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# Comprehensive Mutational Analysis of the BRCA1-Associated DNA Helicase and Tumor-Suppressor FANCF/BRIP1/BACH1



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## ABSTRACT

FANCF (BRIP1/BACH1) is a hereditary breast and ovarian cancer (HBOC) gene encoding a DNA helicase. Similar to HBOC genes, BRCA1 and BRCA2, FANCF is critical for processing DNA inter-strand crosslinks (ICL) induced by chemotherapeutics, such as cisplatin. Consequently, cells deficient in FANCF or its catalytic activity are sensitive to ICL-inducing agents. Unfortunately, the majority of FANCF clinical mutations remain uncharacterized, limiting therapeutic opportunities to effectively use cisplatin to treat tumors with mutated FANCF. Here, we sought to perform a comprehensive screen to identify FANCF loss-of-function (LOF) mutations. We developed a FANCF lentivirus mutation library representing approximately 450 patient-derived FANCF nonsense and missense mutations to introduce FANCF mutants into FANCF knockout (K/O) HeLa cells. We performed a high-throughput screen to identify FANCF LOF mutants that, as compared with

wild-type FANCF, fail to robustly restore resistance to ICL-inducing agents, cisplatin or mitomycin C (MMC). On the basis of the failure to confer resistance to either cisplatin or MMC, we identified 26 missense and 25 nonsense LOF mutations. Nonsense mutations elucidated a relationship between location of truncation and ICL sensitivity, as the majority of nonsense mutations before amino acid 860 confer ICL sensitivity. Further validation of a subset of LOF mutations confirmed the ability of the screen to identify FANCF mutations unable to confer ICL resistance. Finally, mapping the location of LOF mutations to a new homology model provides additional functional information.

**Implications:** We identify 51 FANCF LOF mutations, providing important classification of FANCF mutations that will afford additional therapeutic strategies for affected patients.

## Introduction

FANCF [BRCA1-associated helicase 1, (BACH1) or BRCA1 interacting protein (BRIP1)] was identified as a direct interacting partner of BRCA1. Similar to BRCA1, FANCF was shown to function in DNA repair and to be mutated in patients with hereditary breast cancer (1). Unlike BRCA1 or BRCA2 clinical mutations that informed little about how DNA repair and tumor suppression were mediated, mutations in the FANCF helicase domain provided a direct connection between DNA metabolism and tumor suppression (2). Although the link between FANCF and hereditary breast cancer suppression has been recently questioned, deleterious germline mutations in FANCF are

significantly associated with an increased risk of ovarian cancer, observed in 0.9% to 2.5% of patients with ovarian cancer (3–8). In fact, after BRCA1 and BRCA2, FANCF is the third most common cancer susceptibility gene in ovarian cancer (5, 7, 8). In addition to hereditary breast and ovarian cancer (HBOC), FANCF mutations are found in melanoma, prostate and hereditary colon cancers, providing evidence that FANCF mutations may be a risk factor in multiple types of cancer (9–11). Indeed, FANCF, BRCA1, and BRCA2 are bi-allelically mutated in Fanconi anemia (FA), a bone marrow failure disease that also predisposes to cancers such as leukemia (12).

Consistent with its roles as an ATPase, DNA helicase, and translocase, FANCF contains a highly conserved helicase homology domain with seven conserved motifs, including Walker A and Walker B boxes, as well as an iron-sulfur (Fe-S) cluster that are all essential for its catalytic activity (see Fig. 1A). The DNA-dependent ATPase function of FANCF catalytically unwinds a range of duplex DNA substrates as well as secondary DNA structures such as G-quadruplexes (G4; refs. 13–15). These DNA-unwinding activities support efficient replication and the progression of cells through S-phase, the mobilization of DNA repair protein and the activation of checkpoint responses as well as DNA repair activities during replication stress (16–20). Most notably, FANCF catalytic activity is required for the processing of inter-strand crosslinks (ICL), which requires coordination with the mismatch repair protein, MLH1, that binds lysine residues 141 and 142 within the FANCF helicase domain. Accordingly, loss of FANCF catalytic activity or MLH1 binding causes exceedingly elevated sensitivity to ICL-inducing agents (21). Likewise, FA-associated FANCF clinical mutations fail to restore ICL resistance, consistent with the role of FANCF enzyme activity in ICL repair processing (14). Although other pathogenic variants that disrupt FANCF enzyme function,

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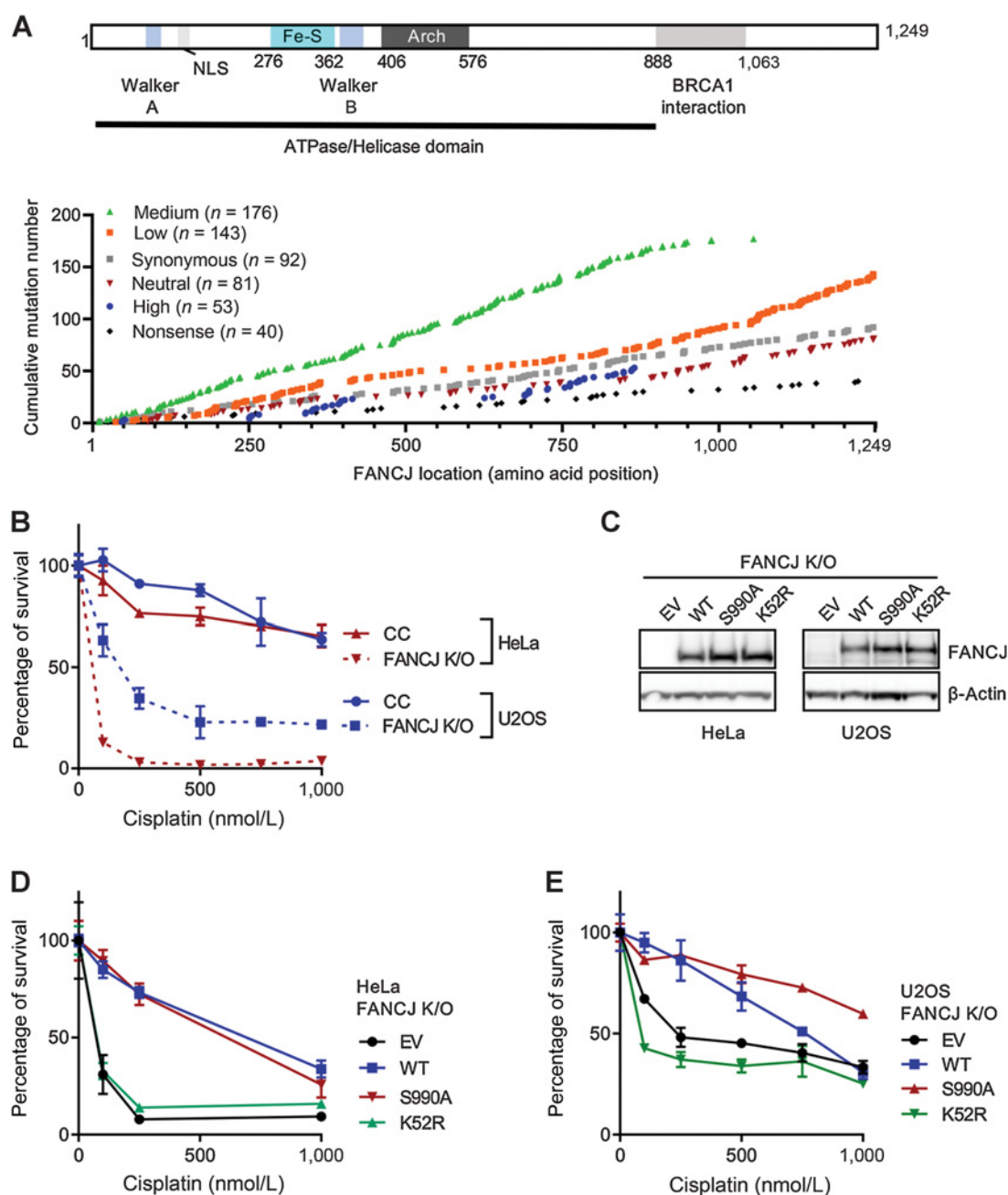
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**Figure 1.**

