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## Modulation of the age at onset in spinocerebellar ataxia by CAG tracts in various genes

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\*See Appendix 1 for details of the Clinical Research Consortium for Spinocerebellar Ataxia and EUROSCA network.

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**Polyglutamine-coding (CAG)<sub>n</sub> repeat expansions in seven different genes cause spinocerebellar ataxias. Although the size of the expansion is negatively correlated with age at onset, it accounts for only 50–70% of its variability. To find other factors involved in this variability, we performed a regression analysis in 1255 affected individuals with identified expansions (spinocerebellar ataxia types 1, 2, 3, 6 and 7), recruited through the European Consortium on Spinocerebellar Ataxias, to determine whether age at onset is influenced by the size of the normal allele in eight causal (CAG)<sub>n</sub>-containing genes (ATXN1–3, 6–7, 17, ATN1 and HTT). We confirmed the negative effect of the expanded allele and detected threshold effects reflected by a quadratic association between age at onset and CAG size in spinocerebellar ataxia types 1, 3 and 6. We also evidenced an interaction between the expanded and normal alleles in *trans* in individuals with spinocerebellar ataxia types 1, 6 and 7. Except for individuals with spinocerebellar ataxia type 1, age at onset was also influenced by other (CAG)<sub>n</sub>-containing genes: ATXN7 in spinocerebellar ataxia type 2; ATXN2, ATN1 and HTT in spinocerebellar ataxia type 3; ATXN1 and ATXN3 in spinocerebellar ataxia type 6; and ATXN3 and TBP in spinocerebellar ataxia type 7. This suggests that there are biological relationships among these genes. The results were partially replicated in four independent populations representing 460 Caucasians and 216 Asian samples; the differences are possibly explained by ethnic or geographical differences. As the variability in age at onset is not completely explained by the effects of the causative and modifier sister genes, other genetic or environmental factors must also play a role in these diseases.**

**Keywords:** spinocerebellar ataxia; age at onset; trinucleotide repeat; modifier

**Abbreviation:** SCA = spinocerebellar ataxia

## Introduction

Autosomal dominant cerebellar ataxias, also known as spinocerebellar ataxias (SCA), are clinically and genetically heterogeneous neurodegenerative diseases. Major advances have been made since the 1990s in our understanding of their causes. So far, mutations in 20 genes have been identified as responsible for the diseases. They comprise conventional mutations, non-coding nucleotide expansions and coding (CAG)<sub>n</sub> expansions (Schols *et al.*, 2004; Durr, 2010; Matilla-Dueñas *et al.*, 2014). SCA1, SCA2, SCA3, SCA6, SCA7, SCA12, SCA17 and dentato-rubro-pallidoluy-sian atrophy (DRPLA) are caused by (CAG)<sub>n</sub> repeat expansions in the *ATXN1*, *ATXN2*, *ATXN3*, *CACNA1A*, *ATXN7*, *PPP2R2B*, *TBP* and *ATN1* genes, respectively. All lead to the expansion of a polyglutamine tract in the corresponding proteins (Stevanin *et al.*, 2000). A polyglutamine tract also contributes to the disease process in SCA8 expansion carriers (Ikeda *et al.*, 2008).

The so-called polyglutamine ataxias share many features with each other, as well as with Huntington's disease and Kennedy syndrome (spinobulbar muscular atrophy): a negative relation between age at onset and the number of repeats in the expansion; in general, a more severe disease with larger expansions; and a phenotype that is variable in affected individuals with the same genotype due, to some extent, to the size of the expansion

(Stevanin *et al.*, 2000; Orr and Zoghbi, 2007). However, the repeat length only explains 50–80% of the variability of age at onset, suggesting that other genetic factors contribute to the variability, as shown recently in Huntington's disease (van Dellen and Hannan, 2004).

The involvement of other 'familial,' thus possibly genetic, factors was suggested early on (DeStefano *et al.*, 1996), and was confirmed more recently in a large Dutch and French cohort (van de Warrenburg *et al.*, 2005) and in a large Cuban SCA2 population (Pulst *et al.*, 2005). Normal polymorphic stretches on the unaffected allele in *trans* have been shown to affect SCA1, SCA3, and SCA6 (Durr *et al.*, 1996; van de Warrenburg *et al.*, 2005) and Huntington disease (Aziz *et al.*, 2009). The effects of repeat alleles in other, non-causal, SCA genes have also been examined in a few studies. One found that disease onset in cases with SCA2 with long normal CAG repeats in the *CACNA1A* gene was earlier than would be expected from the size of the CAG expansion in *ATXN2* (Pulst *et al.*, 2005). In a Brazilian cohort, the age at onset of SCA2 was earlier in affected subjects with longer normal CAG repeats in *ATXN3* (de Castilhos *et al.*, 2014).

To find other factors involved in the variability of the age at onset and analyse the functional relationships among SCA genes, we performed a regression analysis in 1255 affected subjects with known types of SCA to determine the influence of the size of the normal alleles in eight polymorphic (CAG)<sub>n</sub>-containing genes

(*ATN1*, *HTT*, *TBP*, *CACNA1A*, *ATXN1*, 2, 3 and 7) on the age at onset. This SCA cohort, recruited through the integrated European project on the spinocerebellar ataxias (EUROSCA) consortium, is the largest to have been studied so far. The study was replicated in 676 subjects originating from four independent cohorts from the USA, Japan, France and Italy.

## Materials and methods

### Subjects

Affected subjects ( $n = 1255$ ), at least 78% of which were of European Caucasian ancestry (ancestry unknown in 15%), were recruited by the EUROSCA study group (<http://www.euroscas.org>) from 10 countries (Austria, Belgium, France, Germany, Hungary, Italy, Netherlands, Poland, Spain and UK). All subjects with genetically determined CAG repeat expansions in a causal gene (e.g. *ATXN1*, *ATXN2*, *ATXN3*, *CACNA1A*, *ATXN7*) were invited to enter the cohort. To recruit the largest pedigrees possible, participating subjects were asked to inform their relatives about the study. Only living affected subjects were included. Disease onset was defined by the appearance of gait disorders (Globas *et al.*, 2008). Affected subjects were included in the database with age at onset as indicated by themselves during their examination by the neurologist, as indicated in their medical records. Blood samples were collected with informed consent according to ethical committees in each country.

The four independent cohorts recruited to replicate the results included a series of 216 Japanese subjects and three Caucasian groups of 291, 93 and 76 subjects from the USA, France and Italy, respectively.

### Genotype analysis and classification

The genotypes of individuals in the EUROSCA cohort were first determined at the centre where the individual was recruited. To homogenize sizing of the CAG repeats, all EUROSCA subjects were re-genotyped in a central laboratory (Tübingen, Germany). Only subjects in whom the second genotype matched the reported CAG expansion ( $\pm 2$  CAG repeats) were included in the current study. The participating subjects were also genotyped in the central laboratory for eight other polymorphic (CAG)n-containing genes (*ATXN1*, *ATXN2*, *ATXN3*, *CACNA1A*, *ATXN7*, *TBP*, *ATN1* and *HTT*).

Genotyping of the EUROSCA and French subjects was performed by multiplex PCR amplification of the CAG tracts (primers and conditions available upon request to the authors), and the genotypes were resolved by capillary electrophoresis in a CEQ8000 automated sequencer (Beckman Coulter) followed by analysis with CEQ 8.0 software, or on an ABI3730 sequencer followed by analysis with GeneMapper software (Applied Biosystems). Repeats in the Italian, US, and Japanese cohorts were sized by independent PCR amplifications resolved in an automated sequencer using classical procedures.

