which abolishes the *LEPRE1* mRNA splice form of KDEL, has previously been reported [23]. This splice mutation results in preferential use of alternative splice donor site, and a significant decrease in the *LEPRE1* mRNA splice form containing the KDEL sequence. However, this finding does not provide direct evidence for the importance of the KDEL sequence. The case presented here is therefore the first report of a mutation in *LEPRE1* that eliminates only the KDEL ER-retrieval sequence, while all other functional domains remain intact. Without the KDEL ER- retrieval sequence, the c.2155dupC variant will not captured by KDEL receptor in the Golgi. Our report shows, for the first time, that the KDEL ER- retrieval sequence is essential for P3H1 functionality *in vivo*. Dysfunction of this KDEL-KDEL receptor interaction will provide us one disease causing mechanism of OI as well as other diseases involved in ER enzyme.

It is noteworthy that our proband's collagen contained higher percentage (85%) of 3-hydroxylated Pro986 residues than previously reported with *LEPRE1* null mutations, which showed severely reduced (0-15%) 3-hydroxylation of Pro986 [10, 22, 23]. We could not detect mutant P3H1 in the proband cells by western blotting assay or fluorescent microscopy. However, we hypothesize that the P3H1/CRTAP/CyPB complex that includes the mutant P3H1 without KDEL must be transiently present in the ER at some minimal level, which is sufficient for 3-hydroxylating most α1(I) Pro986 residues. Recently, it was reported that the P3H1/CRTAP/CyPB complex has 3 distinct activities: it is a prolyl 3-hydroxylase, a PPIase, and a molecular chaperone [28]. In the present patient, despite the higher percentage of 3-hydroxylated Pro986 residues, overmodification of the patient's type I collagen was observed electrophoretically. This observation implicates the dysfunctional P3H1/CRTAP/CyPB complex in the pathology, with potential roles for absence of its chaperone or PPIase functions. However, since our proband has generally milder OI than described for null *LEPRE1* mutations, the OI severity may correlate with the level of type I collagen P986 3-hydroxylation.

In conclusion, our study shows, for the first time, that the KDEL ER- retrieval sequence is

important for P3H1 functionality *in vivo*. In addition, the higher percentage of 3-hydroxylated P986 residues seen in the collagen of our patient correlates with her moderate phenotype, in contrast to the severe/lethal OI of probands with null *LEPRE1* mutations and minimal collagen 3-hydroxylation.

MATERIALS AND METHODS

PCR-Based Mutation Screening

Approval for this study was obtained from the Institutional Review Board of Keio University School of Medicine. The parents gave written informed consent for the molecular studies.

Genomic DNA was extracted from peripheral blood (Patient II-2) and blood of the umbilical cord (Patient II-3) by a standard technique. We analyzed all coding exons and flanking introns of *COL1A1, COL1A2, LEPRE1, CRTAP,* and *PPIB* by PCR and direct sequencing. Deletion or duplication involving *COL1A1* and *COL1A2* was checked by multiplex ligation-dependent probe amplification (MLPA) analyses (SALSA MLPA KIT P271, P272; MRC-Holland, Amsterdam, The Netherlands).

RNA Analysis and Real-Time PCR

Total RNA was extracted from skin fibroblasts of Patient II-3 and cDNA synthesis was performed with the SuperScript III reverse transcriptase kit (Invitrogen, Carlsbad, CA) with oligoDT primers. Exons 2 and 15 of *LEPRE1* were amplified from cDNA by PCR. Subsequently, the PCR products were subjected to direct sequencing.

Real-time quantitative PCR was performed on the ABI PRISM 7500 Fast Real-Time PCR System (Applied Biosystems, Foster City, CA). For PCR reaction, we used SYBR Premix Ex Taq II (Takara, Otsu, Japan). *LEPRE1* expression was calculated using a control fibroblast mRNA standard curve, then normalized to a constitutively expressed gene (b2-microglobulin). All reactions

were carried out in triplicate and expression levels were determined in 3 independent experiments.

