

# Genetics of Thoracic Aortic Aneurysms & Aortic Valve Disease

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# Objectives

1. Review the genetic causes of heritable thoracic aortic aneurysm disease
2. Demonstrate how timely genetic testing can direct patient care and decrease mortality by impacting surveillance, type & timing of aortic surgery and medical treatments
3. Review the limited data on the genetics of bicuspid aortic valve disease and identify some of the “high risk” markers



# Heritable Thoracic Aortic Aneurysm Disease

Extracellular matrix proteins

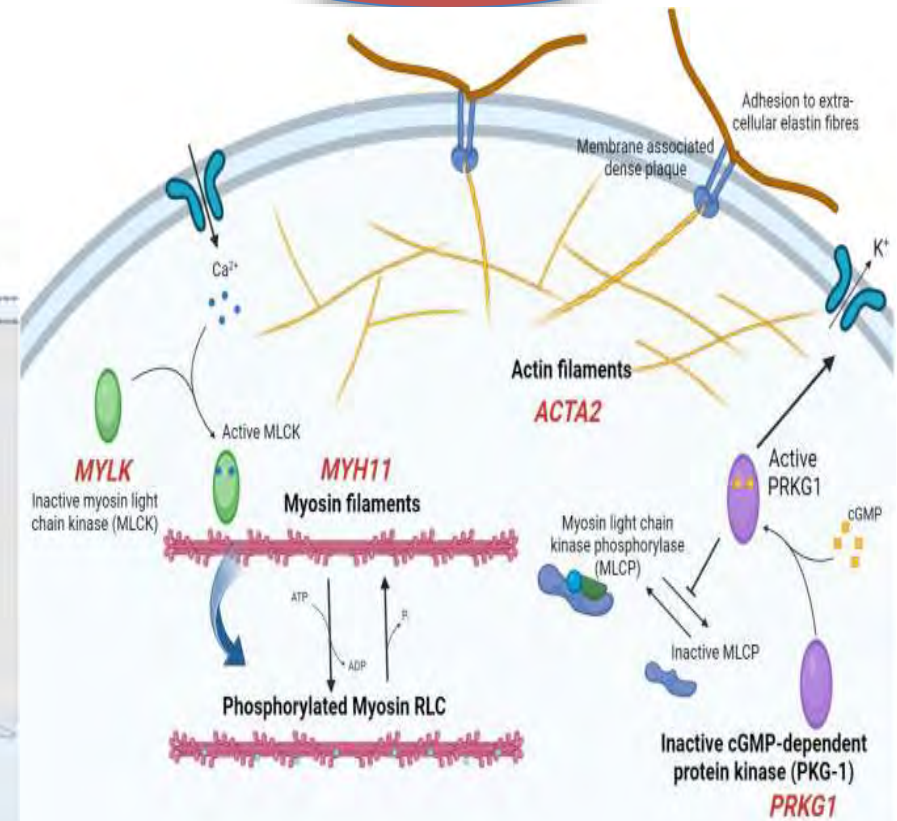
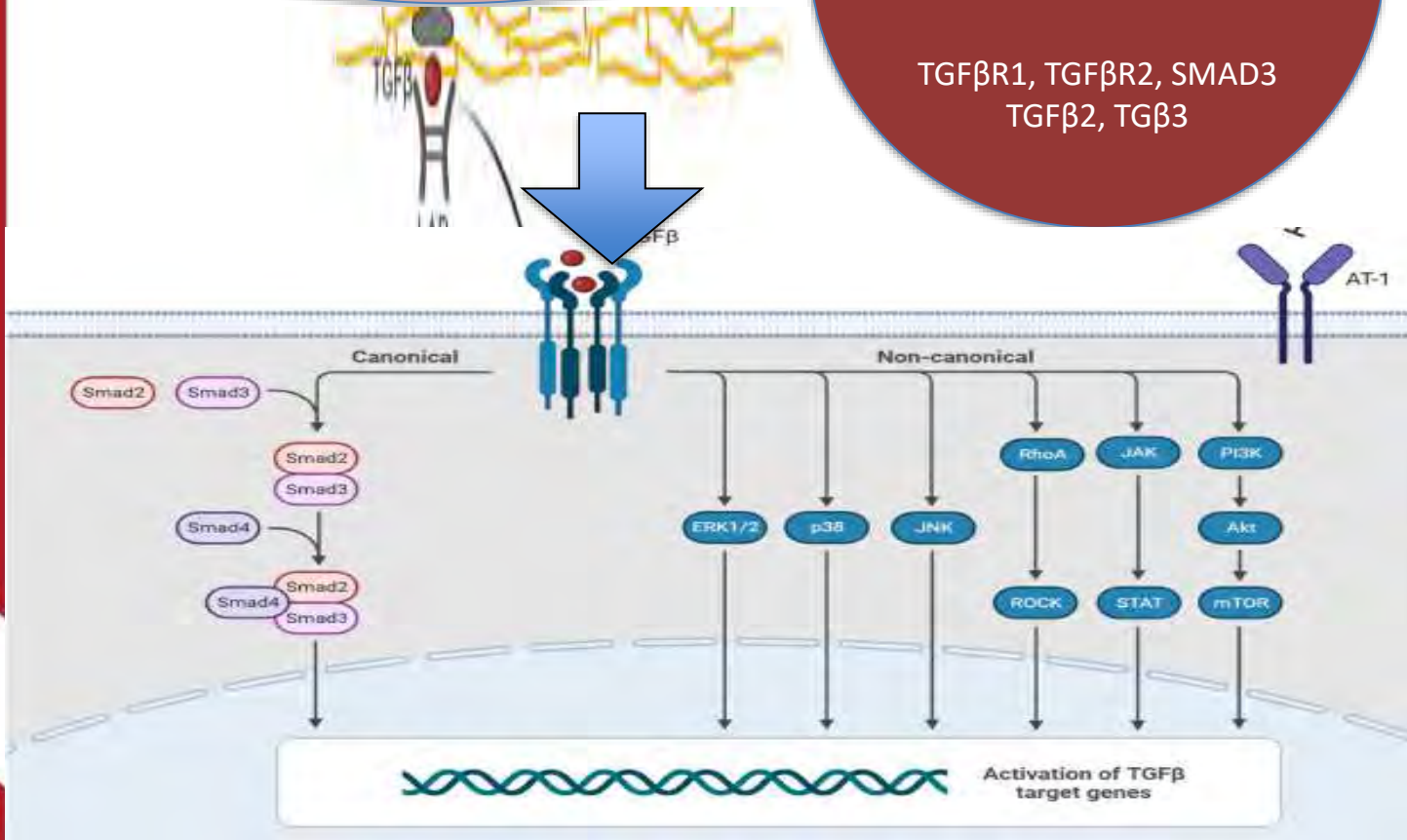
*FBN1, LOX, COL3A1*

