Genetics of congenital heart diseases
Old ideas and new concepts
Or Old concepts and new ideas

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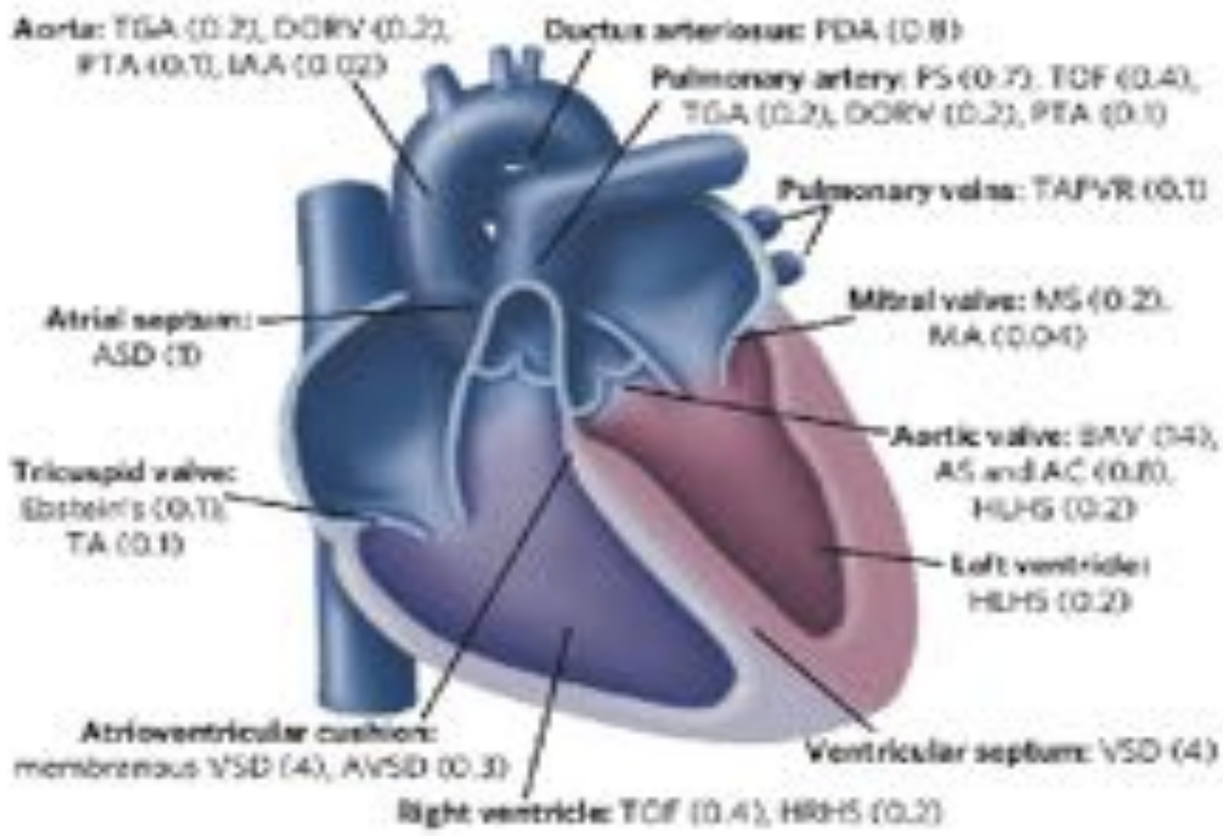
IcarP Cardiology, Institut Hospitalo-Universitaire IMAGINE

Centre de Référence Maladies Rares
Malformations Cardiaques Congénitales Complexes-M3C
Centre de Référence Maladies Rares
Maladies Cardiaques Héréditaires- CARDIOGEN

Congenital heart diseases

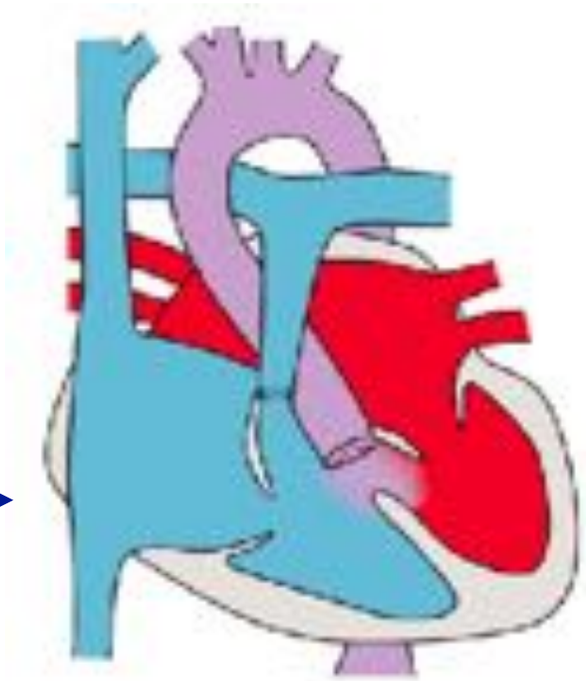
- Incidence: 8/1000 live-births
- 28% : associated anomalies
  > 600 entries in OMIM
- Genetic counseling is a challenge as survival is now the rule



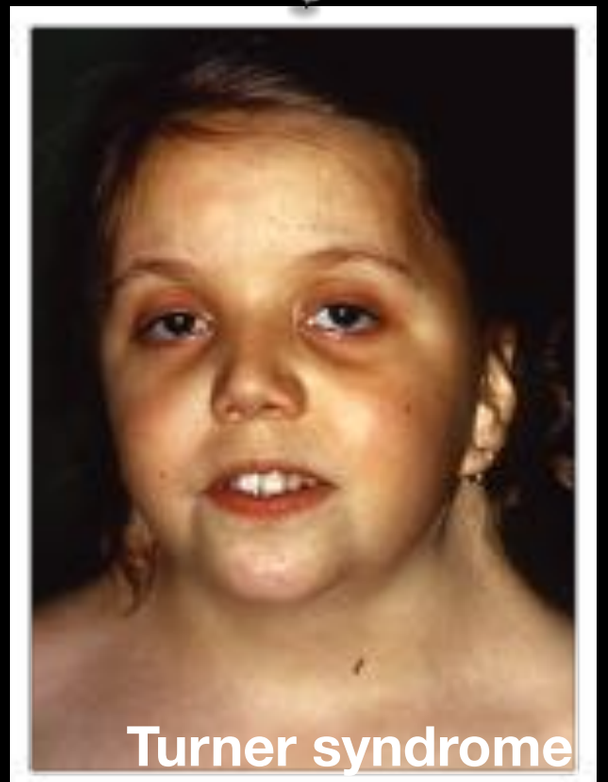
The developmental genetics of congenital heart disease

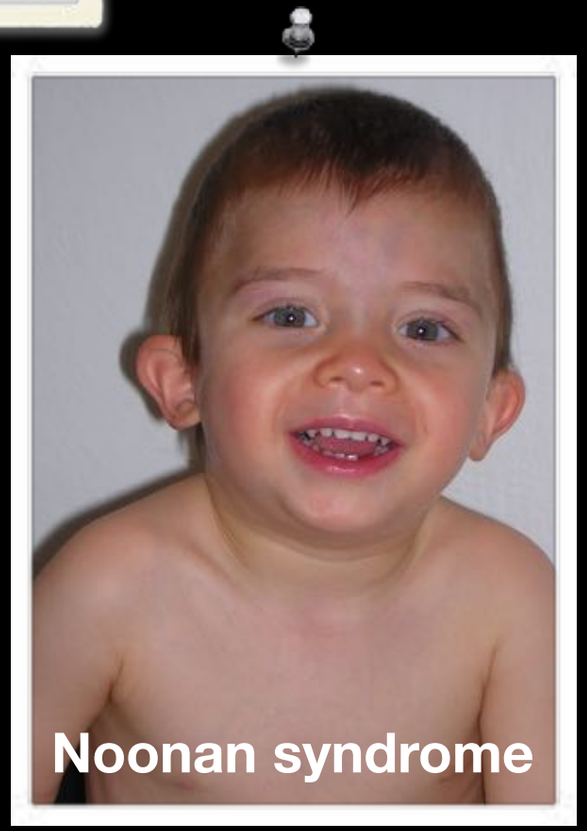
Benoit G. Bruneau

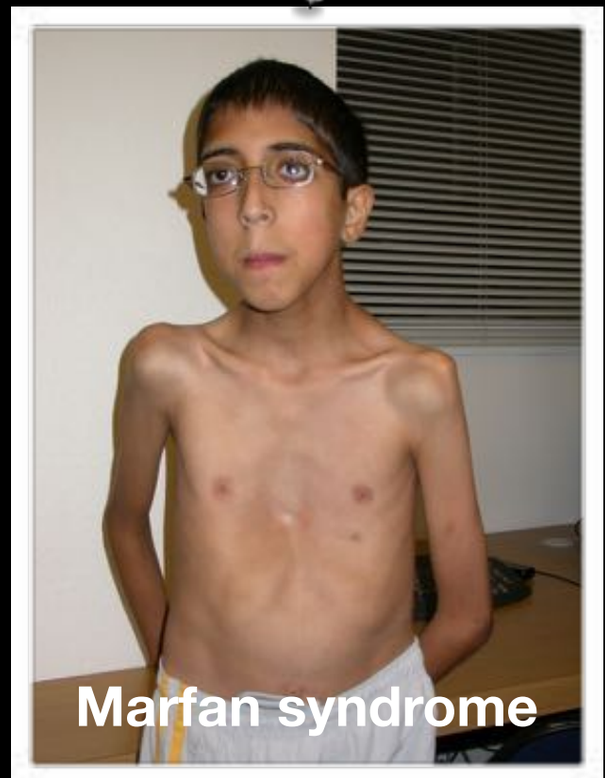
Well-known risk factors for congenital heart diseases

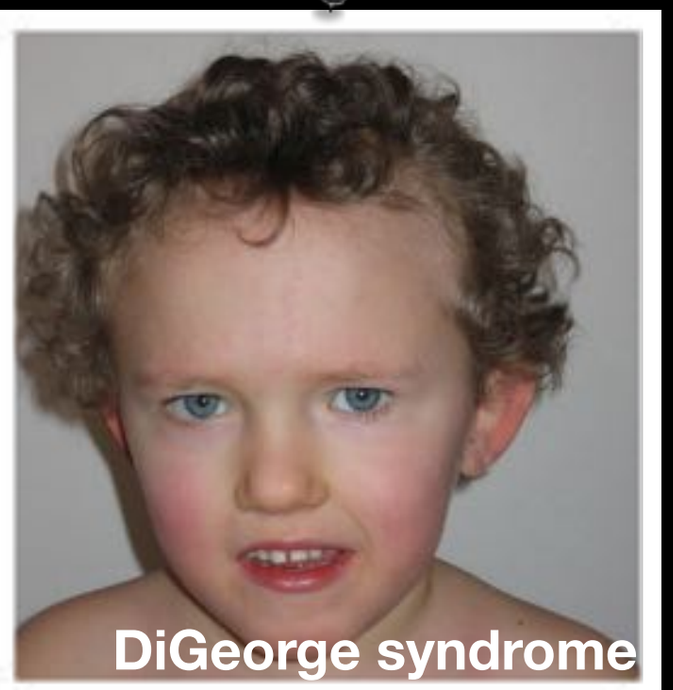


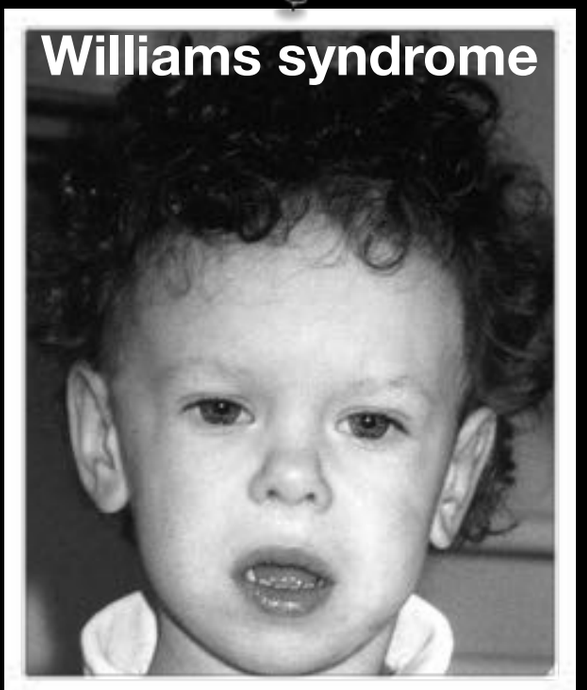
Old textbooks and clinical genetics

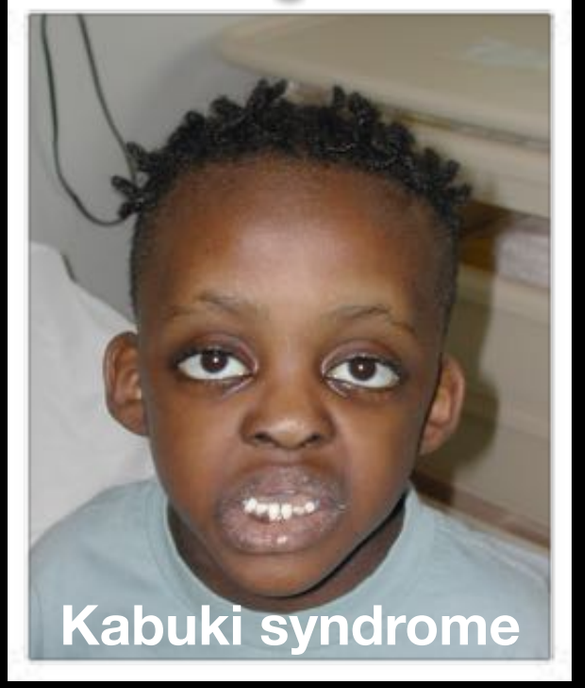


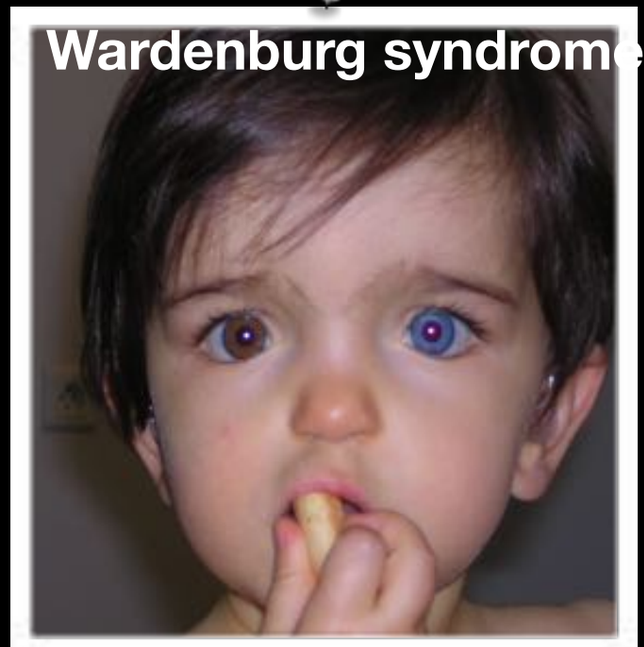






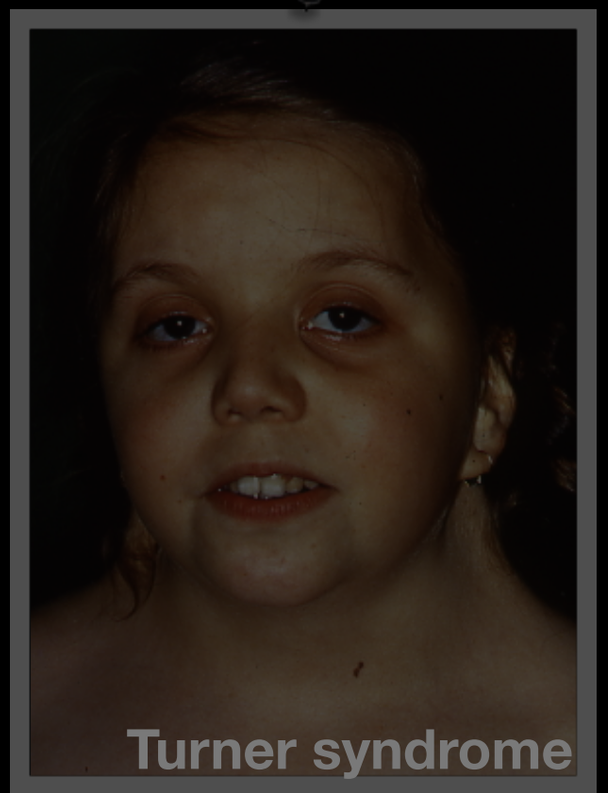


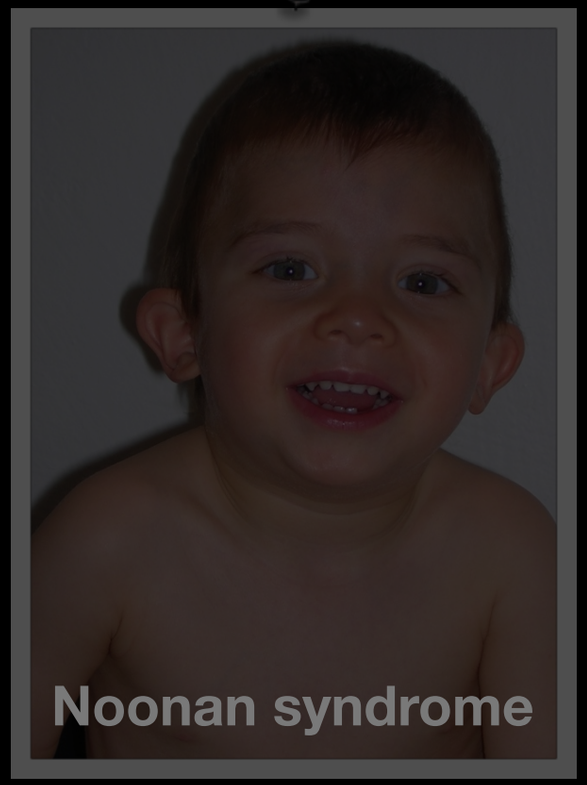


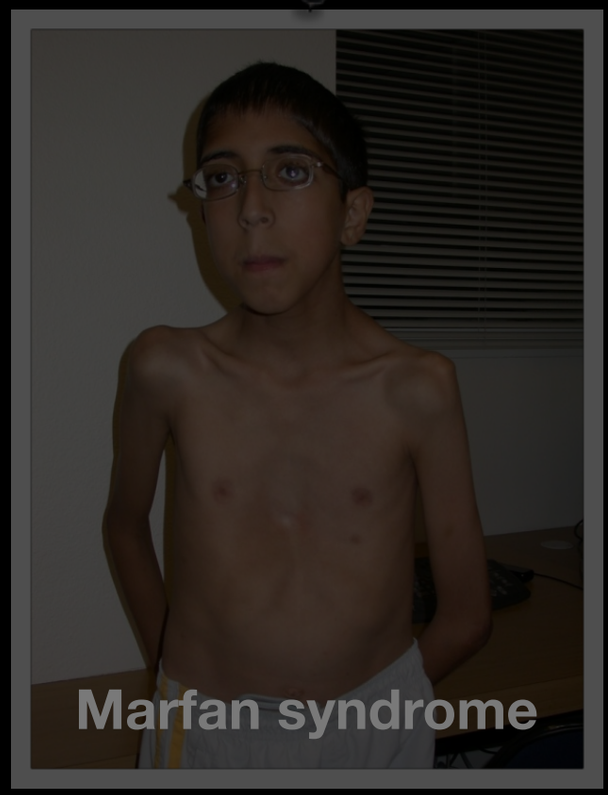


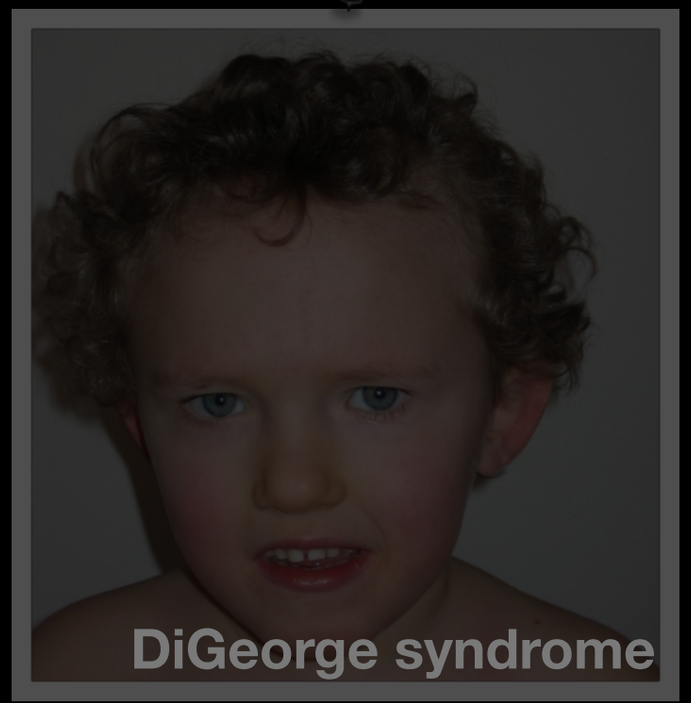
Old textbooks and clinical genetics

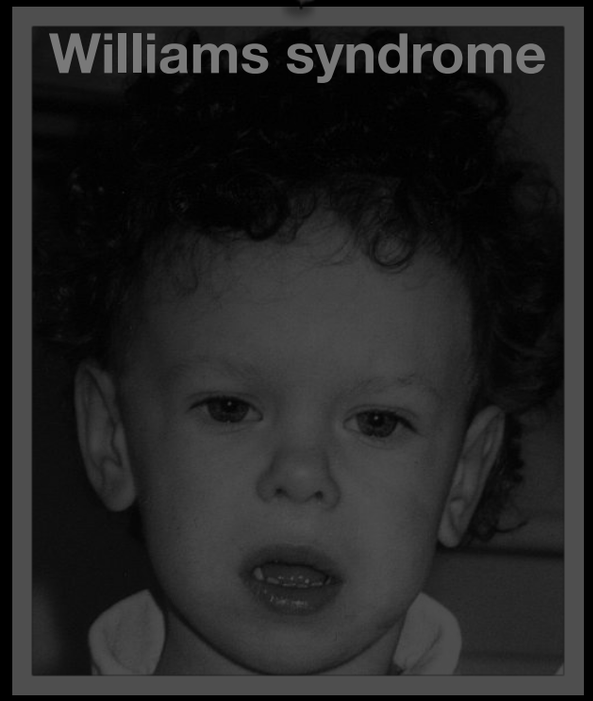

Down syndrome

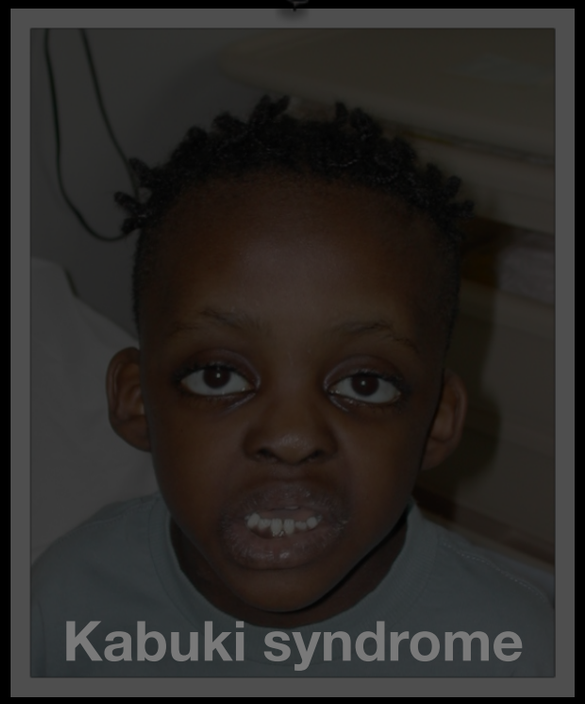

Turner syndrome

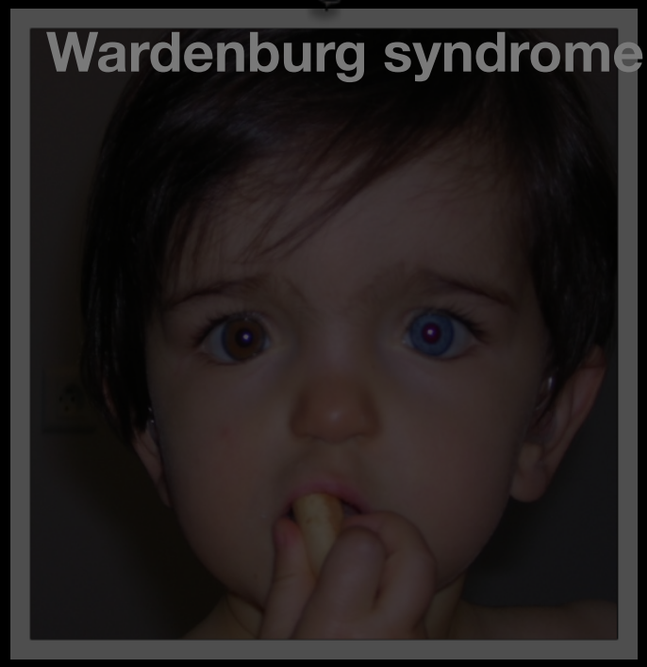

Noonan syndrome

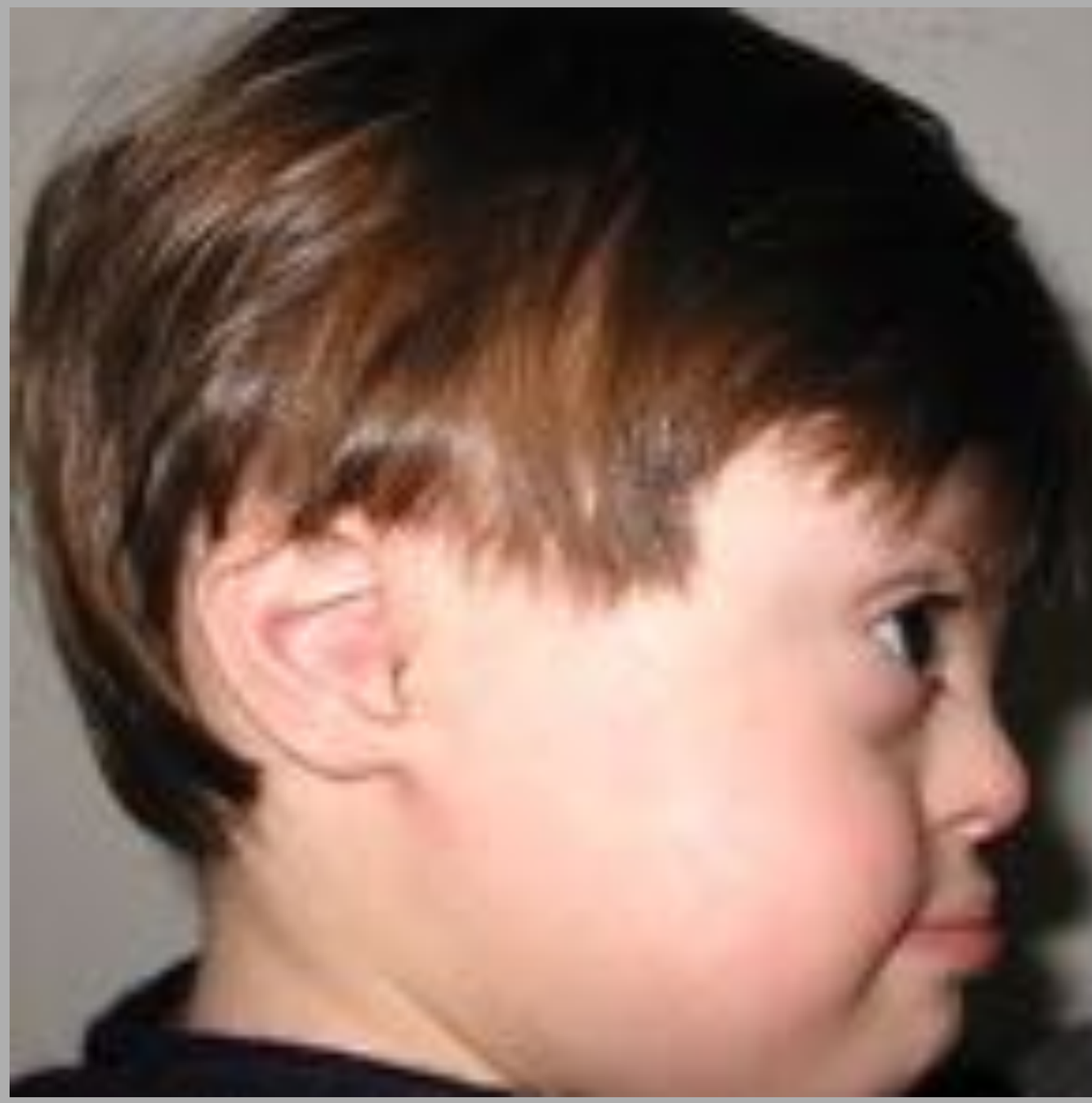

Marfan syndrome


DiGeorge syndrome

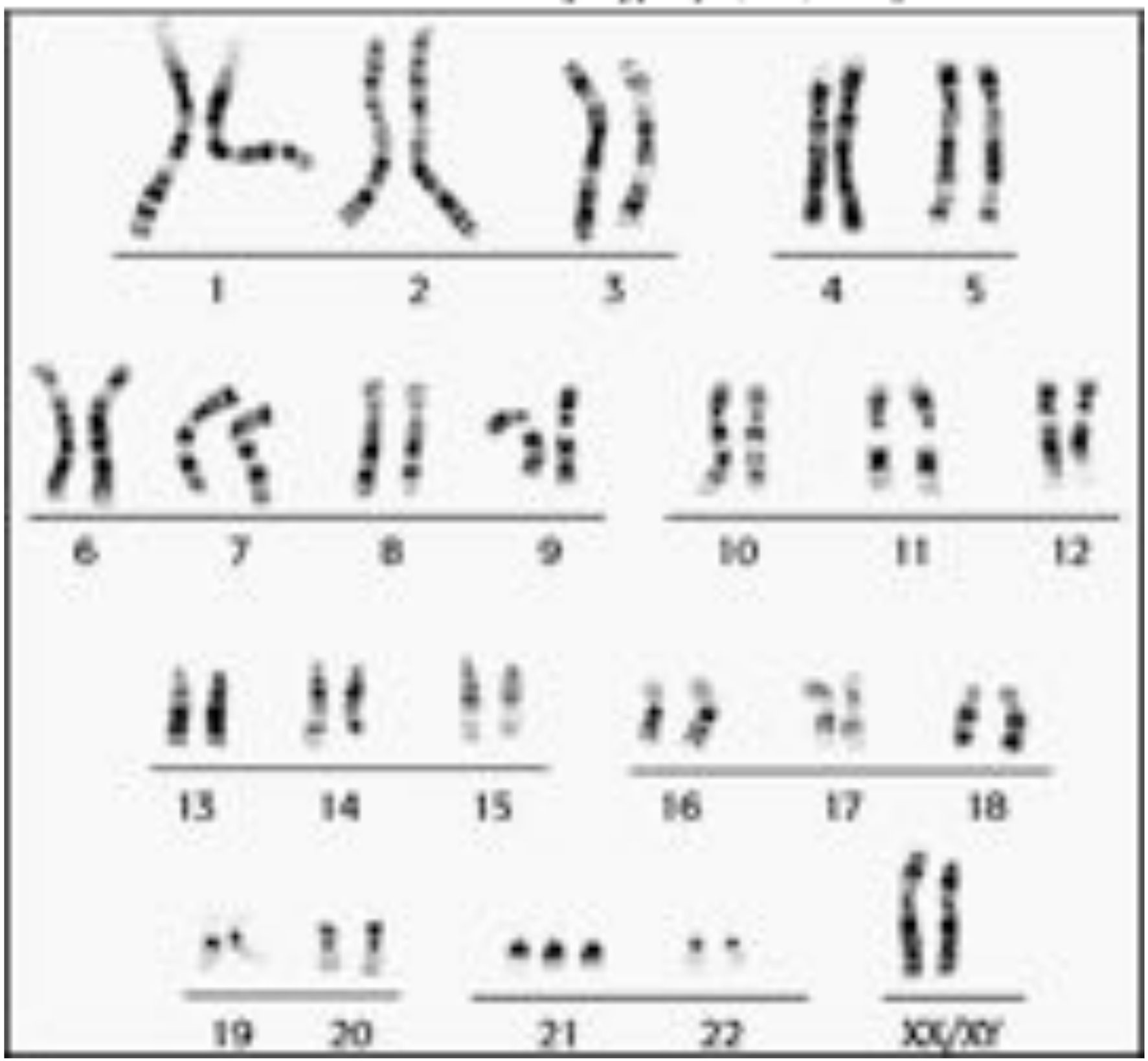

Williams syndrome


Kabuki syndrome


Wardenburg syndrome



Human Female Karyotype (46, XX, +21)

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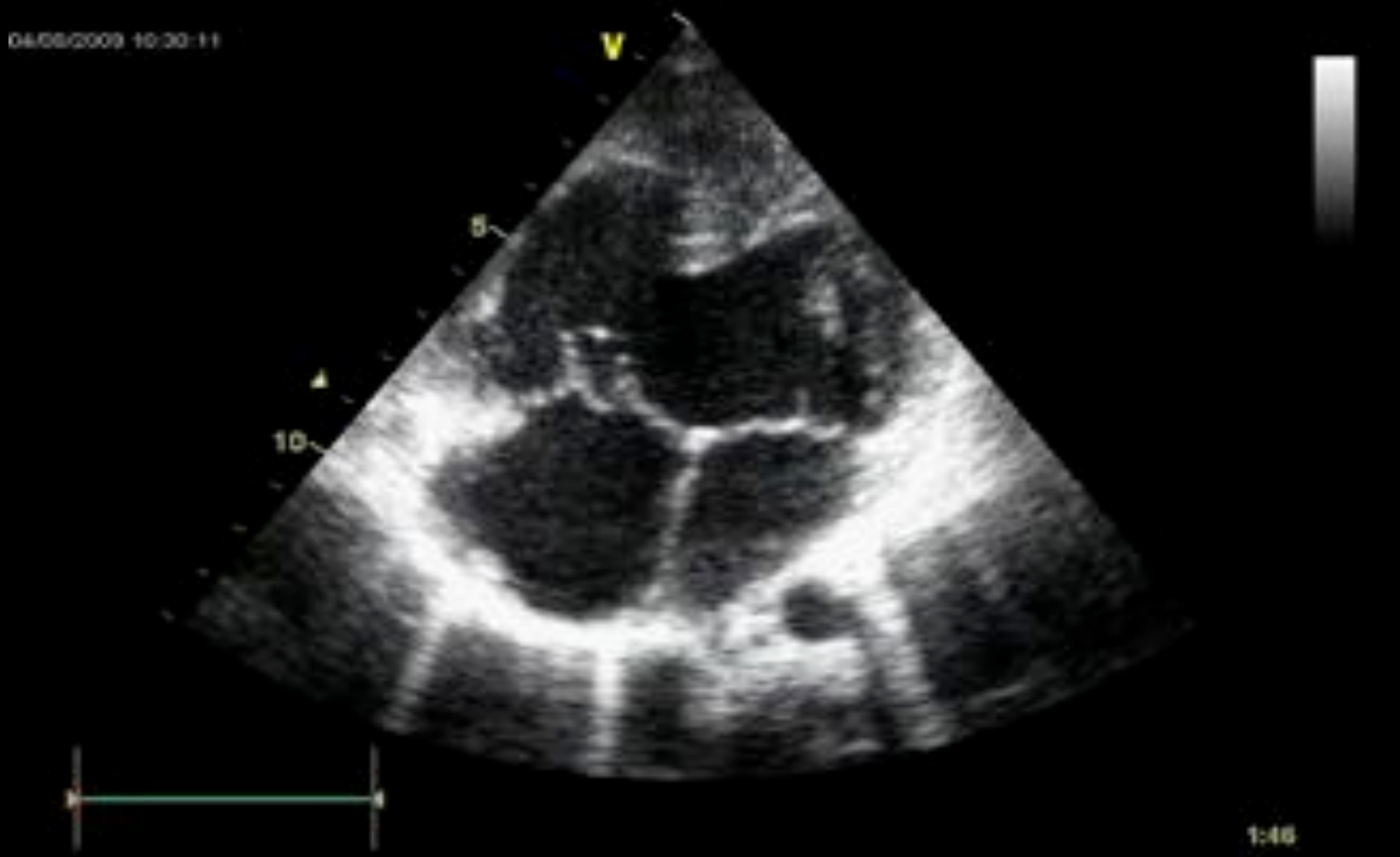
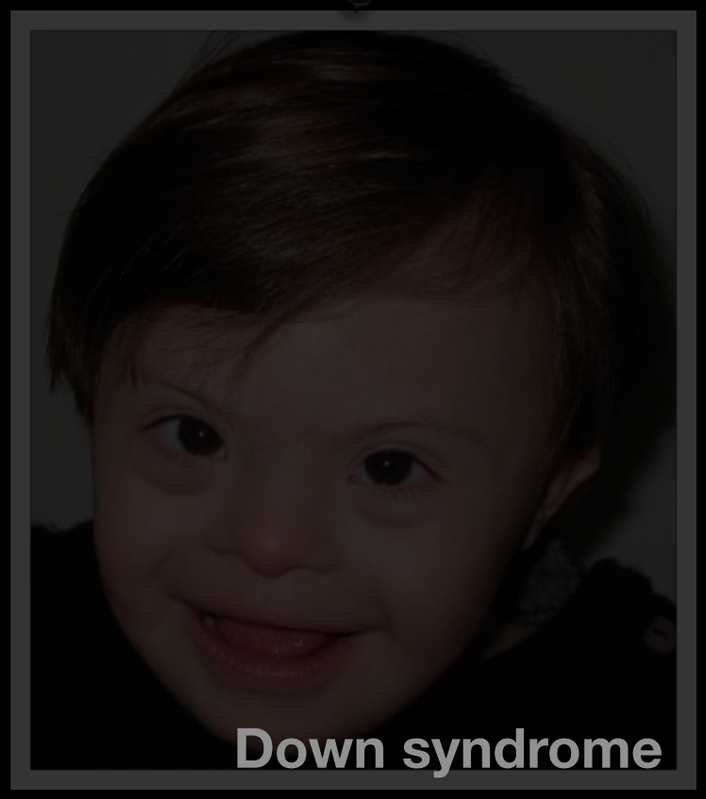
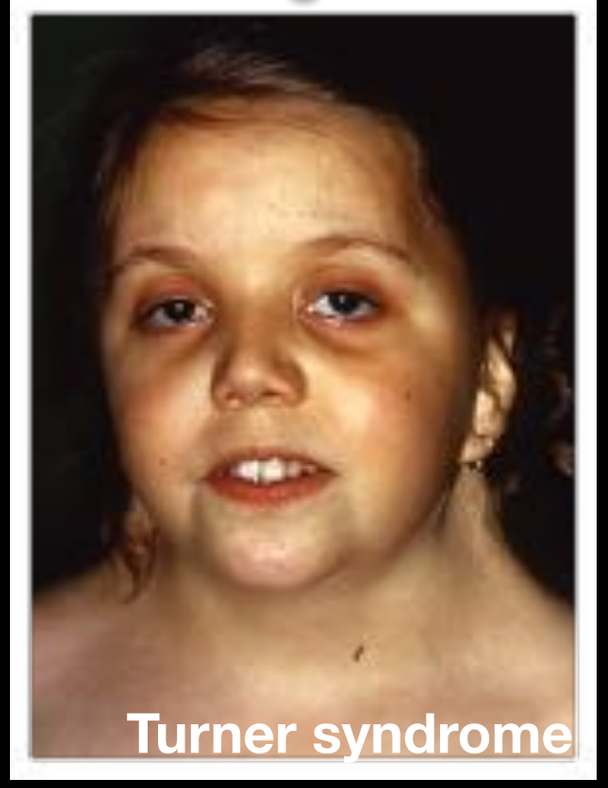
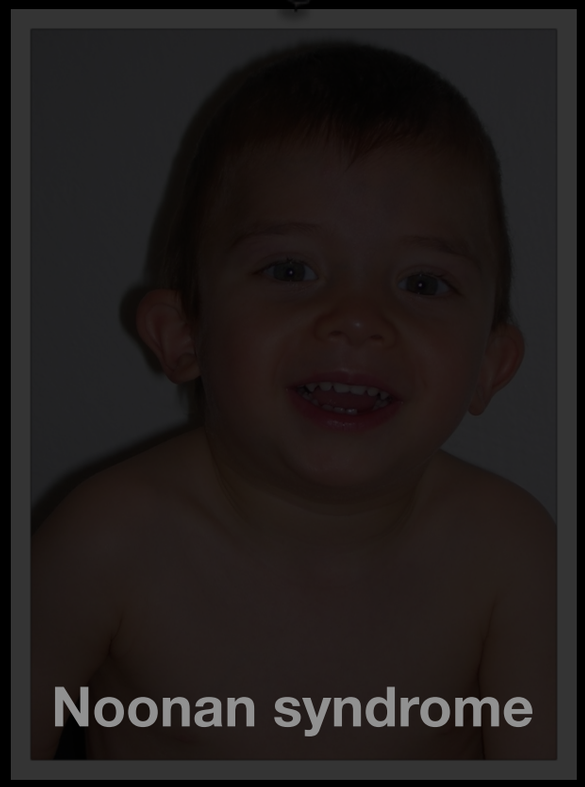
CIV d’admission

