



HAL
open science

Broad and mutational spectrum and high incidence of recurrent and novel mutations in the eastern Spain population

Eva Esteban Cardenosa, Pascual Bolufer Gilabert, Inmaculada Juan Jimenez, Sarai Palanca Suela, Eva Barragán González, Isabel Chirivella González, Ángel Segura Huerta, Carmen Guillén Ponce, Eduardo Martínez de Dueñas

► To cite this version:

Eva Esteban Cardenosa, Pascual Bolufer Gilabert, Inmaculada Juan Jimenez, Sarai Palanca Suela, Eva Barragán González, et al.. Broad and mutational spectrum and high incidence of recurrent and novel mutations in the eastern Spain population. *Breast Cancer Research and Treatment*, 2009, 121 (1), pp.257-260. 10.1007/s10549-009-0680-y . hal-00494651

HAL Id: hal-00494651

<https://hal.science/hal-00494651>

Submitted on 24 Jun 2010

HAL is a multi-disciplinary open access archive for the deposit and dissemination of scientific research documents, whether they are published or not. The documents may come from teaching and research institutions in France or abroad, or from public or private research centers.

L'archive ouverte pluridisciplinaire **HAL**, est destinée au dépôt et à la diffusion de documents scientifiques de niveau recherche, publiés ou non, émanant des établissements d'enseignement et de recherche français ou étrangers, des laboratoires publics ou privés.

Broad *BRCA1* and *BRCA2* mutational spectrum and high incidence of recurrent and novel mutations in the eastern Spain population

Eva Esteban Cardeñosa^a, Pascual Bolufer Gilabert^a, Inmaculada de Juan Jimenez^a, Sarai Palanca Suela^a, Eva Barragan^a, Isabel Chirivella González^b, Ángel Segura Huerta^c, Carmen Guillén Ponce^d, Eduardo Martínez de Dueñas^e on behalf of the Group for Assessment for Hereditary Cancer of Valencian Community.

^aLaboratory of Molecular Biology. Service of Clinical Biochemistry. Hospital Universitario La Fe (Valencia)

^bUnit of Genetic Counseling in Cancer. Hospital Clínico Universitario (Valencia)

^cUnit of Genetic Counseling in Cancer. Hospital Universitario La Fe (Valencia)

^dUnit of Genetic Counseling in Cancer. Hospital General de Elche (Alicante)

^eUnit of Genetic Counseling in Cancer. Consorcio Hospital Provincial (Castellón)

Corresponding address:

Pascual Bolufer Gilabert
Laboratorio de Biología Molecular
(Servicio de Biopatología Clínica)
Escuela de Enfermería 7^a planta
Hospital Universitario La Fe
Avda. Campanar 21
46009 Valencia
Tel :+34 961973351
Fax: +34 961973351
E-mail: bolufer_pas@gva.es

Dear Editor

It is well known that the pathogenic mutations in *BRCA1* or *BRCA2* genes are detected in 5-10% of total breast (BC) and ovarian cancer (OC) and in 20-30% of BC/OC found in families with strong history of cancer [1]. However, the incidence of the *BRCA1* and *BRCA2* pathogenic mutations depends on the criteria adopted to select the families to be studied [2] and the mutation spectrum varies considerable due to the influence of the ethnic groups [3]. Additionally, ethnicity could substantiate the appearance of founder mutations coming from an old ancestor such as the recurrent mutations detected among Ashkenazim [4, 5].

The Program of Genetic Counselling in Cancer of Valencia Community was launched in March 2005 and we reported the results of the first 147 non-related families included, describing the preliminary mutational spectrum [6] and novel mutations [7]. However, since then, the number of subjects studied for *BRCA1* and *BRCA2* mutations has increased considerably having reached the 704 families at the end of 2008. This large number of individuals prompted us to update our series and to establish a consistent mutational spectrum of the population of Eastern Spain identifying the recurrent mutations and relevance of the novel mutations.

We studied 704 index patients (IP) (689 females and 15 males) who enrolled in the Program of Genetic Counselling in Cancer of the Valencian Community from March 2005 to December 2008. The IPs were selected by the Units of Genetic Counselling in Cancer (UGCC) according to the inclusion criteria established in the Program of Genetic Counselling in Cancer for familial BC/OC [8, 9]. All the individuals signed a written consent elaborated by the Consellería de Sanitat (Valencia Community) in accordance with the Helsinki Declaration (1964, amended in 1975 and 1983) [10].

BRCA1 and *BRCA2* mutations were detected by amplifying all the exons and the exon-intron boundaries of both genes by polymerase chain reaction (PCR) using the primer pairs and the PCR conditions reported in the Breast Cancer Information Core (BIC)

[11]. To identify the genetic variations, we carried out a pre-screening of the heteroduplexes of the PCR products by conformation sensitive gel electrophoresis (CSGE) [12] followed by the sequencing of the PCR products in which heteroduplexes were identified.

