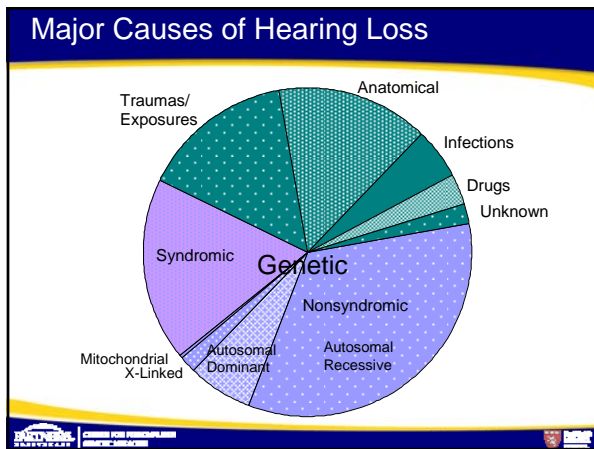
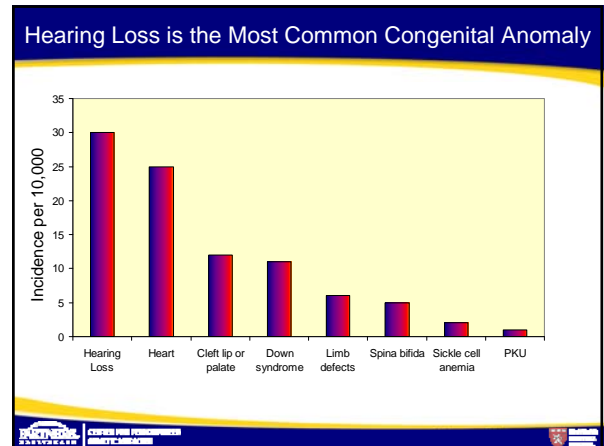


# Genetic Causes of Hearing Loss

Heidi L. Rehm, PhD, FACMG  
 Assistant Professor of Pathology, BWH and HMS  
 Clinical Molecular Geneticist, Laboratory for Molecular Medicine, PCPGM

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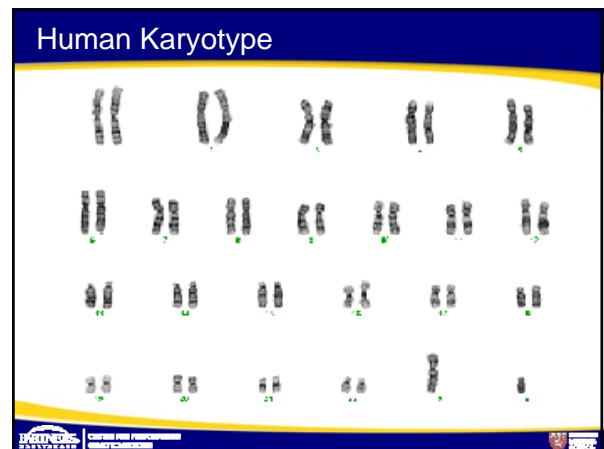
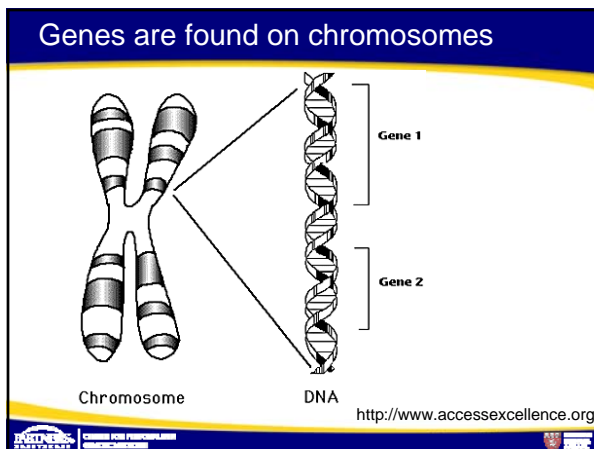
## DNA is Highly Compacted into Chromosomes

The DNA from one cell stretches 7.5 feet.

All of the DNA in your body would stretch from here to the moon 300,000 times.

<http://www.accessexcellence.org>

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We inherit two copies of each chromosome (and each gene), one from each parent.

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### Chromosome Abnormalities

Trisomy 21 (Down's Syndrome)

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## How is hearing loss inherited?

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### Autosomal Dominant Inheritance

Some forms of hearing loss are caused by only one copy of a mutated gene.

