Autosomal Dominant and Recessive Osteochondrodysplasias Associated with the COL11A2 Locus

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Summary

Identifying mutations that cause specific osteochondrodysplasias will provide novel insights into the function of genes that are essential for skeletal morphogenesis. We report here that an autosomal dominant form of Stickler syndrome, characterized by mild spondyloepiphysial dysplasia, osteoarthritise, and sensorineural hearing loss, but no eye involvement, is caused by a splice donor site mutation resulting in "in-frame" exon skipping within the COL11A2 gene, encoding the a2(XI) chain of the quantitatively minor fibrillar collagen XI. We also show that an autosomal recessive disorder characterized by spondyloepiphysial dysplasia and sensorineural hearing loss, similar to the otospondylomegaepiphyseal dysplasia (OSMED) syndrome, is linked to the COL11A2 locus and is caused by a glycine to arginine substitution in a2(XI) collagen. These data suggest that mutations affecting collagen XI genes are associated with a spectrum of abnormalities in human skeletal development and support the conclusion of others, based on studies of murine chondrodysplasia, that collagen XI is essential for skeletal morphogenesis.

Introduction

Molecular genetic analyses of osteochondrodysplasias, hereditary disorders affecting skeletal development in both mice and humans, promise to provide insights into the large number of genes essential for skeletal morphogenesis. With improved techniques for gene mapping, positional cloning, functional cloning, and mutation detection, the task of identifying the mutations causing these disorders is becoming less daunting. This is illustrated by the recent successes in identifying mutations in genes encoding structural, growth factor receptor, and sulfate transporter proteins as causes of distinct osteochondrodysplasias (Warman et al., 1993; Shiang et al., 1994; Reardon et al., 1994; Hästbacka et al., 1994). Adding to this is the accompanying paper by Li et al. (1995 [this issue of Cell]), which demonstrates that autosomal recessive chondrodysplasia (cho) in mice is due to a mutation in the gene, Col11a1, coding for one of the polypeptide subunits of the quantitatively minor fibrillar collagen XI in cartilage.

Collagen XI molecules are heterotrimers of three distinct subunits, a1(XI), a2(XI), and a3(XI), encoded by Col11a1, Col11a2, and Col2a1, respectively (Eyre and Wu, 1987). Analysis of cho mice demonstrates that the absence of a1(XI) collagen chains, and therefore collagen XI heterotrimers, leads to a severe disruption of the columnar arrangement and maturation of growth plate chondrocytes, abnormalities in collagen fibril diameter, and reduced cohesive strength of cartilage matrices (Li et al., 1995). These data suggest that the Col11a1 gene is essential for skeletal morphogenesis.

Here, we report that the COL11A2 locus, encoding the a2(XI) subunit of collagen XI, is associated with autosomal dominant and autosomal recessive human osteochondrodysplasias. We describe a mutation affecting a 5' splice site leading to in-frame exon skipping and causing an autosomal dominant form of Stickler syndrome. We also show that an autosomal recessive disorder characterized by spondyloepiphysial dysplasia and sensorineural hearing loss, similar to the otospondylomegaepiphysial dysplasia (OSMED) syndrome, is linked to the COL11A2 locus and is caused by a glycine to arginine substitution in a2(XI) collagen. These data suggest that mutations affecting collagen XI can cause a spectrum of clinical phenotypes and that collagen XI is essential also for human skeletal morphogenesis.

Results

Identification of the COL11A2 Mutation in a Family with Stickler Syndrome

We recently described linkage to markers near the COL11A2 locus in a large Dutch kindred with a Stickler syndrome phenotype (Brunner et al., 1994). All 16 affected...
individuals in the family had characteristic facial features of Stickler syndrome (Stickler et al., 1965) combined with hearing impairment. Several patients had cleft palate and mild arthropathy, but none had the ophthalmological signs usually associated with the Stickler syndrome. To identify the mutation causing the disorder in this family, we used reverse transcription–polymerase chain reaction (RT–PCR) from total RNA extracted from chondrocytes and Epstein-Barr virus-transformed (EBV-transformed) lymphoblasts from patients heterozygous for the defective allele and from unaffected individuals. Primers for nested PCR were designed to cover, in five overlapping fragments, the whole coding sequence (4953 bp) of the a2(XI) collagen gene. Restriction enzymes were used to cut these genomic sequences in small letters are provided (top left). The arrow below the noncoding strand indicates the sequencing direction in the autoradiogram.