In *BRCA1* we found 26 different deleterious mutations in 62 IPs (17 *frameshift*, three *splicing*, four *nonsense* and two *missense* mutations; Table 1). Sixteen of these mutations have been included in our previous reports [6, 7]. The mutation with the highest recurrence was c.5242C>A, *missense* mutation in exon 18, detected in nine families, followed by the frameshift mutations c.2080delA of exon 11 and c.187_188delAG of exon 2 found in seven and six families, respectively. These three mutations represent 35.5% (22/62) of all the mutations detected in this gene. If to these we add the missense c.330A>G and the splicing c.331+1G>A mutations, both in exon 5, each found in three families, the five mutations represent the 45.2% (28/62) of the mutations in this gene.

Besides, we found two novel *frameshift* pathogenic mutations, c.4424_4425delCT and c.4476delG of exon 13, both present in single families (Table 1). The first one causes a stop at codon 1439 while the c.4476delG mutation causes the loss of the last nucleotide (G) of exon 13 and a stop at codon 1455. The FruitFly software [21] predicts that the latter mutation presumably affects the donor-splicing site.

In *BRCA2*, we found 36 different deleterious mutations in 71 IPs (30 *frameshift*, one *splicing* and five *nonsense*; Table 2), 13 of these mutations had been previously reported [6, 7]. The recurrent mutations with highest incidence were all located in exon 23 such as the two *frameshift* c.9254_9258delATCAT and c.9206_9219del14 found in 14 and 6 families, respectively, and the *nonsense* c.9246C>A found in 5 families. Likewise, the c.3492insT mutation of exon 11 showed a high recurrence and was identified in five families. These four mutations cover 42.2 % (30/71) of the families with the pathogenic mutations detected in this gene.

Besides in *BRCA2*, we found three novel mutations, two *frameshift*, c.1874_1877delAGGA in exon 10 and c.6118delA in exon 11 and the *splicing* mutation c.8860+2T>G in intron 20 (Table 2). The c.1874_1877delAGGA, creates a stop at codon 556 with the consequent truncation of the translation of the *BRCA2* protein. The c.6118delA causes the interruption of the synthesis of the *BRCA2* protein at codon 2003. The *splicing* mutation mutation c.8860+2T>G affects the second nucleotide of intron 20, suppressing the donor site as predicted by the FruitFly software [21].

The current mutational spectrum of our population has broadened with regard to our previous report, recurrent mutations have emerged and five novel mutations have been identified. Thus, the mutational spectrum for *BRCA1* and *BRCA2* increased from the 16 and 13 mutations in our first reports [6, 7] to the 26 and 36 mutations, respectively of the present report.

Eight of the mutations detected in *BRCA1* were also observed in recent studies carried out in the Spanish population [13-15]. However, our results are not as concordant as those expected with the larger study carried out in the Spanish population [13]. Only seven of the 35 different mutations (20%) observed in the mentioned study, c.187_188delAG, c.330A>G, c.331+1G>A, c.2080delA, c.5242C>A, c.5272+5G>A and c.5273-1G>A, were detected in our population. These mutations represent 48% (30/62) of the pathogenic mutations detected in our study. However, only two of them, c.187_188delAG and c.330A>G, were recurrent in both studies.

For *BRCA2* there is a coincidence of 11 mutations with other reports performed in the Spanish population [13-15]. The report of Diez *et al* 2003 [13] is concordant with our study in 10 out of the 22 different mutations (45%), c.1538_1541delAAGA, c.3036_3039delACAA, c.3492insT, c.4150G>T, c.5804_5807delTTAA, c.6503_6504delTT, c.6857_6858delAA, c.9206_9219del14, c.9246C>A, c.9254_9258delATCAT, which represent 70% (37 out of 53) of the families reported by said study [13] and 58% of the families (41 out of 71) of this study. The *frameshift* mutation c.9254_9258delATCAT, the most recurrent mutation of the present study,

showed also high incidence in the report of Diez *et al* 2003 [13]. This recurrent mutation is considered characteristic of Eastern Spain. However, for most of *BRCA2* recurrent mutations no correspondence was observed between both studies either.

We observed greater diversity and higher incidence for *BRCA2* mutations than for *BRCA1* ones (50.7% in *BRCA2*, vs. 41.9% in *BRCA1*) in correspondence with our previous reports [6], and with other studies performed in the Spanish population [14-16], but in disagreement with the other one [13]. We think that the larger incidence of mutations in *BRCA2* could be a trait of the population of certain geographical areas of Spain, not related with the presence of the c.187_188delAG *BRCA1* Ashkenazim mutation, as suggested by Infante *et al* 2006 [15], since in the present study we observed larger incidence of *BRCA2* mutations in spite of having high incidence of this mutation.

