor of human Deleterious Single Nucleotide Polymorphisms (PhD-SNP)

^h Protein Variation Effect Analyzer [PROVEAN]: Variants with a score equal to or below -2.5 are considered 'deleterious'. Variants with a score above -2.5 are considered 'neutral'.

ⁱ Combined Annotation Dependent Depletion (CADD) PHRED-like (-10*log10(rank/total)) scaled C-score ranking a variant relative to all possible substitutions of the human genome $(8.6x10⁴)$.

^jMutation Taster: Probability of prediction; values close to 1 indicates a high security of the prediction.

k UMD-Predictor: Combines biochemical properties, impact on splicing signals, localization in protein domains, variation frequency in the global population, and conservation. Score range 0-100, <50-polymorphism,50-64-probablr polymorphism, 65-74-probably pathogenic , >74 pathogenic.

^l SNPs&GO: Predicting disease associated variations using GO terms

^mAlignGVGD: Multi species alignment-based prediction

ⁿ MutPred2: ensemble of 30 feed forward neural network trained on subset of pathogenic and unlabelled variants.

^o Envision: Large scale experimental mutagenesis datasets used to interpret variants molecular effect. Score range 0-1 from most damaging to wildtype like respectively.

 P SNAP2: predicts impact based on amino acid substitution. Score ranges from -100 neutral to +100 strong effect prediction

^qMaxEntScan: Maximum entropy model used on short sequences, greater the difference between wildtype and mutant's score, higher the

probability for the variant to have an effect.

^rHumanSplicingFinder:

4.4.5 Minigene assay of the splice variants identified.

Heterologous splicing assays were conducted in cultured HEK293 cells to test effect on premRNA splicing by the mutant and wildtype *CHD2* minigene constructs of variants c.1720- 3T>C and c.4692+1G>C. RT-PCR of RNA from untransfected cells and empty vector minigenes expressing cells resulted in a single band of 260 bases. Sequencing confirmed the correct splicing of the artificial exons present in empty vector pSPL3. While the single PCR band in untransfected lane was unexpected, sequencing analysis revealed the primers to have amplified a delta globin exon, which shares sequence similarity to the artificial exons present in the pSPL3 vector. The delta globin exon was not amplified in cells overexpressing minigene constructs.

RT-PCR of wildtype RNA resulted in a single PCR product of 360 bases for exon 15 and 36, and Sanger sequencing confirmed the correct splicing of the transcript. RT-PCR of the mutant RNA for exon 15 did not differ from its wildtype counterpart in both amplicon size and expression, and sequencing analysis confirmed generation of correctly spliced CHD2 exon 15 (Figure 3). In contrast, RT-PCR of the mutant RNA for exon 36 resulted in a faint product of the expected size, and the expression differences between wildtype and variant spliced products was confirmed by qPCR. Sequencing analysis of the mutant amplicon revealed an insertion of first 5 nucleotides from intron 36 post exon 36 (Figure 4). No wildtype exon 36 encoding transcript was generated. This aberrant transcript would lead to insertion of nine novel amino acids followed by a premature termination codon that would result in a protein short of 254 amino acids at the C- terminal end thereby lacking the DUF1777 domain. The RT-PCR and qPCR analysis also reveals very poor expression of this minigene indicating that it undergoes nonsense-mediated mRNA decay. Cycloheximide treatment of cells expressing the minigene constructs did not drastically affect the expression levels of the transcripts generated by minigenes.

Figure 3. Minigene splicing assay for c.1720-3T>C. (A) Schematic representation of exon 15 construct in pSPL3 vector. (B) RT-PCR products separated on 1.5% agarose gel. (C). Sequence of the RT-PCR products (D). qPCR quantification of transcripts, unpaired t test

Figure 4. Minigene splicing assay for c.4692+1G>C. (A) Schematic representation of exon 36 construct in pSPL3 vector. (B). RT-PCR products separated on 1.5% agarose gel. (C). Sequence of the RT-PCR products D. qPCR quantification of transcripts, unpaired t test , p<0.0001.

4.5 Discussion

CHD2 was first reported to be an epilepsy-causing gene in studies where *de novo* microdeletions ranging from 511Kb to 5Mb at 15q26.1 in patients with seizures and developmental delay were identified (Veredice et al. 2009, Dhamija et al. 2011, Capelli et al. 2012, Courage et al. 2014). Rare *de novo CHD2* variants were also identified in patients diagnosed to have myoclonic-astatic epilepsy (Carvill et al. 2013, Thomas et al. 2015, Trivisano et al. 2015, Routier et al. 2019, Chen et al. 2020). Lennox Gastaut syndromic patients were found to carry frameshift and splice site *CHD2* mutations (Epi4k Consortium 2013, Carvill et al. 2013, Lund et al. 2014, Thomas et al. 2015, Chen et al. 2020). Dravet syndrome patients known to carry mutations in *SCN1A*, are also found to be associated with *CHD2* mutations (Suls et al. 2013, Thomas et al. 2015). Jeavons and West syndrome patients also carried pathogenic *CHD2* mutation (Chénier et al. 2014, Chen et al. 2020). A few cases with non-specific epileptic encephalopathy who also have intellectual disability or autism spectrum disorders harbour *CHD2* mutations (Rauch et al. 2012, Carvill et al. 2013, Hamdan et al. 2014, O'Roak et al. 2014, Caputo et al. 2018). Monozygotic twins with late-onset absence seizures and other neurodevelopmental disabilities had a frameshift and nonsense variation in *CHD2* (Pinto et al. 2016, Wang et al. 2017). A frameshift mutation has been identified in a patient with childhood onset schizophrenia along with febrile and generalised tonic-clonic seizures (Poisson et al. 2020). A missense variation was also identified in a patient with West syndrome (Chen et al. 2020). Genetic generalized epilepsy and eyelid myoclonia with absence seizure who exhibited photosensitivity were found to have *CHD2* pathogenic mutation. (Galizia et al.) 2015). These studies indicate the role of *CHD2* in a rather broad spectrum of neurological and neuropsychiatric phenotypes.