Schematic representation of the a2(XI) collagen mRNA showing the in-frame deletion of an exon caused by the G to A transition in the 5' splice site downstream of the exon. This exon sequence is located 108 nt upstream of the junction between sequences encoding the triple-helical (COL) and C-propeptide domains of the a2(XI) chain. Genomic sequencing of the noncoding strand from a patient (lane 2) and a control (lane 1) is shown (top right). The arrowhead points to the mutation site. The genomic sequence covering the mutation site with exon sequences in capital letters and intron sequences in small letters are provided (top left). The arrow below the noncoding strand indicates the sequencing direction in the autoradiogram.

Linkage between an Autosomal Recessive Phenotype and Loci on Chromosome 6p
A second Dutch kindred has been identified, in which three affected siblings have severe degenerative joint disease (osteoarthritis), which presents in early adulthood and affects predominantly the hips, knees, elbows, and shoulders (Figure 3). The spine is less severely affected, and adult height is only slightly below that of the unaffected siblings. There is increased lumbar lordosis and prominent interphalangeal joints. Short fifth metacarpals are found in all cases. The patients have distinct facial features: midface hypoplasia with a short upturned nose, prominent eyes, depressed nasal bridge, and prominent supraorbital

Figure 1. A Single Nucleotide Change in a Splice Donor Site in COL1A2 in the Family with Dominant Osteochondrodysplasia
Schematic representation of the a2(XI) collagen mRNA showing the in-frame deletion of an exon caused by the G to A transition in the 5' splice site downstream of the exon. This exon sequence is located 108 nt upstream of the junction between sequences encoding the triple-helical (COL) and C-propeptide domains of the a2(XI) chain. Genomic sequencing of the noncoding strand from a patient (lane 2) and a control (lane 1) is shown (top right). The arrowhead points to the mutation site. The genomic sequence covering the mutation site with exon sequences in capital letters and intron sequences in small letters are provided (top left). The arrow below the noncoding strand indicates the sequencing direction in the autoradiogram.

Figure 2. Cosegregation of the Phenotype and Mutation in the Family with Dominant Osteochondrodysplasia
Cosegregation analysis of the splice site mutation in the Stickler family by NlaIII digestions of end-labeled PCR products. A novel restriction site, created by the mutation, is 55 bp downstream of the end-labeled primer. In wild-type DNA, an NlaIII site is located 125 bp downstream of the end-labeled primer. Closed symbols represent individuals with the disease phenotype.
Mutations in Osteochondrodysplasias

Figure 3. Severe Osteoarthritis at the Hip Joints of a Patient with Recessive Osteochondrodysplasia
Pelvic radiograph of patient 5 (aged 29 years) from the kindred with the autosomal recessive phenotype. Joint space narrowing, osteophyte formation, and osteosclerosis at the hips can be observed.

Figure 4. Homozygosity by Descent at the COL11A2 Locus and a Single Nucleotide Change in the Coding Sequence of COL11A2 in the Family with Recessive Osteochondrodysplasia

ridges. Sensorineural hearing loss is present from birth and requires the use of hearing aids in all three affected siblings. None of the patients have myopia or vitreoretinal degeneration. The pedigree of the family is shown in Figure 4A, and the clinical features are summarized in Table 1. Note that the parents of the affected siblings are fourth cousins.

