

Génétique des cardiopathies congénitales

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M3C- Necker-Enfants Malades*

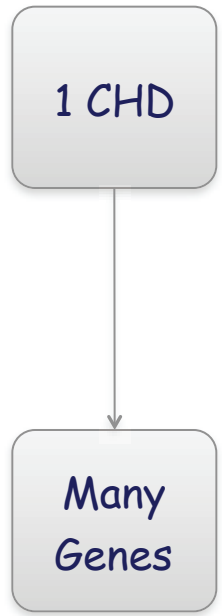
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Paris, France, E.U.



Association pour la Recherche en Cardiologie
de l'enfant à l'adulte

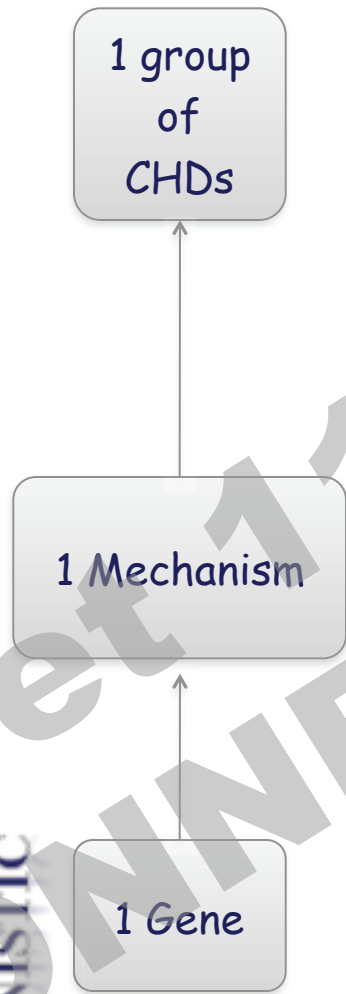




MULTIFACTORIAL



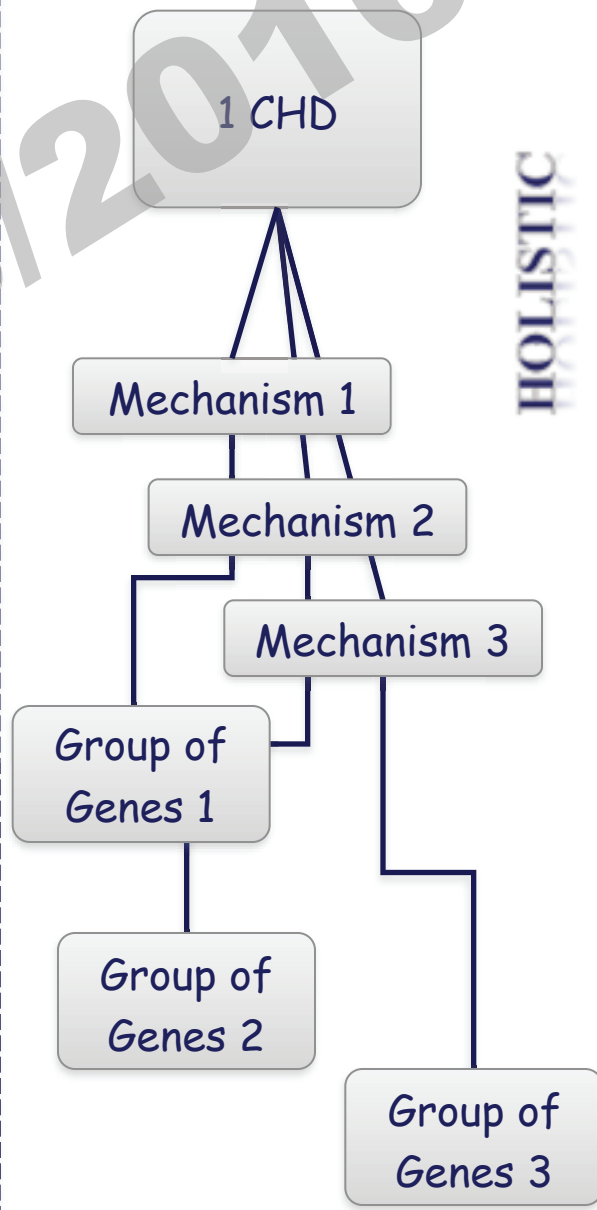
MONOGENIC



MECHANISTIC



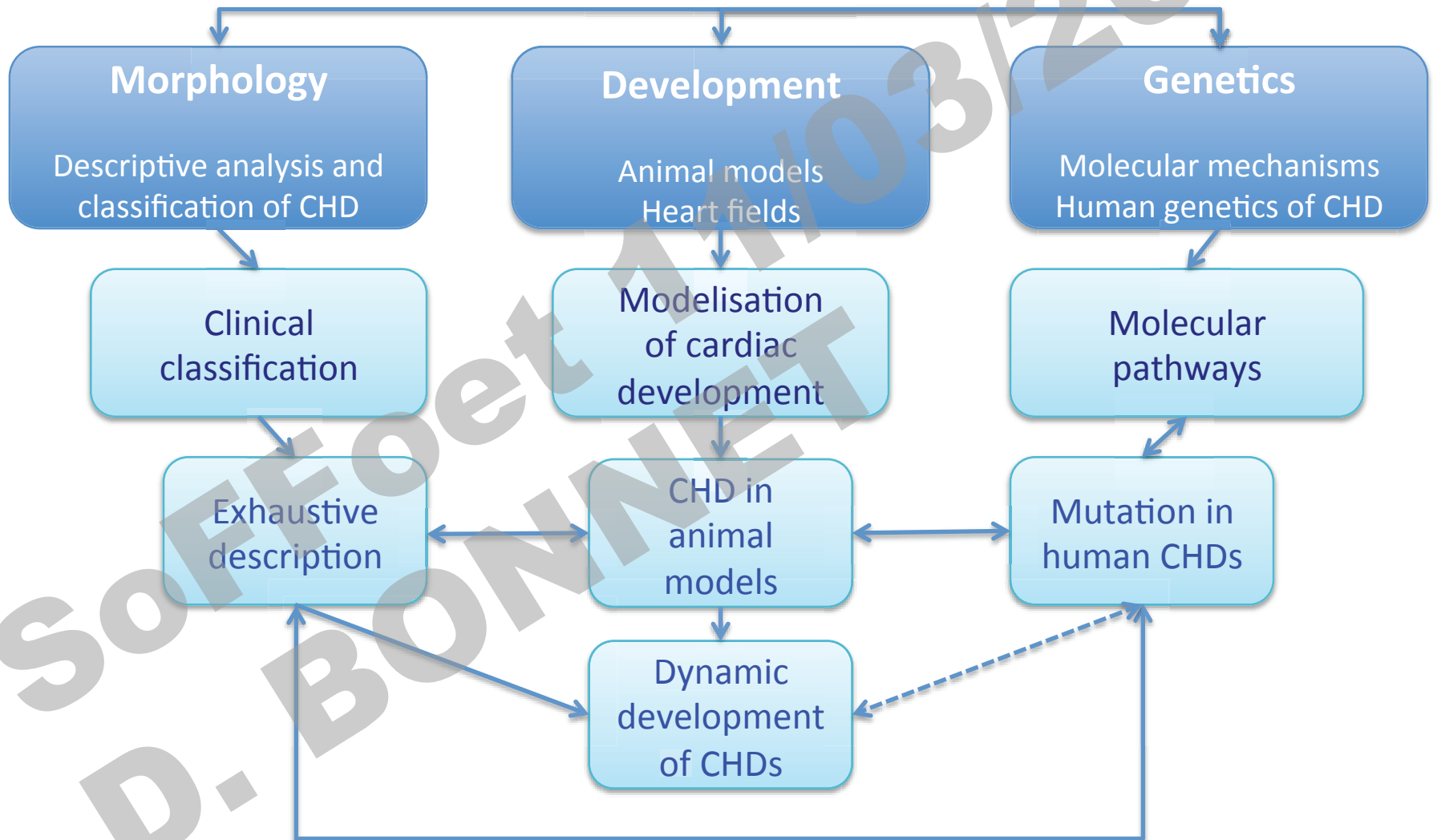
GENETIC HETEROGENEITY



PHENOTYPING

HOLISTIC

Holistic approach to genetics of human CHD



The glass half empty

- Multiple experimental animal models
 - perturbing selected molecules that function in the dev. pathways involved in myocytes specification, differentiation, or cardiac morphogenesis
- The precise genetic, epigenetic, or environmental basis for these perturbations in humans remains poorly understood

How to bridge this knowledge gap ?

- Genome-wide analysis in rare mendelian CHD families
- Sequencing candidate genes in CHD cohorts

Three notable insights

1. Human CHD mutations impact a heterogeneous set of molecules that orchestrate cardiac development
2. CHD mutations often alter gene/protein dosage
3. Identical pathogenic CHD mutation cause a variety of distinct malformations, implying that higher order interactions account for particular CHD phenotype

