# Does the severity of the LGMD2A phenotype in compound heterozygotes depend on the combination of mutations?

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**Abbrebiations**: LGMD2A: Limb-girdle muscular dystrophy type 2A, GMW: Gardner-Medwin-Walton, MRI: Magnetic resonance imaging, mCL: m-calpain catalytic subunit, EF-3: third EF-hand motif, Capn3<sup>CS/CS</sup>:calpain-3 knock-in mice.

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# Abstract

Introduction: Limb-girdle muscular dystrophy type 2A (LGMD2A), is caused by a deficiency of calpain-3/p94. While the symptoms in most LGMD2A patients are generally homogeneous, some variation in the severity and progression of the disease have been reported. Methods: We describe two patients carrying the same combination of compound heterozygous mutations (pG222R/pR748Q) and whose symptoms were exceptionally benign compared to homozygotes with each missense mutation. Results: The benign phenotype observed in association with the combined pG222R and pR748Q mutations suggested that it may result from a compensatory effect of compound heterozygosity rather than the individual mutations themselves. Our analyses revealed that these two mutations exert different effects on the protease activity of calpain-3, suggesting "molecular complementation" in these patients. Discussion: We propose several hypotheses to explain how this specific combination of mutations may rescue the normal proteolytic activity of calpain-3, resulting in an exceptionally benign phenotype.

Limb-girdle muscular dystrophy type 2A (LGMD2A) is the most frequent autosomal recessive muscular dystrophy<sup>1-4</sup> and it is caused by a deficit of calpain-3/p94, a calcium-dependent protease whose exact physiological functions and substrates are poorly understood. Disease onset in most LGMD2A patients occurs in the second decade of life, beginning with proximal muscle weakness, and most patients become wheelchair-dependent after several years of disease progression. Despite the general uniformity of the symptoms in most LGMD2A patients, some differences in severity and progression have been reported. Indeed, these differences involve variation in the sites affected or the evolution of the disease (metabolic myopathy symptoms, clinical adult-type spinal muscular atrophy, predominant distal involvement, etc...).<sup>5-11</sup>

In patients in whom the disease has progressed for over 25 years, the number of wheelchair-dependent patients is higher among carriers of two null mutations than those with at least one missense mutation.<sup>12</sup> The precise phenotype-genotype relationship is difficult to elucidate, as there appears to be some variability among patients with the same mutation(s), in some cases even within the same family. <sup>9-12</sup>

We found compound heterozygous patients showing exceptionally benign symptoms compared to homozygotes with each missense mutation. The different phenotypic consequences of this combination of missense mutations (in homozygous or compound heterozygous state) was analyzed both clinically and biochemically. Our results suggest that "molecular complementation" between specific calpain-3 missense mutants may result in a more benign form of the disease.

#### Materials and methods

*Patients*—Patients were recruited from the Muscular Dystrophy Database of the LGMD2A Molecular Database of the Biodonostia Institute at the Donostia Hospital. For inclusion in the study, patients had to fulfill the following criteria: 1) confirmation of both missense mutations at *CAPN3*; 2) aged 30 years or over with well documented clinical status according to Gardner-Medwin-Walton (GMW) functional scale<sup>13</sup> and 3) atypically benign at 30 years of age, with a GMW score of less than III.

Out of 295 LGMD2A patients, two fulfilled all three criteria, both of whom had compound heterozygous pG222R and pR748Q missense mutations. The clinical characteristics of these patients are summarized in Table 1, including the age at onset and the results of the muscle biopsies. Mutation screening was carried out according to Richard *et al.*<sup>14</sup>

To evaluate the benign phenotype, the cases fulfilling the following criteria were also screened: 1) at least one allele containing a pG222R or pR748Q missense mutation on the *CAPN3* gene; and 2) 30 or more years of *LGMD2A* history with a well defined clinical status according to GMW scale.

