

# Bi-allelic loss-of-function variants in *BCAS3* cause a syndromic neurodevelopmental disorder

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## Summary

*BCAS3* microtubule-associated cell migration factor (*BCAS3*) is a large, highly conserved cytoskeletal protein previously proposed to be critical in angiogenesis and implicated in human embryogenesis and tumorigenesis. Here, we established *BCAS3* loss-of-function variants as causative for a neurodevelopmental disorder. We report 15 individuals from eight unrelated families with germline bi-allelic loss-of-function variants in *BCAS3*. All probands share a global developmental delay accompanied by pyramidal tract involvement, microcephaly, short stature, strabismus, dysmorphic facial features, and seizures. The human phenotype is less severe compared with the *Bcas3* knockout mouse model and cannot be explained by angiogenic defects alone. Consistent with being loss-of-function alleles, we observed absence of *BCAS3* in probands' primary fibroblasts. By comparing the transcriptomic and proteomic data based on probands' fibroblasts with those of the knockout mouse model, we identified similar dysregulated pathways resulting from over-representation analysis, while the dysregulation of some proposed key interactors could not be confirmed. Together with the results from a tissue-specific *Drosophila* loss-of-function model, we demonstrate a vital role for *BCAS3* in neural tissue development.

## Introduction

*BCAS3* microtubule-associated cell migration factor (*BCAS3*) is a large 928 amino acid, 101 kDa protein en-

coded by a 25-exon gene, *BCAS3* (MIM: 607470), that spans a genomic interval of 714 kb on chromosome 17q23.2. This highly conserved cytoskeletal protein is involved in human embryogenesis as well as in

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tumorigenesis.<sup>1</sup> The mouse ortholog, *Bcas3*, is 98% identical to *BCAS3* and is essential for mouse development and angiogenesis.<sup>2</sup> Homozygous *Bcas3*<sup>-/-</sup> knockout leads to embryonic lethality in mice. Mutant embryos are growth retarded and show defects in the morphology and vasculature of the head and heart.<sup>2</sup> *BCAS3* is well established as a critical protein regulating the cytoskeleton in endothelial migration as well as in sprouting angiogenesis. In human disease, *BCAS3* was found to be overexpressed in breast cancer<sup>3</sup> (hence, the previous gene name, breast carcinoma-amplified sequence 3), and high levels of *BCAS3* were noted in tumor cells and blood vessels of different brain tumors, such as glioblastoma and hemangiopericytoma, as well as in brain abscesses.<sup>1</sup> Genome-wide association studies (GWASs) have associated variants in *BCAS3* with coronary artery disease<sup>4</sup> as well as with gout.<sup>5</sup> One previous study suggested rare homozygous missense variants in *BCAS3* as candidate variants for autosomal recessive intellectual disability.<sup>6</sup>

Here, we establish bi-allelic *BCAS3* variants as a cause of autosomal recessive syndromic global developmental delay. We used comparative transcriptomics and proteomics data from probands' fibroblasts to experimentally explore dysregulated pathways. While there are similarities to previous murine knockout studies on a global level, levels of several proposed key proteins, including CDC42 and Vimentin, were unchanged in probands' fibroblasts. Furthermore, there were no signs of defective angiogenesis in any of the identified probands, and migration assays using probands' primary fibroblasts did not show measurable defects in cell migration. We further explored the biological consequences of *BCAS3* dysfunction by investigating the phenotypes of a *Drosophila* loss-of-function model and confirmed an essential role of *rudhira* during development independent of angiogenesis.

## Material and methods

### Ethical approval

Written informed consent was obtained from the parents of the underage probands for diagnostic procedures and next-generation sequencing as well as for the publication of identifying facial images. This study was approved by the local institutional review board of the Medical Faculty of the University of Tübingen, Germany (vote 180/2010BO1).

### Next-generation sequencing and analysis

Whole-exome or -genome sequencing was performed at different genetic institutes via next-generation sequencing techniques according to the local standard protocols. All variants were confirmed via Sanger sequencing with standard methods and chemicals (primer sequences are available upon request).

#### Family 1 and family 6

Exome sequencing of affected probands and data analysis were performed as previously described.<sup>7</sup>

#### Family 2

Exome sequencing for two affected siblings (F2-II.2 and F2-II.3) was performed at the Institute of Medical Genetics and Applied

Genomics in Tübingen as previously described.<sup>8</sup> After excluding pathogenic or likely pathogenic variants in genes known to be associated with neurological or developmental disorders, variants were filtered for rare (gnomAD minor allele frequency < 0.1%) homozygous or compound heterozygous variants shared between the two affected siblings.

#### Family 3

Exome sequencing was performed for the index proband in a CLIA-certified and CAP- and ISO 15189-accredited laboratory (Blueprint Genetics) as previously described.<sup>9</sup> Segregation of the identified variant was performed by Sanger sequencing in the Clinical Genomics Laboratory at IWK Health.

#### Family 4

Single-exome sequencing was performed on F4-II.1 as previously described.<sup>10</sup>

#### Family 5

Exome sequencing was performed as previously described.<sup>11</sup> The *BCAS3* variant was identified by sharing candidate genes among collaborators.

#### Family 7

Informed consent was provided according to the Baylor-Hopkins Center for Mendelian Genomics Research Protocol (IRB number: H-29697). Exome sequencing for two affected siblings (F7-II.1 and F7-II.2) was performed as previously described.<sup>12</sup>

#### Family 8

The affected proband and his unaffected parents were recruited to the 100K Genomes Project (100KGP),<sup>13</sup> a national genome sequencing initiative approved by the Health Research Authority Committee East of England, Cambridge South (REC: 14/EE/1112). Library preparation was performed with TruSeq DNA PCR-Free Library Prep, and sequencing was performed on a HiSeq X instrument. Variants were called jointly (as a trio) with Platypus v.0.7.9.5 and then filtered with the Genomics England Tiering process. We used Manta<sup>14</sup> to detect structural variants and called the paternally inherited 311 kb deletion that was previously detected via chromosomal microarray analysis (OGT 8x60k with CytoSure Interpret v.3.4.3.).

#### Family 9

Trio whole-exome sequencing (WES) of the affected proband and her parents was performed and analyzed by GeneDX as previously described.<sup>15</sup>

### Fibroblast cultivation

Human dermal fibroblasts were maintained at 37°C, 5% CO<sub>2</sub>, and 100% relative humidity in fibroblast medium consisting of Dulbecco's modified Eagle's medium (DMEM) (Merck) supplemented with 10% fetal bovine serum (FBS) (Thermo Fisher Scientific) in cell culture flasks. Cells were split via trypsinization and passaged into new flasks or seeded at a defined density for the Oris cell migration assay.

### Oris cell migration assay

Fibroblast migration was investigated with an Oris cell migration plate (Platypus Technologies). Control (four lines) and proband fibroblasts (two lines) were isolated and seeded at a density of 6 × 10<sup>4</sup> cells per well into a 96-well Oris cell migration plate according to the manufacturer's guidelines (5 wells per cell line). After a pre-incubation step of 24 h, stoppers were removed and further incubated for 30 h. Afterward, the cells were stained with ActinRed 555 (Sigma) according to the manufacturer's instructions and imaged

with an Operetta High Content Imaging System (Perkin Elmer). Using ImageJ, we calculated the covered area per well.

### Protein isolation and immunoblotting

Upon reaching high confluence, primary fibroblasts were washed with cold PBS, scraped off in PBS, centrifuged at 800 g for 5 min, and frozen at  $-80^{\circ}\text{C}$ . Pellets of primary fibroblasts were lysed in RIPA buffer (Sigma) containing protease inhibitors (Roche) for 45 min on a rotator at  $4^{\circ}\text{C}$ . Cell debris were pelleted at 15,800 g and  $4^{\circ}\text{C}$  for 30 min. The protein concentration was determined with the Pierce BCA Protein Assay Kit (Thermo Fisher Scientific) according to the manufacturer's instructions. 10  $\mu\text{g}$  of protein was eluted in  $5\times$  pink buffer (Thermo Fisher Scientific) at  $95^{\circ}\text{C}$ . Samples were separated on 10% polyacrylamide gels and transferred onto a Hybond-P polyvinylidene difluoride (PVDF) membrane (Merck). Membranes were blocked in 5% milk in TBS-T and incubated overnight with the primary antibodies against rabbit  $\alpha$ -BCAS3 (1:1,000, Bethyl Laboratories), rabbit  $\alpha$ -CDC42 (1:5,000, Abcam), rabbit  $\alpha$ -Vimentin (1:5,000, Cell Signaling Technologies), and mouse  $\alpha$ -GAPDH (1:20,000, Meridian Life Sciences) in Western Blocking Reagent (Roche) at  $4^{\circ}\text{C}$ , followed by three washes with TBS-T and incubation with HRP-conjugated secondary antibodies (Jackson ImmunoResearch) for 1 h at room temperature. Proteins were visualized with the Immobilon Western chemiluminescent HRP substrate (Merck).