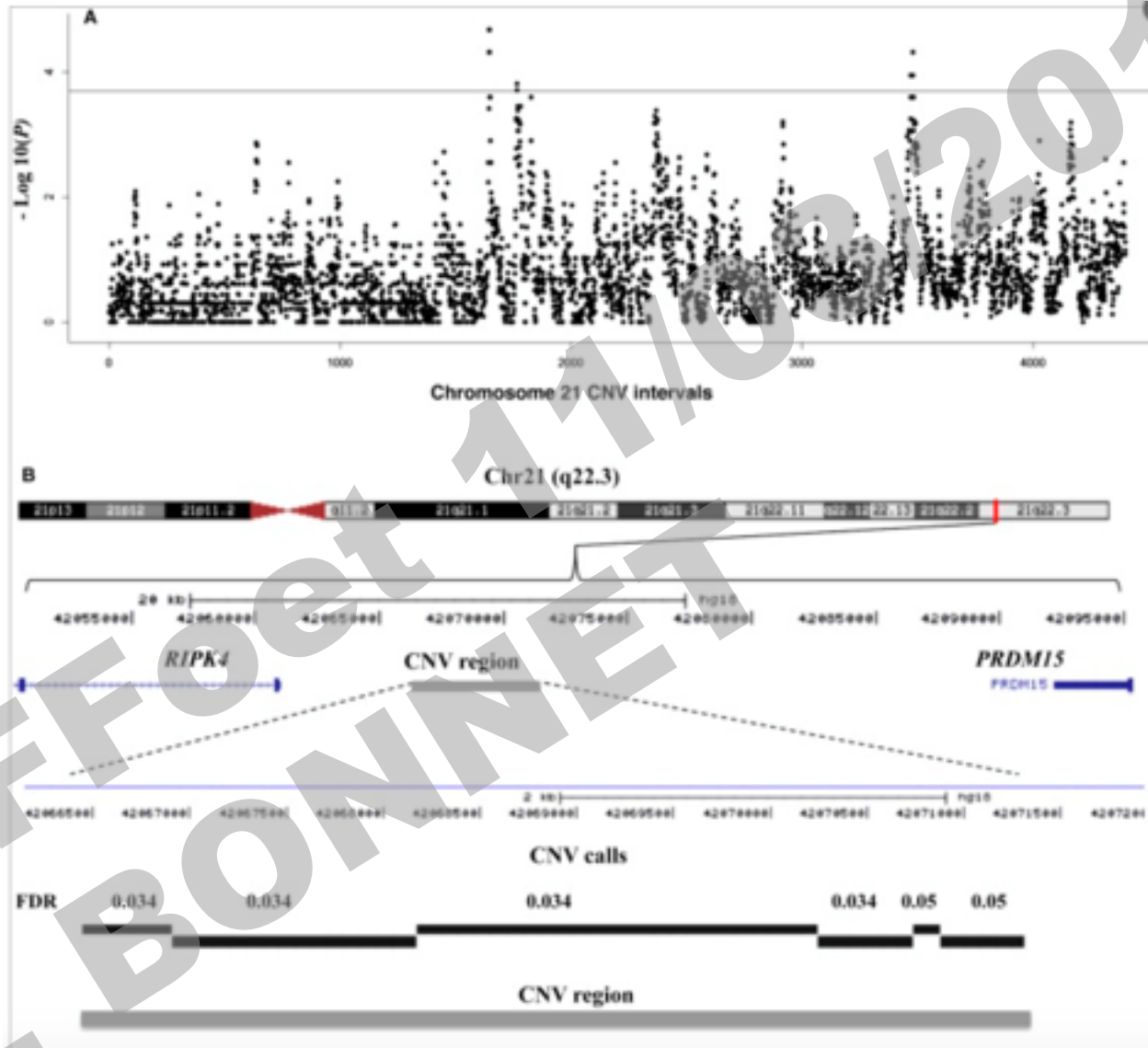
Mendelian inheritance of CHD

- Hundreds of mutations identified (autosomal dominant or X-linked)
- Reduced reproducibility fitness and early mortality should lead to negative selection of human CHD mutations
- AD de novo mutation should lead to a high recurrence rate
- In the danish population, only 2.2% of CHD patients had a first degree relative with a CHD challenging the idea that de novo, dominant mutations is the prevailing model
- Other hypotheses:
 - somatic mutations in the developing heart
 - multiple variants collectively cause CHD (ex *NKX2.5*)

Structural mutations in CHD

- Chromosomal anomalies and CHD
- Trisomy 21 : 40-50% CHD
- Prototypic CHD : AVSD
- Some defects strikingly underrepresented (TGA)

CHD are not due to a global change in genomic content, but rather from altered dose of specific gene



Sailani MR, et al. The complex SNP and CNV genetic architecture of the increased risk of congenital heart defects in Down syndrome. *Genome Res.* 2013 Sep;23(9):1410-21.

CNV and syndromic CHDs

CNVs alter the dosage of contiguous genes

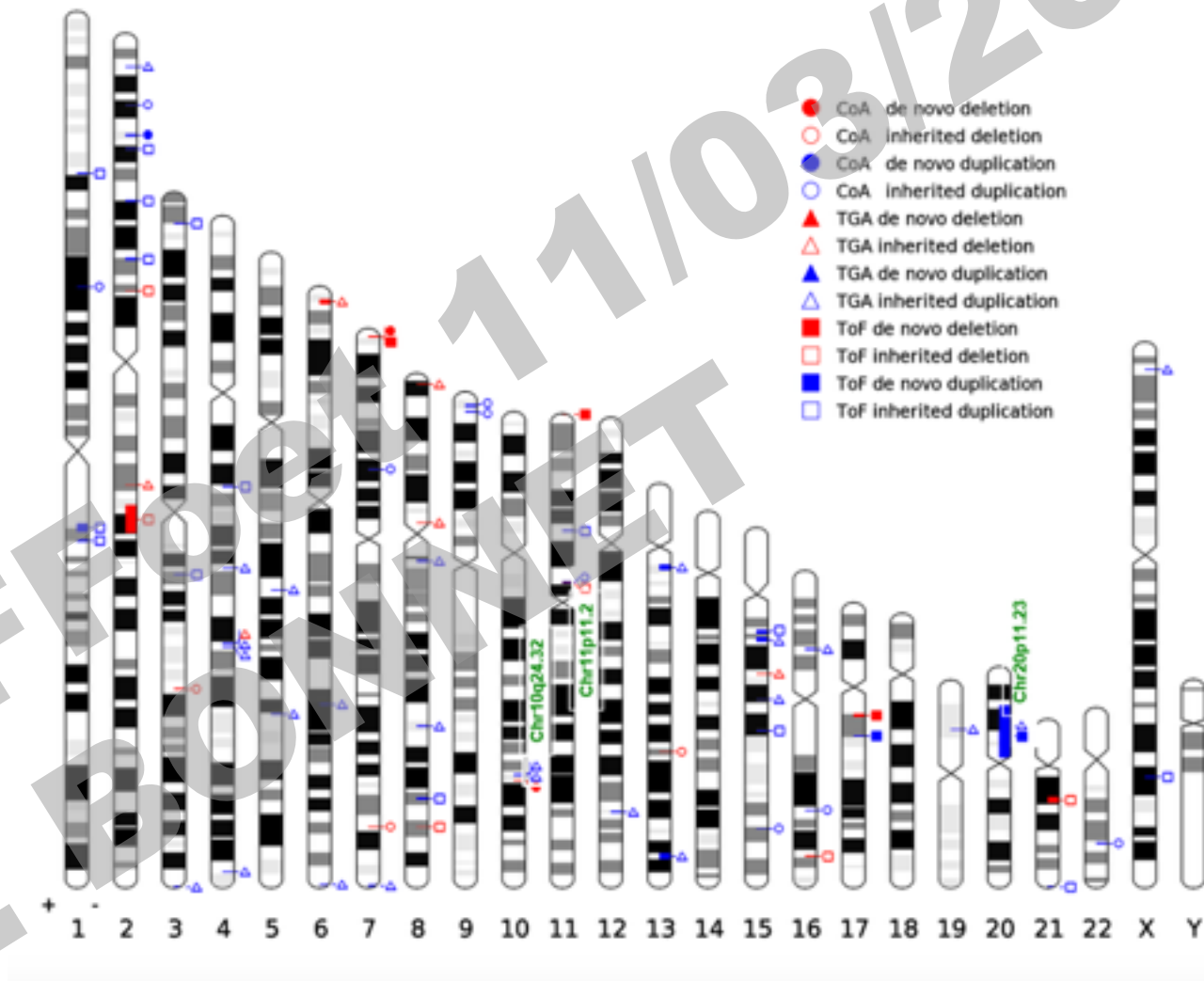
- a 3MB CNV on chromosome 22q11
 - altered dosage of *TBX1* that promotes cell proliferation in the second heart field
- 7q23 and *ELN*

SoFFoet 1/10/2016
D. BONNET

Table 2. Copy Number Variations (CNVs) Associated With Recurrent Cases of Nonsyndromic CHD

Locus	Size Range (Kbp)	No of Cases	Inheritance	CNV	No of Genes	Genes*	Phenotype	Reference(s)
1q21.1	418–3,981	21	De novo, inherited, n/a	Gain, loss	3–45	PRKAB2, FM05, CHD1L, BCL9, ACP6, GJA5, CD160, PDZK1, NBPF11, FM05, GJA8	TOF, AS, CoA, PA, VSD	23, 63, 64, 66, 70
3p25.1	175–12,380	3	De novo, inherited	Gain	2	RAF J, TMEM40	TOF	63, 72
3q22.1–3q26.1	680–32134	3	Inherited, n/a	Gain, loss	0–300	FOXL2, NPHP3, FAM62C, CEP70, FAIM, PIK3CB, FOXL2, BPESC1	DORV, TAPVR, AVSD	69, 70, 71
4q22.1	45	2	De novo	Gain	1	PPM1K	TOF	63, 23
5q14.1–q14.3	4,937–5454	2	Inherited, de novo	Gain	41103	EDIL3, VCAN, SSBP2, TMEM167A	TOF	23, 64
5q35.3	264–1777	4	De novo, n/a	Gain	19–38	CNOT6, GFPT2, FLT4, ZNF879, ZNF345C, ADAMTS2, NSD1	TOF	23, 70
7q11.23	330–348	2	N/a	Gain	5–8	FKBP6	HLH, Ebstein's	70
8p23.1	67–12,000	10	N/a	Gain, loss	4	GATA4, NEIL2, FDFT1, CSTB, SOX7	AVSD, VSD, TOF, ASD, BAV	23, 70
9q34.3	190–263	3	De novo	Loss	2–9	NOTCH1, EHMT1	TOF, CoA, HLH	63, 70
11p15.5	256–271	2	N/a	Gain	13	HRAS	DILV, AS	70
13q14.11	555–1430	3	N/a, de novo	Gain	7	TNFSF11	TOF, TAPVR, VSD, BAV	64, 69
15q11.2	238–2,285	12	N/a	Loss	4	TUBGCP5, CYFIP1, NIPA2, NIPA1	CoA, ASD, VSD, TAPVD, complex left-sided malformations	23
16p13.11	1414–2903	3	N/a	Gain	11–14	MYH11	HLH	70
18q11.1–18q11.2	308–6118	2	N/a	Gain	1–28	GATA6	VSD	70
19p13.3	52–805	3	N/a, de novo	Gain, loss	1–34	MIER2, CNN2, FSTL3, PTBP1, WDR18, GNA11, S1PR4	TOF	64, 23
Xp22.2	509–615	2	N/a	Gain	2–4	MID1	TOF, AVSD	64

Search for Rare Copy-Number Variants in Congenital Heart Defects Identifies Novel Candidate Genes and a Potential Role for FOXC1 in Patients With Coarctation of the Aorta



CNVs and identification of new genes for CHD

- *TAB2* story
 - CHD CNV recurrent at 6q23: 100 genes
 - analysis for dosage sensitivity using morpholinos in zebrafish and monitoring cardiac development
 - a translocation in a CHD family
- Developmental network using bioinformatics repositories of biological interactions identified the Wnt pathway as an important player in cardiac morphogenesis