*Western blotting of tissue*—Western blotting was performed as previously described<sup>15</sup> with minor modifications. Frozen tissue samples were weighed and homogenized with 19w/v of treatment buffer (0.125mol/L Tris; 4% sodium dodecyl sulphate (SDS); 10% glycerol; 0.1mol/L ethylenediaminetetraacetic acid (EDTA) and 5%  $\beta$ -Mercaptoetanol) in a TissueLyser mixer-mill disruptor (Quiagen) and loaded onto a SDS-polyacrylamide gel. The membranes were probed with the following antibodies in duplex immunoblot analysis: NCL-2C4 (for calpain-3, Novocastra); Ad1/20A6 (for  $\alpha$ -sarcoglycan, Novocastra).

*cDNA Constructs*—Expression vectors for human calpain-3 and its mutants were constructed as described previously<sup>16</sup>, and after verification by full-length DNA sequencing, they were transfected into COS7 cells by electroporation using a Gene Pulser (Bio-Rad). Cells were incubated for 60-72 hours at 37°C and harvested for further analysis.

Western blotting of transfected COS7 cells—Cells were harvested in homogenizing buffer (20 mM Tris/Cl [pH 8.0], 1 mM EDTA [pH 8.0], 1 mM dithiothreitol). Equal amounts of protein from each sample were resolved by SDS-PAGE, transferred onto an Immobilon-P transfer membrane (Millipore). Gels are also stained by Coomassie brilliant blue to ensure the equality of loaded protein amount. Membranes were incubated with goat anti-calpain-3-pIS2 antibody (for calpain-3<sup>17</sup>, or a rabbit anti-150K-fodrin-Nterm antibody (for the 150-kDa  $\alpha$ -fodrin fragment specifically proteolyzed by calpain).<sup>18</sup>

# Results

Out of 295 cases, two patients showed significantly benign clinical features (Table 1), both of whom carried the pG222R and pR748Q mutations, exhibiting compound heterozygosity. To examine the potential link between this genotype and the benign phenotype, patients from previous studies with at least one of these mutations (pG222R or pR748Q) were screened according to the same criteria described above but with GMW<III. There were 11 such patients, including two homozygous for the pG222R mutation and two homozygous for the pR748Q mutation. These patients exhibited little phenotypic variation

and all but two of them were wheelchair bound, most by the third decade of their life, reflecting the severity of the phenotype associated with pG222R and pR748Q missense mutations.

Western blot analysis of muscle biopsies from the patient P2 with the pG222R/pR748Q mutations revealed almost normal level of 94 kDa band for calpain-3 (data not shown, Table 1). The same trend was observed for one of the patients homozyogous for the pG222R mutation from our previously studied series (data not shown).

To address the apparent discrepancy in the phenotype-genotype correlation observed between the compound heterozygotes and the homozygotes for pG222R and pR748Q missense mutations, calpain-3 proteins with these mutations were expressed in COS7 cells. When wild-type (WT) calpain-3 was expressed, it underwent rapid and exhaustive autolysis, and only a weak 94-kDa band and a faint 55-kDa autolytic fragment was detected in Western blots, as previously reported.<sup>19</sup> The full-length pG222R mutant calpain-3 protein was stably expressed, and its autolytic activity was almost totally abolished (Figure 1). Conversely, only a very faint 94-kDa pR748Q mutant calpain-3 band was evident. Moreover, this pR748Q mutant calpain-3 may have enhanced autolytic activity compared with the WT form, both the full-length 94-kDa protein and the 55-kDa autolytic fragment were detected more weakly than the WT calpain. However, autolysis of these proteins occurred too rapidly to compare them precisely.

WT calpain-3 but not the mutant forms, such as pC129S and pR769Q, are reported to proteolyse endogenous fodrin when expressed in COS7 cells.<sup>16</sup> By contrast, pG222R showed no proteolytic activity against fodrin and only very weak activity was observed for the pR748Q mutant when compared to the WT control. Surprisingly, when pG222R and

pR748Q were co-expressed, they exhibited greater fodrinolytic activity than that observed when each mutant was expressed alone. These findings suggest that the combination of the pG222R and pR748Q mutations provokes the acquisition of unexpected activity in a gain-of-function manner (Figure 2).

