

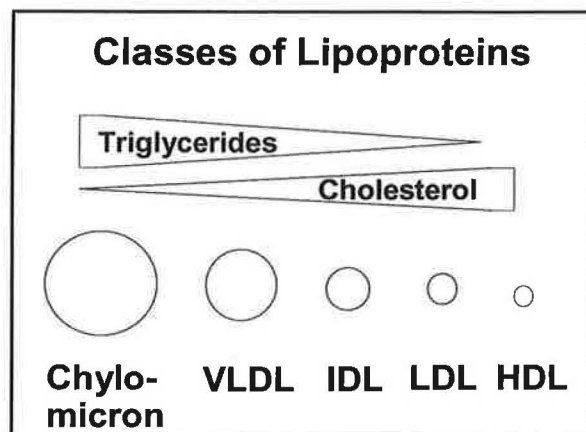
Genetic Protection from Coronary Atherosclerosis: From Genes to Public Health

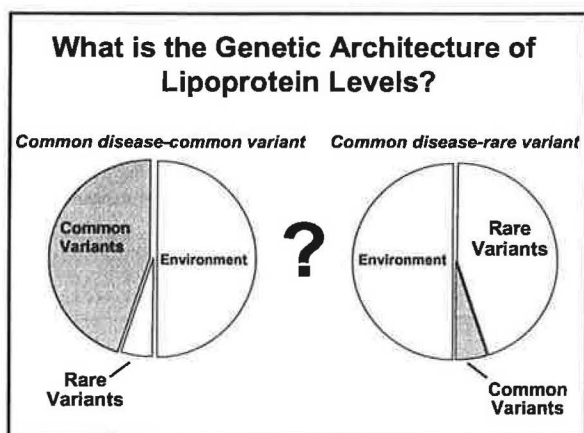
Helen H. Hobbs

**INTERNAL MEDICINE GRAND ROUNDS
U. OF TEXAS SOUTHWESTERN MEDICAL CENTER
4/20/06**

This is to acknowledge that Helen Hobbs has no financial interests or other relationships with commercial concerns related directly to this program. She will not be discussing off-label uses in her presentation.

Helen H. Hobbs
Professor
Medical Genetics
Internal Medicine Grand Rounds
4/20/06



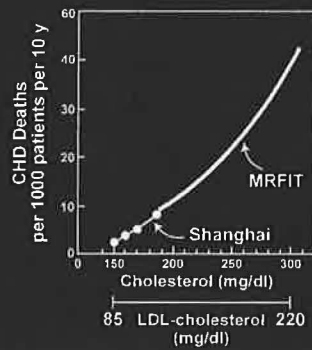


General Characteristics of Single Gene & Complex Traits		
	<i>Single Gene</i>	<i>Complex</i>
HISTORY	Recent	Ancient
EFFECT	Large	Small
NO. OF ALLELES	Many, rare	Few, common
DETECTION	Sequencing	SNP association

Plasma Levels of LDL as a Model Complex Quantitative Trait

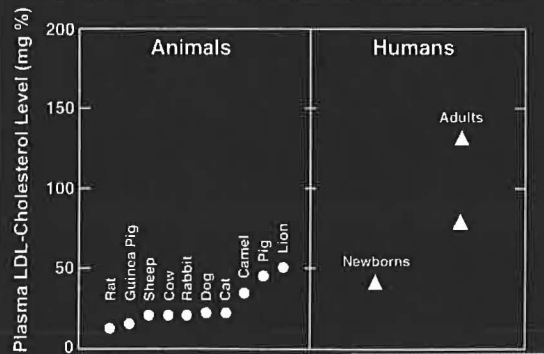
- Easy to measure
- Small *intra*-individual variation (~10%)
- Large *inter*-individual variation (3-fold)
- Variation ~ 50% genetic
- Well characterized metabolic pathway
- Clinically important