Western Blotting

Skin fibroblasts from Patient II-3 and a control subject were cultured in Dulbecco's modified Eagle's medium (DMEM) and were lysed in RIPA buffer (Sigma). Samples were subjected to 10% SDS-PAGE and then transferred onto polyvinylidene fluoride membrane. The membrane was treated with 10% milk powder solution overnight at 4°C, and incubated with primary antibody: mouse anti-LEPRE1 MaxPab polyclonal antibody (Abnova, Taipei, Taiwan) at a 1:1000 dilution. After washing, the membrane was incubated with secondary antibody: goat anti-mouse HRP conjugated (Invitrogen) at a 1:1000 dilution. The membrane was washed again and then scanned to visualize the specific protein band.

Steady-state Collagen Analysis

Control and Patient II-3 dermal fibroblasts were grown to confluence in DMEM + Glutamax^{TM} supplemented with 10% fetal bovine serum and penicillin/streptomycin. Cells were labeled overnight in serum-free medium containing 50 μg/ml ascorbic acid and 437.5 μCi/ml L-[2,3,4,5-^{3}H]proline. Collagens were precipitated with ammonium sulfate, pepsin-digested and separated on 6% SDS-Urea PAGE.

Immunocytochemistry

Immunofluorescence microscopy was performed as described [21]. Control and Patient II-3 dermal fibroblasts were grown on chamber slides. For CRTAP/GRP94 staining, cells were fixed in 4% paraformaldehyde, permeabilized with 0.1% TritonX-100 on ice, and blocked in 1% BSA in PBS. Cells were then incubated overnight with primary antibody (CRTAP, Abnova, Taipei, Taiwan; GRP94, Abcam, Cambridge, MA). After washing, cells were incubated with 1:200 Alexa Fluor

secondary antibodies (Invitrogen) in blocking buffer for 1 h, washed, and mounted with coverslips. Cells were imaged using a Zeiss LSM 510 Inverted Meta microscope and LSM510 software. P3H1/GRP94 staining was done following the protocol of Willaert *et al* [23]. Cells were washed, then fixed and permeabilized in cold acetone. Cells were then blocked in 10% goat serum and incubated with primary antibody (LEPRE1 MaxPab, Abnova, Taipei, Taiwan) for 2.5 h. Secondary staining and imaging was done as above.

Tandem Mass Spectrometry

Secreted collagens from ascorbic acid stimulated fibroblast cultures were precipitated and the α1(I) bands were isolated and digested with trypsin. Electrospray mass spectrometry was performed as before [9].

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Figure legends

FIG. 1. Features of Siblings with Mutations of *LEPRE1*

A: The pedigree of the affected family

The arrow indicates the proband. Patient II-3 was electively terminated.

B: Radiographs of Patient II-2 as a neonate

There were multiple rib fractures, healed fractures of both femora and the right humerus, and a subacute fracture of the left humerus. Metaphyseal osteopenia was significant.

C: Postmortem radiographs of Patient II-3

Bilateral femoral bowing, a healed fracture of the right femoral shaft, thin ribs, and metaphyseal demineralization were shown.

D, E: Histological findings of Patient II-3

Irregular trabeculae of woven bones lined by osteoblasts are observed in the humerus (D) and spine (E). The stroma is cellular and consists of fibroblasts and collagen resembling osteofibrous dysplasia.

FIG. 2. Identification of *LEPRE1* mutations

A: A partial sequence of PCR product of Patient II-3 is shown. Compound heterozygous frame shift mutations (c.484delG, p.A162LfsX22 and c.2155dupC, p.E719RfsX11) are indicated by arrows. The mutations have been confirmed by the subsequent sequencing of subcloned products of normal and mutant alleles.