The FANCD1 helicase exhibits numerous mutations in cancer, with varying predictive severity, and deficiency of FANCD1 or its helicase function results in severe ICL sensitivity. **A**, Schematic representation of the FANCD1 protein, including Fe-S cluster, DEAH boxes, including Walker A and Walker B boxes, and the Arch domain. The 595 FANCD1 mutations are aligned with the protein schematic and further classified by type of mutation; nonsense ( $n = 40$ ), synonymous ( $n = 92$ ), and missense mutations are further separated by their Mutation Assessor determination of high ( $n = 53$ ), medium (176), low ( $n = 143$ ), and neutral ( $n = 81$ ) assessment. **B**, Cisplatin sensitivity plotted for U2OS FANCD1 K/O and HeLa FANCD1 K/O as compared with appropriate CRISPR controls (CC). **C**, Immunoblotting illustrating FANCD1 expression following infection with FANCD1 lentivirus. Cisplatin sensitivity plotted for HeLa FANCD1 K/O cells (**D**) or U2OS FANCD1 K/O cells (**E**) following infection with FANCD1 virus lentivirus.

expression, or splicing have been identified (17, 20, 22, 23), the majority of FANCD1 sequence changes remain unclassified, thereby limiting clinical utility.

There are also several protein interactions outside the helicase domain in the less conserved C-terminal region of FANCD1. Most

notably, the direct interaction with BRCA1 is mediated by phosphorylation of FANCD1 serine 990 (Fig. 1A; ref. 24). Although loss of this phosphorylation and BRCA1 binding does not sensitize to ICL-inducing agents, homologous recombination (HR) is reduced and the DNA damage tolerance mechanism of translesion synthesis (TLS) is

enhanced (25, 26). The phosphorylation of S990 also mediates the acetylation of lysine 1249 and its subsequent interaction with CtIP, an interaction important for DNA end resection (27, 28). Correspondingly, loss of this K1249 acetylation also disrupts HR and promotes TLS (27). FANCD1 is also phosphorylated at threonine 1133 in response to replication stress, facilitating a direct interaction with TOPBP1, and promotion of an ATR-dependent checkpoint in response to replication stress (29). Additional DNA repair proteins, including MRE11, RPA, and BLM bind within the FANCD1 carboxy terminus (881–1249), and although the binding parameters remain to be fully characterized, these interactions have been shown to regulate FANCD1 enzyme activity (30–34). Although only MLH1 binding has been shown to be essential for ICL resistance, other FANCD1 interactions, including BRCA1 and TOPBP1, modulate its DNA repair and checkpoint activities, respectively, in a manner that could be critical for tumor suppression (reviewed in ref. 35).

Here, we provide a comprehensive mutational analysis of the DNA helicase, FANCD1. We generated a library of nonsense and missense mutations obtained from the cBioPortal for Cancer Genomics and evaluated their function in a high-throughput screen (HTS) to evaluate sensitivity to ICL-inducing agents (36, 37). We observed a distinct LOF phenotype due to 51 distinct FANCD1 mutations (25 nonsense and 26 missense), all of which are located within the FANCD1 helicase domain (1–880). Mapping the missense mutations to a homology model of FANCD1 provided additional insight to the mechanism of disruption. This new information about the functional consequences of clinically relevant FANCD1 mutations will provide important insights to interpret cancer risk as well as to manage prevention and treatment strategies.

## Materials and Methods

### FANCD1 mutations and *in silico* programs

FANCD1 mutations included in the study were identified using cBioPortal (<http://cbioportal.org>); more information on mutations found in Supplementary Table S1 (36, 37). Negative controls included synonymous mutations at same amino acid as cBioPortal mutations as well as non-pathogenic mutations seen in healthy patients (<http://gnomad.broadinstitute.org/>; ref. 38). The library also contained controls spiked into the plate, including: no virus, virus expressing dsRed or eGFP, virus expressing FANCD1 K52R or S990A. Missense mutations were evaluated using the following *in silico* programs, Mutation Assessor (<http://mutationassessor.org/r3/>; ref. 39), Polyphen-2 (<http://genetics.bwh.harvard.edu/pph2/index.shtml>; ref. 40), and SIFT (<https://sift.bii.a-star.edu.sg/>; ref. 41). Protein alignments were performed using Clustal Omega (<https://www.ebi.ac.uk/Tools/msa/clustalo/>; ref. 42).

### Cell lines and reagents

HeLa and U2OS FANCD1 K/O and CRISPR control (CC) cells (26, 43) were grown in DMEM supplemented with 10% FBS (Sigma-Aldrich) and 1% penicillin/streptomycin (Gibco). HeLa FANCD1 K/O cells tested negative for *Mycoplasma* before the HTS. Cisplatin (Sigma-Aldrich) was prepared in 1 mmol/L saline solution, per the manufacturer's instructions and mitomycin C (MMC; Sigma-Aldrich) was prepared in water.

