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Genetic analysis of dyslexia candidate genes in the European cross-linguistic NeuroDys cohort

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 - [#] We would like to express our deepest condolences on the loss of our colleague and friend Leo Blomert, who passed away in 2012.

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21 **Running title:** Association study of dyslexia candidate genes

1 ABSTRACT

Dyslexia is one of the most common childhood disorders with a prevalence of around 5-2 10% in school age children. While an important genetic component is known to play a 3 4 role in the aetiology of dyslexia we are far from understanding the molecular mechanisms leading to the disorder. Several candidate genes have been implicated in 5 dyslexia, including DYX1C1, DCDC2, KIAA0319, and the MRPL19/C2ORF3 locus, 6 each with reports of both positive and no replications. We generated a European cross-7 linguistic sample of school-age children – the NeuroDys cohort – that includes more 8 9 than 900 individuals with dyslexia, sampled with homogenous inclusion criteria across eight European countries, and a comparable number of controls. Here, we describe 10 association analysis of the dyslexia candidate genes/locus in the NeuroDys cohort. We 11 12 performed both case-control and quantitative association analyses of single markers and haplotypes previously reported to be dyslexia-associated. While we observed 13 association signals in samples from single countries, we did not find any marker or 14 haplotype which was significantly associated with either case-control status or 15 quantitative measurements of word-reading or spelling in the meta-analysis of all eight 16 17 countries combined. Like in other neurocognitive disorders, our findings underline the need for larger sample sizes in order to validate possibly weak genetic effects. 18

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20 Keywords: dyslexia, word-reading, spelling, association study, candidate genes

1 INTRODUCTION

Developmental dyslexia is a specific developmental disorder that affects about 5-10% 2 of school-aged children.^{1,2} It is characterized by a severe reading disorder (RD) and 3 4 spelling problems, which interferes with academic achievement or activities of daily living that require reading skills.³ These difficulties cannot be attributed to unimpaired 5 general intelligence, gross neurological deficits, or uncorrected visual or auditory 6 problems.^{4,5} A multifactorial aetiology is most likely, caused by interactions between 7 genetic and environmental factors.⁶ Studies have repeatedly indicated that first degree 8 relatives of affected individuals have a 30-50% risk of developing the disorder.^{6,7} 9

Genetic linkage studies of dyslexia have identified several loci which may contribute to
the disorder.^{8,9} In addition, at some of these loci, association studies or translocation
breakpoint mapping have led to the identification of genetic variants associated with
disease risk.¹⁰

14 DYXICI (dyslexia susceptibility 1 candidate 1, MIM 608706) on chromosome 15q21.3 was identified as a candidate gene by breakpoint mapping of a translocation co-15 segregating with dyslexia in one Finnish family.¹¹ Furthermore, two putative functional 16 17 variants in DYX1C1 were found to be dyslexia-associated in a population sample of Finnish origin.¹¹ Other groups also found DYX1C1 associations in their dyslexia 18 sample¹², but also reported an opposite allelic trend with their association findings.^{13,14} 19 It has been speculated that this may be due to a different haplotype structure between 20 samples and populations. DYX1C1 has also been associated with reading and spelling 21 ability in a large unselected group of adolescents from Australia.¹⁵ Furthermore, it has 22 been shown that dyslexia-associated variants within the promoter region of DYX1C1¹⁶ 23 influence the binding affinity of transcription factor complexes.¹⁷ 24

Two genes have been reported to be associated with dyslexia within the linkage region 1 on chromosome 6p22.2: DCDC2 (Doublecortin domain-containing protein 2, MIM 2 605755)¹⁸⁻²⁰ and KIAA0319 (MIM 609269).^{21,22} Independent replications have been 3 reported for both genes: DCDC2²³⁻²⁷ and KIAA0319.²⁷⁻³¹ The role of KIAA0319 in 4 dyslexia was also supported by the identification of a single variant associated with 5 dyslexia and affecting the gene expression of KIAA0319.30,32 In addition, two 6 independent studies have identified an interaction between single nucleotide 7 polymorphisms (SNPs) within DCDC2 and KIAA0319.31,33 A recent brain imaging 8 study found support for effects on white matter structure in overlapping regions of 9 human brains for the three dyslexia candidate genes DYX1C1, DCDC2, and 10 *KIAA0319*.³⁴ 11

