

LKS Faculty of Medicine Department of Paediatrics & Adolescent Medicine 香港大學兒童及青少年科學系

# 港大醫學院發現構成罕見疾病異位綜合症的全新遺傳成因 HKUMed discovers a novel gene in causing the rare disease "heterotaxy syndrome"

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Department of Paediatrics and Adolescent Medicine LKS Faculty of Medicine, The University of Hong Kong (HKUMed)

# 異位綜合症(包括右心房異位和左心房異位) Heterotaxy syndrome (includes right & left atrial isomerism)

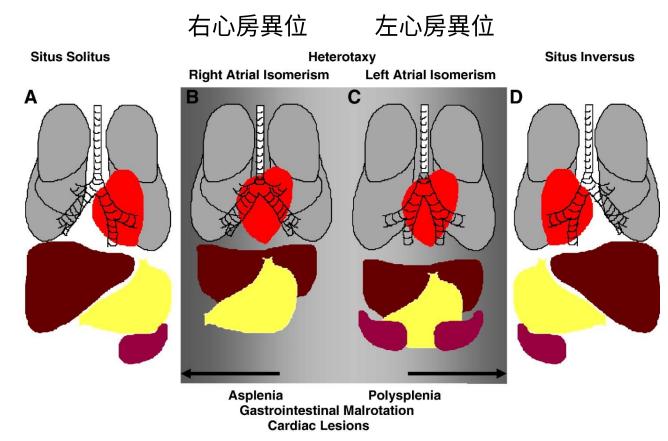
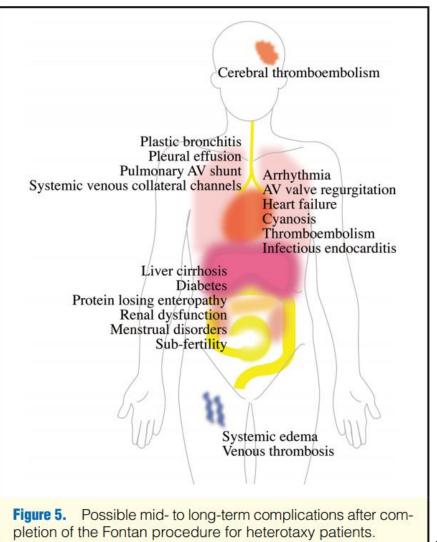


Image: Tashjian et al. J Pediatr Surg. 2007 Mar;42(3):528-31

- 在人類的身體,左邊和右邊並不是一樣的;人類心臟並不是 對稱的
- 異位綜合症是一種先天性的疾病,特徵包括一個或多個器官 的排列組合出現問題
- 發生率大約為每一萬名初生嬰兒中會有一個<sup>1-3</sup>;若果包括流 產的胚胎,發生率大概是0.03%至1.1%<sup>4</sup>
- In human bodies, the left side & right side are not identical. Human heart is asymmetrical
- Heterotaxy syndrome is a group of rare, complex condition that involves the abnormal arrangement of internal organs, including the heart, on the wrong side of the body
- The estimated incidence of heterotaxy is around 1 per 10,000 births<sup>1-3</sup>. If abortions & stillbirths are included, it accounts for 0.03% to 1.1% of fetuses<sup>4</sup>
- 1. Maclean et al. Clinical genetics. 2004 Jun;65(6):441-57
- . Shapiro et al. Chest. 2014 Nov 1;146(5):1176-86
- Lin et al. American journal of medical genetics Part A. 2014 Oct;164(10):2581-91
- 4. Bartram et al. Biol Neonate 2005 Aug;88:278-290



# 治療異位綜合症是相當困難 Treating heterotaxy is difficult & complicated



- 大約90%的異位綜合症患者患有先天性心臟病1
- 多個器官都可能受到影響,包括心臟、肺、脾、胃、肝和腸²
- 外科手術治療有機會引致身體多個系統有併發症2
- Approximately 90% of heterotaxy patients have complex congenital heart defects<sup>1</sup>
- Multiple body systems can be affected, including the heart, lungs, spleen, stomach, liver and intestines<sup>2</sup>
- Management by surgical operation is associated with multisystemic complications<sup>2</sup>

Lin et al. Genetics in Medicine. 2000 May;2(3):157-72
Shiraishi I et al. Circ J. 2012;76(9):2066-75