This hearing loss is seen in every generation.

If a parent has a dominant mutation, each child has a 50% chance of inheriting it.

**Dominant hearing loss is more often seen with later-onset forms of genetic hearing loss.**

Hearing Loss

Hearing Loss

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### Autosomal Recessive Inheritance

The majority of childhood hearing loss is recessive, meaning both copies of a gene must have variants.

Often, there is no family history of hearing loss.

Each child will have a 25% chance of having hearing loss.

A **carrier** is a person who carries one copy of a recessive mutation, but does not have hearing loss.

Hearing Loss

Carrier

Carrier

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### X-Linked Inheritance

Only males have hearing loss.

Each son will have a 50% chance of having hearing loss.

Each daughter has a 50% chance of being a carrier.

**Example: POU3F4**

Hearing Loss

Hearing Loss

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## Mitochondrial Inheritance

Only the mother passes mitochondria to her children.

All children will inherit a mitochondrial variant from their mother.

Mitochondrial hearing loss is often variable in its age of onset, severity and progression.

Examples:  
 12S rRNA (MTRNR1)  
 tRNA<sup>Ser</sup>UCN (MTTS1)

The diagram shows a male (black) and a female (red) having children. The female has a green circle representing mitochondria, which is passed to all four children (two female, two male).

## Genetic Testing

### What is it?

Determine whether you have a mutation (variant) in a gene which can result in a trait such as hearing loss.

### What can be tested?

Metabolic substances (e.g. PKU)  
 Proteins (e.g. IRT for Cystic Fibrosis)  
 Chromosomes (e.g. Down's Syndrome)  
 Genes (e.g. Connexin 26)

All of these are tested using a blood sample.

## How is genetic testing done?

- Physician (ENT, PCP, pediatrician, geneticist) or genetic counselor discusses testing with the patient/family and they decide to order genetic testing
- Blood sample is obtained (sometimes saliva or cheek brushes can be used) and sent to the lab by overnight mail
- Testing is completed and report written
- Lab returns report to physician
- Physician or genetic counselor communicates results to patient
- If positive, family member testing becomes available for identified variants for a fraction of full test cost

## DNA Testing

The diagram shows a DNA double helix on the left. An arrow points to a sequence alignment. The top sequence is labeled "Normal DNA Sequence" and shows the sequence: ATG GTG CCT CAG GAT. The bottom sequence is labeled "DNA Sequence with Variant" and shows the sequence: ATG GTG CCT TAG GAT. A red starburst highlights the difference between the C and T in the fourth position.

## Nonsyndromic Deafness Genes in the Human Genome

50/135 Genes Identified

The karyotype shows chromosomes 1 through 22, X, and Y. Various genes are labeled on these chromosomes, including DFNA2, DFNB9, DFNB6, DFNA6, DFNA14, DFNA38, DFNB25, DFNA13, DFNA5, DFNA28, DFNA37, DFNB32, DFNB7, DFNA43, DFNB15, DFNA27, DFNA24, DFNB26, DFNA1, DFNA15, DFNA21, DFNA39, DFNA42, DFNB1, DFNB7, DFNA4, DFNA35, DFNB31, DFNB33, DFNB21, DFNB24, DFNB20, DFNB3, DFNB19, DFNB15, DFNA4, DFNB8/10, DFNB28, DFNB6, DFNB4, DFNB3, DFNB2, and DFNA40, DFNB22.

## Major Causes of Hearing Loss

The pie chart is divided into several categories: Traumas/Exposures, Anatomical, Infections, Drugs, Unknown, Syndromic, Genetic, Nonsyndromic, Mitochondrial, X-Linked, Autosomal Dominant, and Autosomal Recessive. The "Genetic" category is further subdivided into "Cx26" and "Autosomal Recessive".

## GJB2 - Connexin 26

Exon 1 ~ 3000 bp
Exon 2 (681 bp)

**DFNB1 (Recessive) Mutations**

Missense: M1V, T8M, G12V, K15T, S19T, I20T, R32C, M34T, V37I, A40E, A40G, G45E, E47K, W77R, V84L, L90P, V95M, H100Y, S113R, delE120, K122I, R127H, R143W, E147K, P175T, R184P, R184W, S199F, L214P, O5INS4, I203K, N206S, S139N, H100, E101G, L90V, M93I, 486INST, Q80R, I82M, S85P, A88S, L174R, L79P, Q80P, S19T, I20T, V27I+E114G, R32L, R165V