On chromosome 2p12, a locus close to the genes *MRPL19* and *C2ORF3* (also named *GCFC2*) has been shown to be associated with dyslexia in two independent samples of Finnish and German origin.³⁵ However, until now these associations have not been replicated in independent dyslexia samples²⁴ but the same genetic variants have been found to be associated with measures of general cognitive abilities.³⁶

Conducting association studies of cognitive phenotypes is plagued with challenges, such 17 18 as the variability in both the initial ascertainment and subsequent phenotypical assessment of the samples.37,38 To address this issue the NeuroDys Consortium 19 embarked in a large sample collection across eight different European countries 20 applying the same inclusion and exclusion criteria for phenotypic characterisation³⁹ and 21 collected 958 cases and 1,150 controls. In the present study, this sample was used to 22 explore the contribution of the dyslexia candidate genes in such a cross-linguistic 23 24 cohort. On the basis of existing replication studies, we chose 19 SNPs within the

1	dyslexia candidate genes DYX1C1, DCDC2, KIAA0319, and within the
2	MRPL19/C2ORF3 locus (Table 1) and performed case-control and quantitative (i.e.
3	word-reading and spelling) association analyses of single markers and haplotypes.
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5	SUBJECTS AND METHODS
6	Subjects
7	All parents of children participating in this study gave their written informed consent for
8	participation. The same inclusion and exclusion criteria were applied in all partner
9	countries.
10	Inclusion and exclusion criteria for all participants:
11	• Age between 8 and 12 years.
12	• At least 1 ¹ / ₂ years of formal reading instruction.
13	• An age-appropriate scaled score of at least 7 on WISC Block Design, and
14	of at least 6 on WISC Similarities (standardized tests of non-verbal and
15	verbal intelligence respectively with a population mean=10 and SD=3 ⁴⁰).
16	• An attention scale score within the 95 th percentile of the age-appropriate
17	norm, either from the Child Behavior Check-List ⁴¹ or from the Conners
18	questionnaire ⁴² from the parents.
19	• The following exclusion criteria from the parental questionnaire: hearing
20	loss; uncorrected sight problems; language of the test not spoken by at
21	least one parent since birth; test language not being the child's school
22	language; child missed school for any period of 3 months or more;

1 formal diagnosis of ADHD (attention deficit-hyperactivity disorder); 2 medication for epilepsy or behavioural problems. 3 Inclusion criterion for the dyslexia cases: More than 1.25 SD below grade level on a standardized word-reading 4 • 5 test. **Inclusion criterion for the controls:** 6 7 • Less than 0.85 SD below grade level on a standardised word-reading test. The NeuroDys cohort is composed of 958 dyslexia cases and 1,150 controls from eight 8

different European countries: Austria, France, Germany, The Netherlands, Switzerland,

10 Finland, Hungary, and the United Kingdom (Table 2).

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12 Phenotypes

Dyslexia: On top of common inclusion and exclusion criteria (see above), children were
classified according to word-reading ability; dyslexic (case) if below -1.25 SD or
control if above -0.85 SD.

Word-reading: With the exception of English, word-reading accuracy and wordreading speed were assessed by presenting word lists under a speeded instruction ("Read as quickly as possible without making mistakes"). Both accuracy and speed were recorded, and converted into a composite word-reading fluency measure (number of words correctly read per minute), then into Z-scores based on age or gradeappropriate norms for each language. In English, reading was not timed and therefore this measure reflects word-reading accuracy only. Spelling: Standardized spelling tests were given by each contributor. All tests required the spelling of single words dictated in sentence frames and the number of spelling errors were counted. Grade specific Z-scores were calculated based on age or gradeappropriate norms for each language.