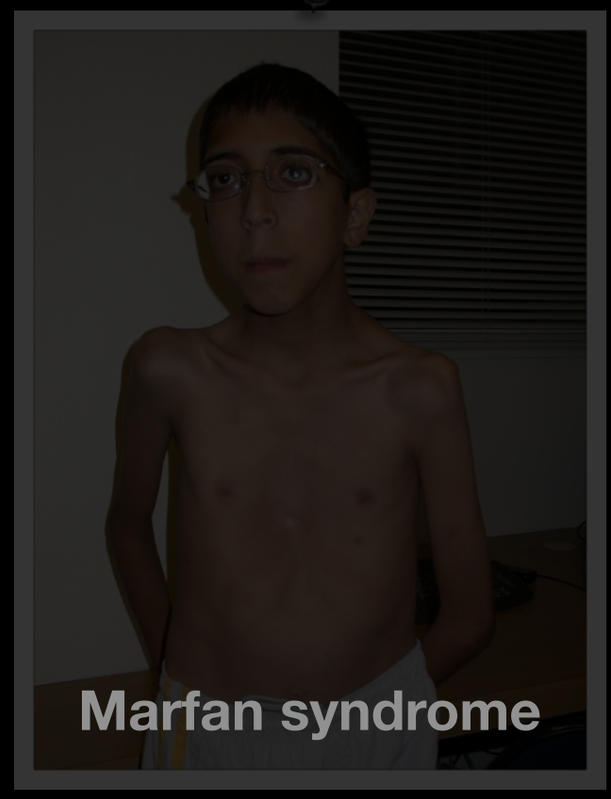


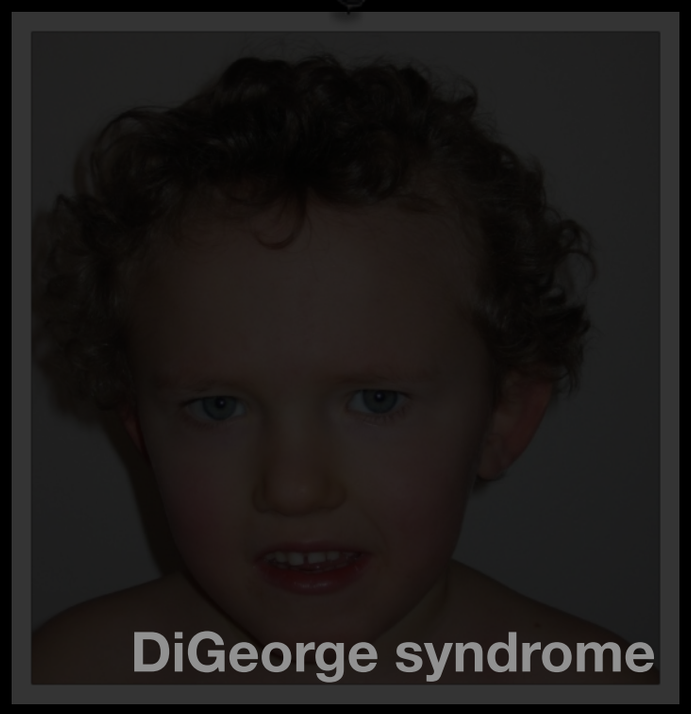
Old textbooks and clinical genetics

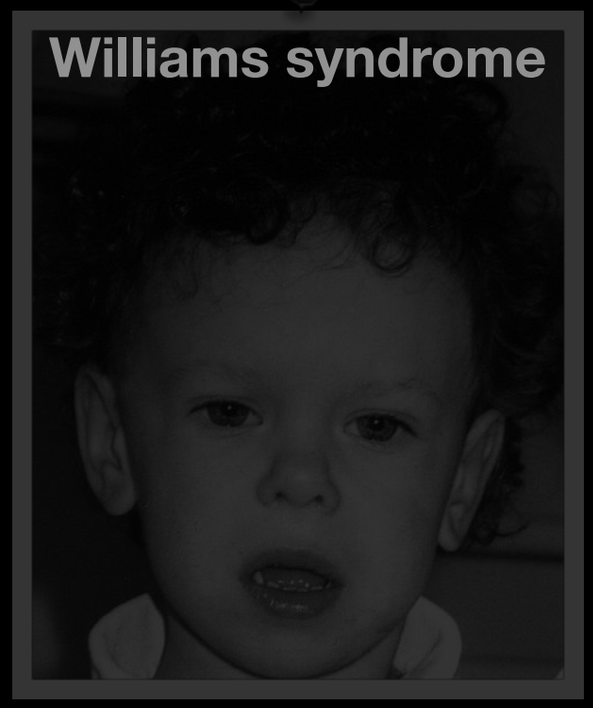


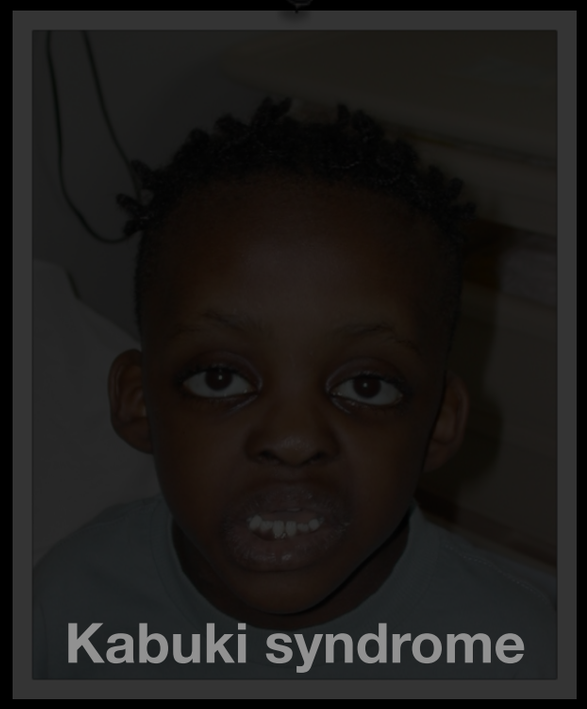


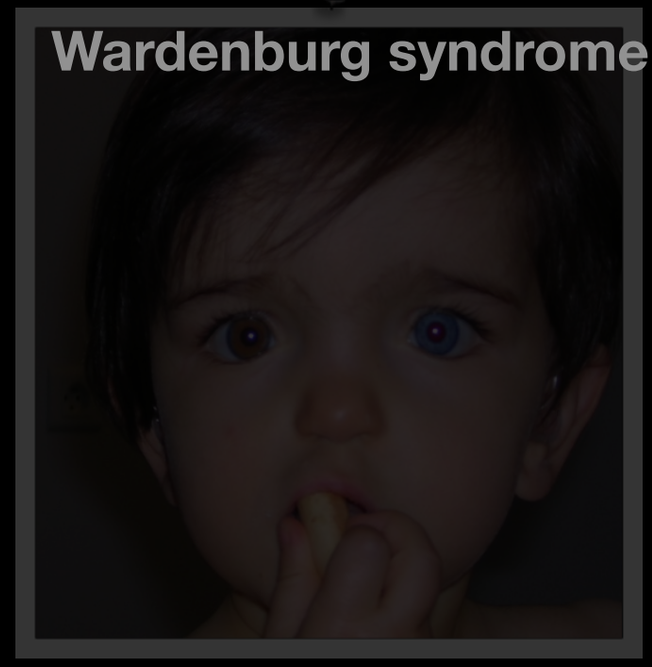


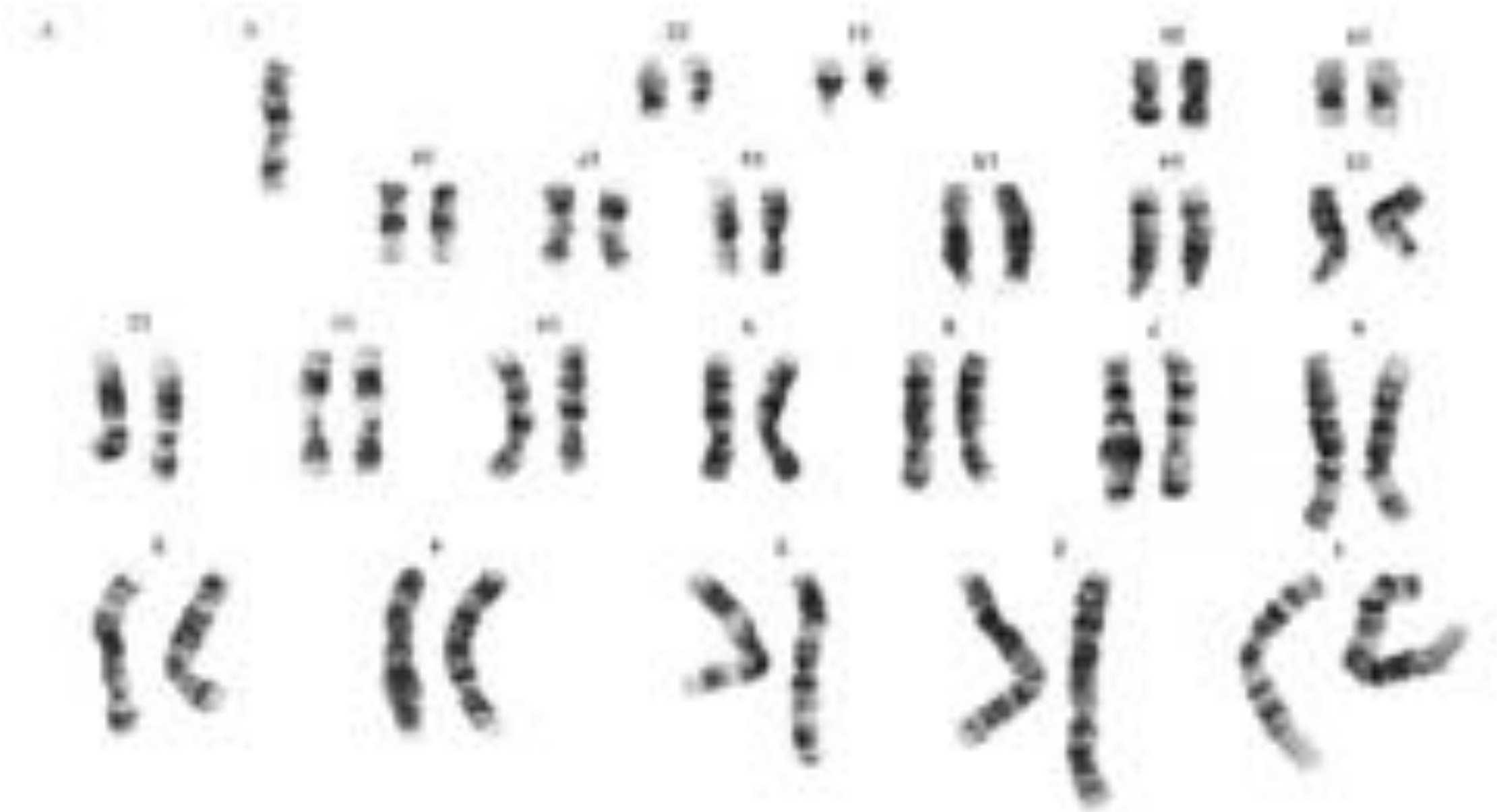


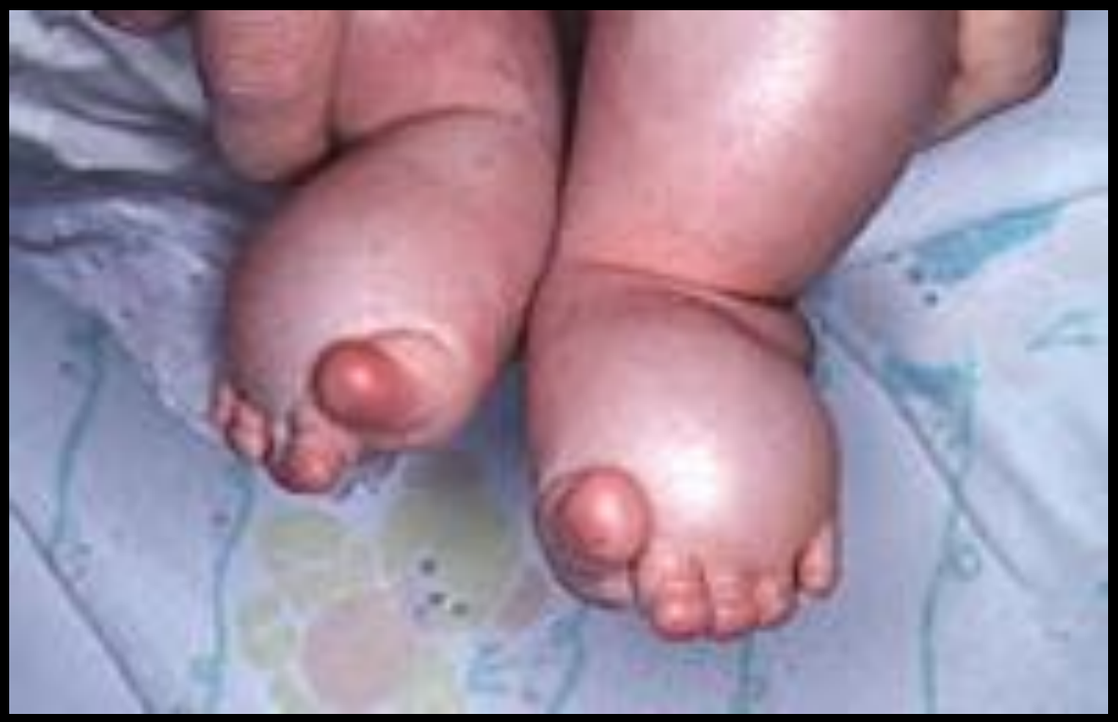


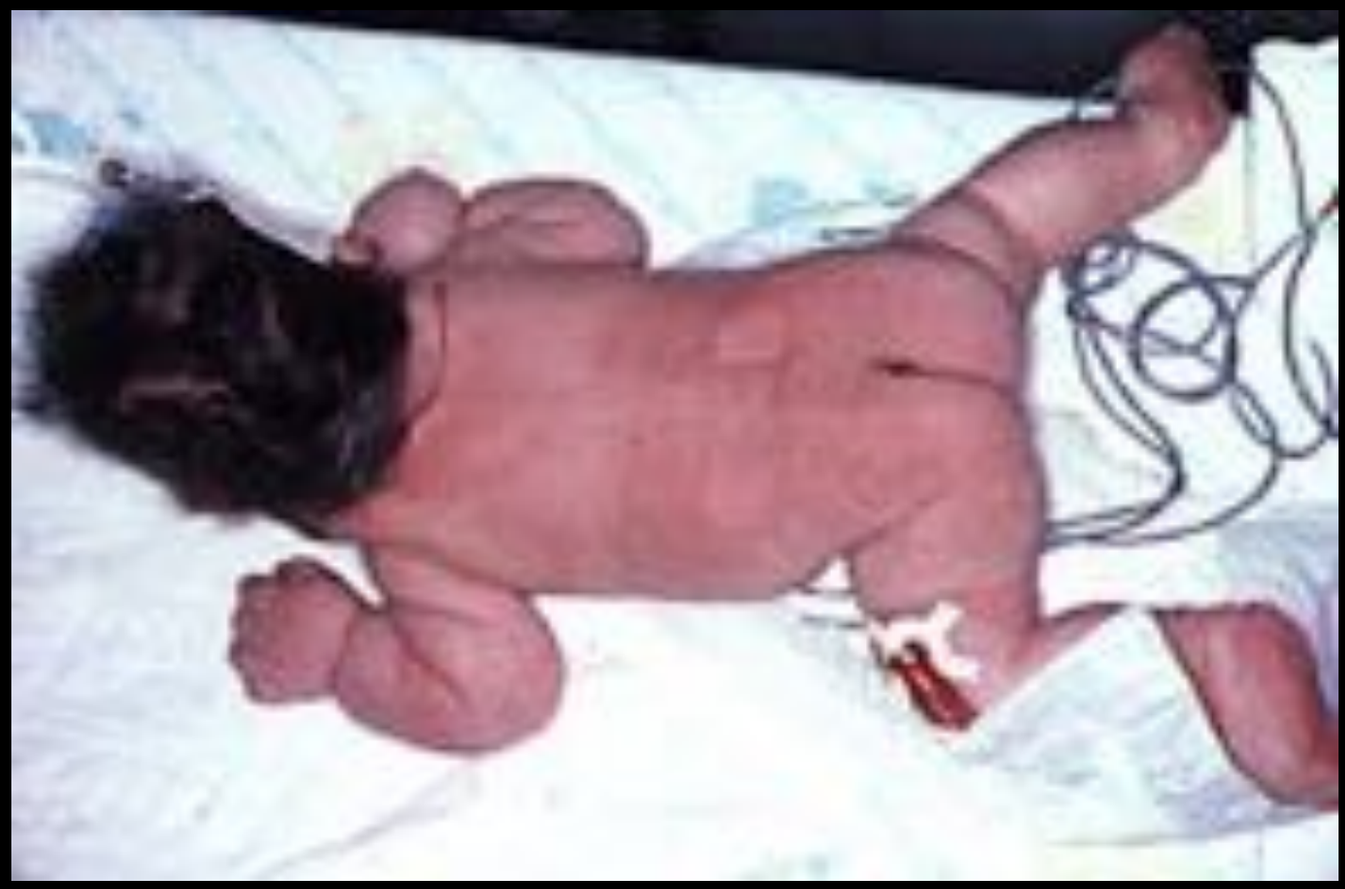




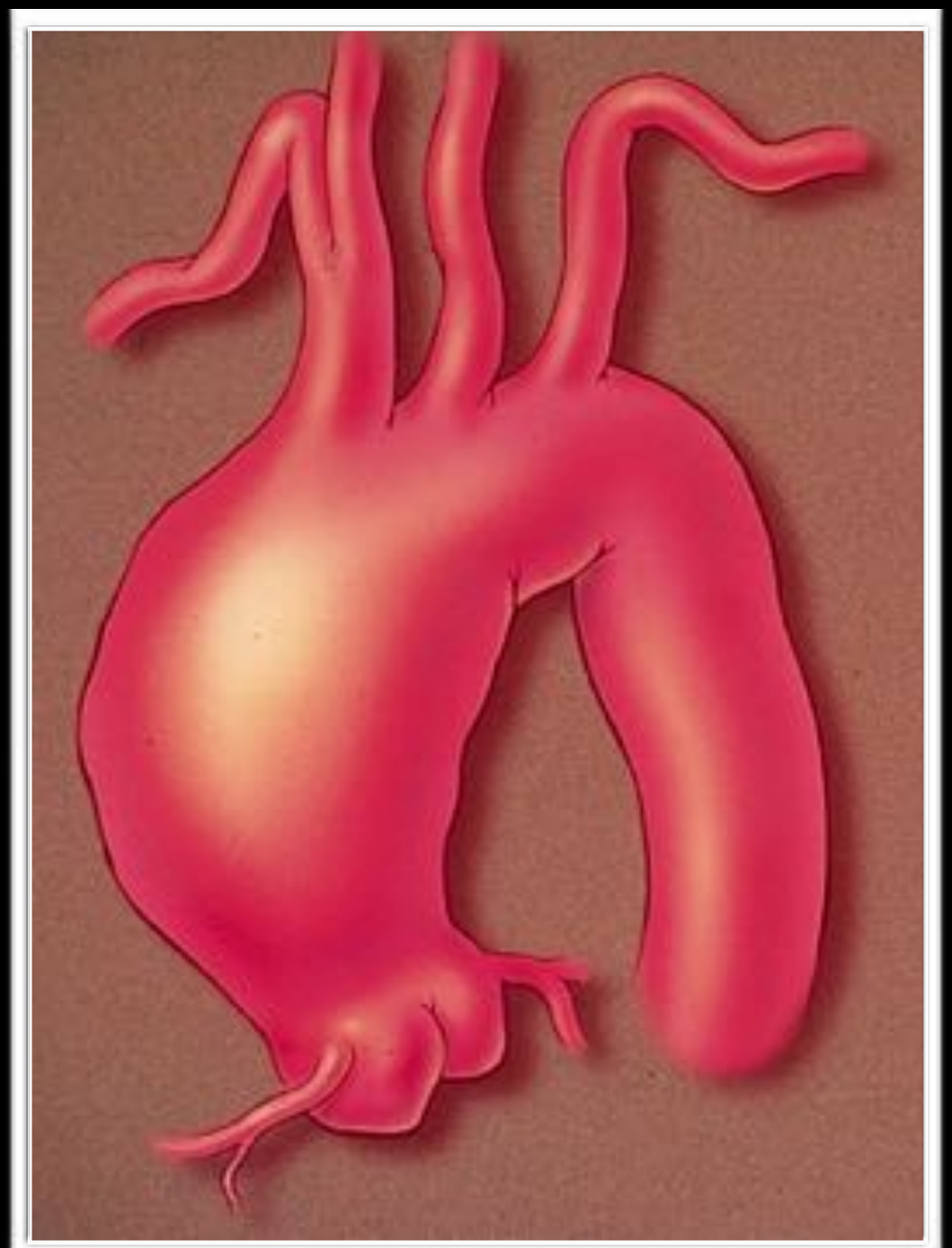


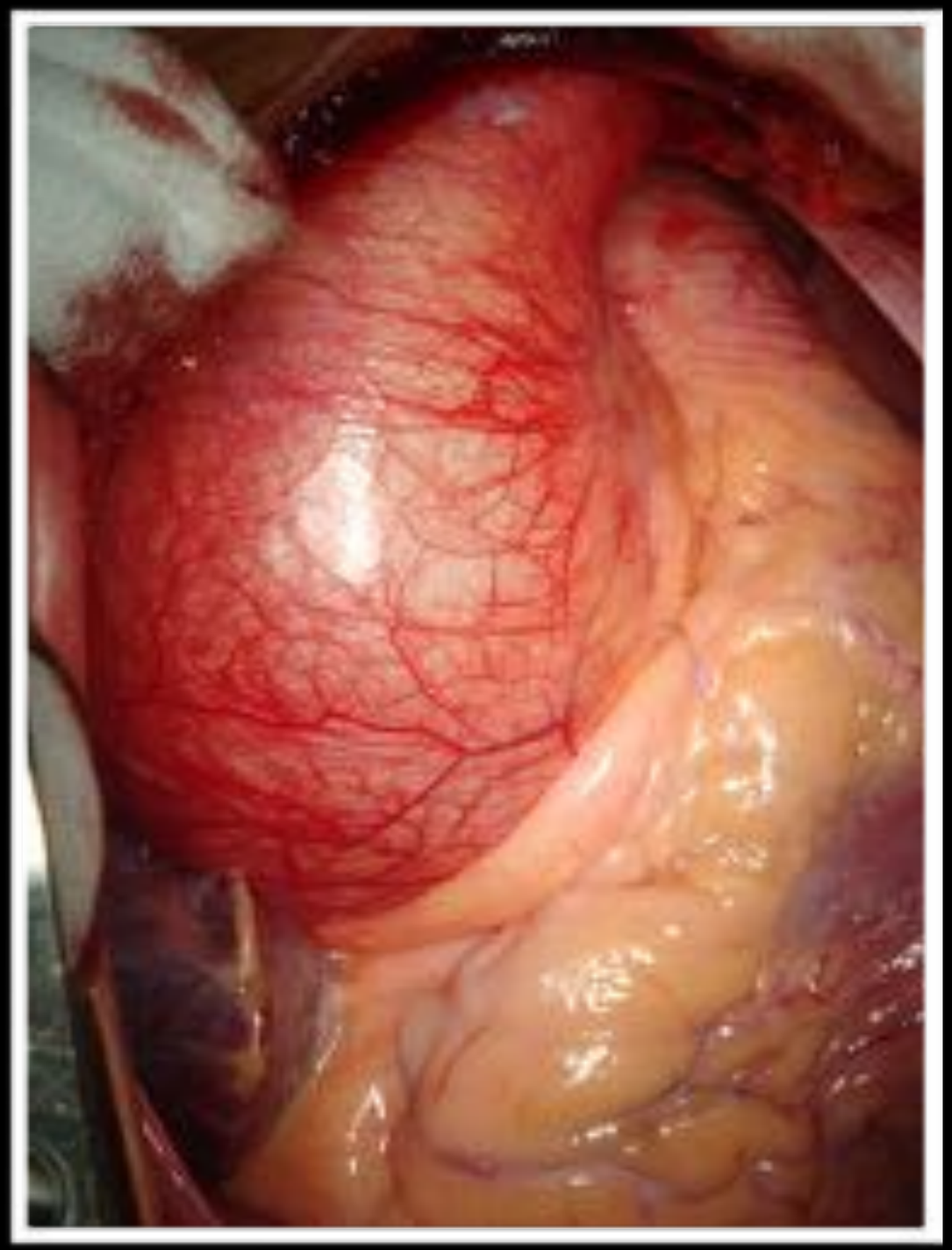




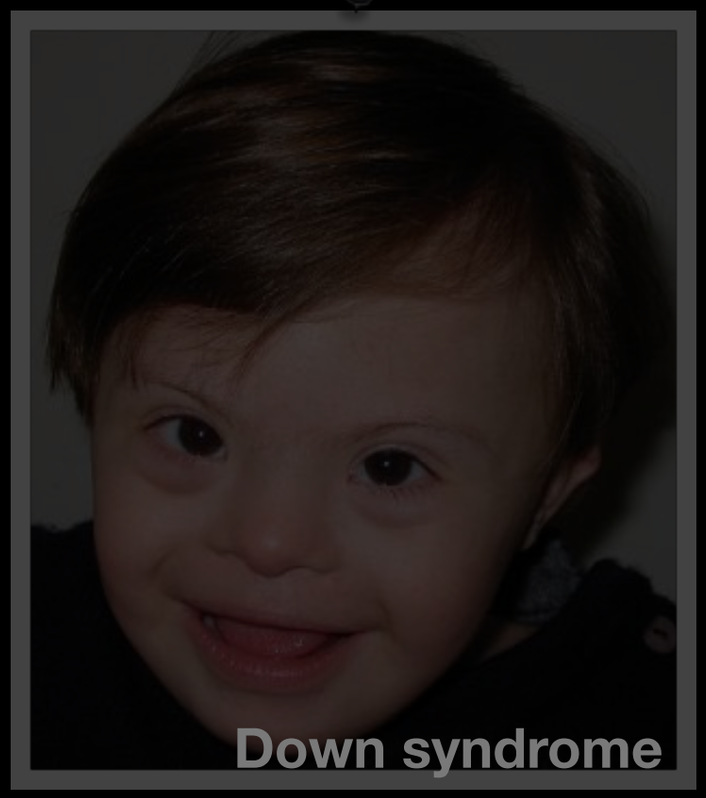


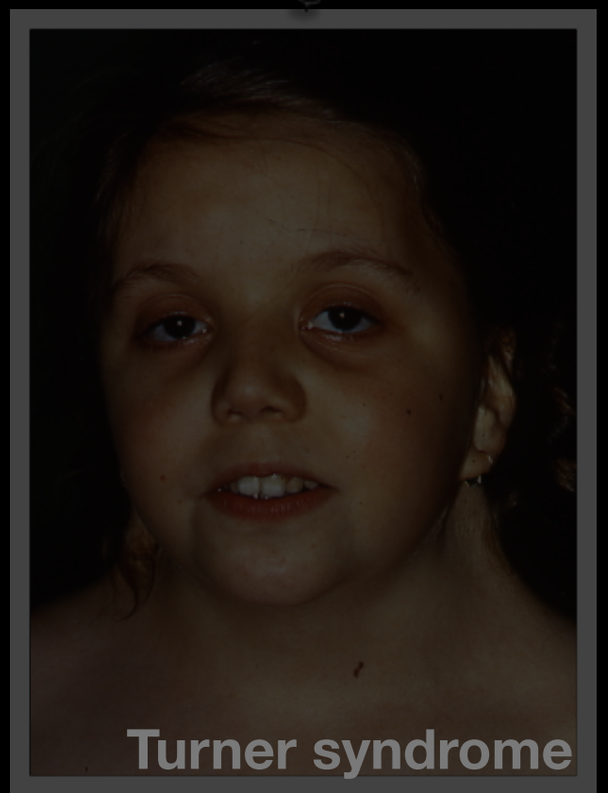
Syndrome de Bonnevie Ulrich

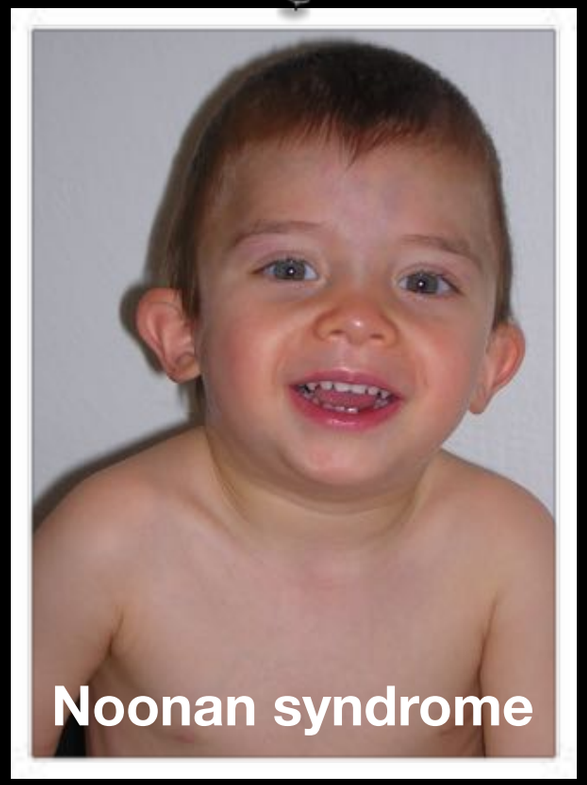


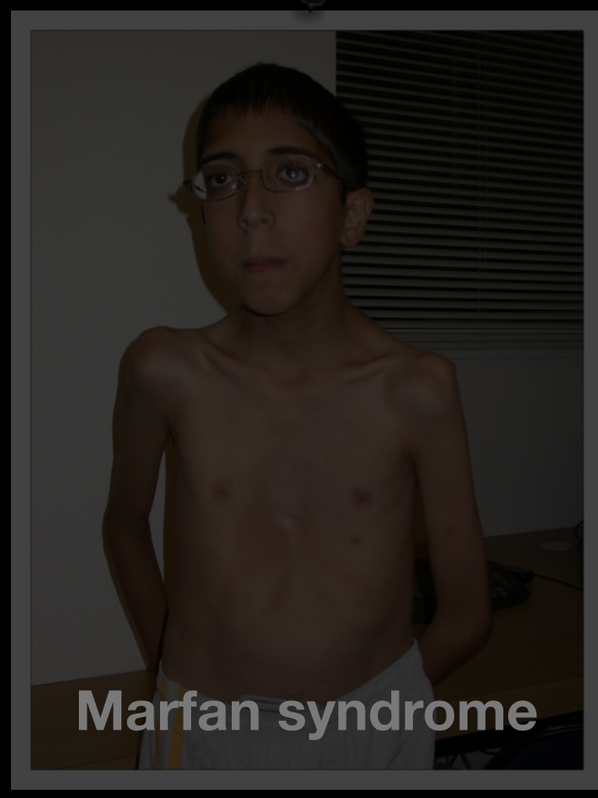


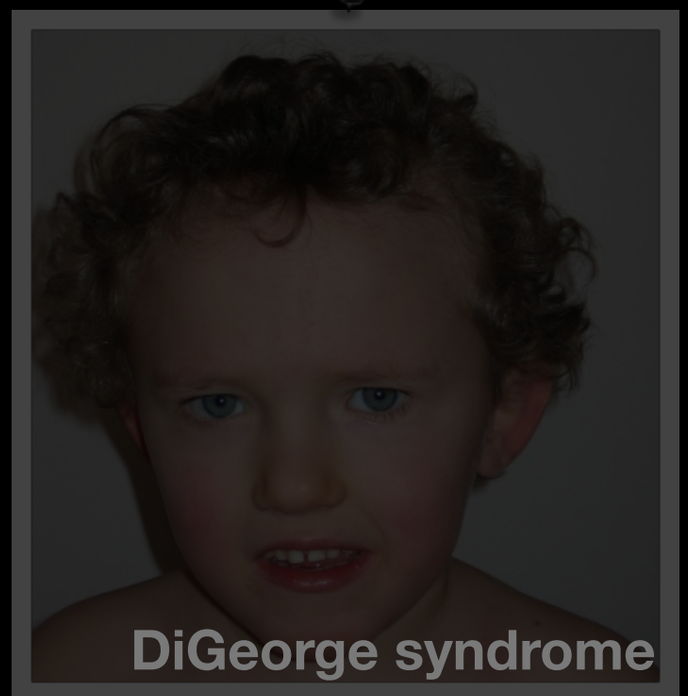
Old textbooks and clinical genetics

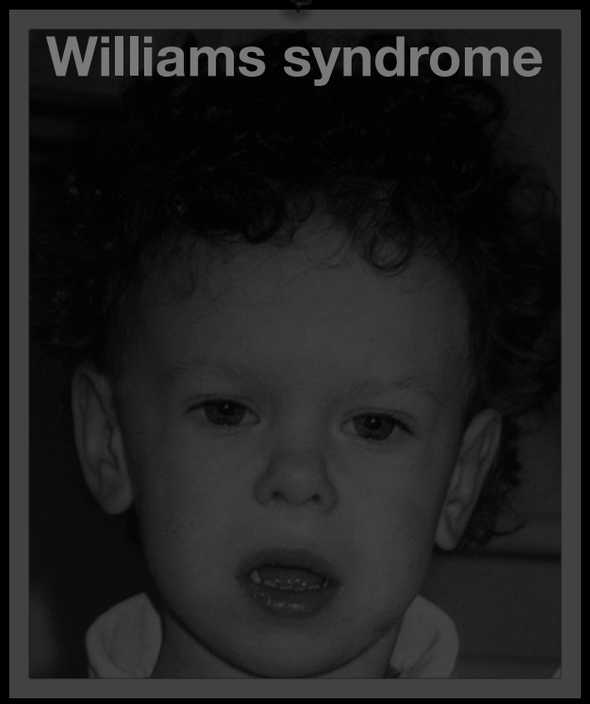


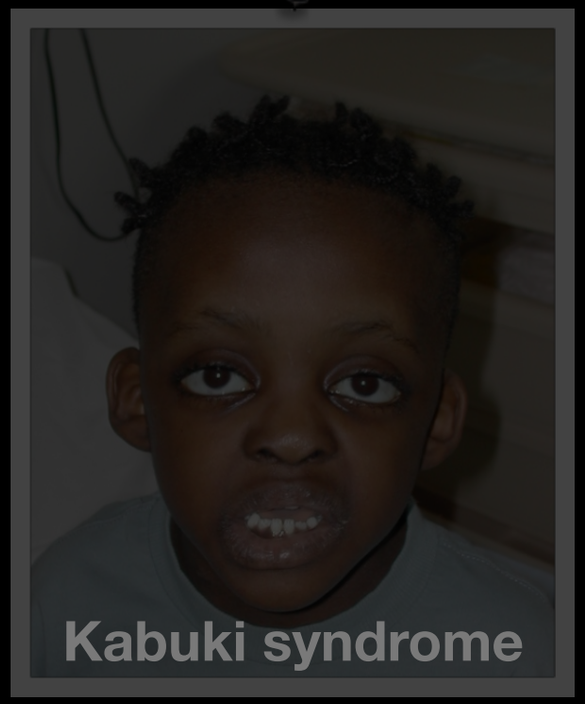


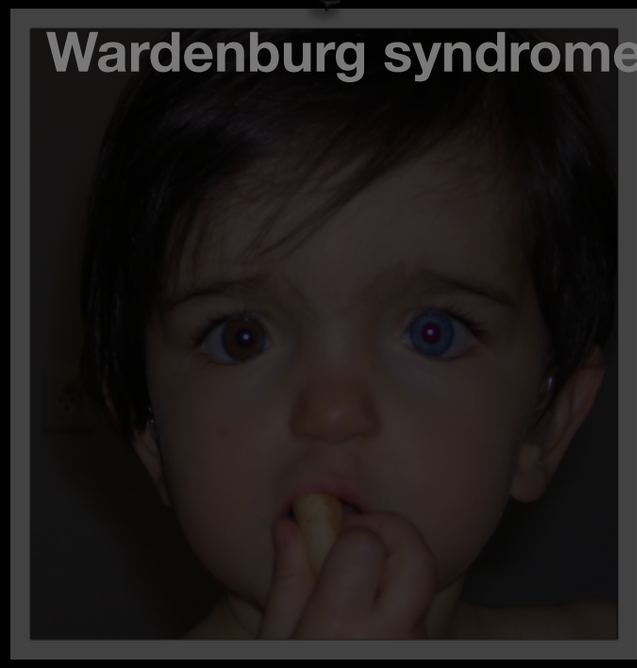










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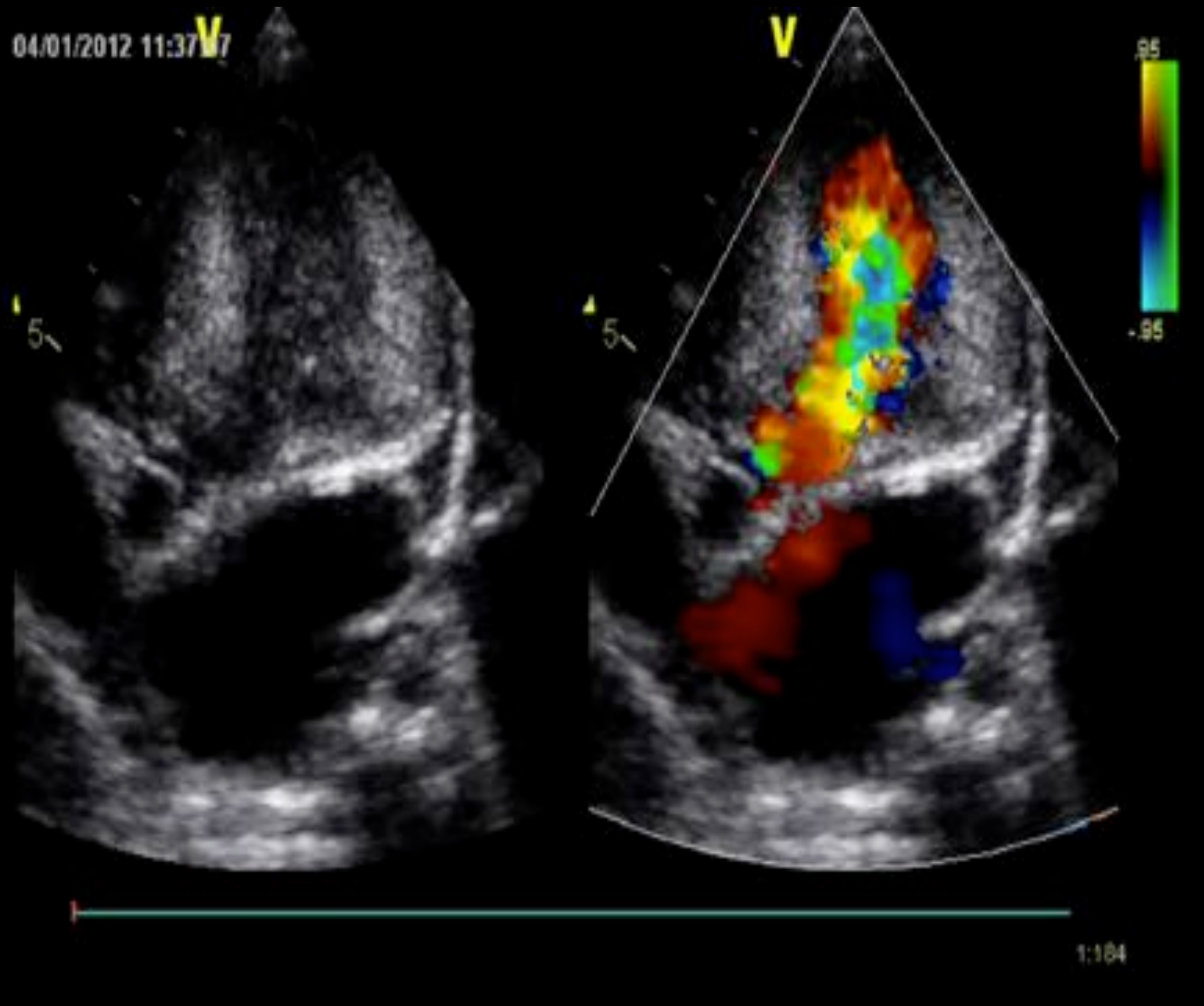