Proteins Involved in TGFβ signaling pathway

TGFβR1, TGFβR2, SMAD3  
TGFβ2, TGFβ3

Proteins involved in smooth muscle contraction

*ACTA2, MYH11, PRKG1, MYLK*

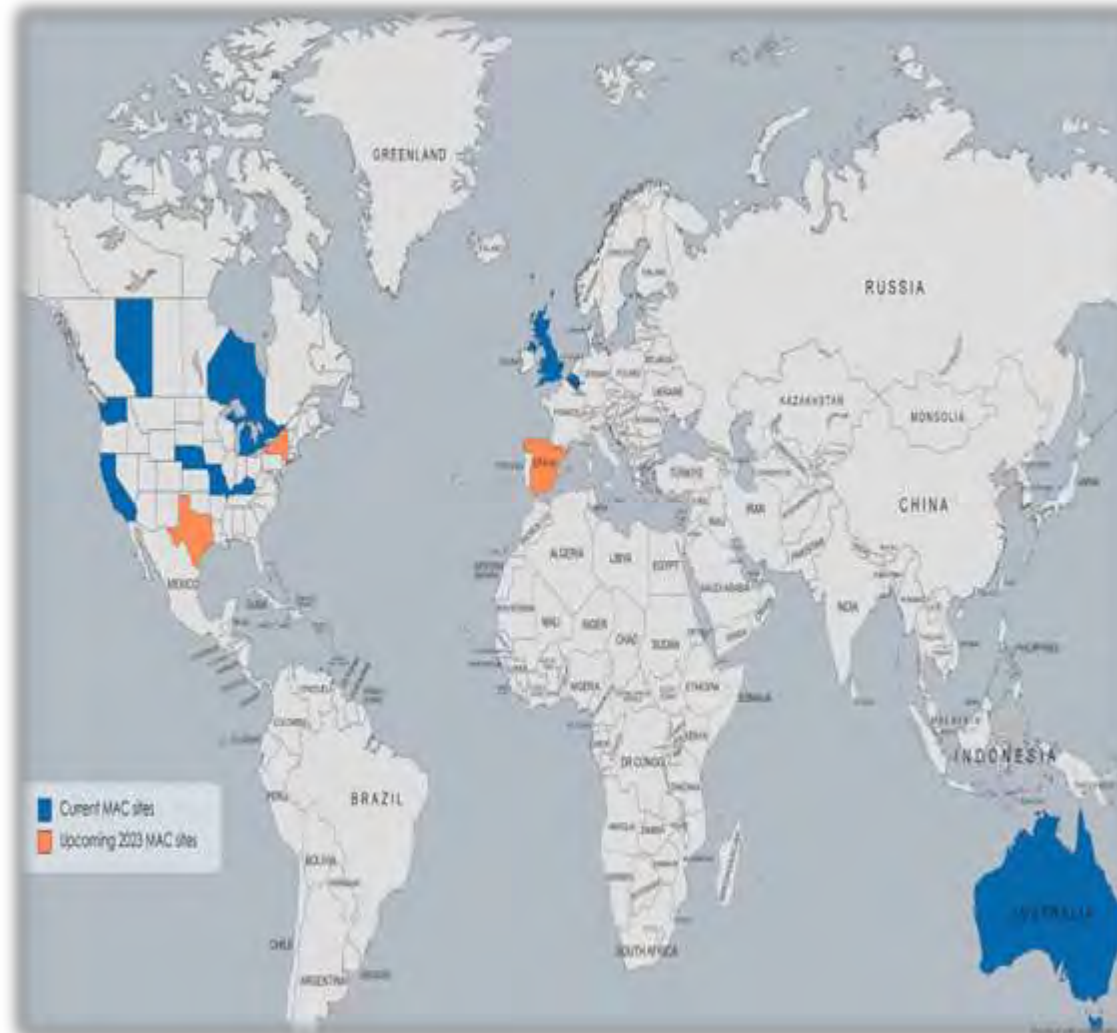


# Montalcino Aortic Consortium Registry



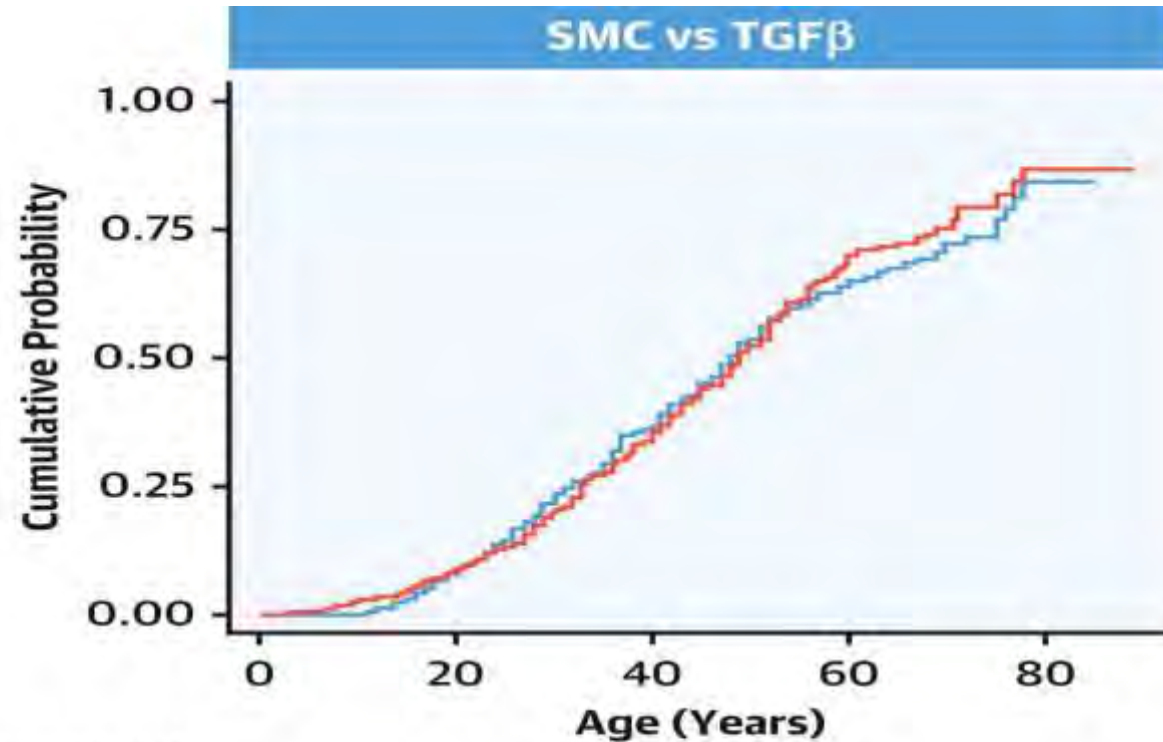
Genetic Aortic Disorders  
Association Canada  
L'Association Canadienne  
des Maladies Génétiques de l'Aorte

UTHealth Houston
University of Washington
University of Washington in St. Louis
Texas Children's Hospital
University of Sydney
University of Nebraska
Ghent University, Belgium
Baylor College of Medicine
Great Ormond Hospital, UK
Massachusetts General Hospital
University of Michigan
University Health Network
University of Calgary
HOAG Memorial Hospital
University of Kentucky
St. Francis Hospital & Heart Center (NY)
The Heart Hospital (TX)
University of Barcelona (Spain)





# Comparative Risks of Initial Aortic Events Associated With Genetic Thoracic Aortic Disease



Number at risk

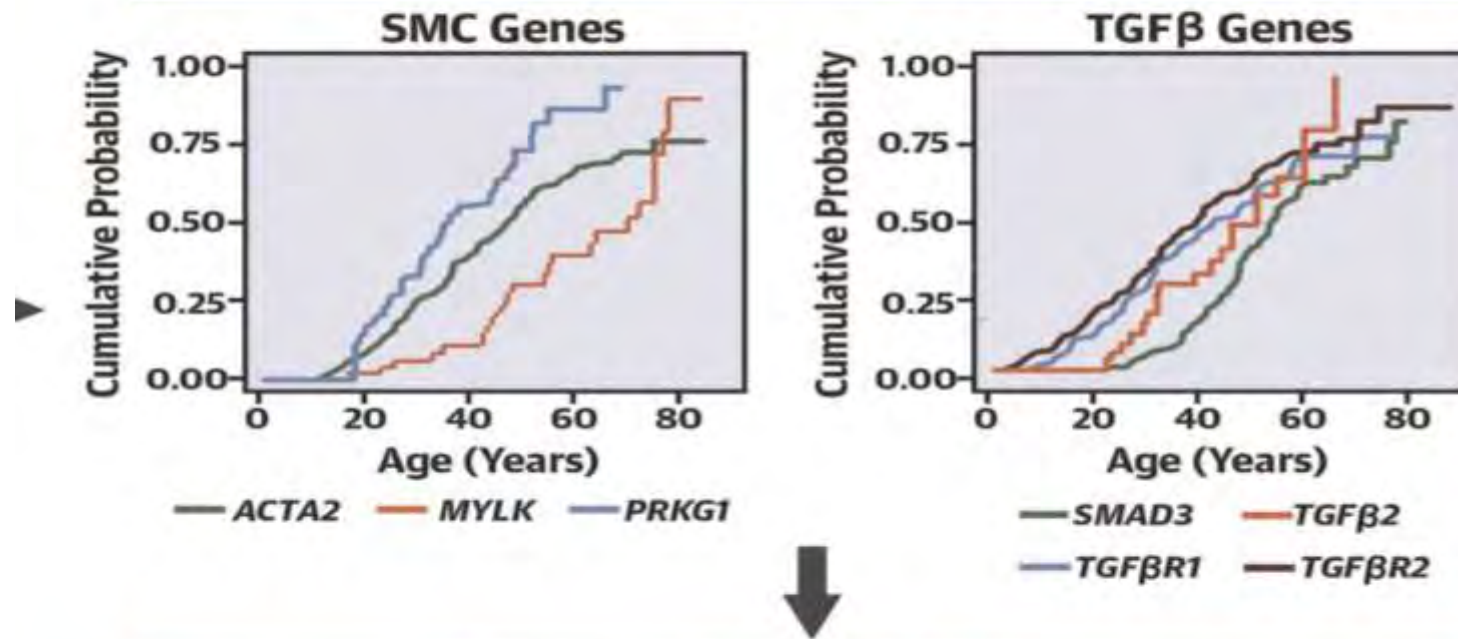
SMC	398	312	173	50	5
TGFβ	630	459	230	58	3

