



70th
ESCVS



Can modifiers help in risk prediction ?

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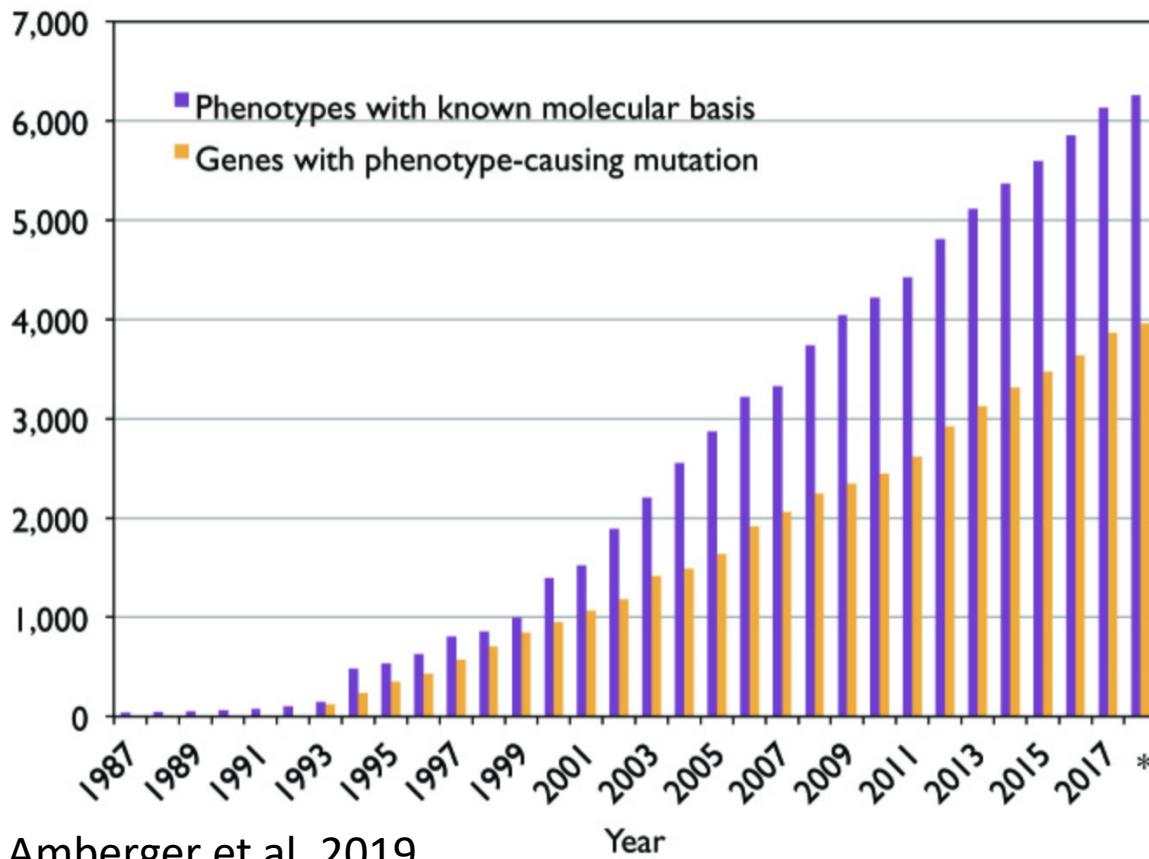
Antwerp University Hospital, Antwerp and Radboud University Medical Center, Nijmegen



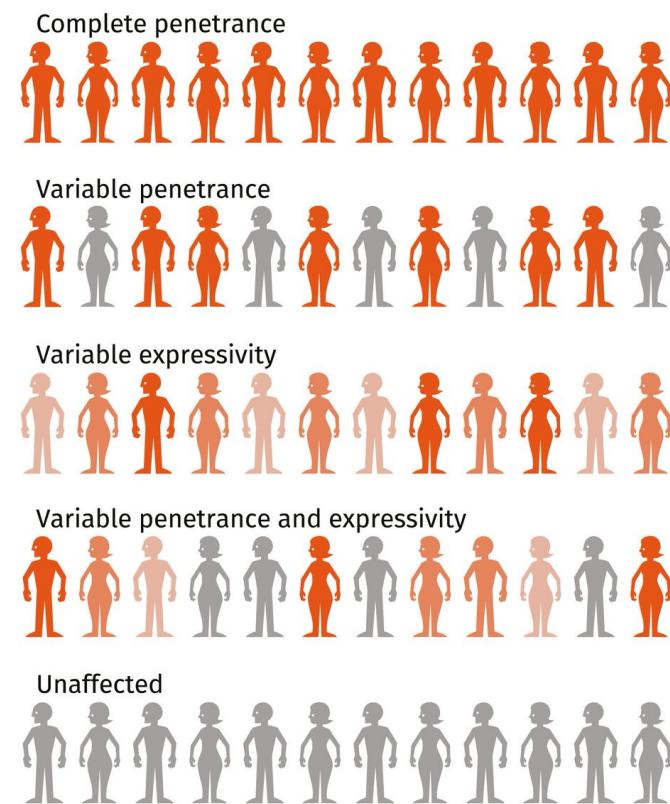
Radboudumc
university medical center

Current status

Significant progress in identifications of mutations that drive genetic disorder



Modest progress in understanding the effect of genetic background on understanding of penetrance and expressivity



What's in a name ?

Epistasis
Oligogenic inheritance
Genetic interaction
Genetic modification

The effect of one gene/allele on the phenotypic outcome of a second gene/locus

Primary mutation is necessary & sufficient to cause disease:

- Disease severity
- Pleiotropy
- Endophenotype manifestation

Secondary mutation is necessary to cause disease:

- True digenic inheritance

Intra- and interfamilial variable severity of aortopathy

Identical TAAD-gene mutation



Variable aortopathy expressivity



Normal



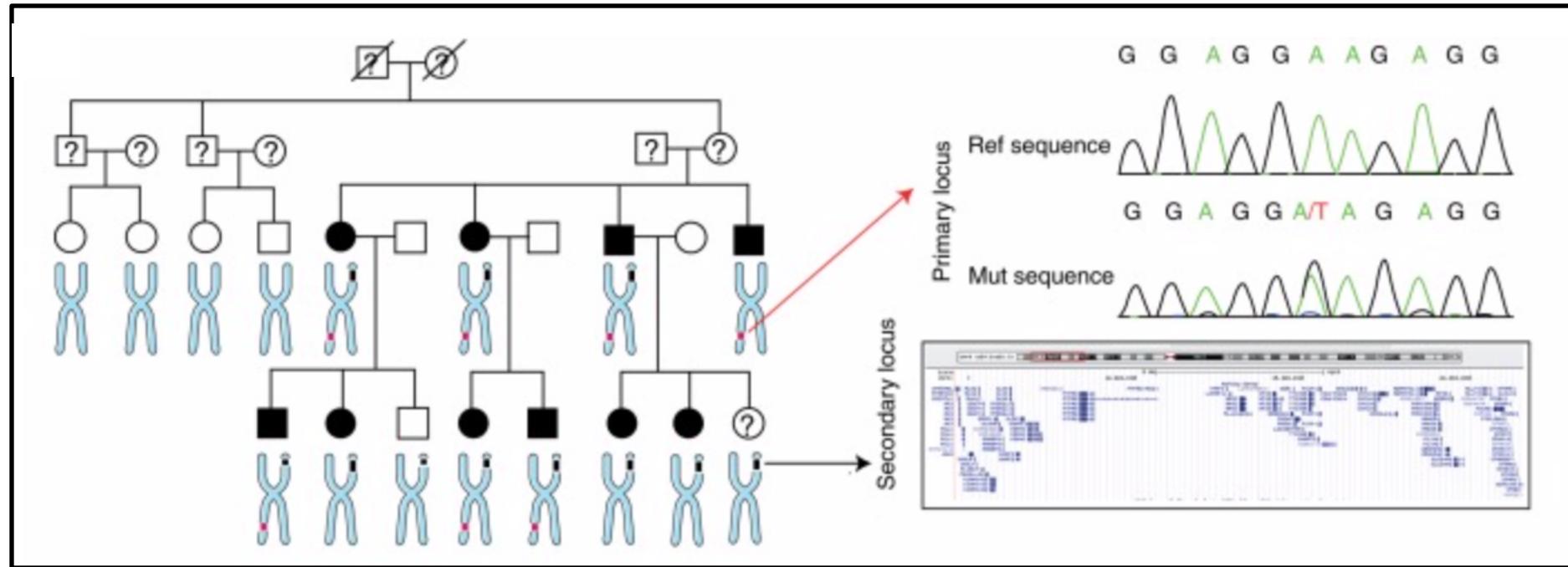
Severe

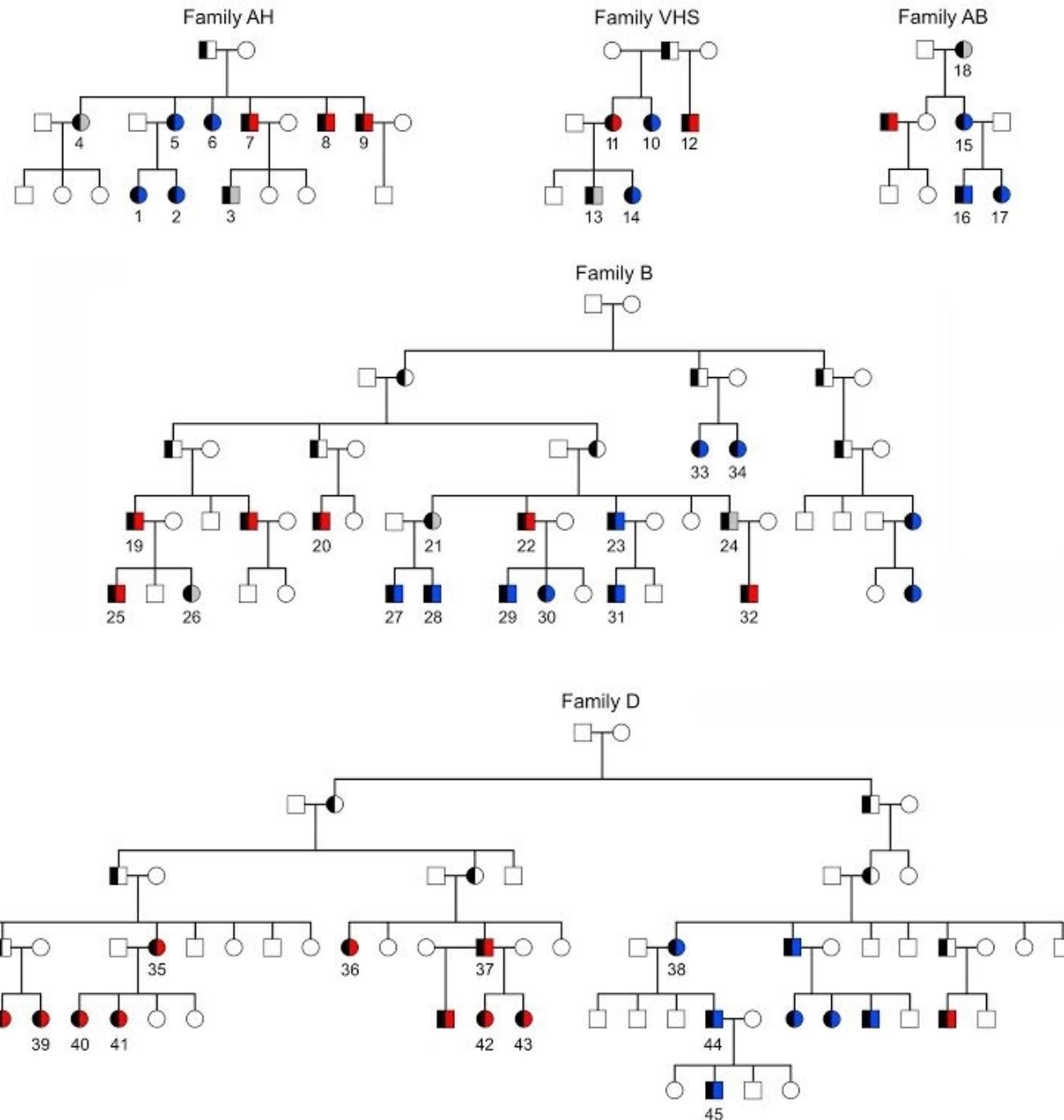


Genetic modifiers ?

Strategies for “cloning” genetic modifiers

1. Linkage analysis: discordant phenotypes with same primary locus



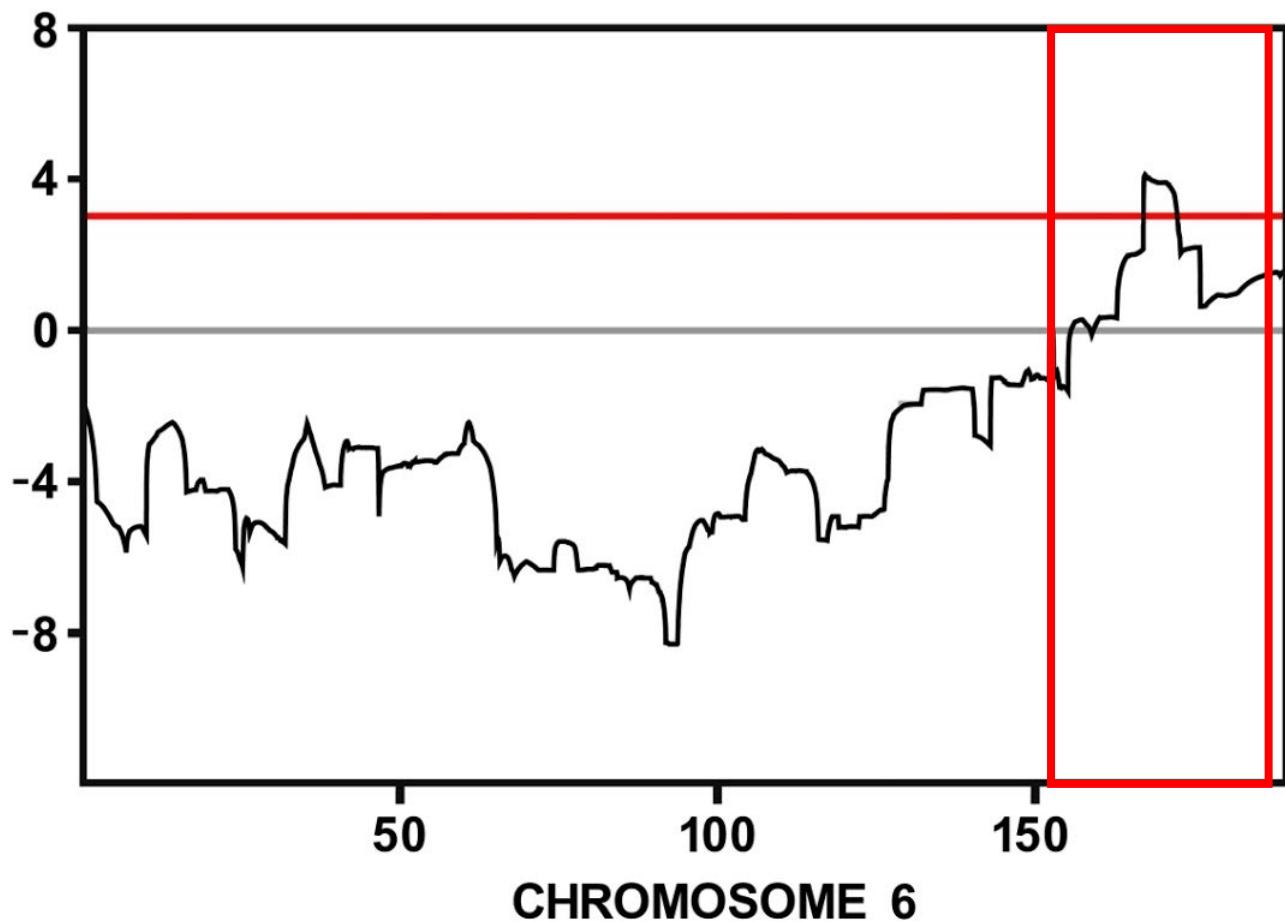


Five exceptional MFS families with defined *FBN1* mutation showing marked phenotypic variation