### RNA isolation and RNA sequencing

For RNA extraction, fibroblasts from two primary proband fibroblast cell lines (F3-II.1 and F4-II.1) and two primary control fibroblast cell lines (CO-1, female, 24 years old and CO-2, male, 22 years old) were cultivated. RNA was isolated from three independently grown flasks for each cell line (biological replicates,  $4\times 3$  RNA samples) via the QIAGEN RNeasy Mini Kit. RNA quality was assessed with the Agilent 2100 Bioanalyzer RNA Nano Kit (Agilent Technologies, Santa Clara, CA, United States). All samples had high RNA integrity numbers ( $\text{RIN} > 9$ ). Using the NEBNext Ultra II Directional RNA Library Prep Kit (New England Biolabs, Ipswich, MA, United States) with 100 ng of total RNA input for each sequencing library, we generated poly(A)<sup>+</sup>-selected sequencing libraries according to the manufacturer's manual. All libraries were sequenced on the Illumina NovaSeq 6000 platform in paired-end mode with  $2\times 51$  bp reads and at a depth of approximately 30 million clusters each. Library preparation and sequencing procedures were performed by the same individual, and a design aimed to minimize the introduction of technical batch effects was chosen.

We assessed the quality of raw RNA sequencing (RNA-seq) data in FASTQ files by using ReadQC (v.2019\_11) to identify potential sequencing cycles with low average quality and base distribution bias. Reads were preprocessed with SeqPurge (v.2019\_11) and aligned with STAR (v.2.7.3a), allowing spliced read alignment to the human reference genome (build GRCh37). Alignment quality was analyzed with MappingQC (ngs-bits v.2019\_11) and visually inspected with the Broad Integrative Genome Viewer (v.2.7.0). On the basis of the Ensembl genome annotation (GRCh37, Ensembl release 97), we obtained read counts for all genes by using subread (v.2.0.0).

For gene expression analysis, we filtered raw gene read counts to retain only genes with at least 1 count per million (cpm) in at least half of the samples and normalized them by the trimmed mean of M values (TMM) procedure, leaving >13,000 genes for deter-

mining differential expression in each of the pairwise comparisons between affected and control samples. The analysis was performed with edgeR (v.3.26.8) with negative binomial distributions and genewise testing with generalized linear models.

For each proband, triplicate expression profiles from corresponding fibroblast cell lines were compared to the average of both sets of triplicate control cell lines. In addition, the average of both proband triplicate sets was compared to the average of control triplicate sets (Table S2).

Gene expression changes are expressed as log<sub>2</sub>-fold changes and expression in the control group was used as a baseline.

Significant genes with an adjusted p value (false discovery rate [FDR]) of less than 0.01 and an absolute log<sub>2</sub>-fold change of at least 1 are reported.

### NanoLC-MS/MS analysis and data processing

Protein samples for liquid chromatography-mass spectrometry (nanoLC-MS/MS) were generated from the two primary proband fibroblast cell lines in biological replicates (F3-II.1 and F4-II.1 corresponding to label-free quantification [LFQ] intensity proband [pat]\_1, 2, 3 and LFQ intensity pat\_4, 5, 6 in Table S4) and compared to three primary control fibroblast cell lines (LFQ intensity control [ctrl]\_1, 2, 3). Protein extracts were purified with SDS-PAGE (Invitrogen). Coomassie-stained gel pieces were excised and in-gel digested via trypsin as described previously.<sup>16</sup> After desalting with C18 stage tips,<sup>17</sup> extracted peptides were separated on an Easy-nLC 1200 system coupled to a Q Exactive HF mass spectrometer (both Thermo Fisher Scientific) as described previously<sup>18</sup> with slight modifications. The peptide mixtures were separated via a 2-h segmented gradient from 10%–33%–50%–90% HPLC solvent B (80% acetonitrile in 0.1% formic acid) in HPLC solvent A (0.1% formic acid) at a flow rate of 200 nL/min. The 12 most intense precursor ions were sequentially fragmented in each scan cycle via higher energy collisional dissociation (HCD) fragmentation. In all measurements, sequenced precursor masses were excluded from further selection for 30 s. The target values for MS/MS fragmentation were  $10^5$  charges and  $3\times 10^6$  charges for the MS scan.

Acquired MS spectra were processed with the MaxQuant software package v.1.5.2.8<sup>19</sup> with an integrated Andromeda search engine.<sup>20</sup> A database search was performed against a target-decoy *Homo sapiens* database obtained from UniProt, containing 96,817 protein entries and 286 commonly observed contaminants. Endoprotease trypsin was defined as protease with a maximum of two missed cleavages. Oxidation of methionine and N-terminal acetylation were specified as variable modifications, whereas carbamidomethylation on cysteine was set as a fixed modification. The initial maximum allowed mass tolerance was set to 4.5 parts per million (ppm) for precursor ions and 20 ppm for fragment ions. Peptide, protein, and modification site identifications were reported at an FDR of 0.01, estimated by the target/decoy approach.<sup>21</sup> The LFQ algorithm was enabled, and matches between runs<sup>22,23</sup> and LFQ protein intensities were used for relative protein quantification. Downstream bioinformatics analyses (two-sample t tests and volcano plots) were performed with the Perseus software package v.1.5.0.15. Data were filtered for contaminants and reverse sequences and were only identified by site entries.

### Over-representation analysis

Ontology and pathway analyses for MS data as well as RNA-seq data were performed with the WEB-based gene set analysis toolkit



2019 (WebGestalt).<sup>24</sup> For over-representation analysis (ORA), we used the Gene Ontology database and selected the “Biological Process noRedundant” category. As an initial gene list, significant up- or downregulated genes from the RNA-seq data (Table S3) or proteins from the MS data (Table S4) were used. As a reference gene list, all identified genes/proteins from RNA-seq and MS data, respectively, were used.

### ***Drosophila* husbandry and strains**

Both control and *rudhira* knockdown crosses were maintained in Instant *Drosophila* Medium (Carolina). Crosses were set up at 25°C or 29°C and kept in incubators with a 12-h day-night cycle. The following lines were utilized in this study: two UAS-RNAi lines against *rudhira*, UAS-*rudhira*-RNAi-a (Bloomington *Drosophila* Stock Center [BDSC] #51691, *rudhira* RNAi inserted on 3<sup>rd</sup> chromosome) and UAS-*rudhira*-RNAi-b (Vienna *Drosophila* Resource Center [VDRC ID dna9673]); GAL4 driver lines *elav*-Gal4 (BDSC #8765, BDSC #5144), *D42*-Gal4 (BDSC #8816), and *Appl*-Gal4 (from Aaron Voigt, Department of Neurology in RWTH Aachen University); control lines for *rudhira*-RNAi-a (BDSC #36304, TRiP RNAi background lines with attP40 site on 3<sup>rd</sup> chromosome); and UAS-*GFP*-RNAi (BDSC #9331, *GFP* RNAi inserted on 2<sup>nd</sup> chromosome) as second RNAi control line. To generate the transgenic UAS-*rudhira*-RNAi-b *Drosophila* line, we diluted the construct received from VDRC (1 µL of an ~50–100 ng/µL stock) by adding 10 µL of TE buffer and mixed thoroughly. DH5α-competent cells were transformed with 2 µL from the diluted mixture. Agar plates containing ampicillin were plated and incubated overnight at 37°C. Individual colonies were picked and inoculated overnight in liquid culture followed by plasmid purification. Purified DNA was sent to Bestgene (BestGene, CA, United States) for embryo microinjection.