B: Schematic presentation of the positions of the mutation

LEPRE1 cDNA encodes the tetratricopeptide repeat domain (four black regions), the Prolyl/Lysyl/hydroxylase domain (green region), and the KDEL ER- retrieval motif (red region). *LEPRE1* with a p.E719RfsX11 change results in the lack of only the KDEL ER-retrieval sequence, whereas other functional domains remain intact.

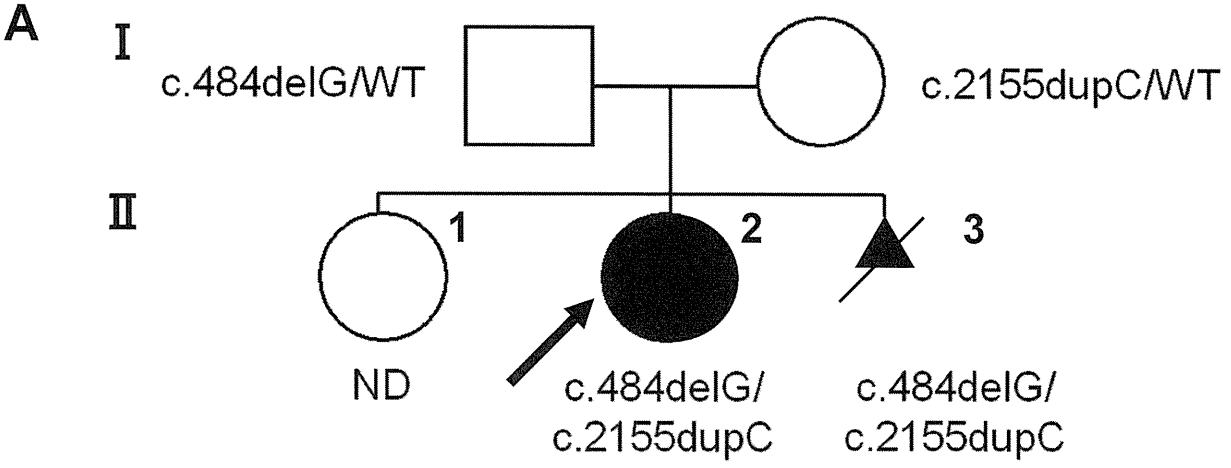
FIG. 3. Characterization of the *LEPRE1* mutations and proband collagen

A: Patient II-3 *LEPRE1* transcripts are about one-half the control level, by real-time RT-PCR.

B: Steady-state type I collagen protein from fibroblasts of Patient II-3 and a normal control is shown. In both the cell layer and media, overmodification, detected as back-streaking of collagen alpha chains (α1 (I) and α2 (I)) on gel electrophoresis, is present in Patient II-3. We also detected mild overmodification of type V collagen (α1 (V)).

C: Western blots of fibroblast P3H1 in Patient II-3 and control cells confirm absence of intracellular P3H1.