- █ MFS mild aortic disease
- █ MFS with severe aortic disease
- █ MFS with indeterminate data
- █ No MFS

Based on aortic Z-score,
events and age

Parametric linkage



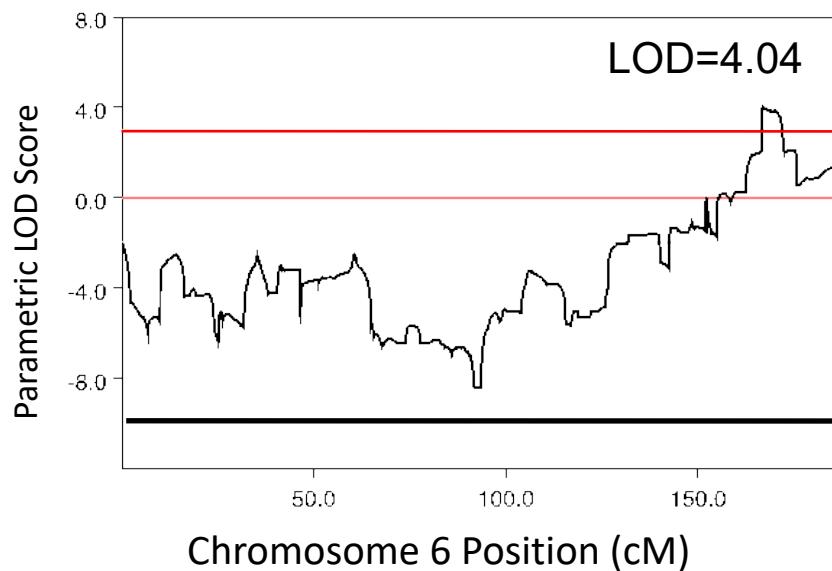
Single locus on chr 6 with LOD-score = 4

No common haplotype across families but all 20 individuals classified as having mild disease sharing a 3.9Mb familial haplotype between markers rs676017 and rs6455736.

Association between the presence of the protective haplotype and disease status (mild aortic disease 20/20 vs severe aortic disease 1/18): $p < 0.0001$

Identification of protective modifier

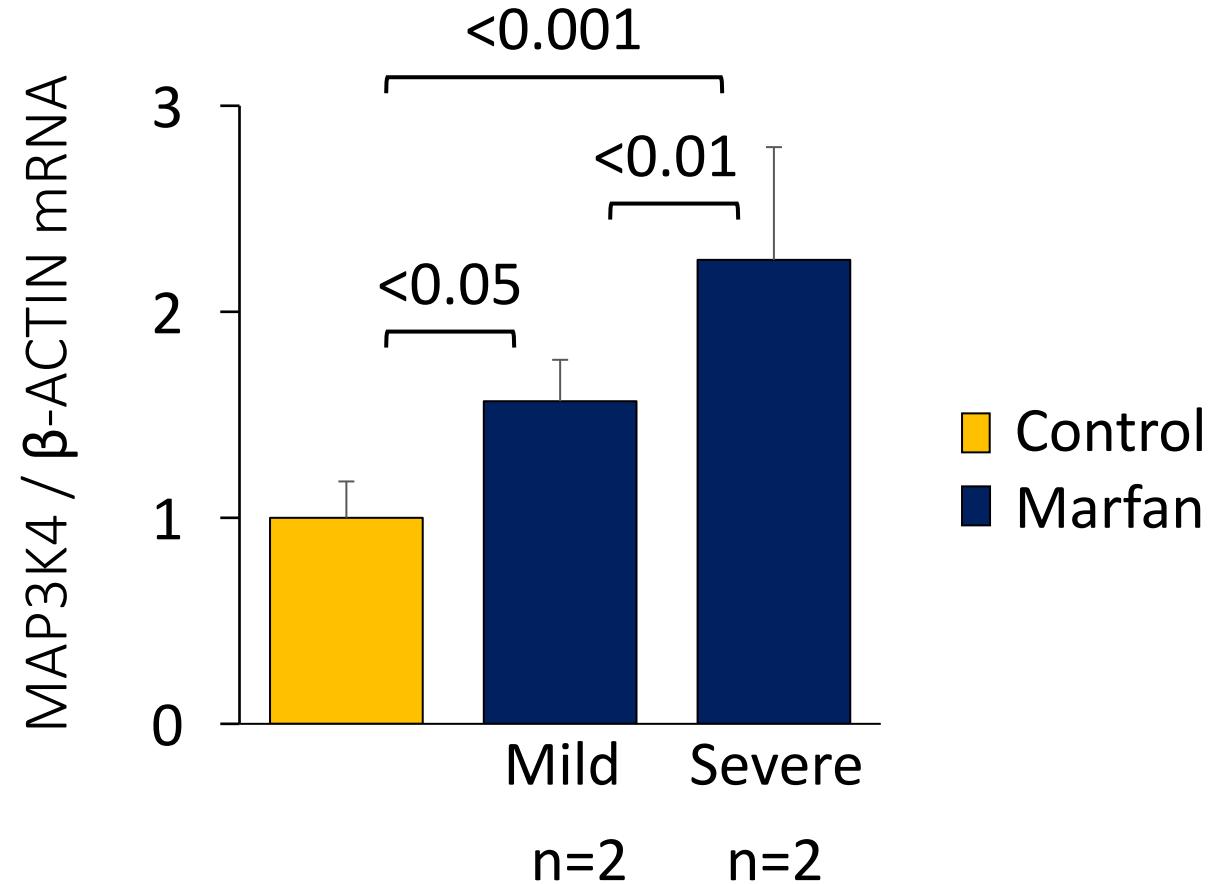
Five exceptional MFS families with defined *FBN1* mutation showing marked phenotypic variation