Plasma LDL-Cholesterol & CHD Deaths

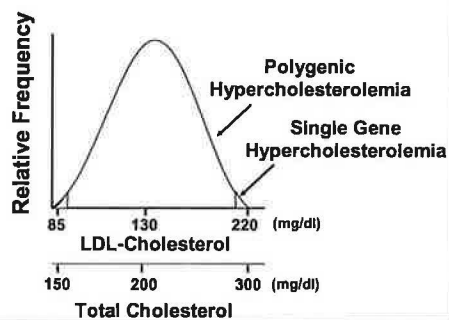


J. Dietschy

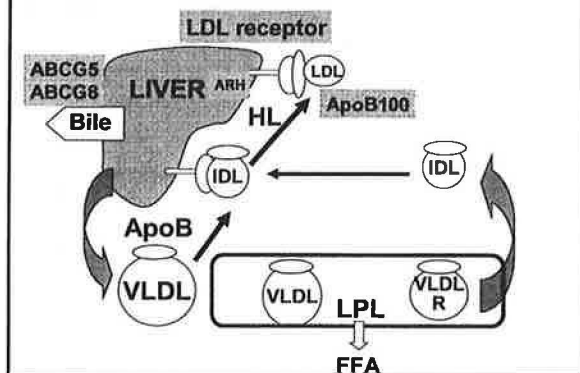
PLASMA LDL LEVELS IN MAMMALS



LDL-Cholesterol Levels In Industrialized Societies



LDL Metabolism

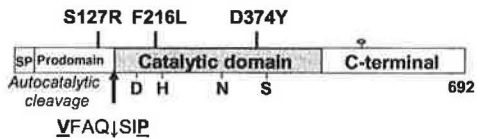


Single Gene Disorders: Hypercholesterolemia

Disease	Gene	Prevalence	Defect
Autosomal Dominant			
Familial Hyperchol. (AD)	<i>LDLR</i>	1: 500	LDL Clearance
Familial Def. ApoB (AD)	<i>APOB</i>	1: 1,000	LDL Clearance
FH3	<i>PCSK9</i>	?	?
Autosomal Recessive			
ARH (AR)	<i>ARH</i>	<1: 1 X 10 ⁶	LDL Clearance
Sitosterolemia (AR)	<i>ABCG5</i> <i>ABCG8</i>	<1: 1 X 10 ⁶	Chol. excretion

Missense Mutations in *PCSK9* Cause Dominant Hypercholesterolemia

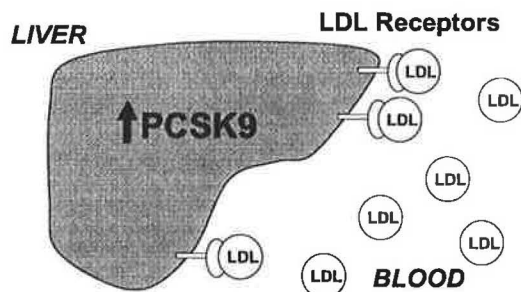
PCSK9: proprotein convertase subtilisin/kexin type 9 serine protease



- *Embryo:* liver, cerebrum, renal cortex
- *Adult:* liver, small intestine, cerebellum, renal medulla
- Regulated by SREBP2, the master regulator of cholesterol metabolism

Abifadel et al. (2003) *Nat. Genet.* 34:154
Seidah et al. (2003) *PNAS* 100:928

Hepatic LDLR Number is Inversely Related to Plasma LDL Levels



Maxwell et al. *Proc Natl Acad Sci* (2004) 101:7100
Horton et al. *J Biol Chem.* (2004) 279:50630