The affected siblings were found to be homozygous for an extended haplotype of seven CA (dinucleotide) repeat polymorphisms from chromosome 6p21 near the COL11A2 locus (Figure 4A). If the consanguinity loop was ignored, a maximum lod score of 1.45 without recombination was obtained for those markers that were fully informative (D6S306, D6S276, D6S265, D6S273). Higher lod scores

(A) Pedigree of the family with autosomal recessive osteochondrodysplasia (top). The genotype of each individual for 10 tested CA repeat markers from 6p21 is given. The haplotype associated with the disorder is in bold letters, and the haplotype for which the affected individuals are homozygous by descent is boxed. The result of the analysis of an intragenic MspI polymorphism (COL11A2) is shown in the photograph of an ethidium bromide-stained agarose gel (middle). MspI cleaves a 320 bp fragment into 230 bp and 90 bp (data not shown) fragments. The photograph of an ethidium bromide-stained agarose gel at the bottom of the figure shows the absence of an MspI site (note that this site is unrelated to the polymorphic site shown in the middle) in a genomic fragment due to the G to A transition in COL11A2. When digested with MspI, the 1.2 kb genomic PCR product is digested into fragments of 800 bp (data not shown), 270 bp, and 150 bp in affected individuals. In unaffected children, the 270 bp fragment is cleaved into fragments of 200 bp and 70 bp (data not shown). The parents show the presence of all fragments.

(B) Schematic representation of the a2(XI) collagen mRNA showing the G to A transition in the codon of Gly-175 as counted from the amino terminus of the triple helical (COL) domain of the polypeptide chain. The mutation is located within a 45 bp-long exon of COL11A2. Genomic sequencing of the coding strand from a patient (lane 1), parents (lanes 2 and 3), and an unaffected child (lane 4) is shown (top right). The arrow points to the mutation site. The exon sequence and deduced amino acid sequence covering the mutation site are provided (top left). The G to A transition changes the glycine codon to an arginine codon. Closed symbols represent individuals with the disease phenotype.
Table 1. Comparison of Clinical Features in the Families with Autosomal Dominant and Autosomal Recessive Phenotypes Linked to COL11A2 with Those of the OSMED and Classical Stickler Syndrome

<table>
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<th>OSMED Syndrome</th>
<th>Autosomal Dominant Kindred</th>
<th>Classical Stickler Syndrome</th>
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<td>Absent</td>
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<td>Moderate</td>
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<td>Absent (0 of 3)</td>
<td>&gt;50</td>
<td>25 (4 of 16)</td>
<td>&lt;35</td>
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<td>Absent/normal</td>
<td>Yes</td>
<td>Absent/normal</td>
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Incorporation of COL11A2 into the Human Linkage Map

Pairwise linkage analyses for COL11A2 and loci on human chromosome 6 were performed to place the COL11A2 gene into the human linkage map. As a marker for the COL11A2 gene, we used an intragenic SSCP. Zero recombination was found between COL11A2 and two loci, D6S291 (Z = 3.01) and D6S29 (Z = 7.65). The results of multipoint analysis are shown in Figure 5; the most favored order is [HLA-DR-D6S273-COL11A2-D6S29-D6S291-D6S439-GL01]. This order is consistent with the recent consensus map of chromosome 6 (Volz et al., 1994) and the second-generation Genethon map (Gyapay et al., 1994). It should be noted that the relationship between D6S291 and COL11A2 is based on only 10 meioses within three Centre d'Etudes du Polymorphisme Humain (CEPH) pedigrees informative for both loci.

In the family with recessive osteochondrodysplasia, patient number 6 has a recombination between D6S273 and D6S291 (see Figure 4A). Since we did not observe any recombinations between the COL11A2 gene and the D6S291 marker in the three informative CEPH families, we wanted to confirm that the gene is within the inherited haplotype. We have recently identified a novel polymorphism within the COL11A2 gene that creates an MspI restriction site. A 180 bp genomic fragment containing this polymorphism was amplified from all family members. This identified a G to A transition, converting a glycyl to an arginyl codon, within the triple-helical domain of α2(XI) collagen. This change in sequence eliminated an MspI restriction site within the genomic sequence. To demonstrate that this sequence change was present in all the affected individuals, genomic DNAs of all family members were PCR amplified, and the products were electrophoresed through a 4% agarose gel after digestion with MspI (see Figure 4A). The affected children showed the absence of the MspI site. A similar analysis with DNA from 63 unrelated parents (corresponding to 126 chromosomes) of CEPH families showed the presence of this MspI site in all samples (data not shown), thus excluding the possibility of...