Nonsense: W24X, W44X, E47X, Q57X, Y65X, Y97X, Q124X, Y136X, W112X, W172X, C64X, Q80X, E147X

Frameshift: 31del14, 31del38, 35delG, 35insG, 51del12insA, 167delT, 176del16, 235delC, 269ins299delAT, 314del14, 333delAA, 290insA, 310del14, 312del14, 509del14, 509insA, 515del17, 631delGT, 504insAAGG, 515del17, 572delT, 645deTAGA, 302del3, 469delG

Splice Site: IVS1+1G>A

Caucasian      AJ      Asian

**Carrier Rates and Common Mutations**

Caucasian: 2-3% (35delG common)

Ashkenazi Jewish: 3-4% (167delT common)

Asian: (235delC and V37I common)

African American: (R143W may be common)

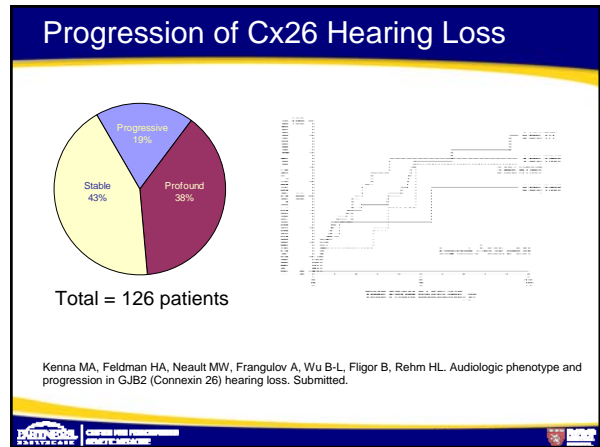
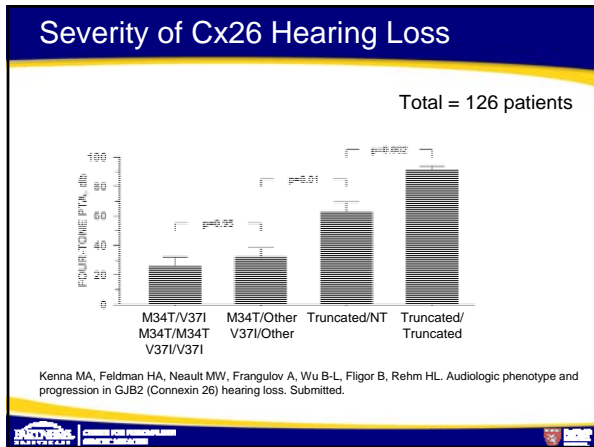
### Base Deletion: Cx26 – 35delG