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6 Genotyping

7 Samples were genotyped for 19 SNPs using the Sequenom MassARRAY system (Sequenom, San Diego, USA) in one of three laboratories. The United Kingdom (UK) 8 9 samples were genotyped at the Wellcome Trust Centre for Human Genetics (Oxford, UK), the Finnish samples were genotyped at the mutation analysis facility (MAF) of the 10 Karolinska Institutet (Stockholm, Sweden) while the remaining six sample sets (from 11 12 Austria, France, Germany, Hungary, Switzerland, and The Netherlands) were genotyped at the Life & Brain Center (Bonn, Germany). For all sample sets independently, SNPs 13 with a minor allele frequency (MAF) <1% and a call rate <95% were excluded. All 14 15 SNPs were in Hardy-Weinberg-Equilibrium (HWE, p>0.01) and individuals with a call 16 rate <85% were excluded. After these quality control measures, 15 of the 19 SNPs genotyped remained in common for all eight sample sets (Supplementary Table 1 and 17 18 Supplementary Table 2).

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20 Statistical analyses

Tests for heterogeneity were conducted using Genepop (http://genepop.curtin.edu.au/).
Association analyses for single markers as well as for haplotypes were performed using
PLINK (http://pngu.mgh.harvard.edu/~purcell/plink/). Z-score based meta-analysis was

calculated in R (http://www.r-project.org/). Haplotypes were selected based on
previously published positive associations, *i.e.* rs917235-rs714939 (G-G), rs1000585rs917235-rs714939 (G-G-G), and rs917235-rs714939-rs6732511 (G-G-C) for the *MRPL19/C2ORF3* locus³⁵ and rs793862-rs807701 (A-C) for the *DCDC2* locus.¹⁹
Correction for multiple testing was performed using the Bonferroni method. The

Correction for multiple testing was performed using the Bonferroni method. The
correction based on 19 single markers and four haplotypes – analysed for three traits
(case-control, word-reading, spelling) – results in a significance threshold of p=0.00072
(= 0.05/69 tests).

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10 **RESULTS**

11 We performed a genetic heterogeneity analysis of all sample sets included in the study, 12 in order to assess whether we could analyse the whole data set as a single sample or as a meta-analysis. For this, we tested at each locus if alleles were drawn from the same 13 distribution in all eight populations. This analysis revealed significant inter-population 14 differences between the eight sample sets but with no significant differences in allele 15 frequencies for the sample sets from Central Europe ("CE" sample, Supplementary 16 17 Table 3). We therefore performed a case-control analysis in each of the eight sample sets separately, followed by a meta-analysis across the "CE" samples (580 cases and 18 625 controls from Austria, France, Germany, Switzerland, and The Netherlands) and a 19 meta-analysis across all samples from the NeuroDys cohort ("All" sample: 958 cases 20 21 and 1,150 controls, Table 2).

22 Case-control association study

SNPs: In the single marker case-control analysis of each separate sample set, several
SNPs reached nominal significance (p<0.05). These included two SNPs from *DYX1C1*

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tested in the Dutch sample and one SNP from *DCDC2* tested in the Hungarian sample
(Supplementary Table 4). However, none of these SNPs withstood correction for
multiple testing. In the meta-analysis of the "CE" and "All" samples, no single SNP
reached nominal association (Table 3).

Haplotypes: Furthermore, we tested if any previously reported haplotypes showed
association using the case-control status. Only the rs793862-rs807701 haplotype from
the *DCDC2* locus showed nominal association in the Hungarian sample set
(Supplementary Table 5). However, this association did not withstand correction for
multiple testing. In the "CE" and "All" sample, none of the tested haplotypes showed
association with dyslexia (Table 4).

11 Quantitative trait association study

In a second step, we performed a quantitative trait analysis using two measurements –
word-reading and spelling – for all cases of the eight single samples sets separately.
Subsequently, we performed a meta-analysis for the quantitative traits across the cases
from the "CE" (N=580) and the "All" (N=958) samples.

SNPs: For some of the genotyped SNPs, we observed nominal associations with word-16 reading or spelling in single sample sets (Supplementary Table 6 and Supplementary 17 18 Table 8). However, only one marker within DYX1C1 – associated with spelling – withstood correction for multiple testing (rs3743205, p=2.98x10⁻⁰⁴, p_{corrected}=0.0206; 19 20 Supplementary Table 8) in the Switzerland sample set. The meta-analysis across the "CE" cases resulted in one nominal association between a DYX1C1 SNP and the 21 quantitative trait word-reading (Table 3). For spelling, four markers within KIAA0319 22 showed nominal association. However, none of these associations withstood correction 23

for multiple testing (Table 3). In the "All" sample, we did not observe association for
 the trait word-reading and spelling (Table 3).