### Immunoblotting

Cells were harvested, lysed, and processed for Western blot analysis as described previously using 150 mmol/L NETN lysis buffer [20 mmol/L Tris; (pH 8.0), 150 mmol/L NaCl, 1 mmol/L EDTA, 0.5% NP-40, and Halt Protease inhibitor cocktail; Thermo Fisher].

Proteins were separated using SDS-PAGE and electro-transferred to nitrocellulose membranes. Membranes were blocked in 5% not fat dry milk (NFDM) PBS/Tween and incubated with primary Ab overnight at 4°C. Antibodies for Western blot analysis included anti- $\beta$ -actin (Sigma-Aldrich) and anti-FANCD1 (E67). Membranes were washed, incubated with horseradish peroxidase-linked secondary Abs (Amersham) for 1 hour at room temperature, and detected by chemiluminescence (Amersham).

### Lentiviral production

The mutant clones in the FANCD1 mutation library were individually generated using site-directed mutagenesis (Genscript) using PMT-BRD025 FANCD1 WT (wild-type) as template, and each mutant clone was sequence verified (Genscript Piscataway). Details of standard virus production pipelines can be found at the Broad Institute's Genetic Perturbation Platform website (<https://portals.broadinstitute.org/gpp/public/>). Viruses for the mutant and WT FANCD1 were produced in 96-well plates using HEK293T cells transfected with packaging vector psPAX2 (100 ng), envelope plasmid CMV-VSVG (10 ng), and respective PMT-BRD025 FANCD1 mutant plasmid (100 ng). Lentiviral-containing supernatants were harvested 31 hours post-transfection and stored in polypropylene plates at  $-80^{\circ}\text{C}$  until use.

### HTS conditions

Mutant and WT FANCD1 virus was robotically arrayed into  $2 \times 384$ -well plates, from which virus was later transferred to cell plates. Separately, 200 HeLa FANCD1 K/O cells per well were seeded into 384-well white-walled, clear-bottom plates in a volume of 40  $\mu\text{L}$ . Plates were incubated at room temperature for 30 minutes to aid with even seeding within each well. Then 10  $\mu\text{L}$  of media containing polybrene (4  $\mu\text{g}/\text{mL}$ ) and 6  $\mu\text{L}$  of the arrayed lentivirus were sequentially added using the JANUS liquid handler and the plates were centrifuged for 30 minutes at 2,250 RPM (1,178  $\times g$ ) at  $37^{\circ}\text{C}$  followed by overnight incubation at  $37^{\circ}\text{C}$  (5%  $\text{CO}_2$ ). The following morning, using liquid handling, 50  $\mu\text{L}$  of media were removed and replaced with 50  $\mu\text{L}$  of fresh media. Cell plates were randomly divided into 6 treatment arms in duplicate: Untreated, cisplatin, and MMC. In addition, one plate was treated with puromycin with which to calculate infection efficiencies. 48 hours after infection we added 10  $\mu\text{L}$  of media or drugs were added to each well of the plates to a final concentration of either: 500 nmol/L cisplatin, 10 nmol/L MMC, 0.15  $\mu\text{g}/\text{mL}$  puro, or media to the untreated plates. 5 days after drug addition, cell viability was quantified through addition of 10  $\mu\text{L}$  of CellTiterGlo (Promega) and subsequently read out on an EnVision Multilabel Reader (PerkinElmer). Percentage of viabilities were determined by dividing the average luminescence value in drug by the average luminescence value in the absence of drug.

### Structural modeling

We used the Phyre2 server to generate a homology model of the FANCD1 protein (44). The model was primarily based on structures of the FANCD1 homologs XPD and DinG (45, 46). The resulting model was built with high confidence in the modeled regions and had good stereochemistry. To incorporate the FeS cluster into the complex, we superposed the XPD structure (45) onto the FANCD1 model and used the coordinates of FeS cluster from the superposed XPD protein. The FeS cluster is positioned with high confidence due to the substantial sequence similarity in this region. To model how ATP and DNA bind to FANCD1, we superposed the DinG structure and used the superposed coordinates of these ligands. The ATP is positioned with high confidence due to the high conservation in the region and the well

understood ATPase mechanism. The DNA is placed with much less confidence, primarily because of the weaker sequence similarity in the single-stranded DNA (ssDNA)-binding groove. Therefore, the positioning of ssDNA in the resulting model should not imply confident prediction of which residues directly bind to the DNA; rather, the modeled DNA should only be used to localize the approximate location of the DNA strand.

### Statistical analysis

GraphPad Prism was used to calculate correlation. For the Z factor assay, 200 HeLa FANCI K/O cells/well in 384 plates were spininfected with 8- $\mu$ L FANCI WT or FANCI K52R lentivirus, and 24 hours after infection, media were changed and 48 hours after infection, plates were treated with 20 nmol/L MMC. Five days after MMC treatment, survival was measured and luminescence data from 176 FANCI WT and 176 FANCI K52R samples were used to determine Z factor using the following equation (47):

$$Z' = 1 - \frac{[(3 \text{ SD of sample to } 3 \text{ SD of control}) / |\text{mean of sample} - \text{mean of control}|]}$$

## Results

### Generation of a FANCI mutation library from cancer-associated mutations

Next-generation sequencing has identified mutations throughout the FANCI gene, but the functional consequences remain mostly unclassified. To fully examine the significance of FANCI clinical mutations, we evaluated nonsense and missense mutations obtained from the cBioPortal for Cancer Genomics, (36, 37) the vast majority being somatic mutations (Supplementary Table S1). We generated a lentiviral expression library of 595 mutations throughout the FANCI gene, corresponding to 40 nonsense mutations and over 460 missense mutations (Table 1; Supplementary Table S2). Positive controls included FANCI K52R, a known LOF mutation that disrupts FANCI catalytic activity (1, 48, 49), and negative controls included 92 synonymous mutations and 46 non-pathogenic mutations from healthy patients identified from Genome Aggregation Database

**Table 1.** FANCI mutation library: description and enumeration of controls and mutations.

| Controls                          | Number |
|-----------------------------------|--------|
| Empty (no virus)                  | 124    |
| S990A (BRCA1 binding mutant)      | 8      |
| K52R (LOF control)                | 8      |
| dsRed or eGFP                     | 16     |
| FANCI WT (control)                | 16     |
| Total controls                    | 172    |
| Mutations                         | Number |
| cBioPortal                        |        |
| Nonsense mutations                | 40     |
| Missense mutations                | 396    |
| In-frame deletion                 | 5      |
| cBioPortal total                  | 441    |
| gnomAD                            |        |
| Missense mutations                | 28     |
| Synonymous mutations              | 18     |
| gnomAD total                      | 46     |
| Silent mutations                  | 72     |
| Additional mutations (literature) | 36     |
| Total mutations                   | 595    |

(gnomAD; Table 1; ref. 38). FANCI mutations were evenly distributed throughout the FANCI gene product (Supplementary Fig. S1A). Evaluation of the mutations using the *in silico* mutation prediction program, Mutation Assessor, which uses evolutionary conservation of amino acids to predict functional impact of substitutions, revealed that approximately half of the mutations are classified as high or medium risk of functional impact whereas the other half are classified as low or neutral functional impact (39, 50). Similarly, additional predictive algorithms, SIFT and Polyphen-2, confirmed that approximately half of missense mutations are predicted to be deleterious whereas the other half tolerated (Supplementary Fig. S2; refs. 40, 41).