— SMC — TGF-Beta



## Age of Onset of Aortic Aneurysm Repair or Dissection

Genes involved in SMC contraction (left panel)  
Genes involved in TGF $\beta$  signaling (right panel, LDS genes)

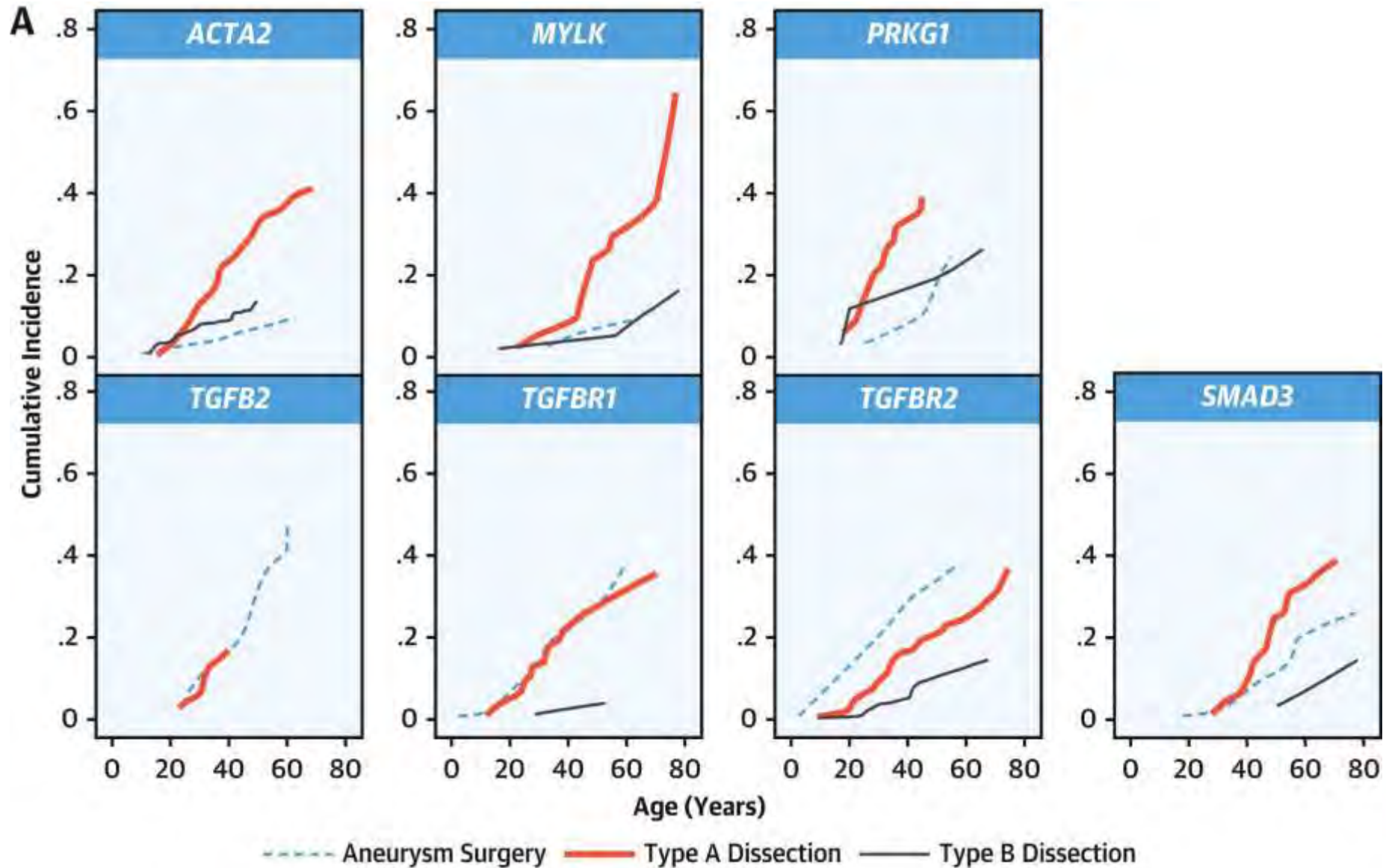


## Personalized Medicine

Gene- and variant-based treatment guidelines  
for patients with HTAD

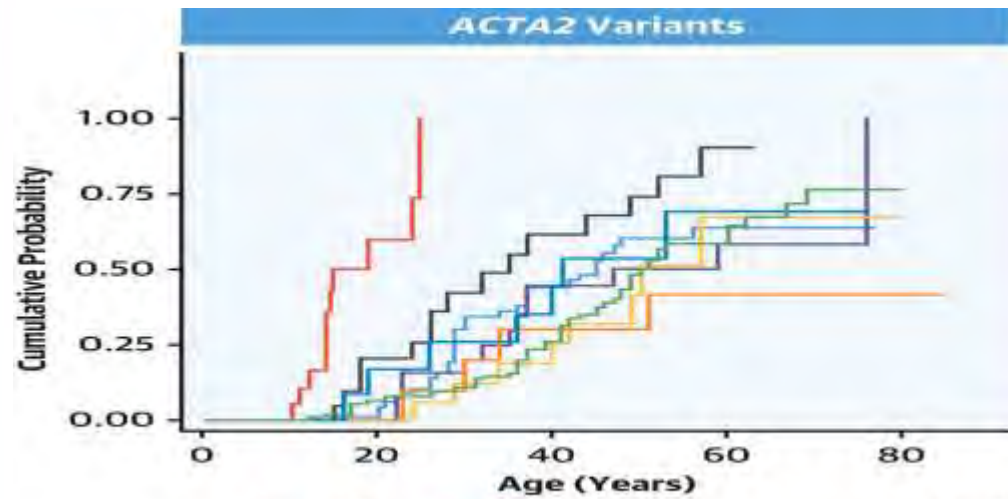


# Clinical Presentation By Gene

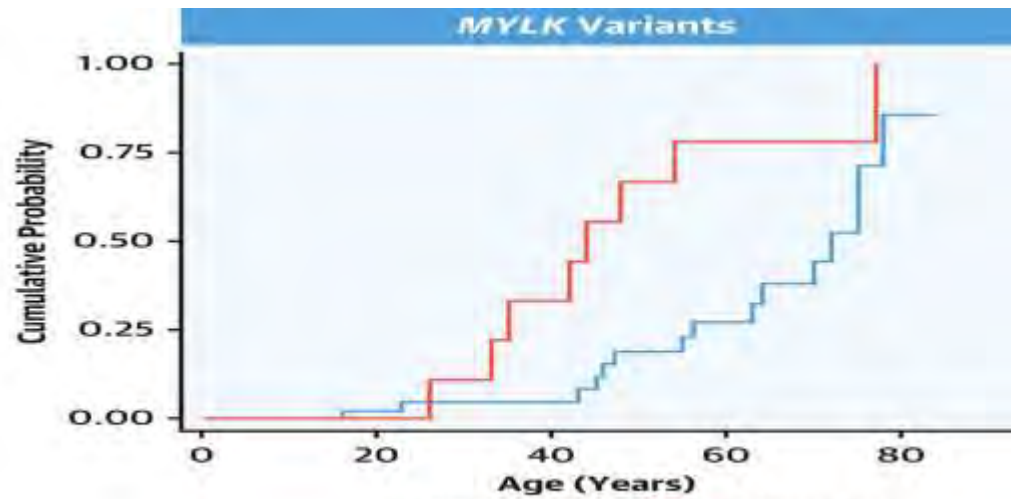




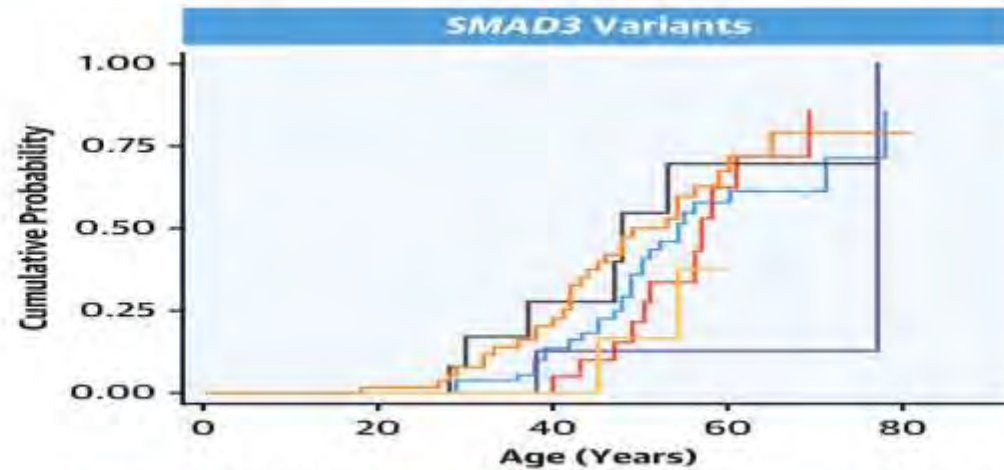