An allele in the pathological range was designated the 'expanded' allele according to the threshold indicated in Table 1. At loci without expansions, the allele containing the larger repeat was designated as the 'longer' allele, the other was termed the 'shorter' allele. In the statistical models, the shorter and the longer alleles were considered separately. With respect to the multimodal or skewed distribution shown in Fig. 1, non-expanded normal repeats in the *ATXN2*, *ATXN3*, *ATXN7* and *CACNA1A* genes were classified as short, medium, short intermediate or intermediate (Table 1). The *ATXN2*

**Table 1** Classification of SCA gene alleles according to the number of CAG repeats

Alleles	ATXN1	ATXN2	ATXN3	CACNA1A	ATXN7
Short		<22	<16	<9	<10
Medium		22	16–24	-	10–11
Intermediate short		23–26	-	-	-
Intermediate		27–29	25–35	9–16	12–14
Expanded	$\geq 39$	$\geq 33$	$\geq 47$	$\geq 20$	$\geq 36$

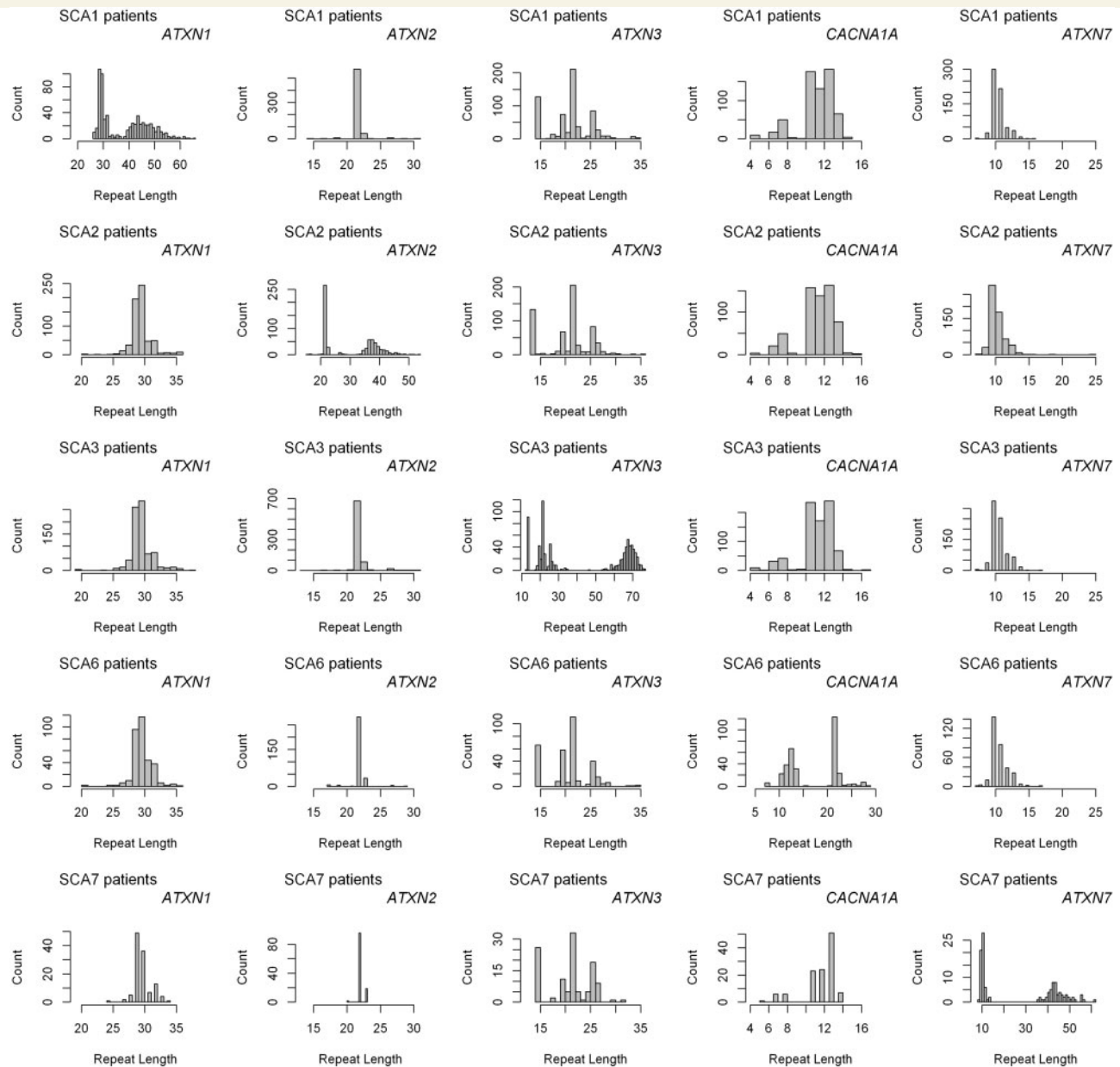
An allele in the pathological range was designated the 'expanded' allele if it contained at least the number of CAG repeats in the table.

Non-expanded normal repeats in the *ATXN2*, *ATXN3*, *ATXN7* and *CACNA1A* genes were classified as short, medium, short intermediate or intermediate according to the threshold in the table. The normal allele of the *ATXN1* gene was considered to be a quantitative variable, therefore no thresholds are given. *TBP*, *ATN1* and *HTT* repeats were also considered to be linear values; no cases had mutations in these genes in our cohorts.

genotypes were divided into four classes as proposed previously (Elden *et al.*, 2010): (i) at least one short allele; (ii) homozygous medium 22 CAG alleles; (iii) at least one intermediate allele; and (iv) at least one short intermediate allele with or without a medium 22 CAG allele (Table 1). The same strategy was used for *ATXN3* and *ATXN7* genotypes that were divided into three classes: (i) at least one short allele; (ii) homozygous medium alleles; and (iii) at least one intermediate allele with a medium allele or homozygous intermediate alleles (Table 1). The *CACNA1A* genotypes were divided into three classes: (i) homozygous short alleles; (ii) heterozygous intermediate alleles; and (iii) homozygous intermediate alleles (Table 1). For the other genes (*ATXN1*, *TBP*, *ATN1* and *HTT*), the sizes of the shorter and the longer alleles were considered separately. The statistical analysis also took into account the interaction between the two alleles, the mean of the length of the two alleles and the difference between the lengths of the two alleles.

### Statistical analyses

The logarithmically (decimal) transformed ages at onset were treated as dependent variables. Univariate linear regression analyses were first performed to determine the effect on age at onset of (i) the expanded allele (linear and quadratic effect); (ii) the normal allele in *trans* in addition to the expanded allele; and (iii) the interaction between both alleles of the causative SCA gene. In addition, effects of the normal (CAG) $n$  repeats in seven other polymorphic in non-causal genes were added to this model. To take into account a possible influence of the genotype at a given gene, the interaction between the two alleles and a combination of both alleles were considered. For each allele or combination of alleles, three models were tested: (i) a model taking into account the polymorphic (CAG) $n$  tract in each of the seven additional genes only; (ii) a model combining the (CAG) $n$  tracts at each gene in addition to the repeat in the causative SCA gene; and (iii) a model testing the interaction between the (CAG) $n$  tracts in each gene and the repeats in the causative gene to determine whether the effects of the additional genes differed as a function of the pathological (CAG) $n$  tract. The study was replicated in the independent cohorts. The determinant coefficient ( $R^2$ ) is the percentage of the variance explained by a given model. An adjusted  $R^2$  was computed to take into account the number of parameters included in the model. All the final models were tested for a family effect. Because the results were similar ( $P =$  not significant), only models without familial effects are reported. Because most of the EUROSCA patients were of



**Figure 1** Histograms of the normal and expanded allele repeat lengths for *ATXN1*, *ATXN2*, *ATXN3*, *CACNA1A* and *ATXN7* in affected individuals of the EUROSCA kindreds.

Caucasian ancestry and as only 8% were clearly of non-Caucasian origin, ethnicity was not considered as a parameter in this study. The replication cohorts, which diverged in ethnicities and geographical origins, were considered independently. Similarly, the geographical origin had no influence on the results obtained in this study (data not shown).

To verify the validity of the model obtained, residuals were inspected and three extreme outliers were eliminated. They corresponded to (i) a subject with SCA2 who had onset when he was 1-year-old and the following genotypes: *ATXN2* gene, 22/36 repeats; *ATXN7* gene, 10/12 repeats; (ii) a subject with SCA6 who had onset when he was 16 and the following genotypes: *CACNA1A* gene, 11/25 repeats; *ATXN1*, 29/32 repeats; *ATXN3*, 23/25 repeats; and (iii) a subject with SCA7 who had onset when he was aged 5 and the following genotypes: *ATXN7* gene, 15/92 repeats; *ATXN3* gene, 14/26;

*TBP* gene, 36/37. The residual plots were reconsidered after these exclusions.