# Discussion

The two compound heterozygous cases described here are clearly more benign than other cases analyzed to date, both in terms of disease progression and the GMW functional score in relation to patient age. Despite the exceptionally benign clinical findings, MRI images (data not shown) were highly suggestive of a LGMD2A type in both cases and pathogenic mutations at *CAPN3* were confirmed. In patients where clinical examination reveals very benign symptoms and western blot analysis of calpain-3 shows an almost normal 94-kDa band, patients are likely to be mis-diagnosed as not having LGMD2A. This raises the possibility of the existence more undiagnosed patients with this benign form of LGMD2A.

Given that patients homozygous for the pG222R or pR748Q mutation show a very severe phenotype, the benign phenotype observed for the compound heterozygotes is unlikely to be due to the mutations themselves. This is the first report showing that the combination of these mutations, both of which are associated with severity in homozygotes, results in a benign phenotype. Although several benign phenotypes have been associated with specific mutations,<sup>7,9-11</sup> in most cases missense mutations were found in at least one of the alleles, suggesting that calpain-3 function was partially retained in skeletal muscle.

When their expression was assessed using COS7cells, the pG222R mutation almost completely abolished the autolytic activity of calpain-3 whereas the pR748Q mutant showed autolytic activity comparable to (or possibly greater than) that of the WT control. Gly222 of calpain-3 corresponds to Gly198 in the rat m-calpain catalytic subunit (mCL), which plays an important role in breaking/turning the α-helix close to the junction of the protease subdomains IIa and IIb (also known as domains I and II, respectively) in the 3D structure of active m-calpain.<sup>20, 21</sup> Thus, the conformation of subdomains IIa and IIb is probably mis-aligned by the pG222R mutation, resulting in the inactivation of calpain-3. Arg748 is located in the "F-helix" (the helix after the Ca<sup>2+</sup>-binding loop) of the third EF-hand motif (EF-3) in domain IV, and it corresponds to Arg628 in the rat mCL. In the 3D protein structure, Arg628 is very close to D362 in domain III (the distance between the closest N and O atoms of Arg628 and Asp362, respectively, is 3.03 Å), indicating that these residues generate a salt bridge. Thus, the pR748Q mutation of calpain-3 most likely disrupts the interaction between domains III and IV, resulting in an incorrect conformation of these domains.

When expressed in COS7 cells, the pR748Q mutant demonstrated significantly less fodrinolytic activity than the WT calpain-3. As previously described for other domain IV mutations in LGMD2A patients, such as pR744G and pR769Q, pR748Q may have greater autolytic activity than the WT protein, which in turn may produce functional defects.<sup>16</sup>

The structure-function relationships of calpain-3 mutants demonstrate that both mutations are deleterious, consistent with the severe phenotypes of the pG222R and pR748Q homozygotes. Thus, it could be hypothesized that the benign effect of the pG222R/pR748Q mutation combination is due to functional complementation between

these specific mutations. Indeed, fodrinolytic activity in COS7 cells co-expressing pG222R and pR748Q mutations is greater than that of cells expressing either pG222R or pR748Q alone, and is comparable to that of the cells co-expressing the WT form and the pC129S mutant. Hypothetical scenarios of molecular complementation between pG222R and pR748Q are described below.

#### (a) **<u>Dimer hypothesis:</u>**

The p94 protein may form a homodimer in specific situations, for example, very soon after being activated. This is witnessed by the formation of a p94 domain IV homodimer.<sup>22</sup> Domains III~IV are important for substrate-recognition and/or titin-binding, and this region is affected/altered in the pR748Q, but not the pG222R mutant. We previously demonstrated that in some cases, titin can act as a scaffold for calpain-3 proteolysis of substrates.<sup>23</sup> Although the pG222R mutant form of calpain-3 cannot proteolyse substrates, it can recognize substrates and/or bind to titin, while the protease domain of dimerized pR748Q mutant calpain-3 can proteolyze substrates. Thus, the "canonical" functions of calpain-3 may be partially restored by the formation of a pG222R/pR748Q heterodimer.