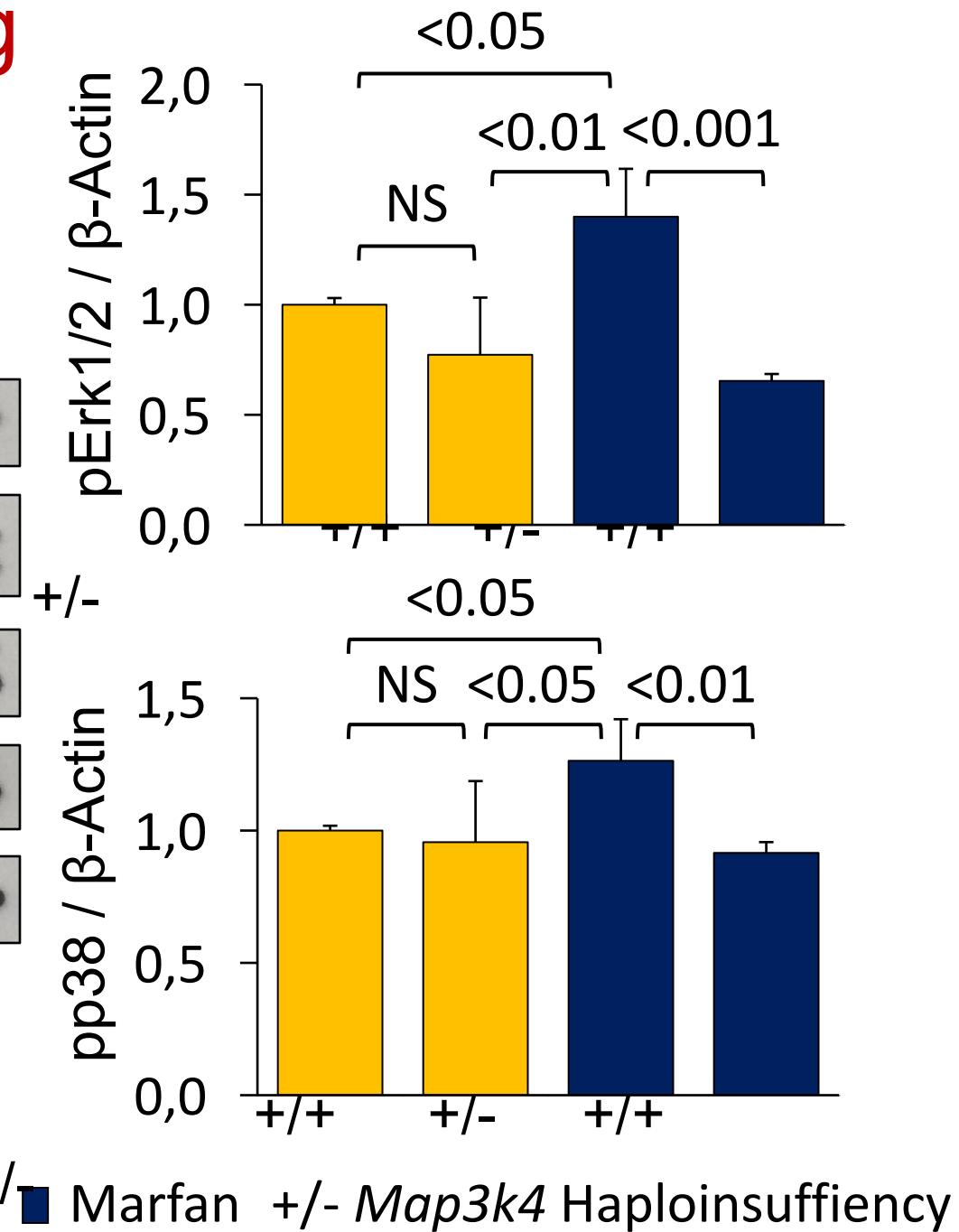
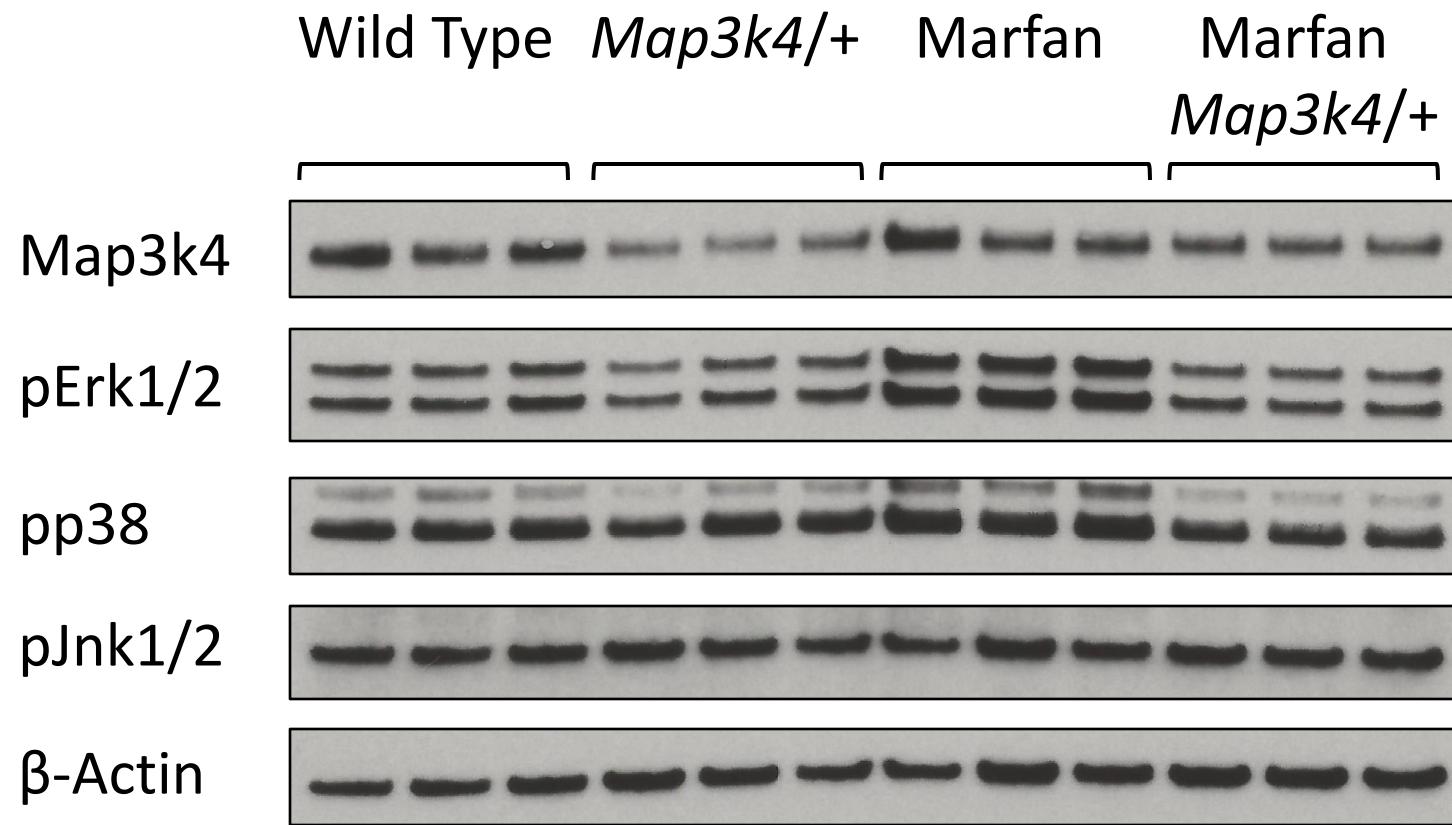
Modifier mapped on chr. 6:
MAP3K4