All reported *P*-values are two-tailed. A type I error rate of 5% was used. Analyses were performed with the SAS 9.2 statistical package (SAS Institute Inc.).

## Results

### Cohorts and repeat length distribution in affected subjects

The EUROSCA cohort comprised 1255 affected subjects from 775 families with a definite diagnosis (25% SCA1, 23% SCA2, 32%

**Table 2** Description of the EUROSCA cohort analysed in the modifier study

Genetic entity (mutated gene)		SCA1 (ATXN1)	SCA2 (ATXN2)	SCA3 (ATXN3)	SCA6 (CACNA1A)	SCA7 (ATXN7)	P-value
Affected subjects, <i>n</i>	1255	319	309	403	165	59	
Gender, female	595 (48%)	148 (46%)	145 (47%)	201 (50%)	81 (49%)	20 (34%)	0.24
Transmitting parent, maternal transmission	543 (52%)	133 (48%)	152 (56%)	164 (48%)	70 (61%)	24 (62%)	0.019
Age at onset	Mean (years ± SD) Range (years)	38 ± 11 11–75	36 ± 13 7–71	40 ± 12 10–78	53 ± 11 24–77	30 ± 14 8–71	<0.0001
Expanded CAG repeat length	Mean (CAG ± SD) Range (CAG)	47 ± 5 39–66	39 ± 3 33–54	68 ± 4 47–77	23 ± 2 21–29	45 ± 5 36–62	–
Non-expanded CAG repeat length	Mean (CAG ± SD) Rang (CAG)	30 ± 2 26–37	22 ± 1 15–29	21 ± 5 12–35	13 ± 1 7–16	11 ± 1 8–14	–

SD = standard deviation; F = female.

SCA3, 16% SCA6, 4% SCA7). The mean number of affected subjects per family was  $1.6 \pm 1.5$  (min = 1; max = 17); there were no statistical differences among the SCAs. The sex ratio was close to 1 and similar in all the SCAs (Table 2). In each SCA group, the lengths of the longer and shorter CAG repeat alleles were distributed as expected (Table 1 and Figs 1 and 2) from previous reports (Kremer *et al.*, 1994; Deka *et al.*, 1995; Takano *et al.*, 1998; Giunti *et al.*, 1999; Fujigasaki *et al.*, 2001; Silveira *et al.*, 2002).

The replication cohorts (Supplementary Table 1) were composed of 291 North-American cases ( $n = 51$  SCA1,  $n = 6$  SCA2,  $n = 110$  SCA3,  $n = 67$  SCA6), 216 Japanese cases ( $n = 126$  SCA3,  $n = 90$  SCA6), 76 Italian cases ( $n = 24$  SCA1,  $n = 52$  SCA2) and 93 French cases ( $n = 25$  SCA1,  $n = 24$  SCA2,  $n = 44$  SCA3). Repeat lengths in the replication series were similar to those of the EUROSCA cohort ( $P =$  not significant).

For the following statistics, as they did not influence the results (see 'Materials and methods' section), we considered all cases regardless of their familial relation or their ethnicity or country of origin. Various models were tested, but only the most significant and relevant ones are shown here.

## Effect of the causative spinocerebellar ataxia gene on age at onset in EUROSCA individuals

The age at onset was similar in the different SCAs (SCA1:  $38 \pm 11$ , SCA2:  $36 \pm 13$ , SCA3:  $40 \pm 12$ ), except for SCA7 in which onset was earlier ( $30 \pm 14$  years) and SCA6 in which onset was later ( $53 \pm 11$  years) ( $P < 0.0001$ ) (Table 2). Age at onset did not differ according to the gender of the subject or of the transmitting parent, except for SCA3 in which onset was earlier in subjects with a maternally inherited expansion (maternal:  $37 \pm 11$  years, paternal:  $41 \pm 12$ ,  $P = 0.004$ ).

The log age at onset was determined by the size of the expanded allele in all of the SCAs (Table 3); the determinant coefficients varied from 0.32 (SCA6) to 0.80 (SCA7), as reported previously in a subset of this series (van de Warrenburg *et al.*, 2005). Significant quadratic effects of the expanded alleles were found for ATXN2 (positive effect,  $P = 0.0002$ ), ATXN3 (negative

effect  $P < 0.0001$ ) (Fig. 3) and CACNA1A (positive effect,  $P = 0.001$ ) (Table 3). Similar results were obtained in the SCA3 cases of the USA ( $\beta = -0.0019 \pm 0.00044$ ,  $P < 0.0001$ ), Japan ( $\beta = -0.0014 \pm 0.00024$ ,  $P < 0.0001$ ) and France ( $\beta = -0.0016 \pm 0.00041$ ,  $P = 0.0003$ ) cohorts (Fig. 3).

A significant interaction between the non-expanded (wild-type) allele in *trans* and age at onset was also evidenced in subjects with SCA1, SCA6 and SCA7 (Table 3). Intermediate normal alleles interacting with the expanded allele had stronger effects (decreased age at onset) than small normal alleles in SCA1 and SCA6 (interaction term between normal and expanded alleles: SCA1 subjects  $-0.0016 \pm 0.0006$ ,  $P = 0.0088$ ; SCA6 cases  $-0.0056 \pm 0.0021$ ,  $P = 0.0069$ ). In SCA7, the opposite was observed; short or medium (<12 repeats) normal alleles interacting with the expanded allele had a stronger effect (decreased age at onset) than large normal alleles (12 repeats or more) ( $P = 0.044$ ). Only nine cases with SCA7 had intermediate alleles. Significant effects of the normal alleles in *trans* were not replicated in the other cohorts, which were smaller in size.

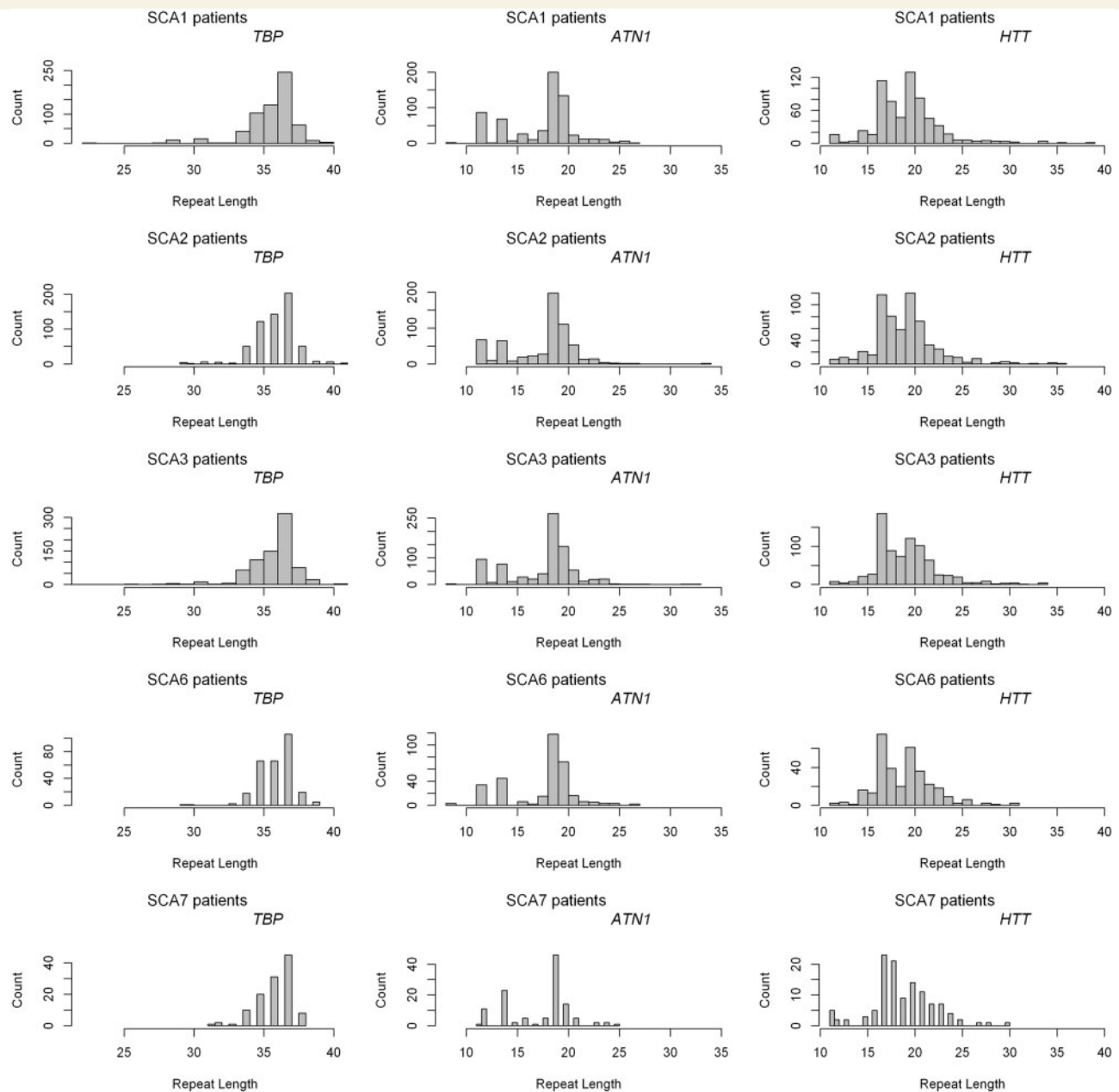
## Additional effects on age at onset of non-causative polymorphic (CAG)*n*-containing genes