Zebrafish larvae, where partial loss of *chd2* was introduced using morpholinos, exhibited abnormal movements that include twitching, trembling, poly-spike discharges, and photosensitivity, which was enhanced at 4dpf when compared to 7dpf larvae, recapitulating the phenotype seen in human *CHD2* mutation carrying patients. Other developmental abnormalities such as development delay, abnormal body curvature, microcephaly, excessive body pigmentation, pericardial edema, missing swim bladder, and stunted growth observed in zebrafish were not observed in human patients with *CHD2* mutations (Suls et al. 2013, Galizia et al. 2015). Mice models with homozygous deletion of the gene exhibit embryonic lethality, while heterozygous mice have growth retardation and kyphosis that are also seen in the zebrafish model. Other features observed were reduced body fat, cardiomyopathy, glomerulopathy, enlarged spleens, but no apparent neurological irregularities (Kulkarni et al. 2008). Mice containing mutation leading to loss of DNA- binding domains exhibited compromised viability, growth retardation and multi-organ defects especially renal abnormalities (Marfella et al. 2006, Marfella et al. 2008).

In vitro and *in vivo* studies have found that *Chd2* knockdown in mice leads to decreased proliferation of radial glial cells and promotes generation of intermediate progenitors that leads to premature differentiation of neurons by regulating expression of REST (repressor element 1-silencing transcription factor) whose targets include genes involved in neurite growth such as *Celsr3*, *Mash1*, and *Ngn2* (Shen et al. 2014). *Chd2* haploinsufficiency results in abnormal excitatory and inhibitory synaptic transmission in the hippocampus, elevated cortical synchrony, and deficits in long term spatial and recognition memory due to alteration in genes involved in embryonic neurogenesis and synaptic transmission (Kim et al. 2018). Electrophysiological defects were observed in *Chd2* deficient interneurons but not in cortical excitatory neurons (Meganathan et al. 2017). These studies have suggested that *CHD2* plays an important role in cortical development and neuronal differentiation.

Considering these data, we were interested in examining *CHD2* in JME/IGE patients. Targeted sequencing was carried out on 189 patient DNA samples. We identified 12 rare *CHD2* variants of which three were novel among patients of south Indian ancestry. These variants were also rare or absent in our ethnically matched in-house control individuals. None of the variants were present in more than one patient. Two patients with *CHD2* rare variants had photoparoxysmal response. This is different from a published finding where most patients with *CHD2* mutations exhibited clinical photosensitivity (Galizia et al. 2015). No clinical characteristic was found to be common to all patients with *CHD2* rare variants. *CHD2* RVIS score is -1.75 with a percentile of 2.37%, pLI score of 0.07 indicates that it is highly intolerant to introduction of variations. Hence, the identification of variants in our cohort indicates these variants to be pathogenic.

The three missense variants identified have not been reported in any other *CHD2* -related neurodevelopmental disorder study. Prediction tools have indicated their effect to range between benign to damaging. A literature study identified only one JME patient with a missense *CHD2* variant located in the DNA- binding domain (Galizia et al. 2015). Although a recent report identified a nonsense variant in CHD2 in a JME patient, he also had distinct developmental disabilities and drug resistance, which are not typical features of JME (Singh et

al. 2020). The relatively subtle *CHD2* variants identified in JME patients in this study probably reflect the milder phenotype in JME contrary to other brain disorders associated with the gene. Characterization of pathogenic human *CHD2* missense mutations affecting neuronal aspects using *in vitro* functional assays have not been reported. However, missense somatic variants p.His620Leu, p.Phe1146Leu, and p.His1270Phe associated with chronic lymphocytic leukemia were found to disturb the homogenous nuclear distribution observed for the wildtype protein, on overexpression in COS7 cells (Rodríguez et al. 2015). Functional analysis of missense variants identified in our study could probably show differences in nuclear localization and provide an indication for the mechanism by which the variants could lead to epilepsy. Splice-region variants were subjected to *in vitro* minigene assay in cultured HEK293 cells to study the effect of the variants on the splicing of pre- mRNA. Intron 14 variant exhibited no difference in both transcript sequence and quantity when compared to the wildtype. In our study, the intron 36 variant c.4692+1G>C was found to disrupt the coding frame by introducing premature stop codon. This occurs due to insertion of 5 bases after exon 36 by recognizing a new acceptor site in intron 36 altering the reading frame, while also exhibiting poor transcript quantities when compared to wildtype and was not accompanied by wildtype spliced mRNA. At the protein level, the variant would probably lead to loss of the DUF1777 domain. The function of the C- terminal region of the protein is unknown; however, identification of several missense, frameshift and truncating mutations in the region among epileptic patients indicates its importance for the structure or function of CHD2 protein (Lamar et al. 2018). The low subRVIS percentile score (8.74) of the C terminal region indicates its intolerance to variations. Functional analysis of a splice variant identified in fever-sensitive epileptic encephalopathy patients in zebrafish using morpholinos has identified abnormally spliced mRNA. The larvae with abnormal splice products also exhibited morphological and behavioural defects, including epileptiform discharges, as observed by field potential recordings (Suls et al. 2013). The intron 14 variant identified in this study did not exhibit any effect on pre-mRNA splicing in HEK293- examining the same in a different cell line or in stably expressing cells may capture the defect, if any. In summary, our study has identified rare heterozygous *CHD2* variants in JME patients, expanding the spectrum of phenotype of *CHD2*-related neurodevelopmental disorders. Although *CHD2* is not the major contributor to JME, a detailed functional analysis of these variants found would throw more light on the mechanism by which the gene may contribute to the disorder.