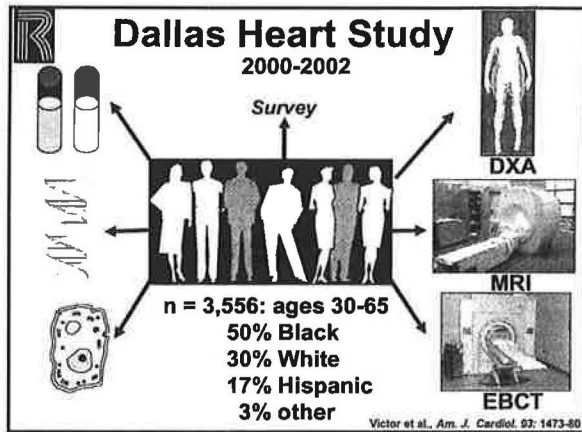
PCSK9 Promotes Degradation of LDLR (no change in LDLR mRNA)

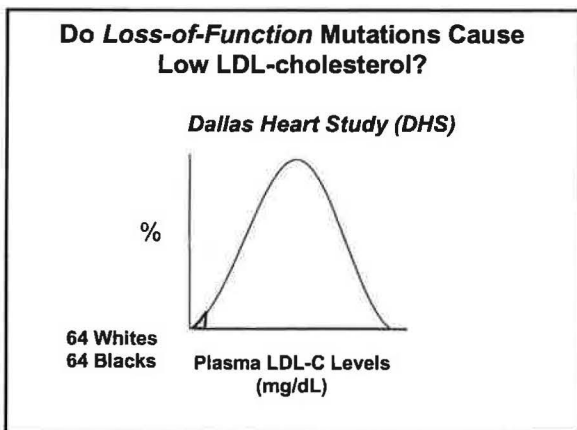


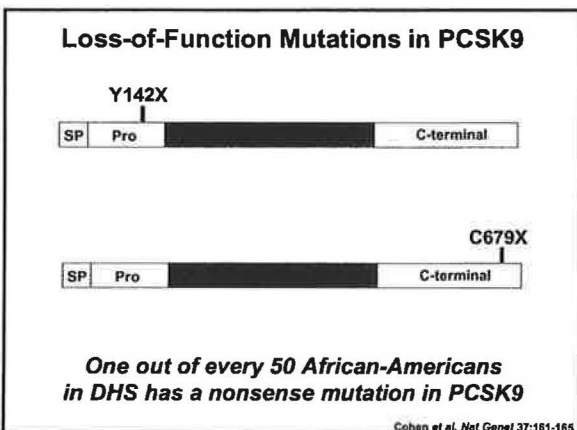
Missense mutations → Gain-of-function

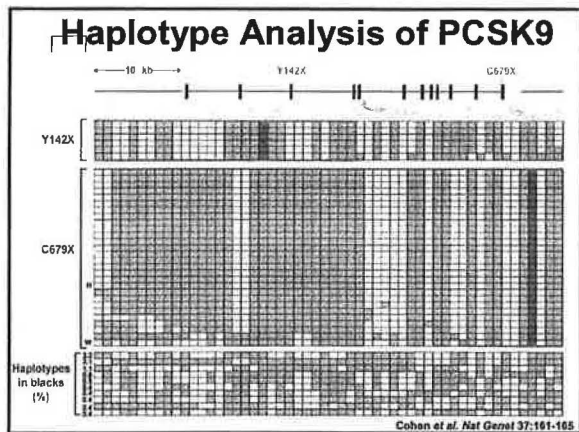


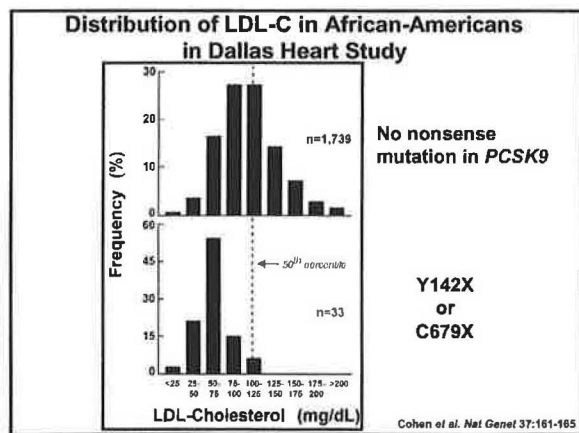
Nonsense mutations → Loss-of-function











LDL Size and Metabolism in African-Americans with PCSK9 Nonsense Mutations

	Normal	Y142X+ C679X
n	1,769	33
LDL-C	105+/-37	63+/-23*
Campesterol:C**	1.5+/-0.9	1.8+/-1.0
Lathosterol:C**	0.7+/-0.4	0.7+/-0.5
LDL diameter (nm) ^{††}	21.1+/-0.7	21.2+/-0.6
Hepatic TG (%) [€]	3.1%	2.0%