We describe five novel mutations (four *frameshift* and one *splicing*) in *BRCA1* and *BRCA2*, which in addition to the 10 novel pathogenic mutations of our previous reports [6, 7] represent a relevant percentage of 24% of novel mutations (18 novel mutations out of 62 different mutations), what give support to the great heterogeneity of the Spanish population.

In summary, the population of Eastern Spain showed a great heterogeneity in the *BRCA1* and *BRCA2* mutations with slightly higher mutation incidence and heterogeneity for *BRCA2*. For *BRCA1* we observed three major recurrent mutations c.5242C>A, c.2080delA and c.187_188delAG which were present in 35% (22/62) of the families. For *BRCA2* the major recurrent mutations are c.9254_9258delATCAT, c.9206_9219del14 and c.9246C>A present in 35% of the families (25/71). We detected in our population a total of 15 novel mutations, which represent the 24% of the different mutations. All these results give support to the singularity of the population of Eastern Spain.

ACKNOWLEDGMENTS

We should express our gratitude to the “Fundación para la Investigación del Hospital Universitario La Fe” for granting two contracts for Inmaculada de Juan and Sarai Palanca (Bch Sc Specialist in Clinical Analysis), what made possible their participation in the present study.

We also should support given by the PI060505 and Generalitat Valenciana Grants AP-042/07, EVES 100/2008

REFERENCES

1. Wooster R and Webwe BL (2003) Breast and Ovarian Cancer. *N Engl J Med* 23:2339-47
2. Malone KE, Daling JR, Thompson JD et al (1998) BRCA1 mutations and breast cancer in the general population: analyses in women before age 35 years and in women before age 45 years with first-degree family history. *JAMA* 279:922-9
3. Szabo CI, King MC (1997) Population genetics of BRCA1 and BRCA2. *Am J Hum Genet* 60:1013-20
4. Simard J, Tonin P, Durocher F et al (1994) Common origins of BRCA1 mutations in Canadian breast and ovarian cancer families. *Nat Genet* 8:392-8
5. Neuhausen SL, Mazoyer S, Friedman L et al (1996) Haplotype and phenotype analysis of six recurrent BRCA1 mutations in 61 families: results of an international study. *Am J Hum Genet* 58:271-80
6. Esteban E, Bolufer P, Palanca S et al (2008) Mutaciones de BRCA1 y BRCA2 en familias estudiadas en el Programa de Consejo Genético en el Cáncer de la Comunidad Valenciana. *Med Clin (Barc)* 130:121-126
7. Esteban E, Bolufer P, Palanca S et al (2007) Twenty-three novel BRCA1 and BRCA2 sequence alterations in breast and/or ovarian cancer families of Eastern Spain. *Breast Cancer Res Treat* 112:69-73

8. FESEO (Federación de Sociedades Españolas de Oncología) editors (2002). Tercer libro blanco de la Oncología en España
9. Conselleria de Sanitat (2003) Programa de Consejo Genético en el Cáncer. Grupo de Cáncer Hereditario. Plan Oncológico. Comunidad Valenciana
10. Miki Y, Swensen J, Shattuck-Eidens D et al (1994) A strong candidate for the breast and ovarian cancer susceptibility gene BRCA1. *Science* 266:66-71
11. The Breast Cancer Information Core Database BIC. <http://research.nhgri.nih.gov/bic/Member/index.shtml>.
12. Ganguly A, Rock MJ, Prockop DJ (1993) Conformation-sensitive gel electrophoresis for rapid detection of single-base differences in double-stranded PCR products and DNA fragments: evidence for solvent-induced bends in DNA heteroduplexes. *PNAS* 90:10325-9
13. Diez O, Osorio A, Duran M et al (2003) Analysis of BRCA1 and BRCA2 genes in Spanish breast/ovarian cancer patients: a high proportion of mutations unique to Spain and evidence of founder effects. *Hum Mutat* 22:301-12
14. Beristain E, Martínez-Bouzas C, Guerra I et al (2007) Differences in the frequency and distribution of BRCA1 and BRCA2 mutations in breast/ovarian cancer cases from the Basque country with respect to the Spanish population: implications for genetic counselling. *Breast Cancer Res Treat* 106:255–262