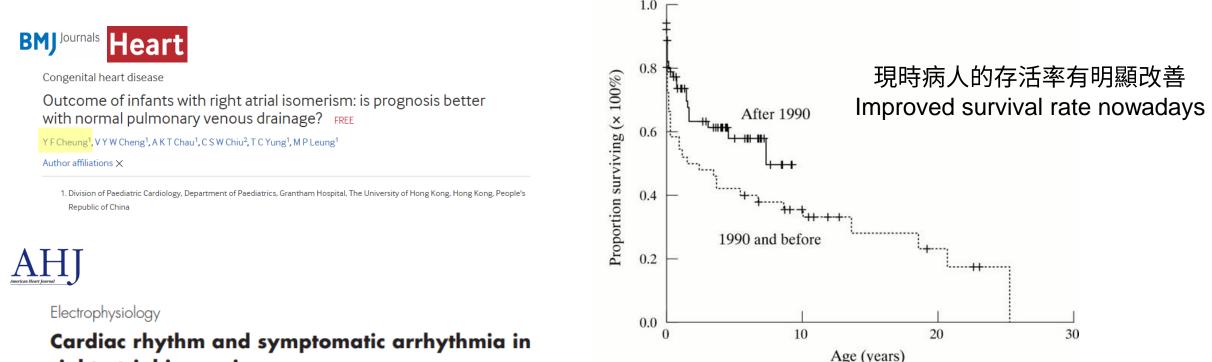


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Image: Shiraishi I et al. Circ J. 2012;76(9):2066-75

## 港大醫學院兒童心臟科長期照料雙右心房異位的病人

HKUMed Paediatric Cardiology Division has longitudinally followed up patients with right atrial isomerism & reported on their clinical outcomes

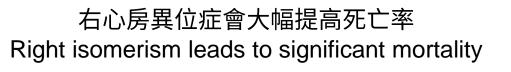


#### right atrial isomerism

Yiu-fai Cheung, MBBS, Vinson Yan-wah Cheng, MBChB, Tak-cheung Yung, MBBS, and Adolphus Kai-tung Chau, MBBS *Hong Kong, People's Republic of China*  Kaplan-Meier survival estimates for presented 116 infants and children determined to have right atrial isomerism between January 1980 and December 2000 in Hong Kong<sup>1</sup>

1. Cheung YF et al. Heart. 2002 Feb;87(2):146-52

2. Cheung YF et al. Am Heart J. 2002 Jul;144(1):159-64





# 纖毛缺陷有機會構成異位綜合症

### Cilia defects may cause heterotaxy syndrome

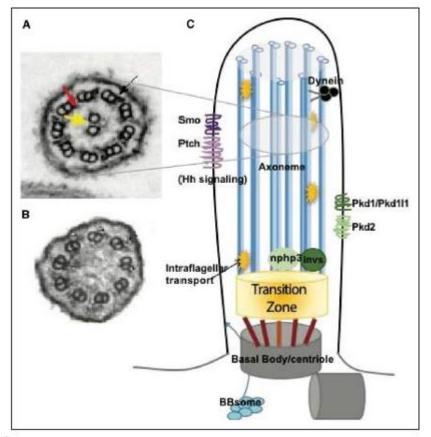
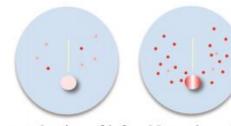


Image: American Heart Association Scientific Statement, Genetic Basis for Congenital Heart Disease: Revisited.<sup>1</sup>

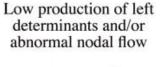
- 越來越多證據顯示纖毛功能異常可以導致先天性心臟病,亦會導致左右不對稱<sup>1</sup>
- 涉及多個基因(遺傳異質性)
- Growing evidence that abnormal function of cilia can result in congenital heart disease, & errors in establishing left-right asymmetry<sup>1</sup>
- Multiple genes involved (genetic heterogeneity)

1. Pierpont ME et al. Circulation. 2018 Nov 20;138(21):e653-e711



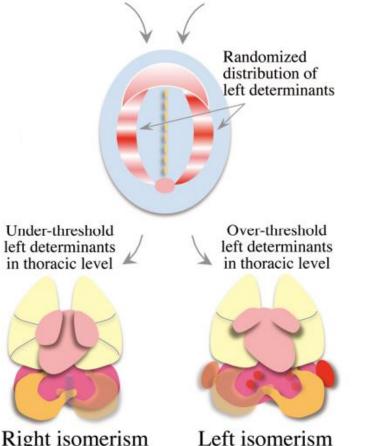


# 異位綜合症 與 纖毛缺陷 Heterotaxy and Cilia Defects



Right isomerism

Normal production of left determinants and abnormal nodal flow



Heterotaxy Spectrum

(complex congenital heart disease)