** Gas chromatography * P<0.001
 € Proton magnetic resonance spectroscopy
 †† Nuclear magnetic resonance * Kotowski et al. Am. J Hum Genet. 2008

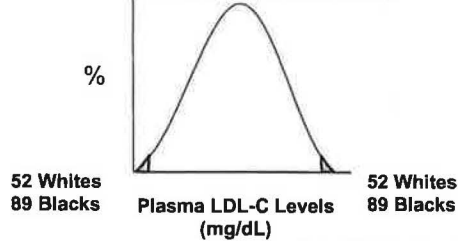
Sequencing the Extremes: Dallas Heart Study

High LDL: > 95th percentile (B & W)

Low LDL: < 5th percentile (B & W)

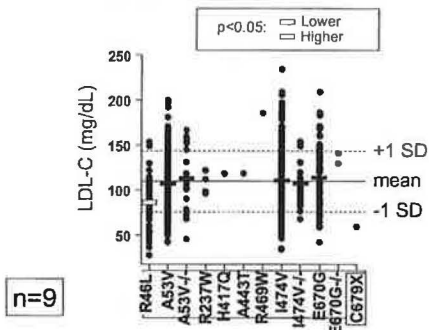
Blacks (n=89), Whites (52)

Dallas Heart Study (DHS)



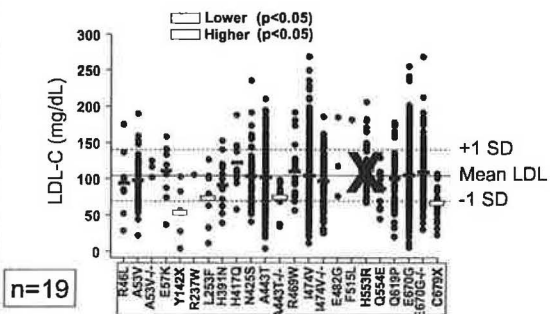
* Kotowski et al. Am. J Hum Genet. 2006

Distribution of LDL-C Levels in DHS: Untreated Caucasians



LDL-C levels adjusted for age and sex

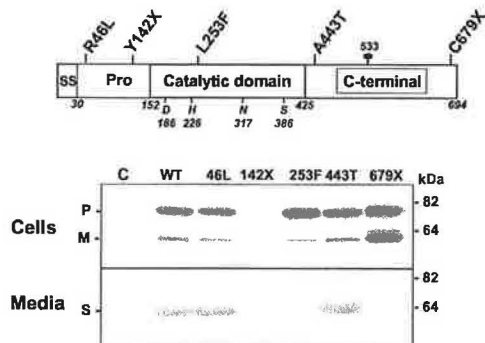
Distribution of LDL-C Levels in DHS: Untreated African-Americans (n=1,711)