Appendix I*: SOX30* **and male infertility**

Introduction

Sox30 was first identified as a Wilms' tumor suppressor (Wt1) -associated protein in adult mice testis in a yeast two-hybrid screen (Osaki et al. 1999). *WT1* is essential for male gonadogenesis to maintain sertoli cell functions and regulate early germ cell differentiation (Gao et al. 2006, Wang et al. 2013, Zheng et al. 2013, Chen et al. 2017). Several variations in *WT1* have been identified that contribute to human male infertility (Wang et al. 2013, Seabra et al. 2015, Xu et al. 2017). Sox30 is highly expressed in foetal and adult testicular tissues and was therefore proposed to be involved in male gonad development. In mice testis, Sox30 expression is absent in somatic cells and type A spermatogonia, but it is expressed in Sertoli cells, Leydig cells and germ cells particularly in pachytene, diplotene and metaphase spermatocytes with highest expression seen in round spermatids and early elongating spermatids (Roumaud et al. 2018, Zhang et al. 2018). In common carp (*Cyprinus carpio),* Sox30 is expressed abundantly in female and male gonads especially in spermatocytes and spermatid/sperm of carp testis, and lower expression is seen in brain, liver, muscle and kidney (Anitha and Senthilkumaran 2020). Studies on *Sox30* null mice indicated them to be phenotypically normal but the male *Sox30* null mice were infertile. Histological analysis showed mature spermatozoa to be absent in epididymis and testes of adult males. Germ cell differentiation was found to be interrupted at the post-meiotic, step 3 round spermatid stage of spermiogenesis in *Sox30* KO mice with formation of multinucleated giant cells, abnormal acrosome and axoneme development, and absence of mature spermatids (Feng et al. 2017, Bai et al. 2018). Sox30 regulates expression of post-meiotic genes such as *Fhls*, *Tnp1, Tnp2, Prm1, Prm2, Prm3, Odf1, Catsper1, Smcp, Hils1, Ccdc54* and *Tsks*that are required for round spermatid maturation (Bai et al. 2018, Zhang et al. 2018). Human homologues of several *Sox30* testicular gene targets such as *TNP2*, *PRM1* and *PRM2* have mutations identified in them among sterile male patients (Zorrilla and Yatsenko 2013). Master transcriptional regulator of spermiogenic gene expression *Cremτ* and *Rfx2* are not regulated by Sox30 and vice versa (Feng et al. 2017). Sox30's expression is regulated by retinoic acid in mice spermatogonial stem cells (Wang et al. 2016). Mybl1 and dmrt1 expression is regulated by Sox30 in mice and fish, respectively, which are genes involved in male gonadal development (Zhang et al. 2018, Tang et al. 2019). In common carp, Sox30 regulates expression of steroidogenesis genes and testicular development transcription factors while Sox30's expression in turn is influenced by gonadotropins (Anitha and Senthilkumaran 2020). *In vitro* studies indicate SOX30 to regulate *NR5A1* promoter (Sakai et al. 2008), a gene implicated in patients, with spermatogenic failure, of European ancestry (Röpke et al. 2013, Ferlin et al. 2015) and African ancestry (Bashamboo et al. 2010) but not in Indian infertile men (Sudhakar et al. 2018). Given these findings, epigenetic and genetic *SOX30* defects could underlie nonobstructive azoospermia (NOA) which is the most common type of male infertility in humans. *SOX30* promoter and CpG islands were found to be hypermethylated in testicular tissues of NOA patients wherein SOX30 expression was markedly reduced. Sox30 null mice are known to mimic the testicular size reduction and abnormal testicular pathobiology of NOA patients. However, no *SOX30* pathogenic variants have been found among the NOA patients, to date (Han et al. 2020). *SOX30* mutations have also not been identified among Sertoli cell-only syndrome (SCOS) with azoospermia in Japanese men studies, so far (Miyamoto et al. 2020).

Results

To investigate the role of *SOX30* in the genetic aetiology of male infertility, we examined genomic DNA of 494 male infertile patients of Indian ancestry with majority of them with a clinical diagnosis of nonobstructive azoospermia. Primer-sets generating eleven amplicons with an average size of 350bp were used to cover the five exonic regions of *SOX30* and the amplified products were Sanger-sequenced (Table S1.1). In addition to our control cohort of 496 healthy fertile individuals, allele frequencies were obtained from Exome Aggregation Consortium (ExAc), Exome Variant Server (EVS), dbSNP, 1000 Genomes, Trans-Omics for Precision Medicine (TOPMED) and Genome Aggregation Database (GnomAD). Populationspecific allele frequencies of variants were obtained from GenomeAsia 100K (GA100K), The Indian Exome Reference Database (Index-DB) and IndiGenomes (IndiGen) databases.

Our study identified 15 rare heterozygous variants (minor allele frequency, MAF<0.5%), of which six were novel variants (Table S1.2). Of these, six were in 5'UTR, two in 3'UTR, one in intron 2, four were missense variants, and two, synonymous variants. These variants were unreported in the index-db database. Variants c.-318G>T and p.Glu744= were observed in more than one infertile patient and absent in in-house controls while variant c.-57G>A was identified in 4 patients and in 3 controls. Among the remaining variants, except for p.Leu315=, rest were absent in the in-house controls.

Genomic location	mRNA	Protein			GA100K			In-	Patient CADD	
GRCh38.p12	change	change	RSID	*Global MAF	All	India	IndiGen house	control	sample no.s	Score v1.6
g.157652426G>A	$c.-348C>T$	NA	Novel				0.0005	0/992	1	5.33
g.157652396C>A	$c.-318G > T$	NA	rs369079492	UA	0.00173	0.0042	$\overline{}$	0/992	3	3.91
g.157652375 157652376delCT	$c.-294 -$ 293del	NA	Novel					0/992	$\mathbf{1}$	15.12
g.157652286T>C	$c.-208A > G$	NA	rs1399073665	$C = 0.00003/1$ (GnomAD)				0/992	$\mathbf{1}$	8.47
g.157652135C>T	c.-57 G >A	NA	rs369841660	$T=0.001997/10$ (1000G)			0.0049	3/992	$\overline{4}$	15.37
g.157652134T>G	$c.-56A>C$	NA	rs866162797	$G=0.000128/4$ (GnomAD)			0.0010	0/992	$\mathbf{1}$	9.276
g.157651712G>T	c.367C>A	p.Pro123Thr	rs182220520	$T=0.001198/6$ (1000G)	0.00058	0.0008	0.0010	0/992	$\mathbf{1}$	19.78
g.157651678T>C	c.401A \gtrsim G	p.His134Arg	Novel					0/992	$\mathbf{1}$	16.04
g.157651169G>A	c.910C>T	p.Pro304Ser	Novel	$\overline{}$				0/992	$\mathbf{1}$	25.3
g.157651134G>C	c.945C>G	$p. Leu315=$	rs755219644	$C = 0.000027/3$ (EXAC)				1/992	$\mathbf{1}$	8.40
g.157646834T>C	$c.1208 -$ 18A > G	NA	Novel		0.00029	Ω		0/992	$\mathbf{1}$	2.597
g.157638627C>T		c.1483G>A $p.Val495Met$	rs138471751	$T=0.00231/290$ (TOPMED)	0.00029	$\mathbf{0}$		0/992	$\mathbf{1}$	23.2
g.157626370C>T	c.2232G>A	$p.Glu744=$	rs552463131	$T=0.000149/18$ (EXAC)			0.0005	0/992	2	20.7
g.157626105T>C	$c.*235A>G$	NA	Novel					0/992	$\mathbf{1}$	8.32
g.157625842A>G $c.*498T>C$		NA	rs146515023	$G=0.001776$ (TOPMED)			0.0010	0/992	$\mathbf{1}$	14.33

Table S1.2. Heterozygous *SOX30* **rare variants in patients with male infertility**

*Highest MAF among databases represented

All the nonsynonymous variants had CADD score greater than 15 predicting these to be the top 3.33% of the most deleterious substitutions possible in the human genome and were not located in the HMG domain (Figure S1.1). Variants c.-57G>A and p.Pro123Thr have also been identified in the JME patient set, in one and two cases, respectively; and functional analysis using reporter luciferase assays have indicated altered transcriptional activities when compared to the wildtype.