The effects of seven polymorphic (CAG)*n* repeats were tested in combination with the effect of the causative genes in EUROSCA subjects. None of the non-causative trinucleotide repeats tested influenced the age at onset in SCA1 (Supplementary Table 2).

In contrast, other genes affected the age at onset in SCA2, 3, 6 and 7 subjects in addition to the linear, quadratic, linear, and linear effects of the expanded alleles, respectively.

### Spinocerebellar ataxia type 2

Age at onset in SCA2 subjects was influenced by the number of CAG repeats in the ATXN7 gene (Supplementary Table 3 and Fig. 4) ( $R^2 = 63.6\%$ ). Subjects with an ATXN7 allele containing >12 repeats (33%) had a log age at onset of  $-0.0425 \pm 0.013$  ( $P = 0.0014$ ), which was earlier than subjects with  $\leq 12$  repeats. This effect was independent of the size of the ATXN2 expansion. These results were not replicated in the other cohorts, although a



**Figure 2** Histograms of the normal and expanded allele repeat lengths for *TBP*, *ATN1* and *HTT* in affected individuals of the EUROSCA kindreds.

non-significant tendency was observed in the American and French cases with SCA2 (Fig. 4).

### Spinocerebellar ataxia type 3

In the SCA3 subgroup, age at onset was influenced by the number of repeats in the *ATXN2* (longer intermediate allele), *ATN1* (longer wild-type allele) and *HTT* (shorter allele) genes (Supplementary Table 4). SCA3 subjects with an intermediate *ATXN2* allele (27–29) (7% of the subjects) had an earlier age at onset than subjects with shorter *ATXN2* alleles ( $0.073 \pm 0.017$  earlier log age at onset,  $P < 0.0001$ ,  $R^2 = 61.6\%$ ). The larger *ATN1* allele

interacting with the *ATXN3* expansion (that correlates negatively with age at onset in SCA3), also decreased the age at onset in SCA3 cases ( $P = 0.036$ ,  $R^2 = 60.2\%$ ). On the contrary, the shorter *HTT* allele ( $P = 0.038$ ,  $R^2 = 60.5\%$ ), interacting with the *ATXN3* expansion, increased the age at onset in subjects with SCA3. The effects of *ATN1*, *HTT* and *ATXN2* were not replicated. This might be due, in the case of *ATXN2*, to the rarity of intermediate *ATXN2* alleles in the subjects with SCA3 in the replication cohorts: Japan (0%), France (2%,  $n = 1$ ), USA (5%,  $n = 6$ ) compared to the EUROSCA group (7%,  $n = 28$ ) ( $P = 0.0034$ ). Similarly, in the EUROSCA population, intermediate *ATXN2* alleles (Table 1) were

**Table 3** Effect of expanded and normal alleles of causative genes on log age at onset

Genotypes	SCA1	SCA2	SCA3	SCA6	SCA7
MODEL with the expanded allele only					
Linear model					
Expanded allele	$-0.021 \pm 0.001$ ( $<0.0001$ )	$-0.045 \pm 0.002$ ( $<0.0001$ )	$-0.024 \pm 0.001$ ( $<0.0001$ )	$-0.0351 \pm 0.0040$ ( $<0.0001$ )	$-0.037 \pm 0.002$ ( $<0.0001$ )
R <sup>2</sup>	0.652	0.620	0.504	0.326	0.807
Adjusted R <sup>2</sup>	0.651	0.619	0.503	0.322	0.804
Quadratic model					
Expanded allele (quadratic term)	$+2.9 \times 10^{-5} \pm 12.5 \times 10^{-5}$ (0.81)	$+1.4 \times 10^{-3} \pm 0.4 \times 10^{-3}$ (0.0002)	$-1.4 \times 10^{-3} \pm 0.1 \times 10^{-3}$ ( $<0.0001$ )	$+8.0 \times 10^{-3} \pm 2.4 \times 10^{-3}$ (0.001)	$4.3 \times 10^{-4} \pm 3.3 \times 10^{-4}$ (0.19)
R <sup>2</sup>	0.652	0.637	0.594	0.369	0.813
Adjusted R <sup>2</sup>	0.650	0.634	0.592	0.362	0.806
MODEL with allelic interaction at the causative gene					
Expanded allele	$0.027 \pm 0.018$ (0.14)	( $<0.0001$ )	( $<0.0001$ )	$0.028 \pm 0.024$ (0.25)	$-0.040 \pm 0.003$ (0.0028)
Non-expanded allele	$0.079 \pm 0.028$ (0.0056)	(0.52)	(0.4367)	$0.122 \pm 0.048$ (0.01)	$-0.507 \pm 0.255$ (0.051)
Interaction	$-0.0016 \pm 0.0006$ (0.0088)	(0.48)	(0.3814)	$-0.0056 \pm 0.0021$ (0.007)	$+0.011 \pm 0.005$ (0.044)
R <sup>2</sup>	0.664	0.628	0.599	0.374	0.812
Adjusted R <sup>2</sup>	0.660	0.621	0.590	0.362	0.822
MODEL with causative gene and non-causal polymorphic (CAG)n-containing genes					
Gene involved, R <sup>2</sup> , adjusted R <sup>2</sup>	—	ATXN7 0.636, 0.634	ATN1, 0.602, 0.597 HTT, 0.605, 0.600 ATXN2, 0.616, 0.613	ATXN1, 0.346, 0.333 ATXN3, 0.354, 0.346	ATXN3, 0.878, 0.864 TBP, 0.859, 0.850

Expanded alleles were analysed as quantitative variables. Non-expanded alleles in the *ATXN1* and *CACNA1A* genes were analysed as quantitative variables, whereas non-expanded alleles of the other genes were analysed using subclasses of repeat sizes (see 'Materials and methods' section). Data are expressed as beta  $\pm$  SD (*P*-value), except when the *P*-values alone of the non-expanded allele and the interaction between both alleles were not significant.

R<sup>2</sup>: Determinant coefficient, i.e. percentage at the variance explained by the model; the adjusted R<sup>2</sup> takes into account the number of parameters included in the model used.

more frequent in SCA3 (7%,  $n = 28$  from 24 different families) than in other SCAs (SCA1: 4%,  $n = 11$ ; SCA6: 2%,  $n = 4$ ; SCA7: 0%) ( $P = 0.015$ ).