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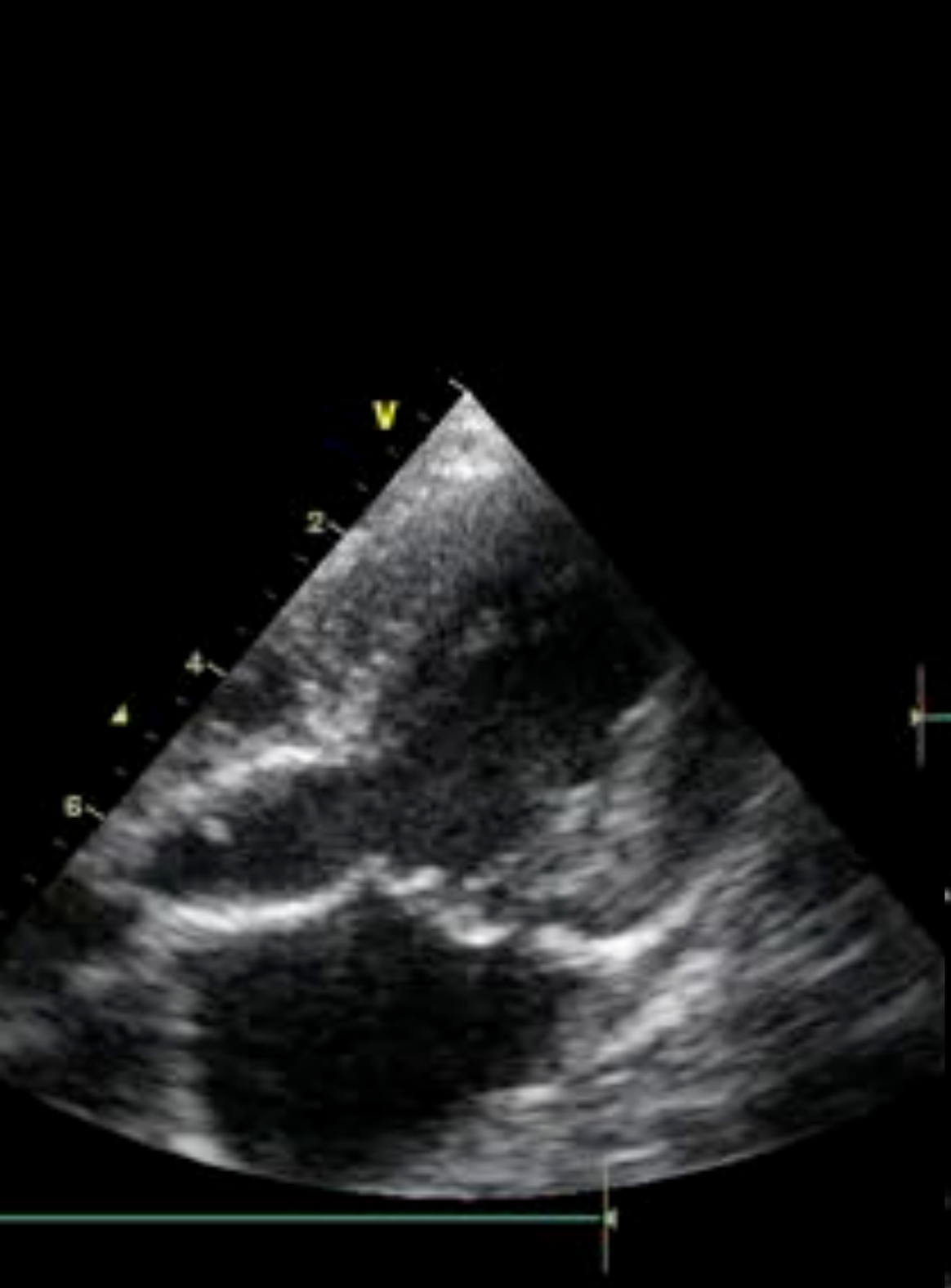
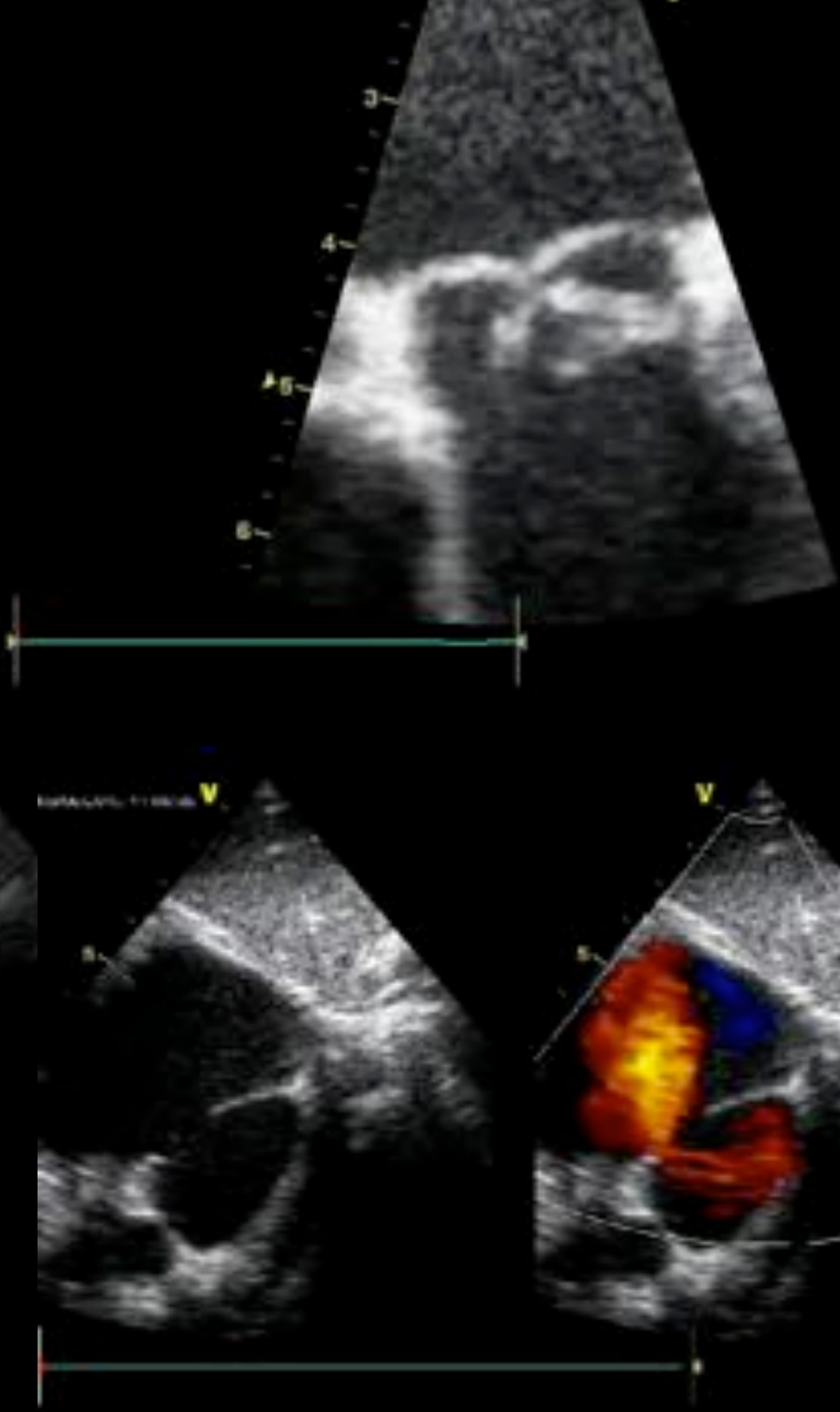
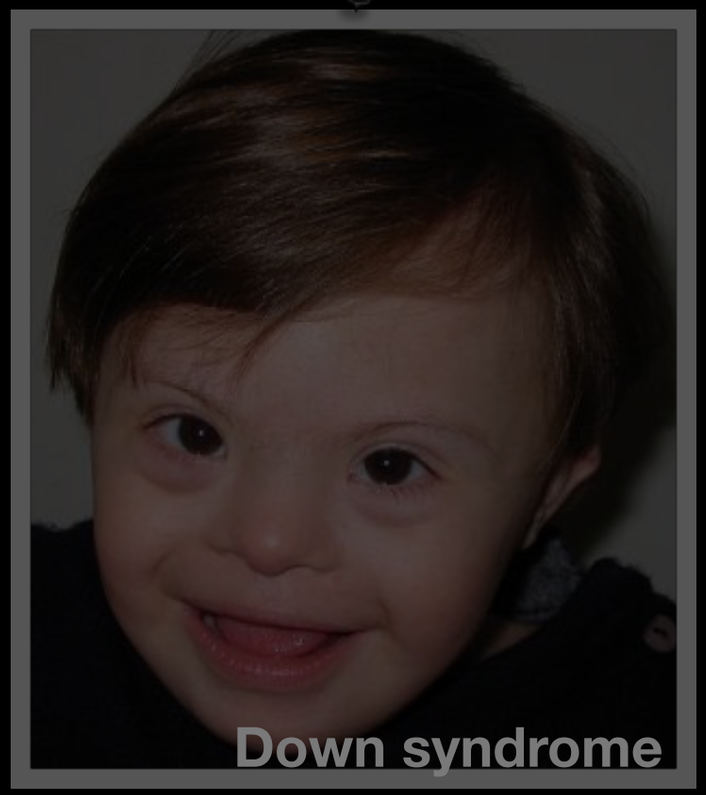
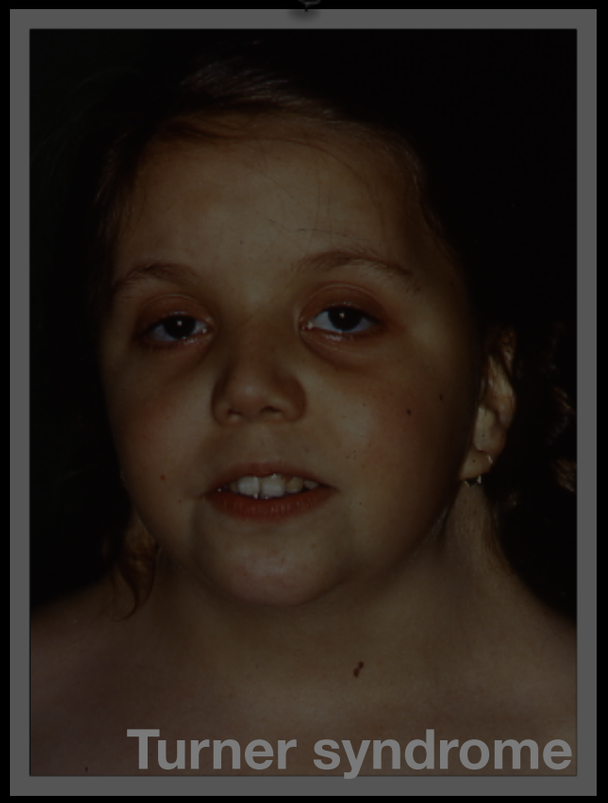
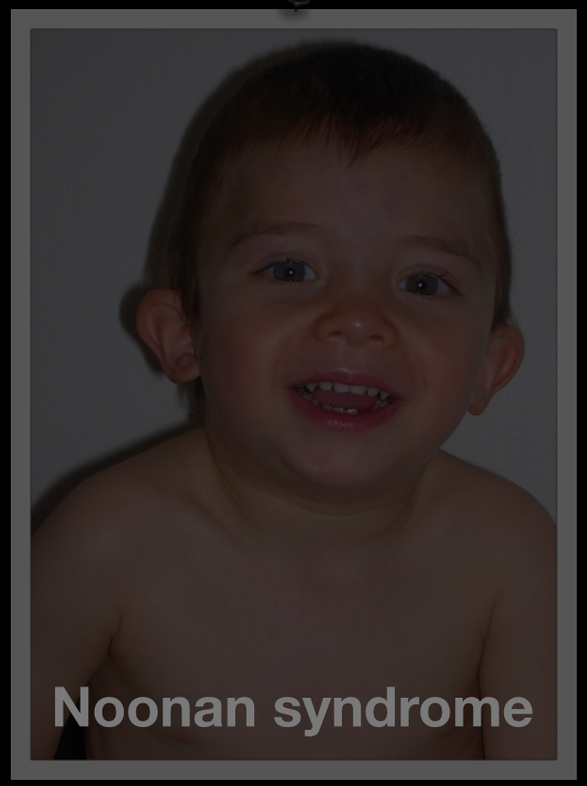


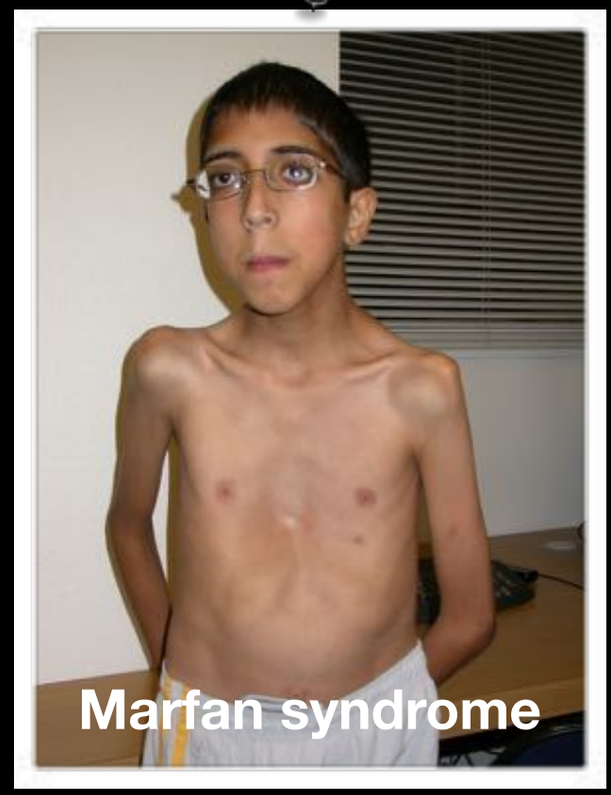


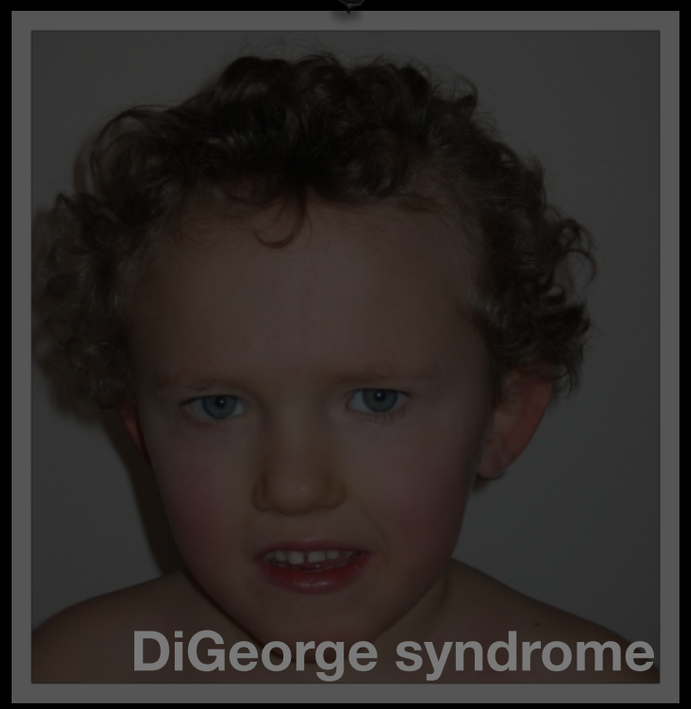
Old textbooks and clinical genetics

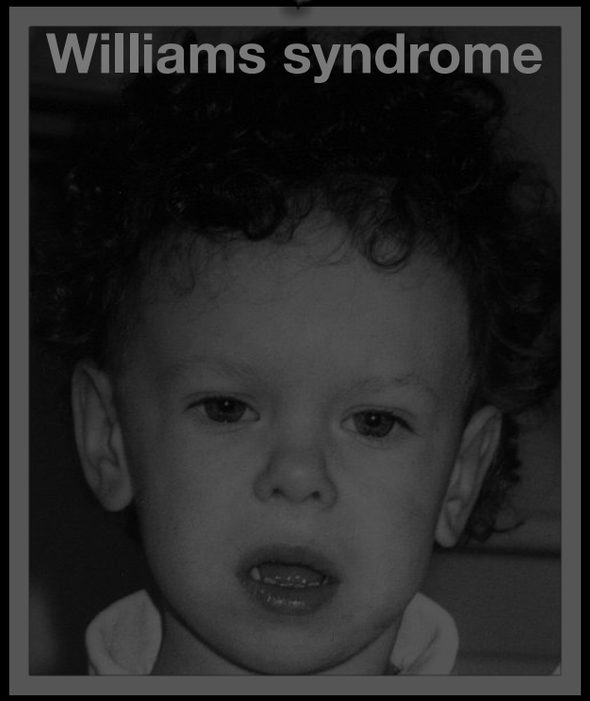


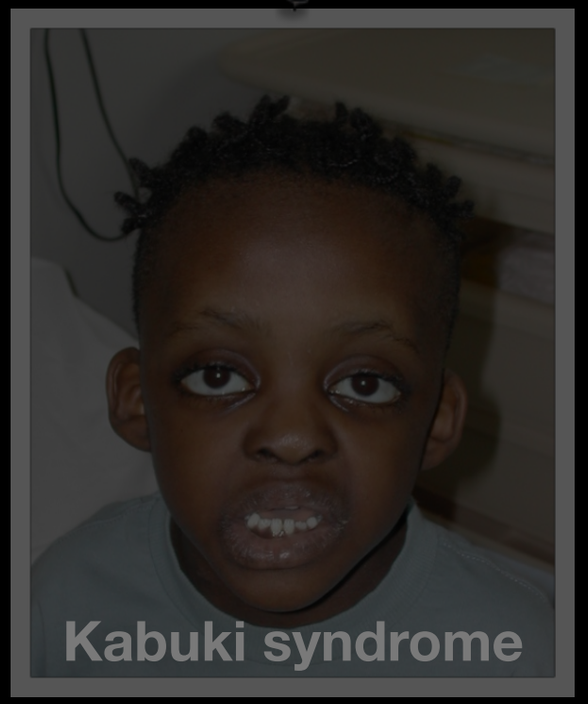


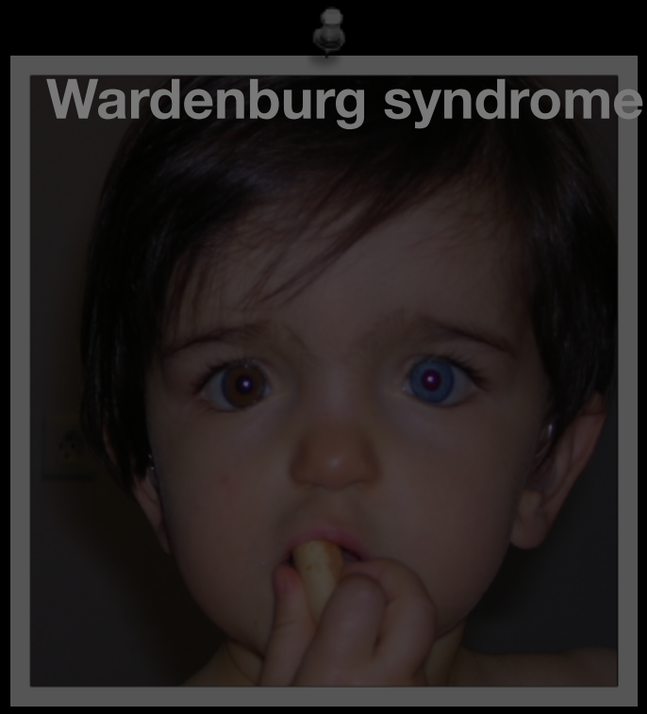


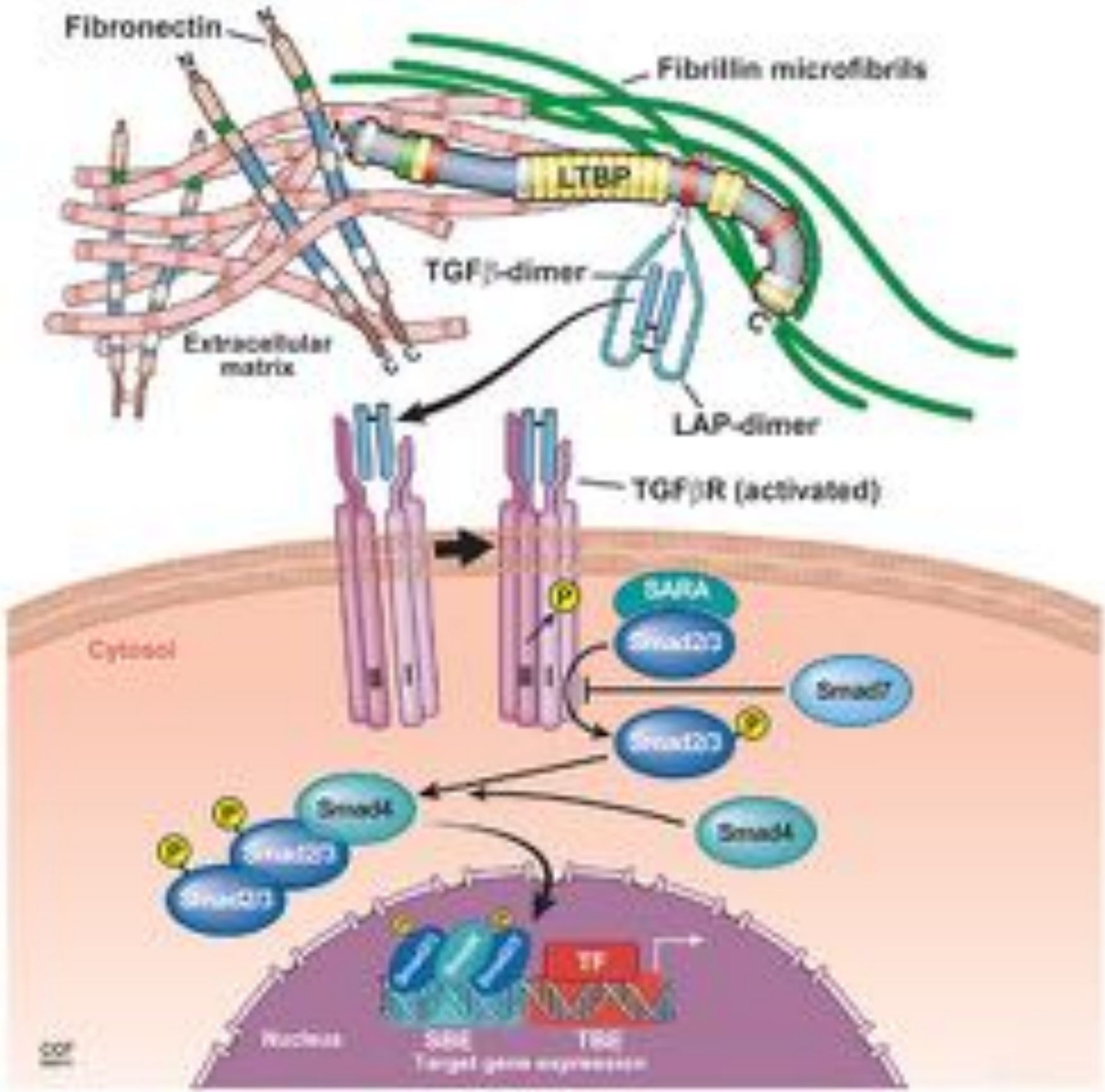


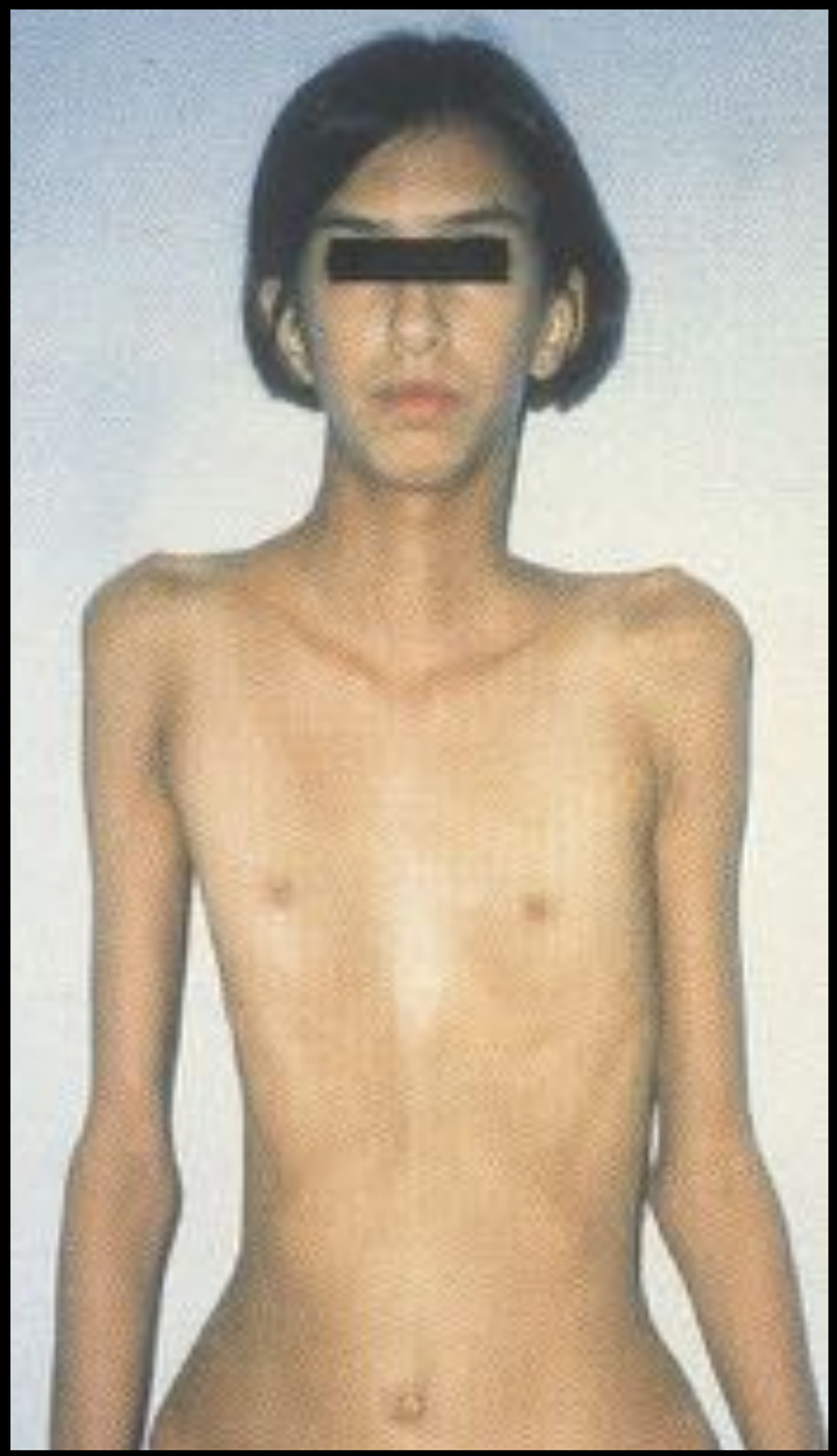


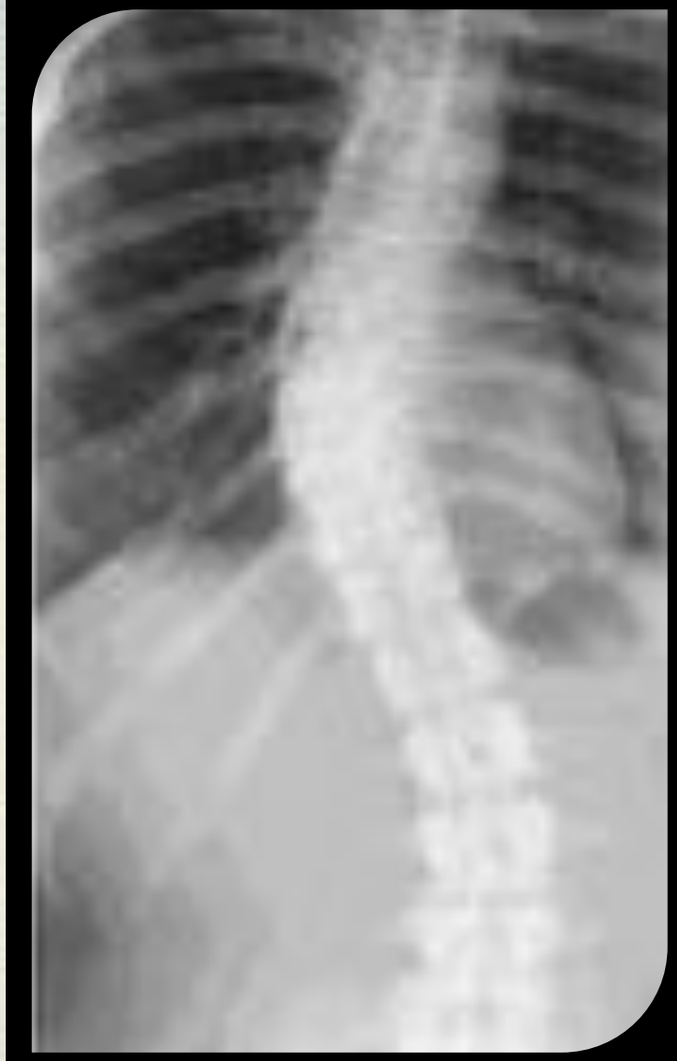


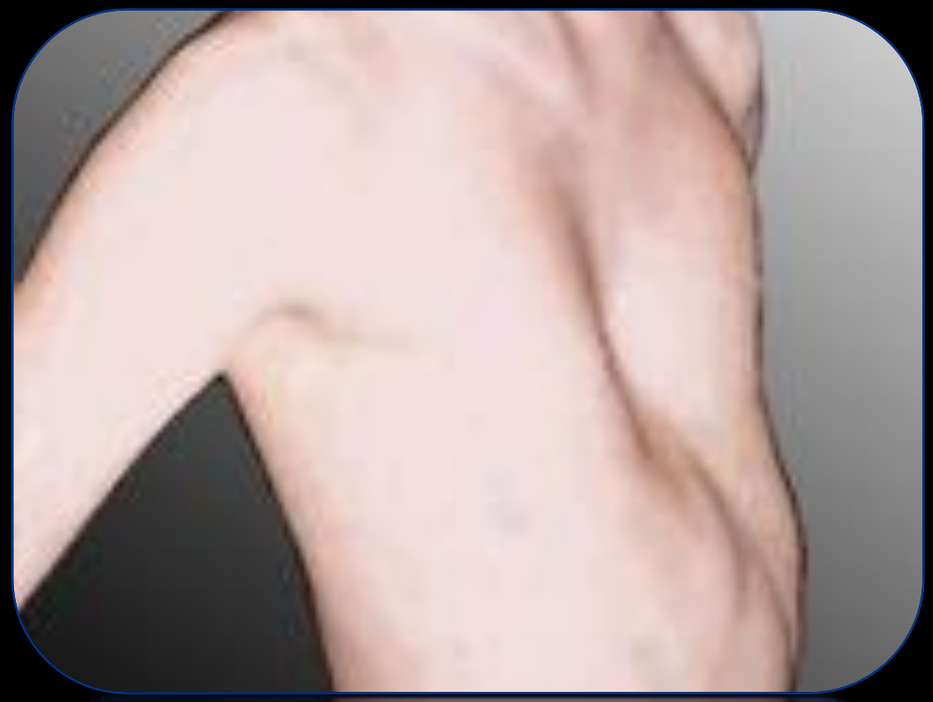


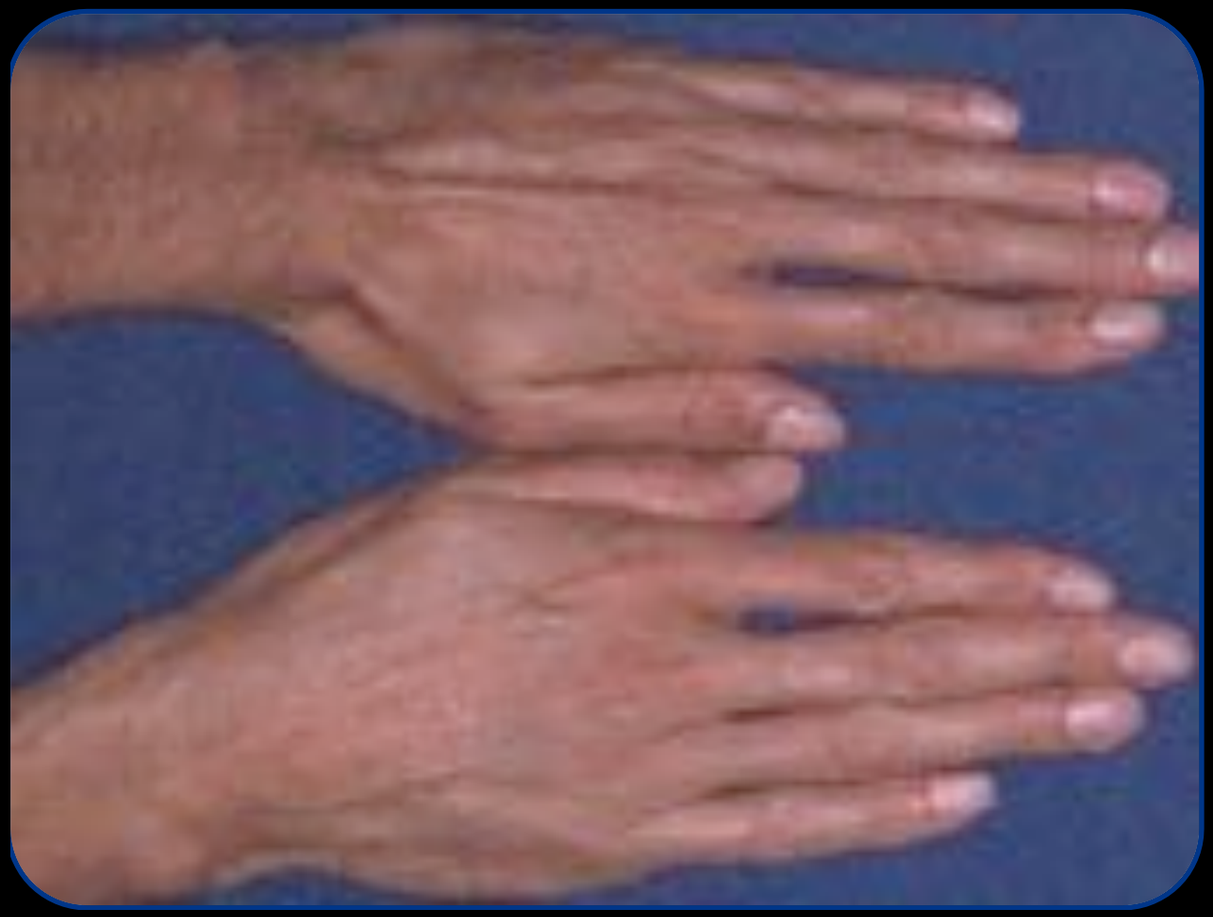


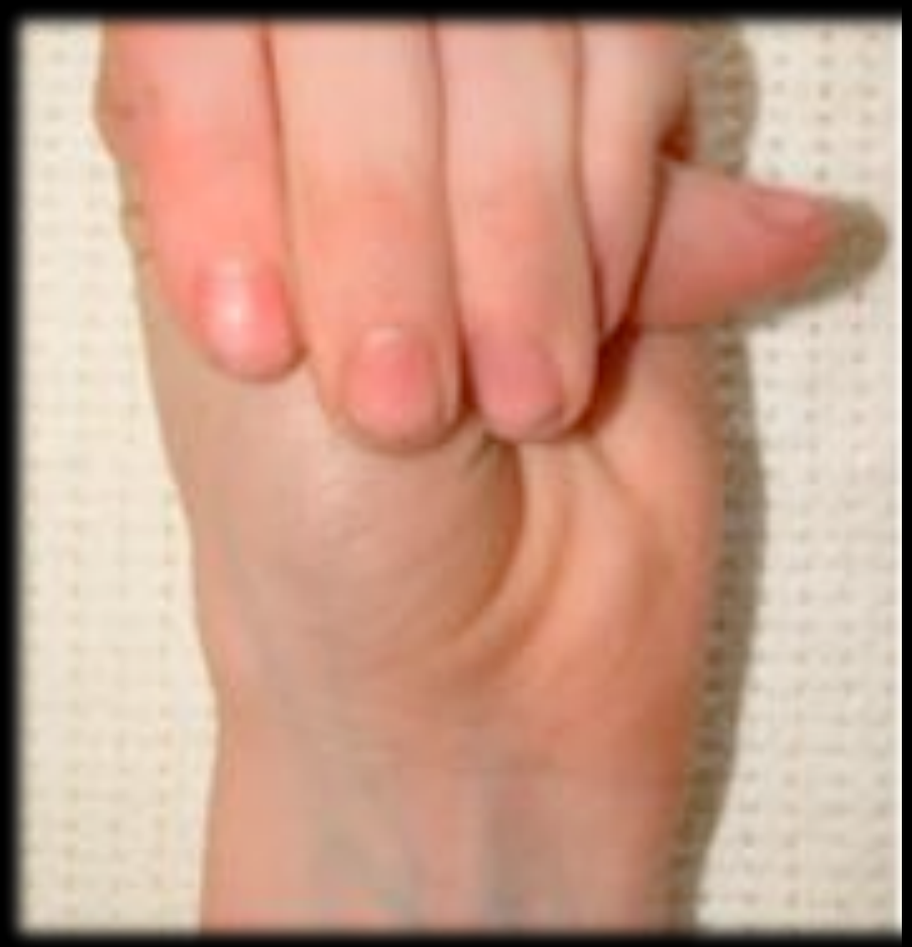

Fibronectin
Fibrillin microfibrils
LTBP
TGFβ-dimer
Extracellular matrix
LAP-dimer
TGFβR (activated)
Cytosol
SARA
Smad2/3
Smad7
Smad2/3
Smad4
Smad2/3
Smad4
TF
Nucleus
SBE
TBE
Target gene expression