### Design of HTS to identify FANCI LOF mutations

To evaluate the functional consequence of FANCI mutants, we first identified a FANCI-deficient cell line amenable to high-throughput screening. We took advantage of the sensitivity of FANCI-deficient cells to ICL-inducing agents and assessed ICL sensitivity in two CRISPR-CAS9-generated FANCI-knockout (K/O) cell lines, osteosarcoma (U2OS FANCI K/O) and cervical adenocarcinoma (HeLa FANCI K/O; refs. 26, 43). We observed the expected sensitivity to the ICL-inducing agents, MMC and cisplatin, in both FANCI K/O cell lines, when compared with CCs, but the HeLa FANCI K/O cells were distinctly more sensitive than U2OS FANCI K/O cells (Fig. 1B; Supplementary Fig. S1B). We confirmed complementation with WT FANCI conferred ICL resistance in FANCI K/O cells. Specifically, FANCI K/O cells were infected with virus from a lentiviral construct expressing empty vector (EV), FANCI WT, FANCI K52R, a known helicase-dead and LOF mutant, or FANCI S990A, the BRCA1 interaction-defective mutant (2, 24). An immunoblot revealed lentiviral infection resulted in FANCI expression, and sensitivity assays confirmed cisplatin resistance in cells expressing either FANCI WT or FANCI S990A, whereas cells expressing EV or FANCI K52R failed to confer cisplatin resistance (Fig. 1C-E). Cisplatin treatment (250 nmol/L) resulted in a 9-fold difference in survival between EV and FANCI WT in HeLa FANCI K/O compared with <2-fold difference in survival in U2OS FANCI K/O cells (Fig. 1D and E). We therefore exploited the larger window in the HeLa cells to maximize our ability to identify FANCI clinical mutations with LOF phenotypes in the HTS.

Finally, to evaluate whether screening conditions were robust and suitable to identify LOF mutations, we determined the Z-factor (Z), a statistical test designed to evaluate signal range as well as data variation (47). HeLa FANCI K/O cells were infected with either FANCI WT or FANCI K52R virus, treated with MMC and survival was evaluated. Although this experiment only resulted in 57% infection efficiency (IE), we obtained a  $Z = 0.492$ . Because a  $Z \geq 0.5$  indicates assay conditions are ideal for the HTS, this test suggested that our screen conditions could provide the sufficient quality and robustness to identify LOF mutations (Supplementary Fig. S1C; ref. 47).

### Identification of FANCI LOF mutants with HTS

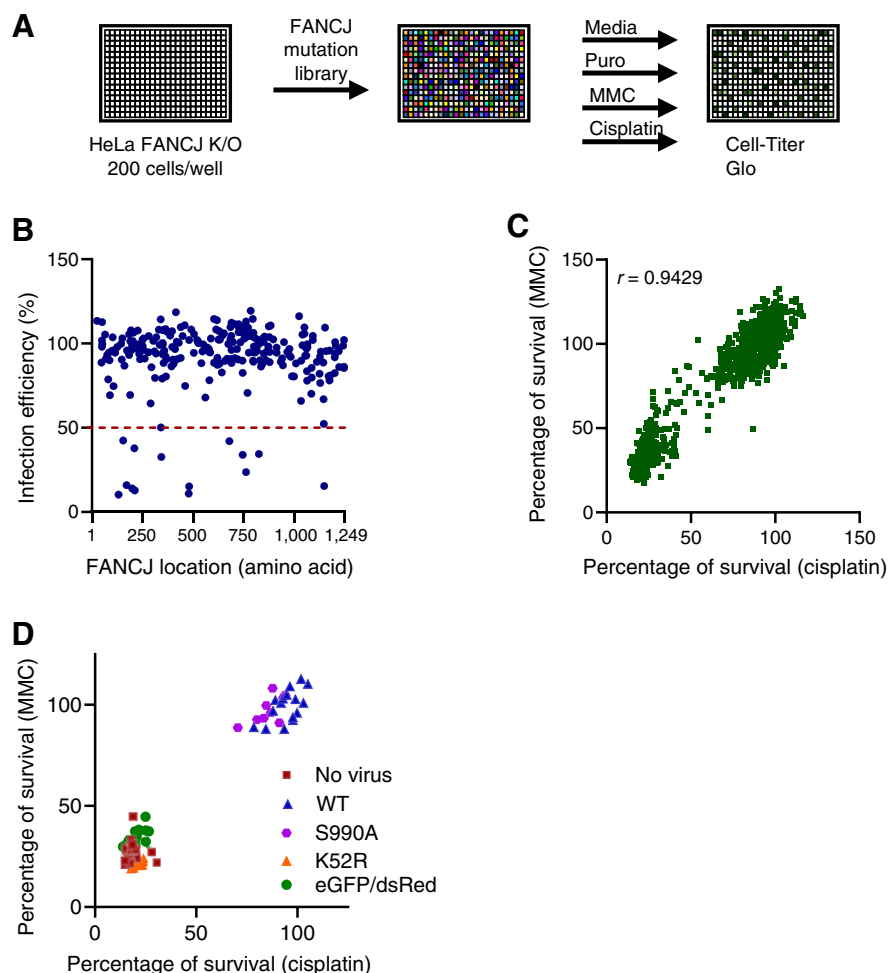
The HTS was performed in 384-well plates in technical duplicates under three experimental conditions; untreated, MMC, and cisplatin (Fig. 2A). The use of these two similar ICL-inducing agents provided orthogonal biological replicates to help increase confidence in LOF mutants. The doses of MMC (10 nmol/L) and cisplatin (500 nmol/L) were chosen as the lowest dose that provided the largest signal window between sensitivity of FANCI K/O K52R and resistance in FANCI K/O WT cells (Supplementary Fig. S1D). An additional condition included in the screen was puromycin treatment to assess IE; removal of clones with <50% IE prevented the incorrect classification of low expressors as