# Aortic Event by Genetic Variant



— Arg149      — Arg179      — Arg258  
 — Arg39      — Arg118      — Gly160  
 — Arg212      — Other Variants



— PTC-NMD      — Missense

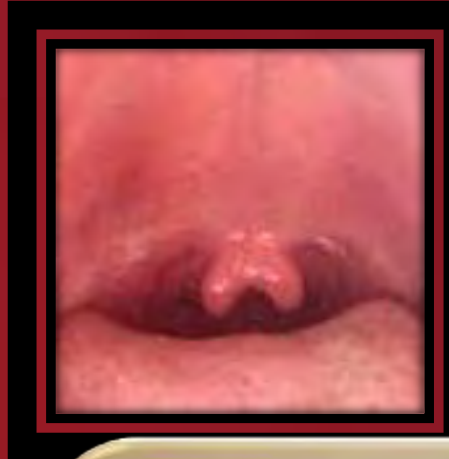
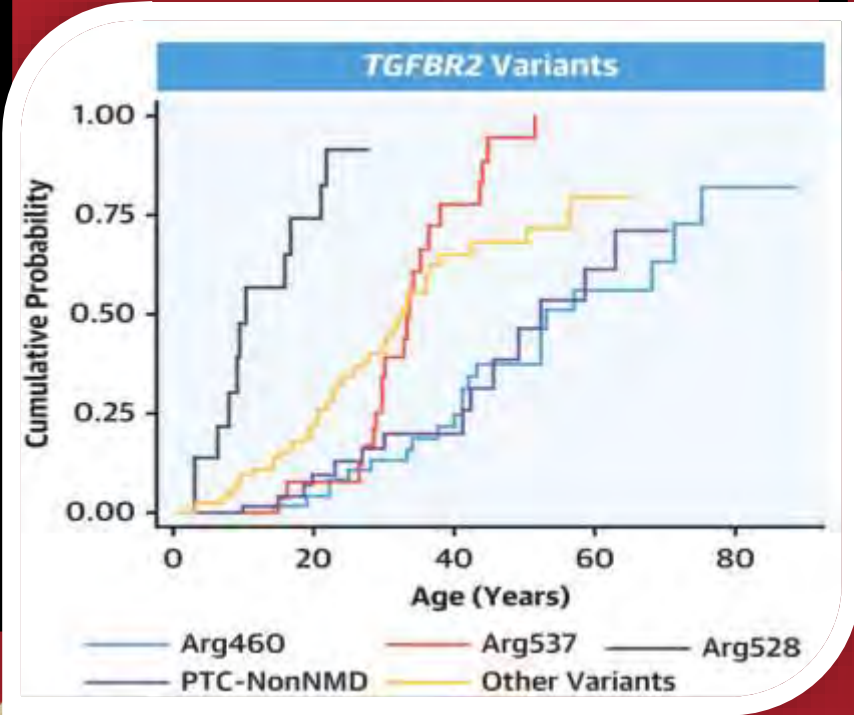


— PTC-NMD      — PTC-NonNMD      — Arg279  
 — Ala112      — Gly245      — Other Variants





# “Loeys Dietz” Syndrome

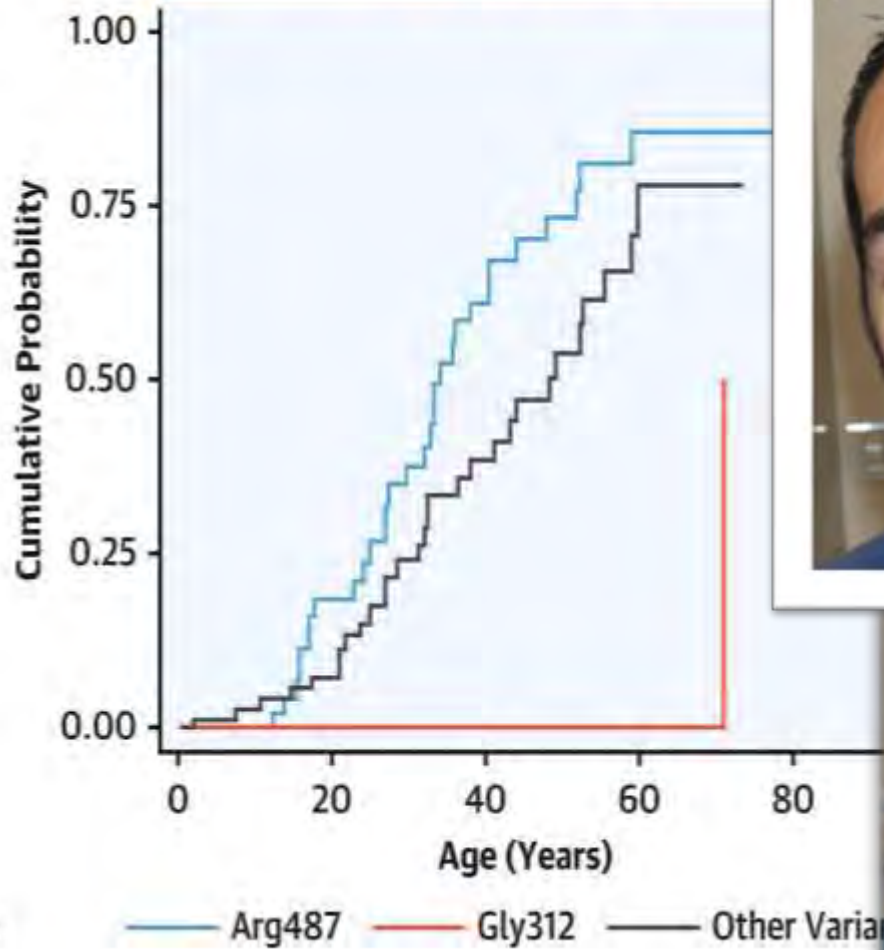


Broad or bifid uvula  
Retrognathia  
Hypertelorism  
MSK contractures  
Cervical spine instability  
Arterial tortuosity