### Spinocerebellar ataxia type 6

In subjects with SCA6, age at onset was influenced by the number of repeats in *ATXN1* (difference between the two alleles) and *ATXN3* (longer allele with 25 repeats or more) (Supplementary Table 5). Cases with at least one intermediate *ATXN3* repeat (41%) had earlier onset than those with short or medium *ATXN3* alleles ( $-0.0319 \pm 0.0120$ ,  $P = 0.0087$ ,  $R^2 = 35.4\%$ ). The difference between the number of repeats on the two *ATXN1* alleles decreased the effect of the *CACNA1A* expansions: the greater the difference, the smaller the effect of *CACNA1A* (interaction term between *CACNA1A* and *ATXN1*:  $+0.0055 \pm 0.0027$  for one additional repeat,  $P = 0.0405$ ,  $R^2 = 34.6\%$ ). Among the seven cases with differences of more than five repeats between the alleles, all but one had an intermediate *ATXN1* allele (allele with 34 repeats or more). The effects of *ATXN1* and *ATXN3* were not found in the American and Japanese SCA6 cohorts. Intermediate *ATXN3* alleles were present, however, in 51% of the American subjects with SCA6 and 62% of the Japanese subjects with SCA6 suggesting that the effect of

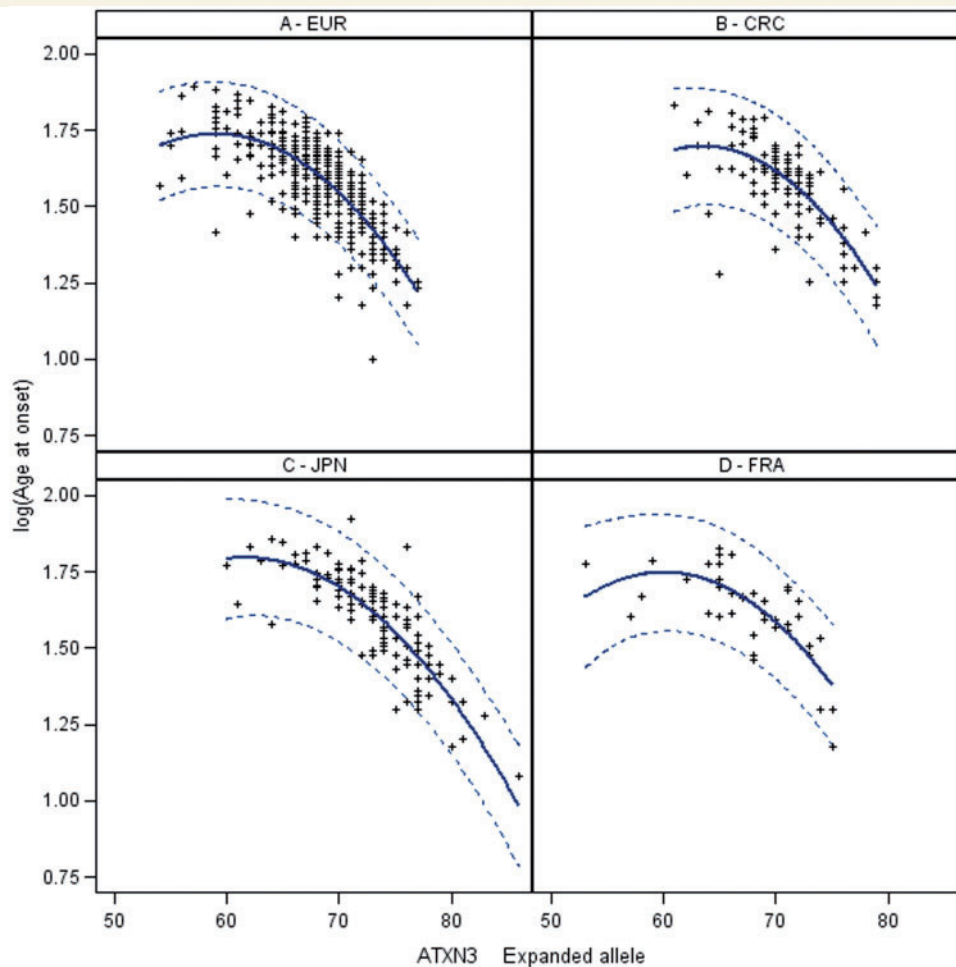
*ATXN3* is mediated by another factor that depends on the genetic background.

### Spinocerebellar ataxia type 7

The observation of an interaction between the short and expanded *ATXN7* alleles is likely due to the small number of subjects with intermediate *ATXN7* alleles. To limit the sample bias, effects of non-causal polymorphic (CAG)<sub>n</sub> were tested only in subjects with SCA7 with short or medium normal *ATXN7* alleles ( $<12$  repeats).

Age at onset in SCA7 subjects was influenced by the number of repeats in *ATXN3* (shorter allele) and *TBP* (shorter allele) interacting with the causative gene (Supplementary Table 6). The effect of the *ATXN7* expansion on age at onset increased with the number of normal repeats in the *ATXN3* gene: the larger the number of repeats in the *ATXN3* gene, the earlier the onset ( $R^2 = 87.8\%$ ). A large wild-type *TBP* allele decreased more the age at onset in SCA7, in conjunction with the expanded *ATXN7* allele, than a shorter *TBP* allele (interaction term between the shorter *TBP* allele and the expanded *ATXN7* allele:  $-0.0063 \pm 0.0018$ ,  $P = 0.0011$ ,  $R^2 = 85.9\%$ ). In summary, onset was increasingly earlier in SCA7 cases (i) with increasing numbers of CAG repeats in the expanded *ATXN7* allele; (ii) with normal





**Figure 3** Modification of the age at onset due to *ATXN3* genotypes (expanded allele) in SCA3 cases from the EUROSCA population and the three replication populations. (Top left) EUR: Model parameters:  $\text{Log}(\text{age at onset}) = -3.8098 + 0.1880 \text{Exp} - 0.00159 \text{Exp}^2$ . (Top right) USA: Model parameters:  $\text{Log}(\text{age at onset}) = -5.9960 + 0.2423 \text{Exp} - 0.00191 \text{Exp}^2$ . (Bottom left) Japan: Model parameters:  $\text{Log}(\text{age at onset}) = -3.3923 + 0.1684 \text{Exp} - 0.00137 \text{Exp}^2$ . (Bottom right) France: Model parameters:  $\text{Log}(\text{age at onset}) = -4.1042 + 0.1951 \text{Exp} - 0.00162 \text{Exp}^2$ . With Exp = Expanded *ATXN3* allele.

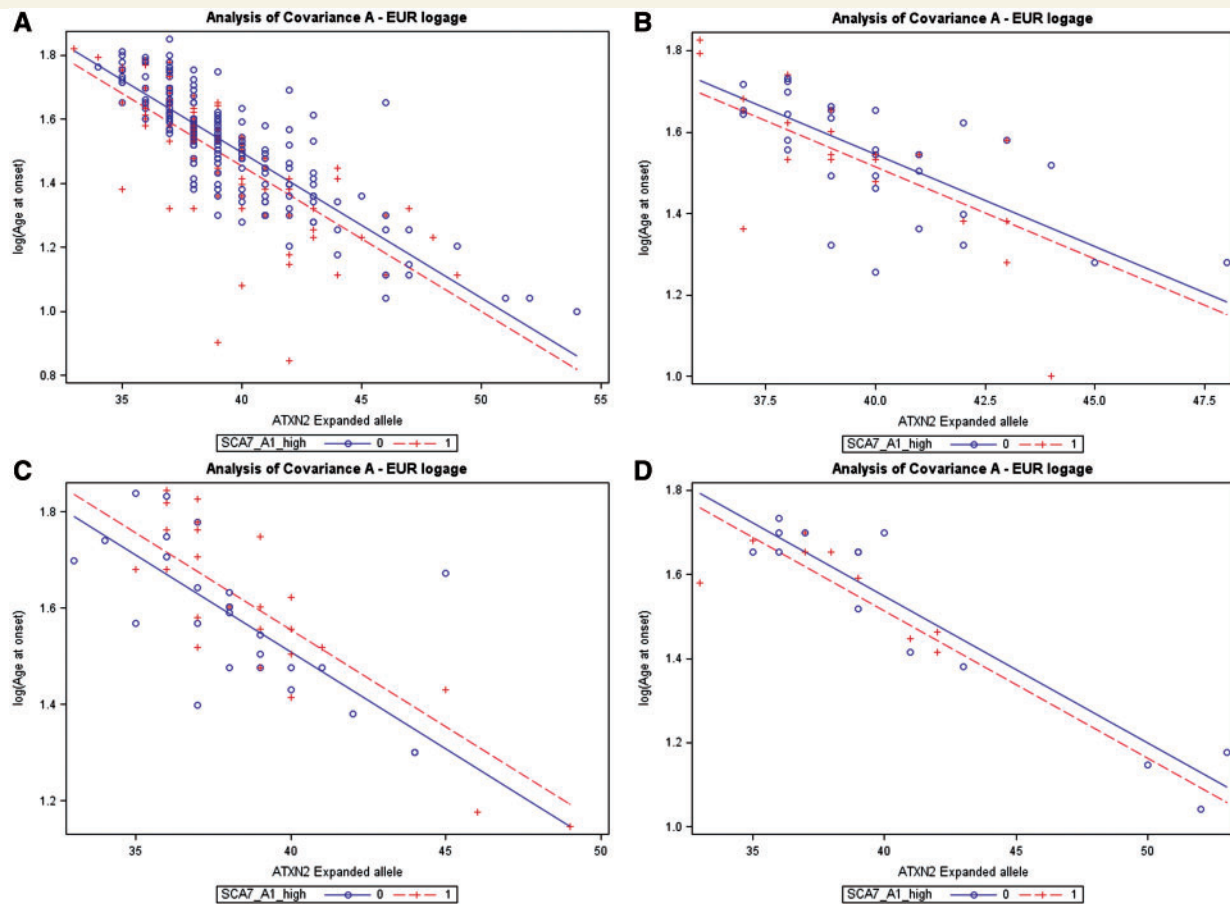
*ATXN7* alleles of intermediate size; and (iii) with larger wild-type alleles in *TBP*. As SCA7 cases were rare in the replication cohorts, we could not test these effects in other populations.