## (b) **Inhibitor hypothesis:**

The pC129S and pG222R calpain mutants may also act as competitive inhibitors of autolysis. If pR748Q causes unregulated/upregulated autolytic activity, by acting as a substrate for pR748Q autolytic activity, the pG222R mutant could suppress the rate of autolytic turnover of pR748Q to a level similar to that of WT p94, resulting in normal calpain-3 function.

#### (c) Hybrid hypothesis:

Autolysis of calpain-3 occurs at the NS, IS1 and IS2 regions. Nicking in IS1 does not cause immediate dissociation of the molecule but it causes it to retain its active molecular state.<sup>17</sup> Similarly, association of the N-terminal (34-274aa, from NS to IS1) and C-terminal (323-821aa, from IS1 to C-term) autolysed fragments has been described.<sup>24</sup> Given that Gly222 and Arg748 reside in the N-terminal and C-terminal autolyzed fragments, respectively, and supposing that pG222R is proteolyzed intermolecularly by pR748Q, it is possible that the other halves of each mutant molecule co-associate to reconstitute an intact (WT) calpain-3 molecule (Figure 3). Titin has plural adjacent binding sites for calpain-3 which could facilitate such an exchange by acting as a scaffold for calpain-3. Furthermore, the propensity of calpain-3 to form a dimer may also be significant.<sup>23</sup>

These hypotheses were constructed to explain how the specific combination of mutations rescues, at least in part, the proteolytic activity of calpain-3. It is also possible that the compensatory effect of this combination of mutations affects other functions of calpain-3. Recent studies highlighting novel functions of calpain-3 suggest that structural integrity of calpain-3 plays certain roles in skeletal muscle.<sup>26,27</sup> In addition, it is not an excluded possibility that deficits at the levels other than protein, *e.g.*, mRNA metabolism, are caused by mutations in *CAPN3*. In other words, the severity of LGMD2A could be varied due to the combination of secondary effects of the mutations that are primarily abrogating protease activity of calpain-3 protein.

Obviously, additional genetic and biochemical data will be required to ascertain the relevance of these hypotheses. Rescue of the phenotypes of calpain-3 knock-in  $(Capn3^{CS/CS})$  mice, which express a structurally intact but protease-dead calpain-3:C129S

mutant, by other mutants theoretically competent for intermolecular compensation would be one of the approaches to validate our hypotheses *in vivo*. However, our results do suggest that certain combinations of missense mutations undergo molecular compensation, thereby ameliorating disease symptoms. This compensatory effect is ascribed to the domain structure of calpain-3 with sequence insertions, where we propose that two mutations located before and after the IS1 region complement each other. As the exact functions and substrates of calpain-3 remain unknown, it will be necessary to elucidate further roles for calpain-3 to determine the validity and significance of the hypotheses proposed.