Identification of the COL11A2 Mutation in the Family with Autosomal Recessive Osteochondrodysplasia

To find the mutation causing the autosomal recessive disorder, we used RT-PCR with total RNA extracted from EBV-transformed lymphoblasts derived from parents and affected individuals. Several overlapping fragments were generated, and the complete coding sequence of the α2(XI) collagen gene was determined for one individual. This identified a G to A transition, converting a glycyl to an arginyl codon, within the triple-helical domain of α2(XI) collagen. This change in sequence eliminated an MspI restriction site within the genomic sequence. To demonstrate that this sequence change was present in all the affected individuals, genomic DNAs of all family members were PCR amplified, and the products were electrophoresed through a 4% agarose gel after digestion with MspI (see Figure 4A). The affected children showed the absence of the MspI site. A similar analysis with DNA from 63 unrelated parents (corresponding to 126 chromosomes) of CEPH families showed the presence of this MspI site in all samples (data not shown), thus excluding the possibility...
that the G to A sequence change represented a common polymorphism. Finally, cycle sequencing of these genomic PCR products demonstrated that affected children are homozygous for the arginyl codon, while unaffected children are homozygous for the glycyl codon; both parents are heterozygous for the sequence change (see Figure 4B).

Discussion

We present evidence that the COL11A2 gene is associated with both autosomal dominant and autosomal recessive human osteochondrodysplasias. These data suggest that collagen XI is essential for normal skeletal development, in agreement with the conclusions of Li et al. (1995) in their accompanying paper.

A Mutation in COL11A2 Causes Autosomal Dominant Stickler Syndrome without Eye Involvement

We have identified a G to A transition at a splice donor site within the COL11A2 gene, which cosegregates with an autosomal dominant Stickler syndrome phenotype in a large family. In vitro splicing experiments have previously demonstrated the importance of the five conserved nucleotides at the splice donor site for efficient and correct splicing of mRNA (Talero and Berget, 1990), and similar mutations in α1(1) and α2(2) collagen genes have been implicated in other osteochondrodysplasias (reviewed by Kuivanen et al., 1991). The present mutation causes in-frame skipping of a 54 bp exon, encoding 18 amino acid residues within the triple helical domain of the α2(II) collagen molecule (Figure 1). Approximately 50% of the COL11A2 mRNA transcripts recoverable by RT-PCR from patient chondrocytes and EBV-transformed lymphoblasts contain the deleted exon (data not shown), suggesting that the mutation does not significantly affect mRNA stability. The mutated polypeptide chain may therefore be synthesized at a level comparable to that of the wild-type chain. Mutant α2(XI) chains would be 18 amino acid residues shorter than wild-type chains, but would contain the intact sequence of the carboxy-terminal propeptide domain. In fibrillar procollagens, including collagen XI, chain association during trimer assembly initiates at the carboxy-terminal propeptide domain. In fibrillar procollagens, including collagen XI, chain association during trimer assembly initiates at the carboxy-terminal propeptide domain. In fibrillar procollagens, including collagen XI, chain association during trimer assembly initiates at the carboxy-terminal propeptide domain. In fibrillar procollagens, including collagen XI, chain association during trimer assembly initiates at the carboxy-terminal propeptide domain (Dolz and Engel, 1990). Therefore, mutant α2(XI) chains are likely to associate with α1(XI) and α3(XI) chains during trimer assembly. Once associated, however, the 18 amino acid deletion within the triple-helical domain is likely to interfere with normal triple helix formation. Whether the phenotypic effect of this mutation is due to the rapid degradation of abnormally folded heterotrimers causing a deficiency of collagen XI or whether it is a consequence of copolymerization of abnormal molecules with normal collagen II, IX, and XI molecules in cartilage collagen fibrils requires further study.

Mutations affecting another collagen gene, COL2A1, have previously been identified in several families affected by Stickler syndrome having eye involvement, but genetic heterogeneity has been observed in other families (reviewed by Vikkula et al., 1994). Snead et al. (1994) have recently extended this observation by linking COL2A1 in 20 additional families with eye involvement and excluding COL2A1 in four families lacking congenital vitreous anomaly. Our results suggest that COL17A2 is the likely candidate for these unlinked families.