In collaboration with H Dietz, under review

qPCR for *MAP3K4* in cultured MFS fibroblasts



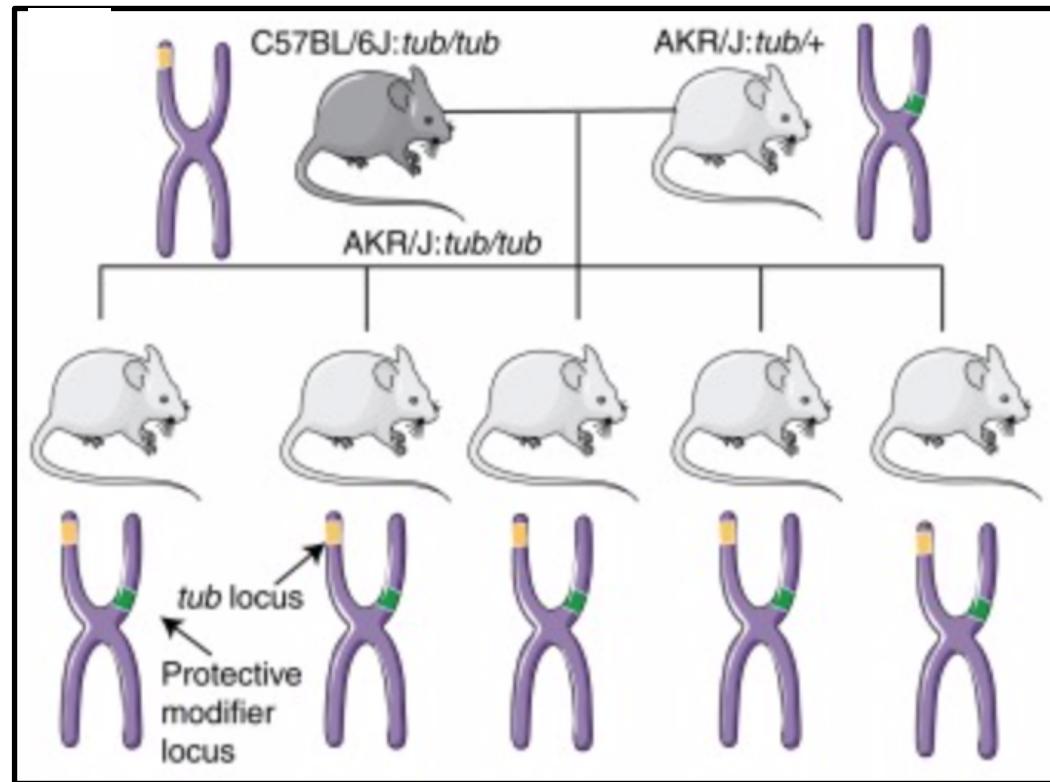
Aortic wall TGFbeta-signalling



In collaboration with H Dietz
Nature Genetics, under review

Strategies for “cloning” genetic modifiers

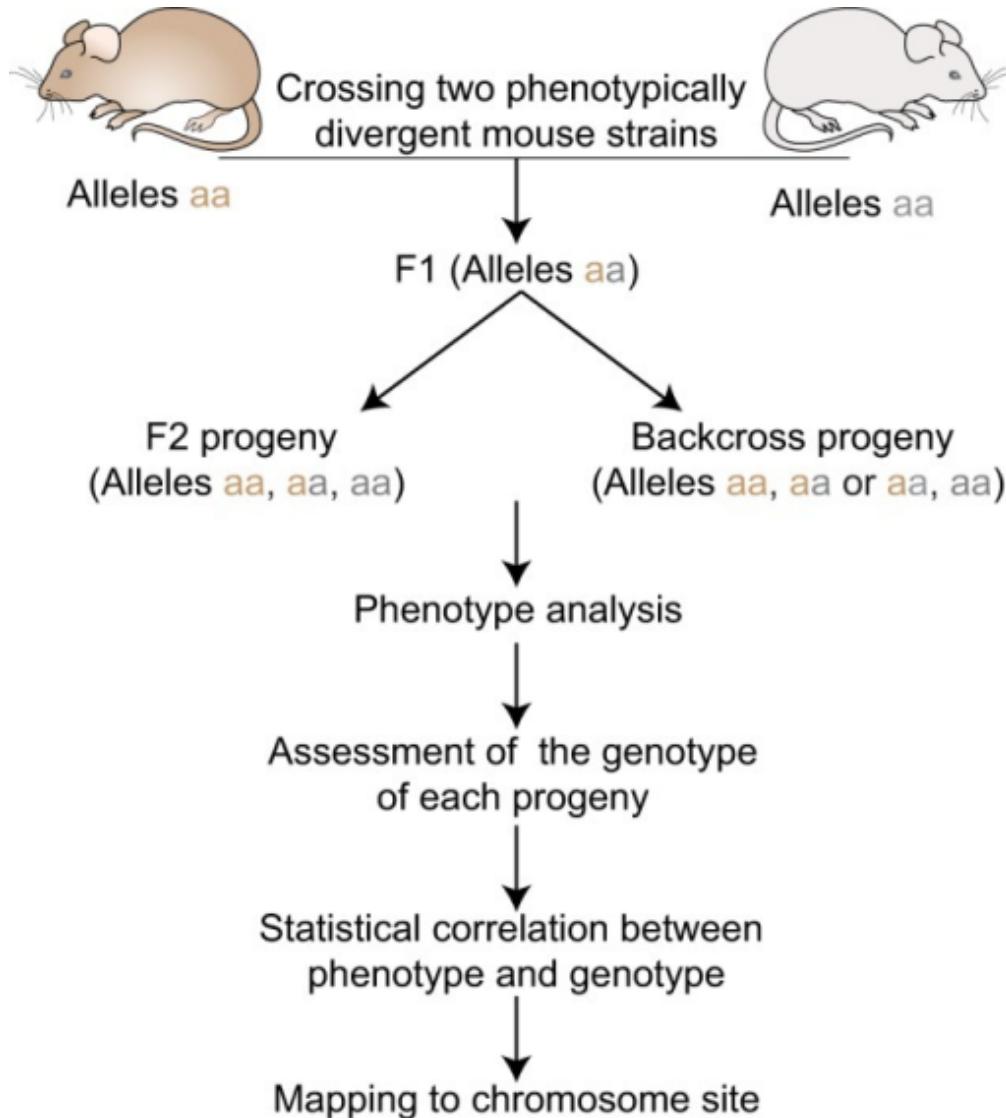
1. Linkage analysis: discordant phenotypes with same primary locus
2. Mapping of modifiers in congenic strains



Strategy 2 – mouse background

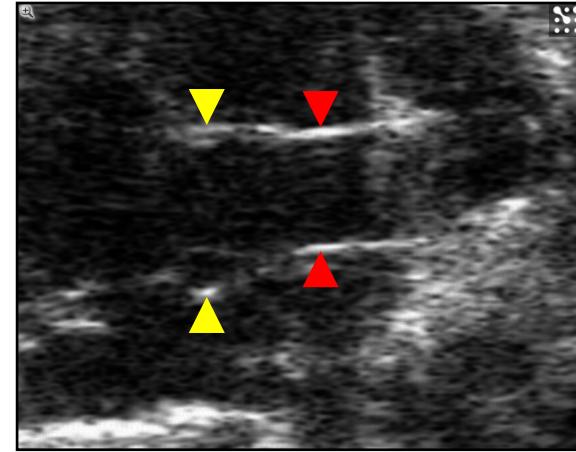
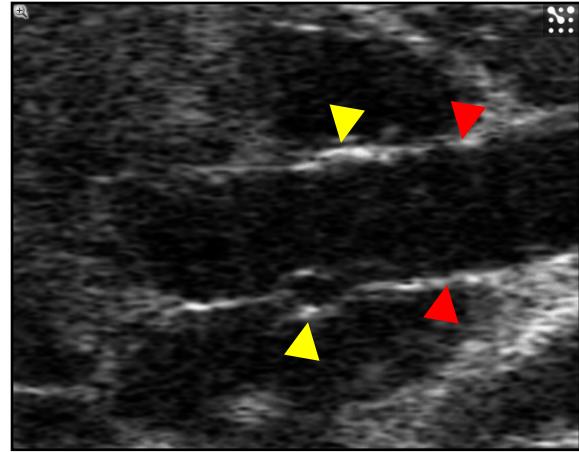
**BACKGROUND A
WITH
aortic
aneurysm/dissecti
on**

**BACKGROUND B
WITHOUT
aortic
aneurysm/dissecti
on**

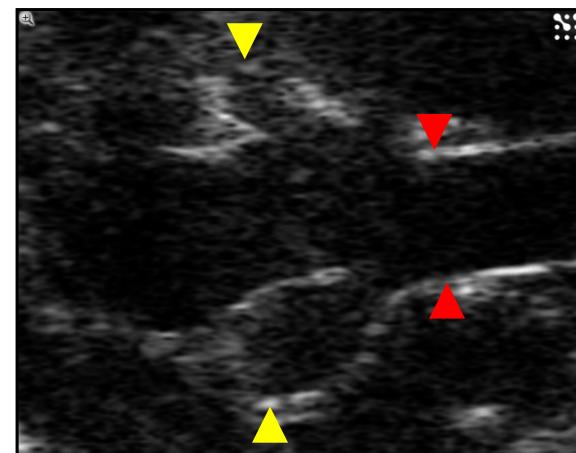
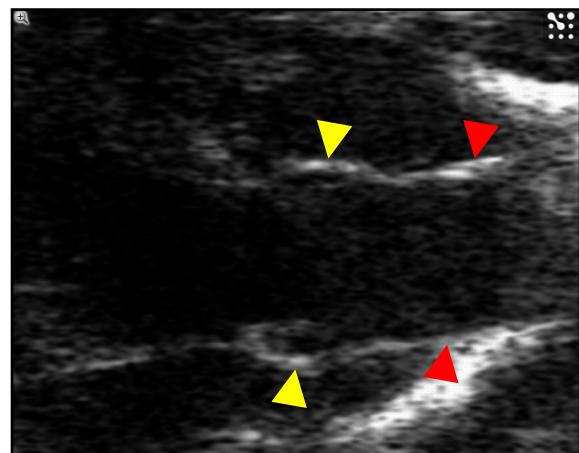