...ACGATCCTGGGGGGTGTG...normal

...ACGATCCTGGGGG~~X~~TGTG...variant

Mutated Connexin 26 Protein

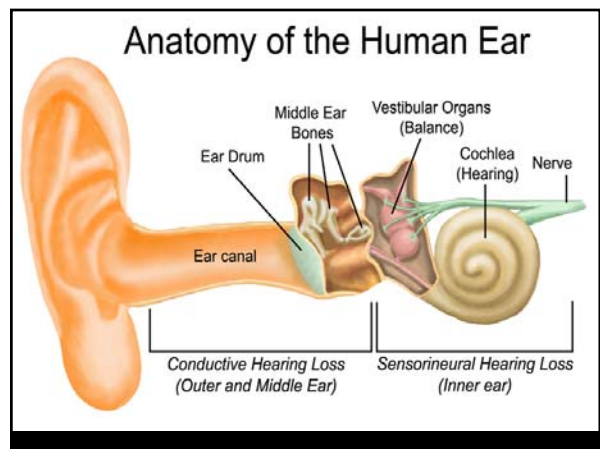
Normal Connexin 26 Protein

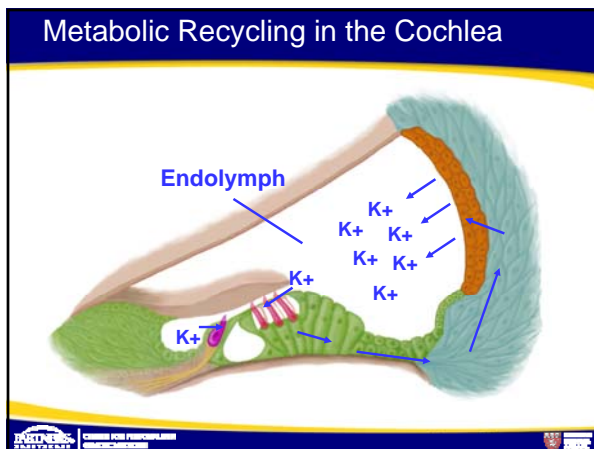
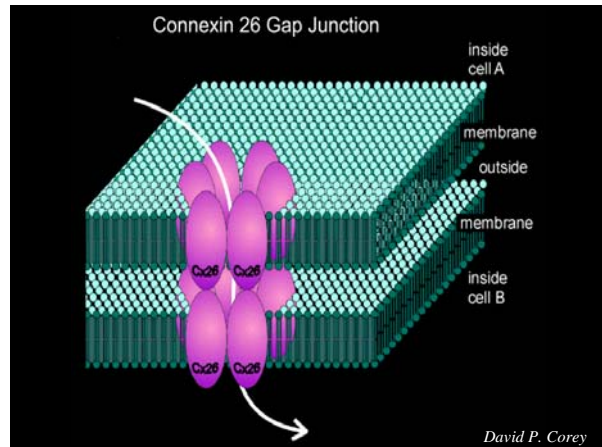
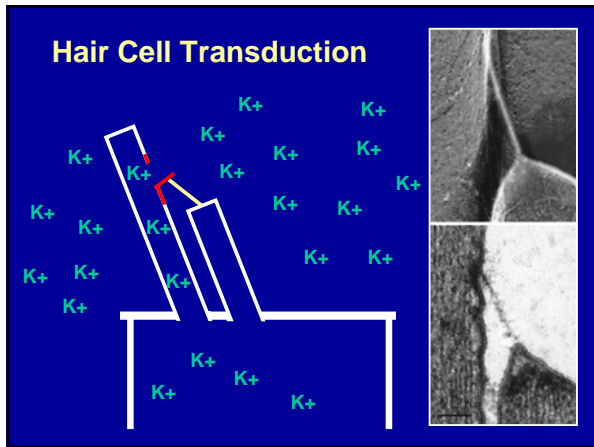
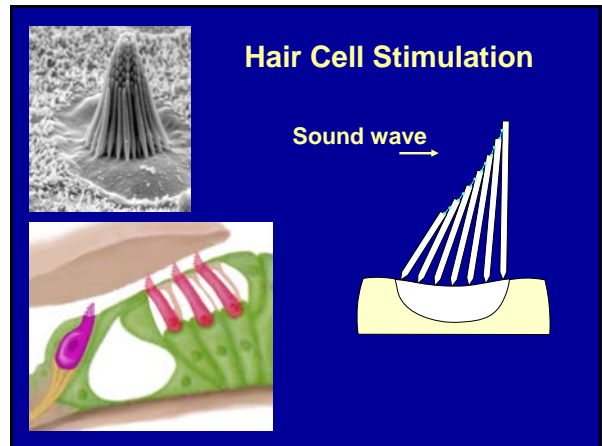
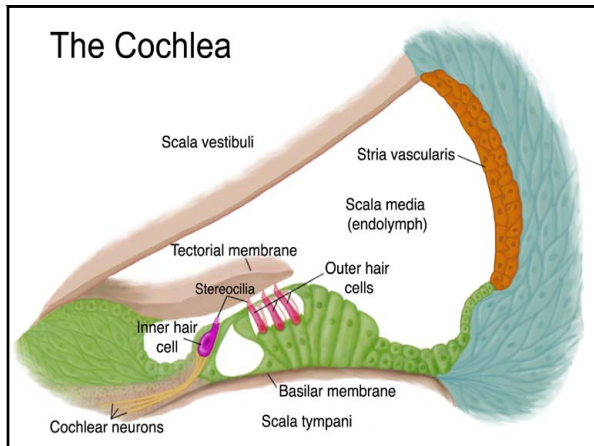


