

WFS1 A519V — Wolframin

Alanine → Valine at position 519. Cytoplasmic loop 4. ClinVar Uncertain significance, AlphaMissense 0.713, DynaMut2 $\Delta\Delta G$ -1.03 kcal/mol (destabilising).

IDENTITY

| | |
|-------------------|----------------------------|
| Variant | A519V (p.Alanine519Valine) |
| DNA change | c.1556C>T |
| Gene · Protein | WFS1 · Wolframin (890 aa) |
| UniProt | O76024 · WFS1_HUMAN |
| ClinVar accession | VCV000166592 |
| Amino acid change | Alanine (A) → Valine (V) |

STRUCTURAL CONTEXT

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|----------------------|--|
| AlphaFold model | AF-O76024-F1, v6 |
| pLDDT at residue 519 | 85.12 HIGH CONFIDENCE |
| Domain | Cytoplasmic loop 4 |
| Position context | Loop region · position 519 sits between transmembrane segments, solvent-accessible |
| IDR flag | No — pLDDT well above 50 threshold |

Position 519 sits in a connecting loop between transmembrane helices. Loop residues are typically solvent-exposed and often contribute to interhelical contacts or serve as recognition sites for binding partners. The wild-type residue is small/hydrophobic (alanine — methyl sidechain); the mutant is small hydrophobic (valine — branched). The chemistry shift implies altered local packing, hydrogen-bonding, and/or electrostatics at this site.

COMPUTATIONAL PREDICTIONS

ALPHAMISSENSE

0.713

am_class: **likely pathogenic** —
threshold > 0.564

DYNAMUT2 $\Delta\Delta G$ **-1.03** kcal/mol

Destabilising · Job
178092153173

PLDDT (ALPHAFOLD)

85.12

high confidence

CLINICAL EVIDENCE

| | |
|------------------------|--|
| ClinVar classification | UNCERTAIN SIGNIFICANCE |
| Review status | criteria provided, multiple submitters, no conflicts |
| Last evaluated | 2025/06/22 00:00 |
| Inheritance | Autosomal dominant pattern indicated by associated DFNA6/14/38 (WFS1 hearing loss 6). |
| WFS1 variant landscape | A519V is 1 of ~326 pathogenic-spectrum variants in WFS1 (out of 2,243 in ClinVar) <ul style="list-style-type: none">• Autosomal dominant nonsyndromic hearing loss 6• Type 2 diabetes mellitus• Wolfram syndrome 1• Cataract 41• Wolfram-like syndrome |

RESEARCH PATH DECISION TREE

$\Delta\Delta G < 2$ + binding site affected → CATEGORY 3 – docking experiments $\Delta\Delta G 2-4$ → CATEGORY 2 – pharmacological chaperones $\Delta\Delta G > 4$ → CATEGORY 1 – gene therapy pLDDT < 50 → CATEGORY 5 – IDR, experimental only Stable fold + functional site hit → CATEGORY 4 – site-specific docking

Category 3/4 — Most Druggable

$|\Delta\Delta G|=1.03 < 2$ kcal/mol (fold intact) + AlphaMissense 0.713 confirms functional impact. Specific local contacts disrupted — priority for docking and pharmacological chaperone screening.

Wolframin's fold survives this substitution ($|\Delta\Delta G|=1.03$ kcal/mol). The pathogenic signal is real — AlphaMissense places it at 0.713. Protein still folds, but a specific local site is broken. Pharmacological chaperones and small-molecule binders are the rational therapeutic vector.