Aortic disease - more pronounced on Sv129 background

Wild Type



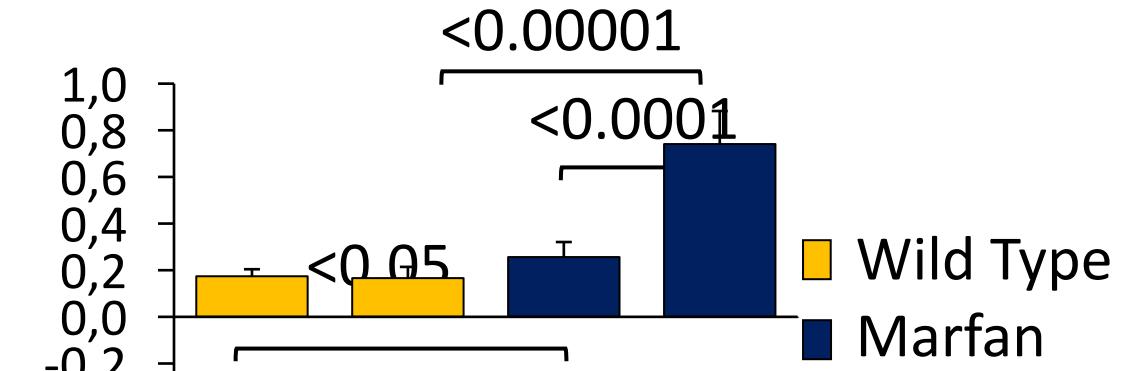
Marfan



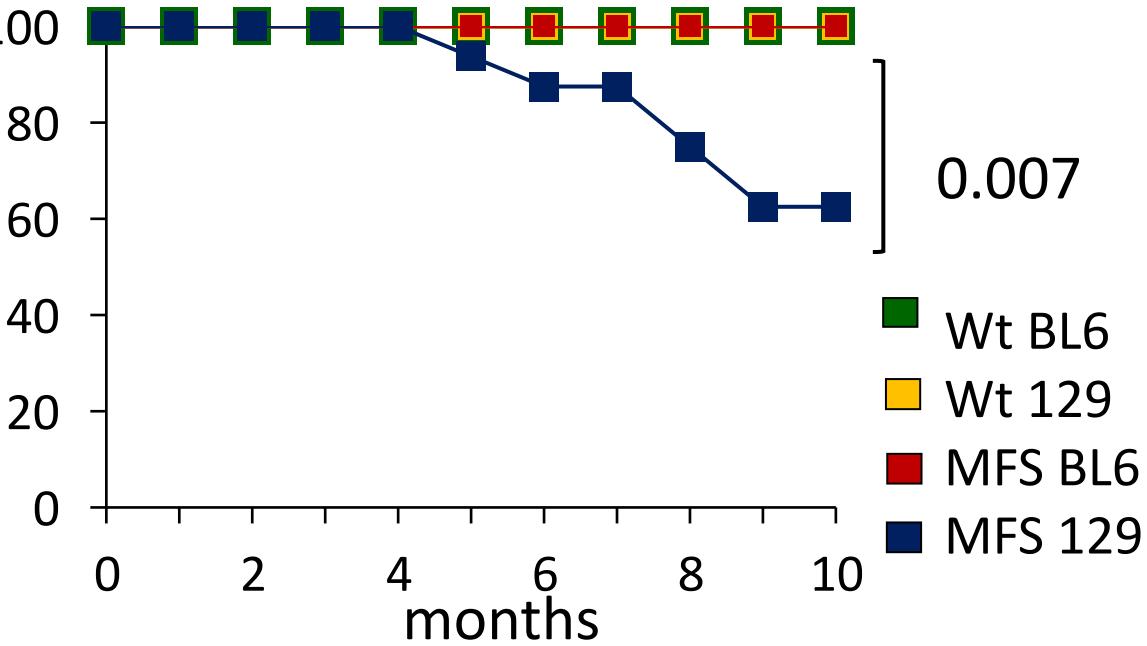
BL6

129

Growth: 2-6mo (mm)

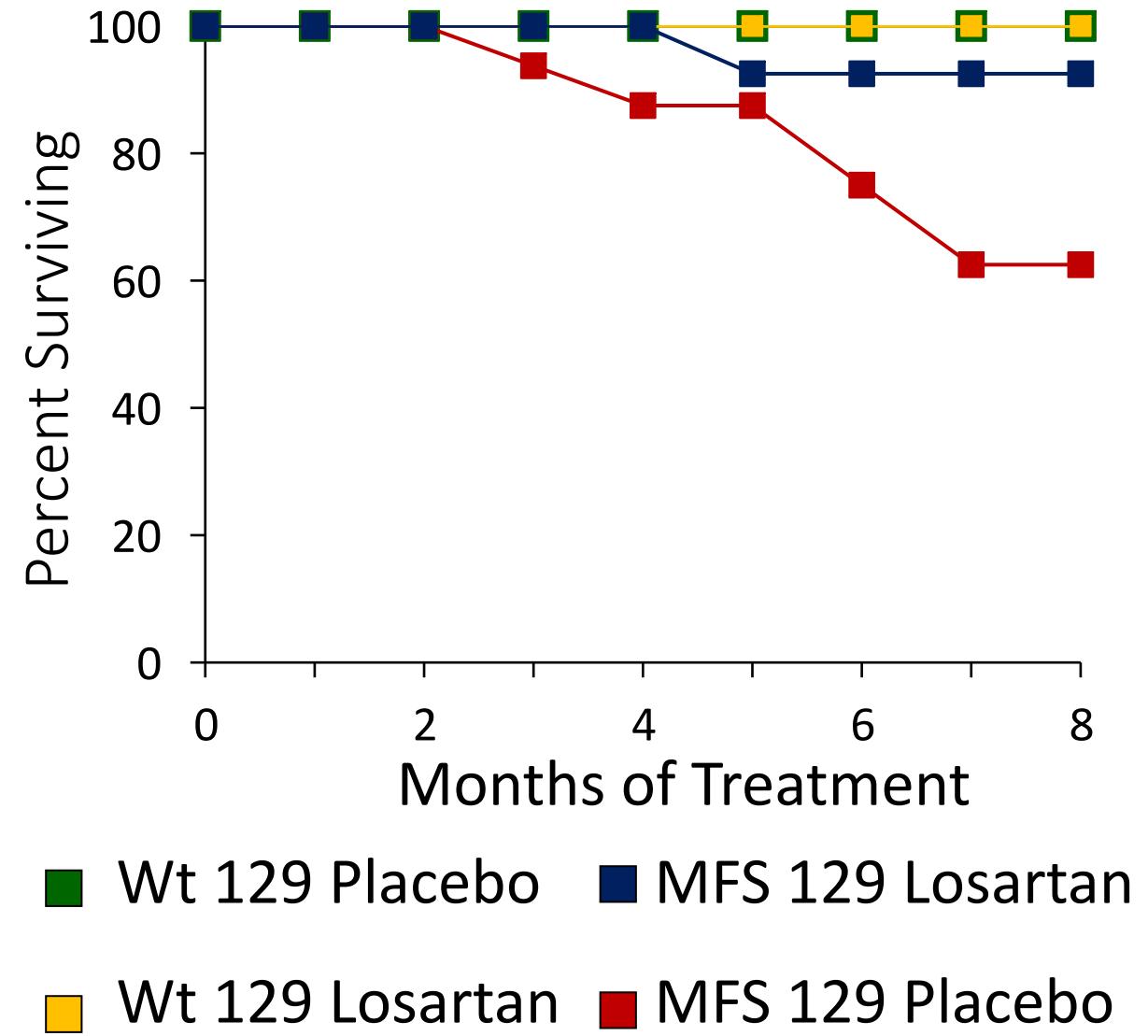
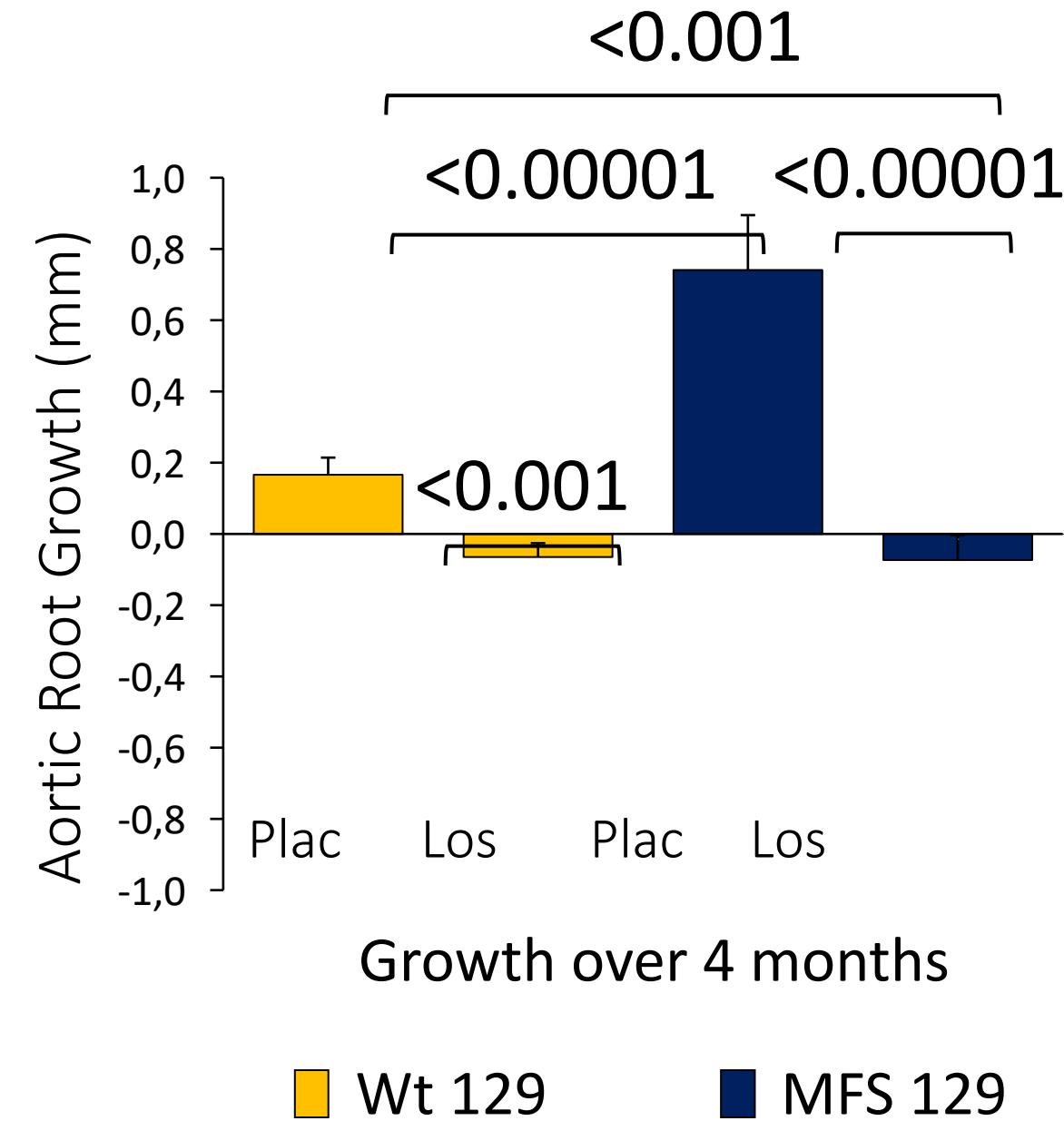