Figure S1.1. Schematic representation of *SOX30* mRNA with locations of the rare variants.

No homozygous and truncating rare variants were identified among these infertile patients. Variants did not cluster within any specific regions of *SOX30.* The electropherogram of the rare variants are represented in Figure 2. The 5'UTR rare variants are located in CpG islands, proximal enhancer region and in binding sites for transcription factors EGR1 and CEBPA (Table S1.3). Missense variants p.Pro123Thr and p.His134Arg are also located in CpG island region proximal enhancer region of *SOX30* and in binding sites for transcription factor CTCF since these variants were located in exon 1 (Table S1.4).

Figure S1.2. Electropherogram of heterozygous rare variants identified in the infertile patients examined.

mRNA change Consequence Conservation			<i>*Sequence Features</i>	Prediction
$c.-348C>T$	$5'$ UTR	$C - 7/10$	Prom, EGR1, CEBPA	MT – polymorphism
c.-318G \ge T	$5'$ UTR	$G - 7/10$	Prom, EGR1, CEBPA	$MT - disease causing$
c.-294 -293del	$5'$ UTR	$AG - 7/10$	Prom, EGR1, CEBPA	MT- disease causing
c.-208A>G	$5'$ UTR	A-2, G-5 $/10$	Prom, EGR1.	MT- polymorphism
c.-57 $G > A$	$5'$ UTR	$G - 5/10$	Prom, EGR1.	MT- disease causing
c.-56A $\gt C$	$5'$ UTR	$A - 5/10$	Prom, EGR1.	MT- disease causing
c.1208-18A $>$ G	Splice site	$A - 3/10$	Predicted Branch site region	HSF-Potentially altering splice site, cryptic donor insertion. MT – polymorphism, splicing affected
$c.*235A>G$	$3'$ UTR	$A - 7/10$		MT- disease causing
$c.*498T>C$	$3'$ UTR	$T - 3/10$	#Predicted miRNA binding site for hsa-miR- $487a/b-5p$,	MT- disease causing

Table S1.3. Conservation, sequence features and *in silico* **predictions of the UTR and intronic variants.**

The reference allele of -208A>G is poorly conserved hence, this is likely to be a polymorphism. Variants p.Pro304Ser and p.Val495Met, located at highly conserved residues are predicted to be pathogenic by at least 4 of the 5 bioinformatics tools. The intronic variant c.1208-18A>G was predicted to introduce a cryptic donor splice site while the synonymous variant p.Glu744= was predicted to introduce a cryptic acceptor site which could affect the isoform sequence. The 3'UTR rare variants are predicted to be damaging by MutationTaster and the variant c.*498T>C although poorly conserved was located at the predicted binding site of hsa-miR-487a/b-5p (Table S1.3, S1.4) that could dysregulate SOX30.

Table S1.4. Conservation, sequence features and *in silico* **prediction of amino acid coding variants.**

Protein change	Conserv ation	<i>*Sequence</i> Features	SIFT	Polyphen2	Mutation Taster	UMD Predictor	Human Splicing Finder
p.Pro123Thr	7/10	CpG, EnhP, CTCF BS	Damaging	Benign	Polymorphism Polymorphism		No Impact
p.His134Arg	4/10	CpG , $EnhP$, CTCF BS	Damaging	Benign	Polymorphism Polymorphism		No Impact
p.Pro304Ser	8/10		Damaging	Probably damaging	Disease causing	Pathogenic	Significant alteration of ESE / ESS motifs ratio (-6)
$p. Leu315=$	9/10		Tolerated		Disease causing Polymorphism		No Impact
p.Val495Met	8/10		Damaging	Probably damaging	Disease causing Polymorphism		Significant alteration of ESE / ESS motifs ratio (10)
$p.Glu744=$	9/10		Tolerated	$\overline{}$	Disease causing Polymorphism		Activation of a cryptic Acceptor site

Conservation organisms: Human, Chimp, Monkey, Mouse, Rat, Dog, Cow, Chicken, Zebrafish, Frog *Sequence features from UCSC genome browser, MT – MutationTaster, HSF – Human splicing finder, # miRDB, Brown font -Intronic/ Splicing variant, Green font – Synonymous variants, ESE – Exon splicing enhancer, ESS – Exon splicing silencer.

Nine common variants (MAF>0.5%) were also found among the infertile patients. Heterozygous variants c.-354G>A and p.Glu229Lys were absent among in-house controls and were rare in Indian population databases GA100k, IndiGEN and INDEX-db (Table S1.5). Multiple *SOX30* rare variants were not observed in the same patient sample while some rare variant carrying samples had common variants additionally present.

Genomic location GRCh38.p12	mRNA change	Protein change	RSID	Global MAF	Sample nos/ Zygosity	Inhouse control
g.157652432C>T	c.-354G>A	NA	rs143580325	$T=0.008187/41(1000G)$	$1 - Het$	0/992
g.157652144C>G	c.-66 $G>C$	NA	rs188639331	$G=0.003594/18(1000G)$	$3 - Het$	5/992
g.157651916A>G	c.163 $T>C$	p.Cys55Arg	rs184421438	$G=0.011472/360$ (GnomAD)	$22 -$ Het, $2 -$ Hom	15/992
g.157651624G>A	c.455C>T	p.Pro152Leu	rs13181859	$T=0.00404/994$ (GnomAD)	$6 - Het$	3/992
g.157651467C>G	c.612G \geq C	$p.Pro204=$	rs3749797	G=0.174312/21888 (TOPMED)	$118 - Het. 7 - Hom$	47/992
g.157651394C>T	c.685G $>$ A	p.Glu229Lys	rs41275269	$T=0.012869/3220$ (GnomAD)	$12 - Het$	2/992
g.157646739G>T	c.1285C>A	p.Gln429Lys	rs12188040	$T=0.05651/283(1000G)$	$54 - Het$, $2 - Hom$	29/992
g.157638298G > A	c.1812 $C>T$	$p.Phe604=$	rs35793864	$A=0.126597/14587$ (ExAC)	$101 - Het. 5 - Hom$	77/992
g.157625718G>A	$c.*622C>T$	NA	rs17054773	$A=0.095185/2981$ (GnomAD)	27 - Het	29/992

Table S1.5. Common variants identified in the infertile cases.