## **Results**

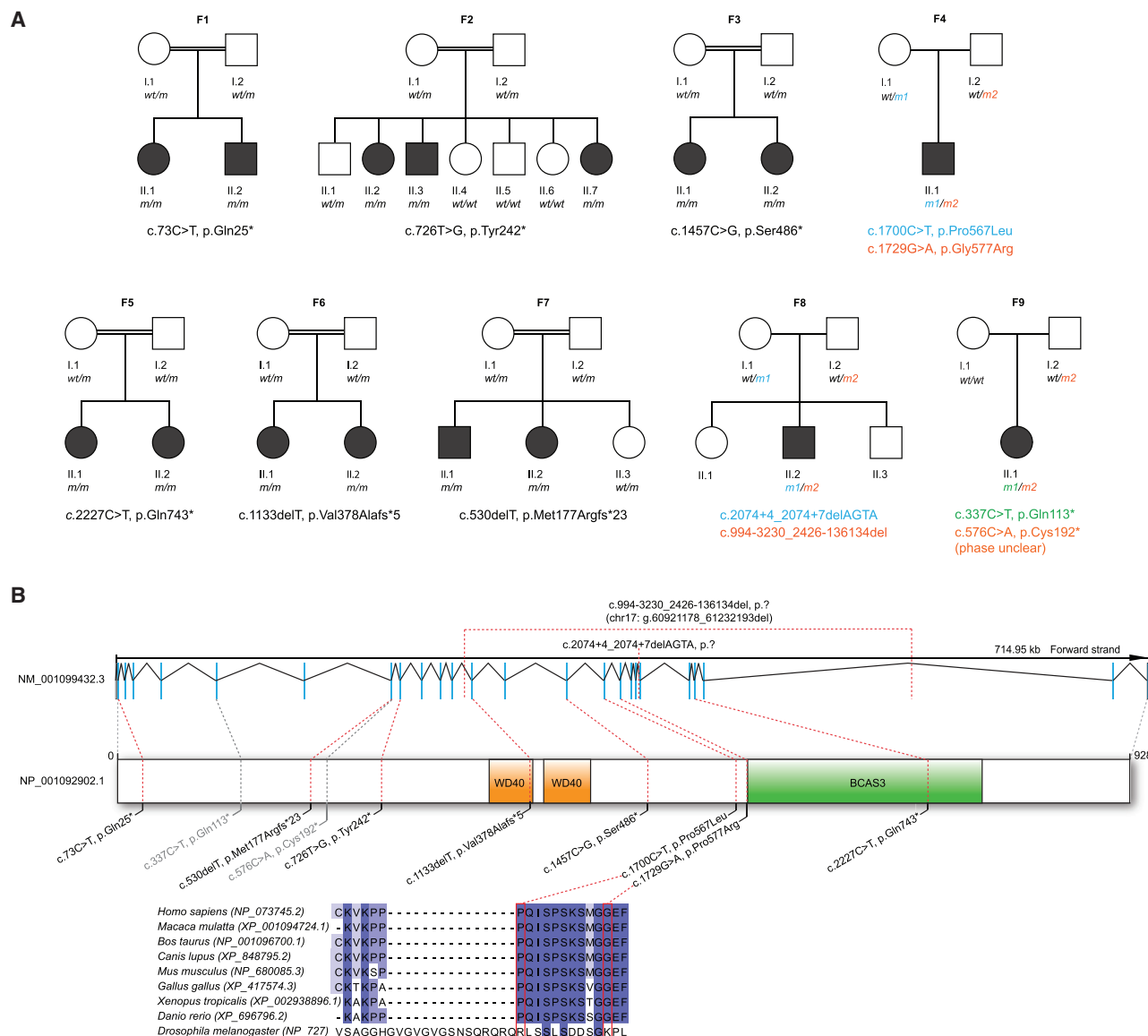
### **Bi-allelic loss-of-function variants in *BCAS3* cause a syndromic neurodevelopmental disorder**

To unravel the genetic cause of a neurodevelopmental disorder, we independently investigated affected probands from the consanguineous families F1, F2, and F3 (Figure 1) by using WES. The molecular diagnostic analysis did not show pathogenic or likely pathogenic variants in genes known to be associated with neurological or developmental disorders in any of these families. WES data were next screened for potential candidate variants, including heterozygous, compound heterozygous, and homozygous variants. Independently, in all three families, predicted homozygous loss-of-function variants in *BCAS3* microtubule-associated cell migration factor (*BCAS3*) were identified, namely, the homozygous stop-gain variant c.73C>T (p.Gln25\*) (GenBank: NM\_001099432.3) in *BCAS3* in F1 and the homozygous variants c.726T>G (p.Tyr242\*) and c.1457C>G (p.Ser486\*) in F2 and F3, respectively. All three variants were absent from in-house databases as well as from public databases (not present in gnomAD v.2.1.1 or gnomAD v.3).<sup>25</sup> Furthermore, there were no homozygous *BCAS3* loss-of-function variants present in gnomAD, and a low observed/expected (o/e) ratio of 0.31 (0.22–0.47) hints at an intolerance for *BCAS3* loss-of-function variants.

Sanger sequencing independently confirmed the variant alleles that segregated in accordance with Mendelian expectations in all available healthy and affected family members (Figure 1A).

Using the GeneMatcher platform,<sup>26</sup> we matched these three independent index families. A similar syndromic phenotype in all probands confirmed *BCAS3* loss-of-function variants as responsible for an autosomal recessive neurodevelopmental disorder. We next screened the GENESIS database, Solve-RD database, Munich Exome database (EVAdB), Baylor-Hopkins Center for Mendelian Genomics (BH-CMG) database, 100KGP, GeneDx, and Queen Square Genomics database for additional *BCAS3* probands to strengthen the evidence for this genotype-phenotype association. In this way, we were able to identify five additional families with a neurodevelopmental phenotype and bi-allelic *BCAS3* variants. In total, 15 affected individuals from eight families were studied (Figure 1A), including two families with compound heterozygous variants and six families with homozygous variants, the latter as anticipated given historical reports of consanguinity in the majority of families. All variants were absent or very rare in public databases (minor allele frequency [MAF] < 0.01% in gnomAD). The bi-allelic heterozygous missense variants identified in F4-II.1 were in highly conserved residues (phyloP 100-way of 7.49 and 9.48) and received high *in silico* prediction scores (CADD scores of 26.4 and 24.1) (Figure 1B, Table S1). In F8-II.1, chromosomal microarray analysis combined with trio genome sequencing led to the identification of a paternally inherited intragenic 311 kb deletion spanning exons 13 to 23 of *BCAS3* (chr17: g.60921177\_61232193del [c.994–3230\_2426–136134del]) and a maternally inherited near splice-site deletion of 4 bases (c.2074+4\_2074+7delAGTA). The 311 kb deletion was detected by microarray analysis as well as in the genomes of the proband and his father and was confirmed via Sanger sequencing. Breakpoint locations and a microhomology with two bases are evidence of an *Alu*-LINE (long interspersed nuclear element) rearrangement<sup>27</sup> as mechanism (Figure S1).

All 15 probands harboring bi-allelic variants in *BCAS3* presented with a characteristic core phenotype consisting of severe global developmental delay (GDD), pyramidal tract involvement, microcephaly, and short stature (Table 1, Figure 2A). At the time of examination, probands were between 19 months and 19 years of age. All probands had severe GDD and intellectual disability (ID) (F3-II.2 was too young to be formally diagnosed with ID). Ten probands had a minimal vocabulary (between two and 12 words), and four never learned to speak. All probands had a severe motor disorder with pyramidal tract involvement resulting in hyperreflexia and spasticity of the lower limbs (15/15), while some probands had additional dystonic or dyskinetic movements (5/15). Ten of 14 probands achieved the ability to walk, although this milestone was significantly delayed. Regression of motor abilities starting between the ages of 10 and 15 years was reported for older probands. Seizures were observed in 7 of 15 probands—two probands had febrile



**Figure 1. Pedigrees and genetic variants**

(A) Pedigrees of eight families segregating syndromic GDD. Filled black symbols indicate affected individuals. Variants in *BCAS3* are presented below the pedigrees. Homozygous variants are presented as *m/m* in the pedigree. Compound heterozygous variants are presented with *m1* (cyan) and *m2* (orange). For F9, the phase of the *BCAS3* variants was unclear.

(B) *BCAS3* genomic and protein domain structures. Type and position of ten identified germline variants. Two additional variants from F9 were depicted in gray because the phase was not shown as in the other variants. Conservation across species is shown for the positions of the two compound heterozygous missense variants.

convulsions and five probands had generalized tonic or tonic-clonic seizures. Only one of these probands had pharmaco-resistant epilepsy.

