

WFS1 D389E — Wolframin

Aspartic acid → Glutamic acid at position 389. Transmembrane helix 3. ClinVar Uncertain significance, AlphaMissense 0.775, DynaMut2 $\Delta\Delta G$ -0.07 kcal/mol (destabilising).

IDENTITY

Variant	D389E (p.Aspartic acid389Glutamic acid)
DNA change	c.1167T>G
Gene · Protein	WFS1 · Wolframin (890 aa)
UniProt	O76024 · WFS1_HUMAN
ClinVar accession	VCV000215385
Amino acid change	Aspartic acid (D) → Glutamic acid (E)

STRUCTURAL CONTEXT

AlphaFold model	AF-O76024-F1, v6
pLDDT at residue 389	82.50 HIGH CONFIDENCE
Domain	Transmembrane helix 3
Position context	Inside Transmembrane helix 3 · position 389 is bilayer-embedded
IDR flag	No — pLDDT well above 50 threshold

Position 389 sits in a transmembrane helix (Transmembrane helix 3). Wolframin has eleven such helices anchoring it in the ER membrane; substitutions inside the bilayer-embedded segments can disrupt helix packing, lipid contacts, and the overall ER topology of the protein. The wild-type residue is negatively charged (aspartate — carboxylate); the mutant is negatively charged (glutamate — carboxylate). The chemistry shift implies altered local packing, hydrogen-bonding, and/or electrostatics at this site.

COMPUTATIONAL PREDICTIONS

ALPHAMISSENSE

0.775am_class: **likely pathogenic** —
threshold > 0.564DYNAMUT2 $\Delta\Delta G$ **-0.07** kcal/molDestabilising · Job
178092119382

PLDDT (ALPHAFOLD)

82.50

high confidence

CLINICAL EVIDENCE

ClinVar classification	UNCERTAIN SIGNIFICANCE
Review status	criteria provided, multiple submitters, no conflicts
Last evaluated	2025/06/14 00:00
Inheritance	Autosomal dominant pattern indicated by associated DFNA6/14/38 (WFS1 hearing loss 6).
WFS1 variant landscape	D389E is 1 of ~326 pathogenic-spectrum variants in WFS1 (out of 2,243 in ClinVar) <ul style="list-style-type: none">• Wolfram syndrome 1• Cataract 41• Autosomal dominant nonsyndromic hearing loss 6• Type 2 diabetes mellitus• 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

$|\Delta\Delta G|=0.07 < 2$ kcal/mol (fold intact) + AlphaMissense 0.775 confirms functional impact. Specific local contacts disrupted — priority for docking and pharmacological chaperone screening.

Wolframin's fold survives this substitution ($|\Delta\Delta G|=0.07$ kcal/mol). The pathogenic signal is real — AlphaMissense places it at 0.775. Protein still folds, but a specific local site is broken. Pharmacological chaperones and small-molecule binders are the rational therapeutic vector.