### TGFBR1 Variants



VII



TGFβR1 mutation (Type 1 LDS)

Aortic root aneurysms

Aneurysms of other vessels

Joint rigidity

Thin, translucent skin

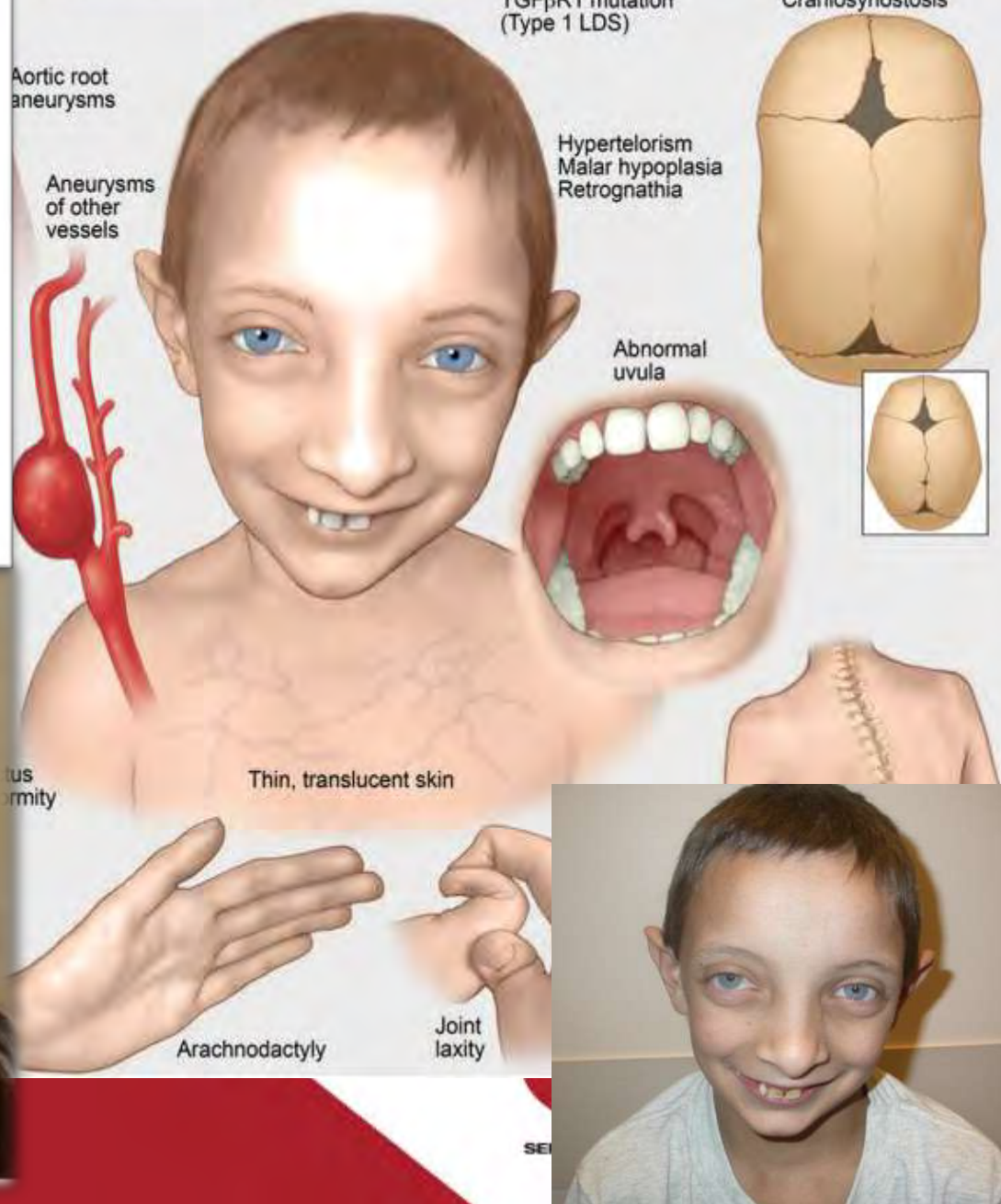
Arachnodactyly

Joint laxity

Hypertelorism  
Malar hypoplasia  
Retrognathia

Abnormal uvula

Craniosynostosis

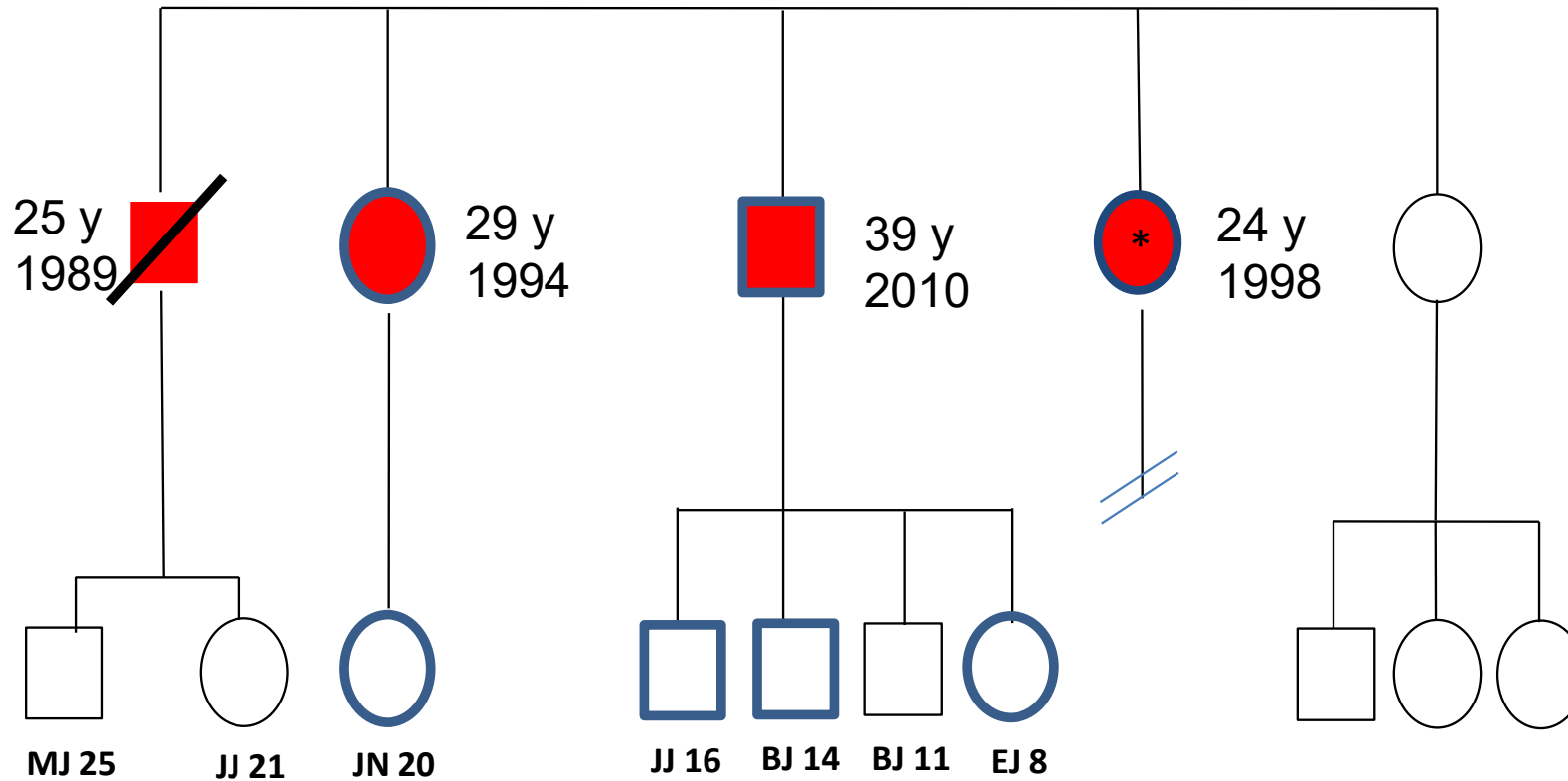


# Medical History

Aortic dissection from AAO to iliac bifurcation s/p Bentall (1998)