器官要形成正確的左右軸排列,需要經相關的生物信號所引導, ٠ 但纖毛缺陷會錯誤傳遞這些信號,最後導致異位綜合症1

Cilia defects may cause abnormal flow of signals that guide • the left-right axis formation, resulting in heterotaxy<sup>1</sup>

1. Shiraishi I et al. Circ J. 2012;76(9):2066-75



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Image: Shiraishi I et al. Circ J. 2012;76(9):2066-75

# 研究缺口與目的 Research gap & aims of study

構成本地異位綜合症的遺傳成因未明,因此我們:

- 為病人進行外顯子測序來找出相關的基因異變,及
- 研究這些基因異變對左右軸排列和纖毛缺陷所帶來的影響

The genetic causes of Hong Kong patients with heterotaxy is unknown, therefore we:

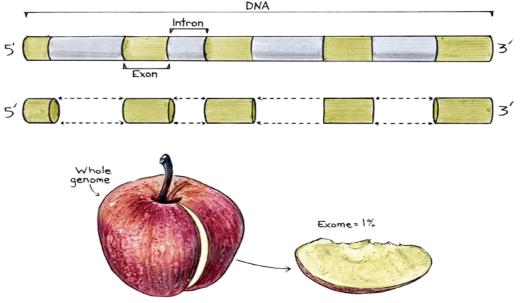
- perform exome sequencing to identify the disease-causing mutations; and
- investigate the impact of mutations on left-right axis development & cilia defects.





# 為26位異位綜合症病人進行全外顯子測序 Whole exome sequencing on 26 heterotaxy patients

- 所有可以轉譯成蛋白質的DNA稱之為「外顯子 (exome)」
- 外顯子佔了人類基因體大概1%
- 大約有85%由基因異變所引起的疾病發生在外顯子區域
- Exome refers to the collection of coding regions of all the genes
- Human exome accounts for 1% of human genome
- About 85% of pathogenic mutations can be found in human exome



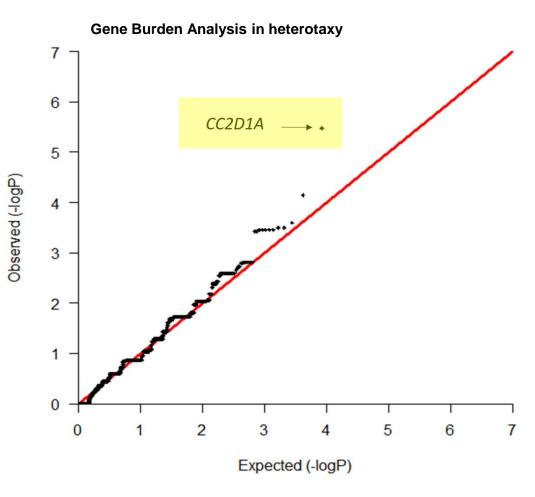
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### 在我們的異位綜合症病人中**找不到**任何已知的遺傳成因 → 下一步,我們嘗試找出過往從未被發現與異位綜合症相關的新遺傳成因

NO pathogenic mutations can be identified in known genes associated with heterotaxy in our patients

➔ Next step is to identify new genes that have not been associated with heterotaxy

## 與對照組相比,在病人身上找到更多具破壞性的CC2D1A變異 Significant enrichment of CC2D1A damaging variants in patients compared to controls



#### Mutation burden of CC2D1A in patients vs. three control groups

Sample groups	Sample size	Samples with rare damaging missense mutations in <i>CC2D1A</i>	Frequency	Odds ratio	95% Confidence interval	SKAT p value	Corrected p value
Case	26	6	0.23				
Internal Control	130	2	0.02	19.2	3.6, 101.8	3.34E-06	3.79E-02
ESP6500 Control	6525	74	0.01	26.1	10.1, 67.0	3.81E-08	7.16E-04
ExAC control	61486	936	0.02	19.4	7.8, 48.4	1.97E-07	3.70E-03

The odds ratio refers to the ratio between the odds of cases with mutations and the odds of controls with mutations.





# CC2D1A 已知的功用 Known facts about CC2D1A

#### CC2D1A: Coiled-coil and C2 domain containing 1A

- 位於第19對染色體,有31個外顯子
- 基因有24,731個鹼基對;蛋白質有951個胺基酸。帶有4個DM14的串聯重複,及1個C2結構域
- 功用:調節生物信號傳遞、免疫反應及神經發育
- 未有醫學文獻記錄它與左右軸排列和纖毛功能的關聯

#### CC2D1A: Coiled-coil and C2 domain containing 1A

- Located on chromosome 19, contains 31 exons
- Gene size: 24,731 base pairs; protein size: 951 amino acids; contains 4 tandem repeat of DM14 + 1 C2 domains
- Gene functions: regulation of signalling pathway, immune response & synapse maturation.
- Role in left-right axis formation and cilia function have never been reported