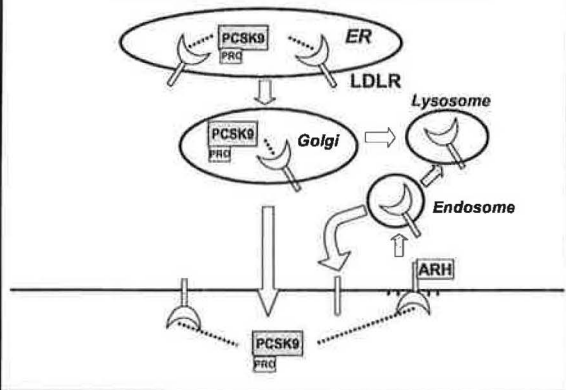
X - Not confirmed in Maywood

LDL-C levels adjusted for age and sex

Expression of Loss-of-Function Mutations



Mechanism of Action of PCSK9



The Dallas Heart Study

The Human Biology Laboratory

Exquisite Phenotyping

+

Extensive Genotyping

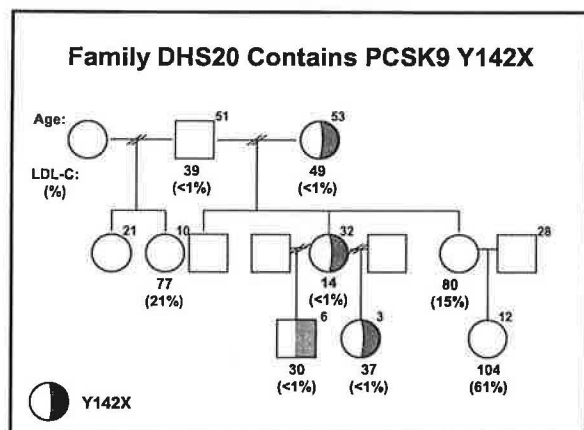
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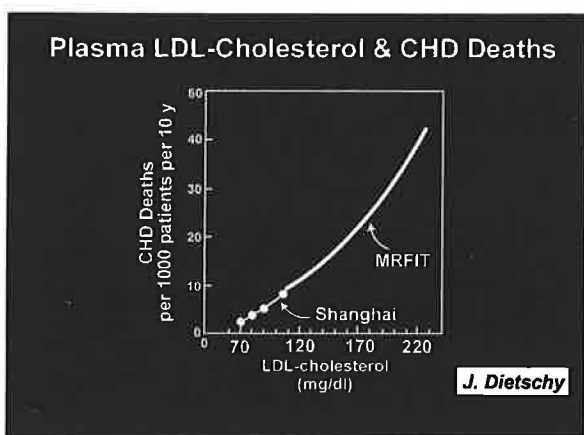
Genetic Diversity

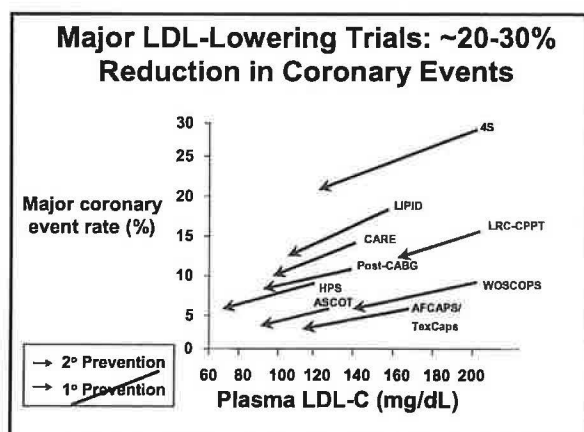
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Family/Mechanistic Studies

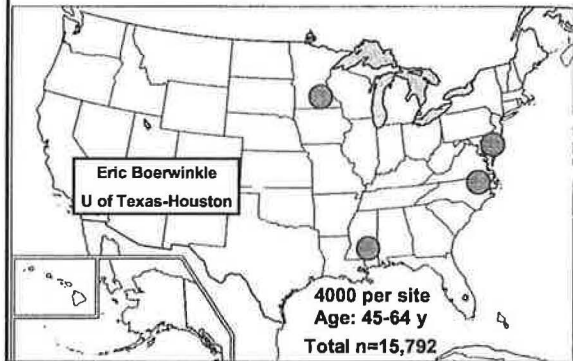
FOCUS ON LOCAL SCIENTIFIC EXPERTISE







**Relationship to CAD: Atherosclerosis
Risk in Communities (ARIC): Initiated 1987**



**Relationship to CAD: Atherosclerosis
Risk in Communities (ARIC)**

- Eligible: African-Americans: n=3,716
Caucasians: n=10,045
- Mean age at baseline: 53 y
- Mean follow-up: 15 y
- Endpoints: Incident MI, CHD death,
coronary revascularization