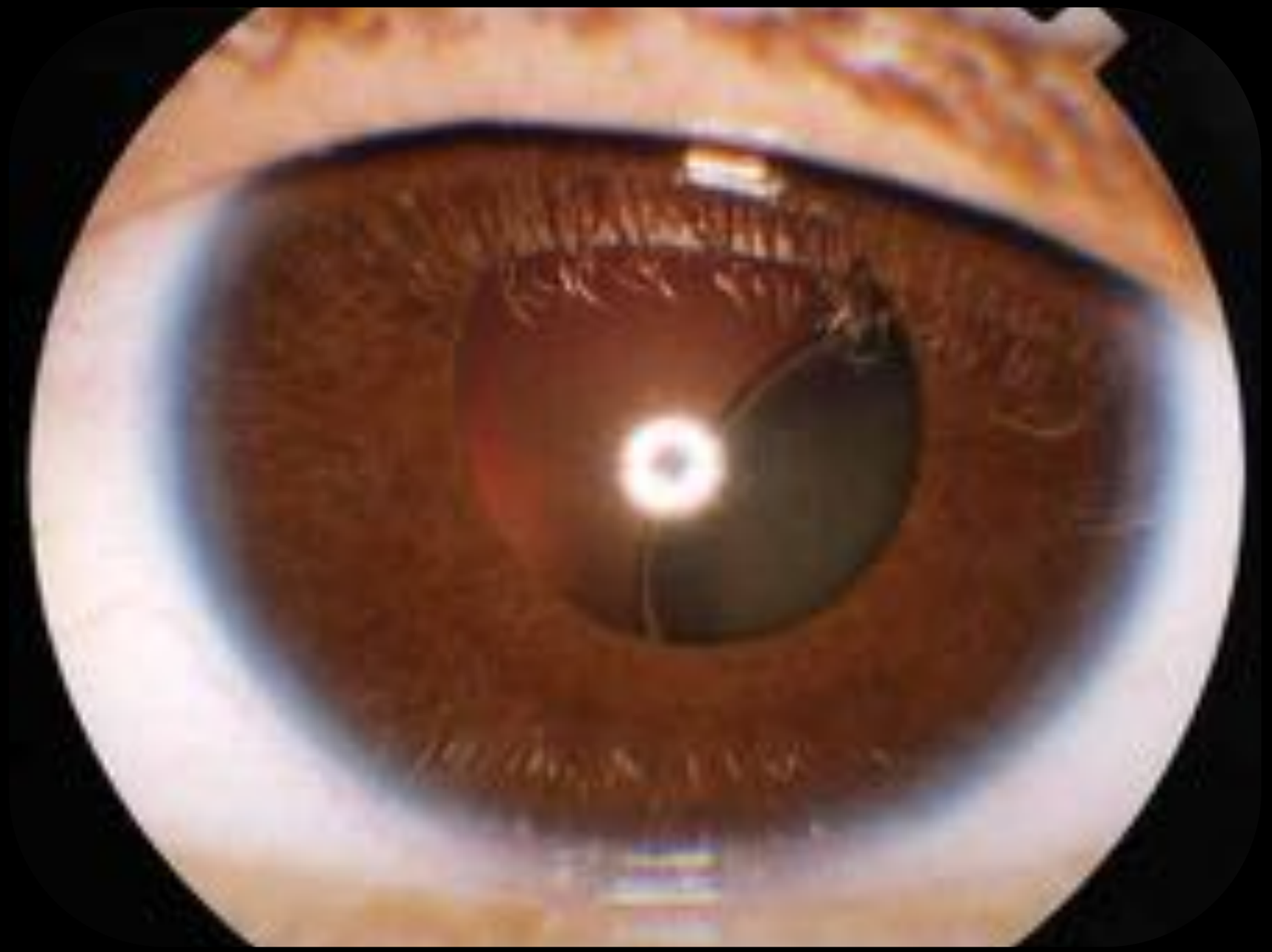


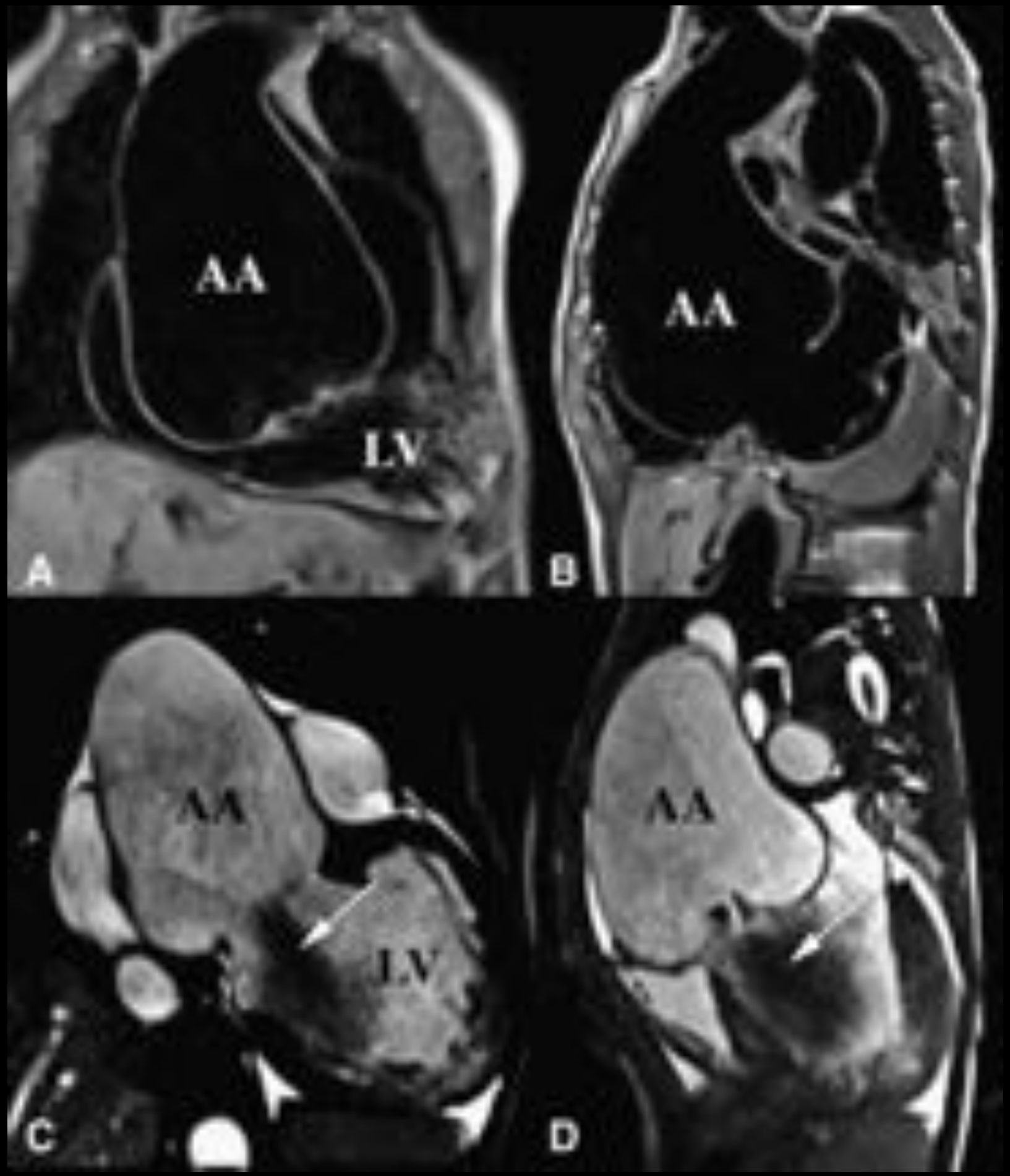








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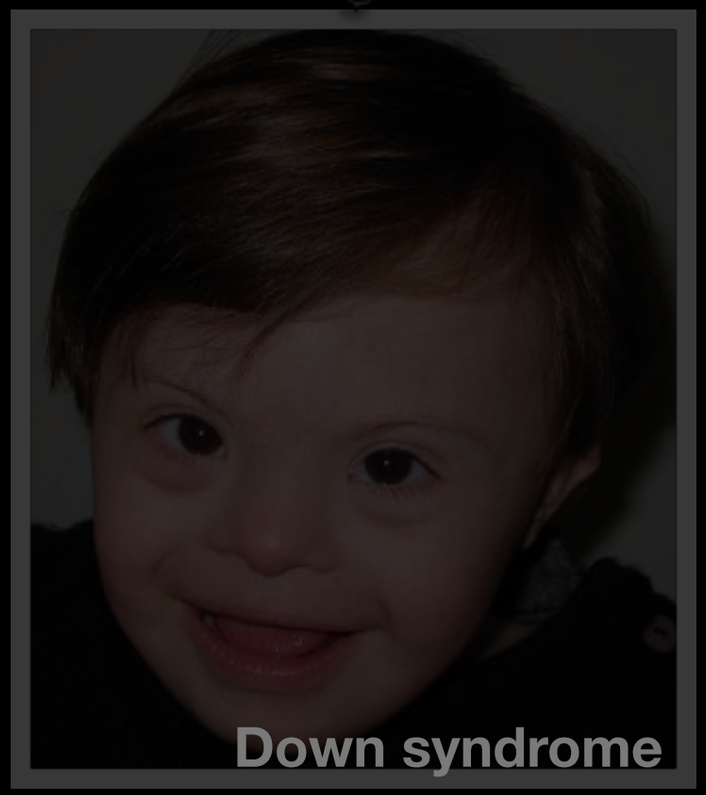
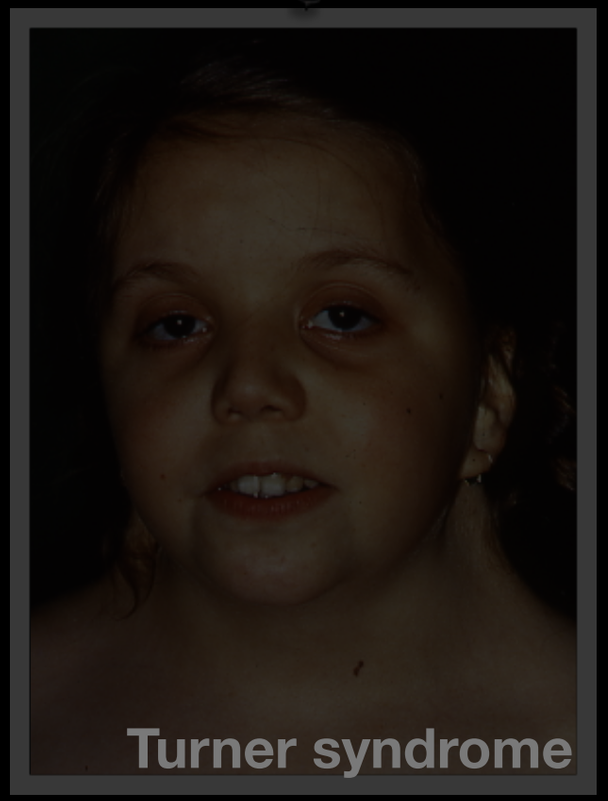
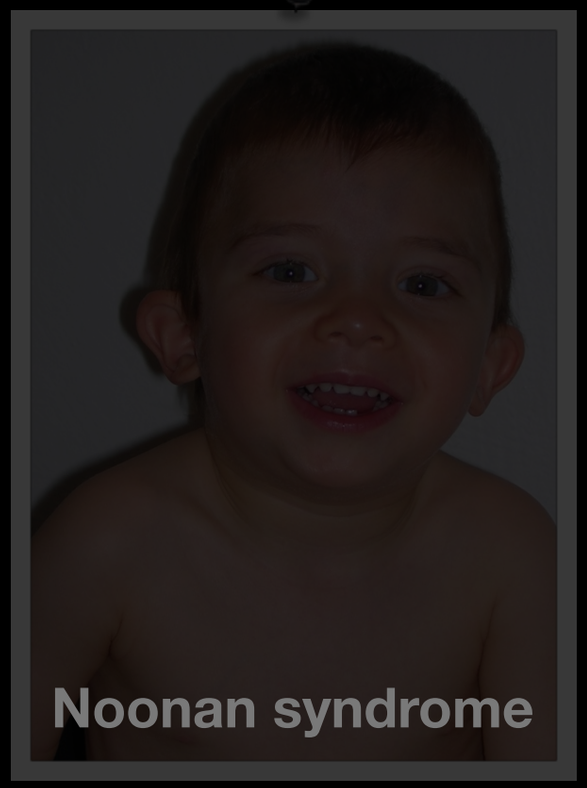
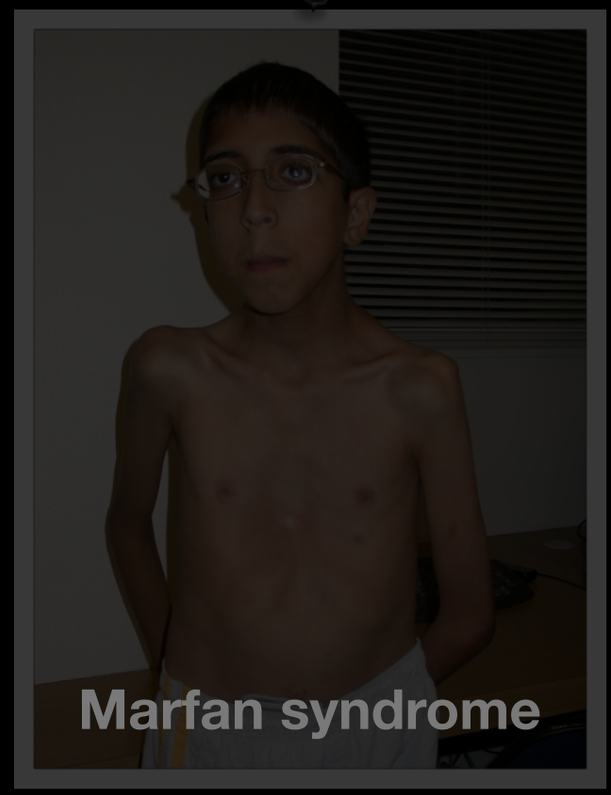
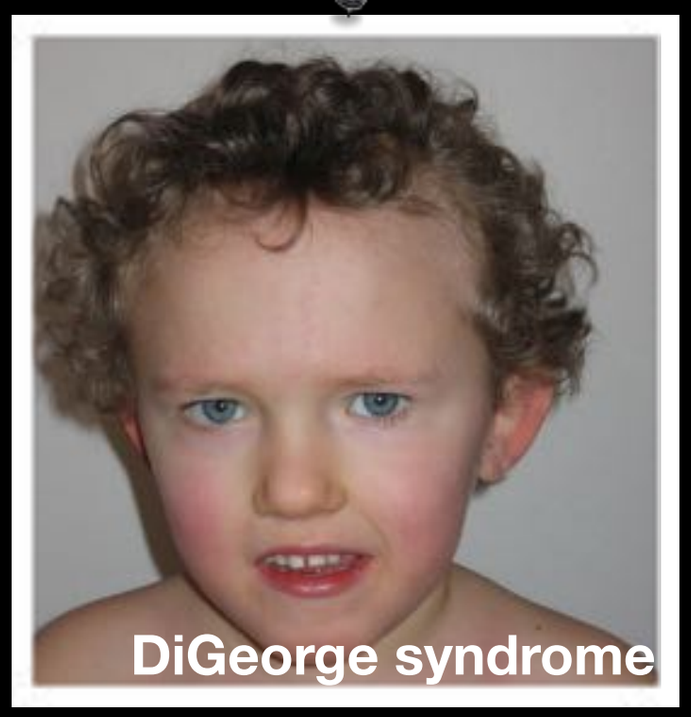
Old textbooks and clinical genetics

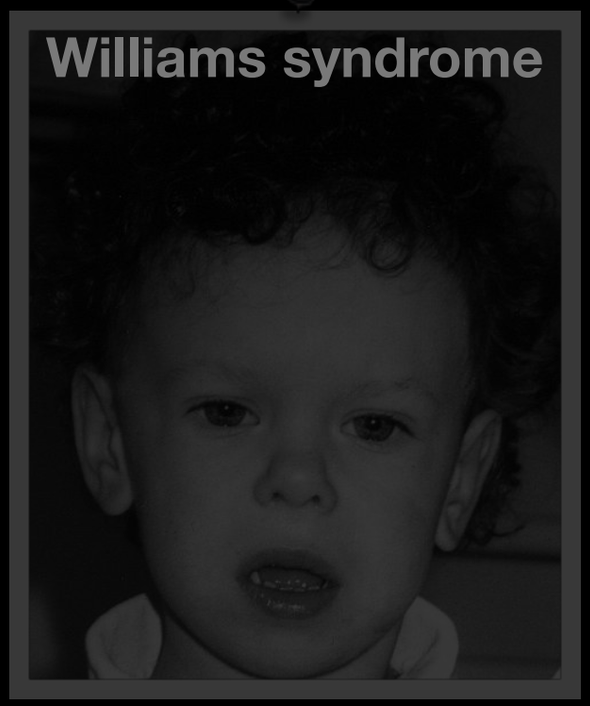


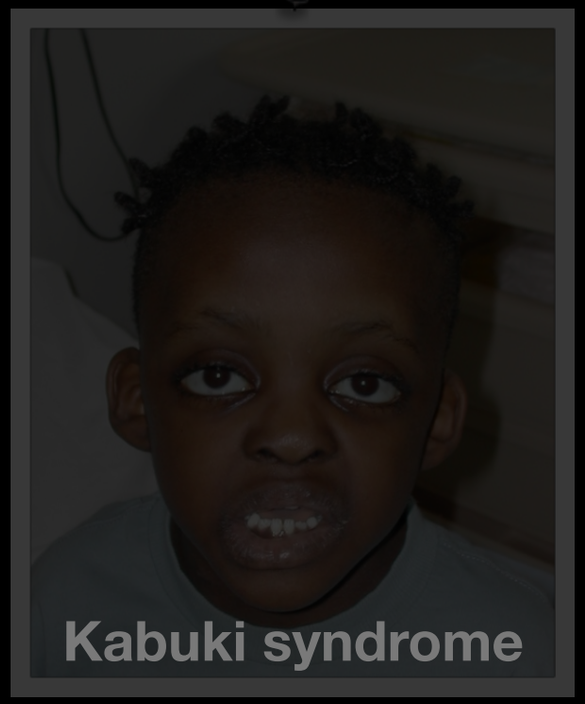


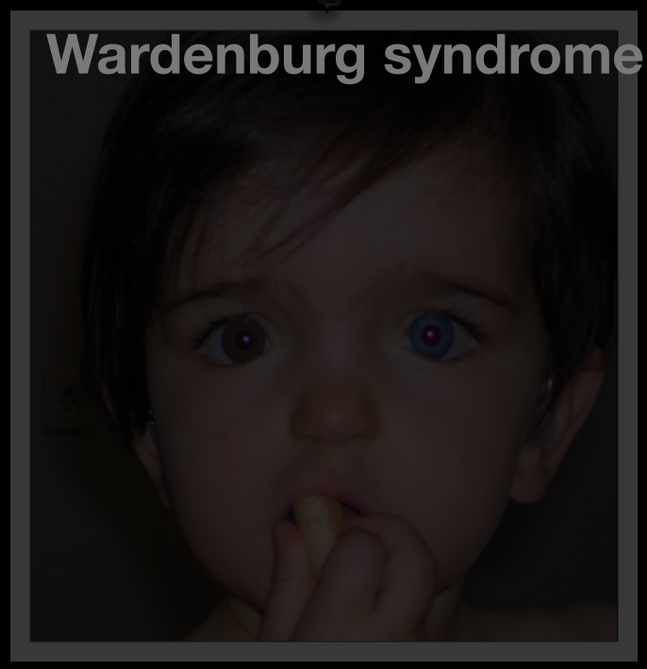




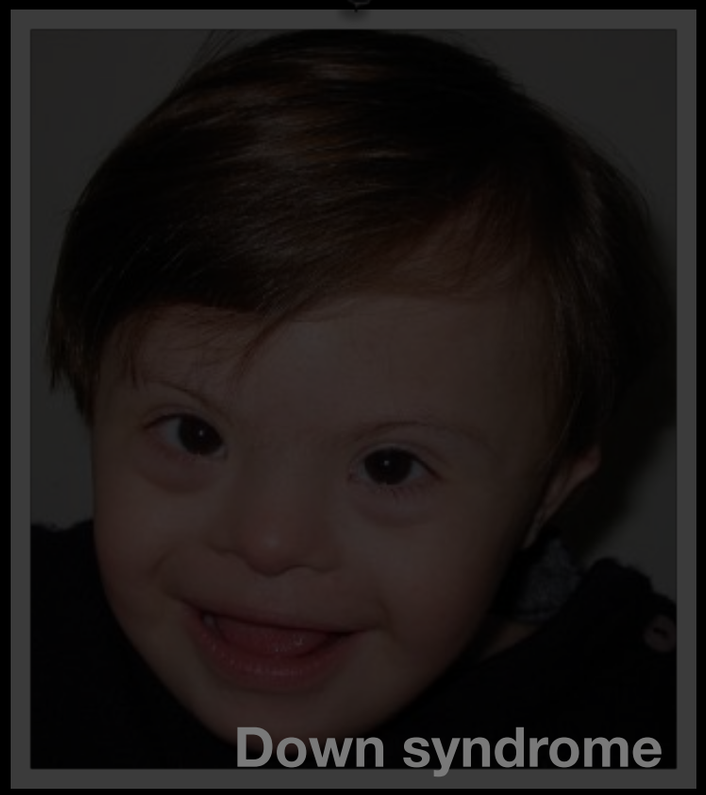


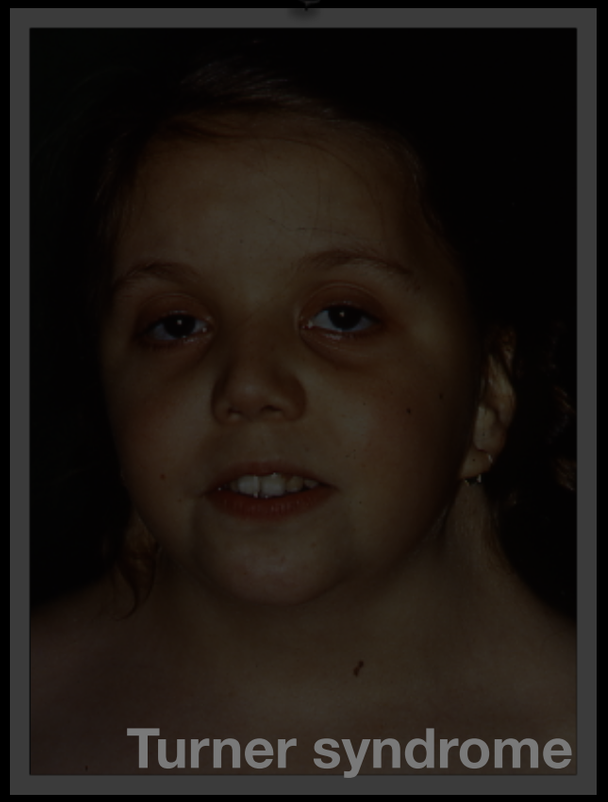


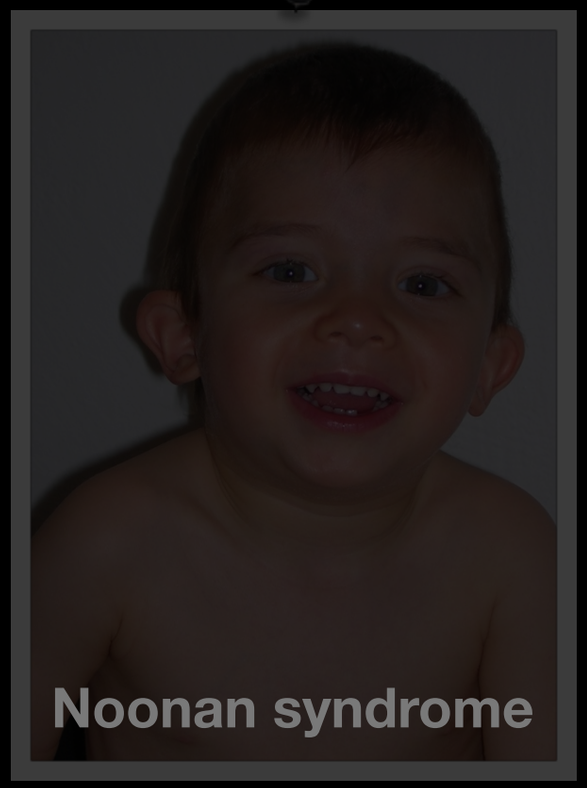


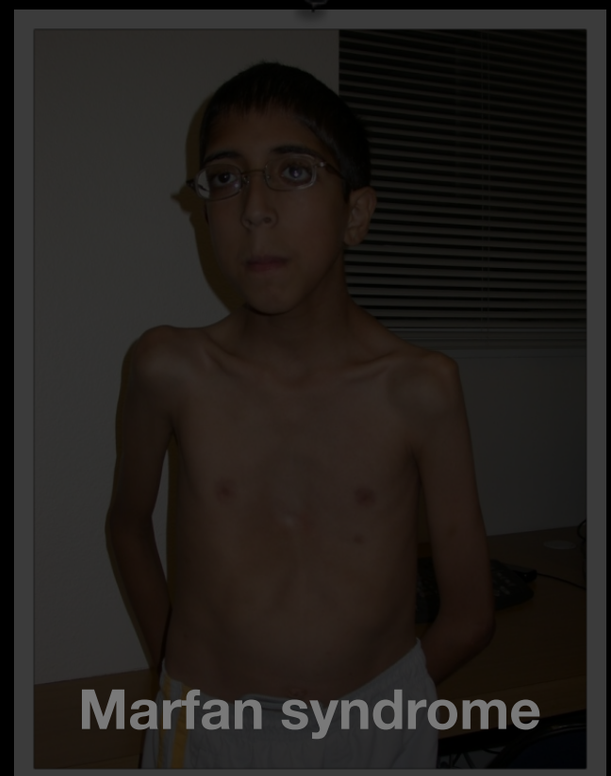


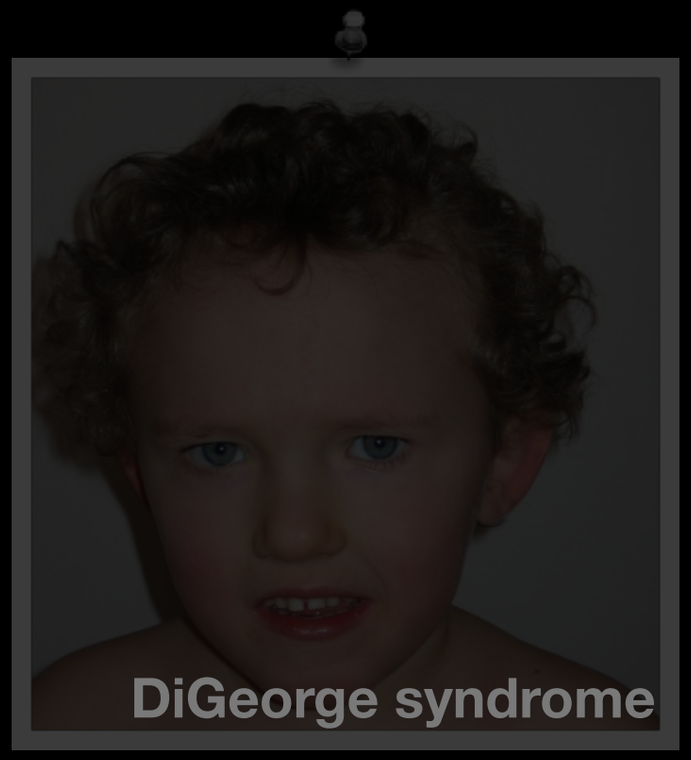
Old textbooks and clinical genetics

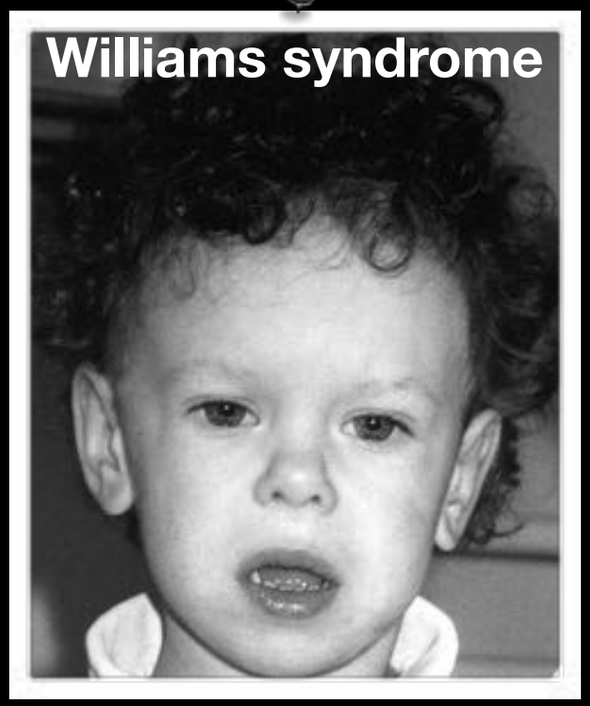


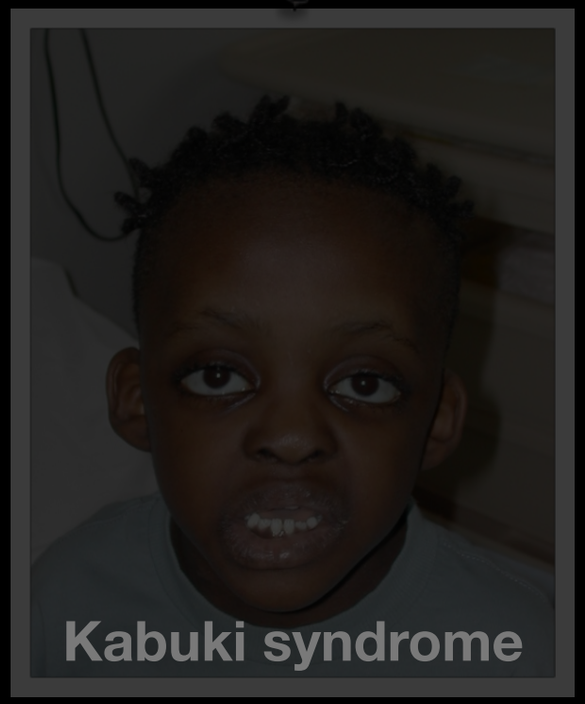


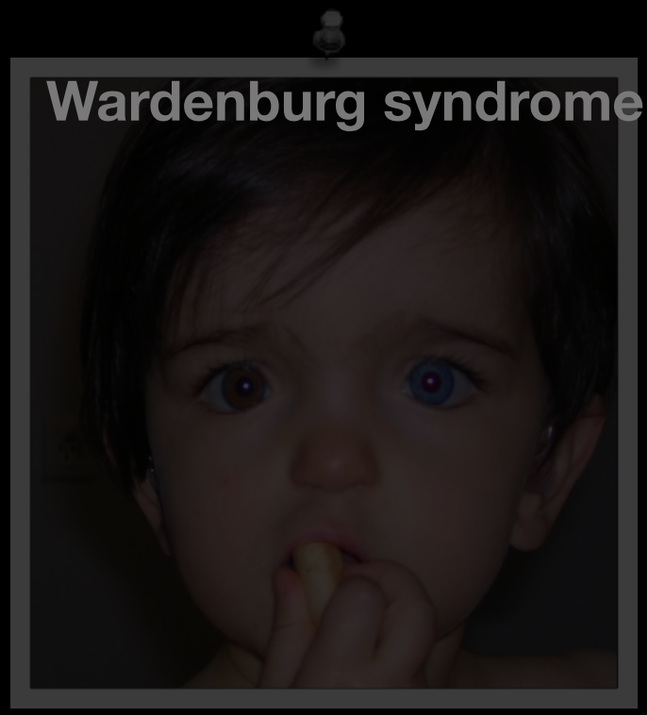


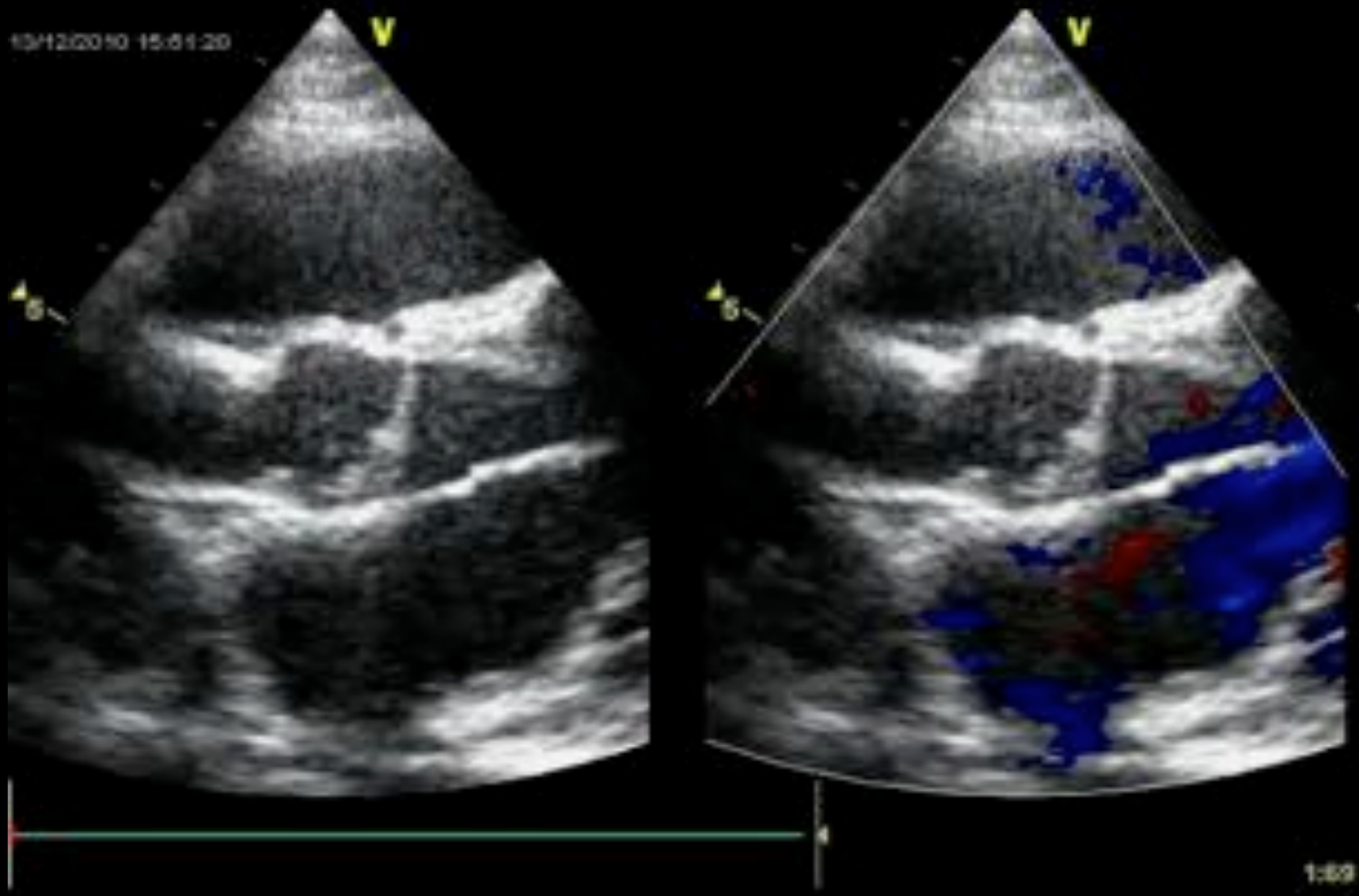








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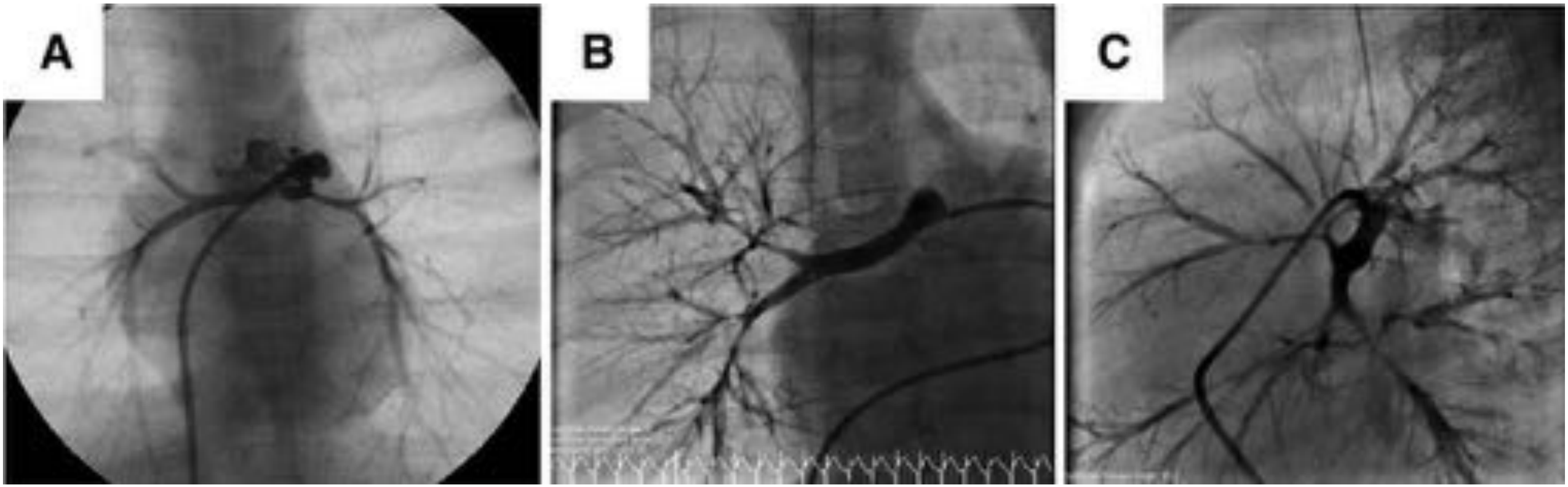
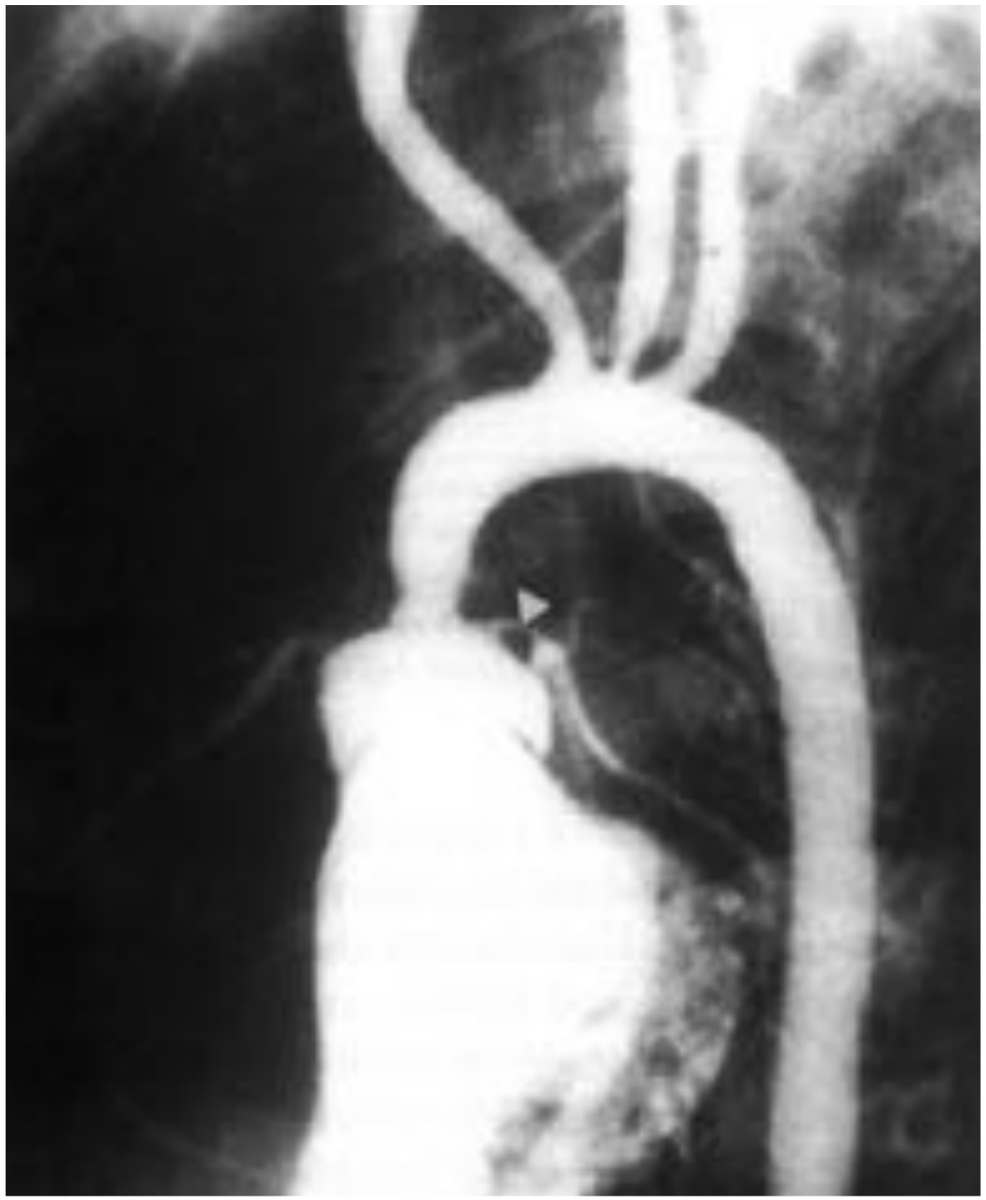
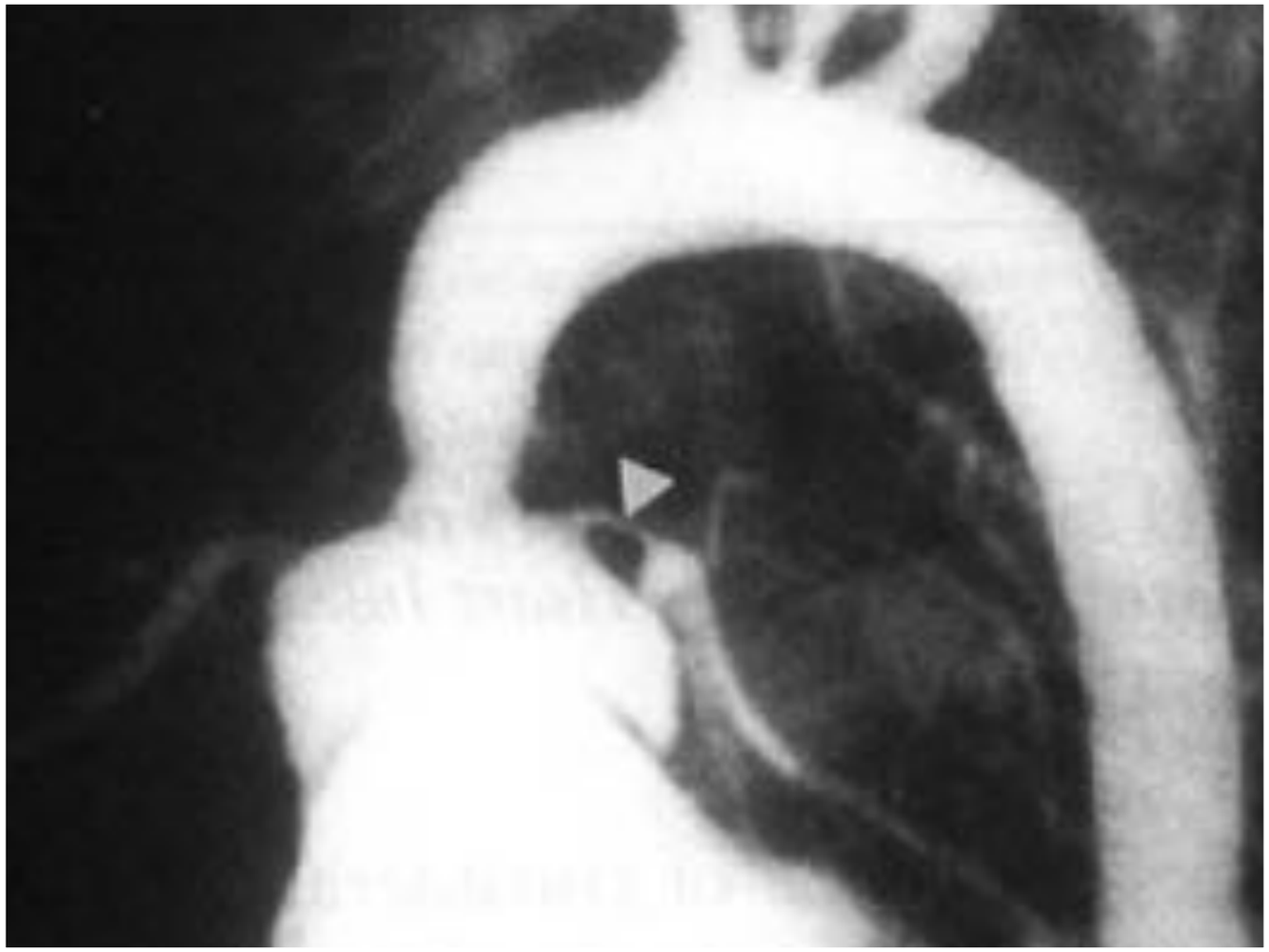
Peripheral pulmonary arterial stenosis