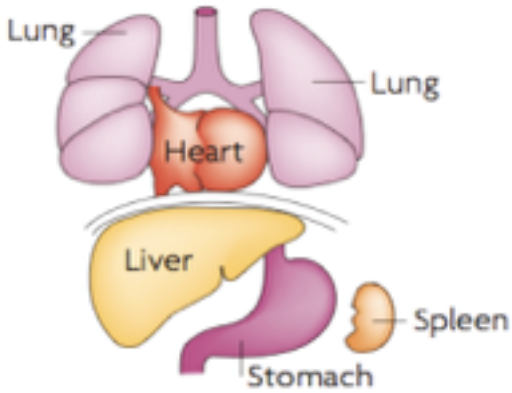
Point mutations in CHD

- Linkage analysis
- Exome and genome sequencing
 - rare, deleterious non synonymous SNPs
 - Argument for pathogenicity in CHD
 - statistically significant cosegregation in CHD families
 - identification of recurrent non synonymous SNPs that occur de novo in sporadic unrelated cases of CHDs
 - genetic complementation
 - recapitulation of CHD in model organisms

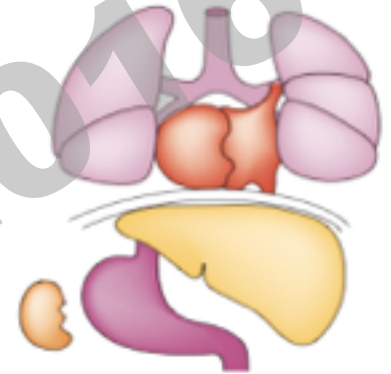
Human Heterotaxy

Abnormal arrangement
of
thoracic and visceral organs

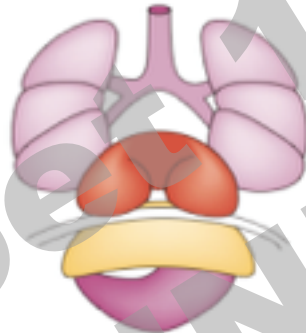
Situs solitus



Situs inversus totalis



Right isomerism (asplenia)



Left isomerism (polysplenia)

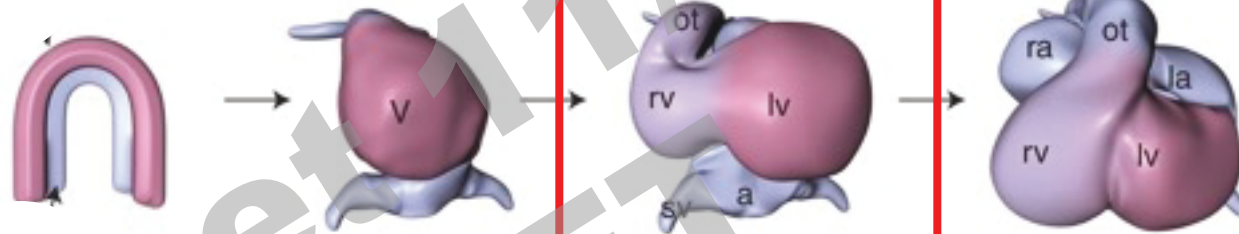


1/10,000 live births

Heterotaxy Spectrum (Situs Ambigus)

Prognosis depends on the cardiac phenotype

The Heart is the First Organ to Break the Bilateral L/R Symmetry of the Embryo



Stage: Cardiac crescent

Linear heart tube

Looping heart

Chamber formation

Mouse embryo day:
Human embryo day:

E7.5
Day 15

E8
Day 20

E9
Day 28

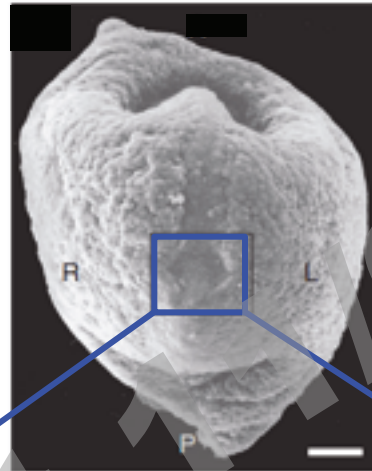
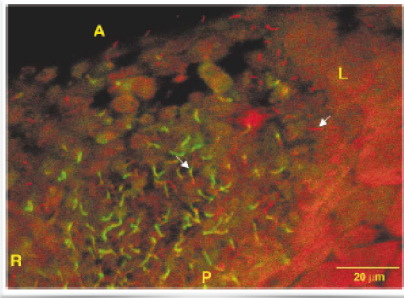
E10
Day 32

Early chambers form
Looping to the right

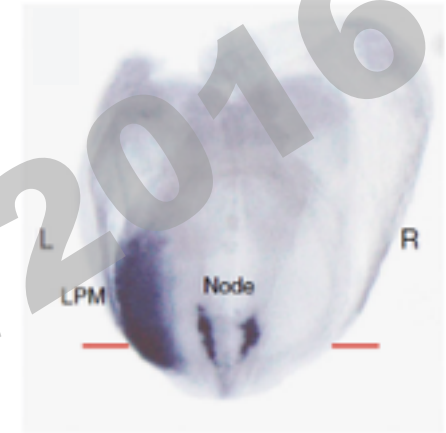
Heterotaxy ~ 3% of all Congenital Heart Defect cases

Left/Right Determination

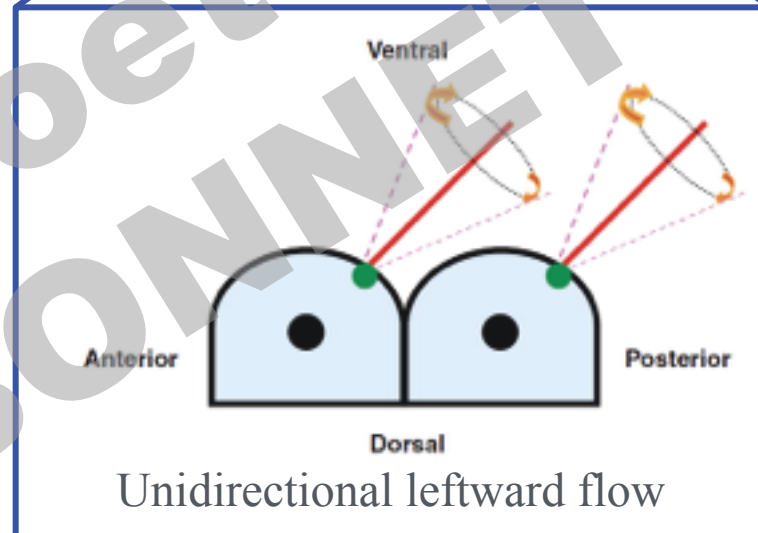
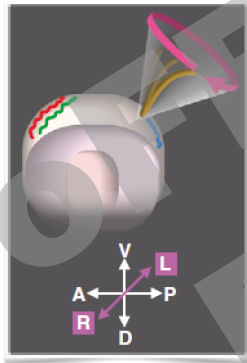
Kartagener syndrome
is a
Primary **ciliary** dyskinesia



Primitive Node



Asymmetric expression of the
Nodal signaling pathway



ZIC3 (XLR)

CFC1
ACVR2B
LEFTY2
NODAL
GDF1
CITED2
PITX2

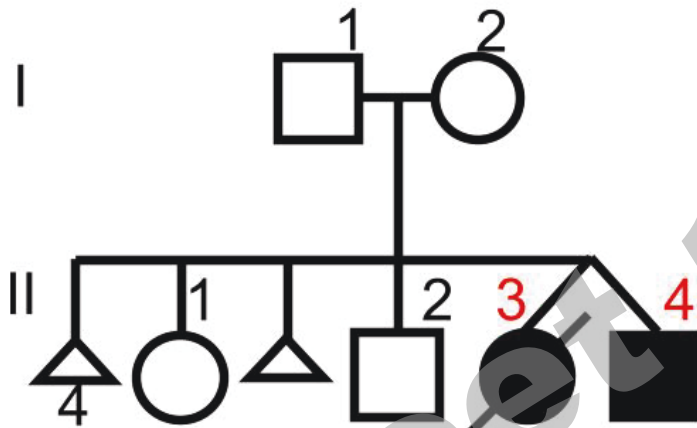
...

None of these genes represent more than 1% of HT cases

Two families with recurrent heterotaxy

Family 1

Whole Exome Sequencing



partial APVR,
hypoplastic left V,
dextrocardia

Abnormal AV
connection,
subarterial VSD,
RAA

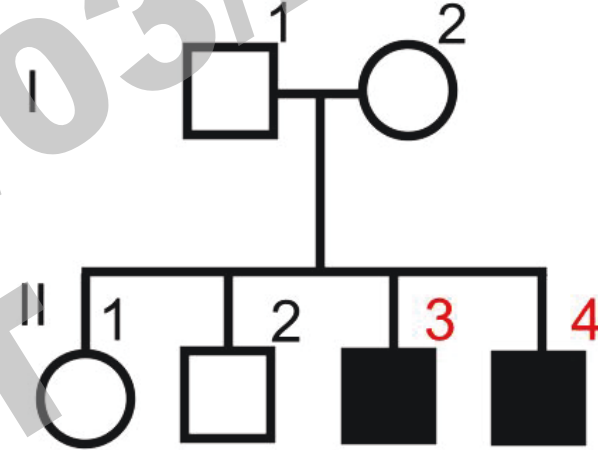
Intestinal malrotation
polysplenia

Situs ambiguus

Family 2

S.Kingsmore, Children's Mercy, USA

Whole Genome Sequencing



TGA, DORV,
valvar pulmonary
stenosis,
dextrocardia

Total APVR, ASD,
VSD, TGA, valvar
pulmonary atresia

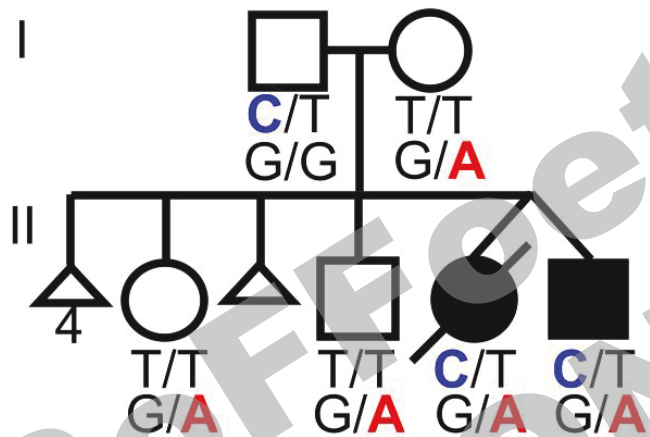
Situs ambiguus
(spleen, liver)

Situs ambiguus
(spleen, liver and
stomach)