Haplotypes: The haplotype association analysis using the quantitative trait word-3 4 reading in each sample set separately revealed four nominally significant haplotypes three of them in the German sample and one in the Hungarian sample. However, none 5 of the haplotypes withstood correction for multiple testing (Supplementary Table 7). 6 7 Furthermore, we observed three nominally significant associations with haplotypes in 8 the spelling analysis: two haplotypes in the German set and the third haplotype in the set 9 from The Netherlands. Again, none of them remained significant after Bonferroni correction (Supplementary Table 9). The haplotype analysis using the quantitative traits 10 revealed no significant association in the "CE" or "All" samples (Table 4). 11

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13 **DISCUSSION**

In the present study we conducted a candidate gene association analysis in the 14 15 NeuroDys cohort which is composed of 958 individuals with dyslexia and 1,150 16 controls from Austria, Finland, France, Germany, Hungary, Switzerland, The Netherlands, and the UK. Participants to the study were recruited using consistent 17 ascertainment criteria across all countries.³⁹ To our knowledge, this study represents the 18 first cross-linguistic genetic association analysis in dyslexia. We tested 19 SNPs and 19 20 four haplotypes previously reported to be associated with dyslexia. The markers were located in the dyslexia candidate genes DYX1C1, DCDC2, KIAA0319, and the 21 MRPL19/C2ORF3 locus. Although we observed several nominal associations in 22 samples from individual countries (Supplementary Table 4-9), none of them were 23

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significantly associated with dyslexia or any quantitative phenotypes (*i.e.* word-reading and spelling) in the whole NeuroDys cohort ("All" sample, Table 3 and Table 4).

Different reasons may be causing this lack of association. Firstly, the samples included 3 4 were of different ethnic origin and different SNPs or haplotypes may contribute to 5 disease or trait risk in divergent populations. This may be particularly true for the Finnish sample, where differences in the genomic architecture compared to other 6 European populations have been previously reported.^{43,44} Even for samples from Central 7 Europe, population-specific haplotypes may exist.^{45,46} Secondly, it is possible that the 8 9 genetic risk associated with dyslexia is language-dependent. However, this hypothesis seems rather unlikely for the samples from Austria, Germany, and Switzerland as these 10 11 populations are using the same language (i.e. German) and we failed to find any 12 association withstanding multiple testing correction restricting our analyses to these samples (data not shown). 13

14 Nevertheless, even if the susceptibility to dyslexia is not language-dependent, the necessary adaptation of the common ascertainment scheme and of the test battery to 15 each language's properties and to each local environment may have introduced some 16 heterogeneity. In addition, environmental factors - in particular pre-school 17 (nursery/kindergarden) education and teaching methods applied in schools - are 18 different between countries. Thirdly, one limitation of this study is that we have not 19 20 included measures which cover the whole spectrum of dyslexia related traits.^{38,47} 21 Previous association studies have reported an association between some of the herein 22 reported genes and phonological processing, orthographic awareness, auditory memory, and rapid naming.³⁸ The missing analysis of relevant subtypes, quantitative measures, or 23 24 the severity of dyslexia could be a further factor for the lack of association in this study.

Fourthly, it is quite possible that the samples used in this study were underpowered to replicate the associations that have been observed previously. It is a known phenomenon that the genetic effect of SNP associations is often overestimated in initial studies (winner's curse). If *DYX1C1*, *DCDC2*, *KIAA0319*, or the *MRPL19/C2ORF3* locus harbour common risk variants contributing to dyslexia, the use of an underpowered case-control sample seems to be the most likely explanation for our replication failure.