All probands were born with length, weight, and head circumferences within normal ranges. Eleven of 13 probands developed microcephaly (median  $-3.1$  SD), and 11 of 14 probands developed a short stature (median  $-2.6$  SD). Two probands were normocephalic at the time of examination (F3-II.1,  $-0.58$  SD and F3-II.2,  $-1.23$  SD); however, they may still develop mild microcephaly, as they were 5 years and 19 months of age, respectively, at the time of examination. Minor dysmorphic facial features

were observed in most probands, including full lips (9/12) with an everted lower lip (15/15); a short philtrum (8/11); large malformed, wide-spaced, or mispositioned teeth (10/14); prominent (10/15) and curved (11/15) eyebrows; an open mouth (15/15); and a long face (13/15) (Figure 2B, Table 1). Another frequent feature was strabismus, present in ten of 15 probands. The results of cardiovascular examinations, including transthoracic echocardiography, were mostly unremarkable. An asymptomatic bicuspid aortic valve was detected in two probands. Brain magnetic resonance images (MRIs) of 13 probands revealed a thin dysgenic corpus callosum, mostly

**Table 1. Clinical and genetic findings in individuals with bi-allelic *BCAS3* variants**

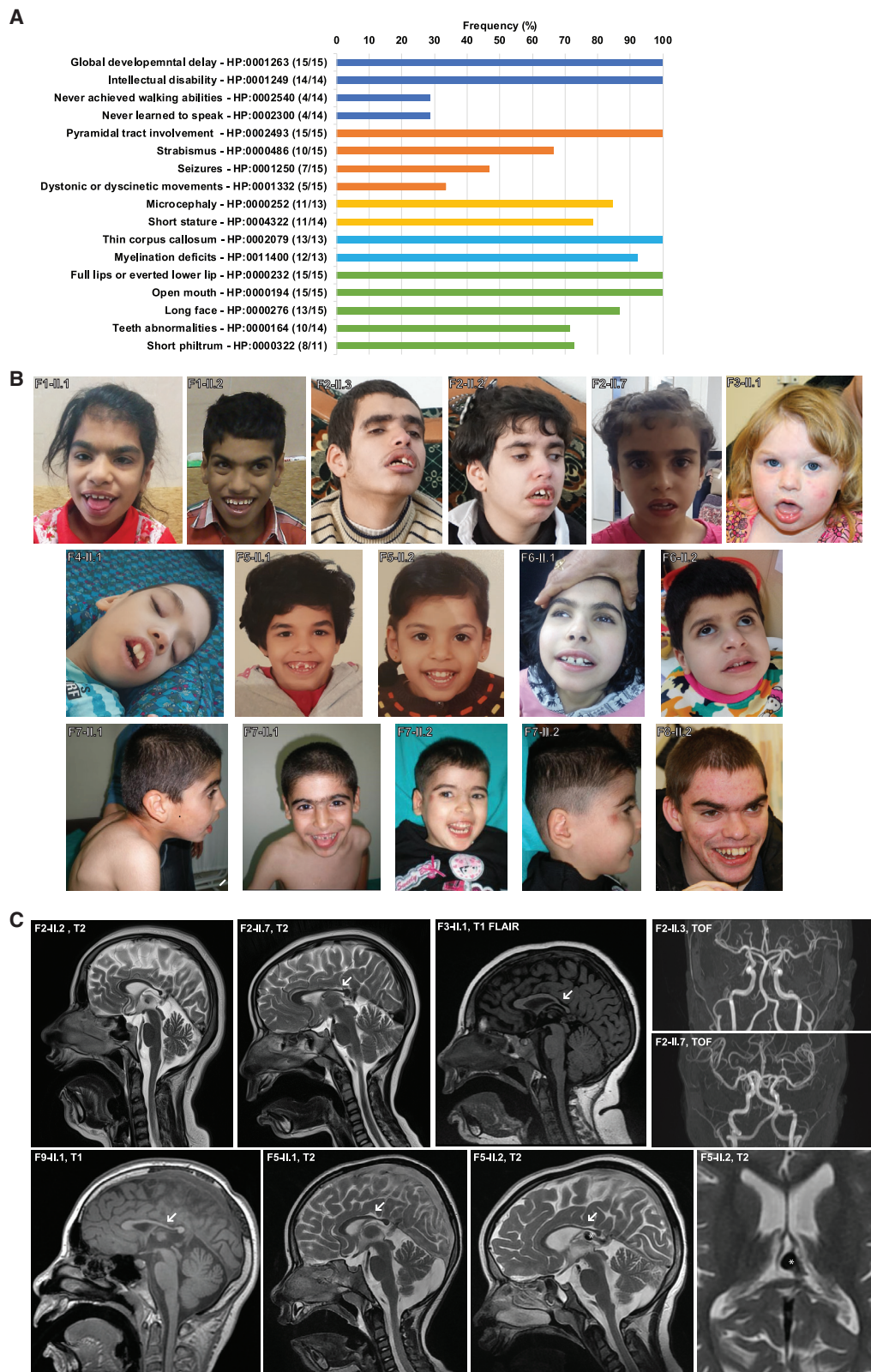
|  | F1-II.1  | F1-II.2   | F2-II.2   | F2-II.3   | F2-II.7  | F3-II.1   | F3-II.2                                     | F4-II.1   | F5-II.1  | F5-II.2  | F6-II.1  | F6-II.2  | F7-II.1   | F7-II.2   | F8-II.2   | P9-II.1   |
|--|--|---|---|---|--|---|---|---|--|--|--|--|---|---|---|---|
| <b>cDNA (GenBank: NM_001099432.3)</b>        | c.73C>T, hom                                       | c.73C>T, hom  | c.726T>G, hom   | c.726T>G, hom   | c.726T>G, hom                                      | c.1457C>G, hom                                      | c.1457C>G, hom                              | c.1700C>T; [1729G>A]  | c.2227C>T, hom   | c.2227C>T, hom   | c.1133delT, hom  | c.1133delT, hom  | c.530delT, hom  | c.530delT, hom  | c.2074+4, 2074+, 7delAGTA; intragenic deletion exon 13-23                         | c.[576C>A]; [337C>T] (phase unclear)                |
| <b>Protein (GenBank: NP_001092902.1)</b>     | p.Gln25*, hom                                      | p.Tyr242*, hom  | p.Tyr242*, hom  | p.Tyr242*, hom  | p.Tyr242*, hom                                     | p.Ser486*, hom                                      | p.Ser486*, hom                              | p.[Pro567Leu]; [Gly577Arg]  | p.Gln743*, hom   | p.Gln743*, hom   | p.Val378 AlaIst*, hom  | p.Val378 AlaIst*, hom  | p.Met177 Arg65*23   | p.Met177 Arg65*23   | p.[?]; [?]  | p.[Cys192*]; [Gln113*]                              |
| <b>Sex</b>                                   | male   | female  | female  | male  | female   | female  | female                                      | male  | female   | female   | female   | female   | male  | female  | male  | female  |
| <b>Ethnic background</b>                     | Iranian  | Arab-Palestine  | Arab-Palestine  | Arab-Palestine  | Arab-Palestine                                     | European descent                                    | European descent                            | Albanian  | Saudi  | Saudi  | Iranian-Lor  | Iranian-Lor  | Turkish   | Turkish   | European descent  | European-Chinese                                    |
| <b>Age (years) at examination</b>            | 19   | 13  | 19  | 18  | 5  | 5   | 19 months                                   | 8   | 15   | 11   | 6  | 6  | 7   | 6   | 18  | 14  |
| <b>Current height (cm)</b>                   | 160 (–2.3 SD)                                      | 152 (–0.7 SD)   | 136 (–4.2 SD)   | 142 (–4.4 SD)   | 95 (–2.8 SD)                                       | 114 (+1.28 SD)                                      | 78 (–0.92 SD)                               | 109 (–3.3 SD)   | 140 (–3.4 SD)  | 129 (–2.1 SD)  | 127 (–2.4 SD)  | 90 (–5.0 SD)   | 110 (–2.2 SD)   | 96 (–3.8 SD)  | N/A   | 147.5 (–1.37 SD)                                    |
| <b>Current weight (kg)</b>                   | 44 (–3.0 SD)                                       | 34 (–1.7 SD)  | 42 (–8.0 SD)  | 33 (–3.9 SD)  | 25 (+1.9 SD)                                       | 10 (+1.39 SD)                                       | 10 (–1.11 SD)                               | 35 (+1.5 SD)  | 46 (–0.9 SD)   | 23 (–6.3 SD)   | 20 (–3.1 SD)   | 14 (–2.7 SD)   | 17 (–2.3 SD)  | 13 (–3.2 SD)  | 40.4 (–3.0 SD)  | N/A   |
| <b>Current head circumference (cm)</b>       | 51 (–2.8 SD)                                       | 49.5 (–3.2 SD)  | 50.0 (–4.0 SD)  | 52.2 (–1.9 SD)  | 46.5 (–2.8 SD)                                     | 49.5 (–0.58 SD)                                     | 45 (–1.23 SD)                               | 43.0 (–6.7 SD)  | N/A  | N/A  | 48 (–3.8 SD)   | 47 (–3.1 SD)   | 47 (–3.8 SD)  | 46 (–3.9 SD)  | 51 (age 15 years, –2.6 SD)  | 53 (–0.80 SD)                                       |
| <b>Motor development</b>                     | sitting at 18 months, walking at 36 months         | sitting at 15 months, walking at 36 months                            | sitting at 15 months, walking at 36 months                            | sitting at 17 months, walking at 72 months                              | sitting at 17 months, walking at 30 months         | sitting at 13 months, walking at 30 months          | sitting at 15 months, crawling at 15 months | no sitting or walking   | sitting at 10 months, walking at 33 months                     | sitting at 9 months, walking at 26 months                      | cannot walk  | cannot walk  | sitting at 1 year, cannot walk  | sitting at 1 year, cannot walk  | sitting at 1 year, walking at 4 years   | sitting at 6 months, walking at 36 months           |
| <b>Cognition at last follow-up</b>           | severe ID  | severe ID   | severe ID   | severe ID   | severe ID  | severe ID   | severe GDD                                  | severe ID   | severe ID (IQ = 45)  | severe ID (IQ = 55)  | severe ID  | severe ID  | severe ID   | severe ID   | severe ID   | severe ID   |
| <b>Speech at last follow-up</b>              | can speak, about ten words                         | can speak, about ten words  | no speech   | no speech   | can speak two words                                | can speak about five words                          | babbling, no true words                     | no speech   | can speak, about ten words                                     | can speak, about ten words                                     | can speak, about three words   | can speak, about six words   | can speak, about ten words  | no speech   | can speak, about nine words   | can speak, about 12 words                           |
| <b>Epilepsy, seizure types, age of onset</b> | no   | no  | no  | no  | one febrile convulsion, 36 months                  | febrile convulsions about every 6 months, 29 months | no  | GTCs, age of 4 months, pharmacoresponsive                               | two tonic seizures, 5 years                                    | no   | tonic seizures, 10 years, pharmacoresistant                            | tonic seizures, 2 years, pharmacoresponsive                            | three febrile seizures, 6 months  | no  | no  | complex partial seizures, 1–2 spells/day            |
| <b>Neurological examination</b>              | hyperreflexia, lower limb spasticity, spastic gait | hyperreflexia, lower limb spasticity, foot contractures, spastic gait | hyperreflexia, lower limb spasticity, foot contractures, spastic gait | hyperreflexia, lower limb spasticity, foot contractures, non-ambulatory | hyperreflexia, lower limb spasticity, spastic gait | hyperreflexia, lower limb spasticity                | hyperreflexia, lower limb spasticity        | hyperreflexia, lower limb spasticity, foot contractures, non-ambulatory | hyperreflexia, lower limb spasticity, dystonia, gait imbalance | hyperreflexia, lower limb spasticity, dystonia, gait imbalance | hyperreflexia, severe hypertonia, dyskinetic movements, non-ambulatory | hyperreflexia, severe hypertonia, dyskinetic movements, non-ambulatory | hyperreflexia, lower limb spasticity, mild contracture in knees, non-ambulatory (can crawl) | hyperreflexia, lower limb spasticity, mild contracture in knees, non-ambulatory (can crawl) | hyperreflexia, overall hypotonic but lower limb spasticity, quadriplegic dystonia | hyperreflexia, progressive spasticity, spastic gait |