Discussion

Nonobstructive azoospermia (NOA) is a severe form of male infertility where there is complete absence of mature spermatozoa in the semen mainly due to impaired spermatogenesis. It contributes up to 70% of all azoospermic cases , while azoospermia affects 10-20% of infertile men , and 1% of all men (Kasak and Laan 2020). Majority of NOA patients exhibit primary testicular failure due to intrinsic factors affecting sperm production while a smaller fraction exhibits secondary testicular failure that occurs due to endocrinal and developmental defects. Primary testicular failure can be due to both acquired factors such as radiation, chemotherapy, varicocele, orchitis, trauma etc. and congenital factors that are mainly genetic in nature. Genetic abnormalities such as abnormal karyotype, Y chromosome deletions, and Klinefelter's syndrome account for 17%, 2-10% and 15% of NOA, respectively, and are major contributors to NOA. Syndromic NOA have other clinical manifestations in addition to azoospermia. Although several genes have been identified to cause NOA, their frequency in the infertile population is limited and varies with populations studied. Very few single gene mutations causing NOA exclusively have been identified (Table S1.5; Kasak and Laan 2020). In most patients NOA remain genetically idiopathic. (Kasak and Laan 2020, Peña, Kohn and Herati 2020).

Gene	Function	NOA Inheritance mode phenotype		Expression	Variation	Mouse model
$*TEX11$	Chromosome synapsis and	XLR MA, testis		Pancreas and testis	LoF.	Yes
	formation of crossovers	atrophy		enriched	missense	
$*TEX14$	Formation of meiotic intercellularbridges	MA, SCOS	AR	Testis enriched	LoF. missense	Yes
$*TEX15$	Chromosome, synapsis, DNA DSB repair	MA	AR	Endometrium. smooth muscle, testis	LoF	Yes
CCDC155	Homologue pairing in meioticprophase	MA	AR	Testis enriched	Missense	Yes
NANOS2	Spermatogonial stem cell maintenance	SCOS	AD	Testis enriched	Missense	Yes
SPINK ₂	Inhibitor of acrosin	Post meiotic block	AR	Epididymis enriched	LoF	Yes
SPO11	Initiation of DSBs	MA	AR	Testis enriched	Missense	Yes
TAF4B	Transcriptional coactivator	SF	AR	Mixed	LoF	Yes
TDRD9	Repression of transposable elements duringmeiosis	MA	AR	Testis, parathyroid enriched	LoF	Yes
WNK3	Regulation of electrolyte homeostasis, cell signalling, survival and proliferation	SCOS	XLR	Epididymis, testis enriched	Missense	N _o
ZMYND15	Transcriptional repressor	MA	AR	Testis, parathyroid enriched	LoF	Yes

Table S1.5. Non-syndromic monogenic exclusive NOA genes.

AD- autosomal dominant, AR- autosomal recessive, XLR- X-linked recessive, DSB-double-stranded break,LoF- loss-of-function, MA- maturation arrest, SCOS- Sertoli cell-only syndrome, SF-Spermatogenic failure, * Established NOA genes.

The spermatogenic maturation arrest phenotype leading to male infertility in Sox30-deficient mice makes SOX30 an excellent candidate gene for nonobstructive human azoospermia. In this study, 15 rare (minor allele frequency $\leq 0.05\%$) heterozygous variants spanning the entire gene were identified in male infertile patients of Indian ancestry. Most of these variants were not identified in ethnically matched control individuals. Two missense variants, p.Pro304Ser and p.Val495Met were in highly conserved residues flanking the HMG domain, were absent in in-house controls as well as in Indian population databases and were predicted to be pathogenic by in silico prediction tools (Table S1.4). An intronic variant located 18bp upstream of Exon 3 in the predicted branch point sequence is expected to introduce a cryptic donor site that could alter open reading frame of SOX30. Several 5'UTR variants are located in SOX30's promoter region that could affect the binding of factors regulating SOX30's expression. A synonymous variant in exon 5 (p.Glu744)= is predicted to introduce a cryptic acceptor splice site. No homozygous rare SOX30 variants were known, although recently ClinVar database has reported a homozygous SOX30 variant p.Ser517Cys in an infertile

patient of Indian origin. It is interpreted to be likely pathogenic. No rare variants were identified in SOX30 among NOA and SCOS patients of Chinese and Japanese descent, respectively (Han et al. 2020, Miyamoto et al. 2020). The heterozygous variants identified in this study may be dominant or dominant negative in their effect because haploinsufficiency does not lead to infertility in mice. SOX30 is a mutation tolerant gene {RVIS - 1.29 (93.85%), missense Z score of 0.776 in the GnomAD database} wherein variations are frequently observed in the population, while it is intolerant to loss- of- function variants ($pLI - 0.998$). Hence, identification of several rare variants and absence of truncating variants in not an unexpected finding. Variants c.-57G>A and p.Pro123Thr were also identified in patients with JME. The p.Pro123Thr was identified in two female JME patients while -57G>A was identified to segregate with JME in the family NIH34 amongst which it was present in 3 males, one of whose fertility was confirmed. These variants exhibited altered in vitro transcriptional activity when compared to wildtype protein (Chapter 2, pg: 46-47, and chapter 3pg: 68-69) probably suggesting effect of a modifier gene or other genetic and environmental interactions. Further genetic studies are needed to clarify the underlying mechanisms of phenotypic manifestations of SOX30-associated human disorders.

Other SOX molecules involved in spermatogenesis and male fertility are group D (Sox5 and Sox6), group E (Sox8 and Sox9) and group F (Sox17) genes. Sox5 and Sox6 are highly expressed during spermatogenesis, but their functions are unknown (Jiang et al. 2013). Mutations in SOX5 and SOX6 are reported in patients with neurodevelopmental disorders (Angelozzi and Lefebvre 2019, Tolchin et al. 2020, Zawerton et al. 2020). Sox8 and Sox9 are involved in maintenance of postnatal fertility and Sertoli cell functions while Sox17 is involved in transactivation of genes in premeiotic germ cells (Jiang et al. 2013). Knockout mice models of Sox8 and Sox9 exhibit delayed postnatal male infertility while heterozygous missense mutation in these genes have been identified in azoospermic and 46XY disorders of sex development patients (Angelozzi and Lefebvre 2019, Portnoi et al. 2020, Zhang et al. 2020). Both SOX8 and SOX9 are not only associated with male infertility, but variants also lead to other disorders along the sex development spectrum such as sex reversal, primary ovarian insufficiency etc. (Angelozzi and Lefebvre 2019). SOX30 resembles SOX group D molecules in its association with both neurological (juvenile myoclonic epilepsy) and reproductive (infertility) disorders, although they are phylogenetically distant within the protein family.