Interestingly, although COL2A1 mutations can result in a spectrum of osteochondrodysplasia phenotypes (reviewed by Vikkula et al., 1994), only haploinsufficiency mutations (i.e., premature stop codons) have been identified in the COL2A1-linked Stickler syndrome families. Since type II collagen accounts for 90% of total cartilage collagen, it is not surprising that haploinsufficiency could have a phenotypic consequence. Whether haploinsufficiency mutations affecting collagen XI, which comprises less than 10% of total cartilage collagen, have a similar effect cannot yet be determined.

A COL11A2 Mutation Is Also the Cause of the Autosomal Recessive Phenotype

The three affected patients in the consanguineous family with autosomal recessive osteochondrodysplasia appear homozygous by descent for an interval defined by seven chromosome 6p21 CA repeat markers, within which we have mapped the COL11A2 gene (Figure 4A). Using conservative estimates for mutant allele frequency (0.002) and extended haplotype frequency (0.005), a lod score of 3.09 with the COL11A2 locus was obtained.

The phenotype of the affected members in this family, although more severe, resembles that of the family with the dominantly inherited COL11A2 splice site mutation (Table 1). It also shares similarities with the OSMED syndrome (Giedion et al., 1982), which itself shares radiographic features with Stickler syndrome (Spranger, 1985). The clinical similarity among these disorders and the evidence of linkage to the COL11A2 locus in our family strongly suggested that a mutation in COL11A2 was responsible for the autosomal recessive phenotype as well.

The COL11A2 mutation causing the autosomal recessive phenotype is likely to affect the stability of heterotrimers collagen XI molecules since it changes a glycyl residue in a Gly-X-Y triplet to arginine. The location of the mutation within the triple-helical domain of α2(XI) collagen suggests that it creates, like the mutation in the autosomal dominant Stickler syndrome, a mutant polypeptide capable of participating in trimer assembly. This raises the question of why heterozygous "carrier" parents for the glycine to arginine mutation are asymptomatic, while the heterozygotes for the exon-skipping mutation show a clinical abnormality. We suggest that a possible reason for this difference is that substituting arginine for glycine close to the amino terminus of collagen XI molecules may still allow incorporation of mutated molecules into cartilage fibrils and therefore may allow some residual function, while a large in-frame deletion close to the carboxyl end of the molecule causes a complete disruption of triple-helical folding and function. Supporting evidence for this comes from mice heterozygous for the cho mutation (a functional null allele in Col11a1) that are asymptomatic, suggesting that a reduction in the level of functional collagen XI may not be clinically apparent. In contrast, however, homozy-
gosity for the cho mutation, leading to complete deficiency of Col11a1, has profound phenotypic consequences (Li et al., 1995).

In the mice, homozygosity for a functional null mutation in Col11a1 results in a perinatal lethal chondrodysplasia. A partial loss of function would explain why the recessive mutation in Col11a2 is not likewise lethal. In addition, there is a difference in utilization of a1(XI) and a2(XI) chains within type XI collagen heterotrimERIC molecules.

In mammalian vitreous, the COL5A2 gene product, a2(V), replaces a2(XI), forming a collagen V/XI hybrid molecule (Mayne et al., 1993). This most likely accounts for the lack of eye involvement associated with COL11A2 mutations and could lessen the effects of a COL11A2 mutation if a similar substitution also occurs in extraocular tissues.

It is interesting to note that both parents in the family with the recessive syndrome did not show clinical abnormalities in articular cartilage, although there appears to be a history of osteoarthritis on the paternal side of the family. This obviously raises the possibility that mutations in collagen XI genes similar to the one described here may represent a predisposing factor in osteoarthritis.

Experimental Procedures

Analysis of the COL11A2 Gene

RNA was extracted from EBV-transformed lymphoblasts or chondrocytes following the protocol of the REX total RNA extraction kit (U. S. Biochemical). One to two micrograms of total RNA was used as template for reverse transcription using the Superscript Preamplification System.