(Continued on next page)

**Table 1. Continued**

|   | F1-II.1   | F1-II.2  | F2-II.2  | F2-II.3  | F2-II.7  | F3-II.1  | F3-II.2  | F4-II.1   | F5-II.1   | F5-II.2  | F6-II.1   | F6-II.2   | F7-II.1   | F7-II.2   | F8-II.2   | F9-II.1   |
|---|---|--|--|--|--|--|--|---|---|--|---|---|---|---|---|---|
| <b>Dysmorphic facial features</b>           | prominent full and curved eyebrows, synophrys, full lips, everted lower lip, short philtrum, wide-spaced teeth, open mouth, long face | prominent full eyebrows, ptosis, synophrys, full lips, everted lower lip, short philtrum, large malpositioned teeth, open mouth, long face | prominent full eyebrows, ptosis, synophrys, full lips, everted lower lip, short philtrum, large malpositioned teeth, open mouth, long face | prominent full eyebrows, ptosis, synophrys, full lips, everted lower lip, short philtrum, large malpositioned teeth, open mouth, long face | prominent full eyebrows, synophrys, wide-spaced eyes, broad nasal bridge, everted lower lip, short philtrum, open mouth, long face | epicanthic folds, full lips with everted lower lip, sparse and light blonde eyebrows | full lips, everted lower lip, short philtrum, large malpositioned teeth, open mouth, long face | prominent full and curved eyebrows, hypertelorism, broad nasal bridge, everted lower lip, open mouth, long face | curved eyebrows, synophrys, large spaced teeth, full lips, everted lower lip, open mouth, long face | prominent full and curved eyebrows, synophrys, short philtrum, everted lower lip, wide-spaced teeth, open mouth, long face | prominent full and curved eyebrows, synophrys, everted lower lip, short philtrum, open mouth, long face | prominent full and curved eyebrows, synophrys, everted lower lip, short philtrum, open mouth, long face | prominent full and curved eyebrows, synophrys, everted lower lip, short philtrum, open mouth, long face | prominent full and curved eyebrows, synophrys, everted lower lip, short philtrum, open mouth, long face | prominent full and curved eyebrows, synophrys, everted lower lip, short philtrum, open mouth, long face | prominent full and curved eyebrows, synophrys, everted lower lip, short philtrum, open mouth, long face |
| <b>Instrumental examinations</b>            |   |  |  |  |  |  |  |   |   |  |   |   |   |   |   |   |
| <b>Ophthalmologic findings</b>              | strabismus  | strabismus, ptosis   | strabismus, ptosis   | strabismus, saccade initiation difficulties  | strabismus   | strabismus   | strabismus   | strabismus, myopia  | normal  | normal   | visual impairment, strabismus (extropia)  | visual impairment, strabismus (extropia)  | normal  | normal  | nystagmus   | nystagmus, visual impairment  |
| <b>Cardio-vascular (e.g., echo results)</b> | N/A   | N/A  | TTE: bicuspid aortic valve   | TTE: bicuspid aortic valve   | normal TTE   | normal TTE   | N/A  | normal TTE  | normal TTE  | normal TTE   | normal TTE  | normal TTE  | normal TTE  | normal TTE  | N/A   | normal TTE  |
| <b>Age, brain imaging</b>                   | 9 years, posterior thin corpus callosum, impaired myelination   | 5 years, posterior thin corpus callosum, impaired myelination  | 22 years, posterior thin corpus callosum, cerebral and cerebellar atrophy, normal MRA  | 21 years, posterior thin corpus callosum, cerebral and cerebellar atrophy, normal MRA  | 7 years, posterior thin corpus callosum, cerebral and cerebellar atrophy, normal MRA   | 14 months, posterior thin corpus callosum, hyperintensity of dentate nuclei on T2    | N/A  | 5 months, posterior thin corpus callosum, delayed myelination, hypoplastic pons and cerebellum                  | 9 years, posterior thin corpus callosum, cerebellar atrophy, impaired myelination                   | 4.5 years, posterior thin corpus callosum, cerebellar atrophy, delayed myelination, VGAM                                   | 7 years, posterior thin corpus callosum, cerebellar atrophy   | 4 years, posterior thin corpus callosum, delayed myelination, cerebellar atrophy                        | 6 years, posterior thin corpus callosum, impaired myelination   | 7 years, posterior thin corpus callosum, impaired myelination   | N/A   | 11 years, posterior thin corpus callosum, diminished white matter volume                                |

Abbreviations are as follows: GTCS, generalized tonic-clonic seizure; TTE, transthoracic echocardiogram; MRA, magnetic resonance angiography; VGAM, vein of Galen aneurysmal malformation; ID, intellectual disability; GDD, global developmental delay.



**Figure 2. Phenotypic features of probands with bi-allelic *BCAS3* variants**

(A) Prevalence of signs and symptoms in probands with bi-allelic *BCAS3* variants. The numerator and denominator in brackets indicate the number of affected probands and the number of probands assessed for the respective feature, respectively.