Our findings suggest that SOX30 could be an important risk factor underlying male infertility. Although certain missense variants p.Pro304Ser and p.Val495Met have been predicted to be deleterious by computational methods, the interpretation of the actual functional significance of the variants is challenging. Further functional analysis in cellular and animal models shall shed light on the mechanism/s behind these contribution of these variants to the phenotype.

Appendix II for Chapter 2

Table A2.1. Primer sequences used to sequence the genes or gene regions not covered in the candidate gene study of the 5q34 locus.

Table A2.2. Primer sequences for *GABRA1***,** *GABRA6***,** *GABRG2* **examined in NIH34-C1 and** *GABRB2***,in NIH34-D1.**

Genomic location (GRCh37/hg19)	Ref	Alt	Type	Gene	Consequence	Zygosity	mRNA/protein change	rsID	MAF (1000g)	CADD PHRED
160768974	ATAC		DEL	GABRB2	Intronic	Hom		rs200288126	0.02034 GnomAD	0.459
160769451	G	A	SNP	GABRB2	Intronic	Hom		rs2910305	0.465855	0.583
160772290	G	\overline{C}	SNP	GABRB2	Intronic	Hom		rs2194159	0.311701	1.127
160779758	A	C	SNP	GABRB2	Intronic	Hom		rs2910303	0.225639	3.219
160784052	G	A	SNP	GABRB2	Intronic	Hom		rs2962401	0.333267	0.179
160791732	T	A	SNP	GABRB2	Intronic	Hom		rs2910298	0.0517173	3.177
160793680	T	C	SNP	GABRB2	Intronic	Hom		rs1820092	0.252995	0.319
160795065		G	SNP	GABRB2	Intronic	Hom		rs2910295	0.333666	1.018
160795777	А	G	SNP	GABRB2	Intronic	Hom		rs2910294	0.333267	1.057
160795783	G	\overline{C}	SNP	GABRB2	Intronic	Hom		rs2962399	0.30012	6.751
160802879	A	T	SNP	GABRB2	Intronic	Het		rs1345736	0.467053	0.785
160803417	A	G	SNP	GABRB2	Intronic	Hom		rs989349	0.0069888	0.425
160803585	\overline{C}	T	SNP	GABRB2	Intronic	Hom		rs989350	0.0521166	5.315
160805755		G	INS	GABRB2	Intronic	Hom		rs34147050	0.32528	1.288
160806655	A	T	SNP	GABRB2	Intronic	Hom		rs1422952	0.0515176	0.965
160807733	T	\overline{C}	SNP	GABRB2	Intronic	Hom		rs1159170	0.0513179	0.043
160808802	\overline{C}	T	SNP	GABRB2	Intronic	Hom		rs1363697	0.32528	1.188
160810188	T	\overline{C}	SNP	GABRB2	Intronic	Hom		rs1422953	0.0523163	1.466
160812482	C	T	SNP	GABRB2	Intronic	Hom		rs2910291	0.240216	3.167
160812952	T	G	SNP	GABRB2	Intronic	Het		rs2910290	0.321685	0.382
160814956	$\mathbf T$	A	SNP	GABRB2	Intronic	Hom		rs2910289	0.253195	$\overline{11.6}$
160815339	A	G	SNP	GABRB2	Intronic	Hom		rs2910288	0.253195	1.153
160816830	C	A	SNP	GABRB2	Intronic	Het		$\overline{\text{rs}}$ 2910287	0.468051	0.092
160817367	T	G	SNP	GABRB2	Intronic	Hom		rs2910286	0.74348 GnomAD	1.072
160818567	T	A	SNP	GABRB2	Intronic	Hom		rs1422954	0.249002	5.962
160822394	A	G	SNP	GABRB2	Intronic	Het		rs2962398	0.468051	5.695
160822497	$\mathbf G$	A	SNP	GABRB2	Intronic	Hom		rs2962397	0.319888	0.04
160823121	$\mathbf C$	T	SNP	GABRB2	Intronic	Hom		rs3111046	0.0517173	0.855
160823692	\overline{C}	T	SNP	GABRB2	Intronic	Hom		rs2962396	0.329673	0.356
160825020	GATA		DEL	GABRB2	Intronic	Hom		rs67936445	0.25 Genome DK	3.339
160825121	A	G	SNP	GABRB2	Intronic	Het		rs2910285	0.467452	3.658
160825685	$\mathbf G$	T	SNP	GABRB2	Intronic	Hom		rs3111047	0.156749	0.079
160826843	T	\overline{C}	SNP	GABRB2	Intronic	Hom		rs2962395	0.252995	1.83
160827390	T	C	SNP	GABRB2	Intronic	Hom		rs1363698	0.0519169	15.83
160827494	T	A	SNP	GABRB2	Intronic	Hom		rs1862426	0.000998403	5.728
160828583	A	G	SNP	GABRB2	Intronic	Het		rs2910284	0.468251	8.582

Table A2.3, Variants identified in *GABRA1***,** *GABRA6***,** *GABRG2 and GABRB2* **by Sanger sequencing.**