Percent Surviving



months

Losartan more efficacious in more severe disease



Modifier mapping in MFS mice



C57Bl/6 versus 129Sv *Fbn1* mice
interbreeding

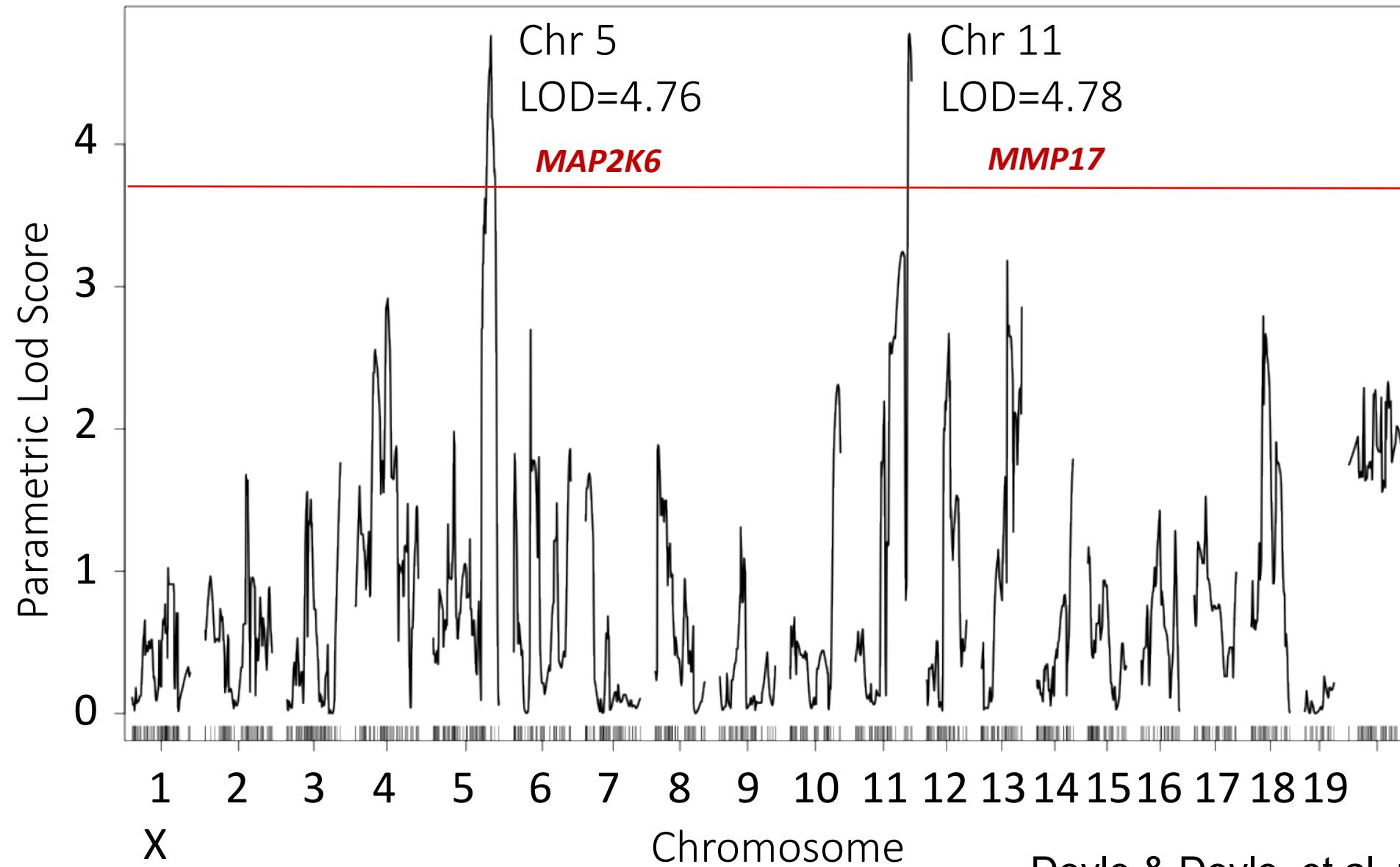


300 interbred mice at 6 months
 $Ao < 2.2 \text{ mm}$ ($n=35$) versus $Ao > 2.7 \text{ mm}$ ($n=40$)