(B) Facial photographs of 14 affected individuals with mild dysmorphic facial features, including full lips with an everted lower lip; short philtrum; mispositioned, wide-spaced large teeth; and synophrys. Furthermore, ptosis is present in F1-II.1, F2-II.2, and F2-II.3, and strabismus can be seen in several photographs except for in those of F4-II.1, F5-II.1, F5-II.2, F7-II.1, F7-II.2, and F8-II.2.

(legend continued on next page)



affecting the splenium in all 13 probands. Furthermore, moderate cerebral and cerebellar atrophy (more pronounced in the older probands) and delayed myelination (observed in the younger probands) were present in most probands (Figure 2C, Table 1, Table S2). A vascular malformation, most likely a vein of Galen malformation, was identified in one proband (F5-II.2, Figure 2C). Otherwise, time-of-flight magnetic resonance angiography (TOF-MRA) in three probands did not reveal an abnormal cerebral blood vessel configuration.

In another additional proband, F9-II.1, two *BCAS3* stop-gain variants (one paternal and the second *de novo*) were identified. Although the phase of the variants was not determined, we regarded a bi-allelic distribution most likely given the striking phenotypic similarities encompassing the characteristic core clinical features (Table 1).

### BCAS3 is absent in proband-derived fibroblasts

To compare the protein levels of *BCAS3*, we performed immunoblotting analysis from fibroblasts of probands F3-II.1 and F4-II.1 and control cell lines. *BCAS3* was undetectable in both proband-derived cell lines, while it was clearly detected in the control fibroblast lines (Figure 3A). Although we did not observe any full-size *BCAS3*, we cannot rule out the presence of a truncated protein in F3-II.1, as the homozygous stop-gain variant p.Ser486\* lies upstream of the antibody detection site (position 870 to C terminus). More interestingly, *BCAS3* was also not detectable in fibroblasts from F4-II.1, harboring two compound heterozygous missense variants (c.1700C>T [p.Pro567Leu] and c.1729G>A [p.Gly577Arg]). This indicates that the missense variants lead to a misfolded or unstable protein that is most likely degraded.

### Exploring dysregulated pathways in proband-derived fibroblasts

Next, we examined two previously proposed interaction partners of *BCAS3*, namely, *CDC42* and Vimentin, by using immunoblotting. Both were present at roughly estimated similar protein levels in proband fibroblasts and control fibroblast cell lines (Figure 3A). To further investigate the global impact of the bi-allelic *BCAS3* variants on different pathways, we performed RNA-seq and nanoLC-MS/MS comparing the two proband cell lines with healthy control cell lines. The transcriptomic data showed a significant reduction in *BCAS3* mRNA in F3-II.1 of  $-2.92$  log fold change (logFC), indicating partial nonsense-mediated decay due to the homozygous nonsense variant, while the mRNA levels were not significantly reduced in F4-II.1 ( $-0.21$  logFC).

With nanoLC-MS/MS, *BCAS3* was not detectable in either proband cell line, consistent with the results from immuno-

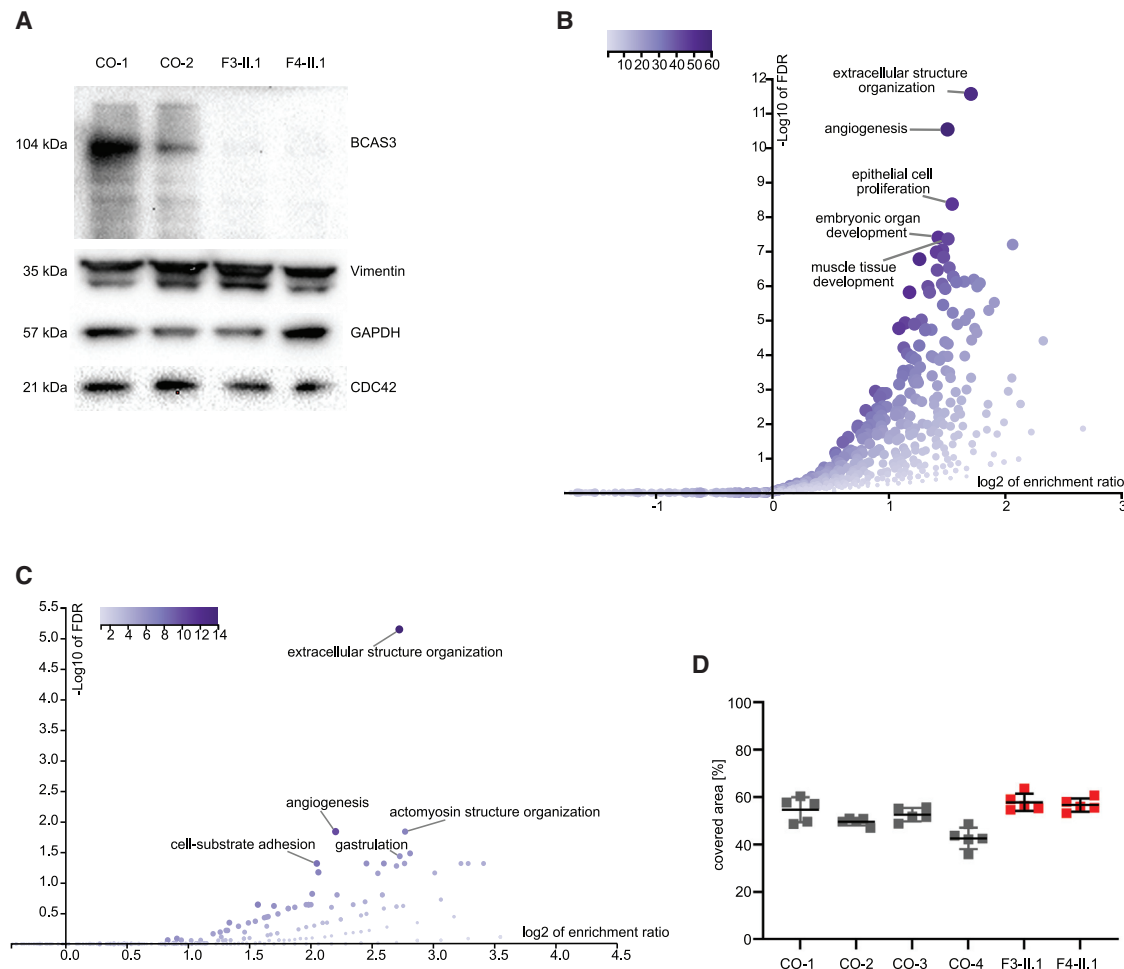
blotting. However, *BCAS3* was probably at the detection limit of this method, as nanoLC-MS/MS was able to detect *BCAS3* in only two out of three controls, rendering immunoblotting the more reliable method for addressing this question. Next, we examined the correlation between transcriptomics and proteomics data. RNA-seq was able to detect mRNAs from 13,223 different genes. For 5,483 proteins, corresponding proteomics data from nanoLC-MS/MS were available. MS did not detect any proteins for which no RNA data were present. Expression changes with significant up- or downregulated genes at the mRNA level ( $FDR < 0.01$ ) correlated very well with significant up- or downregulated proteins in MS ( $\rho = 0.89$ ,  $p = 2.2 \times 10^{-16}$ ) (Figure S2A). The high correlation coefficient indicates high data quality and reliability. Similarly, proteins that could only be measured in controls (but not in probands) via MS were significantly downregulated in the RNA-seq data, while proteins that were only detectable in probands (but not in controls) via MS were upregulated in the RNA-seq data (Figure S2B). Following this proof of consistency, we analyzed expression of previously proposed key interaction partners of *BCAS3*, such as *ACTB*, *CDC42*, *PTK2*, *PTK2B*, *TGFB*, *TGFBR*, *VEGFA*, *VEGFR*, and *VIM*. Substantial mRNA expression changes ( $>0.5$  |logFC|) were only present in *PTK2B* ( $-1$  logFC) and vimentin ( $0.52$  logFC) (Table S5). Corresponding MS data were only present for a few of these proteins and did not show any substantial changes at the protein level. Specifically, for *PTK2B*, there were no MS data available, and vimentin was not significantly changed.