## Discussion

This study was performed in a large series of affected SCA subjects (the largest ever examined for SCA1, SCA2 and SCA3) from 10 European countries. They were analysed with shared clinical methods and scales (Schmitz-Hubsch *et al.*, 2006), and CAG repeat size was systematically re-analysed in a single laboratory. This enabled us to identify new genetic interactions among SCA genes and to confirm others. Some of the results were validated in additional populations, although, despite international recruitment, the replication samples were small, limiting their power and then replication.

## Discovery of a polygenic effect on age at onset

First, we identified a quadratic effect of CAG repeat size on age at onset in our subjects with SCA2, SCA3 and SCA6, which was replicated in the American, French and Japanese SCA3 populations. The increase in  $R^2$  ranged from 1.7% for SCA2 to 9% for SCA3. This quadratic effect reflects the existence of two or more different slopes in the association curves relating age at onset to the number of CAG repeats. In subjects with SCA3, the slope of the curve is relatively stable in the 55–65 repeat class, suggesting that the number of repeats and age at onset are relatively independent in this class. Above 65 repeats, CAG size has a stronger effect on age at onset as the number of repeats increases. More than 65 repeats in the *ATXN3* protein might induce a conformational change that confers greater toxicity, but this has not been documented to our knowledge and requires functional studies at

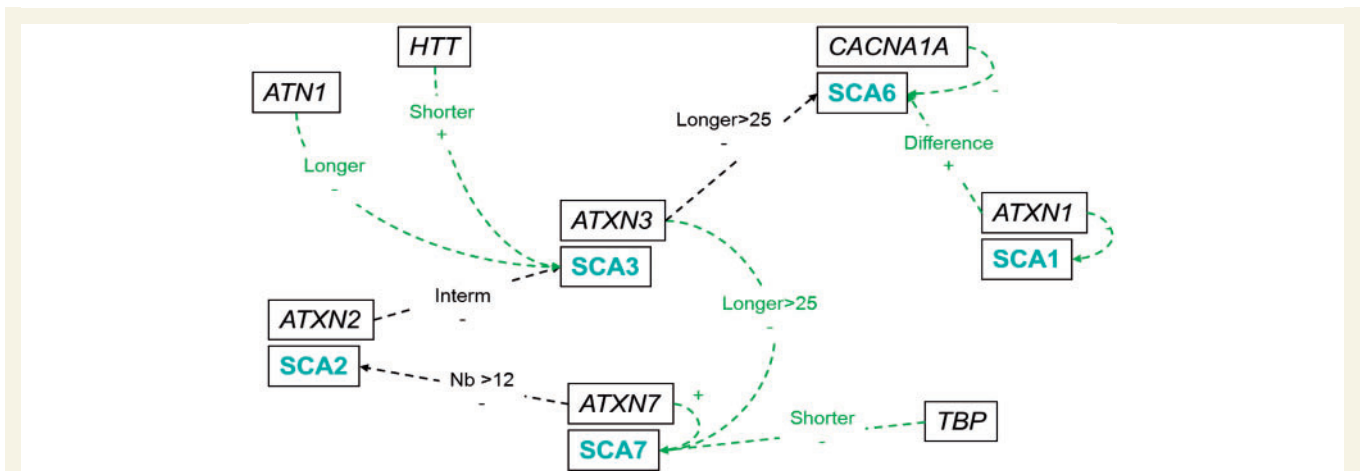


**Figure 4** The presence of at least one *ATXN7* allele  $\geq 12$  CAG results in an earlier age at onset in SCA2 cases. Open circles and solid lines: no *ATXN7* alleles with 12 CAG repeats or more; Crosses and dotted lines: at least one *ATXN7* alleles with 12 CAG repeats or more. Model parameters: (A) EUROSCA: Cases with no alleles with both *ATXN7* alleles over 12: LOA = 3.318 – 0.046 Exp; Cases with at least one allele  $\geq 12$  repeats: LOA = 3.275 – 0.046 Exp. (B) USA: Cases with no alleles with both *ATXN7* alleles over 12: LOA = 3.361 – 0.045 Exp; Cases with at least one allele  $\geq 12$  repeats: LOA = 3.331 – 0.045 Exp. (C) Italy: Cases with no alleles with both *ATXN7* alleles over 12: LOA = 3.120 – 0.040 Exp; Cases with at least one allele  $\geq 12$  repeats: LOA = 3.166 – 0.040 Exp. (D) France: Cases with no alleles with both *ATXN7* alleles over 12: LOA = 2.949 – 0.035 Exp; Cases with at least one allele  $\geq 12$  repeats: LOA = 2.914 – 0.035 Exp. With LOA = Log(Age at onset), Exp = *ATXN2* expanded allele.

this point. Secondly, a larger size of the normal alleles in *trans* in the causative genes lowered the age at onset in SCA1 and SCA6 affected subjects, as reported previously in smaller cohorts (van de Warrenburg *et al.*, 2005). The additional increase in  $R^2$  was 1.2% for SCA1 and 4.8% for SCA6. Although the allelic distributions were similar in the Japanese, French and American subjects, these results were not replicated. The number of subjects with SCA6 was too small in these cohorts to identify an additional  $R^2$  of 4.8%; a sample size of at least 129 would be needed to obtain an additional  $R^2$  of 4.8% with a power of 80%. At the SCA7 locus, a small but significant tendency towards an earlier age at onset was due to effects of the smaller alleles. Normal *ATXN2* and *ATXN3* alleles had no effects, probably because of the low degree of polymorphism of their CAG repeats. Effects of normal alleles at the SCA7 and SCA6 loci have been reported in a simplified model (Durr *et al.*, 1996; van de Warrenburg *et al.*, 2005).