Human *CC2D1A* — DM14 — DM14 — DM14 — DM14 — C2 —



# 與CC2D1A有關的表徵 Phenotypes associated with CC2D1A

#### 老鼠

• 基因剔除CC2D1A後會令老鼠出生後出現呼吸困難,立即死亡<sup>1</sup>

### 人類

- 牽涉第14至16個外顯子的同型接合缺失導致智力障礙2
- 19p13.2-p13.12的異型接合缺失(包含另外6個基因)導致發展遲緩<sup>3</sup>

#### Mouse:

• CC2D1A knockout mouse is lethal, with cyanosis & breathing difficulties<sup>1</sup>

#### Human:

- Homozygous deletion involving exons 14 to 16 resulted in non-syndromic intellectual disability<sup>2</sup>
- Heterozygous deletion in 19p13.2-p13.12 (includes 6 other genes) resulted in developmental delay<sup>3</sup>

# 未有醫學文獻記錄CC2D1A與左右軸排列和纖毛功能的關聯

Role of CC2D1A in left-right axis formation and cilia function have never been reported

- 1. Oaks et al. Cereb Cortex. 2017 Feb 1;27(2):1670-1685
- 2. Basel-Vanagaite et al. J Med Genet. Mar 2006;43(3):203-10
- 3. Natiq et al. Mol Cytogenet. 2014;7:40



## 斑馬魚是心血管疾病研究所採用的優秀模型

## Zebrafish as a good model for cardiovascular disease research

採用斑馬魚來進行心血管疾病研究的優點<sup>1,2</sup>:

- 胚胎時期是透明的
- 生育能力高,可以在實驗室內同時進行大量培殖 → 方便進行大規模篩選
- 斑馬魚和人類的心臟發展過程相似
- 由受精卵發育成為胚胎只需要24小時,當中包括心臟的發展

Advantages of using zebrafish for research<sup>1,2</sup>:

- Transparent during development
- High fertility & easy to house in a large quality → large scale screening is possible
- Zebrafish heart & human heart undergo similar morphogenetic processes
- Develop from fertilised egg to embryo in 24 hours post fertilisation, with established contracting heart tube
  - 1. Poon KL et al. Glob Cardiol Sci Pract. 2013(1): 9–28
  - 2. Nguyen et al. Drug Discov Today Dis Models. 2008 ; 5(3): 135-140



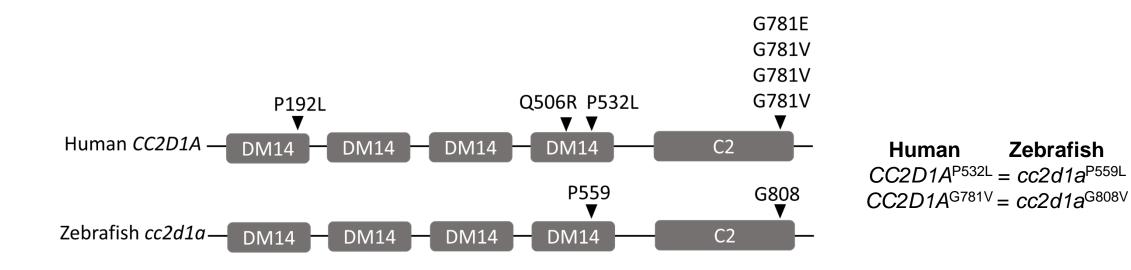




Zebrafish embryo



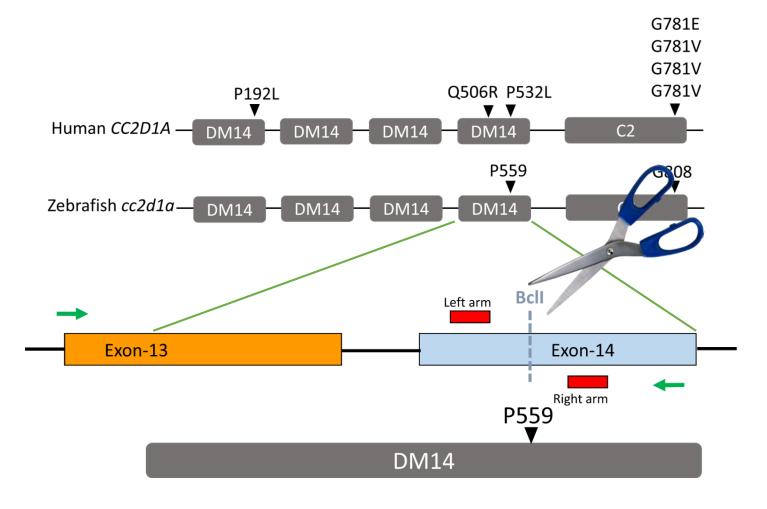
# CC2D1A在人類和斑馬魚中是高度相似 CC2D1A is highly conserved in human and zebrafish