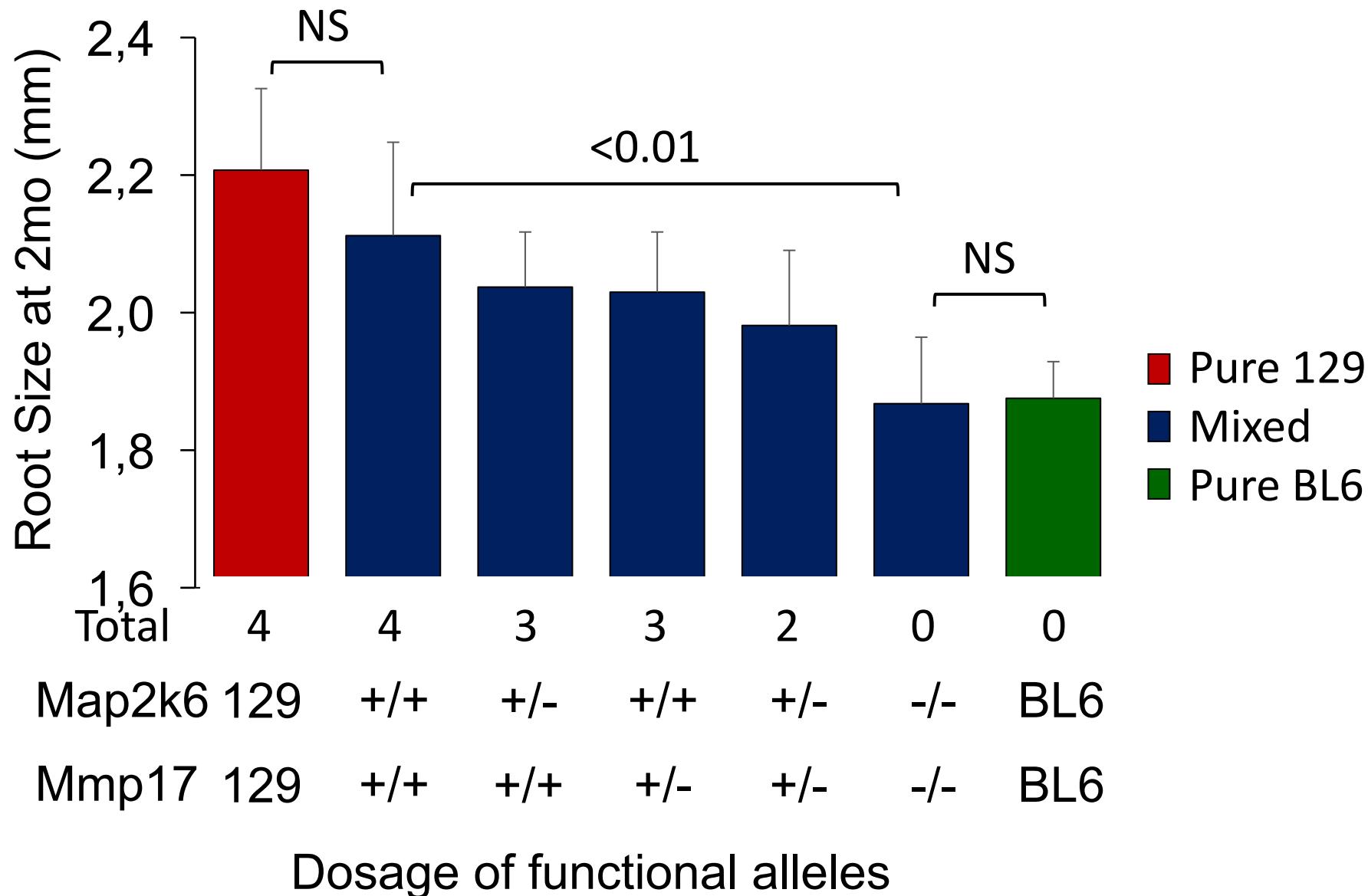


Genome-wide linkage analysis:
2 loci with evidence of epistasis
between the loci ($MfLOD=12.8$).

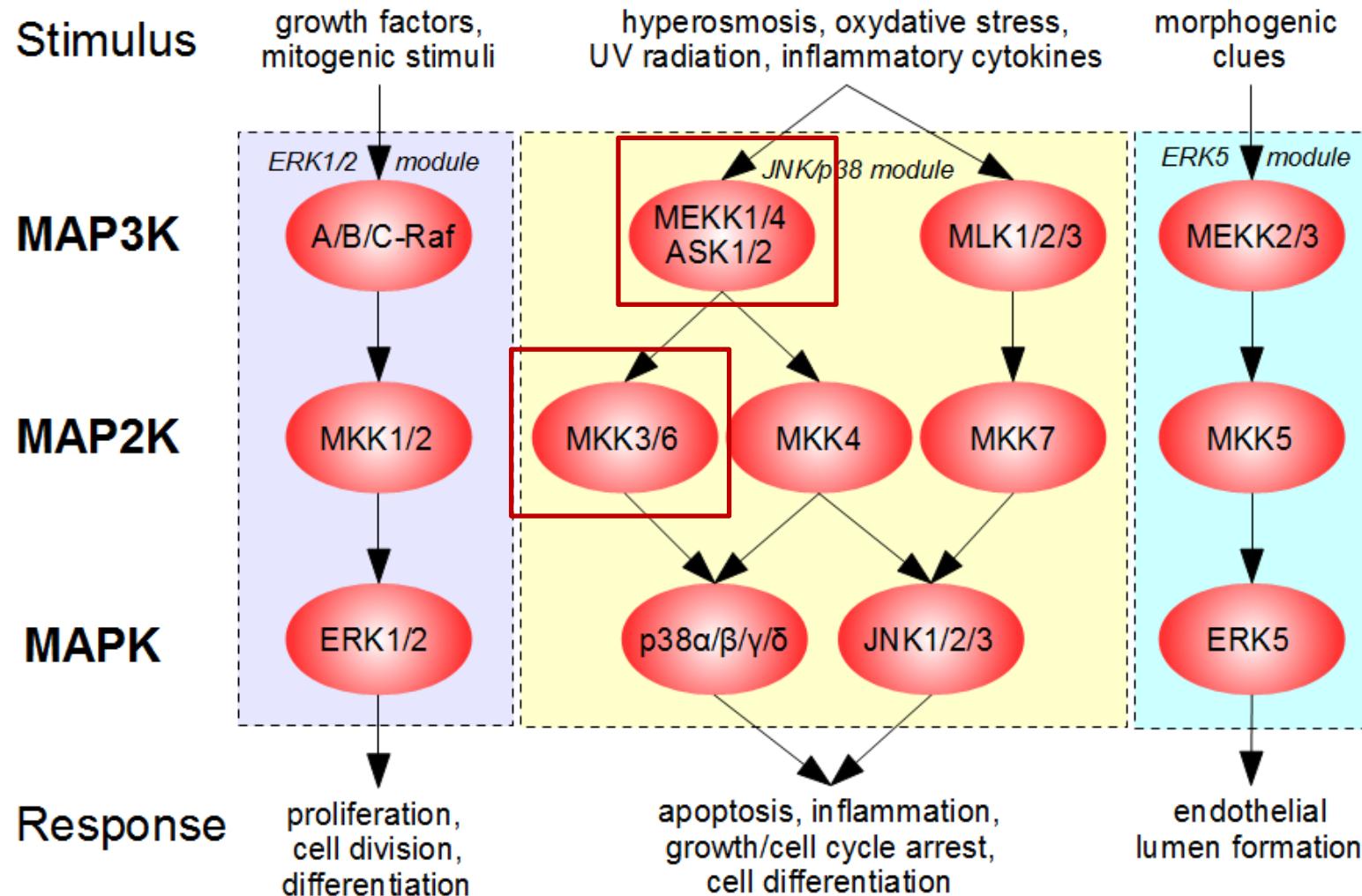
Genomewide linkage in 129Sv-C57Bl/6 MFS mice



Epistatic effect on aortic root diameter



Mammalian MAPK cascades



Mouse background for aneurysm genes

Gene	Protective background	Aggravating background
<i>FBN1</i>	C57Bl6	Sv129
<i>SMAD3</i>	C57Bl6	Fvb1/C57Bl6
<i>SMAD6</i> *#	C57Bl6, BALBc (<C57, >Sv)	Sv129
<i>BGN</i>	C57Bl6, C3H	BALBc
<i>NOTCH1</i>	C57Bl6/BTBR	Sv129
<i>COL3A1</i>	Sv129, BALBc	C57Bl6
<i>IPO8</i>	Sv129	C57Bl6

*homozygous pre-weaning lethality

#Cardiovascular issues reported in Sv129/BALBc, skeletal phenotype reported in C57Bl6/BALBc

Why modifier studies for thoracic aortic aneurysm?

No current preventive or curative medical treatments for thoracic aortic aneurysm/dissection



Discovering mother nature's own modifying capabilities in human and mouse aortopathy offers the unique opportunity to advance our current pathophysiological understanding of aortic aneurysmal disease and to identify new therapeutic strategies

Thank you !