Recurrent bowel obstructions

Recurrent "TIAs"





## Mother

- ❖ CVA at 40 with no risk factors
- ❖ MGF: very fit. Unexplained sudden death at 52 (“dropped dead on the living room floor”)
- ❖ MGM: Parkinson’s disease, stroke late in life, died of brain cancer at 83


## Father


- ❖ Youngest of 8 children, none have cardiac history
- ❖ Died at 54 of brain cancer
- ❖ PGF: heart failure in mid 80s
- ❖ PFM: old age, 90+

# ACTA2 & Premature Atherosclerotic Coronary Artery Disease

**A**

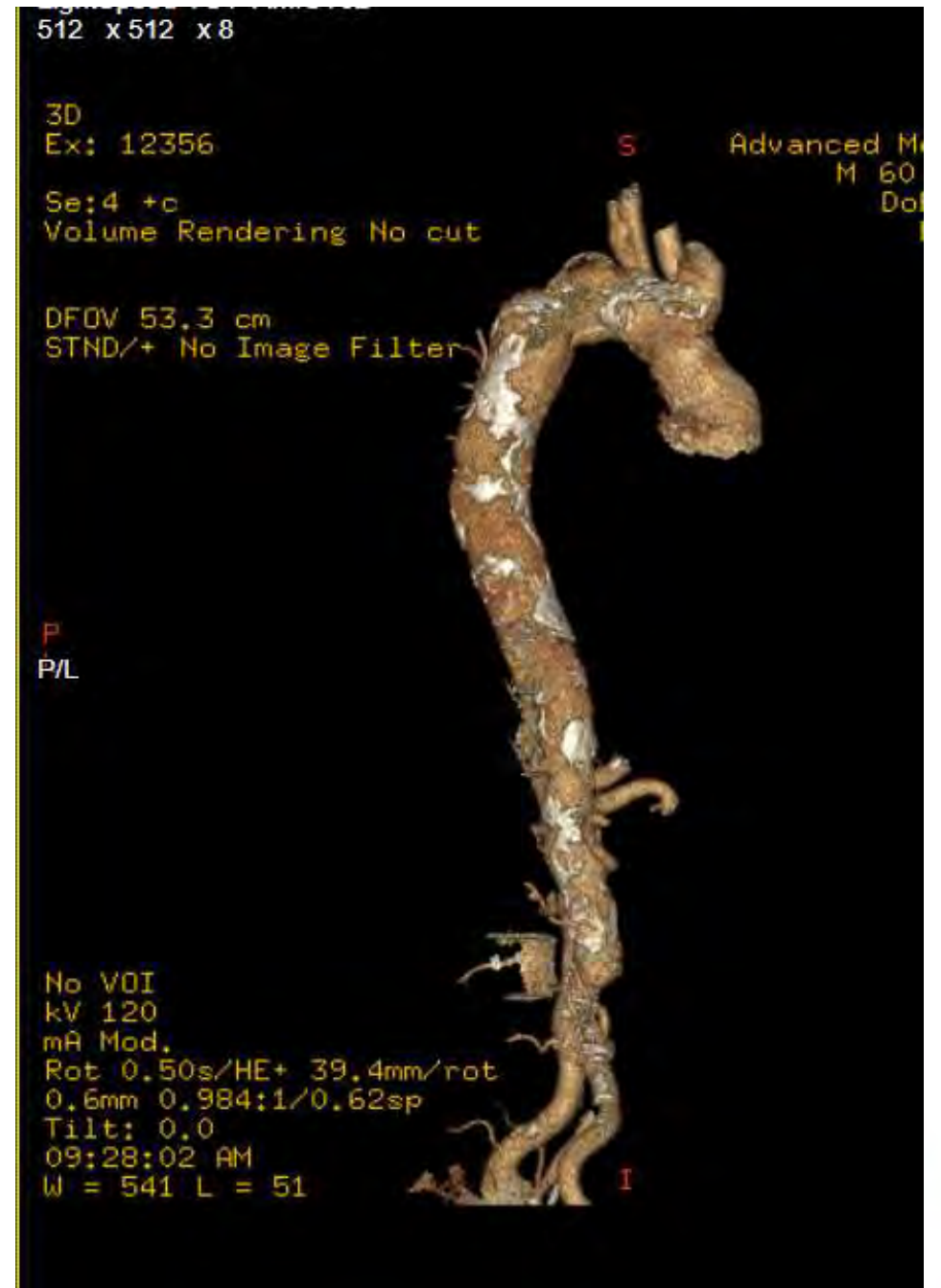
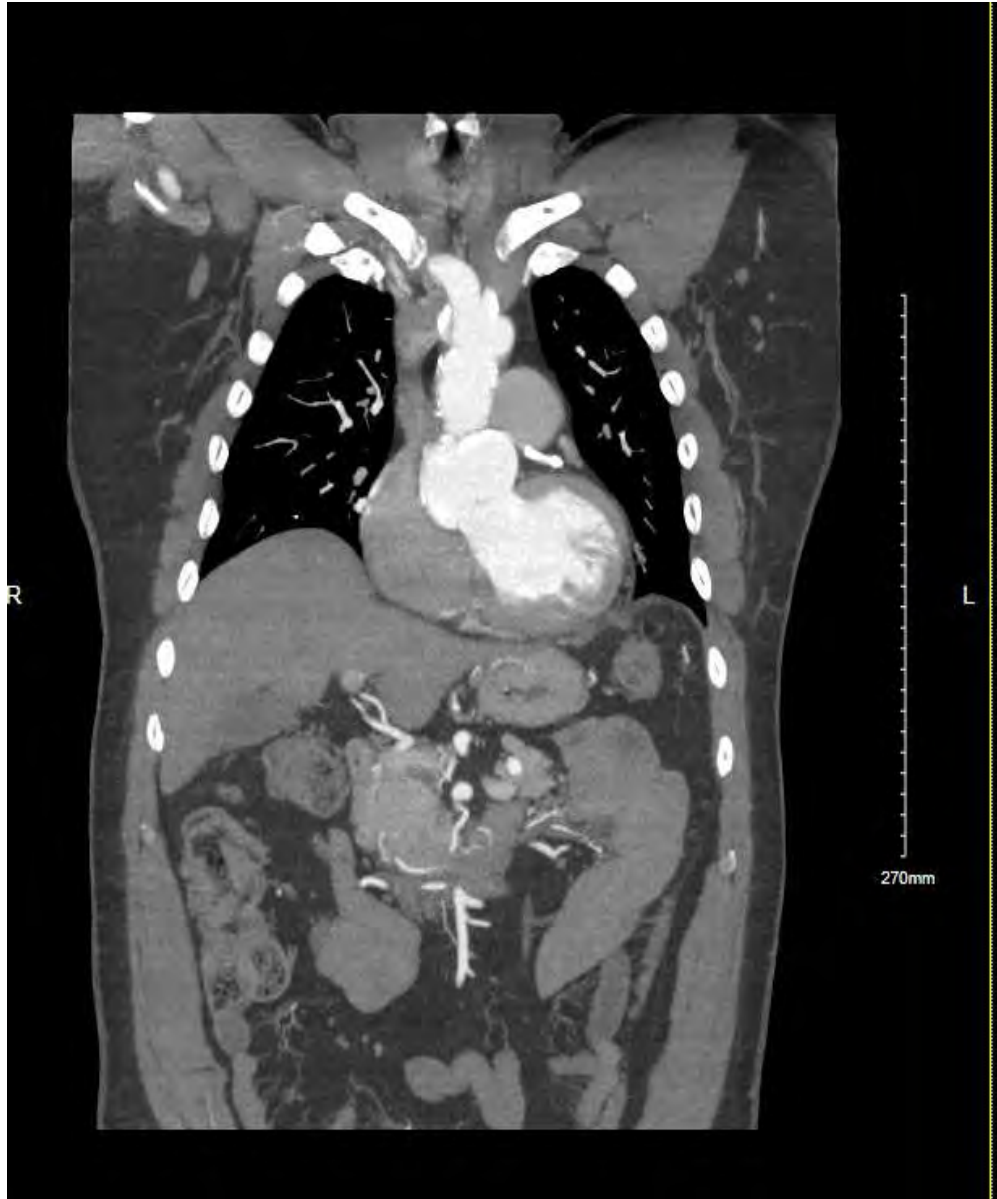
ACTA2 exons	Mutation	No.	TAAD	Stroke	CAD
2	p.R39H	13	8	3*	2
3	p.P72Q	3	3	0	0
4	p.N117T	4	3	1	0
5	p.R118Q	15	8	1	6
	p.Y185H	4	2	0	0
6	p.R149C	48	24	4	12
	p.V154A	4	2	0	0
	p.G160D	6	5	0	0
7	p.R185Q	5	2	0	3
	p.R212Q	4	2	1*	1
	p.P245H	1	1	1	0
	p.I250L	1	1	1	0
	p.R258C/H	15	10	7*	0
8	p.R292G	5	4	0	0
9	p.T326N	7	4	1	2
	p.T353N	2	1	1	1