15. Infante M, Duran M, Esteban-Cardenosa E et al (2006) High proportion of novel

Exon	Mutation	Protein	Type	N. families	References
2	c.187_188delAG*	Stop39	F	6	[6, 11, 13]
3	c.489-490delCT*	Stop99	F	2	[7]
5	c.330A>G*	p.R71G	M	3	[6, 11, 13, 15]
I-5	c.331+1G>A*	-----	S	3	[6, 11, 13, 15]
7	c.443insA	Stop113	F	1	[11]
	c.1623_1627delTTAAA*	Stop505	F	2	[6, 11, 14, 15]
	c.1689delG*	Stop531	F	1	[11]
	c.1806C>T	p.Q563X	N	1	[11]
	c.2072_2075delGAAA*	Stop699	F	1	[6, 11]
	c.2080delA*	Stop671	F	7	[6, 11, 13]
11	c.3450_3453delCAAG*	Stop1115	F	3	[6]
	c.3700delC*	Stop1208	F	1	[6]
	c.3746dupA	Stop1218	F	2	[11]
	c.3814_3817delGTAA	Stop1242	F	1	[11]
	c.3889_3890delAG*	Stop1265	F	7	[6, 11, 15]
	c.3904C>A*	p.S1262X	N	1	[6, 11]
12	c.4280_4281delTC*	Stop1382	F	1	[6, 11]
	c.4406C>A*	p.Y1429X	N	2	[6]
13	c.4424delCT	Stop 1439	F	1	Novel
	c.4476delG	Stop 1455	F	1	Novel
17	c.5149delCTAA	Stop1678	F	1	[11]
18	c.5242C>A*	p.A1708E	M	9	[6, 11, 13-15]
I-18	c.5272+5G>A	-----	S	1	[11, 13]
	c.5273-1G>A	Stop 1729	S	1	[6, 11, 13-15]
19	c.5273G>A	p.W1718X	N	2	[11]
21	c.5430del23*	Stop1785	F	1	[7]

mutations of BRCA1 and BRCA2 in breast/ovarian cancer patients from Castilla-León (central Spain). *J Hum Genet* 51:611–617

16. Miramar MD, Calvo MT, Rodriguez A et al (2008) Genetic analysis of BRCA1 and BRCA2 in breast/ovarian cancer families from Aragon (Spain): two novel truncating mutations and a large genomic deletion in BRCA1. *Breast Cancer Res Treat* 112:353–358

Table 1.- Pathogenic mutations detected in *BRCA1*

F: frameshift; I: intronic; N: nonsense; M: missense; S: splicing.
* Mutations included in our previous reports [6, 7].

Table 2.- Pathogenic mutations detected in *BRCA2*

Exons	Mutation	Protein	Type	N. Families	References
3	c.373G>T	p.E49X	N	1	[11]
	c.489_490delCT	Stop99	F	2	[11]
5	c.598delA	Stop135	F	1	[11]
10	c.1354delT	Stop398	F	1	[11]
	c.1538_1541delAAGA	Stop458	F	1	[11,13]
	c.1594_1595delGA	Stop460	F	1	[11]
	c.1676_1677delAGinsTTAC	Stop513	F	1	[11]
	c.1835insT*	Stop542	F	2	[7, 13]
	c.1873_1876delAGGA	Stop 556	F	1	Novel
	c.2070dupT	Stop615	F	1	[11]
11	c.2929delC	Stop 903	F	1	[16]
	c.3036_3039delACAA*	Stop958	F	2	[6, 11, 13-15]
	c.3492insT*	Stop1098	F	5	[6, 11, 14]
	c.4075_4076delGT	Stop1284	F	1	[11]
	c.4150G>T*	p.E1308X	N	3	[6, 11, 13, 15]
	c.5025delT*	Stop1616	F	3	[6, 7]
	c.5164_5167delGAAA*	Stop1668	F	1	[6, 11, 15]
	c.5340_5343delAATA	Stop1710	F	1	[11]
	c.5514_5515delTC	Stop1766	F	1	[11]
	c.5804_5807delTTAA	Stop1862	F	2	[11, 13, 14]
	c.5946_5949delCTCT	Stop1909	F	1	[11]
	c.6118delA	Stop2003	F	1	Novel
	c.6299delA	Stop2039	F	1	[11]
	c.6503_6504delTT*	Stop2099	F	2	[6, 11, 14, 15]
c.6722delT*	Stop 2167	F	1	[7]	
c.6857_6858delAA	Stop2223	F	1	[11]	
14	c.7399insA	Stop2411	F	1	[11]
	c.7462insG	Stop2413	F	1	[11]
17	c.8091T>A*	p.Y2621X	N	1	[11]
18	c.8270_8271delCA	Stop2691	F	1	[11]
I-20	c.8860+2T>G		S	1	Novel
23	c.9206_9219del14*	Stop2975	F	6	[6, 13]
	c.9216_9218delATAinsTT	Stop3248	F	1	[11]
	c.9246C>A*	p.Y3006X	N	5	[6, 11, 13]
	c.9254_9258delATCAT*	Stop3015	F	14	[6, 11, 14, 15]
25	c.9694C>T*	p.Q3156X	N	1	[7]

F: frameshift; I: intronic; N: nonsense; M: missense; S: splicing.

* Mutations included in our previous reports [6, 7].

17.