Compound Heterozygous Alterations in the MMP21 (Matrix Metallopeptidase 21) Gene

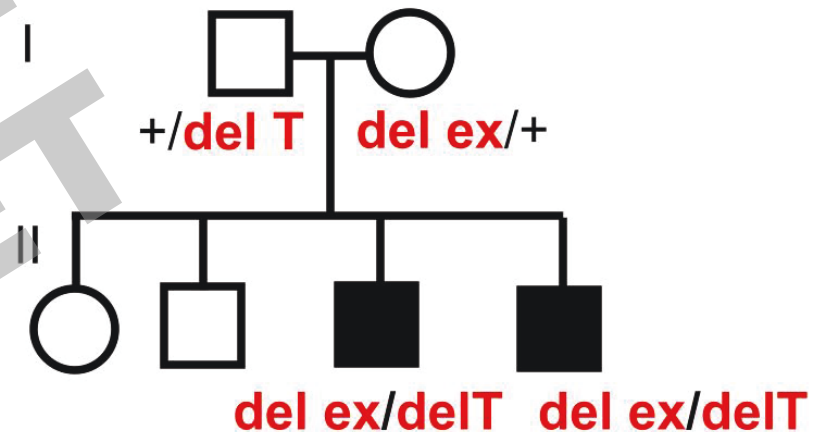
Family 1

c.677T>C, p.(Ile226Thr)
c.1203G>A, p.(Trp401*)



Family 2

del exons 1-3
c.365delT, p.(Met122Serfs*55)





Mouse model

Two *Mmp21* ENU-mutant mice

Cecilia Lo, Pittsburgh University, USA

ENU screen for recessive cardiovascular development anomalies

Strain Name: C57BL/6J-*Mmp21*^{b2b873Clo}/J

- p.W177L
- p.Y325N

Homozygote mutants for *mmp21* missense mutations exhibit

▪ **Heterotaxy**

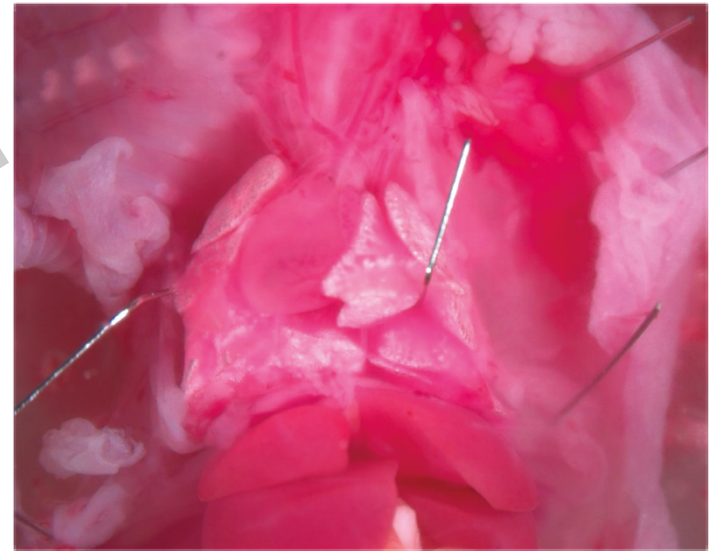
▪ **Cardiovascular defects :**

dextrocardia

transposition of the great arteries

tricuspid atresia (IIc)

ventricular septal defect

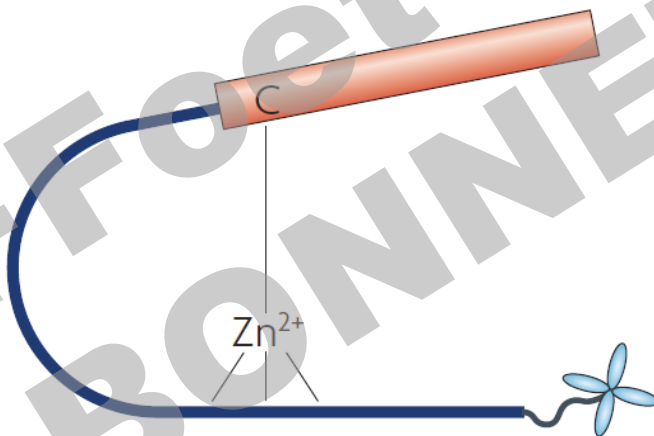
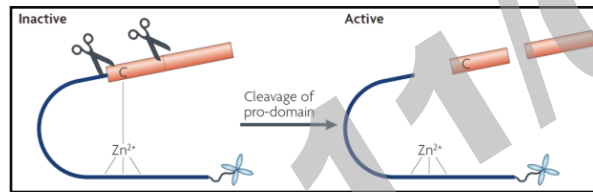


MMP21 is a Member of the MMP Family

Zinc-dependent endopeptidases involved in ECM degradation
Involved in various diseases, tissue remodeling...

1 Basic MMP structure

MMP1 (human)
ColA (mouse)
ColB (mouse)
MMP3
MMP8
MMP10
MMP11
MMP12
MMP13
MMP19
MMP20
MMP21
MMP27
MMP28



MMP genes

Mutant mouse phenotypes

Mmp7

Innate immunity

Mmp9


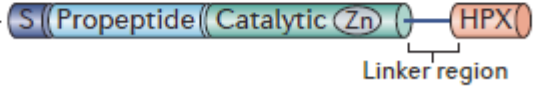
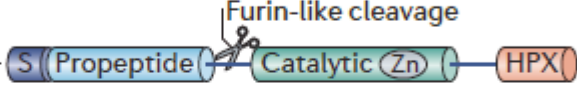
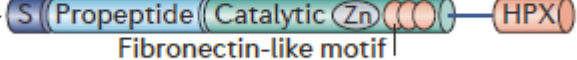
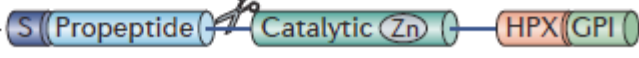
Bone development
Vas. remodeling

Mmp13

Bone remodeling

Mmp14

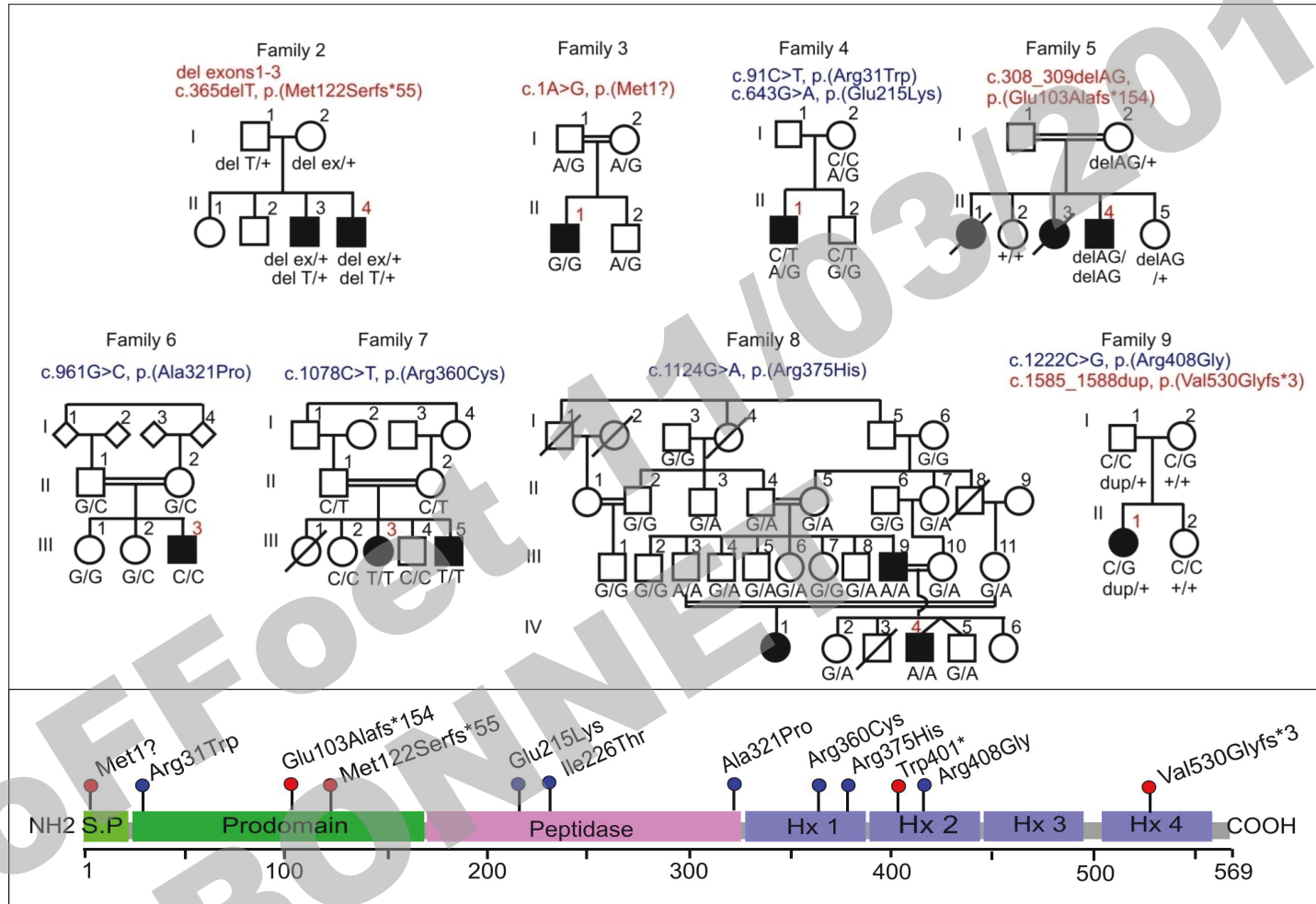
Lethality
Bone remodeling

Enzyme	ECM substrates	Structure	
MMP7	Collagen IV, gelatin, fibronectin, laminin, elastin, transferrin, casein		
MMP26	Collagen IV, fibrinogen, fibronectin, gelatin, pro-MMP9		
MMP1	Collagens, entactin, PGs, ovostatin, MMP2, MMP9, pro-MMP9		
MMP3	Collagens, gelatin, aggrecan, laminin, elastin, casein, osteonectin, fibronectin, ovostatin, entactin, plasminogen, pro-MMP9		
MMP8	Collagens, fibronectin, PGs		
MMP10	Collagens, gelatin, casein, elastin, fibronectin		
MMP12	Collagen IV, elastin, gelatin, casein, fibronectin, vitronectin, laminin, entactin, fibrinogen		
MMP13	Collagens, tenascin, plasminogen, aggrecan, fibronectin, osteonectin, MMP9		
MMP19	Collagen I and IV, gelatin, fibronectin, laminin		
MMP20	Amelogenin		
MMP11	Collagens, laminin, elastin, fibronectin, casein, PGs		
MMP21	N.D.		
MMP28	Casein		
MMP2	Collagens (IV, V, VII, X), gelatin, elastin, fibronectin		
MMP9	Collagens (IV, V, VII, X), gelatin, elastin, fibronectin		
MMP17	Gelatin, fibrinogen, pro-MMP2		
MMP25	Collagen IV, gelatin, fibronectin, pro-MMP2, pro-MMPp		