Analysis of the CO5A2 family. This obviously raises the possibility that mutations representing a predisposing factor in osteoarthritis.

For analysis of the dominants, PCR primers were designed to amplify the approximately 4.95 kb DNA in five overlapping fragments. Nested primers were used for second round PCR. Amplification for the first round was performed for 35 cycles, with one cycle consisting of 94°C for 30 s, 58°C for 30 s, and 72°C for 3 min, followed by a final extension step at 72°C for 10 min. Second round PCR reactions differed from first round reactions in that 40 cycles were performed. Primer annealing was at 64°C, and primer extension was for 30 s, 62°C for 30 s, and 72°C for 40 s, with a final extension step at 72°C for 10 min. The amplification product was also cycle sequenced.

For analysis of the recessive syndrome, several pairs of PCR primers were used to amplify the a2(XI) cDNA in seven overlapping fragments. In addition to primers that were used for analysis of the dominant syndrome (COL11A2-1, -6, -8, -9, -10, -11, -12, and -13), several other primers were used, and they were as follows:

- COL11A2-1 (antisense), 5'-GTCGGTATGGCCTCATCTTCC (nucleotides 4552-4571); COL11A2-8 (antisense), 5'-AGGGAACCCTGGTCCTGTTG (nucleotides 3752-3771); COL11A2-29 (sense), 5'-TGGCTGTCATCCTGGCTAGG (nucleotides 2382-2388); COL11A2-30 (sense), 5'-GACCTCGAGCTGTTG (nucleotides 1892-1911); COL11A2-34 (sense), 5'-GTTGATGGCTACGAGTCCAG (nucleotides 828-847); and COL11A2-35 (antisense), 5'-GGAGACTTAGGACCTCCTGGAC (nucleotides 1177-1196); and PO2 (antisense), 5'-GAATGGAGGAGGATGATG (nucleotides 1325-1306).

The sets of primers used were as follows: 9/11, DD/6, DD/13, 6/7, and 1/6 (for this primer pair, the second round conditions were used) for the first round and 9/PO2, 10/11, 12/8, and 7/2 for the second round, respectively.

All PCR reactions were done in a total volume of 50 µl containing 1 x PCR buffer, 200 µM of dNTPs, 0.5 µM (each) primer, and 1 U of Taq polymerase. For SSCP and heteroduplex analyses, 0.5 µl of [α-32P]dCTP (10 mM, 2000 Ci/mmol) was added to the reaction. All five fragments were cut into smaller fragments using a set of different restriction enzymes: 8/9PO2: FokI, HinfI, NsilI, StyI; 10/11: Aval, FokI, HinfI, StyI; 12/8: Apal, FokI, MapI, StyI; 7/2: Apal, FokI, HinfI, StyI; and 16/6: Alul, FokI, HinfI, StyI). The digested products as well as the undigested full-length products were loaded both on MDE gels and on 5% nondenaturing polyacrylamide SSCP gels (Warman et al., 1993).

For amplification of genomic DNA from members of the family with the recessive syndrome, primers 23/33 were used to amplify a 1.2 kb product. This product was digested with MpiI, and the digest was analyzed by electrophoresis through 4% agarose. The products were also sequenced by cycle sequencing using primers COL11A2-23 and COL11A2-38 (intronic sequence, sense), 5'-TCCGGGAGCTG GTAAGAAG (antisense).