## Functional Analysis of FANCI Mutations

**Figure 2.**

High-throughput screen (HTS) of FANCI mutations provides conditions to identify FANCI LOF mutations. **A**, Schematic representation of HTS. HeLa FANCI K/O (200/well) are infected with FANCI mutation library in 384-well plates and left untreated or treated with cisplatin (500 nmol/L), MMC (10 nmol/L), or puromycin (0.15  $\mu$ g/mL). Five days after treatment, survival was quantitated using Cell-Titer Glo. **B**, Infection efficiency of FANCI mutation library is shown. Mutations ( $n = 14$ ) found under the dotted line (<50% survival) were excluded from screen due to low infection efficiency. **C**, Correlation between cisplatin survival and MMC survival. **D**, The percentage of survival of controls to MMC and cisplatin.



LOF mutations. After exclusion of 14 mutations for low IE, we obtained sensitivity data for >97% of the mutation library, with a mean IE of >99%, indicating suitable complementation with the mutation library (**Fig. 2B**). The two technical replicates of each ICL-inducing agents exhibited close correlation (Supplementary Fig. S3A). In addition, the sensitivity of FANCI mutants to MMC treatment correlated closely with the sensitivity to cisplatin treatment, consistent with the fact that both are ICL-inducing agents with similar mechanisms of action (**Fig. 2C**). The controls performed as expected, with cells expressing FANCI WT or FANCI S990A conferring resistance to ICL-inducing agents and exhibiting increased survival, and cells infected with FANCI K52R, eGFP, dsRed or mock-infected cells failing to confer resistance to MMC or cisplatin treatment (**Fig. 2D**). Furthermore, the synonymous mutation negative controls, which result in no alteration of gene product, as well as non-pathogenic mutations from healthy individuals exhibited resistance to cisplatin and MMC treatment, indicating complementation with these presumably functional FANCI clones conferred resistance to ICL-inducing agents in our screen (Supplementary Fig. S3B).

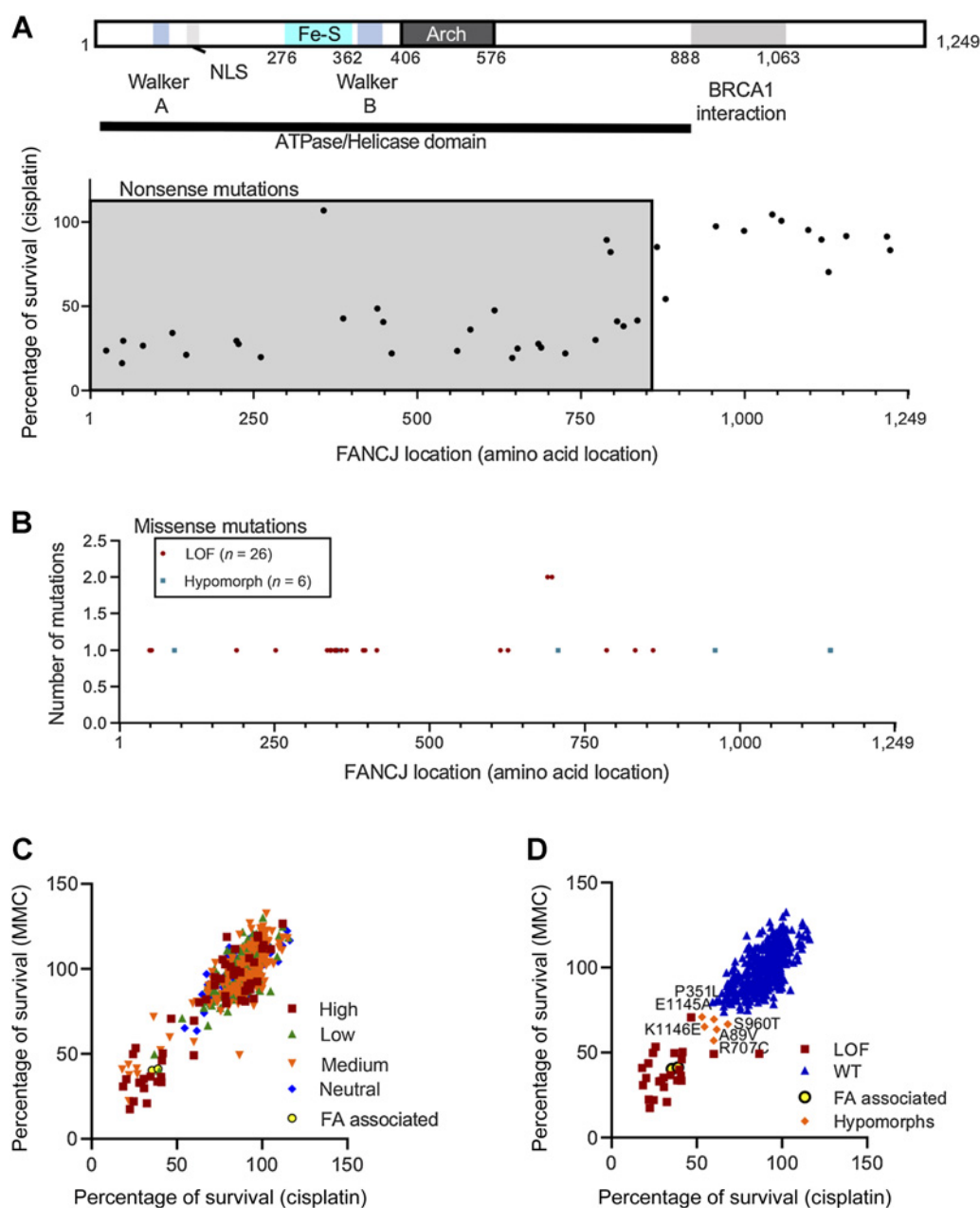
To determine whether the FANCI mutations in our library had the ability to confer resistance to ICL-inducing agents when introduced into FANCI K/O cells, we evaluated survival following treatment with cisplatin and MMC separately. Mutants unable to confer cellular resistance to ICL-inducing agents were classified as FANCI LOF mutants using the criteria of  $\leq 50\%$  survival following treatment with

cisplatin or MMC, as compared with untreated cells. The known LOF mutations included in the screen, as expected, were classified as the LOF mutations, including the well-characterized dominant negative helicase dead K52R mutation, as well as mutations observed in patients with FA, A349P, and H396D (20, 51). We also observed LOF in G690E, a mutation recently characterized as a null mutation (52).