D: Immunofluorescent staining of fibroblasts from Patient II-3 and a normal control show colocalization of P3H1 and CRTAP with GRP94 in control cells. Both P3H1 and CRTAP proteins are absent in fibroblasts from Patient II-3.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c.484delG/WT
c.2155dupC/WT
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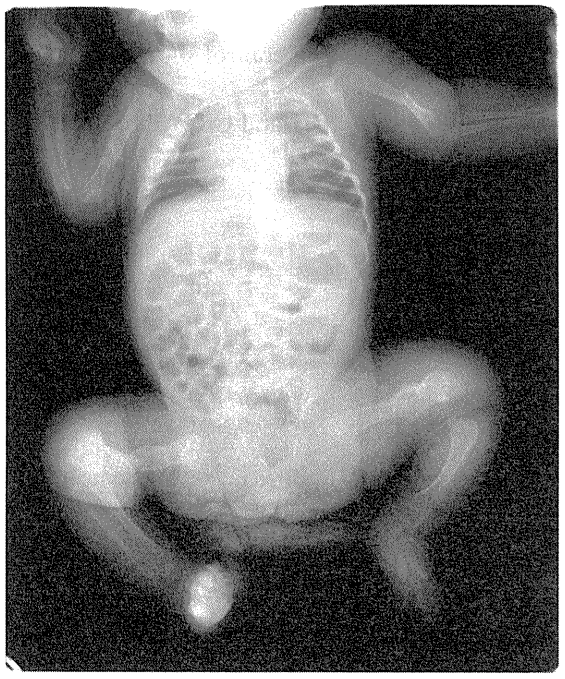
2
3
ND
c.484delG/
c.2155dupC
c.484delG/
c.2155dupC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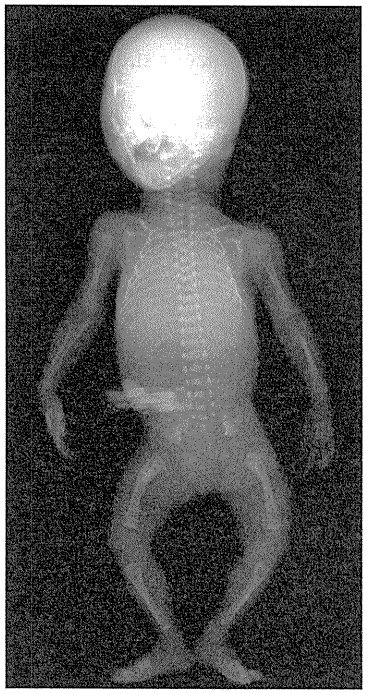