Eric Boerwinkle, UT Houston

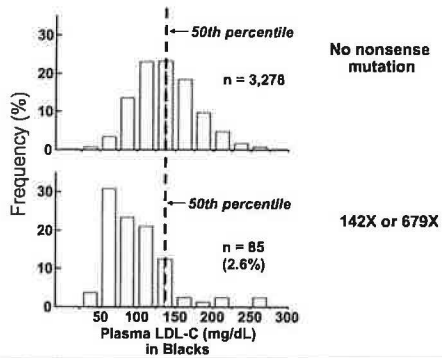
**Cardiovascular Risk Factors in
African-Americans in ARIC**

	Non-carriers	Carriers	P-value*
n	3278	85	
(%)	(97.4%)	(2.6%)	
Age† – yr	53 ± 6	54 ± 6	0.61
Sex – % men	37	31	0.22
BMI – kg/m ²	29.6 ± 6.1	29.5 ± 5.2	0.88
TC – mg/dL	215 ± 44	173 ± 44	<0.001
TG – mg/dL	113 ± 81	94 ± 38	0.04
LDL-C – mg/dL	138 ± 42	100 ± 43	<0.001
HDL-C – mg/dL	55 ± 17	55 ± 16	0.716
HTN (%)	55	37	0.001
Diabetes (%)	18	13	0.256
Smoking (%)	30	27	0.625

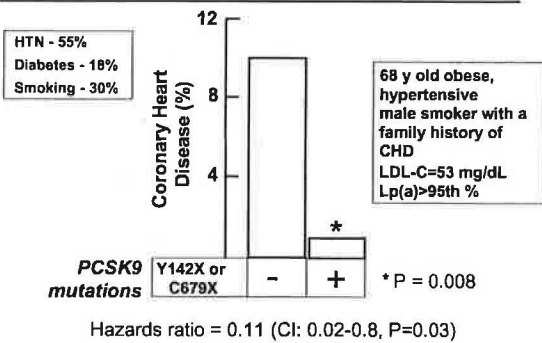
Hypertension: SBP>140; DBP>90, medication
Diabetes: FBS>126 mg/dL; NFBS>200 mg/dL

28% ↓

Nonsense Mutations in PCSK9 is Associated with 28% Reduction in LDL-C in ARIC



Cardiac Events in ARIC

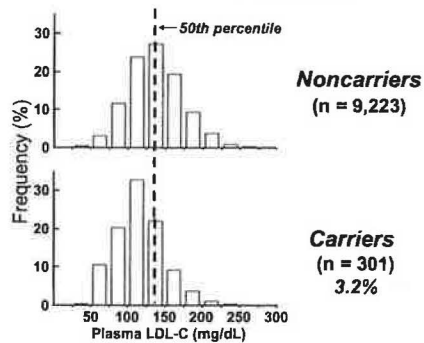


Cardiovascular Risk Factors in Caucasians in ARIC

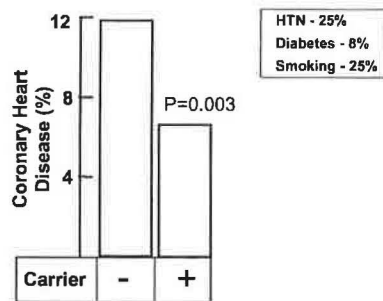
	Non-carriers	Carriers	P-value*
n (%)	9,223	301 (3.2%)	—
Age† – yr	54±6	54±6	0.563
Sex – % men	45	46	0.839
BMI – kg/m²	26.9±4.9	26.8±4.5	0.509
Cholesterol–mg/dL	214±40	194±37	<0.0001
Triglyceride–mg/dL	133±87	135±89	0.791
LDL-C – mg/dL	137±37	116±33	<0.0001 15%↓
HDL-C – mg/dL	51±17	52±17	0.636
Hypertension‡ (%)	25.0	24.6	0.872
Diabetes‡ (%)	8.0	7.3	0.681
Smoking‡ (%)	24.6	25.2	0.804