We next used WebGestalt for ORA of RNA-seq and MS data. From the RNA-seq data, 804 genes were significantly up- or downregulated ( $FDR < 0.01$  and absolute |logFC|  $\geq 1.00$ , Table S3). The resulting ORA showed the following biological processes (Gene Ontology terms) as top hits (Figure 3B): “extracellular structure organization,” “angiogenesis,” and “epithelial cell proliferation.” In the nanoLC-MS/MS data, 59 proteins were significantly up- or downregulated (log Student’s t test p value  $\leq -1.3$  and absolute |logFC|  $\geq 1.00$ , Table S4). ORA resulted in “extracellular structure organization” as a top hit followed by “angiogenesis” and “actomyosin structure organization” with a considerable margin (Figure 3C).

### Migration of proband-derived fibroblasts is not affected

Because the promotion of cell migration is supposed to be one primary function of *BCAS3* and was impaired in the knockout mouse model,<sup>2</sup> we investigated the migration of proband-derived fibroblasts. A cell migration assay using the two proband cell lines (F3-II.1 and F4-II.1) and four control fibroblast lines showed no impairment of migration in proband fibroblasts compared with control fibroblast lines (Figure 3D).

(C) Exemplary MRI of probands from families F2, F3, F5, and F9. Midsagittal T2/T1 showing a thin dysgenic corpus callosum (white arrow), especially of the posterior part (splenium). This is present in all available MRIs. Coronal TOF-MRA displaying normally developed large arterial blood vessels of the brain. A vascular malformation, most likely a vein of Galen malformation, was identified in one proband (F5-II.2) and is marked with a white asterisk on the T2 images.



**Figure 3. Analyses based on proband fibroblasts**

(A) Protein analysis by immunoblotting comparing two proband cell lines (F3-II.1 and F4-II.1) and two control cell lines (CO-1 and CO-2). *BCAS3* is absent from both proband cell lines. Vimentin and CDC42 were detected in roughly comparable levels in both probands and controls (no semiquantitative analysis was performed). GAPDH was used as a loading control.

(B) Volcano plot resulting from ORA for Gene Ontology biological processes (WebGestalt) based on significant up- or downregulated genes from the transcriptomic data (804 genes, Table S3). Purple color intensity indicates the number of overlapping genes per category.

(C) Volcano plot resulting from ORA for Gene Ontology biological processes (WebGestalt) based on significant up- or downregulated proteins from the proteomics data (59 proteins, Table S4).

(D) Assay comparing migration rates in control (CO-1 to CO-4) and proband (F3-II.1 and F4-II.1) fibroblasts. Five technical replicates from each cell line were tested (gray and red squares). A higher percentage of covered area indicates faster migration. The mean covered area was even slightly higher in proband fibroblasts compared to control fibroblasts ( $57.3\% \pm 3.2\%$  [SD] and  $49.9\% \pm 5.7\%$ , respectively);  $p < 0.001$ . However, migration rates in CO-4 were significantly slower compared to the other three control cell lines and the two proband cell lines, which showed comparable migration rates.

### ***rudhira* silencing induces tissue-specific developmental defects in a *Drosophila* loss-of-function model**

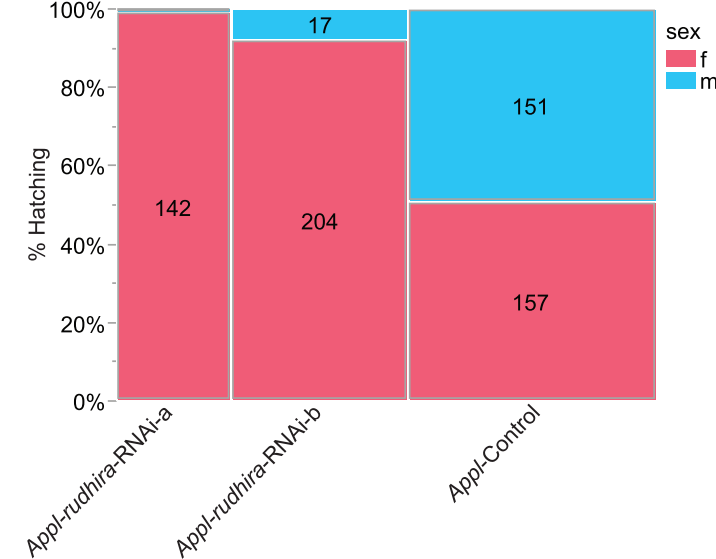
In mice, loss of *Bcas3* causes embryos to die on embryonic day (E) 9.5.<sup>2</sup> We used a *Drosophila* loss-of-function model to further investigate the role of *rudhira*, which shares 32% identity with human *BCAS3*, in tissue-specific development. Using the temperature-dependent UAS-Gal4 expression system,<sup>28,29</sup> we expressed two different RNAi constructs against *rudhira* (BDSC #51691 and VDRC ID dna9673, hereafter referred to as *rudhira*-RNAi-a and *rudhira*-RNAi-b, respectively) under different neuronal Gal4 drivers (Figure 4A). Expression of *rudhira*-RNAi-a using pan-neuronal *elav*-Gal4 caused lethality at the embryonic stage at 25°C and 29°C, and expression of

*rudhira*-RNAi-b at 25°C caused lethality at the larval/pupal stage. Using a second pan-neuronal driver, *Appl*-Gal4,<sup>30</sup> it was possible to obtain adult flies at 25°C with both *rudhira*-RNAi lines, while at 29°C, expression of *rudhira*-RNAi-a led to paralyzed flies that died on the first day after eclosion. The difference between the two pan-neuronal drivers can possibly be explained by the onset and strength of driver expression. High-throughput RNA-seq expression patterns indicate that *Appl* is active at a later stage of development compared to *Elav*.<sup>31</sup> Knockdown of *rudhira* in motor neurons (*D42*-Gal4) at 25°C caused lethality at the larval (*rudhira*-RNAi-a line) or at the larval/pupal stage (*rudhira*-RNAi-b line), while lethality was shifted to the embryonic stage with the *rudhira*-RNAi-a line at 29°C. The

**A**

| Driver         | Expression     | <i>rudhira</i> -RNAi-a,<br>25°C, lethality | <i>rudhira</i> -RNAi-a,<br>29°C, lethality | <i>rudhira</i> -RNAi-b,<br>25°C, lethality |
|----------------|----------------|--|--|--|
| <i>control</i> | n/a            | -  | -  | -  |
| <i>elav</i>    | Pan-neuronal   | Embryonic                                  | Embryonic                                  | Larval/Pupal                               |
| <i>D42</i>     | Motor neuronal | Larval                                     | Embryonic                                  | Larval/Pupal                               |
| <i>Appl</i>    | Pan-neuronal   | -  | Day after eclosion                         | -  |

**B**



shift in lethality at higher temperatures to an earlier time point is most likely explained by the temperature-dependent efficiency of transgene expression of the UAS-Gal4 system.

Gene dosage compensation in *Drosophila* adjusts the expression of X chromosome genes by doubling expression in males.<sup>32,33</sup> Hence, the X chromosome neuronal driver *Appl*-Gal4 should be expressed at higher levels in hemizygous *Appl*-Gal4/Y males than in their heterozygous *Appl*-Gal4/+ female counterparts. By setting up crosses between *Appl*-Gal4 homozygous female virgins with UAS-*rudhira*-RNAi-a or UAS-*rudhira*-RNAi-b males, we hypothesized that there would be a higher female-to-male ratio in the knockdown group than in the control group. Indeed, at 25°C, male *Appl*-*rudhira*-RNAi-a (*Appl*-Gal4/Y;+/+;UAS-*rudhira*-RNAi-a/+) or male *Appl*-*rudhira*-RNAi-b flies were rarely observed, unlike in an *Appl*-control cross where males and females occurred at Mendelian ratios (Figure 4B). From a total of 402 offspring collected from the *Appl*-control cross (*Appl*-Gal4 homozygous female virgin flies crossed with TRiP background males), there were 156 females (51%) and 151 males (49%) in the F1 generation. In contrast, from a total of 143 offspring collected by crossing *Appl*-Gal4 homozygous female virgin flies with UAS-*rudhira*-RNAi-a males, 142 were females (99.3%) and 1 (0.7%) was male. Similarly, out of a total of 221 progeny with the *rudhira*-RNAi-b line, 204 *Appl*-*rudhira*-RNAi-b fe-

**Figure 4. *Drosophila* loss-of-function model of *rudhira***

(A) Lethality screening of *rudhira* knockdown with *rudhira*-RNAi-a at 25°C and 29°C and *rudhira*-RNAi-b at 25°C under various Gal4 lines.