8 Despite all the above mentioned general causes to our failure in replicating the 9 associations previously reported, gene-specific factors might also be a cause. For example, studies have shown that *KIAA0319* appears to be more relevant in controlling 10 general reading^{27,28} abilities and association with this phenotype is more likely to be 11 12 detected by quantitative trait analysis. However, we failed to detect any association using quantitative trait analysis but it has to be noted that our sample was selected for 13 representing the lower tail of the reading distribution and therefore is not optimal for 14 testing quantitative traits such as general reading skills. Another example concerns 15 DYX1C1, which was originally implicated in the aetiology of dyslexia in a Finnish 16 17 dyslexia family by breakpoint mapping. It is possible that this gene represents a genuine dyslexia risk gene and that common risk variants in DYX1C1 are contributing to the 18 19 phenotype, as supported also by associations with reading and spelling in an unselected adolescent cohort from Australia.15 However, it might be also possible that high-20 21 penetrance mutations in DYX1C1 or in the other dyslexia candidate genes are only present in some familial cases. In this case, a deep sequencing approach in families with 22 23 dyslexia would be more appropriate in order to find an enrichment of such highpenetrance private mutations. 24

1 Genome-wide association studies (GWAS) have been successful in mapping risk genes for many complex traits including neuropsychiatric disorders. It has become clear that 2 3 the success of these studies largely depends on sample sizes, for example a sample size of several thousand individuals seems to be the requirement for achieving significant 4 associations.^{48,49} A GWAS on such a large dyslexia sample would provide an 5 6 appropriate approach to identify the still unknown dyslexia risk variants. Therefore we conclude that efforts should focus in collecting samples of adequate size by applying 7 8 similar ascertainment criteria across different countries as we have done with the NeuroDys Consortium. 9

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1 CONFLICT OF INTEREST

2 The authors declare no conflict of interest.

REFERENCES

2	1	Katusic SK, Colligan RC, Barbaresi WJ, Schaid DJ, Jacobsen SJ: Incidence of
3		reading disability in a population-based birth cohort, 1976-1982, Rochester,
4		Minn. <i>Mayo Clin Proc</i> 2001; 76 : 1081-1092.
5	2	Shaywitz SE, Shaywitz BA, Fletcher JM, Escobar MD: Prevalence of reading
6		disability in boys and girls. Results of the Connecticut Longitudinal Study. Jama
7		1990; 264 : 998-1002.
8	3	Shaywitz SE, Fletcher JM, Holahan JM et al: Persistence of dyslexia: the
9		Connecticut Longitudinal Study at adolescence. <i>Pediatrics</i> 1999; 104: 1351-
10		1359.
11	4	Dilling H, Mombour W, Schmidt MH: Internationale Klassifikation psychischer
12		Störungen, Klinisch-diagnostische Leitlinien. Bern: Huber 2008; ICD-10
13		Kapitel V (F).
14	5	American Psychiatric Association. Diagnostic and statistical manual of mental
15		disorders, Washington, DC: American Psychiatric Association, 2000, vol 4th
16		ed., text revsion.
17	6	Fisher SE, DeFries JC: Developmental dyslexia: genetic dissection of a complex
18		cognitive trait. Nat Rev Neurosci 2002; 3: 767-780.
19	7	Barry JG, Yasin I, Bishop DV: Heritable risk factors associated with language
20		impairments. Genes Brain Behav 2007; 6: 66-76.
21	8	Williams J, O'Donovan MC: The genetics of developmental dyslexia. Eur J
22		<i>Hum Genet</i> 2006; 14 : 681-689.
23	9	Schumacher J, Hoffmann P, Schmal C, Schulte-Korne G, Nothen MM: Genetics
24		of dyslexia: the evolving landscape. J Med Genet 2007; 44: 289-297.
25	10	Scerri TS, Schulte-Korne G: Genetics of developmental dyslexia. Eur Child
26		Adolesc Psychiatry 2009.
27	11	Taipale M, Kaminen N, Nopola-Hemmi J et al: A candidate gene for
28		developmental dyslexia encodes a nuclear tetratricopeptide repeat domain
29		protein dynamically regulated in brain. Proc Natl Acad Sci USA 2003; 100:
30		11553-11558.
31	12	Marino C, Citterio A, Giorda R et al: Association of short-term memory with a
32		variant within DYX1C1 in developmental dyslexia. Genes Brain Behav 2007; 6:
33		640-646.
34	13	Scerri TS, Fisher SE, Francks C et al: Putative functional alleles of DYX1C1 are
35		not associated with dyslexia susceptibility in a large sample of sibling pairs from
36		the UK. J Med Genet 2004; 41: 853-857.
37	14	Wigg KG, Couto JM, Feng Y et al: Support for EKN1 as the susceptibility locus
38		for dyslexia on 15q21. Mol Psychiatry 2004; 9: 1111-1121.
39	15	Bates TC, Lind PA, Luciano M, Montgomery GW, Martin NG, Wright MJ:
40		Dyslexia and DYX1C1: deficits in reading and spelling associated with a
41		missense mutation. Mol Psychiatry 2009; 15: 1190-1196.
42	16	Dahdouh F, Anthoni H, Tapia-Paez I et al: Further evidence for DYX1C1 as a
43		susceptibility factor for dyslexia. Psychiatr Genet 2009; 19: 59-63.
44	17	Tapia-Páez I, Tammimies K, Massinen S, Roy AL, Kere J: The complex of
45		TFII-I, PARP1, and SFPQ proteins regulates the DYX1C1 gene implicated in
46		neuronal migration and dyslexia. Faseb J 2008; 22: 3001-3009.