MMP21 Screening by NGS in a Replication Cohort

	264
HT cases Extra cardiac and/or cardiac laterality defects	154
Isolated CHDs (tetralogy of Fallot, truncus arteriosus...)	110

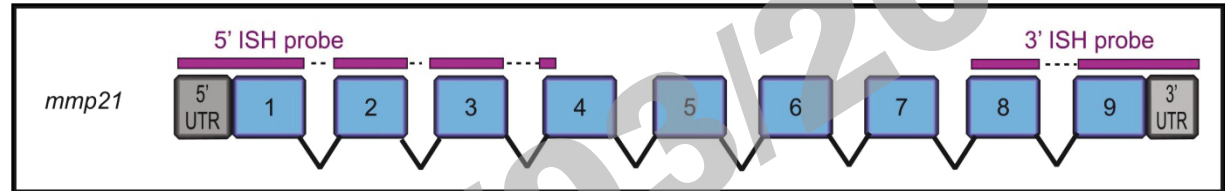
MMP21 Mutations in 7 other Affected Families



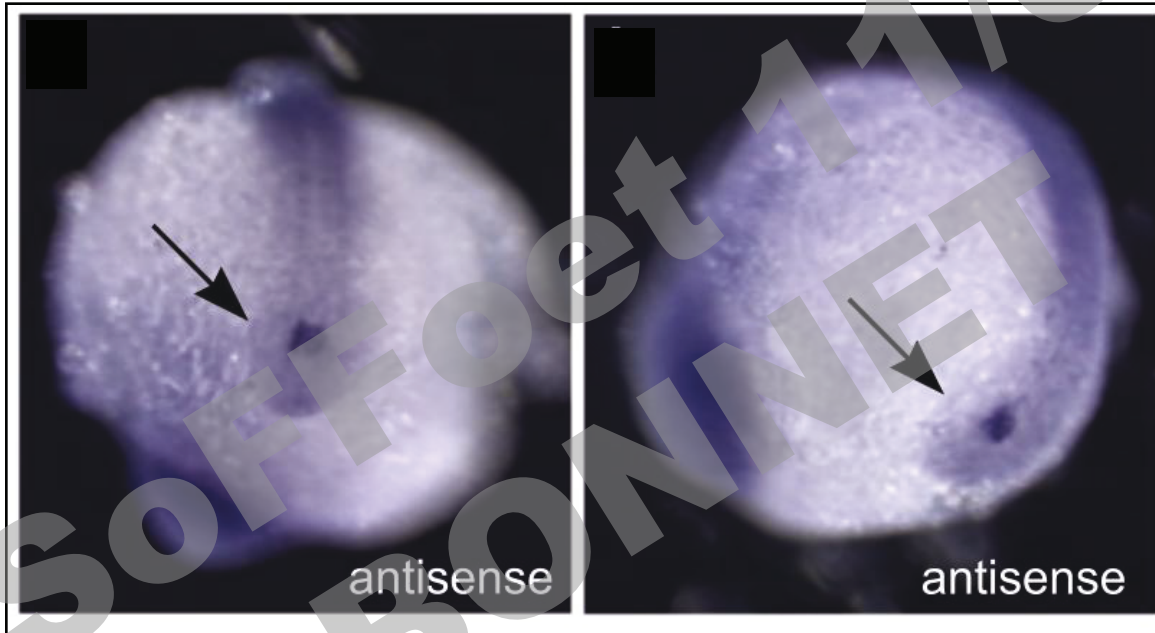
MMP21 mutations account for ~ 6 % of non syndromic HT cases



mmp21 expression in zebrafish



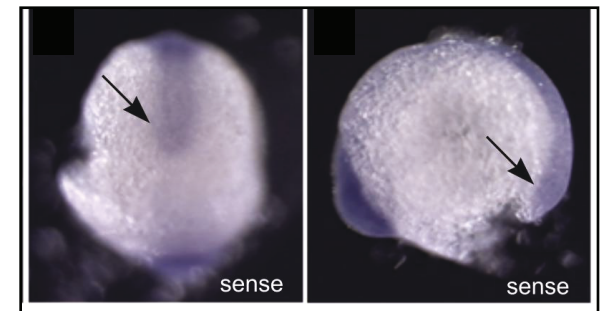
Whole-mount *in situ* hybridization



Embryos at 12hpf



Transverse section

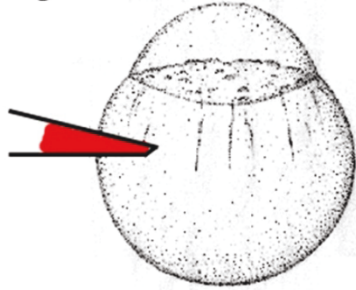


mmp21 is expressed only in the Kupffer's vesicle at 10-20 hpf



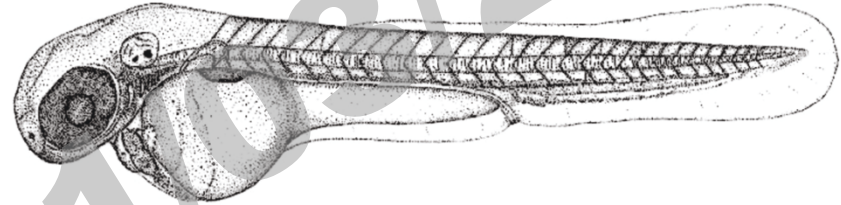
mmp21 knock-down in zebrafish

inject MO at 1-cell stage

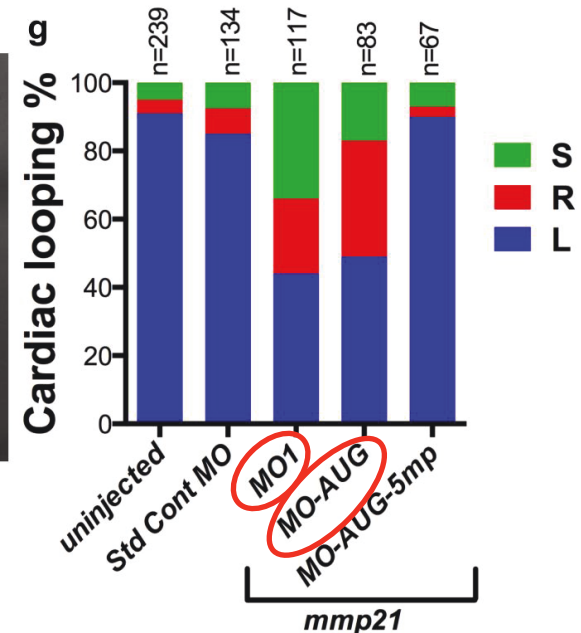


48 hours

Observe cardiac looping



transgenic cardiac *Cmlc2*:EGFP reporter line



Morphant zebrafish display a randomized heart looping

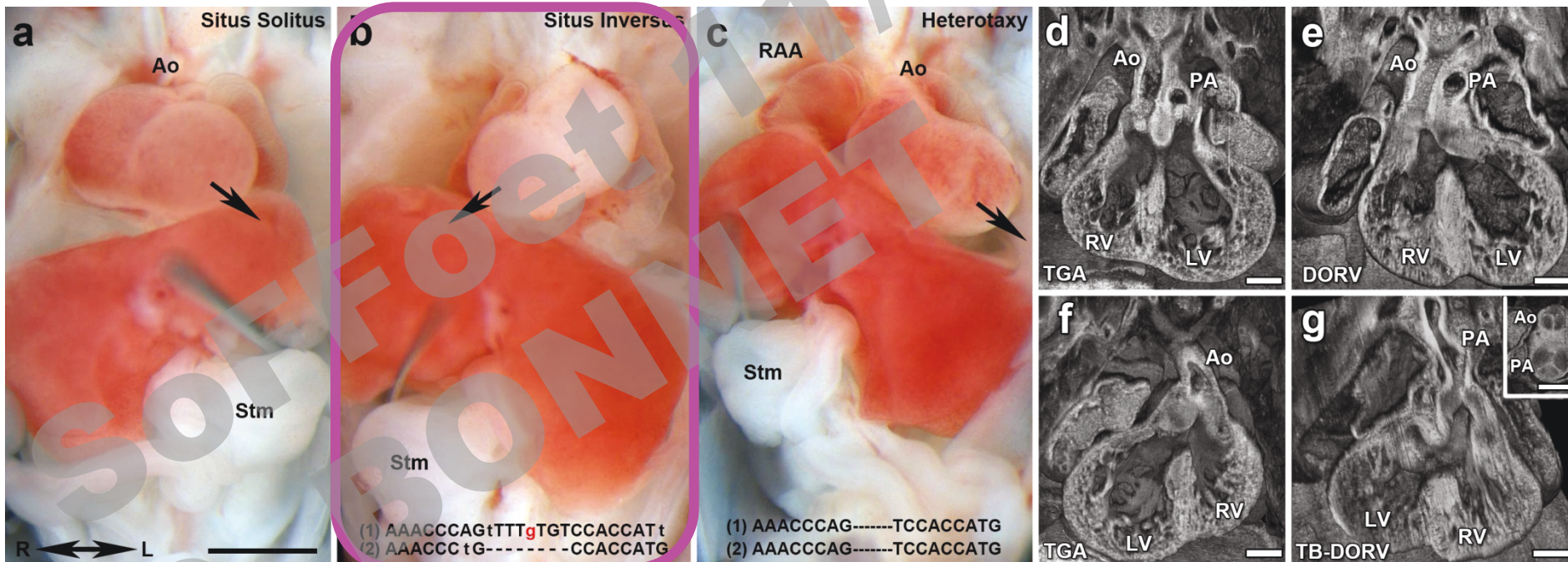
Modeling MMP21 mutations in mice using CRISPR/cas9 genome editing

C. Lo (Pittsburgh University) and the Jackson Laboratory

knock-in the p.Ile226Thr missense mutation (Family 1)

Fs/Fs (12/15)
I226T/Fs (3/15)