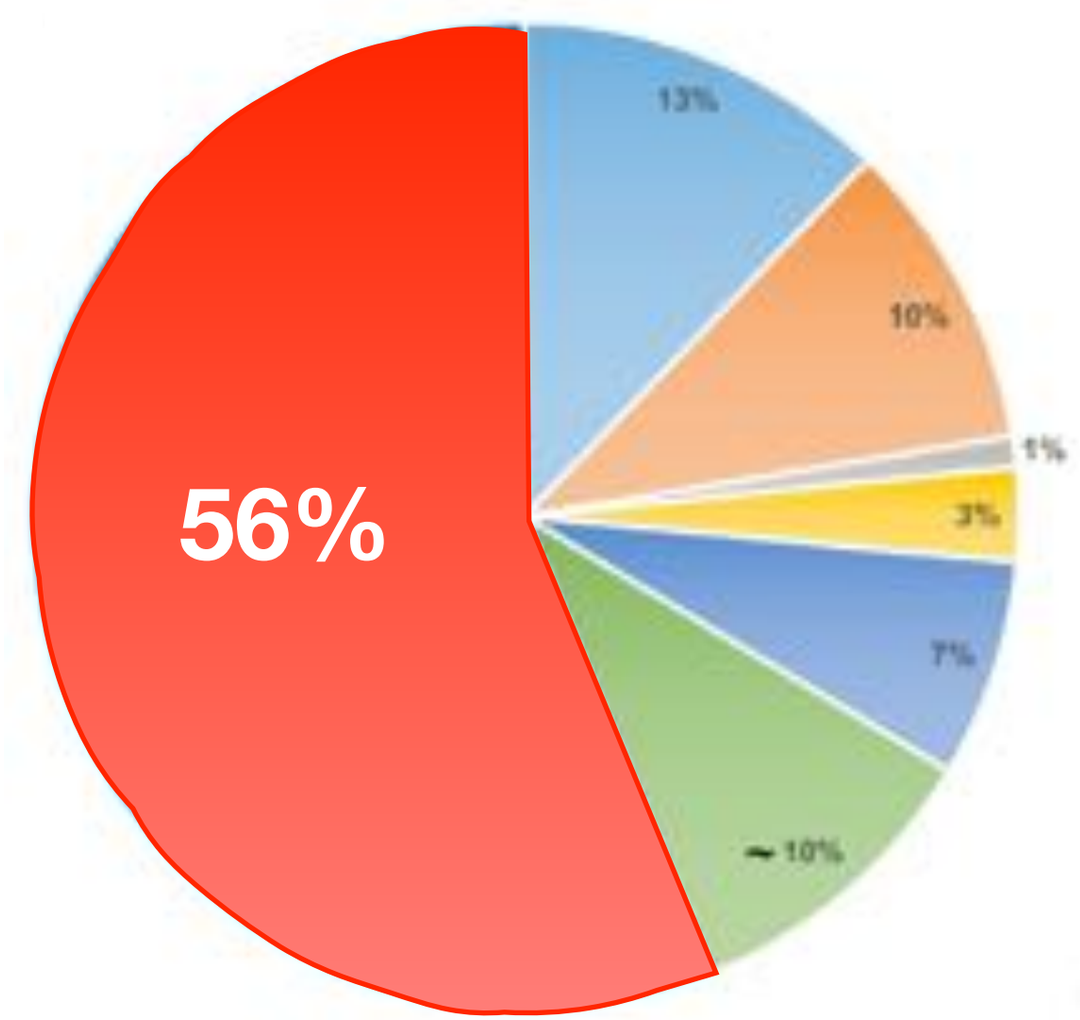
Collins R T Circulation. 2013;127:2125-2134

Coronary artery abnormalities in WS





Percentages of known and unknown genetic causes of CHD



Aneuploidy

CNV

Known gene inherited

De novo chromatin CNV

Other de novo SNV

Environmental

Unknown

Zaidi S & Brueckner M. Circ Res 2017;120:923-40

Malformations Cardiaques Congénitales

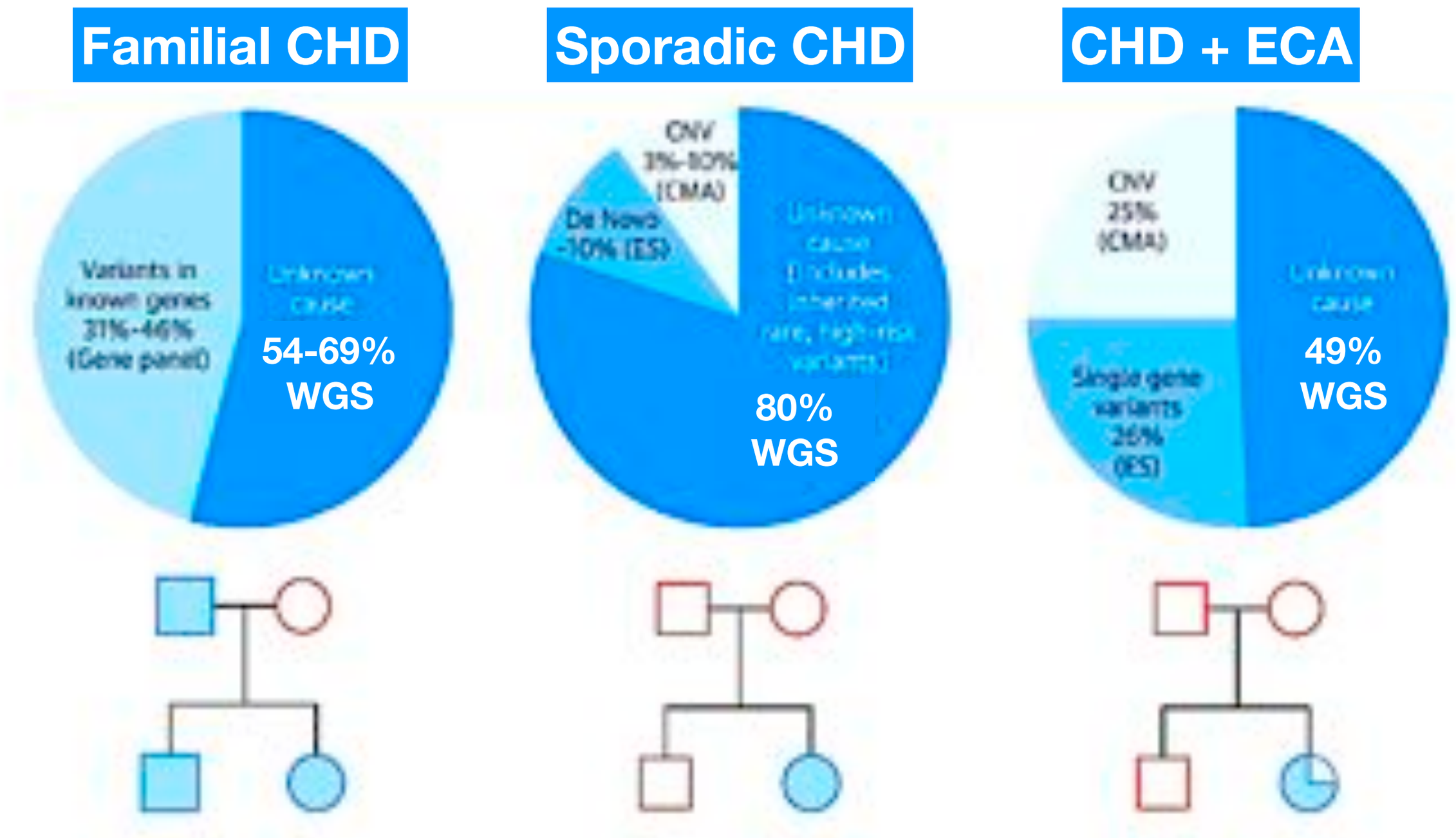
- Désordres génomiques (Copy Number Variation) : 5-15 %

- CNVs : 5% en cas de tétralogie de Fallot isolée (Greenway et al. Nat Genet 2009)
- CNVs : 15 % en cas de cardiopathies isolées (Soemedi R et al. Am J Hum Genet 2012)
- CNVs : 25-35% en cas de cardiopathies syndromiques (Cooper et al. Nat Genet 2011)

- Altérations géniques connues : 5 %

- Modèle multifactoriel : 85% avec héritabilité $h^2 = 35$

Percentages of known and unknown causes of the different forms of presenting **non-syndromic patients**



Blue GM et al. J Am Coll Cardiol 2017;69:859-70

Half a century and the same old story !

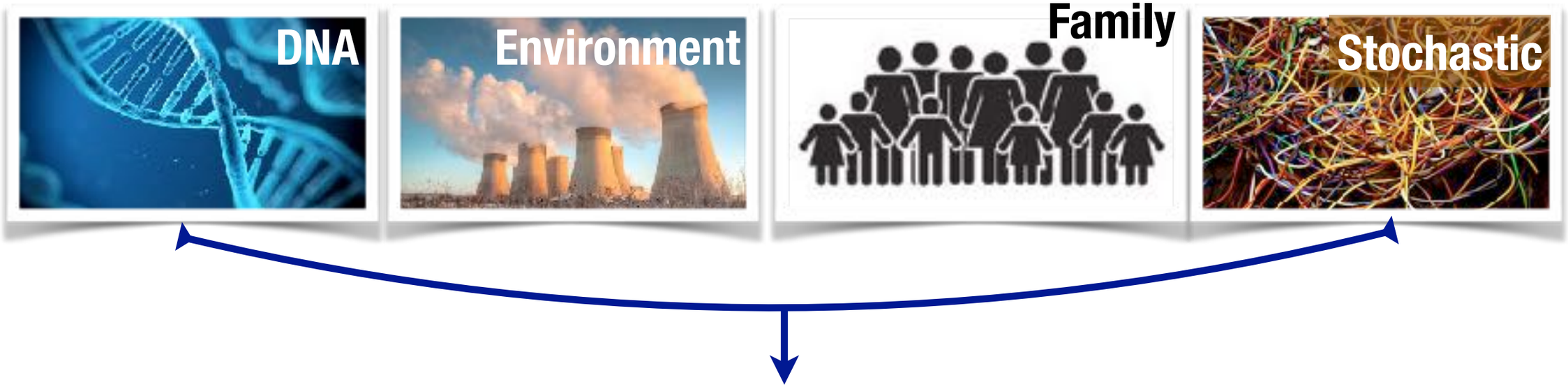
Multifactorial Inheritance Hypothesis for the Etiology of Congenital Heart Diseases

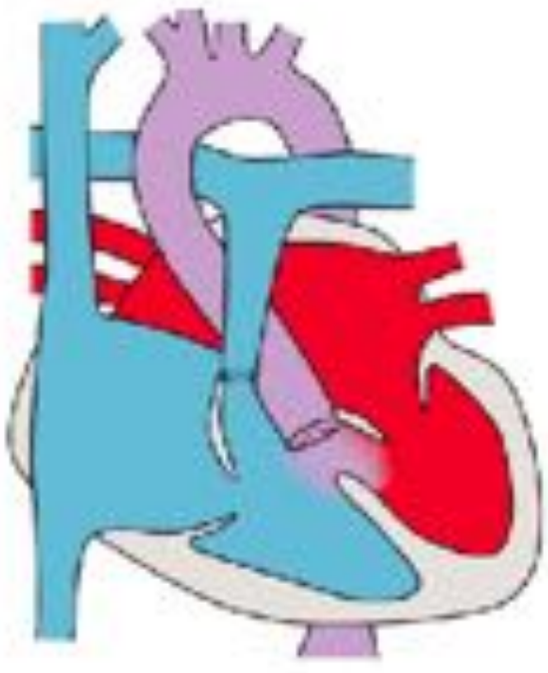
The Genetic-Environmental Interaction

By JAMES J. NORA, M.D.

Circulation 1968

The multifactorial hypothesis





The four hypotheses relevant for the genetic basis of congenital heart diseases

- There is no genetic basis for CHD
- ~~Gross chromosomal aberrations are responsible for the majority of CHD~~
- Single gene mutations are the main cause for CHD
- Congenital heart disease are a heterogeneous category of developmental anomalies, representing in most cases the multifactorial inheritance of threshold characters, the expression of which is the product of genetic-environment interaction

Nora JJ. Circulation 1968

Recurrence of CHDs in families

All types of defects

	Relative risk
Twin same sex	**9.25**
Twin unlike sex	**3.33**
First degree relative	**3.45**
Seconde degree relative	**1.39**
Third degree relative	**1.18**

High recurrence rate
but not as expected for mendelian inheritance

Oyen N et al. Circulation 2009

The four hypotheses relevant for the genetic basis of congenital heart diseases

- ~~There is no genetic basis for CHD~~
- ~~Gross chromosomal aberrations are responsible for the majority of CHD~~
- Single gene mutations are the main cause for CHD
- Congenital heart disease are a heterogeneous category of developmental anomalies, representing in most cases the multifactorial inheritance of threshold characters, the expression of which is the product of genetic-environment interaction

Nora JJ. Circulation 1968

Recurrence of CHDs in families

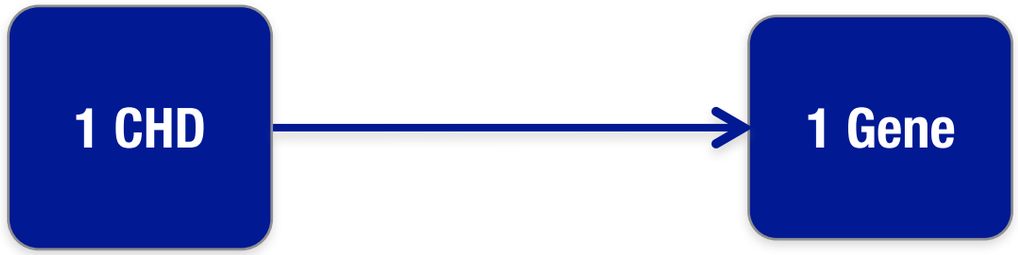
Same defect in affected members

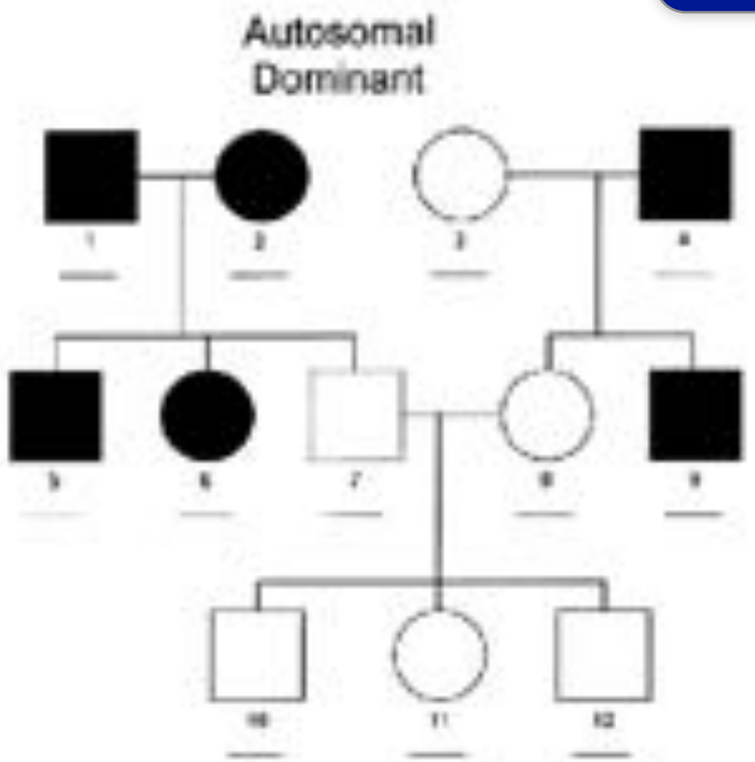
Heart defect phenotype in first degree relative	Relative risk
Heterotaxia	79.1
Conotruncal	11.7
AVSD	24.3
APVR	…
LVOTO	12.9
RVOTO	48.6
ASD	7.07
VSD	3.41
Overall same heart defect	8.15

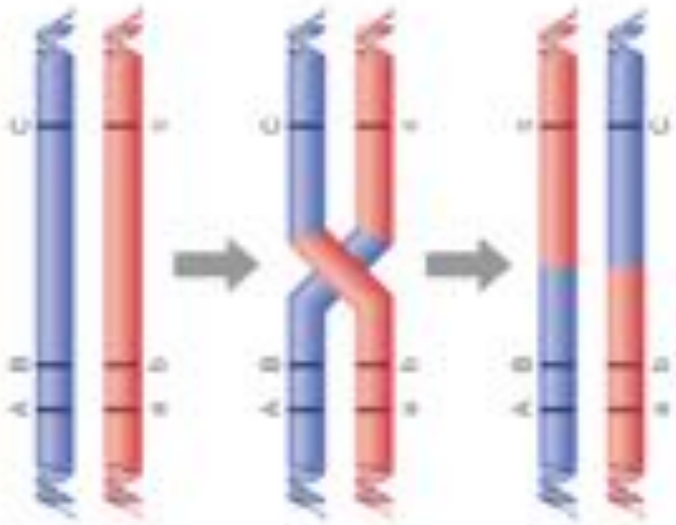
Recurrence of the same type can be due to inheritance of a single gene mutation

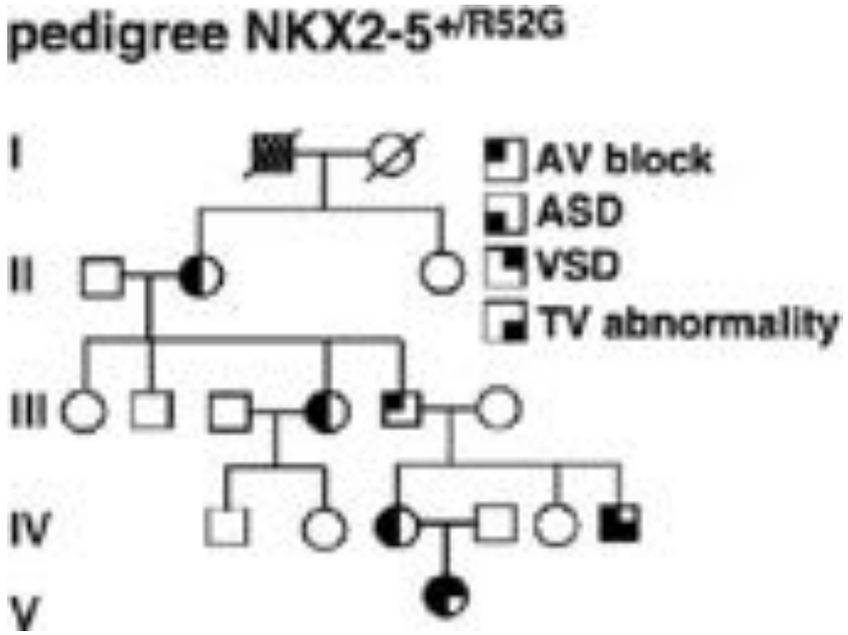
Oyen N et al. Circulation 2009

The monogenic hypothesis







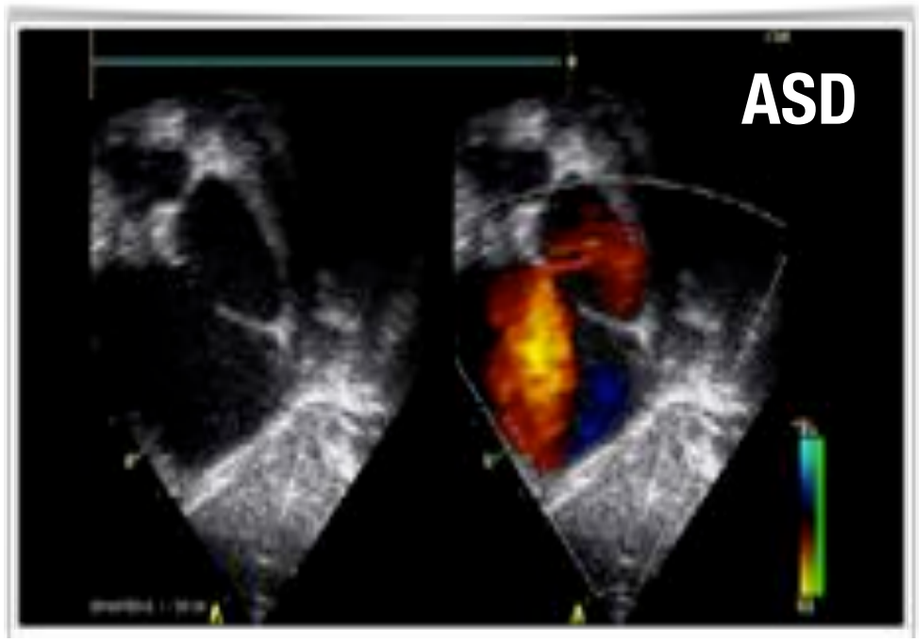


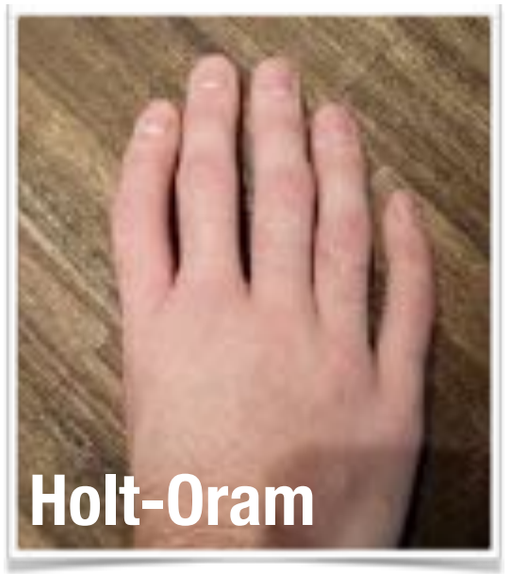
The positional cloning strategy

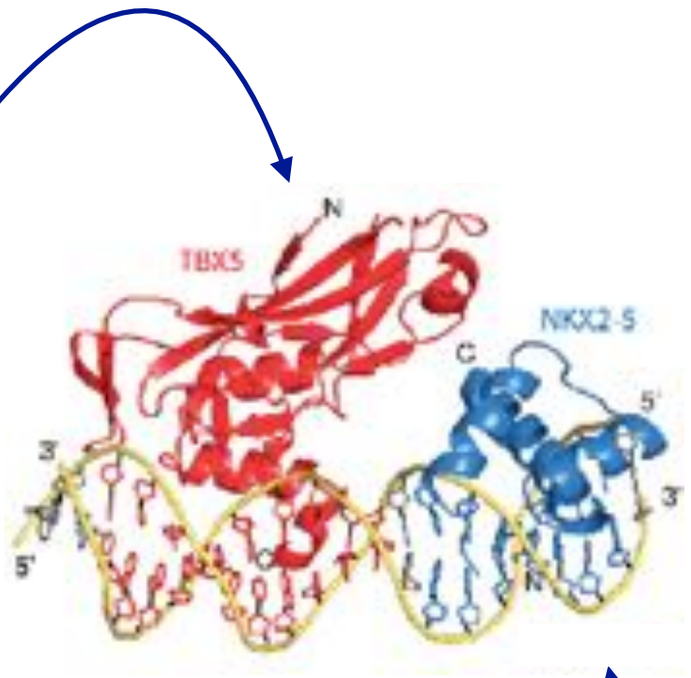
Genetic heterogeneity

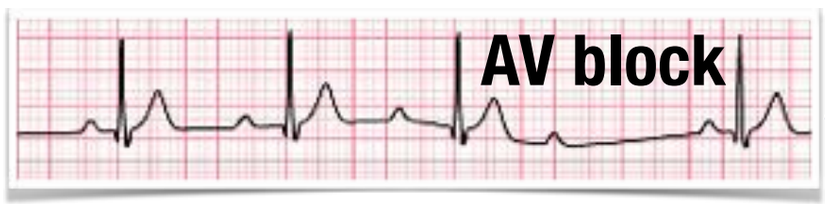
One cardiac phenotype-Different genotypes

1 CHD → **X Genes**

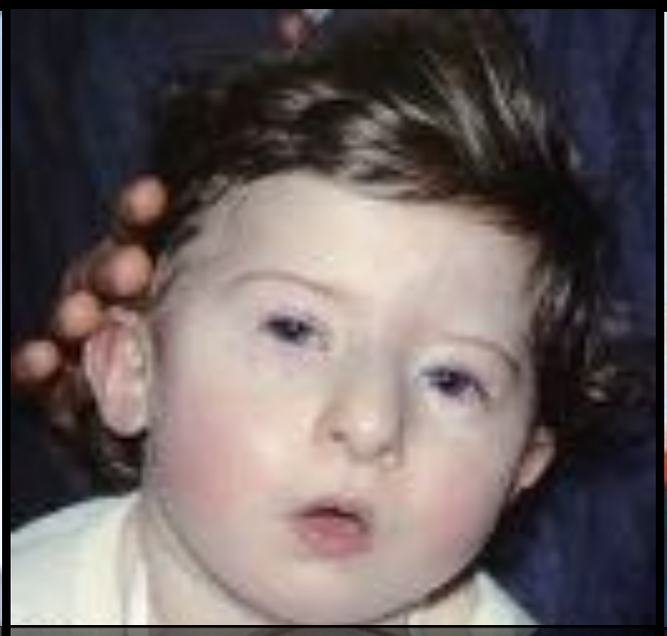
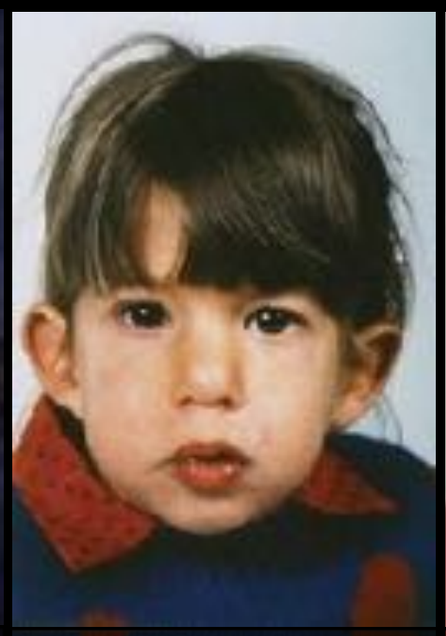






