

Cancer Prone Disease Section

Mini Review

Werner syndrome

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Published in Atlas Database: October 2000

Online updated version : <http://AtlasGeneticsOncology.org/Kprones/WernerID10017.html>

DOI: 10.4267/2042/37681

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  2000 Atlas of Genetics and Cytogenetics in Oncology and Haematology

Identity

Inheritance

Autosomal recessive; prevalence of carriers is as high as 1 in 150 to 1 in 200; frequency is about 0.3/10⁵ newborns in Japanese.

Clinics

Note

Uncommon disorder characterized by early onset of geriatric diseases and described as a "caricature of aging" or "progeria of adults".

Phenotype and clinics

Early onset of atherosclerosis, osteoporosis, diabetes mellitus, scleroderma-like skin changes, especially in the extremities, cataract, graying of the hair, subcutaneous calcification, slender limbs, stocky trunk, beaked nose and cancers of non-epithelial cell origin.

Neoplastic risk

Malignancy is found in approximately 10% of WRN patients.

Excess of soft-tissue sarcomas, osteosarcomas, myeloid disorders and benign meningiomas. In addition, the Japanese have an excess of melanomas and follicular, and anaplastic thyroid carcinomas.

Evolution

During the first decade of life, WS patients appear normal: the first manifestation is lack of the adolescent growth spurt.

In the twenties, WS patients develop bilateral ocular cataract and premature graying of the hair.

In the thirties and forties, osteoporosis, type II diabetes mellitus, accelerated atherosclerosis, and cancer occur.

In the fourth and fifth decades, WS patients often succumb to cardiovascular disease or cancer.

Cytogenetics

Inborn conditions

'Variegated translocation mosaicism': skin fibroblast cell lines from WRN patients are usually composed of one or several clones, each marked by a distinctive, apparently balanced translocation.

Other findings

Note

WS cells express constitutively high levels of collagenase in vitro.

WS cells exhibit a mutator phenotype characterized by extensive deletions: 8-fold higher average frequency of 6-thioguanine-resistant lymphocytes in Werner syndrome patients than in sex- and age-matched normal controls.

WS cells usually achieve only about 20 population doublings versus approximately 60 in normal cells in culture (WRN gene could be a 'counting' gene controlling the number of times that human cells are able to divide before terminal differentiation). Forced expression of telomerase in Werner syndrome fibroblasts confers extended cellular life span and probable immortality.

Genes involved and proteins

Complementation groups

No complementation group.

WRN

Location

8p12

Protein

Description: 1432 amino acids; contains one ATP binding site, one DEXH helicase box, one exonuclease

domain unique among known RecQ helicases in the N-terminal region, a nuclear localization signal in the C-terminus and a direct repeat of 27 amino acids between the exonuclease and helicase domains.

Localisation: Nuclear, predominant nucleolar localization.

Function: 3'-5' DNA helicase; 3'-5' exonuclease; functionally interacts with DNA polymerase delta (POLD1), which is required for DNA replication and DNA repair; functionally interacts with Ku, involved in double strand DNA break repair by non-homologous DNA end joining.

Homology: With the RecQ helicases.

Mutations

Germinal: All of the WRN mutations found to date either create a stop codon or cause frameshifts that lead to premature termination: not a single missense mutation had been identified.

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This article should be referenced as such:

Amor-Gu eret M. Werner syndrome. *Atlas Genet Cytogenet Oncol Haematol.* 2000; 4(4):224-225.