CHDs
and other laterality phenotypes

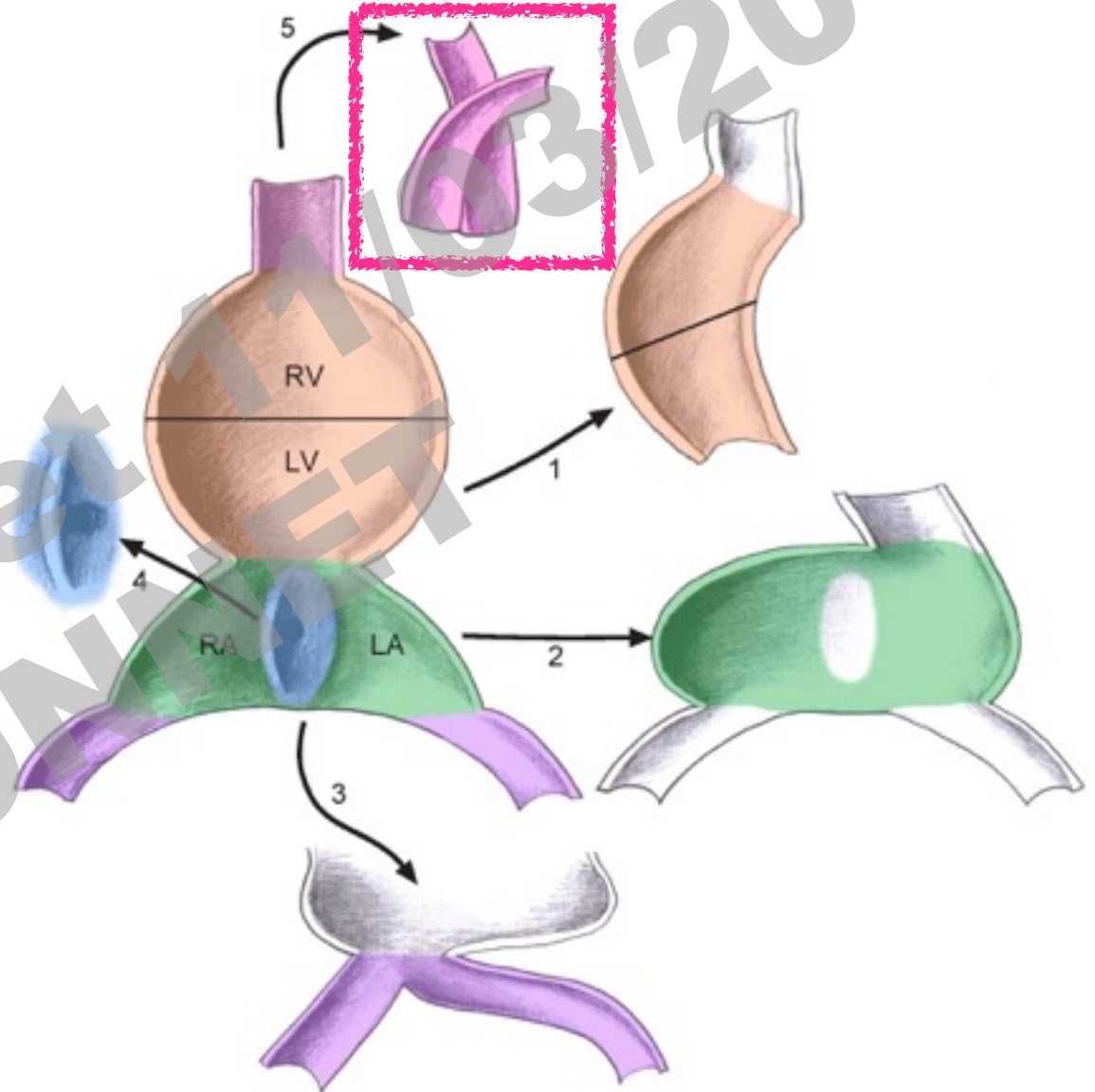
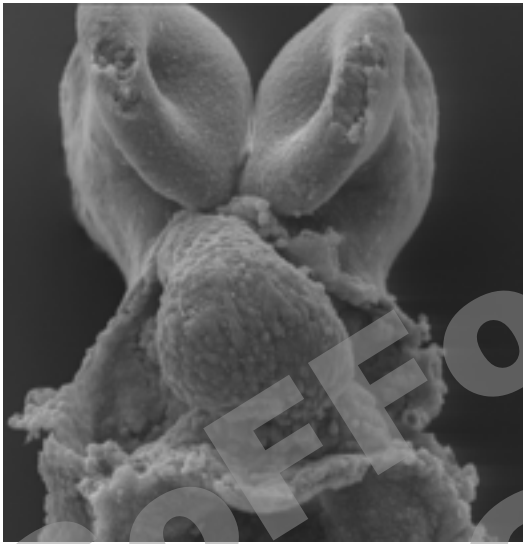


Supporting pathogenicity of the mutation



Papuina pulcherrima, with a dextral shell

5 levels of asymmetry in the developing heart



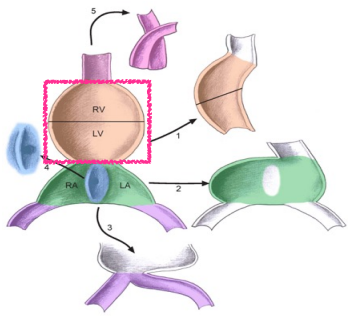
TGA is a laterality defect

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

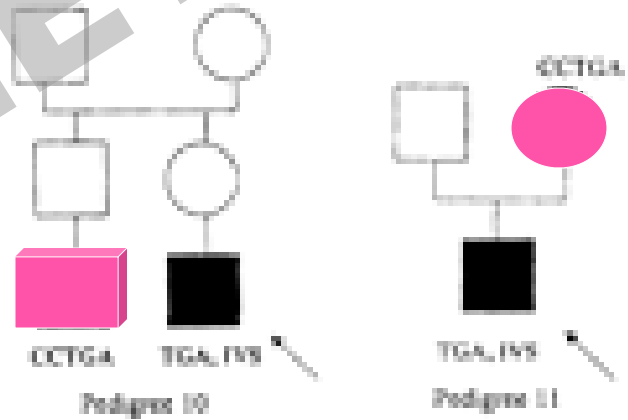
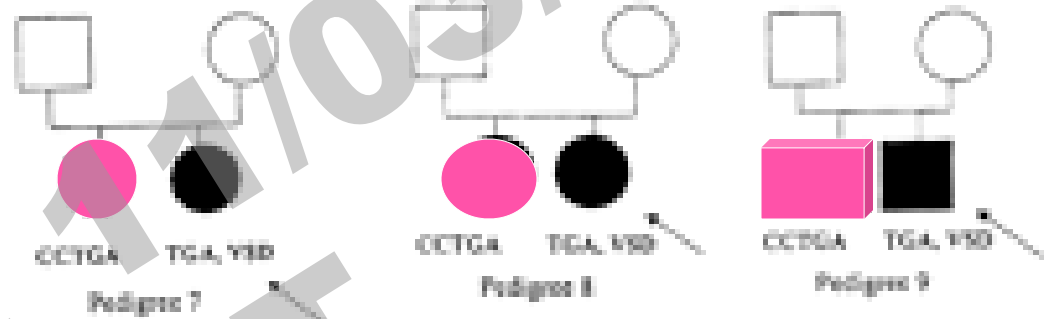
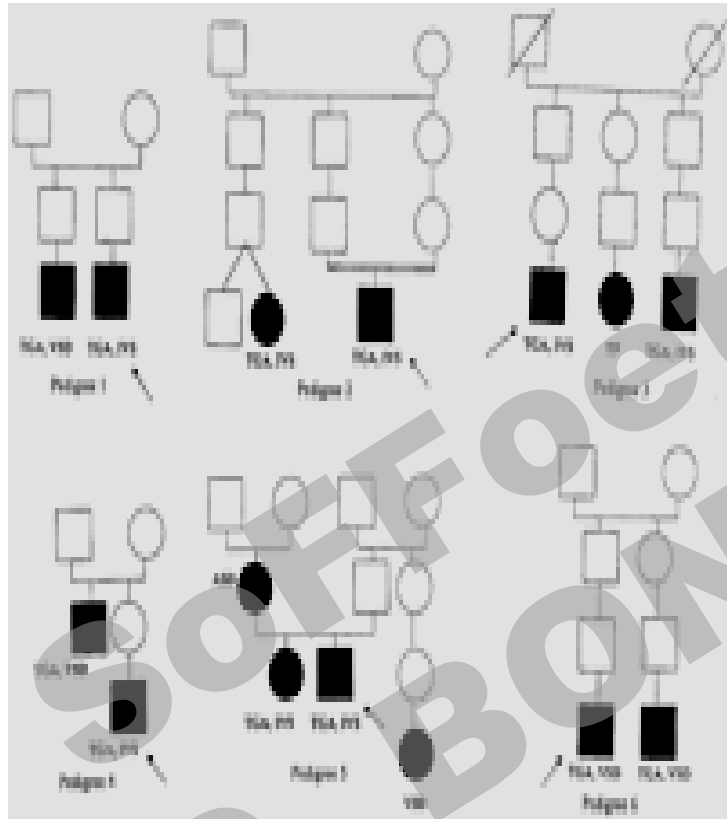
Familial transposition of the great arteries caused by multiple mutations in laterality genes

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 Dallapiccola¹

Heart 2010;**96**:673–677.