Examination of the 40 nonsense mutations revealed 25 LOF nonsense mutations and elucidated a clear relationship between location of FANCI truncation and cisplatin sensitivity. With few exceptions, a truncation before amino acid 860 resulted in cisplatin sensitivity, whereas after amino acid 860 resulted in cisplatin resistance (**Fig. 3A**; **Table 2**). This indicates that the first 860 amino acids of FANCI, corresponding to the helicase domain, are required for the cellular resistance to ICL-inducing agents, and the C-terminal region (881–1249) of FANCI, including the protein interaction domains located here, is dispensable for ICL resistance, reviewed in refs. 9, 14. Although the vast majority of nonsense mutations before amino acid 860 result in cisplatin sensitivity, this relationship was not absolute because three mutations (E357\*, E795\*, and R789\*) retained the ability to confer ICL resistance (**Fig. 3A**).

Similar to the nonsense mutations, all of the missense mutations categorized as LOF mutations mapped to the first approximately 860 amino acids of FANCI, with the vast majority in residues evolutionarily conserved between human, mouse, and chicken (**Fig. 3B**; **Table 2**; Supplementary Fig. S4). In addition, the majority of missense LOF

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**Figure 3.**

FANCJ LOF mutations are localized within the helicase domain. **A**, Schematic of FANCJ protein mapping location of nonsense mutations ( $n = 40$ ) and cisplatin sensitivity. Shaded area with reduced survival following cisplatin treatment illustrates LOF mutations are localized to first 860 amino acids. **B**, Localization of LOF or hypomorphic missense mutations, aligned to FANCJ protein schematic in **A**. **C**, The percentage of survival of entire mutation library to MMC and cisplatin. Missense mutations are categorized by their Mutation Assessor designation of high, medium, low, and neutral, and the two FA controls (A349P and H369D). **D**, The percentage of survival of missense mutations to MMC and cisplatin. Mutations are classified as WT, LOF, hypomorph, and the two FA controls (A349P and H369D).

mutations were classified as high functional impact using Mutation Assessor, deleterious using SIFT, and damaging using Polyphen-2, consistent with the clustering of the mutations primarily in the evolutionary-conserved DEAH boxes and Fe-S motifs (Figs. 3C and 4A). These findings are similar to the localization of LOF mutations in another DNA damage-related helicase, BLM, which primarily localized to structural motifs within the helicase domain (53). A discrete set of six mutations were identified as FANCJ hypomorphs

using the criteria of relative survival of >50% and <70%, relative to untreated. One hypomorph identified is R707C, a mutation recently characterized as having diminished dimerization and helicase processivity, as well as increased sensitivity to cisplatin (Fig. 3D; ref. 54).

#### Mapping LOF mutations onto a FANCJ homology model

To investigate how the LOF mutations could disrupt FANCJ structure and function, we built a homology model of the FANCJ

**Table 2.** FANCI LOF and hypomorphic mutations.

| LOF             |                 | Hypomorphic     |
|-----------------|-----------------|-----------------|
| <i>Missense</i> | <i>Nonsense</i> | <i>Missense</i> |
| G49R            | Q25*            | A89V            |
| K52R            | G49*            | P351L           |
| S189L           | G51*            | R707C           |
| T252R           | E81*            | S960T           |
| W335L           | Q126*           | E1145A          |
| L340R           | Y147*           | K1146E          |
| V341D           | G224*           |                 |
| L347P           | Q227*           |                 |
| A349P           | R261*           |                 |
| C350F           | E387*           |                 |
| L358P           | R439*           |                 |
| F366S           | W448*           |                 |
| D393V           | Y461*           |                 |
| H396D           | Q561*           |                 |
| L415P           | R581*           |                 |
| S614Y           | S618*           |                 |
| E626K           | Q645*           |                 |
| G690E           | S653*           |                 |
| G690R           | Q685*           |                 |
| S697P           | Q689*           |                 |
| S697F           | E726*           |                 |
| R762P           | S772*           |                 |
| G763C           | S805*           |                 |
| P785L           | Q815*           |                 |
| R831K           | R836*           |                 |
| L860P           |                 |                 |

protein. The Phyre2 server (44) generated a structural model using several related helicases as template, covering approximately 55% of the FANCI sequence (Fig. 4B). This high-confidence model includes the ATPase, FeS cluster, and the Arch domain, but the FANCI C-terminal region could not be accurately modeled because it is predicted to be largely intrinsically disordered.

Mapping the LOF mutations to this homology structure identified several distinct clusters of FANCI LOF mutations that were primarily located in regions of known function. Only one mutation (S189L) mapped to the unstructured region between residues 66 and 240, and none were found in the long unstructured C-terminal tail. We classified the LOF mutations into four major classes that disrupt either the Fe cluster, the ATPase active site, ssDNA binding, or overall structure or folding (Supplementary Table S3). To test these predictions, we analyzed 13 LOF mutations identified in the primary screen that represent these four predicted functional classes.

Several mutations are predicted to perturb key catalytic residues that are highly conserved or invariant across the broad superfamily of ATPases of which FANCI is a member (Supplementary Table S3; ref. 55). The G49R and K52R mutations alter highly conserved residues in the Walker A motif that are used to bind ATP (56), whereas D393V disrupts the invariant aspartate in the Walker B motif that is necessary for ATP hydrolysis (57). The R831K mutation disrupts a key residue for both ATPase activity and transmission of conformational changes; mutation of the equivalent “arginine finger” residue in the related BLM helicase causes loss of ATPase and helicase activities (58). Although H396D and S614Y do not disrupt highly conserved residues, their predicted proximity to the main catalytic machinery suggests these mutations also disrupt ATPase activity. Validation experiments con-

firm that these predicted ATPase-defective mutants indeed disrupt FANCI function; G49R, D393V, S614Y, G690R, and L860P do not confer ICL resistance when expressed in FANCI K/O cells (Fig. 4C; Supplementary Fig. S5).

Our model predicts that another class of LOF mutations will disrupt the FeS domain (Supplementary Table S3). The C350F mutation causes the loss of a cysteine residue that directly coordinates the FeS cluster, whereas mutation of the adjacent residue (A349P) is expected to distort the FeS-binding residues. Indeed, mutation of the equivalent residue in the related protein XPD abolishes FeS cluster formation and helicase activity (59). We predict that other mutations near the FeS cluster (W335L, L340R, V341D, L347P, L358P, and F366S) would destabilize the domain, leading to loss of FANCI activity and consistent with this prediction, sensitivity assays clearly illustrate that V341D, F366S, and L347P mutations fail to confer ICL resistance (Fig. 4C; Supplementary Fig. S5).

