

RECOGNIZING MENDELIAN (MONOGENIC) CARDIOVASCULAR DISEASE

It's all in the genes...

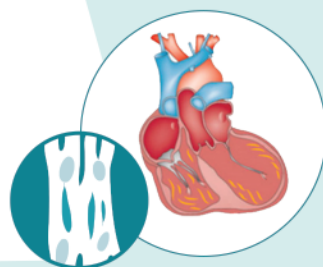
Cascade Family Screening

- Clinical screening for all 1st degree (2nd and 3rd degree if needed) to determine SCD risk
- Adolescents = Annual screening; ≥ 18 years = every 2-3 years
- If putative gene identified:
 - **+ve:** Follow annually at minimum
 - **-ve:** Extend panel; if familial pattern consider exome or genome trio/quartets
 - **VUS:** Consider co-segregation analysis as part of VUS resolution



CARDIOMYOPATHIES

- DCM (1 in 250), HCM (1 in 500), ACM (1 in 5,000), RCM, or neuromuscular and systemic disease
- Presents as HF, AF, VT/VF, or SCD
- Most are autosomal dominant, but some are X-linked or recessive
- Genetic variants often 'private' to family
- Multi-modality imaging for deep phenotyping



Select a "cardiomyopathy" panel or extended panel/exome sequencing

HCM

MYH7, MYBPC3, TNNT2, TNNI3, MYL2, MYL3, TPM1, ACTC1, ALPK3, GLA, PRKAG2, LAMP2

DCM

TTN, BAG3, DES, FLNC, LMNA, MYH7, PLN, RBM20, SCN5A, TNNC1, TNNT2, DSP

ACM

PKP2, DSP, DSG2, DSC2, JUP, TMEM43, CDH2, PLN, DES, FLNC

RCM

DCM and HCM plus TTR, HFE

Select phenotype-focused panel and exclude important phenocopies

KCNQ1, KCNH2, SCN5A, CALM1, CALM2, TRDN, CACNA1C, KCNE1,

LQTS

SQTS

KCNH2, KCNJ2, KCNQ1, SLC4A3

SCN5A

BrS

Familial AF

SCN5A, KCNQ1, MYL4, TTN

RYR2, CASQ2, TRDN, TECRL, CALM1, CALM2

CPVT

PCCD

SCN5A, TRPM4, TBX5, HCN4, TTR



ARRHYTHMIAS

Clinical clues:

- Palpitations, syncope, pre-syncope
- Exercise-induced arrhythmias especially CPVT
- Seizure or epilepsy diagnosis
- Drowning/near-drowning
- Deafness
- Low fetal heart rate

AORTOPATHIES

- Multifactorial aortic aneurysms and dissection
- Work-up (must) for connective tissue disorders as management may be different
- hTAAD make up the majority of cases



Select phenotype-focused panel and exclude important phenocopies

MFS

FBN1

LDS

SMAD3, TGFB1, TGFB2, TGFB2

vEDS

COL3A1

hTAAD

PRKG1, ACTA2, MYH11, MYLK, LOX, FBN2

DYSLIPIDEMIA GENES

- **FH (AD, also biallelic):** LDLR, APOB, LDLRAP1, PCSK9
- **Familial chylomicronemia:** biallelic LPL, APOC2, APOA5, LMF1, GPIHBP1
- **Sitosterolemia (biallelic):** biallelic ABCG5/ABCG8
- **Cerebrotendinous xanthomatosis (biallelic):** biallelic CYP27A1
- **Cholesterol ester storage disease:** biallelic LIPA
- **Abetalipoproteinemia:** biallelic MTP
- **Familial hypobetalipoproteinemia:** biallelic APOB

LIPID DISORDERS

- Prevalence: 1 in 200
- Most frequent monogenic is FH
- 3-fold increase in CAD risk with FH variant
- Other dyslipidemias can have an even more adverse prognosis
- Genetics aid precision therapies for management

Abbreviations: ACM: Arrhythmogenic Cardiomyopathy | AF: Atrial Fibrillation | ARB: Angiotensin II Receptor Blocker | BrS: Brugada Syndrome | CK: Creatine Kinase | CPVT: Catecholaminergic Polymorphic Vt | DCM: Dilated Cardiomyopathy | FH: Familial Hypercholesterolemia | HCM: Hypertrophic Cardiomyopathy | HF: Heart Failure | hTAAD: Hereditary Thoracic Aortic Aneurysm And Dissection | LDS: Loeys Dietz Syndrome | LQTS: Long QT Syndrome | MI: Myocardial Infarction | PCCD: Progressive Cardiac Conduction Disease | RCM: Restricted Cardiomyopathy | SCD: Sudden Cardiac Death | SQTS: Short Qt Syndrome | TTRWT: Transthyretin Wild Type | vEDS: Vascular Ehlers Danlos Syndrome | VT: Ventricular Tachycardia | VF: Ventricular Fibrillation | VUS: Variant Of Unknown Significance

References:

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