Families TGA & CC-TGA



Families CCTGA + TGA

D. BOONNET 03/2016

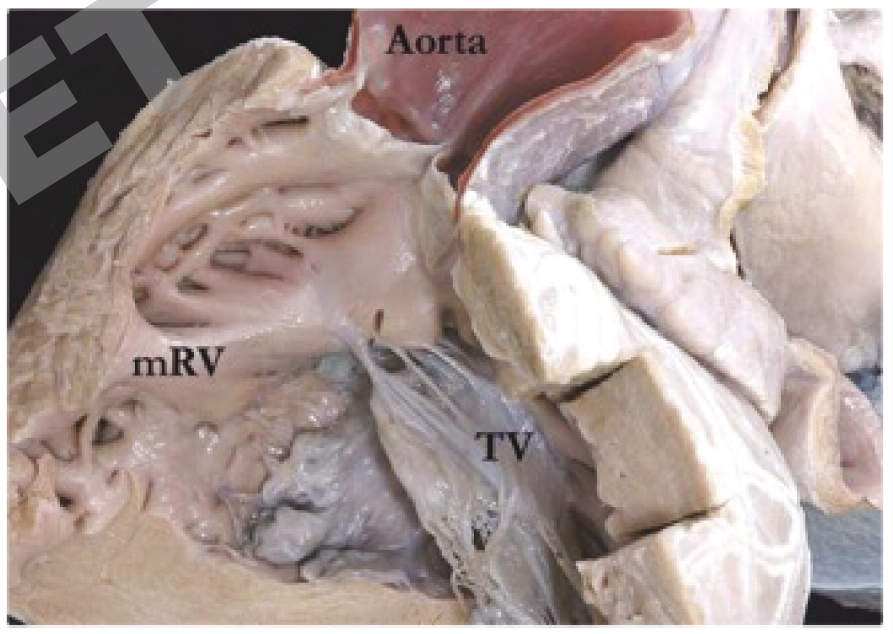
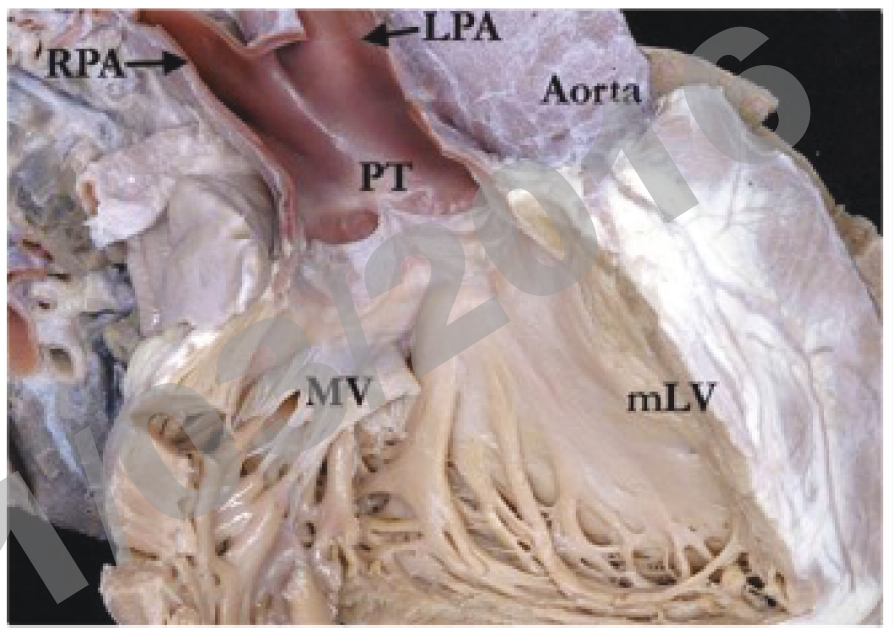
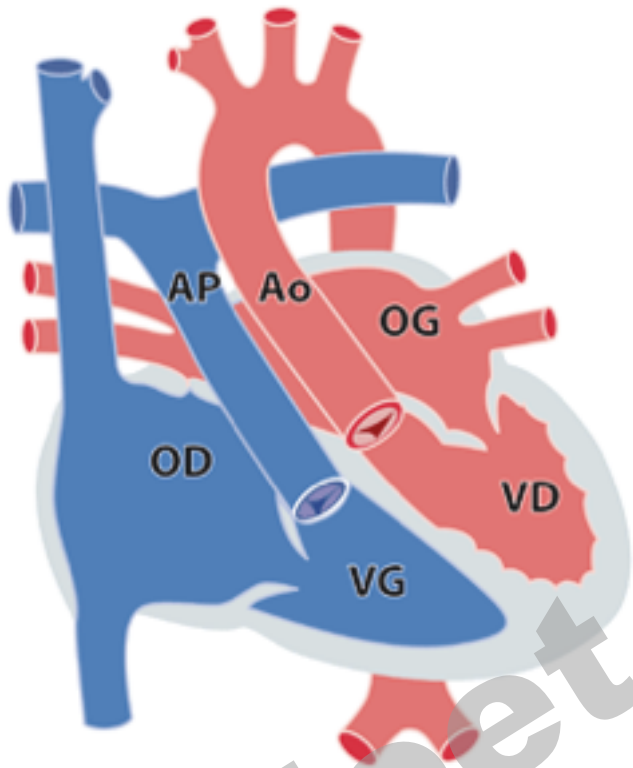
Laterality defects

Global randomisation

- Heterotaxy syndromes

Partial randomisation: segmental defects

- AV discordance
- Double discordance
- TGA and other malpositions of the great arteries with no spiraling of great vessels
 - Anatomically corrected TGA
 - Double outlet right ventricles
- Venous pole segmental defects ?
 - pulmonary veins
 - caval veins



The Double Discordance genome program

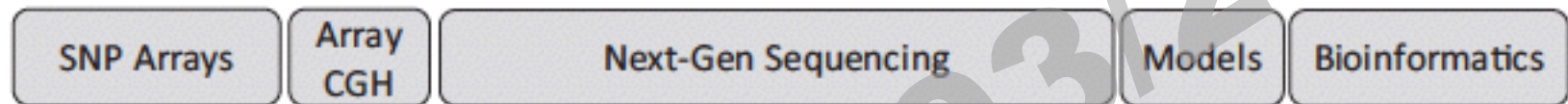
Stanilas Lyonnet
 Sigolène Meilhac
 Damien Bonnet-Fanny Bajolle



FRANCE GÉNOMIQUE



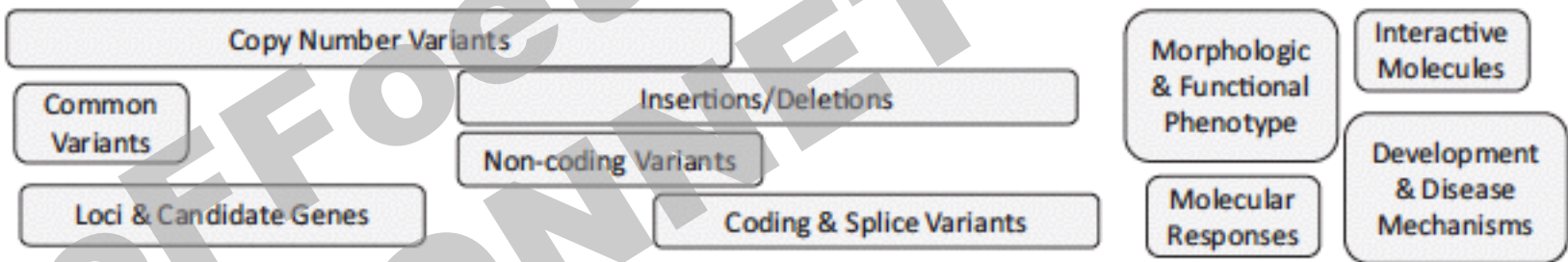
PLATFORM



APPROACH

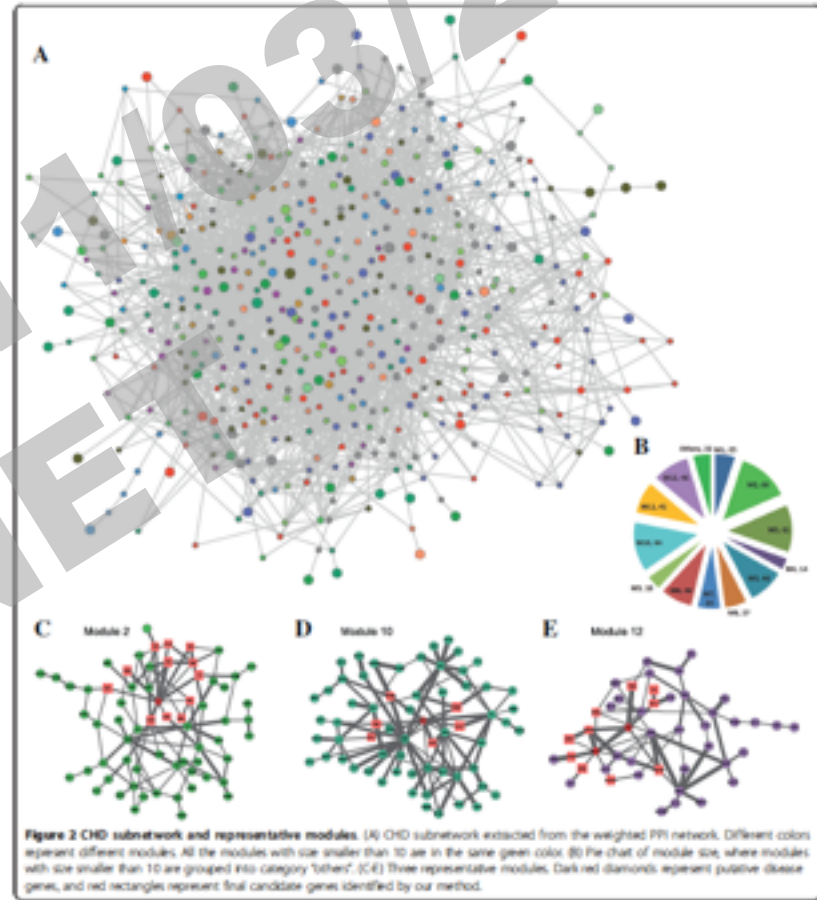
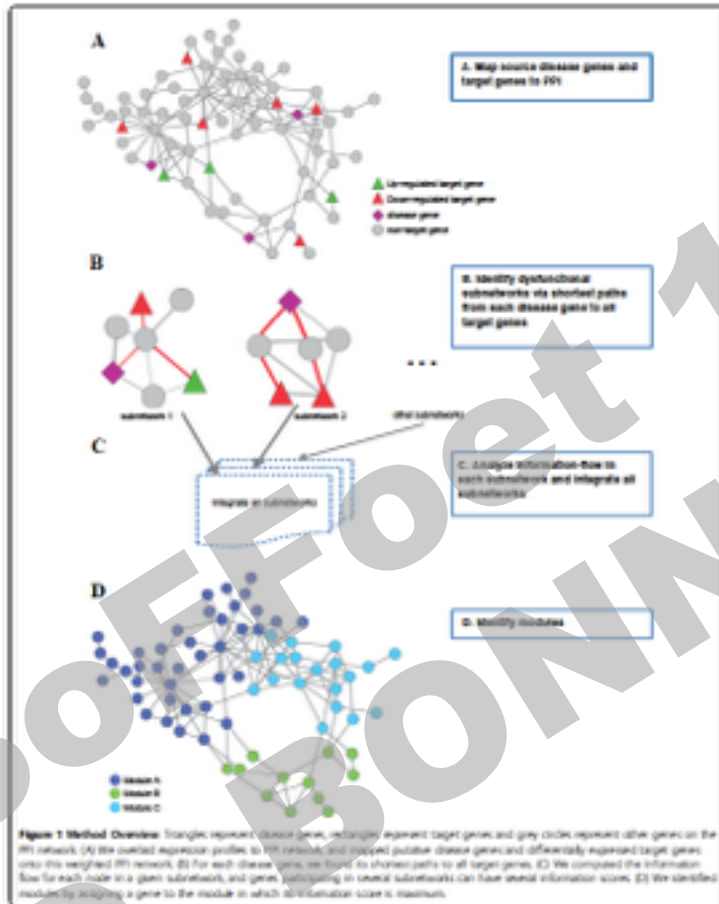