1	18	Meng H, Smith SD, Hager K et al: DCDC2 is associated with reading disability
2		and modulates neuronal development in the brain. Proc Natl Acad Sci USA
3		2005; 102 : 17053-17058.
4	19	Schumacher J, Anthoni H, Dahdouh F et al: Strong genetic evidence of DCDC2
5		as a susceptibility gene for dyslexia. Am J Hum Genet 2006; 78: 52-62.
6	20	Deffenbacher KE, Kenyon JB, Hoover DM et al: Refinement of the 6p21.3
7		quantitative trait locus influencing dyslexia: linkage and association analyses.
8		Hum Genet 2004; 115: 128-138.
9	21	Francks C, Paracchini S, Smith SD et al: A 77-kilobase region of chromosome
10		6p22.2 is associated with dyslexia in families from the United Kingdom and
11		from the United States. Am J Hum Genet 2004; 75: 1046-1058.
12	22	Cope N, Harold D, Hill G et al: Strong evidence that KIAA0319 on
13		chromosome 6p is a susceptibility gene for developmental dyslexia. Am J Hum
14		Genet 2005: 76 : 581-591.
15	23	Lind PA, Luciano M, Wright MJ, Montgomery GW, Martin NG, Bates TC:
16		Dyslexia and DCDC2: normal variation in reading and spelling is associated
17		with DCDC2 polymorphisms in an Australian population sample <i>Eur J Hum</i>
18		Genet 2010: 18 : 668-673
19	24	Newbury DF Paracchini S Scerri TS <i>et al</i> : Investigation of dyslexia and SLI
20		risk variants in reading and language-impaired subjects <i>Behav Genet</i> 2011. 41 .
21		90-104
22	25	Ludwig KU. Schumacher J. Schulte-Korne G <i>et al</i> : Investigation of the DCDC2
23		intron 2 deletion/compound short tandem repeat polymorphism in a large
24		German dyslexia sample. <i>Psychiatr Genet</i> 2008: 18 : 310-312.
25	26	Wilcke A. Weissfuss J. Kirsten H. Wolfram G. Boltze J. Ahnert P: The role of
26		gene DCDC2 in German dyslexics. Ann Dyslexia 2009: 59 : 1-11.
27	27	Scerri TS Morris AP Buckingham LL <i>et al</i> : DCDC2 KIAA0319 and CMIP are
28		associated with reading-related traits <i>Biol Psychiatry</i> 2011: 70 : 237-245
29	28	Paracchini S. Steer CD. Buckingham LL <i>et al</i> : Association of the KIAA0319
30	20	dyslexia susceptibility gene with reading skills in the general population $Am J$
31		Psychiatry 2008: 165: 1576-1584
32	29	Luciano M Lind PA Duffy DL <i>et al</i> : A haplotype spanning KIAA0319 and
33	_>	TTRAP is associated with normal variation in reading and spelling ability <i>Biol</i>
34		Psychiatry 2007: 62: 811-817
35	30	Dennis MY Paracchini S Scerri TS <i>et al</i> : A common variant associated with
36	20	dyslexia reduces expression of the KIA A0319 gene. <i>PLoS Genet</i> 2009: 5:
37		e1000436
38	31	Harold D Paracchini S Scerri T <i>et al</i> : Further evidence that the KIA A0319 gene
39	51	confers susceptibility to developmental dyslexia <i>Mol Psychiatry</i> 2006: 11:
40		1085-1091 1061
4 0 Д1	32	Paracchini S. Thomas A. Castro S <i>et al</i> . The chromosome 6n22 hanlotyne
41 //2	52	associated with dyslexia reduces the expression of KIAA0319 a novel gene
42		involved in neuronal migration Hum Mol Genet 2006: 15: 1659-1666
Δ <u>Δ</u>	33	Ludwig KU Roeske D. Schumacher Let al. Investigation of interaction between
45	55	DCDC2 and KIAA0319 in a large German dyslexia sample I Noural Transm
45 46		$2008 \cdot 115 \cdot 1587_{-}1589$
40		2000, 113 . 1307-1307.