# REFERENCES

- 1. Vainzof M, Passos-Bueno MR, Pavanello RC, Marie SK, Oliveira AS, Zatz M Sarcoglycanopathies are responsible for 68% of severe autosomal recessive limb-girdle muscular dystrophy in the Brazilian population.J Neurol Sci. 1999;164:44-9.
- 2. Topaloğlu H, Dinçer P, Richard I, Akçören Z, Alehan D, Ozme S et al. Calpain-3 deficiency causes a mild muscular dystrophy in childhood. Neuropediatrics 1997; 28: 212-216.
- 3. Richard I, Brenguier L, Dinçer P, Roudaut C, Bady B, Burgunder JM et al. Multiple independent molecular etiology for limb-girdle muscular dystrophy type 2A patients from various geographical origins. Am J Hum Genet 1997; 60: 1128-1138.
- 4. de PF, Vainzof M, Passos-Bueno MR, de Cássia M, Pavanello R, Matioli SR et al. Clinical variability in calpainopathy: what makes the difference? Eur J Hum Genet 2002; 10: 825-832.
- 5. Starling A, de PF, Silva H, Vainzof M, Zatz M. Calpainopathy: how broad is the spectrum of clinical variability? J Mol Neurosci 2003; 21: 233-236.
- 6. Shirafuji T, Otsuka Y, Kobessho H, Minami N, Hayashi Y, Nishino I, et al. [Case of LGMD2A (calpainopathy) clinically presenting as Miyoshi distal myopathy). Rinsho Shinkeigaku 2008; 48: 651-655.
- 7. Pollitt C, Anderson LV, Pogue R, Davison K, Pyle A, & Bushby KM. The phenotype of calpainopathy: diagnosis based on a multidisciplinary approach. Neuromuscul Disord 2001; 11: 287-296.
- 8. Penisson-Besnier I, Richard I, Dubas F, Beckmann JS, Fardeau M. Pseudometabolic expression and phenotypic variability of calpain deficiency in two siblings. Muscle Nerve 1998; 21: 1078-1080.
- 9. Hermanova M, Zapletalova E, Sedlackova J, Chrobáková T, Letocha O, Kroupová I et al.. Analysis of histopathologic and molecular pathologic findings in Czech LGMD2A patients. Muscle Nerve 2006; 33: 424-432.
- 10. Fanin M, Fulizio L, Nascimbeni AC, Spinazzi M, Piluso G, Ventriglia VM et al.. Molecular diagnosis in LGMD2A: mutation analysis or protein testing? Hum Mutat 2004; 24: 52-62.
- 11. Chae J, Minami N, Jin Y, Nakagawa M, Murayama K, Igarashi F et al.. Calpain-3 gene mutations: genetic and clinico-pathologic findings in limb-girdle muscular dystrophy. Neuromuscul Disord 2001; 11: 547-555.
- 12. Saenz A, Leturcq F, Cobo AM, Poza JJ, Ferrer X, Otaegui D et al. LGMD2A: genotype-phenotype correlations based on a large mutational survey on the calpain-3 gene. Brain 2005; 128: 732-742.

- 13. Gardner-Medwin D Walton JN. The clinical examination of voluntary muscles. 1974; 517-560.
- 14. Richard I, Broux O, Allamand V, Fougerousse F, Chiannikulchai N, Bourg N et al.. Mutations in the proteolytic enzyme calpain-3 cause limb-girdle muscular dystrophy type 2A. Cell 1995; 81: 27-40.
- Anderson LV, Davison K, Moss JA, Richard I, Fardeau M, Tomé FM et al.. Characterization of monoclonal antibodies to calpain-3 and protein expression in muscle from patients with limb-girdle muscular dystrophy type 2A. Am J Pathol 1998; 153: 1169-1179.
- 16. Ono Y, Shimada H, Sorimachi H, Richard I, Saido TC, Beckmann JS et al.. Functional defects of a muscle-specific calpain, p94, caused by mutations associated with limb-girdle muscular dystrophy type 2A. J Biol Chem 1998; 273: 17073-17078.
- 17. Ono Y, Torii F, Ojima K, Doi N, Yoshioka K, Kawabata Y et al. Suppressed disassembly of autolyzing p94/CAPN3 by N2A connectin/titin in a genetic reporter system. J Biol Chem 2006; 281: 18519-18531.
- 18. Saido TC, Yokota M, Nagao S, Yamaura I, Tani E, Tsuchiya T et al. Spatial resolution of fodrin proteolysis in postischemic brain. J Biol Chem 1993; 268: 25239-25243.
- 19. Sorimachi H, Toyama-Sorimachi N, Saido TC, Kawasaki H, Sugita H, Miyasaka M et al. Muscle-specific calpain, p94, is degraded by autolysis immediately after translation, resulting in disappearance from muscle. J Biol Chem 1993; 268: 10593-10605.
- 20. Moldoveanu T, Gehring K, Green DR. Concerted multi-pronged attack by calpastatin to occlude the catalytic cleft of heterodimeric calpains. Nature 2008; 456: 404-408.
- 21. Hanna RA, Campbell RL, Davies PL. Calcium-bound structure of calpain and its mechanism of inhibition by calpastatin. Nature 2008; 456: 409-412.
- 22. Ravulapalli R, Diaz BG, Campbell RL, Davies PL. Homodimerization of calpain-3 penta-EF-hand domain. Biochem J 2005; 388: 585-591.
- 23. Hayashi C, Ono Y, Doi N, Kitamura F, Tagami M, Mineki R, et al. Multiple molecular interactions implicate the connectin/titin N2A region as a modulating scaffold for p94/calpain-3 activity in skeletal muscle. J Biol Chem 2008 ; 283: 14801-14814.
- 24. Taveau M, Bourg N, Sillon G, Roudaut C, Bartoli M, Richard I. Calpain-3 is activated through autolysis within the active site and lyses sarcomeric and sarcolemmal components. Mol Cell Biol 2003; 23: 9127-9135.
- 25. Strobl S, Fernandez-Catalan C, Braun M Huber, Masumoto H, Nakagawa K et al. The crystal structure of calcium-free human m-calpain suggests an electrostatic switch mechanism for activation by calcium. Proc Natl Acad Sci U S A 2000; 97: 588-592.