(B) Shifted female-to-male ratio of hatching flies when crossing *Appl*-Gal4 homozygous female virgin flies with UAS-*rudhira*-RNAi-a or UAS-*rudhira*-RNAi-b males (142 female and one male *Appl*-*rudhira*-RNAi-a flies, 204 female and 17 male *Appl*-*rudhira*-RNAi-b flies), while a control stock hatched at approximately equal ratios (157 female and 151 male *Appl*-control flies).  $\chi^2 = 174.47$ ,  $p < 0.001$ .

males (92.3%) and only 17 *Appl*-*rudhira*-RNAi-b males (7.7%) were observed.

Detailed phenotyping of adult *Appl*-*rudhira*-RNAi-a flies obtained at 25°C revealed reduced longevity, severe locomotion defects and a wing phenotype (Figures S3D–S3G), whereas consistent with the late onset of *Appl* expression, no significant defects in larval locomotion or neuromuscular junction morphology were identified in *Appl*-*rudhira*-RNAi-a larvae (Figure S4). However, these findings need

to be replicated in a second UAS-*rudhira*-RNAi line. Additional neuronal and nonneuronal Gal4 drivers caused lethality or tissue-specific phenotypes in the *rudhira*-RNAi-a line but were not tested in a second *rudhira*-RNAi line (Figure S3).

Taken together, experiments from the *rudhira*-RNAi-a line suggest that RNAi-mediated knockdown of *rudhira* causes developmental defects in neuronal and non-neuronal tissues in a dose-dependent manner. The lethality of pan-neuronal and motor-neuronal knockdown was confirmed with the *rudhira*-RNAi-b line.

## Discussion

In this study, we provide evidence that bi-allelic variants of *BCAS3* cause a syndromic neurodevelopmental disorder. We have described 15 probands from eight unrelated families with ten different bi-allelic germline variants of *BCAS3*. The associated syndromic phenotype comprises GDD with severe ID, microcephaly, a short stature, a movement disorder with pyramidal tract involvement, strabismus, and seizures in many cases. Furthermore, similar mild facial dysmorphic features, including a long face, tooth abnormalities, full lips with an everted lower lip, and a short philtrum, were present in almost all examined probands. Neuroradiologically, in addition to different

degrees of myelination deficits in younger probands and mild to moderate global atrophy in older probands, all probands showed a dysgenic corpus callosum with isolated or pronounced involvement of the splenium. These syndromic features should help to identify and diagnose more probands with pathogenic or likely pathogenic bi-allelic *BCAS3* variants.

Of note, in addition to the homozygous *BCAS3* variant, family 7 was found to have a homozygous variant in *HELZ* (MIM: 606699, c.3322A>G [p.Ile1108Val] [GenBank: NM\_014877]), which was published as a candidate DD/ID-associated gene as part of a large DD/ID cohort (identifier BAB4698).<sup>12</sup> Mutation prediction tools, including PolyPhen, SIFT, and LRT, predicted the *HELZ* variant as benign, neutral, and tolerated, respectively. Additionally, the CADD score of the *HELZ* variant was 15.45. Given the obvious phenotypic similarity between affected individuals of family 7 and other subjects with *BCAS3* variants in this manuscript and the low prediction scores of likelihood for damaging effects of the given *HELZ* variant (in contrast to the *BCAS3* variant, which results in a frameshift at codon 177), we consider the identified *BCAS3* variant as the major driver of the probands' phenotype.

Based on the bi-allelic nonsense variants identified in most probands, we suspected the disease mechanism to be loss of function. By showing that *BCAS3* was absent in both immunoblot and nanoLC-MS/MS analyses in fibroblasts from proband F4-II.1 carrying bi-allelic missense variants, we strengthened this hypothesis and confirmed the missense alleles as likely damaging and probably disease causing. Data from the knockout mouse model<sup>2</sup> and similarities of the phenotypes between *CDC42* (MIM: 116952)- and *BCAS3*-associated disease suggested a close regulatory interplay between *BCAS3* and *CDC42*. Heterozygous missense variants in *CDC42* have recently been associated with a heterogeneous developmental disorder that includes variable growth dysregulation, facial dysmorphism, and neurodevelopmental, immunological, and hematological abnormalities (MIM: 616737, Takenouchi-Kosaki syndrome).<sup>34</sup> Interestingly, RNA-seq and nanoLC-MS/MS data based on proband's fibroblasts showed expression levels of *CDC42* as well as of several other previously proposed interaction partners mostly unchanged. Nevertheless, the broad categories of pathways resulting from transcriptomics and proteomics ORA were similar to previous transcriptomics analyses from the *Bcas3* knockout mouse model and "extracellular matrix organization" and "angiogenesis" were the most enriched and most significant hits. One major limitation of this analysis is the limited comparability of proband's fibroblasts to the previously analyzed mouse yolk sac. Notably, fibroblasts and the presumably most disease-relevant cell line from the mouse model, endothelial cells, are derived from primitive mesenchyme.

The pathophysiological consequences of loss-of-function mutations in *BCAS3* seem to be potentially different in mice and humans. Compared to phenotypes observed in the knockout mouse, diseases in humans resulting

from a loss of *BCAS3* were less severe. While knockout leads to disorganized vessels in the brain, yolk sac, cardiovascular malformation, and embryonic death in knockout mice, the probands reported herein were born at term with normal weight and without major maldevelopment. There is no clear evidence of cardiovascular malformations in humans. Only asymptomatic bicuspid aortic valves were detected by echocardiography in two probands. Interestingly, in one of the 13 examined MRIs, a vein of Galen malformation was identified. TOF-MRA images of three other probands revealed normally developed large blood vessels in the brain. In summary, cardiovascular or vascular malformations in the brain do not appear to be a relevant part of the human phenotype.

Similarly, cell migration does not seem to be equally affected in humans as in mice. Endothelial cell migration of *Bcas3* knockout cells was strongly impaired and has been proposed to be one key component that contributes to impaired angiogenesis. Therefore, we would have expected probands' fibroblast cell lines to show reduced cell migration in the migration assays. However, migration was not impaired in proband cells compared to in control cell lines, with the obvious limitation that human endothelial cell lines might behave differently. In summary, the phenotype in humans resulting from loss of *BCAS3* is less severe than that in mice, and angiogenesis does not seem to be a major component of human pathogenesis.

The *Drosophila* loss-of-function model showed lethality in two different RNAi lines using pan-neuronal and motor-neuronal drivers. The adult flies that hatched under the X chromosome *Appl* driver were mostly female, indicating a dose dependency. Similarly, shifted time points of lethality under a higher temperature hints to a dose-dependent effect, although this was only explored in one RNAi line. Additional results showing specific phenotypes for different neuronal and nonneuronal drivers such as locomotion defects and abnormal wing postures for the *Appl* driver or the rough eye phenotype (using the eye-specific *GMR* driver) were based on the *rudhira*-RNAi-a line but must be interpreted with some caution as no investigation of a second RNAi line has been performed to confirm these findings.

Our data suggest an essential role for *BCAS3*/*Rudhira* in the development of neuronal cell populations that appear to be independent of angiogenesis and cell migration. We encourage follow-up studies based on neuronal cell models to explore the developmental biology and the human pathomechanisms of this Mendelian disorder.

## Data and code availability

The data that support the findings of this study are available from the corresponding authors upon request. Human variants and phenotypes have been deposited in the ClinVar database (<https://www.ncbi.nlm.nih.gov/clinvar>) under the submission name ClinVar: BCAS3\_0001. The respective ClinVar accession numbers can be found in Table S1.



## Supplemental information

Supplemental information can be found online at <https://doi.org/10.1016/j.ajhg.2021.04.024>.

## Consortia

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## Declaration of interests

J.R.L. has stock ownership in 23andMe, is a paid consultant for Regeneron Genetics Center, and is a co-inventor on multiple United States and European patents related to molecular diagnostics for inherited neuropathies, eye diseases, and bacterial genomic fingerprinting. The Department of Molecular and Human Genetics at Baylor College of Medicine receives revenue from clinical genetic testing conducted at Baylor Genetics (BG) Laboratories; J.R.L. is a member of the Scientific Advisory Board of BG Laboratories. A.B. is an employee of GeneDx. All other authors declare no competing interests.

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## Web resources

ClinVar, <https://www.ncbi.nlm.nih.gov/clinvar/>  
GenBank, <https://www.ncbi.nlm.nih.gov/genbank/>  
gnomAD server, <https://gnomad.broadinstitute.org>  
OMIM, <https://omim.org/>  
WebGestalt, <http://www.webgestalt.org/>

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