A third class of mutations map to a region of FANCI that our model predicts as a binding site for ssDNA. By superposing FANCI on the structure of the related DinG protein bound to ssDNA (46), we approximate the positioning of the ssDNA-binding region into the groove between the two ATPase domains. Interestingly, we find that the T252R, S697P, S697F, R762P, and G763C mutations map to this region. Each of these residues are conserved in the related XPD helicase (T76, S541, R601, and G602 of XPD), suggesting a shared function. Because of their location in or near the DNA-binding cleft, we predict that these mutations disrupt the binding of FANCI to ssDNA. Consistent with the importance of this functional domain, FANCI mutations S697P and R762P fail to confer ICL resistance (Fig. 4C; Supplementary Fig. S5).

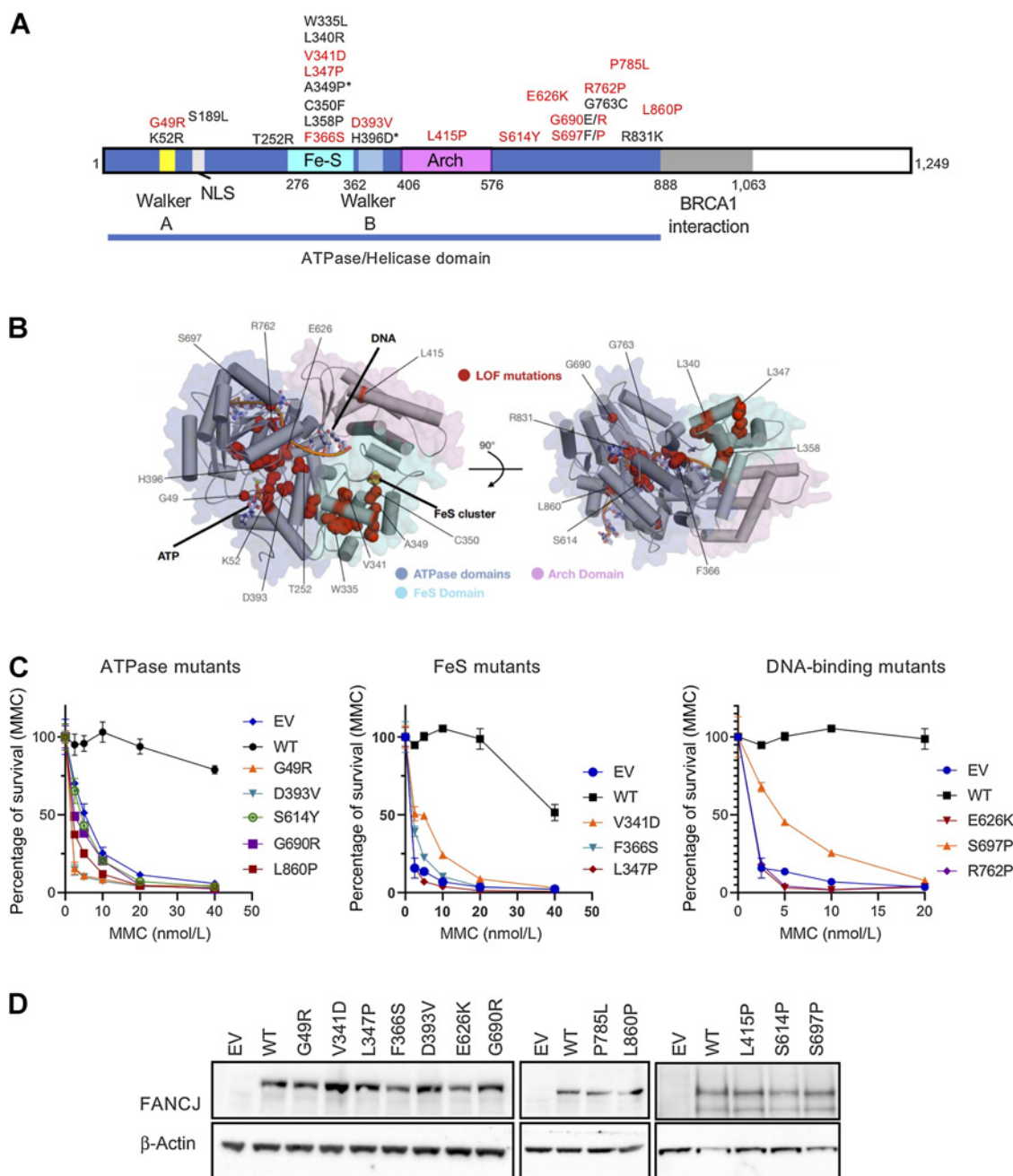
The final class of mutations is found in buried residues that are likely important for overall FANCI structure and stability. Because most of residues reside in the hydrophobic cores of individual domains, we predict that these mutations will disrupt the folding or otherwise alter FANCI structure (Supplementary Table S3). Residues in this class are found in domains throughout the modeled protein, including the FeS domain mutations (V341D, L347P, and L358P), the ATPase domain 1 (F366S), the Arch domain (L415P), and ATPase domain 2 (G690E/R, P785L, and L860P), and by the disruption of these domains, interfere with their function. It is likely that the mutations in this class disrupt FANCI function through varied molecular mechanisms, such as reduced protein half-life or altered protein structure or dynamics. We found that the FANCI mutants chosen for validation exhibit similar expression compared with WT FANCI (Fig. 4D), indicating that the mutations do not grossly perturb levels of FANCI. Nevertheless, the functional consequence of this class of mutations was confirmed by the failure to confer ICL resistance by the V341D, L347P, F366S, G690R, and L860P FANCI mutants (Fig. 4C; Supplementary Fig. S5).

