

WFS1 G820D — Wolframin

Glycine → Aspartic acid at position 820. C-terminal ER-lumenal (calcium binding. ClinVar Uncertain significance, AlphaMissense 0.616, DynaMut2 $\Delta\Delta G$ -0.76 kcal/mol (destabilising).

IDENTITY

Variant	G820D (p.Glycine820Aspartic acid)
DNA change	c.2459G>A
Gene · Protein	WFS1 · Wolframin (890 aa)
UniProt	O76024 · WFS1_HUMAN
ClinVar accession	VCV000349328
Amino acid change	Glycine (G) → Aspartic acid (D)

STRUCTURAL CONTEXT

AlphaFold model	AF-O76024-F1, v6
pLDDT at residue 820	83.31 HIGH CONFIDENCE
Domain	C-terminal ER-lumenal (calcium binding, calmodulin, chaperone)
Position context	C-terminal lumenal domain · position 820 projects into the ER lumen
IDR flag	No — pLDDT well above 50 threshold

Position 820 sits in the C-terminal lumenal domain (residues 653–869), wolframin's largest soluble region. This domain projects into the ER lumen and is implicated in calcium handling, ER stress sensing, and protein–protein interactions with ATF6 and Na⁺/K⁺ ATPase β 1. The wild-type residue is small/flexible (glycine — backbone flexibility, no sidechain); the mutant is negatively charged (aspartate — carboxylate). The chemistry shift implies altered local packing, hydrogen-bonding, and/or electrostatics at this site.

COMPUTATIONAL PREDICTIONS

ALPHAMISSENSE

0.616am_class: **likely pathogenic** —
threshold > 0.564DYNAMUT2 $\Delta\Delta G$ **-0.76** kcal/molDestabilising · Job
178092131379

PLDDT (ALPHAFOLD)

83.31

high confidence

CLINICAL EVIDENCE

ClinVar classification	UNCERTAIN SIGNIFICANCE
Review status	criteria provided, multiple submitters, no conflicts
Last evaluated	2024/04/01 00:00
Inheritance	Autosomal dominant pattern indicated by associated DFNA6/14/38 (WFS1 hearing loss 6).
WFS1 variant landscape	G820D is 1 of ~326 pathogenic-spectrum variants in WFS1 (out of 2,243 in ClinVar) <ul style="list-style-type: none">• Cataract 41• Autosomal dominant nonsyndromic hearing loss 6• Type 2 diabetes mellitus• Wolfram syndrome 1• Wolfram-like syndrome• WFS1-Related Spectrum Disorders• Inborn genetic diseases

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

$|\Delta\Delta G|=0.76 < 2$ kcal/mol (fold intact) + AlphaMissense 0.616 confirms functional impact. Specific local contacts disrupted — priority for docking and pharmacological chaperone screening.

Wolframin's fold survives this substitution ($|\Delta\Delta G|=0.76$ kcal/mol). The pathogenic signal is real — AlphaMissense places it at 0.616. Protein still folds, but a specific local site is broken. Pharmacological chaperones and small-molecule binders are the rational therapeutic vector.