 Mutations occur in more than 15 individuals in which more than 25% of ACTA2 carriers have strokes

 Mutations occur in more than 15 individuals in which more than 25% of ACTA2 carriers have CAD

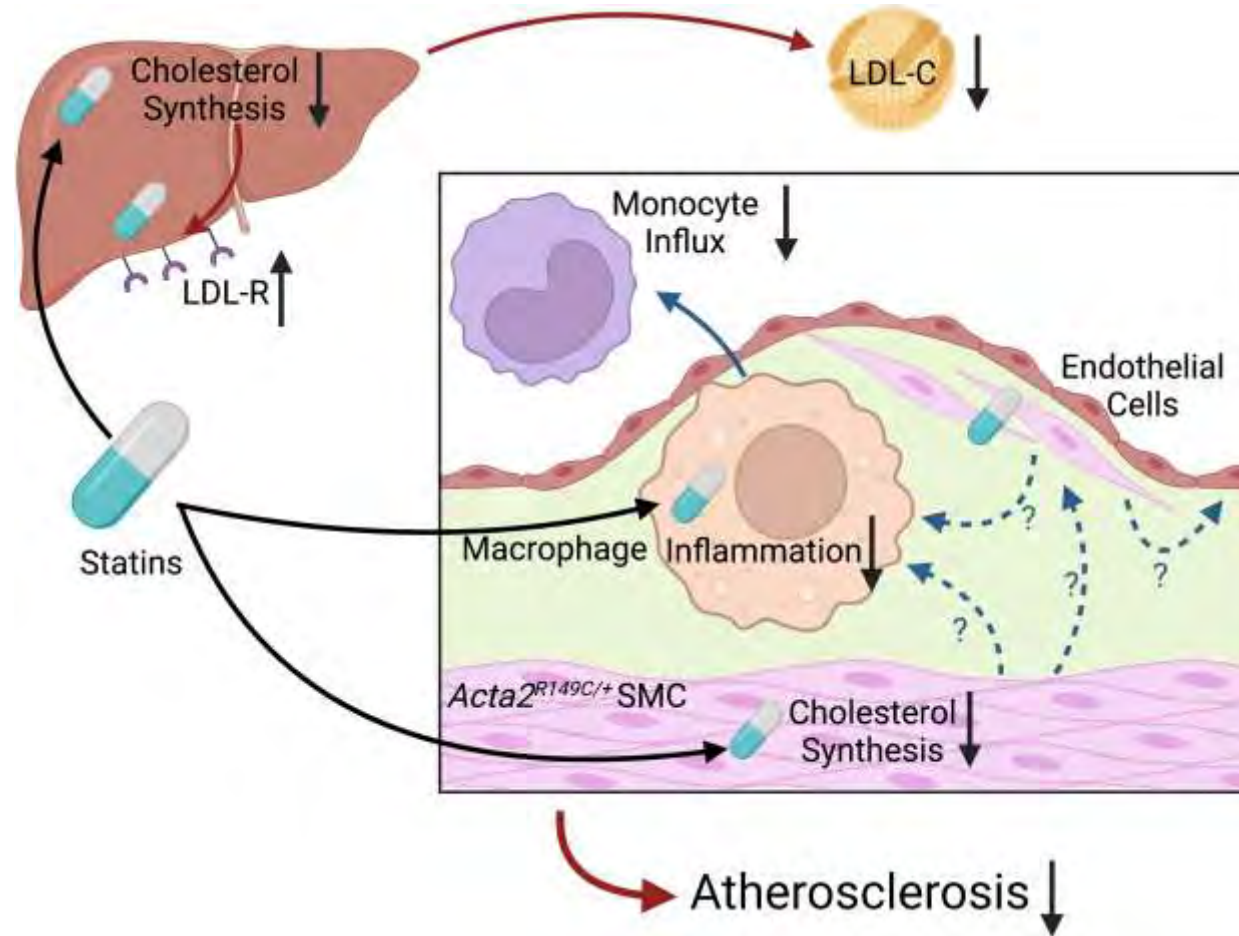


# ACTA2R149 Aortopathy & CAD

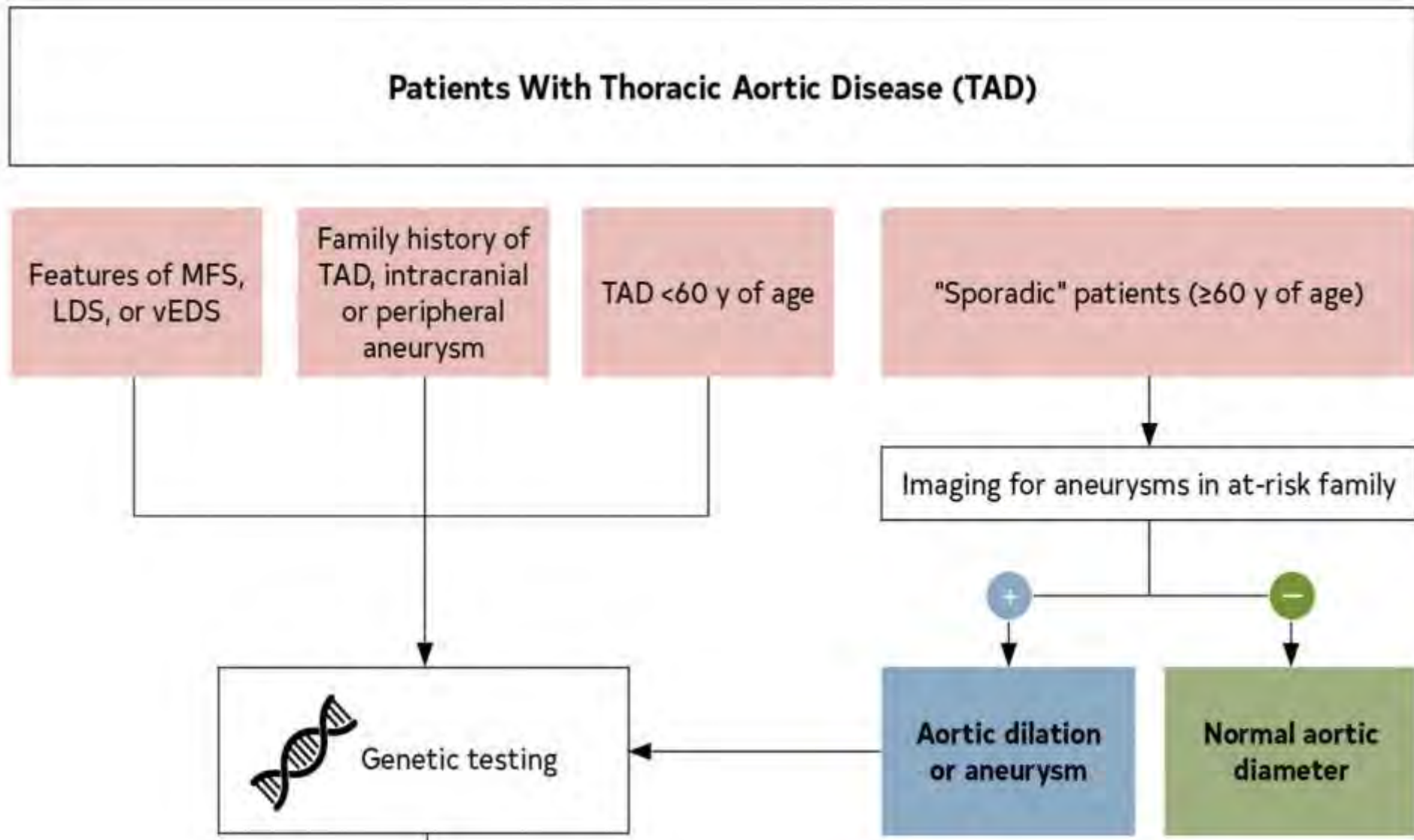




# Statins suppress atherosclerosis In ACTA2 R149 Mice



# 2022 Aortic Guidelines For Genetic Testing



# Genetic Testing



RESULT: UNCERTAIN

Variant(s) of Uncertain Significance identified.