## Discussion

To leverage genomic information obtained in the past decades for therapeutics and diagnostics, understanding the functional consequences of genetic variations will be critical (60). Mutations in FANCI have been associated with HBOC for years, but the physiological consequences of the majority of FANCI mutations still remain unclear. Our comprehensive screen provides an important step in elucidating the physiological consequences of FANCI mutations, specifically in terms of sensitivity to ICL-inducing agents. We identified 25 nonsense and 26 missense FANCI mutations exhibiting LOF phenotypes following treatment with DNA cross-linking agents. The majority of



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**Figure 4.**

FANCI HTS identifies LOF mutations, localized in highly conserved regions. **A**, The location of the 26 FANCI LOF missense mutations identified from screen is mapped to the FANCI protein. FA-associated mutations are marked with an asterisk and mutations chosen for further validation are red. **B**, The homology model of the FANCI protein illustrating the location of the LOF mutations; model is shown in two orientations. **C**, MMC sensitivity shown for HeLa FANCI K/O cells infected with lentivirus-expressing mutants predicted to disrupt ATPase domain, the Fe-S cluster, or DNA-binding domain. The same WT and EV control data are shown in each plot. **D**, Immunoblotting illustrates FANCI expression following infection of lentivirus-expressing EV, FANCI WT, or FANCI mutants.

these LOF mutations are located in evolutionarily conserved amino acids, constrained to the first 860 amino acids of FANCI, and positioned in domains important for DNA helicase activity including ATPase domains and the Fe-S motif. The absence of LOF mutations in the C-terminal region (residues 881–1249) suggests that the FANCI N-terminal helicase domain is essential for tumor suppression and that

C-terminal interactions with BRCA1, BLM, TOPBP1, and CtIP instead modulate this activity (14).

Our development of a FANCI homology model and subsequent mapping of the identified LOF mutations facilitated their categorization into four classes of disrupted function; mutations that disrupt the Fe cluster, the ATPase active site, ssDNA binding, or overall structure

or folding. The finding that rather than being randomly arranged throughout the protein, the LOF mutations are preferentially located in known regions essential for ICL resistance provides an important validation of the screen. Furthermore, the categorization of LOF mutations into functional classes may provide important insight about the functional severity of a mutation. For example, a DNA-binding mutant would be expected to be less detrimental than a mutant capable of binding DNA but unable to translocate DNA. This type of mutation was described recently in FeS cluster mutations and indeed exhibited greater MMC sensitivity compared with FANCF K/O cells (23). Other FANCF mutations with similar impairment (K52R and A349P) have been shown to behave as a dominant negative (2, 51). Providing additional information about potential dominant negative mutations is especially relevant given that this mutation screen examines the consequence of FANCF mutations in a FANCF-deficient background. Therefore, the functional impact of the identified LOF variants, and any potential actionability, will likely require homozygosity, another impairment of the WT FANCF allele, or a dominant negative mutation.

Our screen determined that approximately 12% of clinically relevant FANCF mutations result in a LOF phenotype, suggesting that the vast majority of clinical mutations do not alter the ability of FANCF to confer cellular resistance to ICL-inducing agents. These results are comparable with the low frequency (11%) of BRCA1 mutations that exhibited cisplatin sensitivity in a large-scale mutation complementation assay (61). Similarly, in a recent study, only 30% of 20 mutations in FANCF were designated null (52). However, deleterious effects (null or hypomorph phenotypes) were found in 75% of FANCF mutations analyzed, possibly reflecting experimental differences such as higher MMC doses (52).

The low frequency of LOF mutations in our screen has several implications. For one, sensitivity to ICL-inducing agents may not be the optimal predictor of LOF. Instead, cancer-associated FANCF mutations may result in disruption of disparate functions of FANCF such as G4 resolution, stabilization of microsatellites, or regulation of replication stress (14, 35, 43, 62, 63). Roles for FANCF have been identified in the suppression of HR-associated gene duplication/amplification through recruitment of CtIP to damaged sites and promotion of DNA end resection (27, 28). These numerous functions provide additional potential mechanisms by which FANCF mutations may result in pathological phenotypes without exhibiting sensitivity to ICL-inducing agents. An important next step will be to elucidate other consequences of FANCF mutations that retain cellular resistance to ICL-inducing agents. Performing the mutation screen under conditions that interrogate replication stress response, G4 resolution, or other FANCF functions would likely identify additional LOF mutations.

Additional alterations to our screening parameters would likely identify FANCF gain-of-function (GOF) mutants. As designed, the screen conditions precluded the identification of GOF mutants, which exhibited greater ICL resistance than FANCF WT. However, this will be an important future direction because evidence suggests that the existence of FANCF GOF mutations can promote chemoresistance and additional oncogenic properties. Consistent with this idea, the first two

FANCF helicase mutations identified in patients with hereditary breast cancer suggested that strict regulation of FANCF-unwinding activity is important for tumor suppression; FANCF P47A reduced ATPase/unwinding activity whereas FANCF M299I enhanced this activity (2, 64). Moreover, mutations that disrupt BRCA1 binding (S990A mutation) or acetylation (K1249A mutation), although not currently clinically observed, shift replication toward TLS at the expense of HR, resulting in hyper-resistance to ICL-inducing agents (25, 27). Moreover, we recently demonstrated that TLS counters replication stress from genotoxins as well as oncogenes to limit replication gaps and consequently TLS is an adaptation present in many cancer cell lines (26). Higher levels of unregulated FANCF could be fundamental to this adaptation as non-redundant studies from cBioPortal cancer datasets (36, 37) reveal that 15% of tumors show an increase in FANCF copy number, suggesting that FANCF expression is elevated in a range of cancers, consistent with a recent finding that increased FANCF expression is correlated with poor patient outcomes (65, 66).

In summary, our development of a comprehensive patient-derived library of FANCF mutations will be crucial to establish the mechanisms of pathogenicity of FANCF mutations, because many mutations have, thus far, remained uncharacterized. Our study is especially relevant because FANCF is often included in multigene hereditary cancer panel testing. This and other ongoing studies investigating the functional consequences of mutations in HBOC genes will allow for improved screening, prevention, and specific targeted therapeutic strategies.

#### Authors' Disclosures

C.M. Johannessen reports employment with Novartis Institutes for Biomedical Research. F. Piccioni reports employment with Merck Research Laboratories. No disclosures were reported by the other authors.

#### Authors' Contributions

**J.A. Calvo:** Conceptualization, validation, investigation, visualization, writing—original draft, writing—review and editing. **B. Fritchman:** Investigation, methodology. **D. Hernandez:** Investigation, methodology. **N.S. Persky:** Investigation, methodology. **C.M. Johannessen:** Conceptualization, methodology, project administration. **F. Piccioni:** Conceptualization, methodology. **B.A. Kelch:** Investigation, methodology, writing—review and editing. **S.B. Cantor:** Conceptualization, resources, supervision, funding acquisition, writing—original draft, project administration, writing—review and editing.

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## Functional Analysis of FANCF Mutations

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## Comprehensive Mutational Analysis of the BRCA1-Associated DNA Helicase and Tumor-Suppressor FANCD1/BACH1/BRIP1

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