Chr	Position	Ref	Change	Type	Gene name	Trancript_ID	Effect	Old AA/ New AA	Codon Num	RS _{ID}	MAF (1000g)
	1635011	\mathbf{A}	G	SNP	CDK11A	NM_024011	Missense	V/A	655		
	2537722	$\mathbf T$	A	SNP	MMEL1	NM_033467	Missense	N/Y	239	rs533316401	0.001997
	11918519	\overline{C}	T	SNP	NPPB	NM_002521	Missense	R/H	47	rs5229	0.003794
	33490060	T	\overline{C}	SNP	AK2	NM_001199199	Missense	M/V	68	rs548856916	0.000599
	38230775	\mathbf{A}	T	SNP	EPHA10	NM_001099439	Start gained: TTG, 5'UTR: 37 bases from TSS			rs369625502	0.001597
	48260414	T	G	SNP	LOC388630	NM_001194986	Missense	T/P	278		
	93649545	A	\overline{G}	SNP	CCDC18	NM_206886	Missense	S/G	49	rs537114111	0.002596
	103471838	$\mathbf T$	\overline{C}	SNP	COLIIAI	NM_001190709	Missense	T/A	534	rs560019202	0.000399
	110086039	\overline{C}	T	SNP	GPR61	NM_031936	Missense	S/L	132	rs571875540	0.0002
	115262365	$\mathbf T$	A	SNP	CSDE1	NM_007158	Splice site acceptor				
	120054176	$\mathbf G$	A	SNP	HSD3B1	NM_000862	Missense	E/K	66	rs587718863	0.001398
	151263572	A	$\mathbf C$	SNP	ZNF687	NM_020832	Missense	T/P	1201		
	152191082	C	G	SNP	HRNR	NM_001009931	Missense	S/T	1008	rs139947063	0.002396
	152277184	\overline{T}	\overline{C}	SNP	\overline{FLG}	NM_002016	Missense	H/R	3393	rs146234375	0.000399
	152770589	A	${\bf G}$	SNP	LCEID	NM_178352	Missense	S/G	107	rs11485496	0.000799
	156206155	$\mathbf C$	T	SNP	PMF1	NM_001199654	Missense	R/W	151	rs140410413	0.004193
1	156206155	C	T	SNP	$PMFI-$ BGLAP	NM 001199662	Missense	R/W	149	rs140410413	0.004193
	158813875	C	T	SNP	MNDA	NM_002432	Missense	T/I	178	rs148142374	0.004393
	159824697	$\mathbf G$	T	SNP	Clorf204	NM_001134233	Missense	P/H	61	rs563047828	0.0002
	159824697	\overline{G}	\overline{T}	SNP	VSIG8	NM_001013661	Missense	P/H	364	rs563047828	0.0002
	162343861	C	T	SNP	ClorfIII	NM_182581	Missense	G/S	255	rs142892903	0.003994
1	162602365	\mathcal{C}	T	SNP	DDR ₂	NM_006182	Start gained: ATG, 5'UTR: 246 bases from TSS				
	165634302	T	\mathcal{C}	SNP	ALDH9A1	NM 000696	Missense	Y/C	472	rs112689633	0.000399
	179820453	G	\overline{A}	SNP	TORIAIP2	NM_001199260	Missense	A/V	27	rs145359130	0.0002
	202302657	C	$\mathbf T$	SNP	UBE2T	NM 014176	Missense	R/Q	69		
	211846971	C	T	SNP	NEK2	NM_001204182	Missense	V/I	137	rs151049149	0.0002
	214819386	\mathbf{A}	G	SNP	CENPF	NM_016343	Missense	N/S	2158	rs376037863	0.001198
	216462702	C	T	SNP	USH2A	NM 206933	Missense	D/N	631	rs552400144	0.0002
	247040572	$\mathbf T$	C	SNP	AHCTF1	NM 015446	Missense	Q/R	907	rs554869556	0.001398
$\mathbf{2}$	74588664	$\mathbf C$	\overline{G}	SNP	DCTN1	NM_001190836	Missense	E/Q	1225	rs146083590	0.000599
$\overline{2}$	152320756	$\mathbf C$	\mathbf{A}	SNP	RIF1	NM_001177663	Missense	N/K	1574	rs576707750	0.001198
$\overline{2}$	152362733	\overline{C}	T	SNP	NEB	NM_004543	Missense	G/R	6153		
$\overline{2}$	167263018	\mathbf{A}	T	SNP	SCN7A	NM_002976	Missense	M/K	1374		
$\overline{2}$	168101751	\ast	$+T$	INS	XIRP2	NM_152381	Frame shift	-12	1283		

Table A2.4. Heterozygous rare or novel coding whole genome variants (C1 minus B1)

Table A2.5 Heterozygous novel/ rare (MAF<0.005) SNV at 5q34 C1 minus B1

Table A2.6. Heterozygous novel or rare InDels (MAF<0.005) at 5q34 (C1 minus B1)

Table A2.7. Primer sequences for Sanger confirmation of novel or rare variants (MAF<0.005) in NIH34-C1

Table A2.9 Site-directed mutagenesis primer sequence for 3'UTR reporter luciferase assay

Appendix III for Chapter 3

Table S3.1. Primers used for sub-cloning SOX30 Isoform I

restriction enzymes NheI – EcoRI and inserted into pCMV-Tag4a-SOX30

Table S3.2. SDM primer sequences for pcDNA3.1(+)-SOX30

Table S3.3. SOX30 cDNA sequencing primers

Table S3.4. Vector sequencing primers

Table S3.5. Chip-PCR and qRT-PCR primers for the SOX30 targets

Figure S3.1. (A) SOX30 was detected in fixed HEK293 cells overexpressing SOX30 using anti-SOX30 affinity purified polyclonal antibody at 1:1000 dilution for 1 hour at room temperature. Cells were stained using the Alexafluor 568-conjugated anti-rabbit IgG secondary antibody (red) and counterstained with DAPI (blue). Specific staining was localized to nucleus and in spindle poles of mitotic cells (white arrow. (B) Nocodazole arrested HEK293 cells stained using SOX30 affinity purified polyclonal antibody (red) and gamma tubulin (green) to mark spindle poles indicated SOX30 to colocalize with gamma tubulin that is inconsistent with SOX30's subcellular localization. Upper panel at 63X and lower panel 63x with zoom 4.

Figure S3.2. (A) Subcellular localization of FLAG tagged SOX30 protein in cultured HEK293 cells. Mitotic cells anaphase (white arrow) and telophase (yellow arrow) exhibit cytoplasmic SOX30 staining. (**B)** Subcellular localization of mCherry tagged SOX30 protein in HEK293, also detected using FLAG antibody (green). Nucleus stained with DAPI (blue).

BCL2L1

Figure S3.3. Integrative Genomics Viewer (IGV) snapshots depicting SOX30 binding sites for genes *ZSCAN9, BCL2L1, BRWD1* and *STX16* at 5' UTR or promoter regions of the genes. ChIP peaks tracks (Blue) and input peak tracks (Gray). The RefSeq gene map is presented in blue at the bottom of each panel.

Table S3.7. Sample D= Top 500 ChIP-Seq annotated peaks

Figure S3.4. SubRVIS percentiles values across SOX30 protein. The subRVIS percentiles are a scaled version of the SubRVIS raw score, where the raw scores were converted to percentiles across the genome. Lower subRVIS percentiles correspond to more intolerant regions with threshold of 35 percentiles

Figure S3.5. SubRVIS percentiles values across *SOX30* exons. The subRVIS percentiles are a scaled version of the SubRVIS raw scores, where the raw scores were converted to percentiles across the genome. Lower subRVIS percentiles correspond to more intolerant regions with threshold of 35 percentiles.