- 26. Kramerova I, Kudryashova E, Wu B, Ottenheijm C, Granzier H, Spencer MJ. Novel role of calpain-3 in the triad-associated protein complex regulating calcium release in skeletal muscle. Hum Mol Genet 2008; 17:3271-80.
- 27. Ojima K, Ono Y, Ottenheijm C, Hata S, Suzuki H, Granzier H, Sorimachi H. Nonproteolytic functions of calpain-3 in sarcoplasmic reticulum in skeletal muscles. J Mol Biol. 2011; 407: 439-49.

#### **Titles and legends to figures**

**Figure 1:** Effects of LGMD2A pathogenic mutations on calpain-3 autolysis. Closed and open triangles indicate the full-length form and autolyzed/proteolyzed fragment of calpain-3. Asterisks indicate non-specific signals. Autolytic activity of the proteins expressed is qualitatively shown by + and - below the blot (WT=+++; #: including proteolysis of pC129S by WT calpain-3). The pG222R but not the pR748Q mutation inactives calpain-3 autolytic activity. The inactive pC129S mutant produced a stable 94-kDa band. "Mock" indicates the negative control transfected with the empty vector.

**Figure 2:** Protease activity against fodrin. The same sample as that described in Figure 1 was analyzed with an anti-150K-fodrin-Nterm antibody that specifically detects the N-terminus of fodrin proteolyzed by calpain. Open triangles indicate the 150-kDa fodrin fragment proteolyzed by calpain-3. Fodrinolytic activity is indicated qualitatively by + and - according to the intensity of the proteolyzed fodrin bands (WT=+++). Note that the C129S, G222R and R748Q mutants showed little or no activity. "Mock" and asterisks indicate the negative control transfected with the empty vector and non-specific signals, respectively.

**Figure 3:** A schematic representation of our hybrid hypothesis. The loci of G222R and R748Q mutations in calpain-3 molecules are represented in green and blue, respectively. The calpain-3 molecule is illustrated by the ribbon model, based on the reported 3-D structure of human m-calpain (1KFX<sup>25</sup>). All associations can be reversed (dissociation), which is not indicated in the figure.

Patient	Age at onset (current age)	Current clinical status and Western Blot analysis of Biopsy sample	СК	Predominant MRI findings	Current GMW scale
P1 Female	23 (43)	Ambulant with a myopathic gait, hyperlordosis, unable to climb stairs or get up from a chair. Normal cardiac echography. Western blot data not available.	3,370 U/L	Selective involvement of the posterior compartment of the thigh and posteromedial compartment of the legs.	Ш
P2 Male	20 (34)	Ambulant with moderate weakness of the pelvic girdle. Hypertrophy of quadriceps and mild pseudohypertrophic features of scapular winging. Pseudometabolic clinical pattern. Western Blot analysis revealed normal/borderline protein bands.	5,000 - 8,000 U/L	Severe impairment of the hamstring and hip adductors. Quadriceps and gracilis spared.	П

**Table 1:** Patient's clinical information. Patient 1 was originally included in a previous study (Urtasun et al 1998).

Saenz et al., Figure 1



WB: anti-calpain 3-pIS2

Saenz et al., Figure 2



# Saenz et al., Figure 3