Thirdly, the negative association between age at onset and the size of the CAG repeat expansion was exacerbated when the

normal repeat in a modifier gene at another genetic locus was large in size: *ATXN3* repeats in SCA7 and SCA6 patients, *ATXN2* and *ATN1* in SCA3, *TBP* in SCA7, *ATXN7* in SCA2 (Fig. 5). The additional increase in  $R^2$  ranged from 0.8% (*ATN1* for SCA3 subjects) to 7.1% (*ATXN3* for SCA7 subjects). A similar tendency, although not significant, was observed for the *ATXN7* allele in American and French SCA2 subjects. The effect of *ATXN2* alleles on age at onset in SCA3 was not validated in the replication cohorts, probably due to the low prevalence of intermediate alleles at this locus. This was already illustrated in a homogeneous SCA3 Brazilian cohort (Jardim *et al.*, 2003). The effects of *TBP* and *ATXN3* alleles on subjects with SCA7 could not be tested in the replication populations because they were too few. Surprisingly, the size of the normal repeat in the *HTT* gene had the opposite effect; an increase in the size of the normal allele delayed the age at onset in SCA3 subjects. As we had no information on the genotypes of the replication cohorts at the *HTT* locus, we could not validate these results. A large difference in the number of CAG



**Figure 5** Summary of interactions among (CAG)n-containing genes in the EUROSACA cohort. For the SCA type, the black labels indicate the gene, the blue label, the age at onset of individuals with an expansion of the gene. Black arrows are for marginal effect whether green arrows are for effect in interaction with the major gene. Nb > 12: = alleles with more than 12 repeats; Interm = intermediate allele; + = positive effect; – = negative effect; Shorter = shorter allele; Longer = longer allele; Longer > 25 = longer allele with > 25 repeats; Difference = difference between the longer and the shorter allele.

repeats in normal *ATXN1* alleles delayed the age at onset in SCA6 subjects, but this observation was not replicated in the American and Japanese SCA6 populations. The only modifier effect observed in SCA1 was that of the normal *ATXN1* allele.

It should be noted that the results concerning SCA6 and SCA7 were obtained in small numbers of cases. Mutations in these genes are rare. Thus, despite sample sizes among the largest available for these diseases, we were not able to perform a multivariate analysis for the SCA7 gene. For the SCA6 causative gene, we found an effect on age at onset of two non-causal genes, *ATXN1* and *ATXN3*, in addition to SCA6. This might be due to over-fitting, however, although results based on the univariate analysis are not normally prone to this bias. However, we did not reproduce the effects of *CACNA1A* repeats (Pulst *et al.*, 2005) or long *ATXN3* alleles (de Castilhos *et al.*, 2014) previously reported in Cuban and Brazilian subjects with SCA2. Differences in CAG repeat size or phenotypic expression in affected subjects of different ethnic or geographic origins (Subramony *et al.*, 2002) might explain why these results were not found in our large SCA series.

## Are the genetic effects observed of biological relevance?

The exact functions of the genes involved in SCAs are often not known. Recent studies suggest that most of the mutated proteins contribute to pathogenesis in relation to their 'normal' cellular functions. The *ATXN1* protein forms dimers (de Chiara *et al.*, 2013); a dimer between the wild-type protein and pathological *ATXN1* might underline the significant effect in *trans* of the *ATXN1* expansion. Normal repeats in *ATXN2* and *ATXN3* vary little in size. This might explain why we did not detect interactions of these genes in *trans* with the expanded CAG repeat. In a previous study by Lim *et al.* (2006), biological interactions between some of the proteins involved in ataxias were detected in a 2-hybrid screen. In particular, an indirect interaction between the

*ATXN1* and *ATN1* proteins, might be at the origin of the effects of the corresponding genes on age at onset we observed in SCA3 cases. Another study, in *Drosophila*, showed that *ATXN2* modifies the SCA7 phenotype (Latouche *et al.*, 2007). This effect was not found in our small SCA7 cohort, but the biological interaction between their protein products, observed in flies, might account for the effect of *ATXN7* repeats observed in multiple SCA2 cohorts in our study.

Long normal *HTT* alleles were protective in our subjects with SCA3, as in subjects with Huntington's disease reported in a previous study (Djousse *et al.*, 2003; Aziz *et al.*, 2009). Both beneficial (mitigation of mutant protein toxicity) and detrimental (loss of normal *HTT* function) effects of *HTT* have been described, depending on the size of the expansion (Aziz *et al.*, 2009). Larger stretches of polyglutamine in normal *HTT* might promote stronger associations with mutant protein fragments, facilitating their co-aggregation, which would prevent them from interfering with other proteins. A reported interaction between the *ATXN3* protein and *HTT* associated protein 1 (HAP1) (Takeshita *et al.*, 2011) might explain the negative effect of *HTT* on age at onset we observed in SCA3.

The propensity of the polyglutamine stretch, encoded by the polymorphic CAG repeat, to aggregate increases with its size (Perutz, 1995). It has been hypothesized that the formation of inclusions in neurons is promoted by long repeats that trap partners of the aggregated proteins in the inclusions. The sequestration of the *ATXN3* protein and the normal *ATXN7* isoform in inclusions in subjects with SCA7 (Zander *et al.*, 2001; Takeshita *et al.*, 2011) depends on the size of the pathological repeat, but also on the size of the normal alleles. It is therefore tempting to postulate that this is illustrated by the genetic interaction we observed between *ATXN3* and *ATXN7* alleles in SCA7. It should be noted that this explanation assumes that the aggregate formation is deleterious to cells, a hypothesis that is still debated (Michalik and Van Broeckhoven, 2003; Ross and Poirier,

2004; Glabe, 2006). Furthermore, it is probably dependent on disease duration.

Finally, the functional relationship between ATXN7, a component of SAGA, and TBP (Martinez *et al.*, 1998; Mohibullah and Hahn, 2008) would explain the genetic interaction between wild-type *TBP* and the *ATXN7* expansion.

In conclusion, we have demonstrated, in a large cohort, that the polyglutamine genes interact with each other in SCA diseases to modify age at onset even when they contain a number of repeats considered to be normal. The influence of these genes on the severity and progression of the diseases should also be investigated as done in previous studies in smaller series of patients (Jardim *et al.*, 2003; de Castilhos *et al.*, 2014). In addition, the variability in age at onset is still not completely explained by the effects of the major and additional genes examined here, suggesting that other genetic or environmental factors play a role in these diseases. Non-polyglutamine genes have also been found to affect age at onset in SCA2 [*GLUR6* (now known as *GRIK2*), *CA150* (now known as *TCERG1*), *RAI1*, mitochondrial complex 1 (Hayes *et al.*, 2000; Holbert *et al.*, 2001; Chattopadhyay *et al.*, 2003)] and might contribute partially to the variability of phenotypic expression. In our EUROSCA cohort, 34%, 34%, 38%, 65% and 12% of the variability in age at onset for SCA1, SCA2, SCA3, SCA6 and SCA7 cohorts, respectively, is still unexplained by known genetic factors and modifiers. High-throughput sequencing in large cohorts should facilitate the identification of more modifier variants, which would help design therapeutic strategies aimed at slowing disease progression or delaying onset. This study, which enrolled the largest number of SCA cases so far, did not confirm some previously reported genetic interactions. This suggests that ethnic differences are likely to exist and question the role of replication studies when the same stringent and uniform methods are not used and when only limited number of patients are available when searching for weak contributors of the phenotypic variability. Finally, even if some functional observations are compatible with several of the genetic interactions highlighted here, additional studies are needed to confirm these effects at the cellular level.

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## Supplementary material

Supplementary material is available at *Brain* online.

## References

- Aziz NA, Jurgens CK, Landwehrmeyer GB, EHDN Registry Study Group van Roon-Mom WM, van Ommen GJ, et al. Normal and mutant HTT interact to affect clinical severity and progression in Huntington disease. *Neurology* 2009; 73: 1280–5.
- Chattopadhyay B, Ghosh S, Gangopadhyay PK, Das SK, Roy T, Sinha KK, et al. Modulation of age at onset in Huntington's disease and spinocerebellar ataxia type 2 patients originated from eastern India. *Neurosci Lett* 2003; 345: 93–6.
- de Castilhos RM, Furtado GV, Gheno TC, Schaeffer P, Russo A, Barsottini O, et al. Spinocerebellar ataxias in Brazil—frequencies and modulating effects of related genes. *Cerebellum* 2014; 13: 17–28.
- de Chiara C, Rees M, Menon RP, Pauwels K, Lawrence C, Konarev PV, et al. Self-assembly and conformational heterogeneity of the AXH domain of ataxin-1: an unusual example of a chameleon fold. *Biophys J* 2013; 104: 1304–13.
- Deka R, Miki T, Yin SJ, McGarvey ST, Shriver MD, Bunker CH, et al. Normal CAG repeat variation at the DRPLA locus in world populations. *Am J Hum Genet* 1995; 57: 508–11.
- DeStefano AL, Cupples LA, Maciel P, Gaspar C, Radvany J, Dawson DM, et al. A familial factor independent of CAG repeat length influences age at onset of Machado-Joseph disease. *Am J Hum Genet* 1996; 59: 119–27.
- Djousse L, Knowlton B, Hayden M, Almqvist EW, Brinkman R, Ross C, et al. Interaction of normal and expanded CAG repeat sizes influences age at onset of Huntington disease. *Am J Med Genet A* 2003; 119A: 279–82.
- Durr A. Autosomal dominant cerebellar ataxias: polyglutamine expansions and beyond. *Lancet Neurol* 2010; 9: 885–94.
- Durr A, Stevanin G, Cancel G, Duyckaerts C, Abbas N, Didierjean O, et al. Spinocerebellar ataxia 3 and Machado-Joseph disease: clinical,