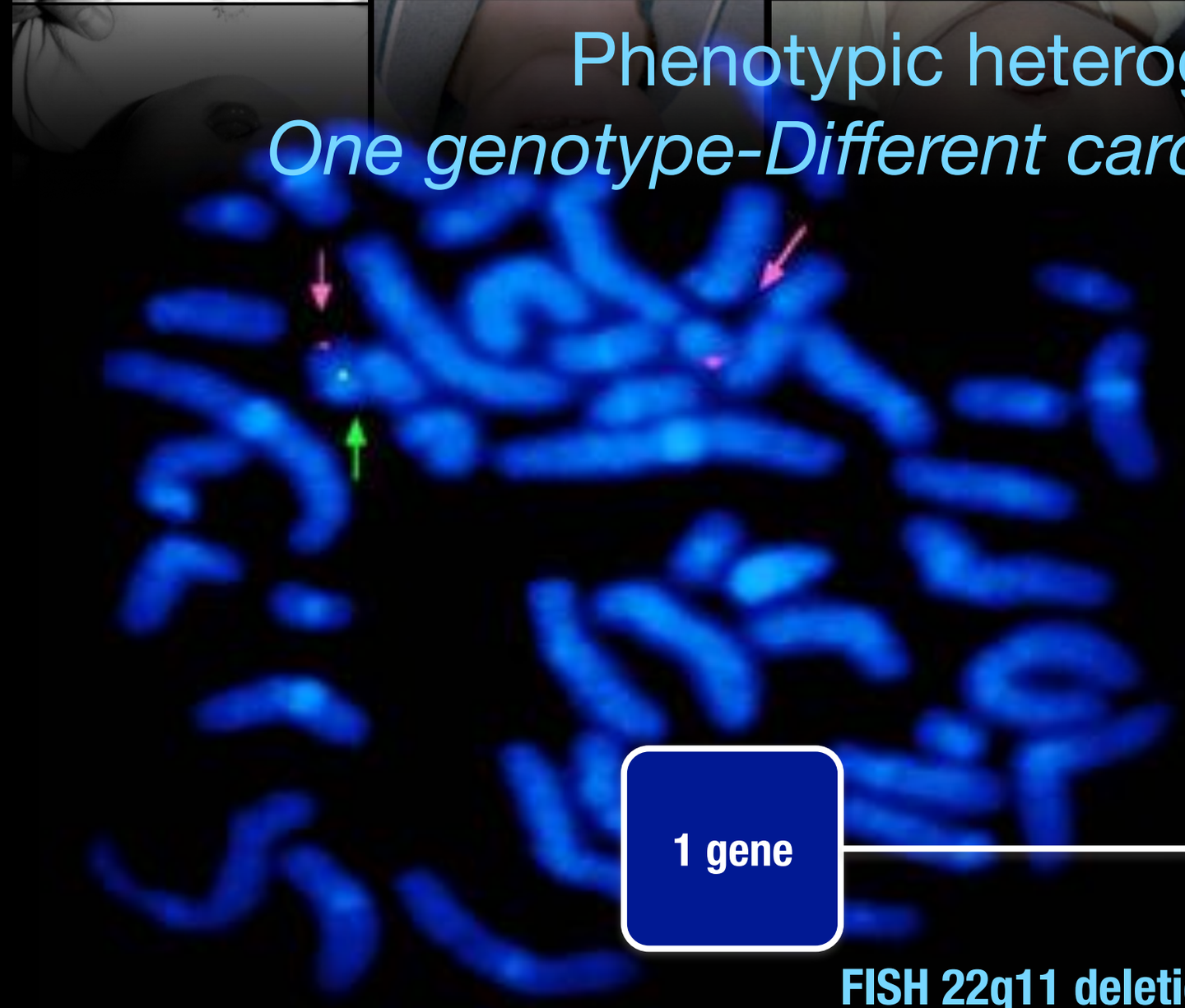


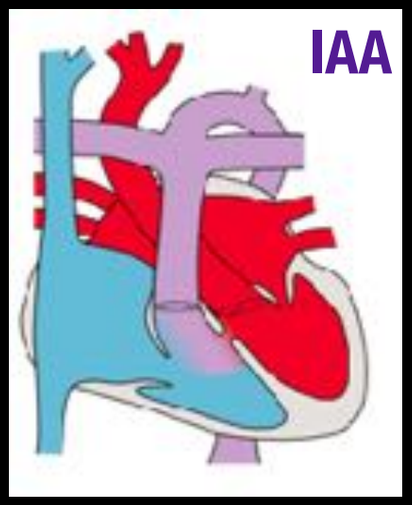



Phenotypic heterogeneity

One genotype-Different cardiac phenotypes

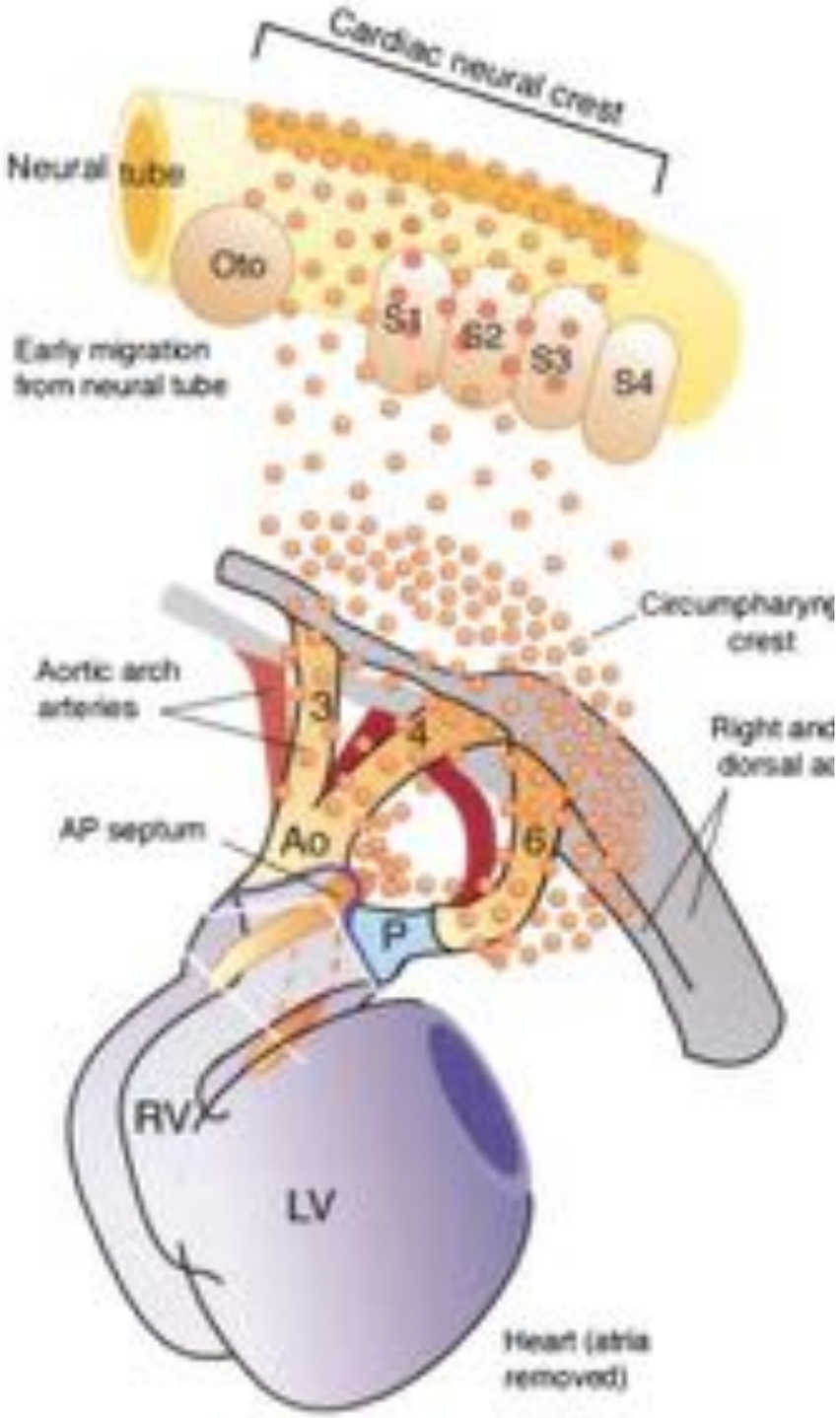


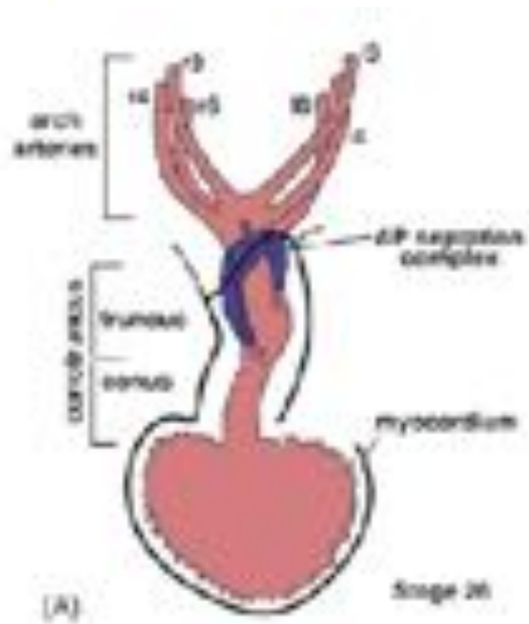


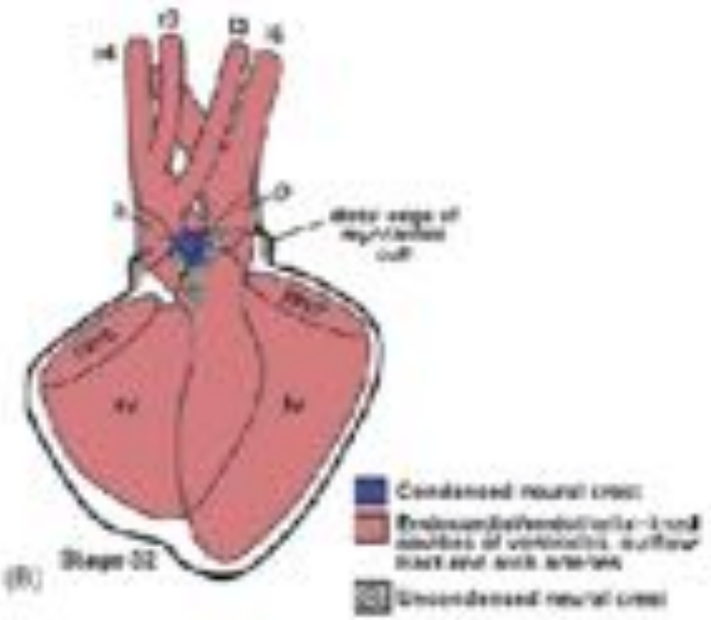
FISH 22q11 deletion

Migration of neural crest cells into the outflow tract

Darwin hypothesis example

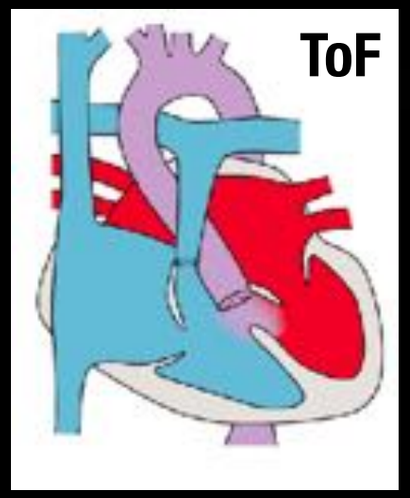




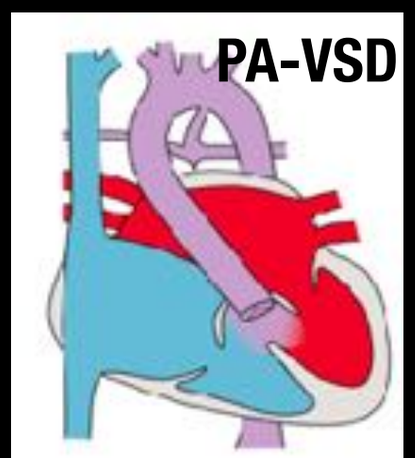


Hutson & Kirby 2007

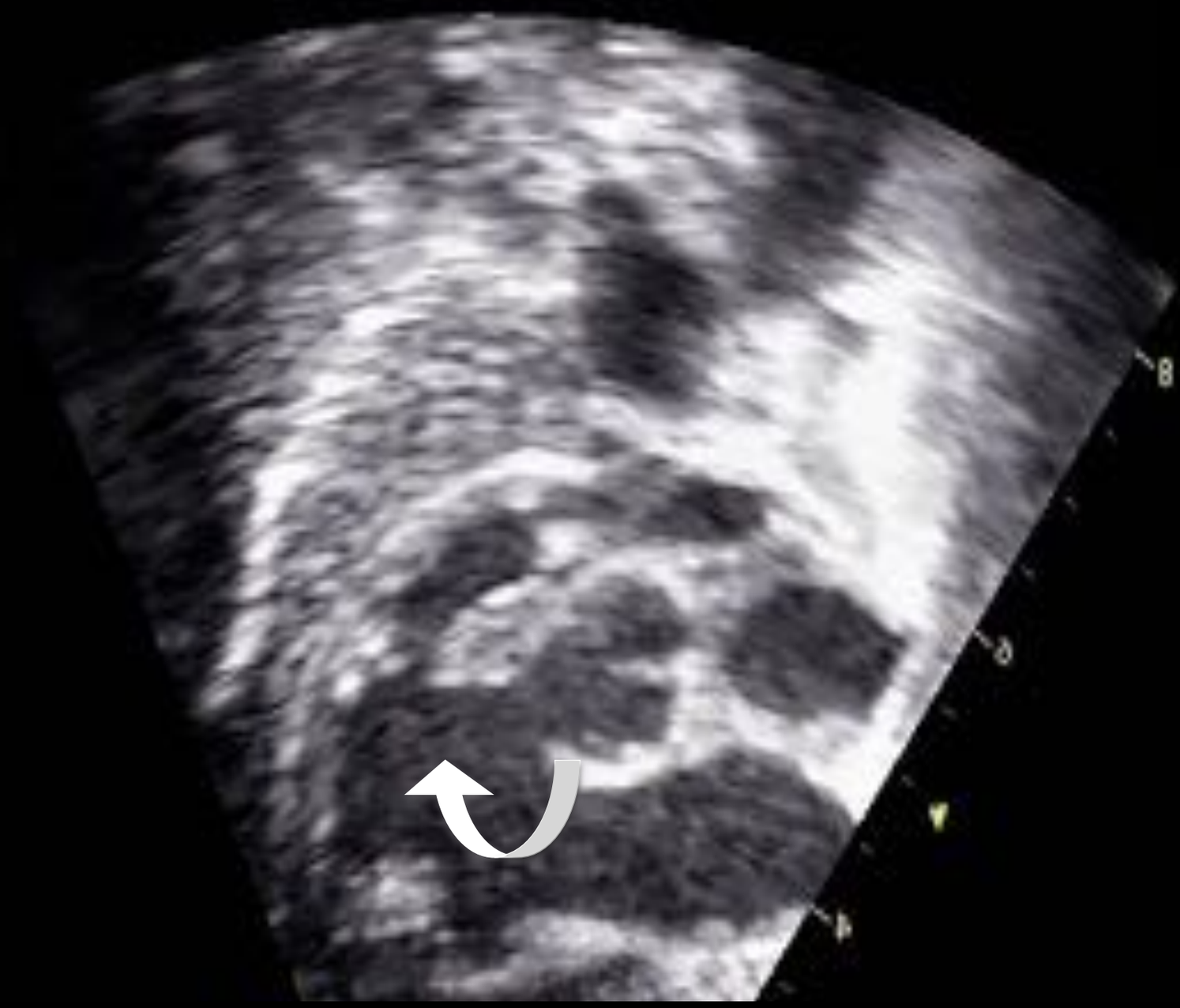
ToF



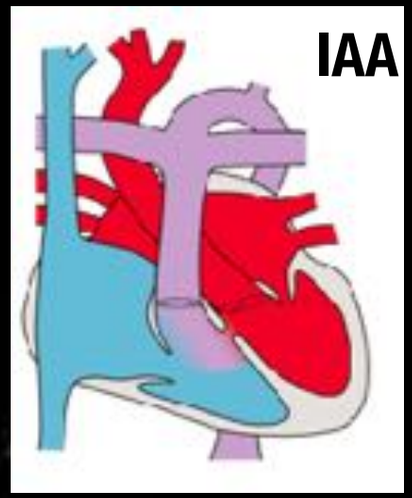
PA-VSD



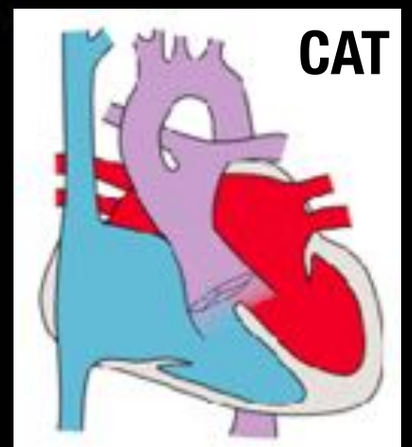
ToF-Abs PV



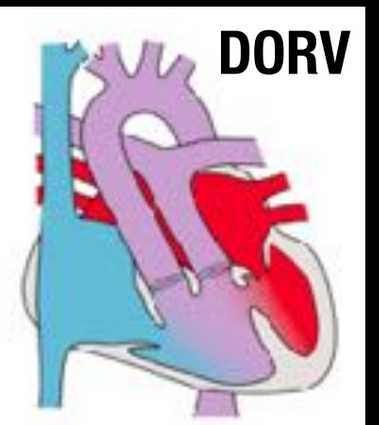
IAA



CAT



DORV



The mechanistic hypothesis

Neural crest cell migration defects

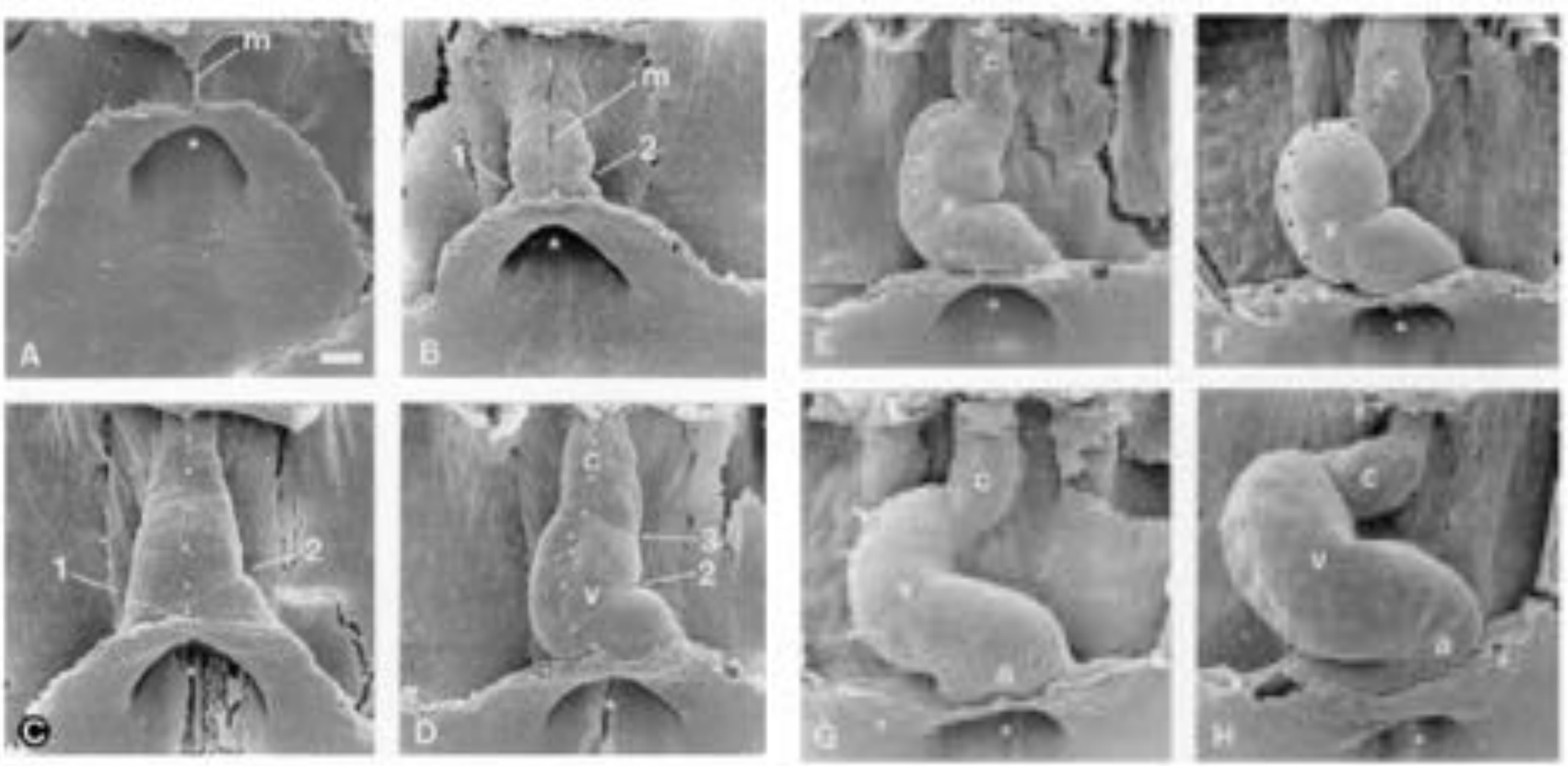
- Conotruncal malformations
  - Flow defects
  - Hypoplastic left heart
- Targeted developmental defects
  - TAPVR
- Extracellular matrix defects
  - Ventricular Septal Defects
- Endocardial cushions defects
  - Atrioventricular septal defects
- Looping anomalies-laterality defects
  - Heterotaxia

Clark EB. Am J Dis Child. 1986;140:41-4.

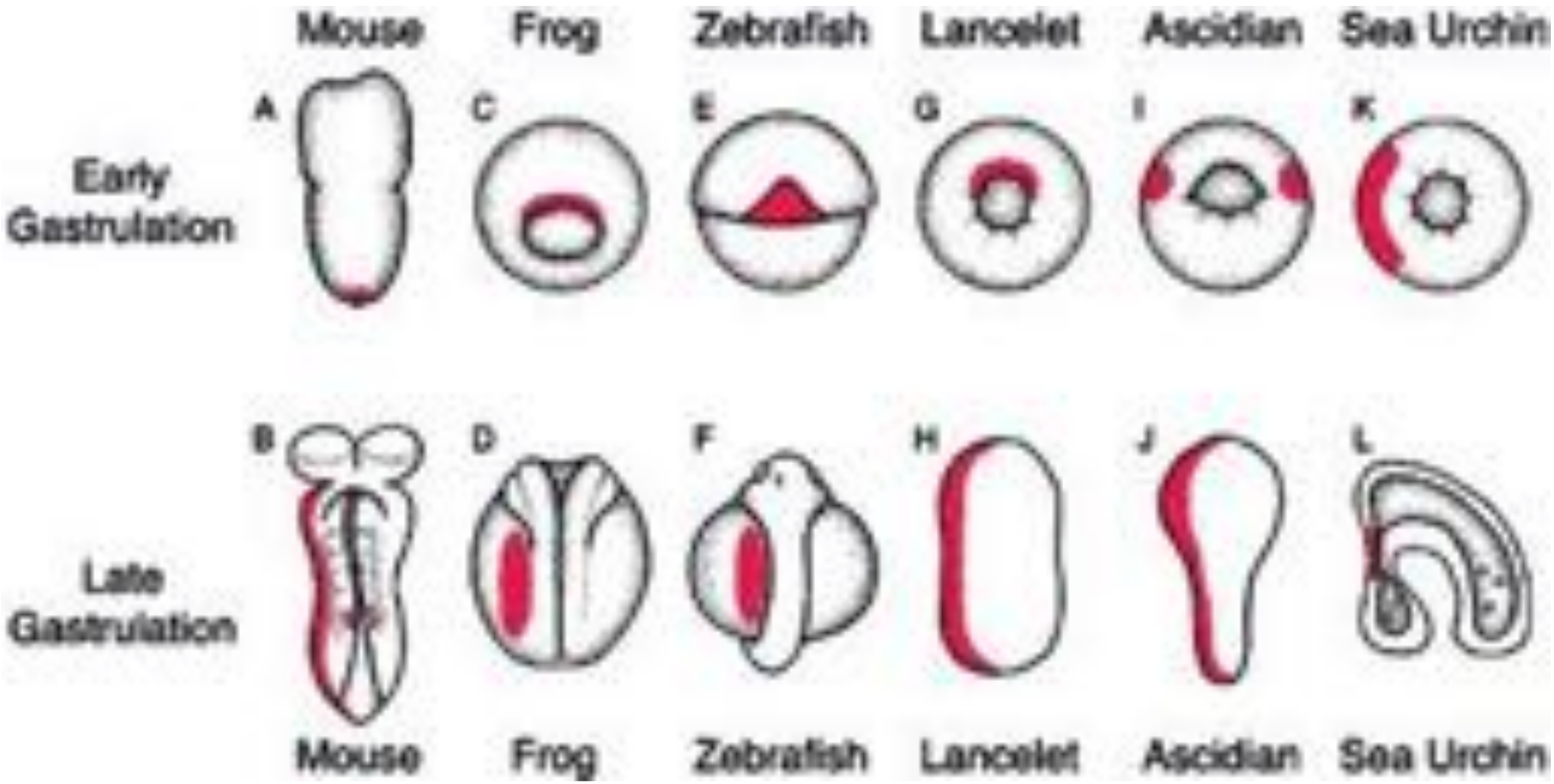
The mechanistic hypothesis

Carl von Linné hypothesis

1 Mechanism → **1 group of CHDs**



The example of laterality defects

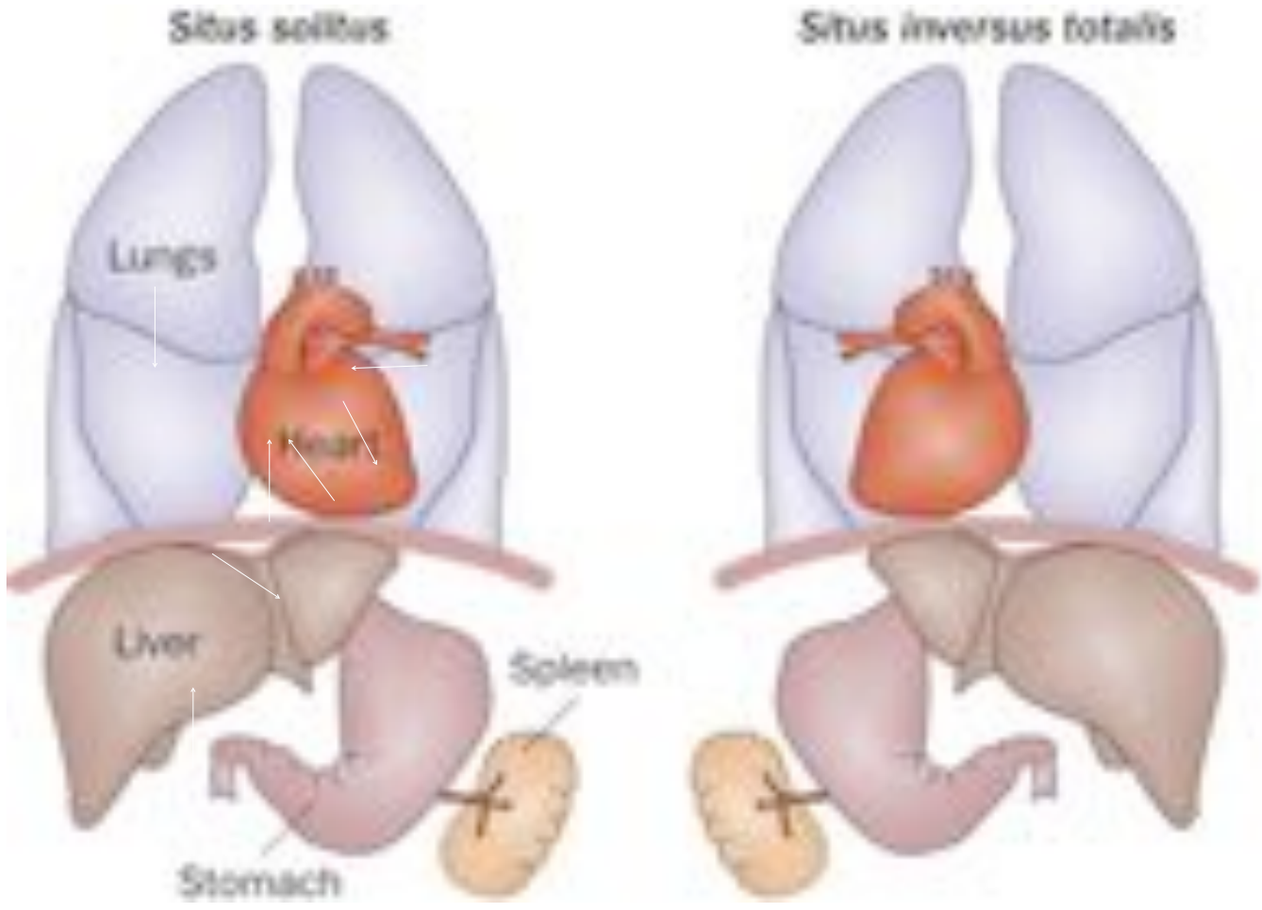


Expression of Nodal in different species is on the left side

What happens in the absence of left-right signaling ?

1.1/10,000 live births

3% of all Congenital Heart Diseases



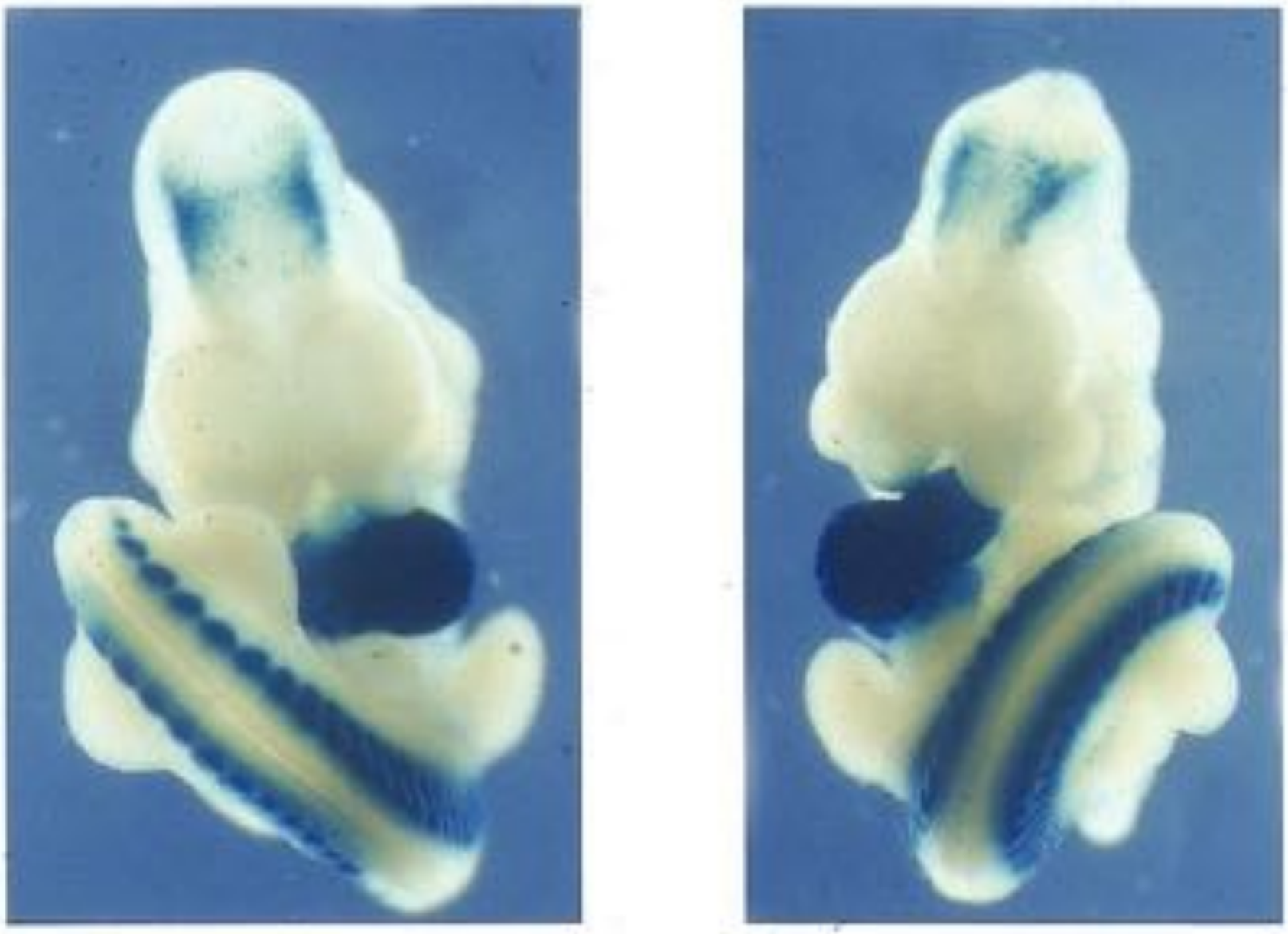
Impairment of Left/Right signaling

Formation of the node : *ZIC3, MMP21*

Ciliogenesis : *DNAH11, INVS*

Nodal signalling : *NODAL, LEFTY2, CFC1, ACVR2A*

Mouse mutant with absent left-right signaling



Situs solitus

Situs inversus

Mlc3f-2 X iv/iv

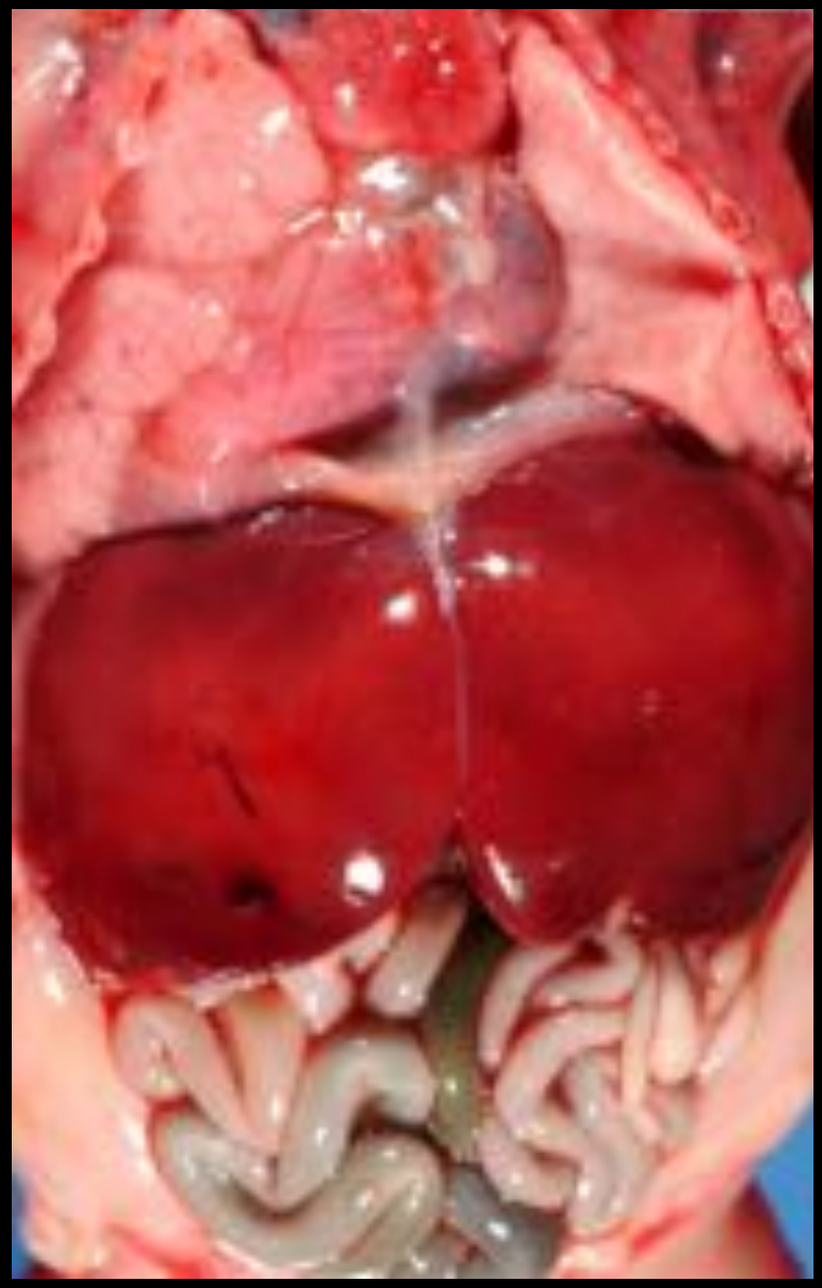
Lymnaea stagnalis

Absence of left-right signaling

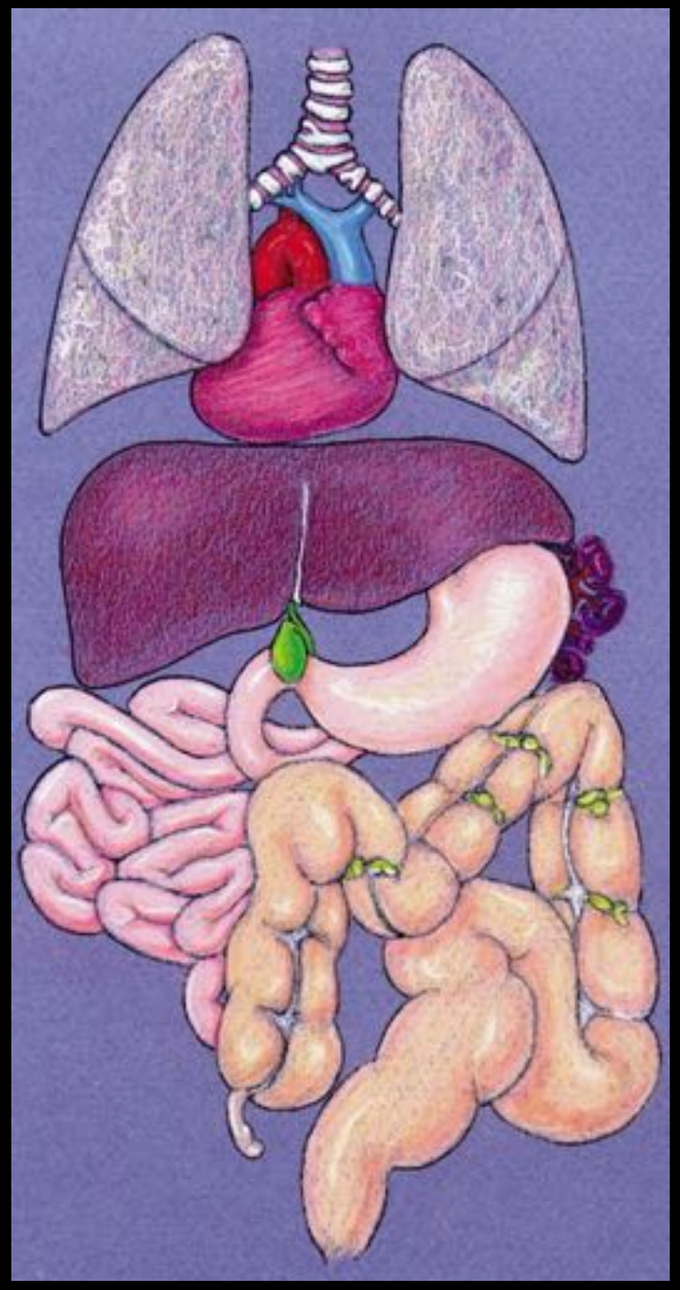
Inversion-mirror image, Isomerism-Heterotaxy

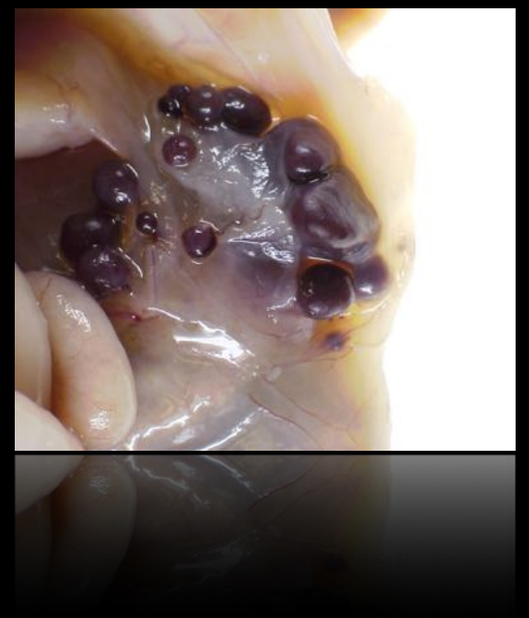
Isomerism is easy to understand for pair organs

Heterotaxy is abnormality of visceral asymmetry

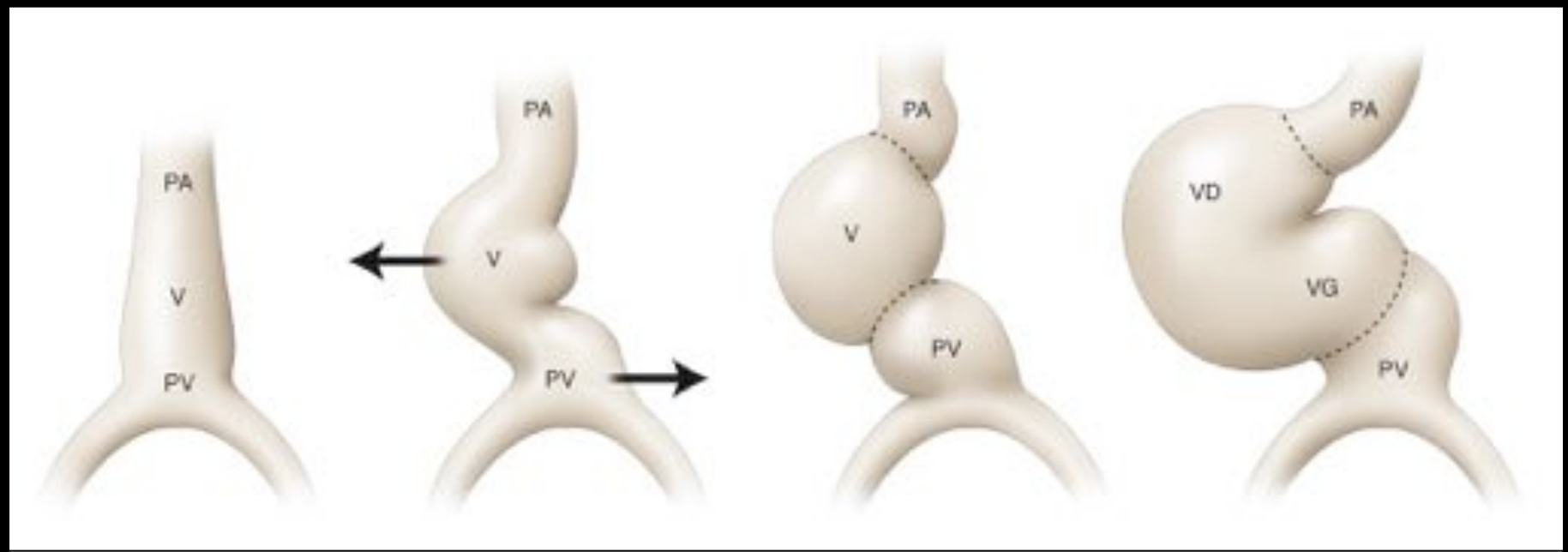


Right and left liver





Polysplenia

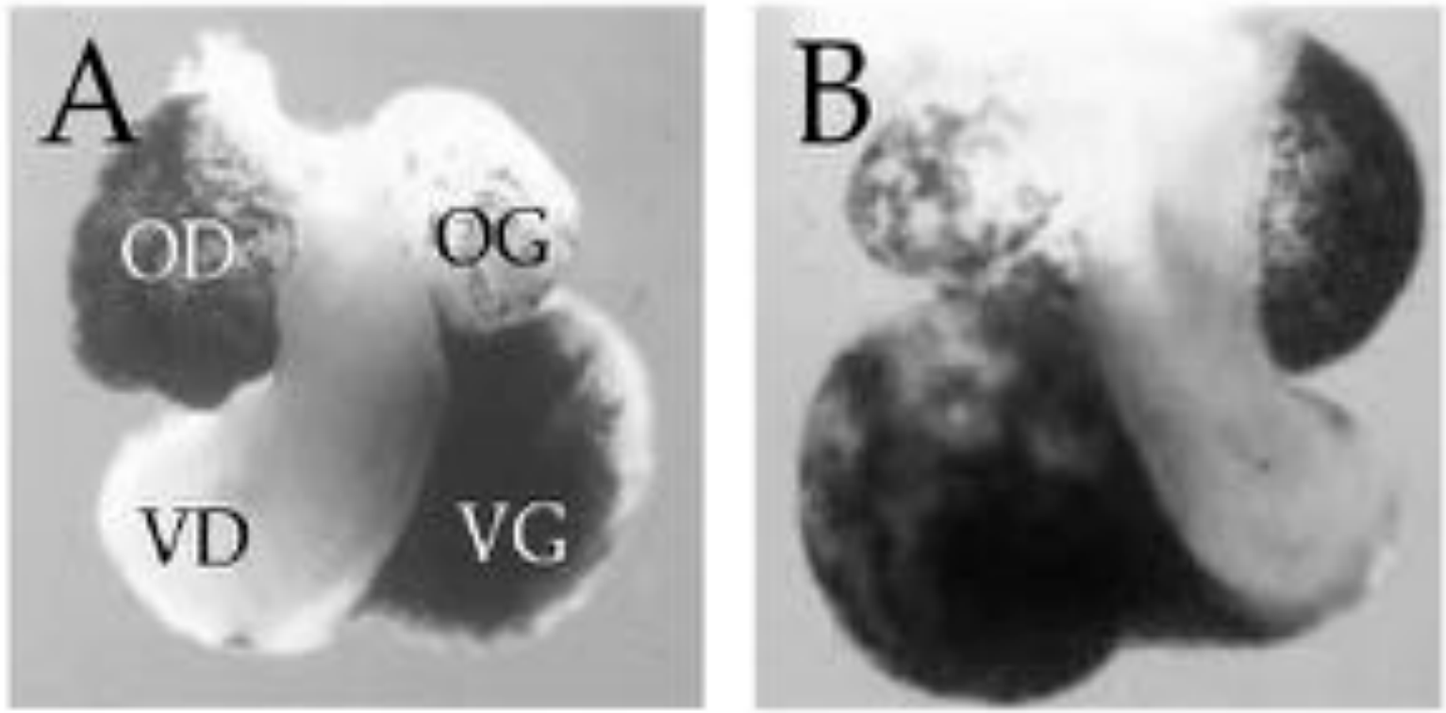


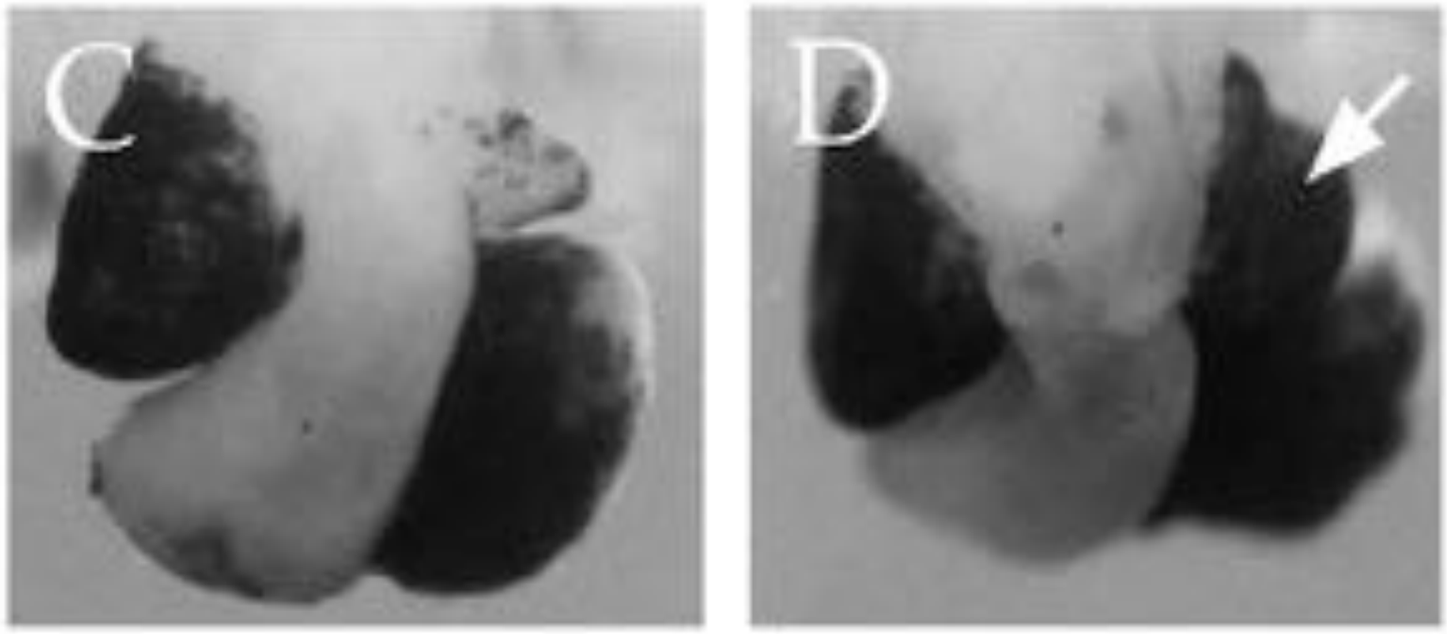
Right-sidedness and left-sidedness of cardiac structures are acquired during development, not present *de novo*