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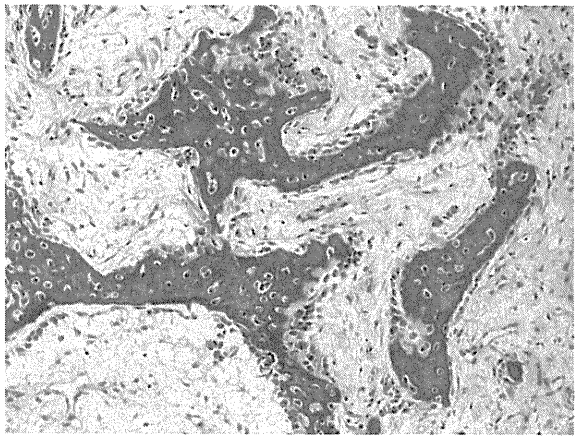
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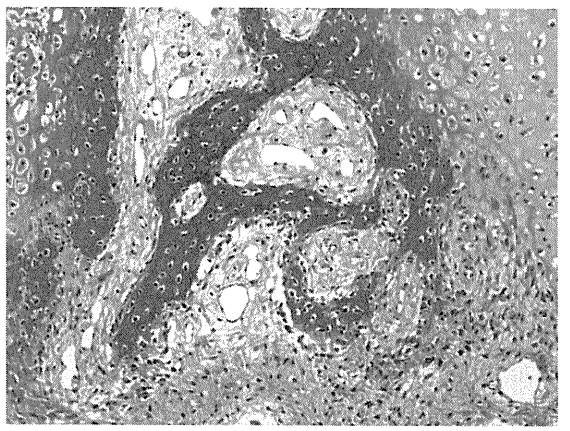
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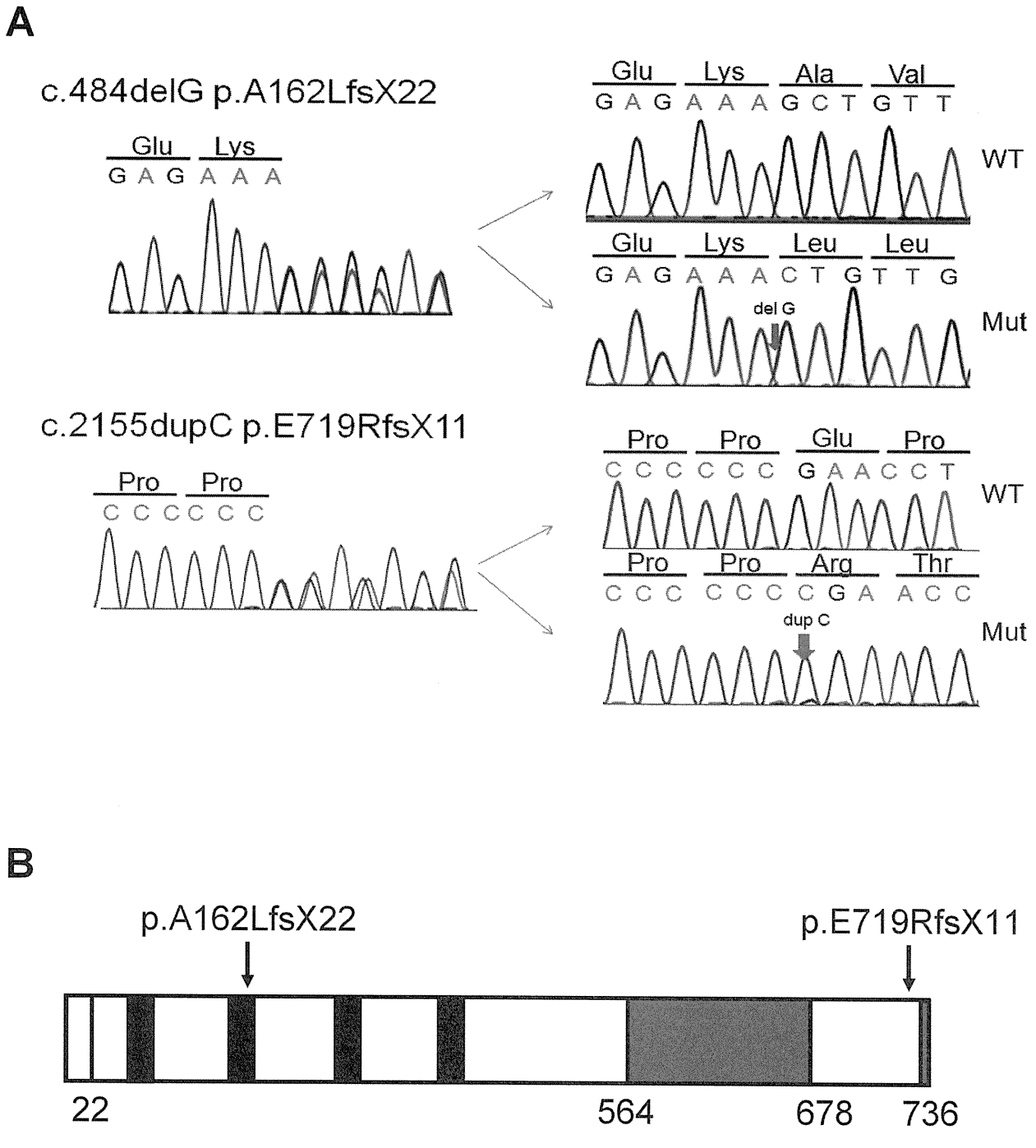
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Glu Lys Ala Val
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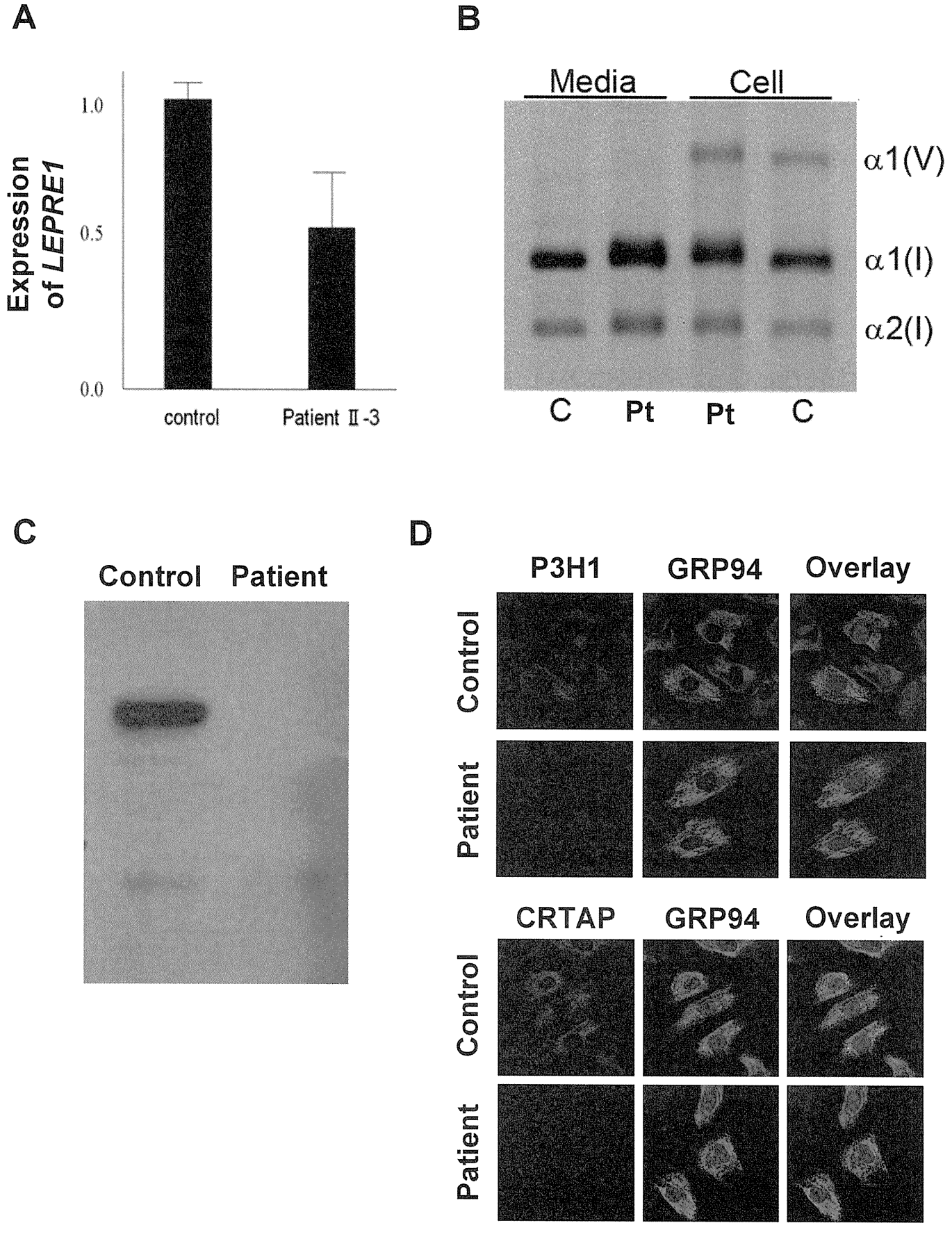
WT
Glu Lys Leu Leu
G A G A A A C T G T T G
del G
Mut
c.2155dupC p.E719RfsX11
Pro Pro
C C C C C C
Pro Pro Glu Pro
C C C C C C G A A C C T
WT
Pro Pro Arg Thr
C C C C C C C G A A C C
dup C
Mut
B
p.A162LfsX22
p.E719RfsX11
22
564
678
736
TPR(Tetratricopeptide repeat) domain
PKH(Prolyl/Lysyl/hydroxylase) domain
KDEL sequence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Expression of LEPRE1
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0.5
0.0
control
Patient Ⅱ-3
B
Media
Cell
α1(V)
α1(I)
α2(I)
C
Pt
Pt
C
C
Control
Patient
D
P3H1
GRP94
Overlay
Control
Patient
CRTAP
GRP94
Overlay
Control
Patient