Segregation of the Mutation with the Autosomal Dominant Phenotype

A primer, COL11A2-18, 5'-GATATCCGAGGATCATCGG (nucleotides 4302-4321), was synthesized closer to the novel NsiI site created by the G to A transition, and PCR was used to amplify a 180 bp fragment from genomic DNA covering the mutation site (primers COL11A2-16 and COL11A2-18). Sequencing reactions differed from first round reactions in that 40 cycles were performed. Primer annealing was at 64°C, and primer extension was for 30 s, 62°C for 30 s, and 72°C for 40 s, with a final extension step at 72°C for 10 min. The NsiI site created by the mutation lies 65 bp downstream of the COL11A2 primer, whereas a NsiI site in the wild-type sequence is 125 bp downstream. The COL11A2-18 primer was end labeled with 32P, and genomic DNAs of all family members were amplified with the primer pair. The PCR products were sequenced by cycle sequencing. Sequencing primers were as follows: COL11A2-20 (sense), 5'-CCACCGGTTTCTCGGAC (nucleotides 2614-2633); COL11A2-26 (sense), 5'-CAGGACATCAGGCTCAG (nucleotides 161-181); COL11A2-22 (sense), 5'-AGGACCTCCGTTCTGTG (nucleotides 3752-3771); COL11A2-29 (sense), 5'-TGCCTGGTACCTGCAAGGT (nucleotides 2382-2388); COL11A2-30 (sense), 5'-CAGTCGGCGCTTCCGCA (nucleotides 1117-1136); and P02 (antisense), 5'-GAATGGAGGAGGATGATG (nucleotides 1325-1306).
uct was Niall digested and analyzed on a 5% denaturing polyacrylamide gel (Figure 2).

**Linkage Analysis in the Family with Autosomal Recessive Osteochondrodysplasia**

Genomic DNA was isolated from peripheral blood. To define the COL11A2 locus in 6p21.3 (Kimura et al., 1989), we used CA repeat polymorphisms from 10 loci that are in the same or adjoining chromosome subband. PCR amplification of genomic DNA was used to analyze the marker loci using [α-32P]dCTP in order to label the amplified DNA and visualize by overnight exposure of the dried gel to Kodak X-QMAT S film. The Mlink program package (version 5.03) was used for the calculation of lod scores (Lathrop et al., 1984) assuming autosomal recessive inheritance. In the calculations, the frequency of the disease allele and the frequencies of the marker alleles were varied as discussed in Results.

**SSC and MspI Polymorphisms within the COL11A2 Gene**

The primer pair consisting of COL11A2-1 and COL11A2-2 was used to amplify an 898 bp genomic DNA fragment containing a 583 bp intron. Cycling conditions were 30 cycles of 95°C for 30 s, 58°C for 30 s, and 72°C for 1 min, with a 10 min 72°C final extension. The primer pair consisting of COL11A2-1 and COL11A2-2 was used for the calculation of lod scores (Lathrop et al., 1984) assuming autosomal recessive inheritance. In the calculations, the frequency of the disease allele and the frequencies of the marker alleles were varied as discussed in Results.

**SSC and MspI Polymorphisms within the COL11A2 Gene**

SSC polymorphisms were informative for the COL11A2 gene in the CEPH linkage map (Figure 5). Of 38 CEPH pedigrees, 12 were informative for the COL11A2 SSC polymorphism. Pairwise and multipoint linkage analyses were performed between COL11A2 and loci on human chromosome 6 (CEPH Database, version 7.0) using version 5.10 of the LINKAGE programs supplied by Dr. J. Ott (Lathrop et al., 1984). Allele frequencies were determined by genotyping 31 CEPH grandparents. Sex-specific recombination rates for males and females were set to be equal (8m = 8f) for the pairwise linkage analysis. Two-point analysis was carried out using the CLODSCORE portion of the program, and locus order calculations were done using CILINK. Final order testing was done by inverting the tested orders using CILINK.

Another polymorphism, detected during SSCP and heteroduplex analysis, created a novel MspI restriction enzyme cutting site in the COL11A2 cDNA. Two primers were synthesized to amplify the region containing this polymorphism from genomic DNA: COL11A2-36 (antisense), 5'-TGTAGGGCACAATGGGTCCTGG (nucleotides 3436-3417) and COL11A2-37 (sense), 5'-TGGTGGGGACGCTGGAGGACG (nucleotides 3308-3327). The PCR program used contained 30 cycles with 94°C for 30 s, 64°C for 30 s, and 72°C for 60 s, with a final extension at 72°C for 10 min. The length of the amplification product, when genomic DNA was used as template, was approximately 320 bp. The polymorphism creates a unique MspI site in this fragment, forming two restriction fragments, 230 bp and 90 bp long (Figure 4A).

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