Transgenic mouse model for heterotaxy

E10.5

Situs inversus

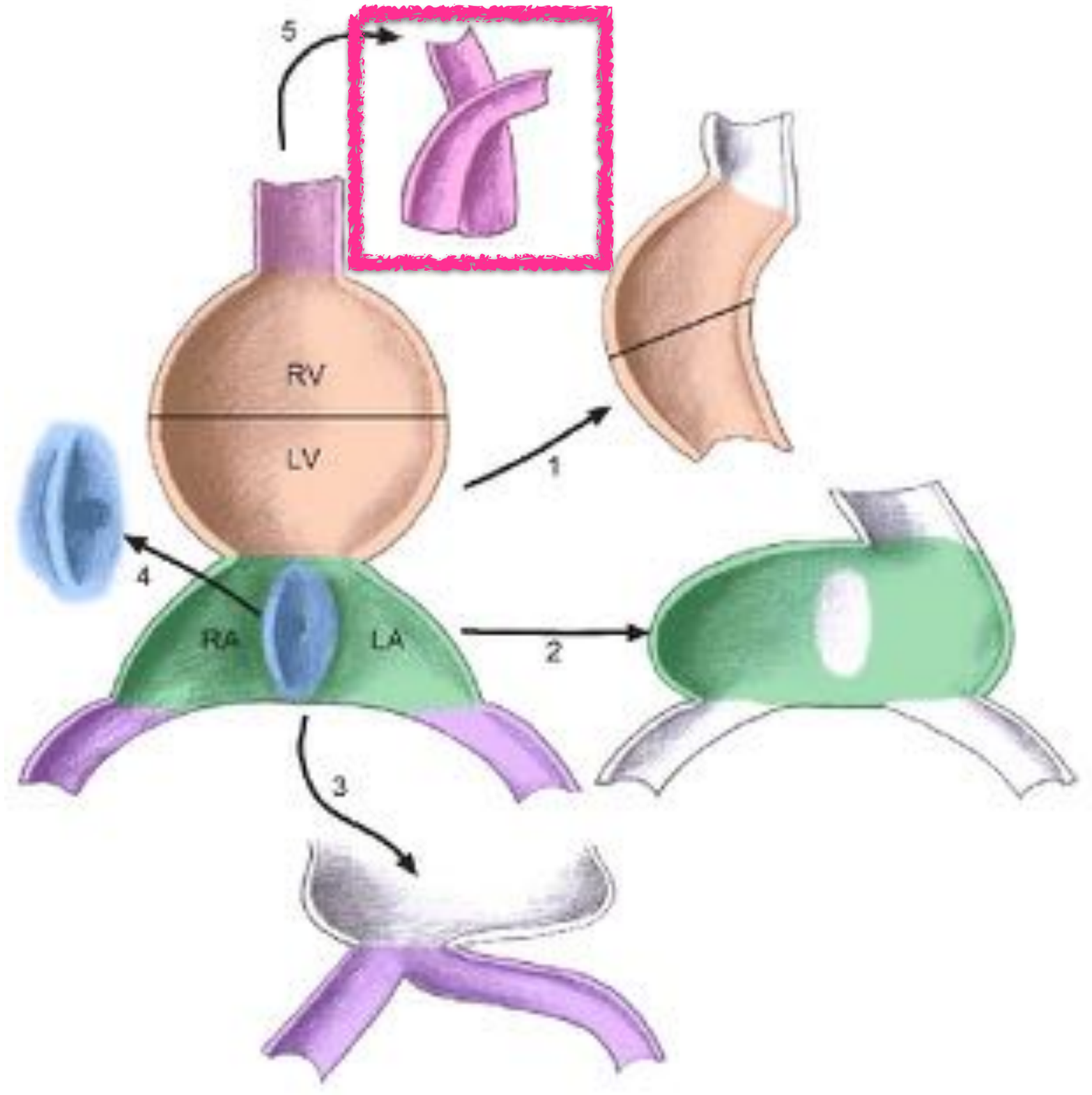




Situs solitus

Situs ambigus

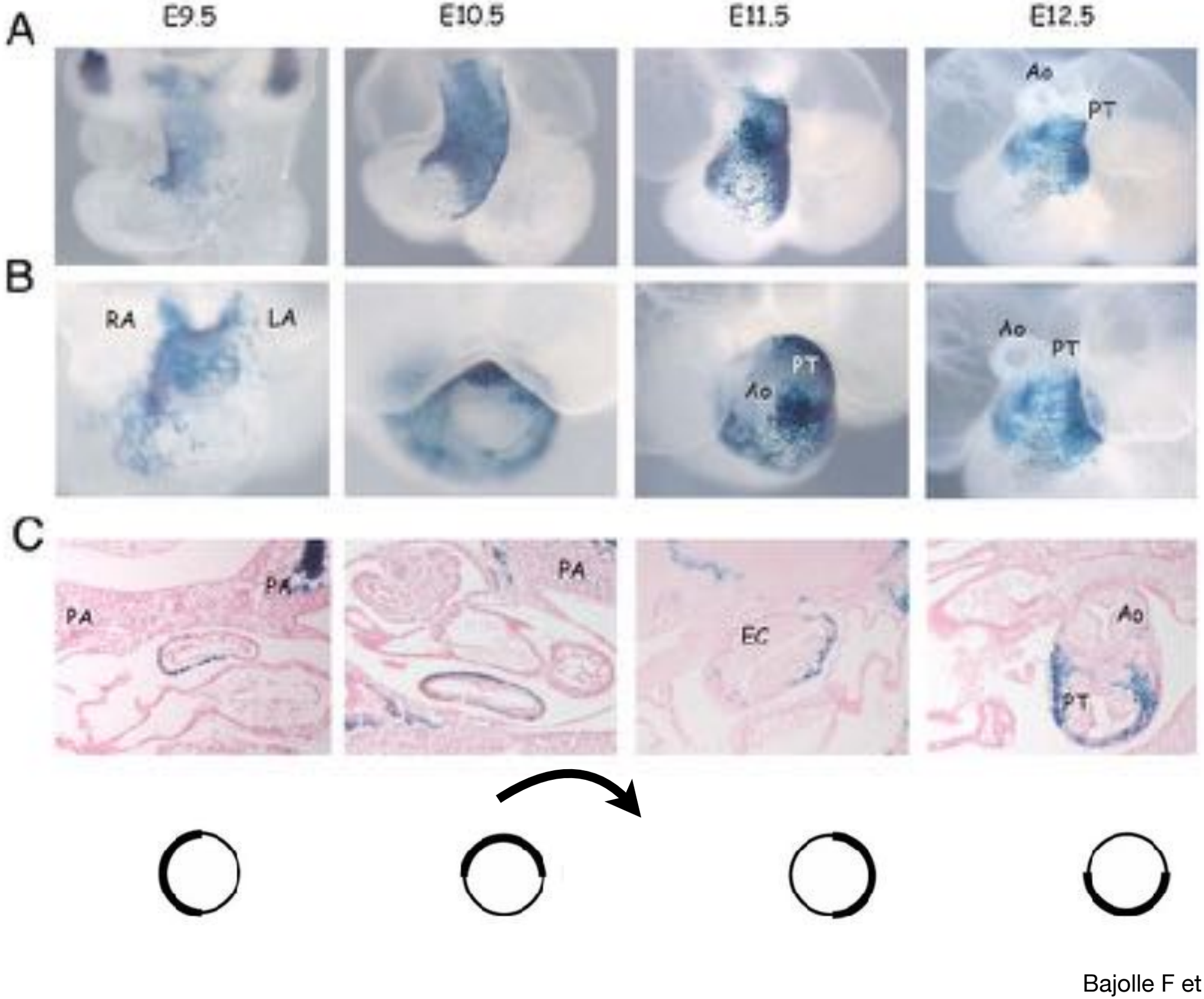
Mlc3f-2 X iv/iv



5 levels of asymmetry in the developing heart

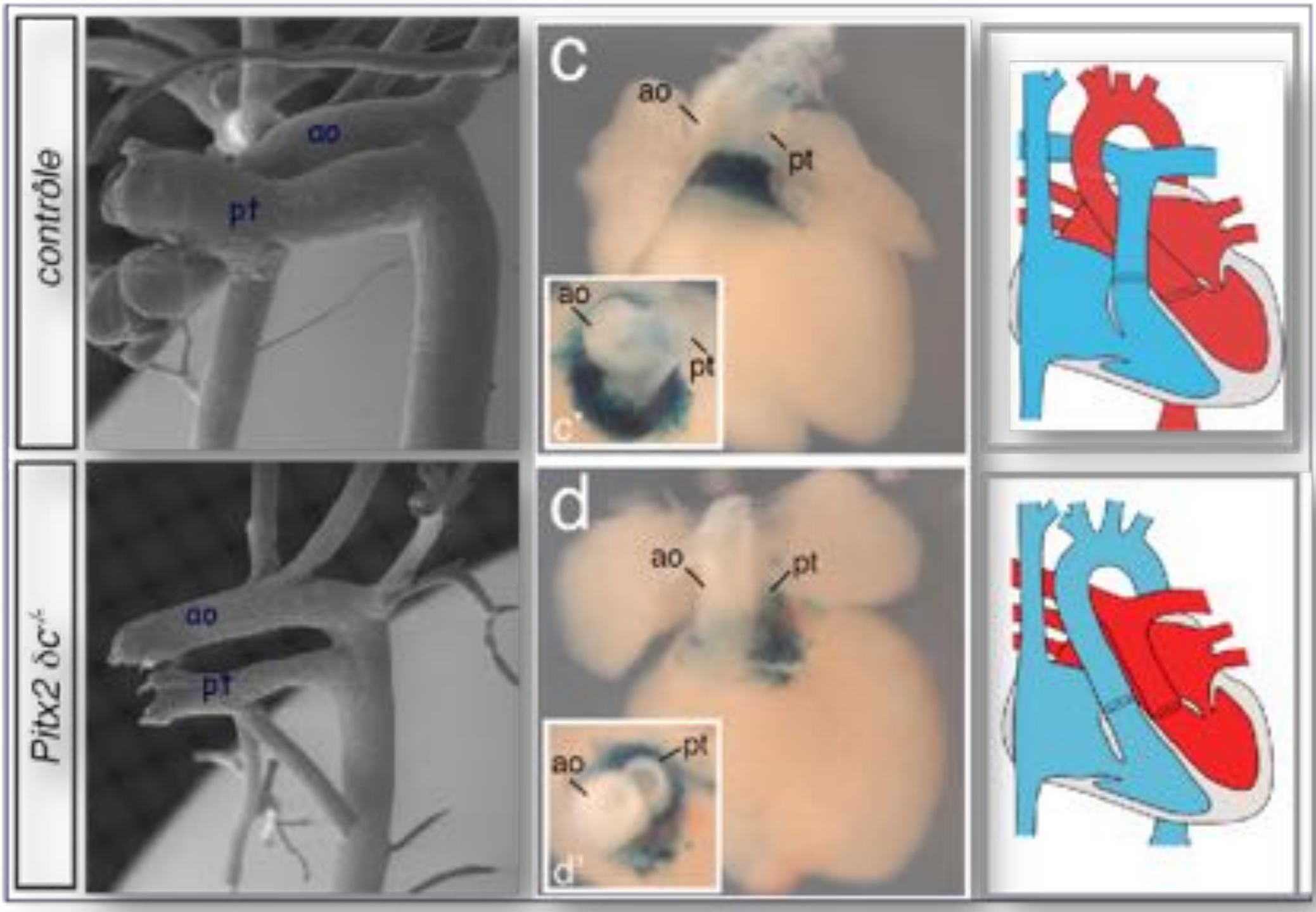
Nigel Brown

Rotation of the myocardium in cardio sensor mouse



Bajolle F et al. Circ Res

96-16 expression in Pitx2δc heart with TGA



Transposition of the great arteries with a rotation defect

Normal septation and normal neural crest cell migration

Defect of left-right signaling

Familial transposition of the great arteries caused by multiple mutations in laterality genes

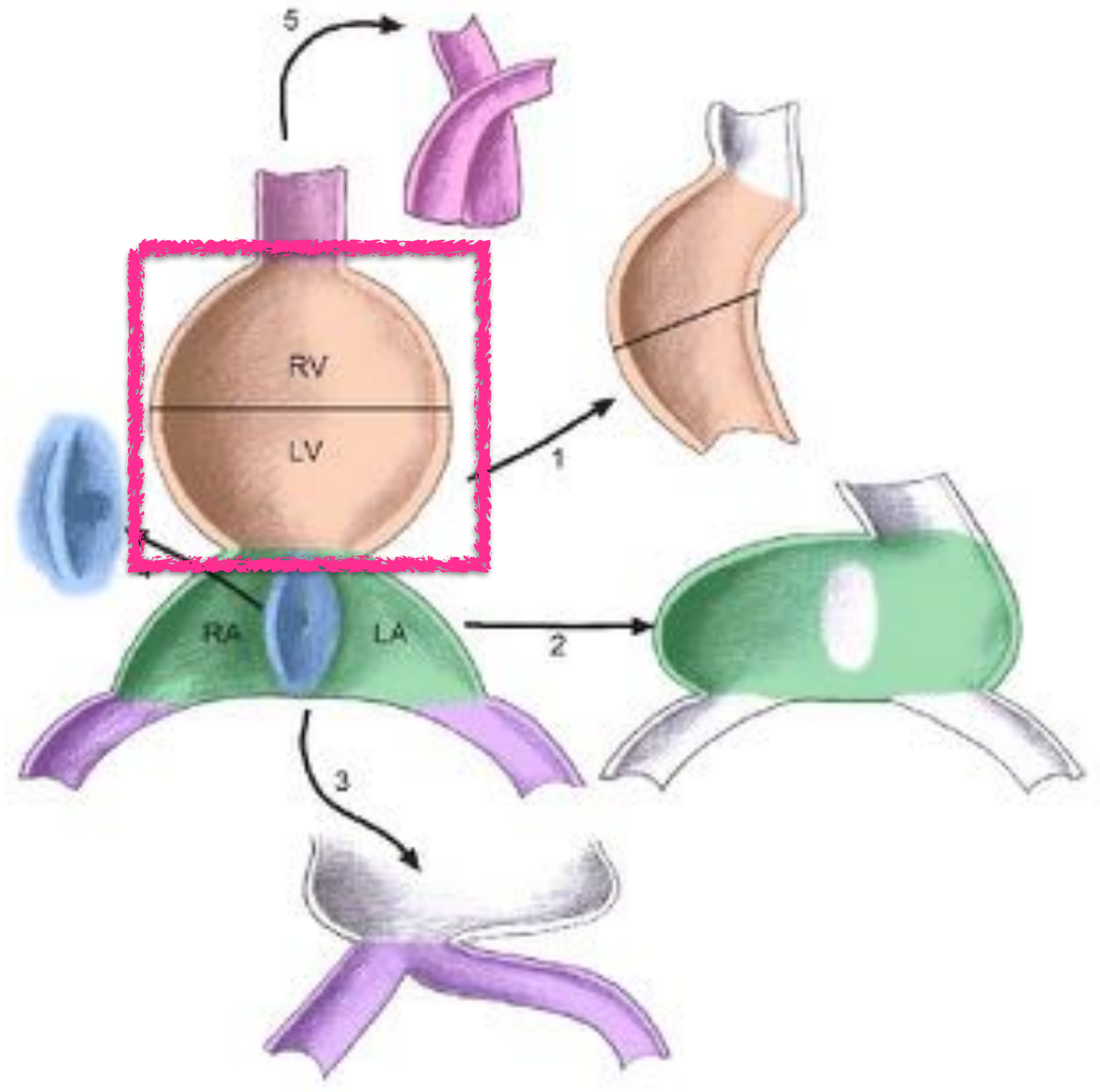
Alessandro De Luca,[1] Anna Sarkozy,[1,6] Federica Consoli,[1] Rosangela Ferese,[1] Valentina Guida,[1] Maria Lisa Dentici,[1] Rita Mingarelli,[1] Emanuele Bellacchio,[1] Giulia Tuo,[2] Giuseppe Limongelli,[3] Maria Cristina Digilio,[4] Bruno Marino,[5] Bruno Dallapiccola[1]

Heart 2010;**96**:673–677.

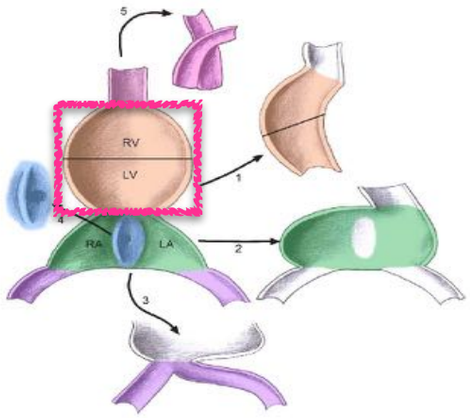
TGA is a laterality defect

It is not a conotruncal defect

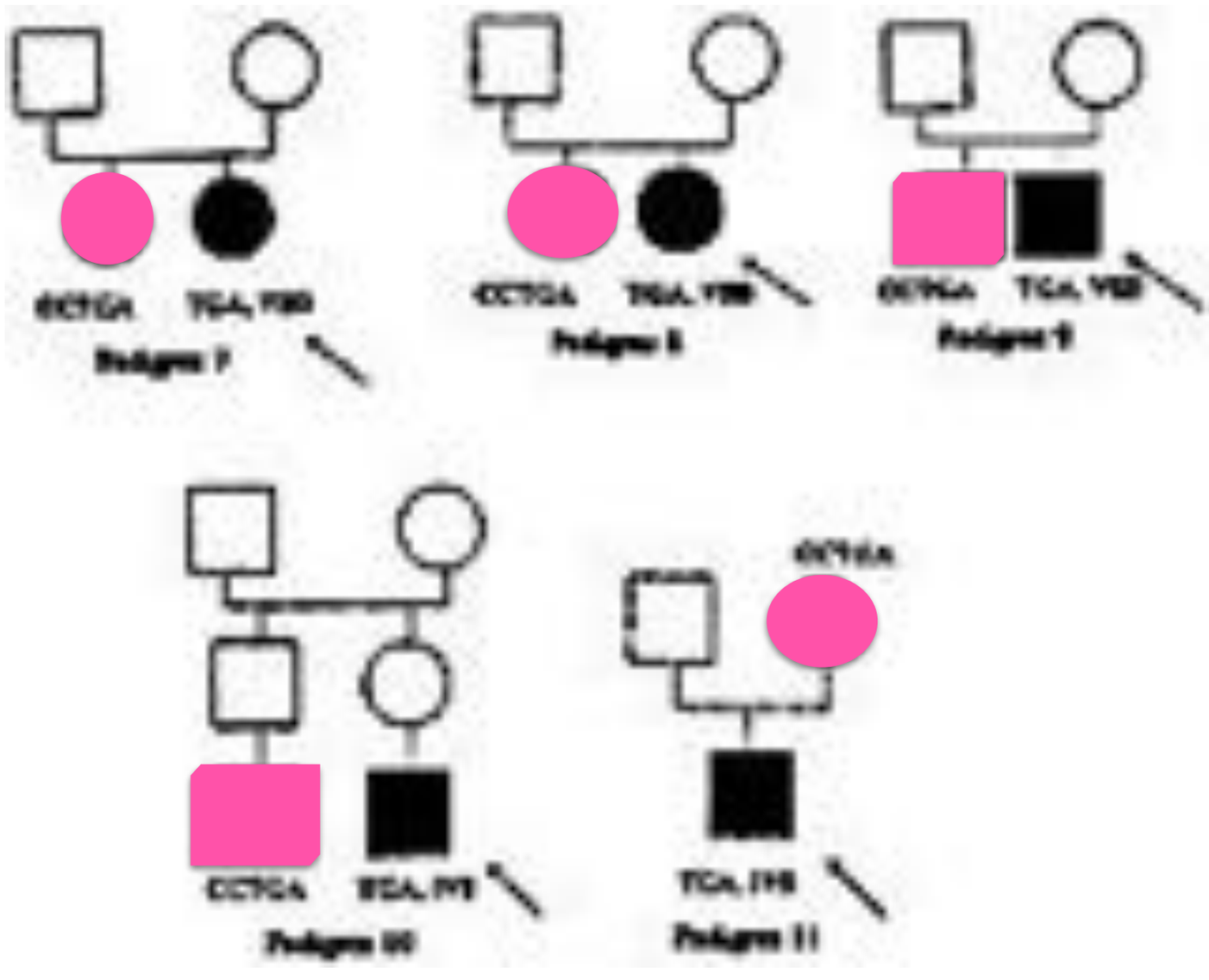
It is a laterality (rotation) restricted to a single segment of the developing heart



5 levels of asymmetry in the developing heart



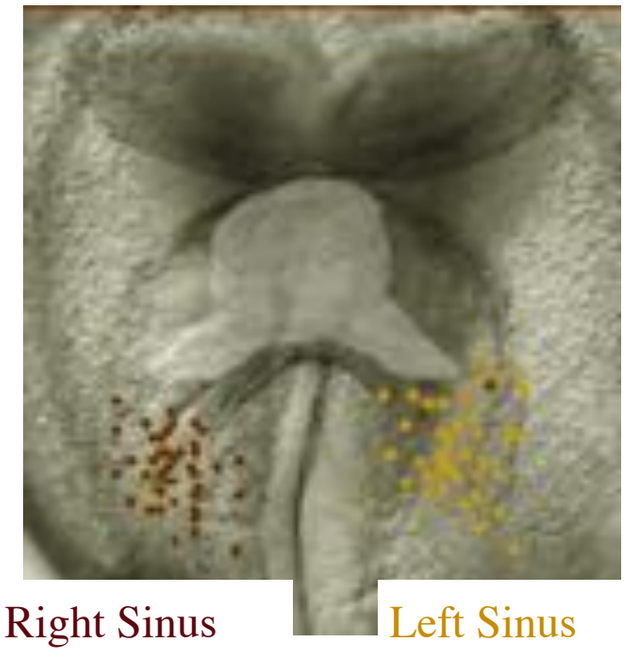
Families TGA & CC-TGA



Digilio MC et al. Circulation. 2001;104:2809-2814.

Fate map of left-right heart precursors

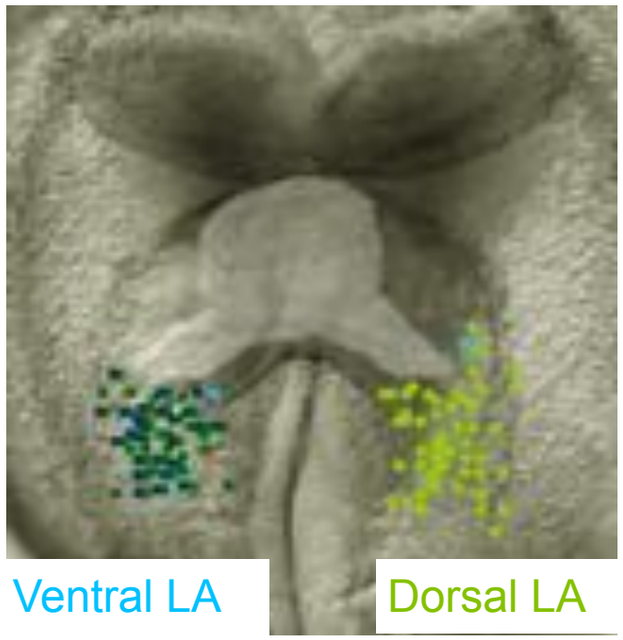
sinus venosus



Right Sinus Venosus

Left Sinus Venosus

atria



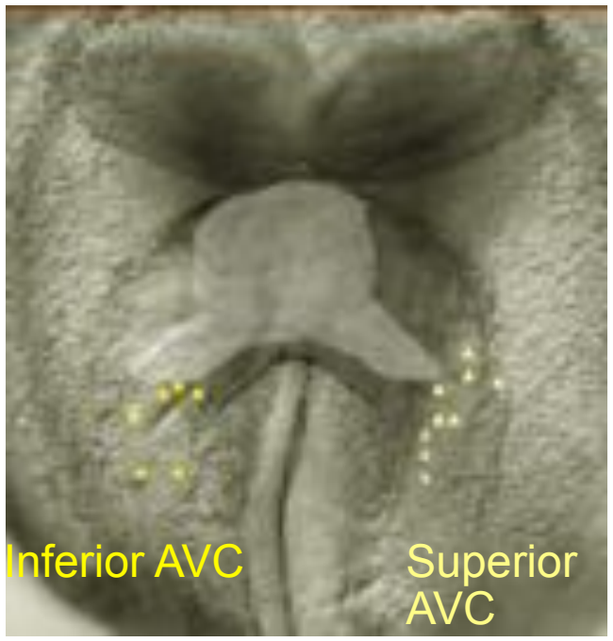
Ventral LA

Dorsal LA

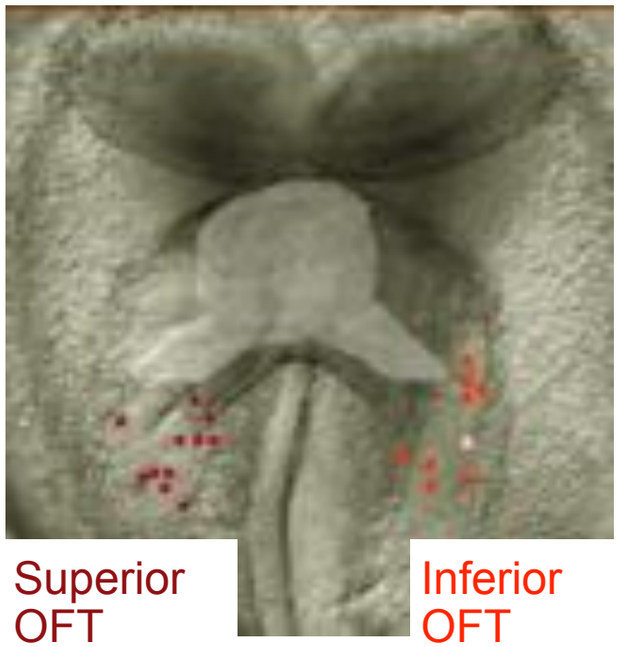
Ventral RA

Dorsal RA

atrioventricular canal

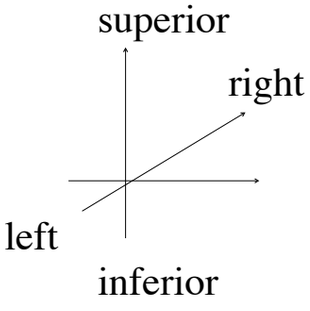


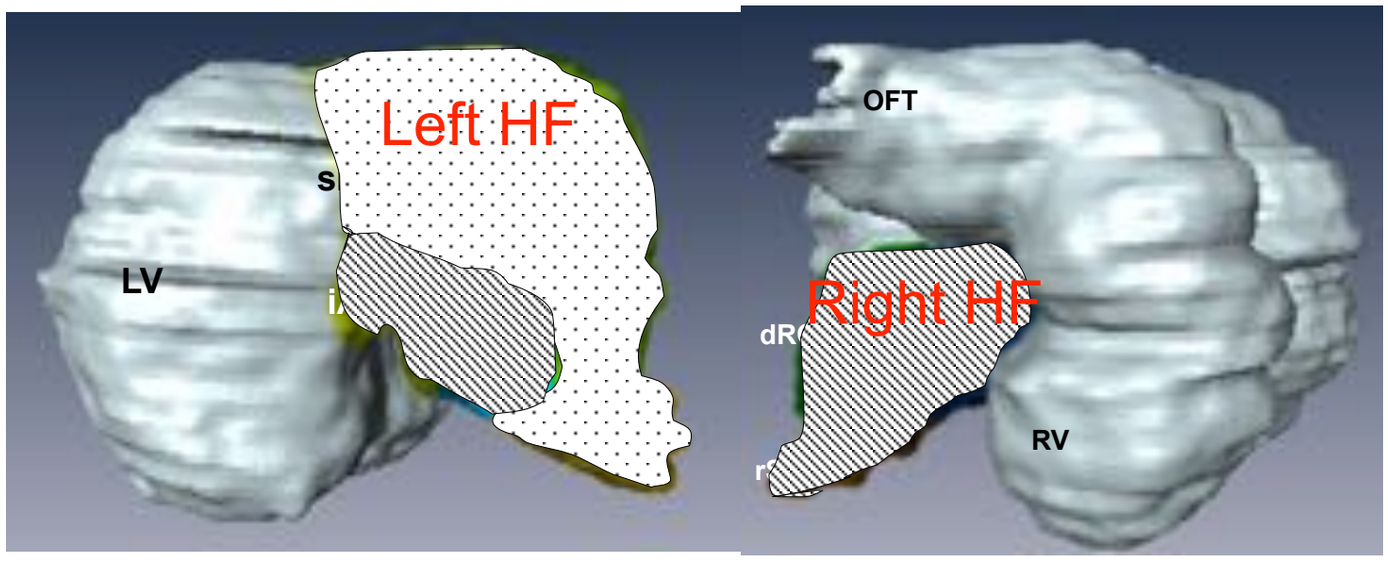
outflow tract

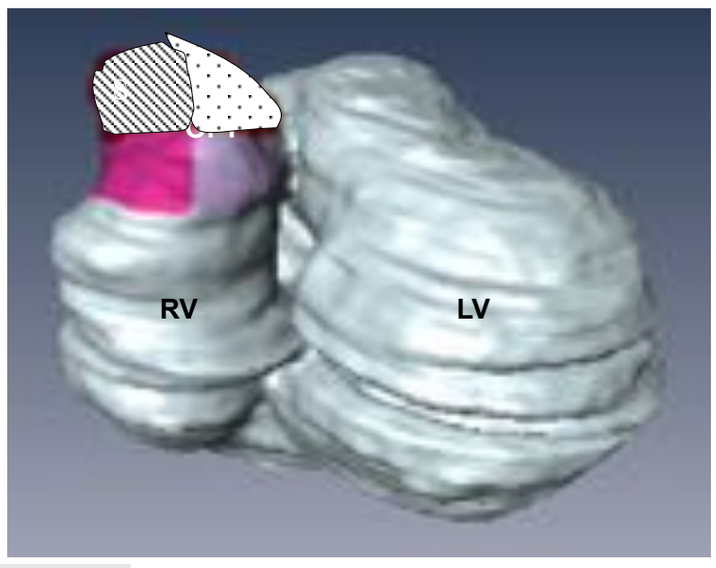


Superior OFT

Inferior OFT







Twisted left/right regionalisation of the heart

Dominguez et al., 2012

Courtesy Sigolène Meilhac

Second heart field

-Abnormal contribution
-Abnormal proliferation

Neural crest cells

-Abnormal migration
-Abnormal proliferation

Myocardium

-Abnormal rotation
-Abnormal laterality

Endocardium

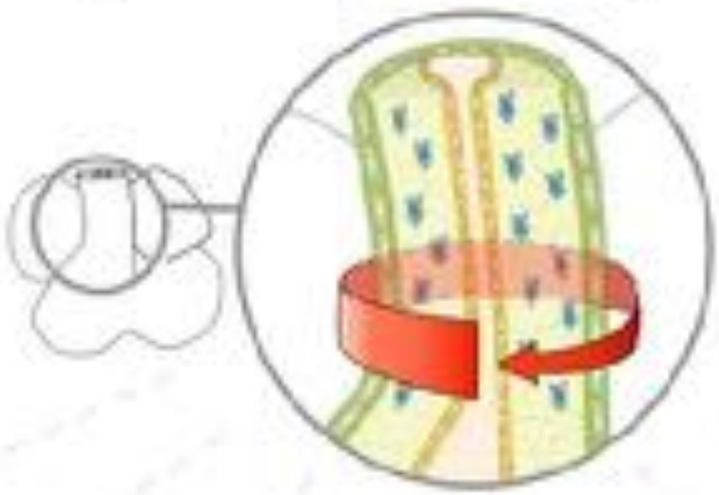
-Abnormal EM-transformation
-Abnormal proliferation