### Delayed Onset Cx26 Hearing Loss

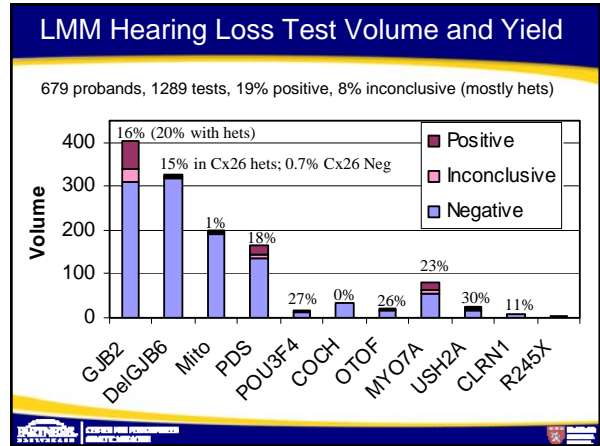
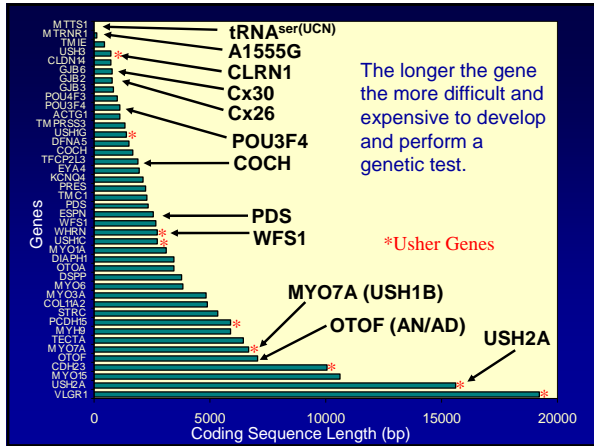
Norris et al. Ear Hear. 27(6):732-741, 2006.

~4% of Cx26 cases pass newborn hearing screens





Why is there only a small fraction of genetic tests available for hearing loss when over 50 genes have been identified?



### Syndromic Hearing Loss

Syndromes	Gene(s)	Dx
Alport	COL4A5, COL4A3, COL4A4	
Branchio-Oto-Renal	EYA1	
Jervell and Lange-Nielsen	KCNQ1, KCNE1/IsK	Dx with EKG
Mitochondrial (MELAS/MERRF)	tRNA <sup>leu(UUR)</sup> , tRNA <sup>lys</sup>	
Neurofibromatosis type II	NF2	
Norrie	NDP	
Osteogenesis Imperfecta	COL1A1, COL1A2	Dx with CT/MRI and SLC26A4 Genetic Test
Pendred	SLC26A4 (PDS)	
Stickler	COL2A1, COL11A1	
Tranebjaerg-Mohr (DFN1)	DDP	
Treacher Collins	TCOF1	
Usher	MYO7A, USH1C, CDH23, PCDH15, SANS, USH2A, GPR98, USH3	Dx with difficulty!
Waardenburg	PAX3, MITF, SLUG, EDNRB, EDN3, SOX10	

There are currently over 400 syndromes with associated hearing loss.

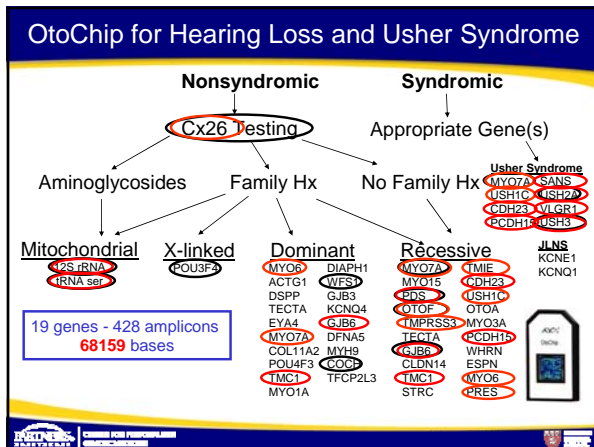
### Usher Syndrome Early Diagnosis

**ERG** and other ophthalmological exams – may not be positive until adolescence

**Vestibular assessment** (delayed motor milestones, VEMP, minimized rotation testing, caloric, rotary chair) – test methods are age dependent and not diagnostic for USH1 (not useful for USH2)

- Teschner 2007: 16.2% of deaf children had absent vestibular responses from a new "minimized rotation" test and 50% of them had abnormal ERGs

**Genetic testing:** not age dependent but may not have conclusive distinction between syndromic vs nonsyndromic prediction if performed early



### Usher Syndrome Treatment

**Vitamin A supplementation**  
**Sunglasses**

**Gene Therapy:**

- Acland et al. 2001 successful gene therapy for RP and LCA in dogs
- Hashimoto et al. 2007 MYO7A gene therapy in Usher mice
- Bainbridge et al. 2008 early human gene therapy trials for LCA

Collaboration with Samuel Jacobson (UPenn): Recruiting positive MYO7A cases for visual function studies in anticipation of gene therapy trials