GENE	VARIANT	ZYGOSITY	VARIANT CLASSIFICATION
ACTA2	c.337A>G (p.Asn113Asp)	heterozygous	Uncertain Significance

#### About this test

This diagnostic test evaluates 35 gene(s) for variants (genetic changes) that are associated with genetic disorders. Diagnostic genetic testing, when combined with family history and other medical results, may provide information to clarify individual risk, support a clinical diagnosis, and assist with the development of a personalized treatment and management strategy.





# Aortopathy Team



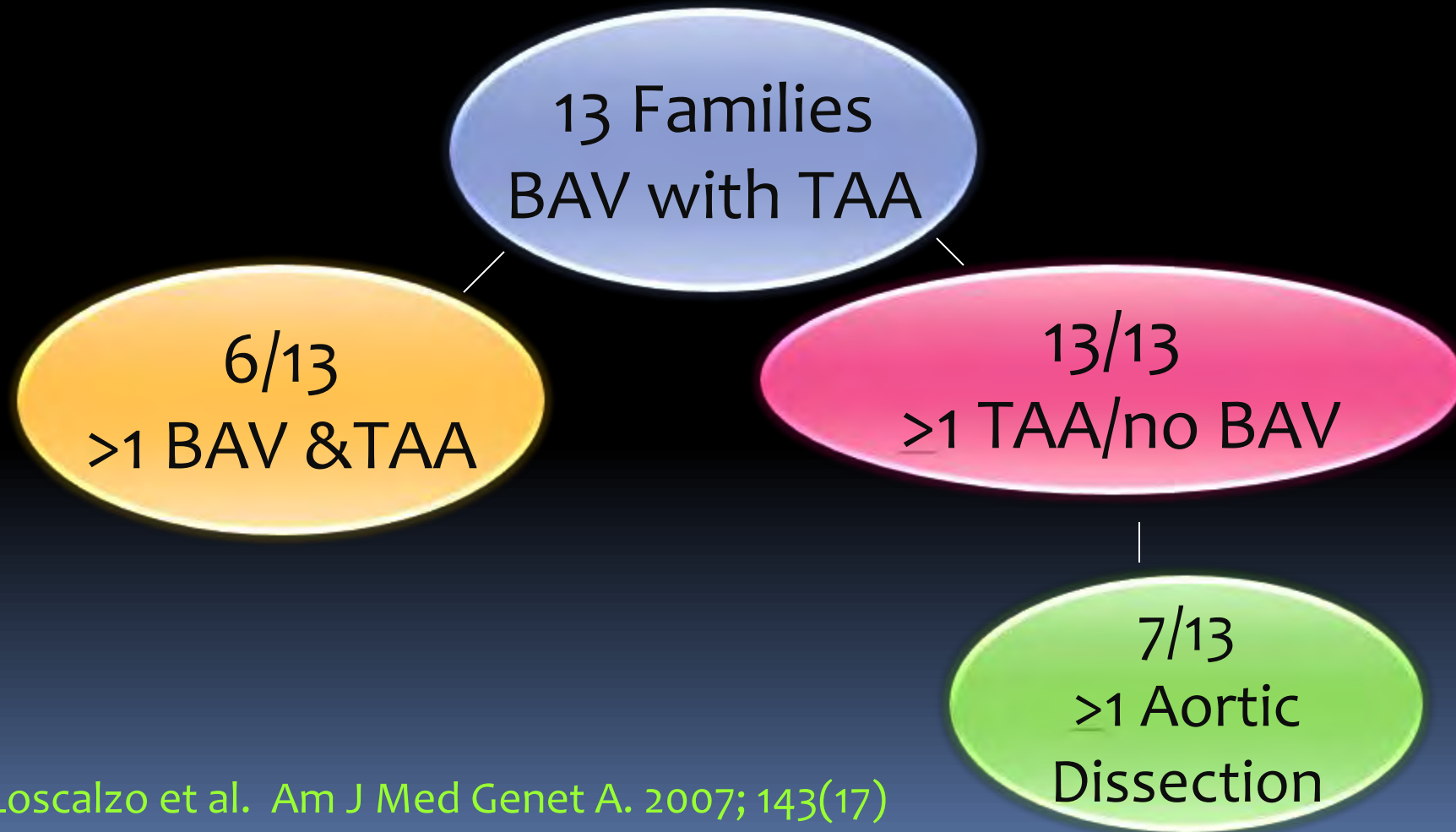
# Surgical Recommendations

COR	Genetic Variant	High Risk Features*	Aortic Diameter (cm)
1	TGFBR1	No	≥ 4.5
1	TGFBR2	No	≥ 4.5
2b	TGFBR1	Yes	≥ 4.0
2a	TGFBR2	Yes	≥ 4.0
2a	SMAD3	-	≥ 4.5
2b	TGFB2	-	≥ 4.5
2b	TGFB3	-	≥ 5.0
2a	ACTA2	No	≥4.5
2b	ACTA2	Yes	≥4.2
2b	PRKG1		≥ 4.0

\*certain specific pathogenic variants, women with TGFBR2 and small body size, severe extra aortic Features, family history of dissection (especially at young age or relatively small aortic size, Aortic growth rate > 0.3 cm/year



# Bicuspid Aortic Valve And Thoracic Aortic Aneurysm





# Bicuspid Aortic Valve

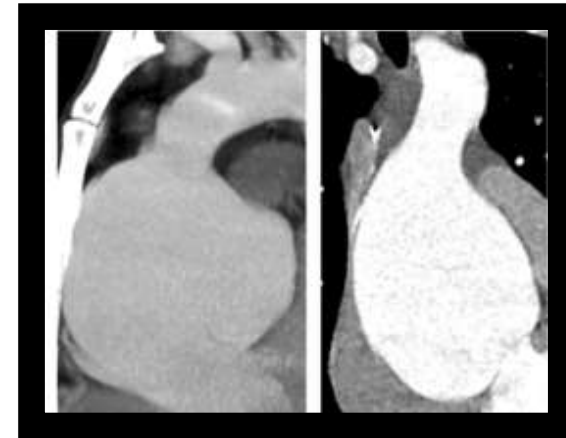
## Isolated Bicuspid Valve with BAV aortopathy

- 1-2% of the population
- 5% lifetime risk of aortic dissection
- Maximal site of dilation is ascending aorta
- Aortic stenosis may be present
- Associated with other left heart obstructive lesions
- Family history of BAV without dissection
- Genetic testing on a research basis



## Isolated Bicuspid Valve with HTAAD gene

- 10 % of the population (TGFBFR1&2, FLNA A, ACTA2)
- >50% lifetime risk of aortic dissection
- Maximal site of dilation is aortic sinuses
- Aortic stenosis not present – normal functioning or isolated aortic insufficiency
- Family history of aortic dissection
- Genetic testing warranted



# Conclusions

1. 20% of patients with sporadic aortic aneurysms will have a genetic basis to their disease
2. Genetic mutation has a greater impact than aortic size on risk of aortic dissection
3. Genetic testing can direct vascular imaging, affect timing of surgery , impact medical therapy and prevent death from dissection in other affected family members





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