DELIVERABLES



Identification of dysfunctional modules and disease genes in CHD by a network-based approach

Protein-protein interaction, gene co-expression profiles, and causal path from putative CHD genes



Identification of 12 modules and CHD candidate genes

Genetic and environmental risk factors in CHD converge in protein networks driving heart development

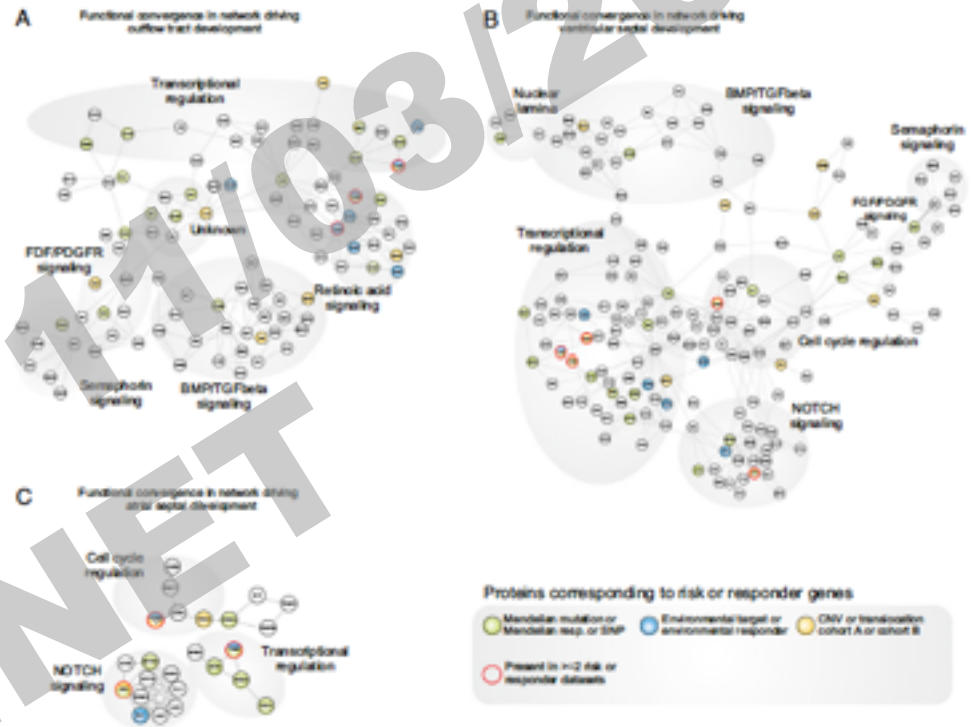
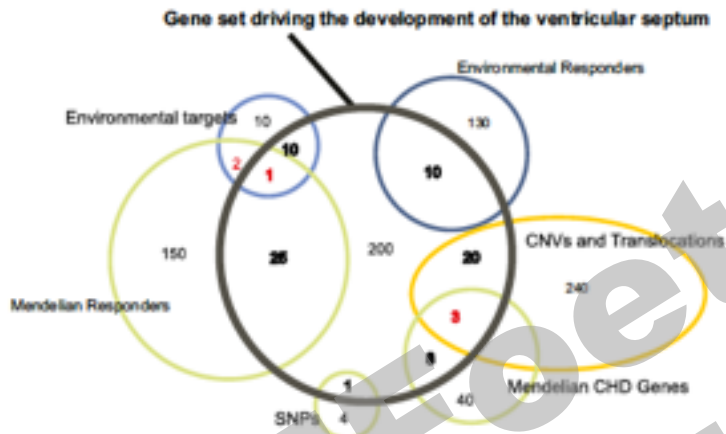


Fig. 2. Functional convergence of CHD risk and responder datasets in cardiac developmental networks. (A–C) Functional convergence was analyzed in predefined developmental programs (11) deduced from protein-protein interaction networks driving the development of the outflow tract (A), ventricular septum (B), and atrial septum (C). Circles represent gene-encoded proteins (gene names viewable with the Adobe zoom tool or at www.dbu.dtu.dk/hupp/01013). Lines represent protein-protein interactions. Color indicate datasets of Mendelian risk genes, SNPs, or Mendelian responder genes (green), CNVs and translocations from cohort A or B (yellow), or environmental target or responder genes (blue). Red circles indicate proteins belonging to more than one dataset.

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

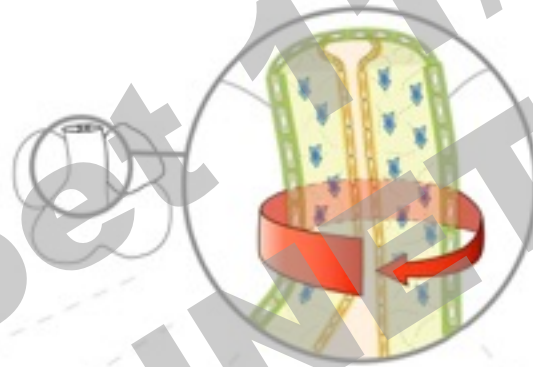
Elongation defect

Septation defect

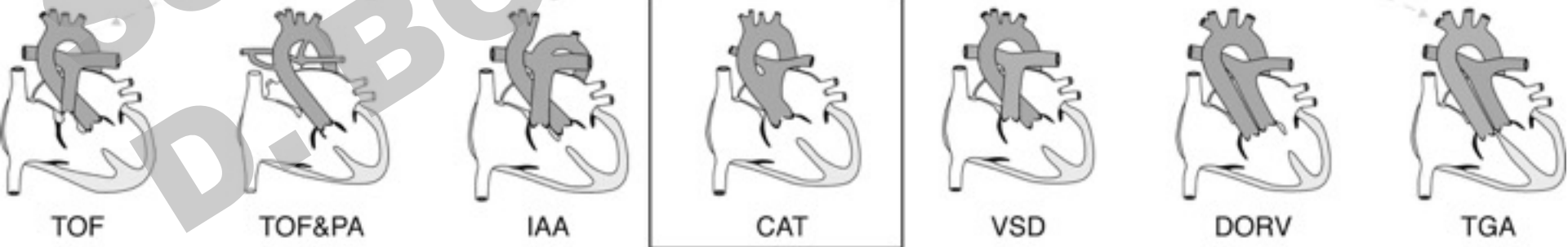
Alignment defect

Cushion defect

-  Myocardium
-  Neural crest cells
-  Endocardium
-  Endocardial cushions



Remodeling of the outflow tract



TOF

TOF&PA

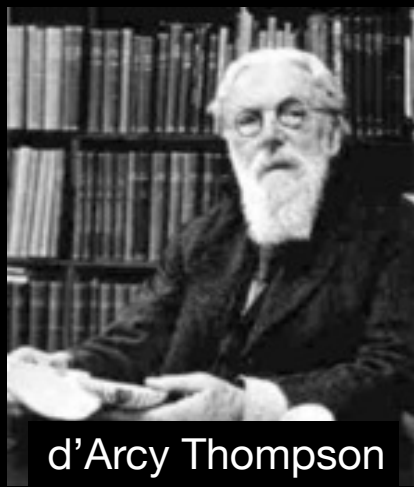
IAA

CAT

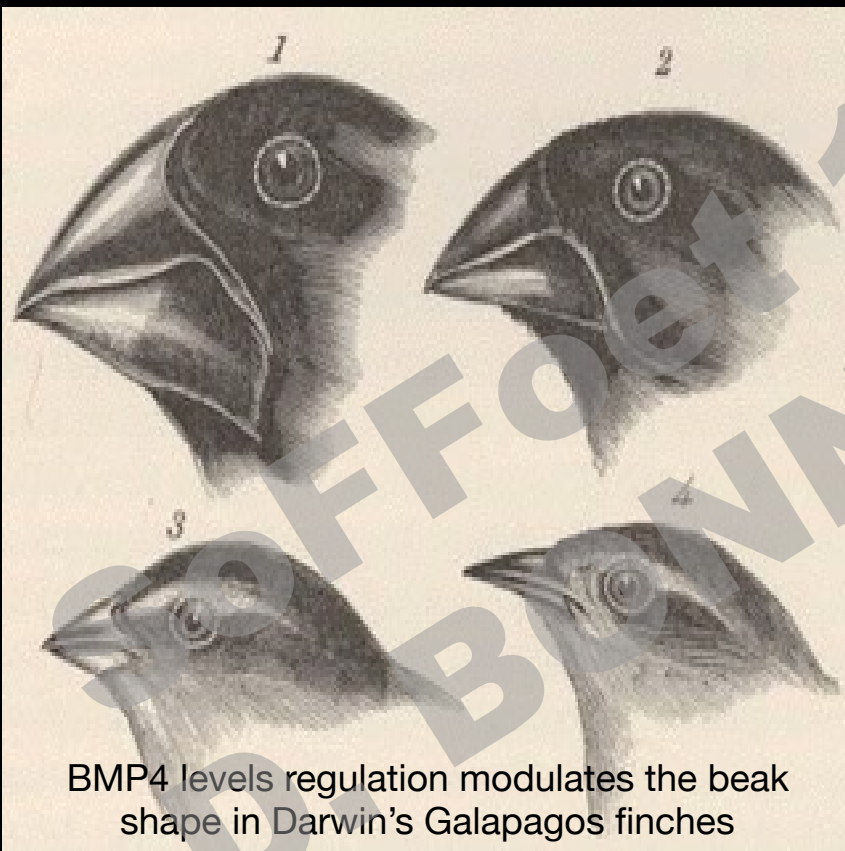
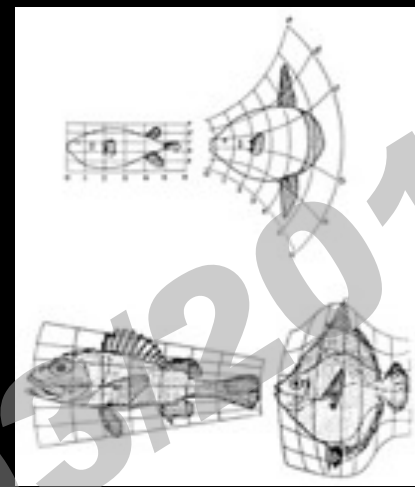
VSD

DORV

TGA



d'Arcy Thompson



BMP4 levels regulation modulates the beak shape in Darwin's Galapagos finches



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SoFFoet 11/03/2016
D. BONNET