- molecular, and neuropathological features. *Ann Neurol* 1996; 39: 490–9.
- Elden AC, Kim HJ, Hart MP, Chen-Plotkin AS, Johnson BS, Fang X, et al. Ataxin-2 intermediate-length polyglutamine expansions are associated with increased risk for ALS. *Nature* 2010; 466: 1069–75.
- Fujigasaki H, Martin JJ, De Deyn PP, Camuzat A, Deffond D, Stevanin G, et al. CAG repeat expansion in the TATA box-binding protein gene causes autosomal dominant cerebellar ataxia. *Brain* 2001; 124: 1939–47.
- Giunti P, Stevanin G, Worth PF, David G, Brice A, Wood NW. Molecular and clinical study of 18 families with ADCA type II: evidence for genetic heterogeneity and *de novo* mutation. *Am J Hum Genet* 1999; 64: 1594–603.
- Glabe CG. Common mechanisms of amyloid oligomer pathogenesis in degenerative disease. *Neurobiol Aging* 2006; 27: 570–5.
- Globas C, du Montcel ST, Baliko L, Boesch S, Depondt C, DiDonato S, et al. Early symptoms in spinocerebellar ataxia type 1, 2, 3, and 6. *Mov Disord* 2008; 23: 2232–8.
- Hayes S, Turecki G, Brisebois K, Lopes-Cendes I, Gaspar C, Riess O, et al. CAG repeat length in RAI1 is associated with age at onset variability in spinocerebellar ataxia type 2 (SCA2). *Hum Mol Genet* 2000; 9: 1753–8.
- Holbert S, Denghien I, Kiechle T, Rosenblatt A, Wellington C, Hayden MR, et al. The Gln-Ala repeat transcriptional activator CA150 interacts with huntingtin: neuropathologic and genetic evidence for a role in Huntington's disease pathogenesis. *Proc Natl Acad Sci USA* 2001; 98: 1811–6.
- Ikeda Y, Daughters RS, Ranum LP. Bidirectional expression of the SCA8 expansion mutation: one mutation, two genes. *Cerebellum* 2008; 7: 150–8.
- Jardim L, Silveira I, Pereira ML, do Céu Moreira M, Mendonça P, Sequeiros J, et al. Searching for modulating effects of SCA2, SCA6 and DRPLA CAG tracts on the Machado-Joseph disease (SCA3) phenotype. *Acta Neurol Scand* 2003; 107: 211–4.
- Kremer B, Goldberg P, Andrew SE, Theilmann J, Telenius H, Zeisler J, et al. A worldwide study of the Huntington's disease mutation. The sensitivity and specificity of measuring CAG repeats. *N Engl J Med* 1994; 330: 1401–6.
- Latouche M, Lasbleiz C, Martin E, Monnier V, Debeir T, Mouatt-Prigent A, et al. A conditional pan-neuronal *Drosophila* model of spinocerebellar ataxia 7 with a reversible adult phenotype suitable for identifying modifier genes. *J Neurosci* 2007; 27: 2483–92.
- Lim J, Hao T, Shaw C, Patel AJ, Szabó G, Rual JF, et al. A protein-protein interaction network for human inherited ataxias and disorders of Purkinje cell degeneration. *Cell* 2006; 125: 801–14.
- Martinez E, Kundu TK, Fu J, Roeder RG. A human SPT3-TAFII31-GCN5-L acetylase complex distinct from transcription factor IID. *J Biol Chem* 1998; 273: 23781–5.
- Matilla-Dueñas A, Ashizawa T, Brice A, Magri S, McFarland KN, Pandolfo M, et al. Consensus paper: pathological mechanisms underlying neurodegeneration in spinocerebellar ataxias. *Cerebellum* 2014; 13: 269–302.
- Michalik A, Van Broeckhoven C. Pathogenesis of polyglutamine disorders: aggregation revisited. *Hum Mol Genet* 2003; 12: R173–86.
- Mohibullah N, Hahn S. Site-specific cross-linking of TBP *in vivo* and *in vitro* reveals a direct functional interaction with the SAGA subunit Spt3. *Genes Dev* 2008; 22: 2994–3006.
- Orr HT, Zoghbi HY. Trinucleotide repeat disorders. *Annu Rev Neurosci* 2007; 30: 575–621.
- Perutz MF. Polar zippers: their role in human disease. *Pharm Acta Helv* 1995; 69: 213–24.
- Pulst SM, Santos N, Wang D, Yang H, Huynh D, Velazquez L, et al. Spinocerebellar ataxia type 2: polyQ repeat variation in the CACNA1A calcium channel modifies age of onset. *Brain* 2005; 128 (Pt 10): 2297–303.
- Ross CA, Poirier MA. Protein aggregation and neurodegenerative disease. *Nat Med* 2004; 10: S10–7.
- Schmitz-Hübsch T, du Montcel ST, Baliko L, Berciano J, Boesch S, Depondt C, et al. Scale for the assessment and rating of ataxia: development of a new clinical scale. *Neurology* 2006; 66: 1717–20.
- Schols L, Bauer P, Schmidt T, Schulte T, Riess O. Autosomal dominant cerebellar ataxias: clinical features, genetics, and pathogenesis. *Lancet Neurol* 2004; 3: 291–304.
- Silveira I, Miranda C, Guimaraes L, Moreira MC, Alonso I, Mendonça P, et al. Trinucleotide repeats in 202 families with ataxia: a small expanded (CAG)*n* allele at the SCA17 locus. *Arch Neurol* 2002; 59: 623–9.
- Stevanin G, Durr A, Brice A. Clinical and molecular advances in autosomal dominant cerebellar ataxias: from genotype to phenotype and physiopathology. *Eur J Hum Genet* 2000; 8: 4–18.
- Subramony SH, Hernandez D, Adam A, Smith-Jefferson S, Hussey J, Gwinn-Hardy K, et al. Ethnic differences in the expression of neurodegenerative disease: Machado-Joseph disease in Africans and Caucasians. *Mov Disord* 2002; 17: 1068–71.
- Takano H, Cancel G, Ikeuchi T, Lorenzetti D, Mawad R, Stevanin G, et al. Close associations between prevalences of dominantly inherited spinocerebellar ataxias with CAG-repeat expansions and frequencies of large normal CAG alleles in Japanese and Caucasian populations. *Am J Hum Genet* 1998; 63: 1060–6.
- Takehita Y, Fujinaga R, Kokubu K, Islam MN, Jahan MR, Yanai A, et al. Interaction of ataxin-3 with huntingtin-associated protein 1 through Josephin domain. *Neuroreport* 2011; 22: 232–8.
- van de Warrenburg BP, Hendriks H, Durr A, van Zuijlen MC, Stevanin G, Camuzat A, et al. Age at onset variance analysis in spinocerebellar ataxias: a study in a Dutch-French cohort. *Ann Neurol* 2005; 57: 505–12.
- van Dellen A, Hannan AJ. Genetic and environmental factors in the pathogenesis of Huntington's disease. *Neurogenetics* 2004; 5: 9–17.
- Zander C, Takahashi J, El Hachimi KH, Fujigasaki H, Albanese V, Lebre AS, et al. Similarities between spinocerebellar ataxia type 7 (SCA7) cell models and human brain: proteins recruited in inclusions and activation of caspase-3. *Hum Mol Genet* 2001; 10: 2569–79.

## Appendix 1

### Clinical Research Consortium for Spinocerebellar Ataxia

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### EUROSCA network

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