



Liège I Théâtre de Liège I Belgium

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7th IMAD meeting

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Interpretation and clinical implications of population based genetics for TAAD

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• Member UZ Gent — België

Conflict of Interest: none







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https://poweredtemplate.com/dna-timeline-infographic-75769/





How population based genetics will change clinical practice

- Genotype first approach
- Deep learning Polygenic Risk Scores





Genotype First Approach

WES + Pheno data Bio*Me* (N= 32,344) + UKBB (N=49,960)



Caveats: 1.Phenotypic data 2.Variant curation

41 P/LP FBN1 variants

• 22% MFS dx

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- 12% phenotypic features no dx
- 5/15 with echo data had TAA

Routine population genotyping may enable multidisciplinary care and avoid lifethreatening events.



DL - GWAS - PRS

DL to assess size of the AA & DA -MRI data on 43,243 UK BB participants (4.4 mln images)

PRS + clinical RF: ID asymptomatic individuals at high risk of TAA who would benefit from thoracic imaging



UK Biobank MRI

43,000 participants with MRI

ortic diameter GWM 82 loci for ascending aorta 47 loci for descending aorta

>4 million images (100/person)



Diameter

measurement

Study design

U-Net architecture

Deep learning implementation

ImageNet pretrained encoder

116 samples manually annotated

anding acrts

Clinical risk

European Reference Network for rare or low prev complex diseases Vascular Disease (VASCERN) Member UZ Gent — België

Previously unreported genetic loci: 82 in AA - 47 in DA PRS for AA size : independent RF for TAAD



Pirruccello, J.P., et al. Deep learning enables genetic analysis of the human thoracic aorta. Nat Genet 54, 40-51 (2022). UNIVERSITY

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Polygenic Risk Scores for better (personalized) risk prediction

- Clinical populations may differ from research samples in disease severity, ancestral diversity, and exposure to environmental risk
- 2. Incremental prediction accuracy is relatively modest
- Engagement of clinicians and service users, to ensure that any application of PRSs avoids deterministic interpretations and is based on the understanding that PRS is an indicator, not a precise measure

The routine collection of other potential modifiers, such as genetic risk scores, circulating or urinary biomarkers, or vascular tests or imaging methods (other than CAC scoring or carotid ultrasound for plaque determination), is not recommended.

Visseren F, Mach F, et al. EHJ 2021

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How will genomics change the way we practice?

Genomics have entered mainstream medicine (and are here to stay!) -

making it possible to predict, diagnose, and treat diseases **more precisely and personally** than ever

Genomics are complex but not scary!

Integrate genetics into your daily practice

Basic knowledge



Work together!



Thank you!



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