1	34	Darki F, Peyrard-Janvid M, Matsson H, Kere J, Klingberg T: Three Dyslexia
2		Susceptibility Genes, DYX1C1, DCDC2, and KIAA0319, Affect Temporo-
3	25	Parietal White Matter Structure. <i>Biol Psychiatry</i> 2012; 72: 6/1-6/6.
4	35	Anthoni H, Zucchelli M, Matsson H <i>et al</i> . A locus on 2p12 containing the co-
5		regulated MRPL19 and C2ORF3 genes is associated to dyslexia.: Hum Mol
6		Genet, 2007, vol 16, pp 667-677.
7	36	Scerri TS, Darki F, Newbury DF <i>et al</i> : The dyslexia candidate locus on 2p12 is
8		associated with general cognitive ability and white matter structure. <i>PLoS One</i>
9		2012.
10	37	Paracchini S, Scerri T, Monaco AP: The genetic lexicon of dyslexia. <i>Annu Rev</i>
11		<i>Genomics Hum Genet</i> 2007; 8 : 57-79.
12	38	Skiba T, Landi N, Wagner R, Grigorenko EL: In search of the perfect
13		phenotype: an analysis of linkage and association studies of reading and reading-
14		related processes. Behav Genet 2011; 41: 6-30.
15	39	Landerl K, Ramus F, Moll K et al: Predictors of developmental dyslexia in
16		European orthographies with varying complexity. J Child Psychol Psychiatry.
17		2013.
18	40	Wechsler D: Wechsler intelligence scale for children fourth edition. 2003.
19	41	Achenbach T: Child Behavior Check-List., 2001.
20	42	Conners CK: Rating scales for use in drug studies with children. 1973.
21	43	Lao O, Lu TT, Nothnagel M et al: Correlation between genetic and geographic
22		structure in Europe. Curr Biol 2008; 18: 1241-1248.
23	44	Novembre J, Johnson T, Bryc K et al: Genes mirror geography within Europe.
24		<i>Nature</i> 2008; 456 : 98-101.
25	45	Nelis M, Esko T, Magi R et al: Genetic structure of Europeans: a view from the
26		North-East. PLoS One 2009; 4: e5472.
27	46	Salmela E, Lappalainen T, Fransson I et al: Genome-wide analysis of single
28		nucleotide polymorphisms uncovers population structure in Northern Europe.
29		<i>PLoS One</i> 2008; 3 : e3519.
30	47	Schulte-Korne G, Ziegler A, Deimel W et al: Interrelationship and familiality of
31		dyslexia related quantitative measures. Ann Hum Genet 2007; 71: 160-175.
32	48	Ripke S, Sanders AR, Kendler KS et al: Genome-wide association study
33		identifies five new schizophrenia loci. Nat Genet 2011; 43: 969-976.
34	49	C4D-Genetics-Consortium: A genome-wide association study in Europeans and
35		South Asians identifies five new loci for coronary artery disease. Nat Genet