Hypertension: SBP>140; DBP>90, medication
Diabetes: FBS>126 mg/dL; NFBS>200 mg/dL

PCSK9-R46L Associated with 15% Reduction in LDL-C in Caucasians in ARIC



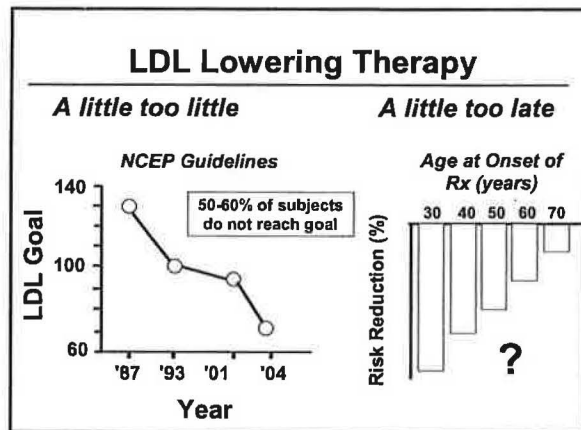
Cardiac Events Reduced 2-fold in Caucasians with a Missense Mutation in *PCSK9*

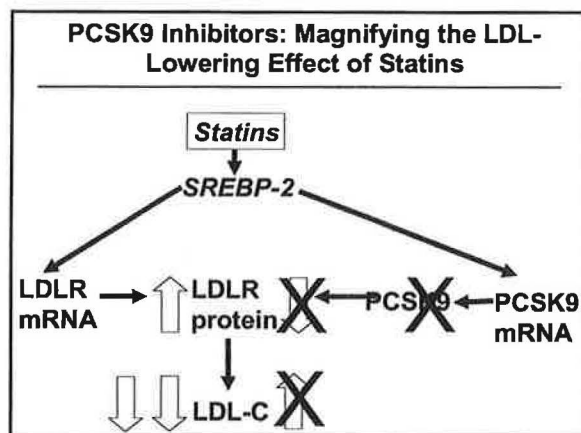


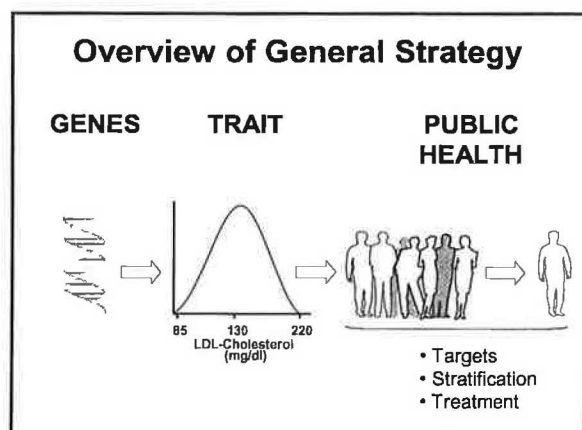
HR=0.5 (CI: 0.32-0.79, P=0.003)

Mutations in *PCSK9* Associated with Reduced Carotid Atherosclerosis in ARIC

	Non-carriers	Carriers	P value
African-Americans:			
Number	3278	85	
Percentage (%)	97.4%	2.6%	
Carotid IMT (mm)	0.73±0.16	0.70±0.13	P<0.04
Caucasians:			
Number	9,223	301	
Percentage (%)	96.7%	3.3%	
Carotid IMT (mm)	0.73 ± 0.18	0.71 ± 0.16	P<0.005







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Yetsa Tuakii-Wosornu

Jay Horton
Tom Legace

Dallas Heart Study Investigators
ARIC
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