Appendix IV for Chapter 4

Figure A4.1.1. Average read depth plot across all exons per individual for samples 1-48 for *CHD2*

Figure A4.1.2. Average read depth plot across all exons per individual for samples 49-96 for *CHD2*

Figure A4.1.3. Average read depth across all exons per individual for samples 97-144 for *CHD2*

Figure A4.1.4. Average read depth plot across all exons for per individual samples 145-192 for *CHD2*

Figure A4.2. Average read depth across all samples for 55 amplicons covering 39 exons of *CHD2*

Table S4.1. Variants identified in *CHD2* **by targeted sequencing in 189 JME individuals**

Genomic Location (GRCh38/ hg38)	mRNA change	Amino acid change	Consequence	SNP rsiD	Occurrence in patients $(n = 189)$	Controls Chromosome	MAF
93009100	$c.4414 - 45C > T$		intron	rs12915582	$Het-30$, $Hom-159$	362/384	0.24118
93009119	c.4414-26G>A		intron	rs72647789	$Het-5$	2/384	0.025927
93009231	c.4500A > T	p.Glu1500Asp/missense		rs776113114	$Het-1$	0/384	0.000074
93009249	c.4518G > A	$p. Leu1506=$	synonymous	rs557766333	$Het-1$	0/384	0.000173
93009258	c.4527C > T	$p.Ile1509=$	synonymous	rs34315566	$Het-2$	3/384	0.05613
93009417	c.4592+94G>A		intron		$Het-1$	0/384	
93009426	$c.4592+103C > T$		intron	rs12900461	$Het-30$, Hom -159	353/384	0.23884

Table S4.2. Variants identified in exon 35 of *CHD2* **by Sanger sequencing.**

Sample no.	Mutation	Zygosity	Sex	Age of onset	Types of seizure	Precipitating factors	Current AEDs	EEG	PPR
191	$c.-264$ 263insT	Het	M	11	MYO, GTCS	Sleep deprivation	Carbamazepine	Gen S&W	UA
122	$c.-174C>T$	Het	\mathbf{F}	13	MYO	None	None	Gen S&W	NO
14	c.457C > G	Het	${\rm F}$	17	MYO	Within 2 hours of waking up, Emotional stress	Valproic acid	Gen S&W	NO
71	c.1720-3T $>$ C	Het	$\mathbf F$	17	MYO, GTCS	Emotional stress	Valproic acid	Gen S&W	YES
155	c.4500A > T	Het	$\mathbf F$	10	MYO, GTCS	Sleep deprivation, Menses	Clobazam	UA	UA
168	$c.4692+1G>C$	Het	$\boldsymbol{\mathrm{F}}$	Ξ.			Valproic acid	$\overline{}$	
135	c.5095C>T	Het	$\mathbf F$	10	MYO, GTCS	Photic stimulation, Emotional stress	Valproic acid	Gen S&W	UA
174	$c.*248C>T$	Hom	M				Valproic acid	UA	UA
45	$c.*1002T>C$	Het	M	16	MYO, GTCS	Within 2 hours of waking up	Phenobarbital	Gen S&W	YES
180	c.*1062A>G	Het	\mathbf{F}	12	MYO, GTCS	Within 2 hours of waking up, Sleep deprivation, Emotional stress	Valproic acid	Gen S&W	DF
171	$c.*1099A>G$	Het	M	$\overline{}$			Valproic acid	$\overline{}$	
157	c.*2115A>G	Het	\mathbf{F}	14	ABS, MYO, GTCS	Within 2 hours of waking up, Sleep deprivation	Valproic acid	UA	UA

Table S4.5. Clinical features of patients having *CHD2* **variations.**

MYO-Myoclonic jerks, GTCS – Generalised tonic clonic seizure, ABS – Absence seizures, M - Male, F – Female, UA- Unavailable, DF- Doubtful, Het – Heterozygous, Hom – Homozygous, Gen S &W – Generalised spikes and waves

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Web Resources

1000 Genomes Project:<https://www.internationalgenome.org/home> Align-GVGD: http://agvgd.hci.utah.edu/agvgd_input.php Allen brain atlas:<https://portal.brain-map.org/> BioGRID4.4:<https://thebiogrid.org/> BrainStars:<http://brainstars.org/> BrainTx:<https://www.cdtdb.neuroinf.jp/CDT/Top.jsp> CADD:<https://cadd.gs.washington.edu/> Clustal Omega:<https://www.ebi.ac.uk/Tools/msa/clustalo/> ConSurf Server:<https://consurf.tau.ac.il/> dbSNP:<https://www.ncbi.nlm.nih.gov/snp/> Envision: https://envision.gs.washington.edu/shiny/envision_new/ Epi25K:<https://epi25.broadinstitute.org/> Exome Variant Server (EVS):<https://evs.gs.washington.edu/EVS/> Fathmm:<http://fathmm.biocompute.org.uk/> Genome Asia 100k[: https://genomeasia100k.org/](https://genomeasia100k.org/) GnomAD:<https://gnomad.broadinstitute.org/> HPA Mouse brain RNA-Seq:<https://www.proteinatlas.org/> Human Splicing Fimder:<https://www.genomnis.com/access-hsf> Index-DB:<http://indexdb.ncbs.res.in/> IndiGenomes:<http://clingen.igib.res.in/indigen/index.php> IntAct:<https://www.ebi.ac.uk/intact/home> MaxEntScan: http://hollywood.mit.edu/burgelab/maxent/Xmaxentscan_scoreseq.html MINT:<https://mint.bio.uniroma2.it/> Mutation Assessor:<http://mutationassessor.org/r3/> Mutation taster[: http://www.mutationtaster.org/](http://www.mutationtaster.org/) MutPred2:<http://mutpred.mutdb.org/> NCBI Gene:<https://www.ncbi.nlm.nih.gov/gene/> OligoCalc:<http://biotools.nubic.northwestern.edu/OligoCalc.html> Online Mendelian Inheritance in Man:<https://www.omim.org/> PANTHER-PSEP:<http://pantherdb.org/tools/csnpScoreForm.jsp> PhD-SNP:<https://snps.biofold.org/phd-snp/phd-snp.html> PolyPhen-2:<http://genetics.bwh.harvard.edu/pph2/> Primer3:<https://bioinfo.ut.ee/primer3/> PROVEAN:<http://provean.jcvi.org/index.php> SIFT:<https://sift.bii.a-star.edu.sg/>

SNAP2:<https://rostlab.org/services/snap2web/> SNPs&GO[: https://snps-and-go.biocomp.unibo.it/snps-and-go/](https://snps-and-go.biocomp.unibo.it/snps-and-go/) STRING:<https://string-db.org/>

TOPMED:<https://bravo.sph.umich.edu/freeze8/hg38/>

UCSC Genome Browser:<https://genome.ucsc.edu/>

UMD-Predictor:<http://umd-predictor.eu/>