Elongation defect

Septation defect

Alignment defect

Cushion defect



Remodeling of
the outflow tract

Myocardium

Neural crest cells

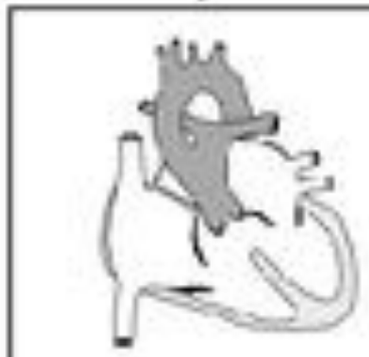
Endocardium

Endocardial cushions

TOF

TOF&PA

IAA

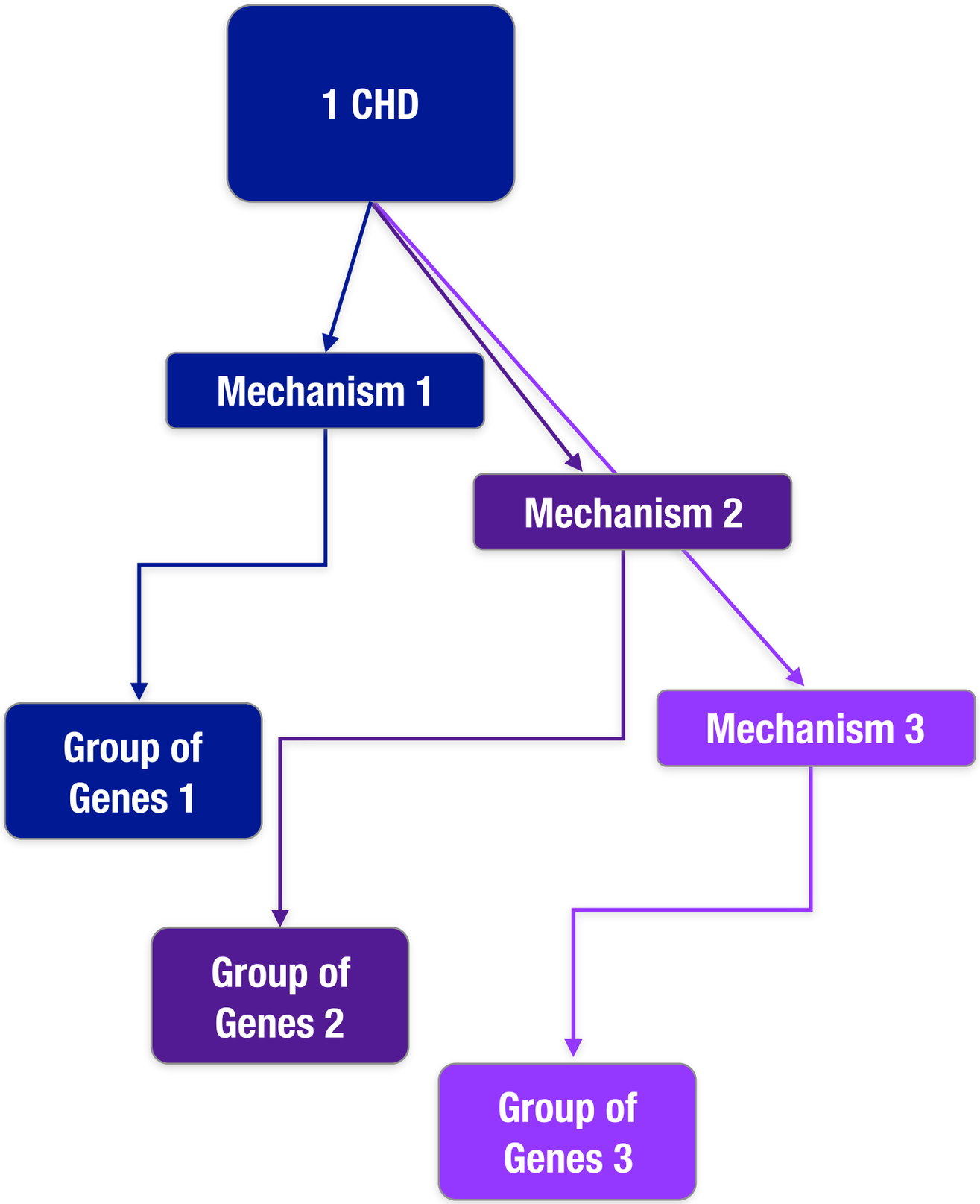


CAT

VSD

DORV

TGA



Coarctation of the aorta

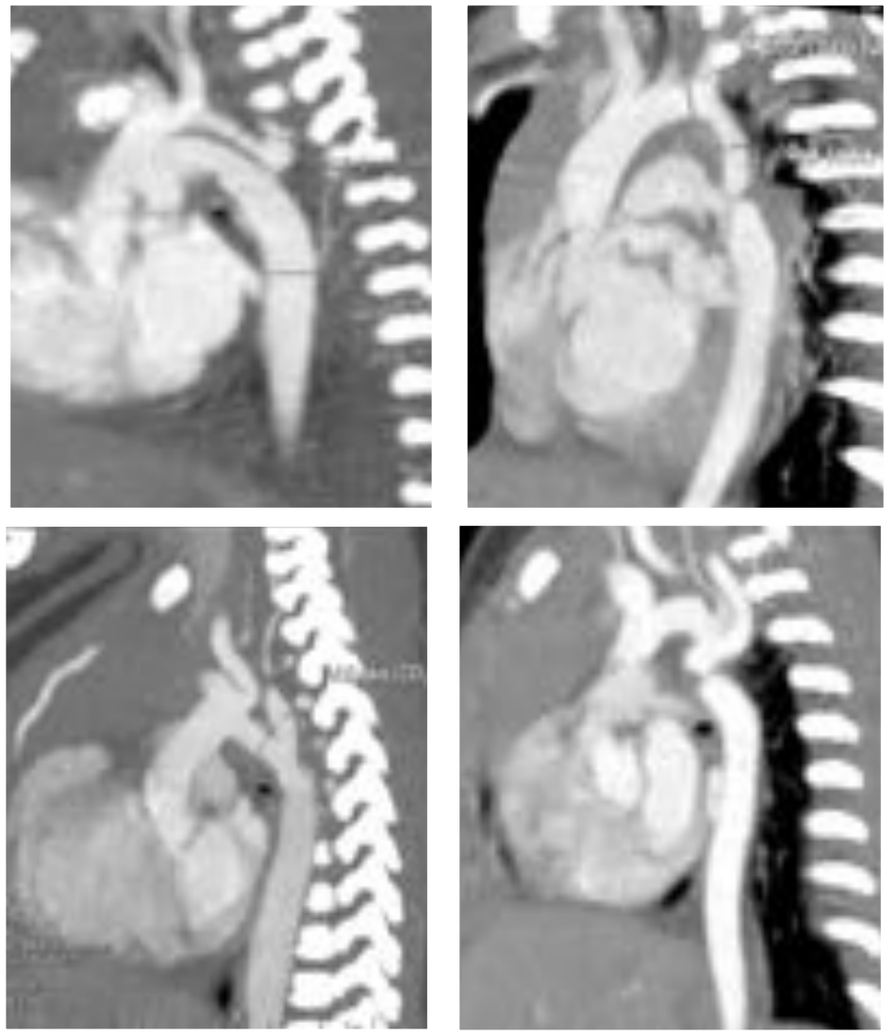
Disease of the aortic isthmus

Flow defect : spectrum of HLHS

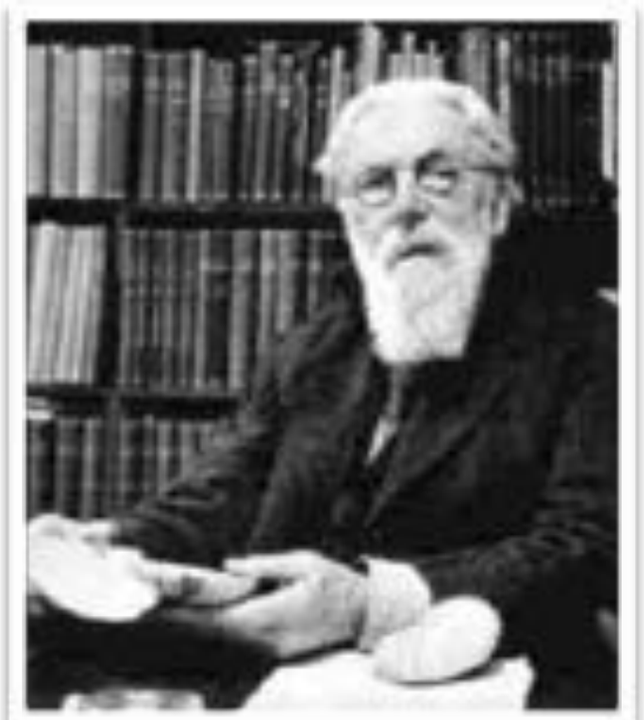
Conotruncal defect

Interrupted aortic arch

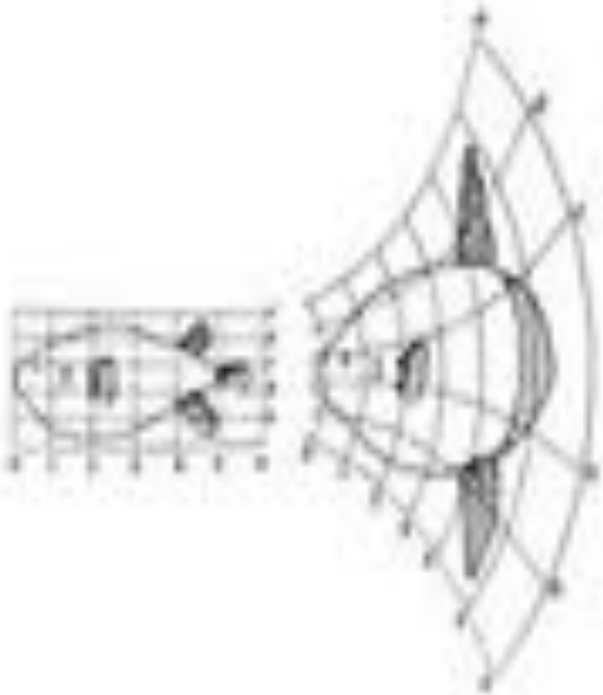
Laterality defect with persisting LSCV

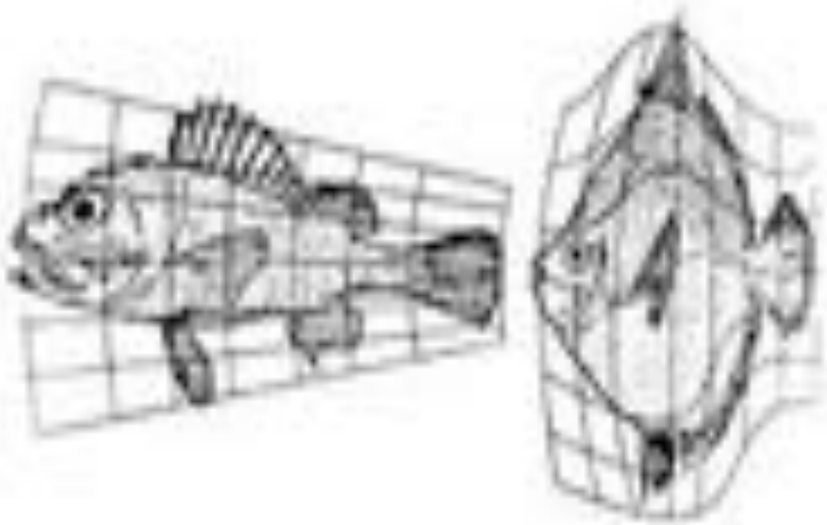


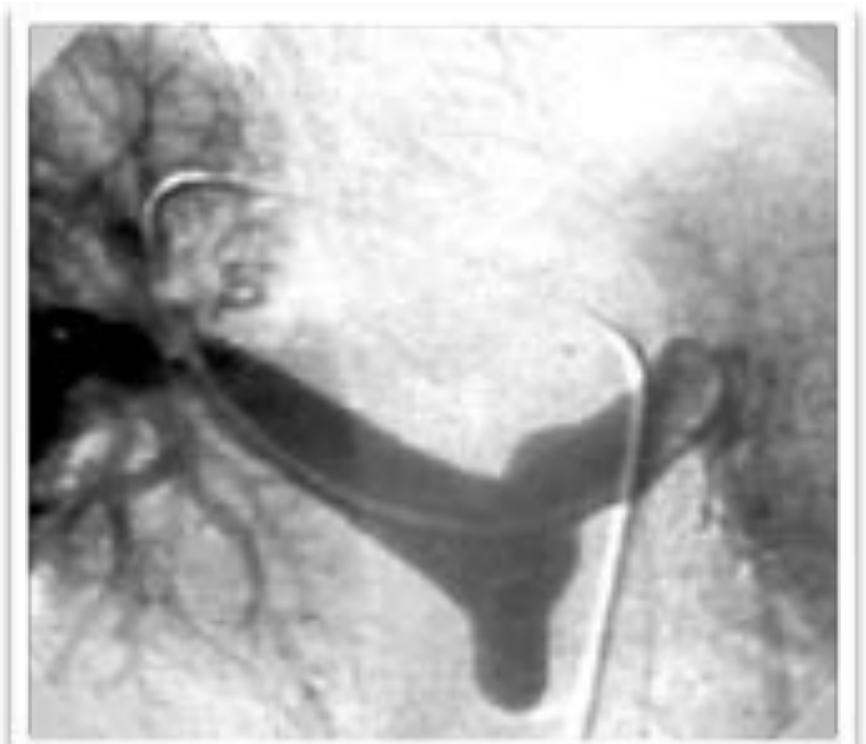
How to explain the variability inside a specific defect due to a single gene/CNV variant ?

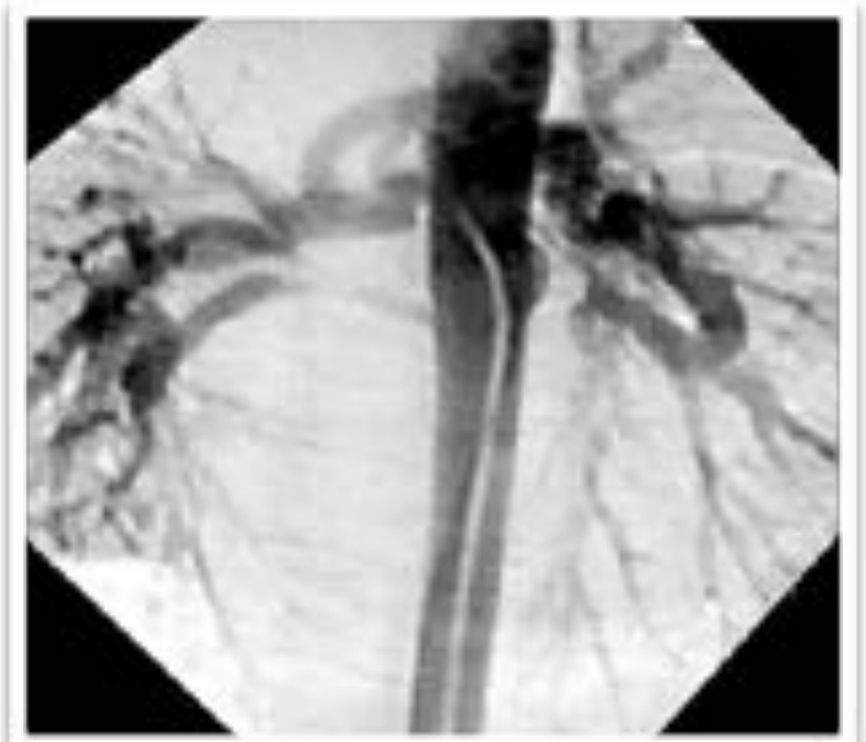


D’Arcy Thompson









The gene dosage hypothesis

Bmp4 and morphological variation of beaks in Darwin's Finches

Genotype–phenotype observations suggest that CHD are not because of a global change in genomic content, but rather from altered dose of specific genes.

Abzhanov A et al. Nature 2011

Genetic models of CHD

Familial CHD mutations
Different modes of inheritance
High penetrance
Variable clinical manifestations

Genetic heterogeneity
Interdependency of molecules
involved in heart development

Phenotypic heterogeneity
Genomic context-Gene dosage
Maternal-foetal environment
Foetal hemodynamics
Placenta function

An evolutionary perspective of CHD mutations predicts that reduced reproductive fitness and early mortality would cause substantial negative selection that eliminates CHD mutations from human populations.

Genetic models of CHD

Dominant or X-linked mutations do not contribute much to genetics of CHD : only 2.2% of affected patients have a first degree relative with CHD

Recessive models : higher risk in consanguineous families or in inbred populations

Somatic mutations during cardiac development

The polygenic hypothesis : Multiple variants, which individually contribute small risks that can be maintained throughout evolution, collectively cause CHD.

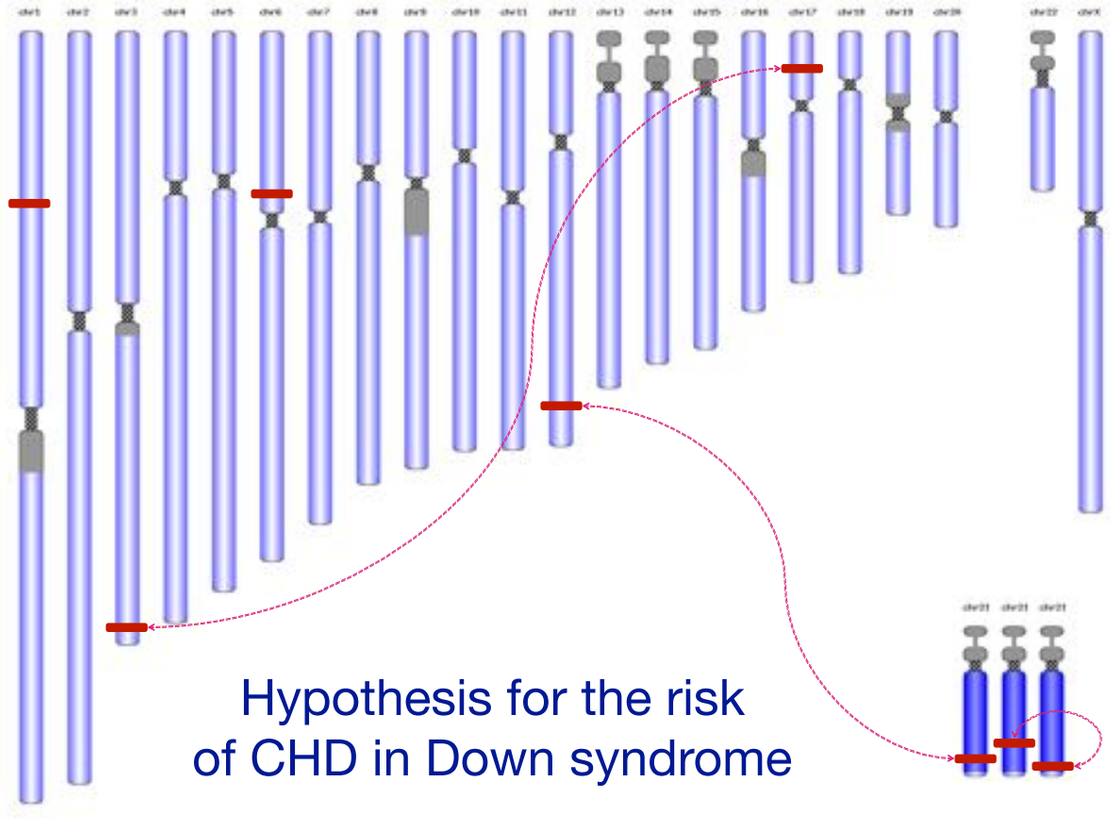
Fahed AC et al. Circ Res. 2013;112:707-720

The four hypotheses relevant for the genetic basis of congenital heart diseases

- ~~There is no genetic basis for CHD~~
- ~~Gross chromosomal aberrations are responsible for the majority of CHD~~
- ~~Single gene mutations are the main cause for CHD~~
- Congenital heart disease are a heterogeneous category of developmental anomalies, representing in most cases the multifactorial inheritance of threshold characters, the expression of which is the product of genetic-environment interaction

Nora JJ. Circulation 1968

A multigenic model for the development of CHD in trisomy 21 with effects of several genetic variants

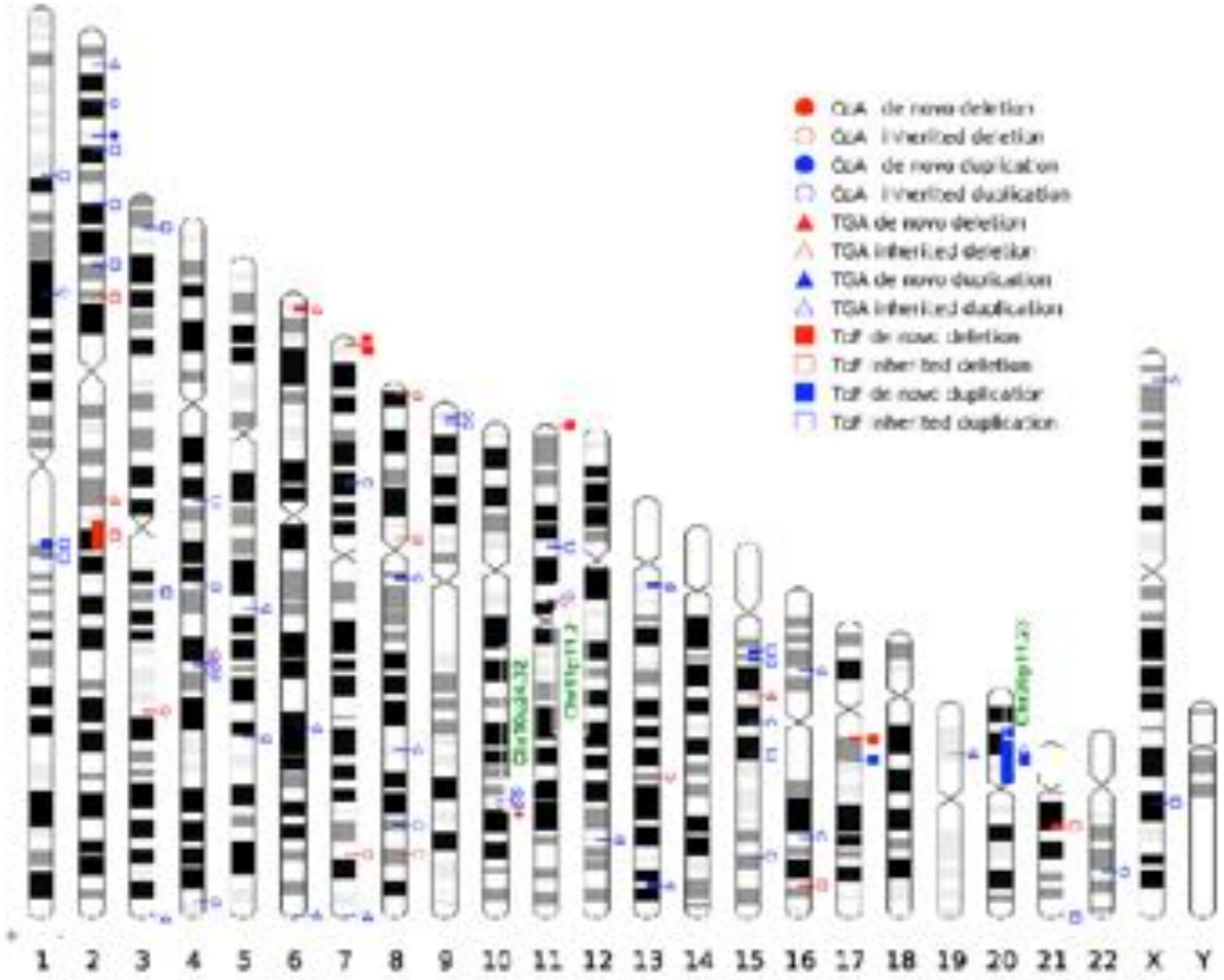


Genomic variability of chr21 (trisomic regions) may contribute to the CHD in Down syndrome.

The CHD risk of Down syndrome is determined not only by trisomy 21 but also the genome-wide interaction of specific alleles.

Sallani MR et al. Genome Res. 2013 Sep;23(9):1410-21

Cardiac malformations are not because of a global change in genomic content, but rather from altered dose of specific genes.



Sanchez-Castro M et al. Circ Cardiovasc Genet 2016;9:86-94

Role of epigenetic
Prevention of CHD in animal models

Rate of CHD in the offspring of diabetic and control females with and without N-acetylcysteine (NAC) treatment

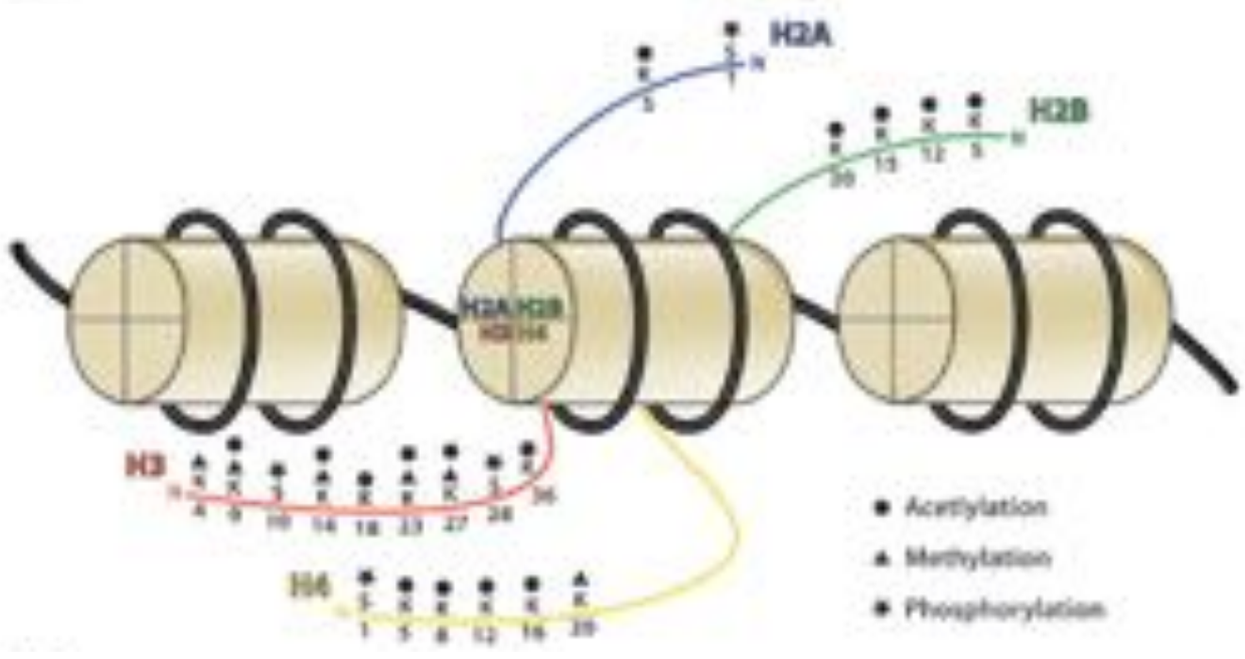
Total N/litters	Control 30/4		Diabetes 62/15		Control NAC 30/4		Diabetes NAC 43/7	
	n	%	n	%	n	%	n	%
Normal	30	100	26	41.9**	27	90	36	83.7††
Abnormal	0	0	36	58.1**	3	10	7	16.3††
ASD	0	0	19	30.6**	2	6.7	6	13.9†
VSD	0	0	25	40.3**	1	3.3	5	11.6††
AVSD	0	0	4	6.5	0	0	0	0
TGA	0	0	4	6.5	0	0	0	0
DORV	0	0	8	12.9*	0	0	3	6.9
TOF	0	0	3	4.8	0	0	0	0

Data were analyzed by Chi-square test. *$P < 0.05$, **$P < 0.001$ vs. untreated control, †$P < 0.05$, ††$P < 0.001$ vs. untreated diabetes. ASD, atrial septal defect; VSD, ventricular septal defect; AVSD, atrioventricular septal defect; TGA, transposition of great arteries; DORV, double outlet right ventricle; TOF, Tetralogy of Fallot.

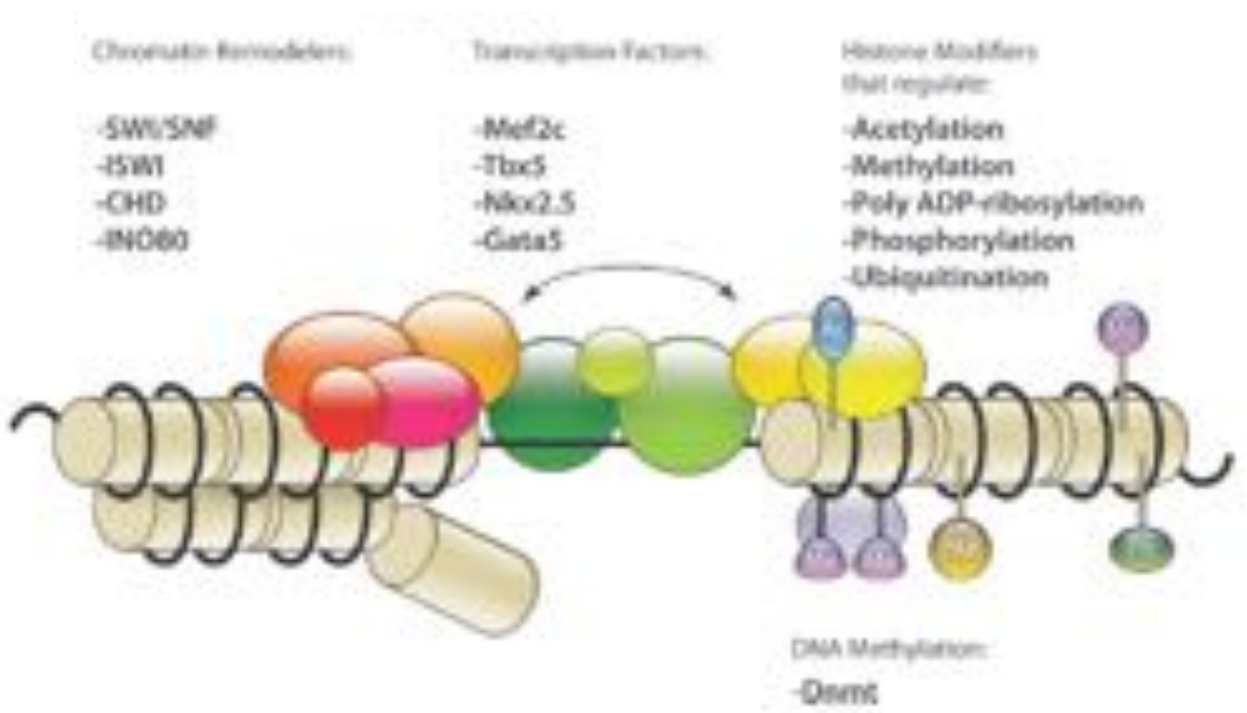
Moazzen et al. Cardiovascular Diabetology 2014

Prevention of CHD in human

Nucleosome structure



Interactions between chromatin regulators
and transcription factors to control gene expression



- Chromatin regulation is an epigenetic mechanism that controls gene expression and function without changes in the DNA sequence.
- Chromatin remodelers use energy derived from ATP hydrolysis to change chromatin architecture.
- Histones are covalently modified to modulate access of transcription factors to genomic loci.
- DNA can be methylated to control transcription.

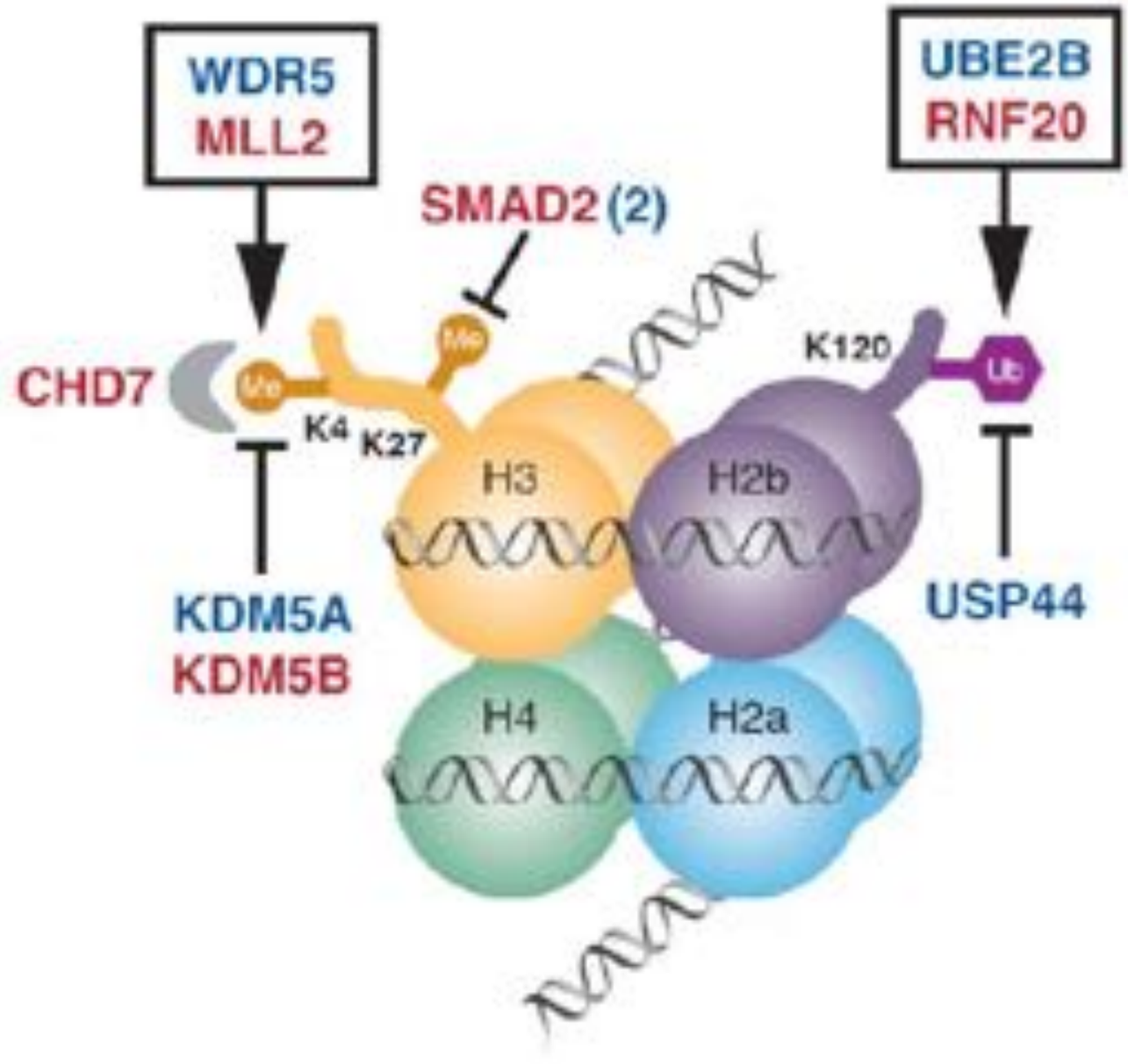
Rôle of maternal aging

Prevention with folic acid

Function of known genes such as CHD7

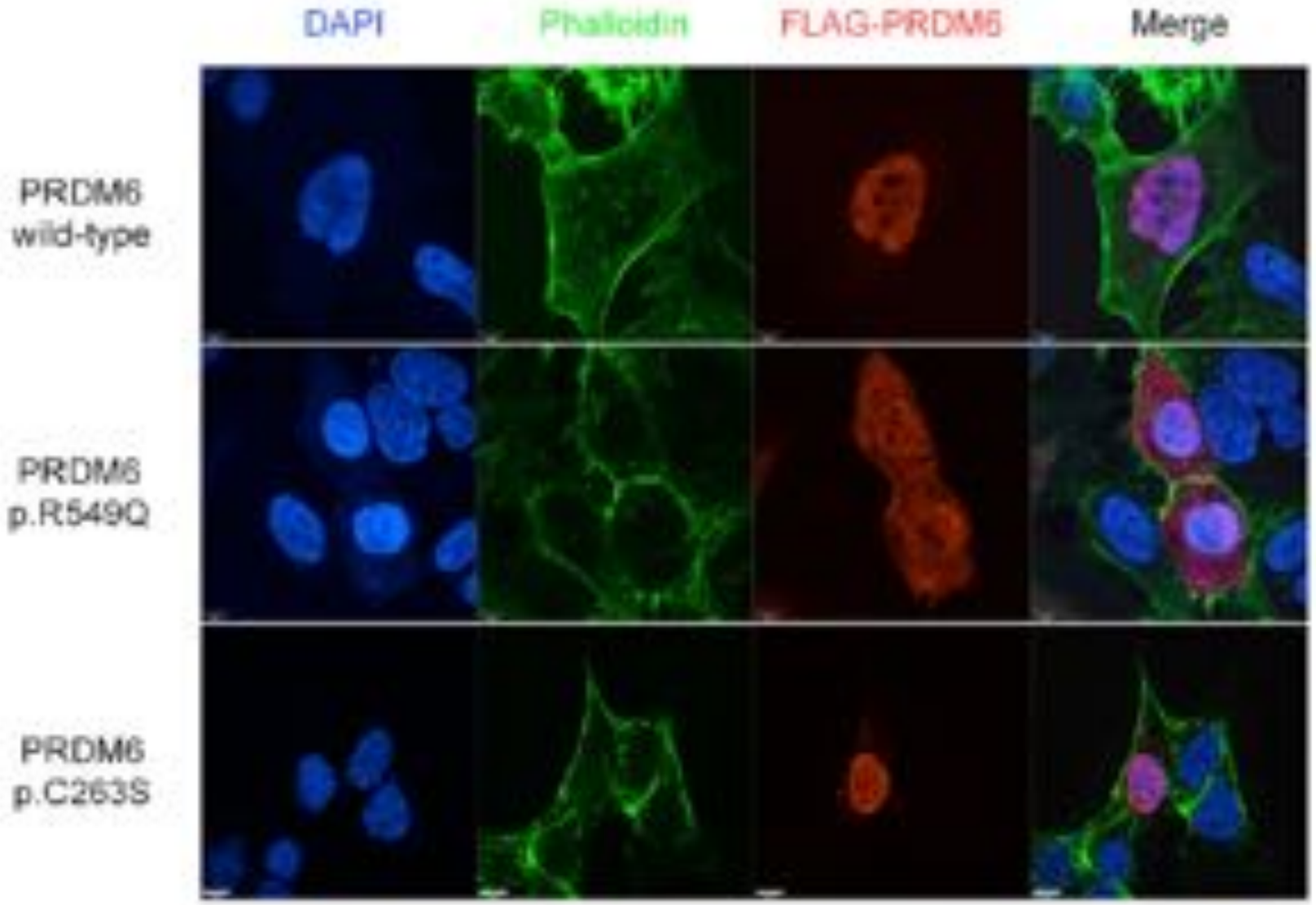
Linask KK. J Pregnancy 2013
Han P et al. Circ Res. 2011;108:378-396

De novo mutations in histone modifying genes in congenital heart disease



De novo mutations in the H3K4 and H3K27 methylation pathways

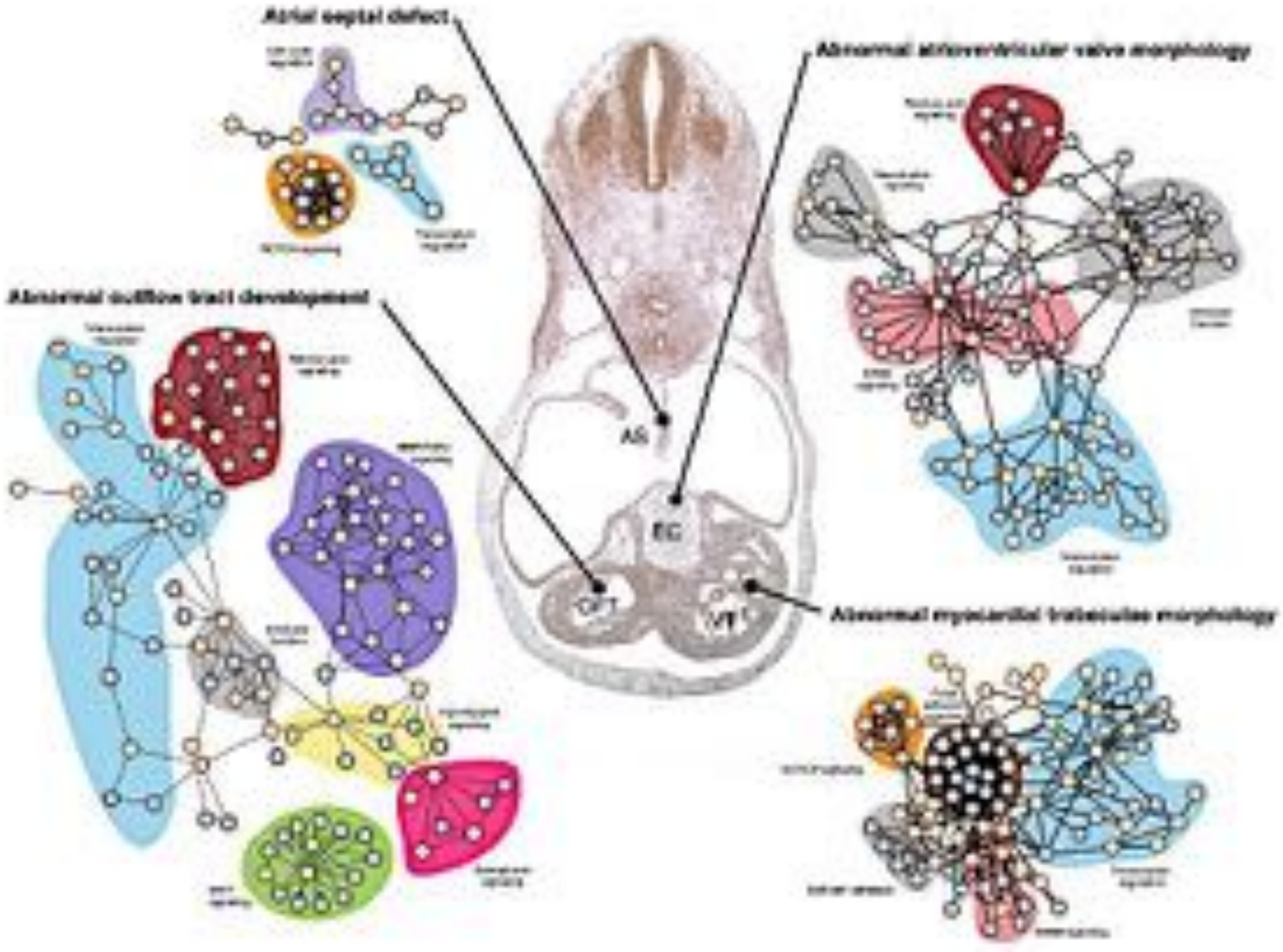
Zaidi S et al. Nature. 2013; 498: 220–223.



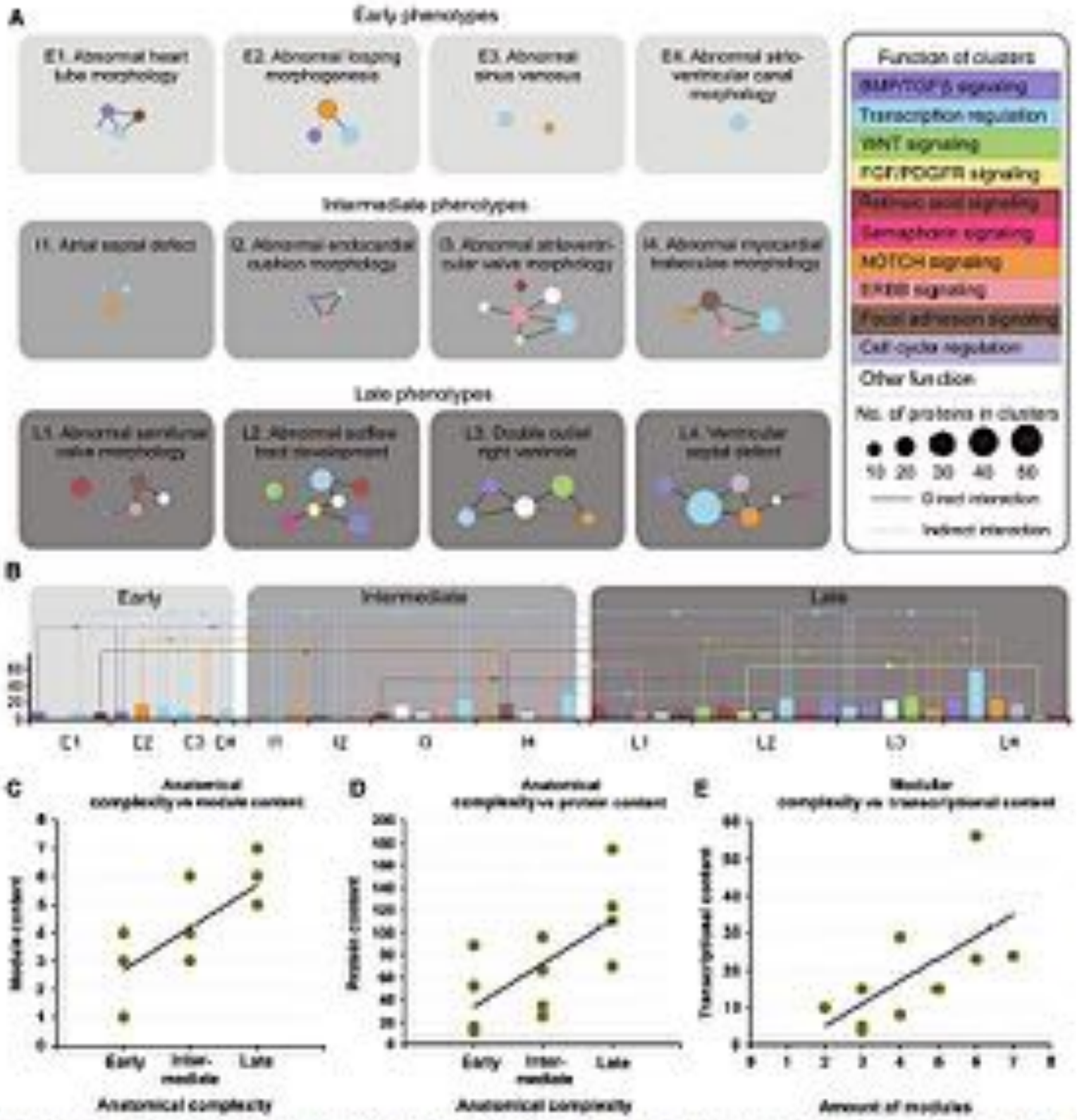
PRDM6 mutations are underlying genetic causes of nonsyndromic isolated PDA in humans and implicates the wild-type protein in epigenetic regulation of ductus remodeling.

Li N et al. Am J Hum Genet 2016;98:1082-91

Biological networks in CHDs



Overview of the molecular organization of heart development



The four hypotheses relevant for the genetic basis of congenital heart diseases

- There is ~~no~~ genetic basis for CHD

- Gross chromosomal aberrations are responsible for the ~~majority of CHD~~ minority of CHD

- Single gene mutations are ~~the main cause for CHD~~ a rare cause for CHD

- Congenital heart disease are a heterogeneous category of developmental anomalies, with polygenic inheritance, with the expression of « CHD genes » being the product of genetic-environment interaction

Nora JJ. Circulation 1968

Thank you