## 透過基因編輯技術刪除斑馬魚的cc2d1a

Creating a knock-out cc2d1a zebrafish model by genome editing



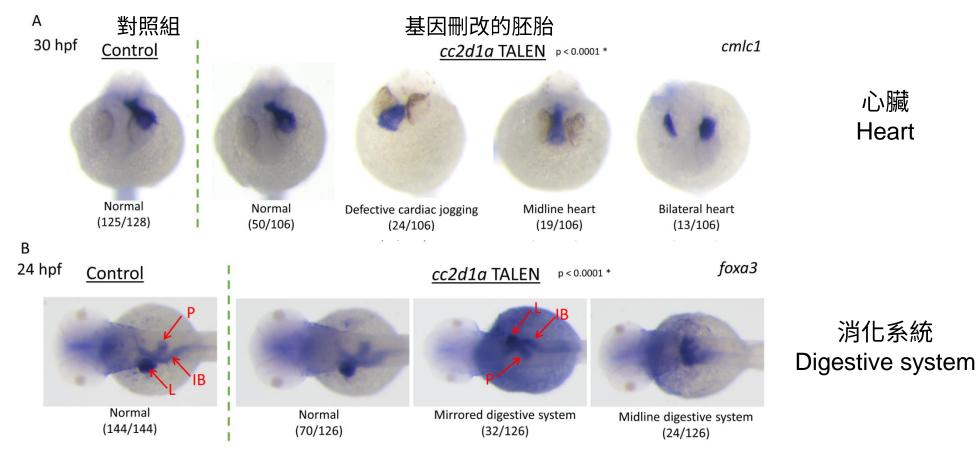
#### 透過基因編輯技術刪除斑馬魚的cc2d1a, 令它的蛋白質失去正常功能

Cutting DNA of zebrafish *cc2d1a* by gene editing (TALEN), leading to an abnormal protein that lost its functions



# cc2d1a的異變導致斑馬魚心臟和消化系統異常

Zebrafish with *cc2d1a* mutation showed heart & digestive system disarrangement



注射沒有異變的cc2d1a到基因編輯的胚胎可以令器官排列回復正常

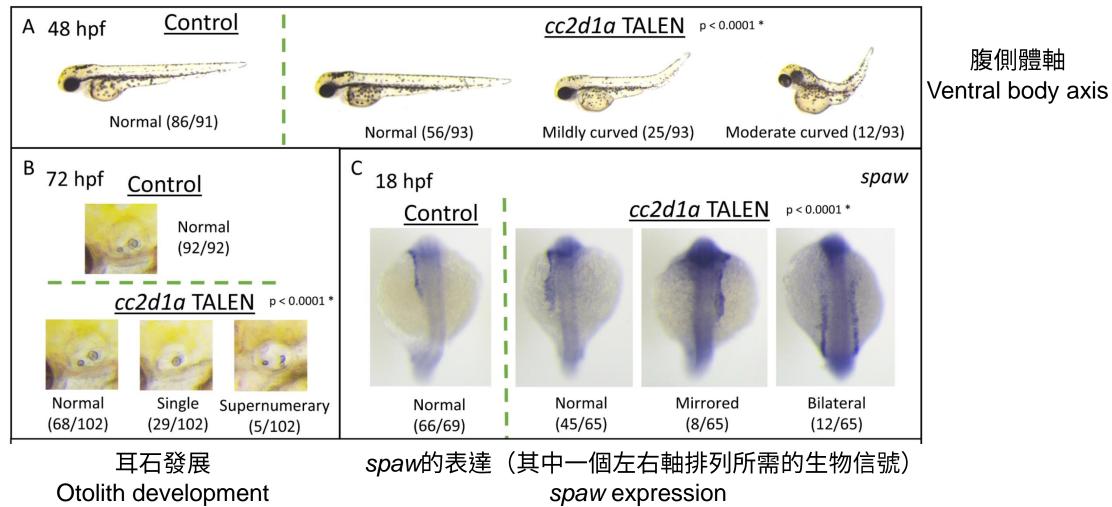
Injections of wild type cc2d1a to the edited fertilised egg can rescue the abnormal organ arrangement



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## cc2d1a的異變與纖毛缺陷相關

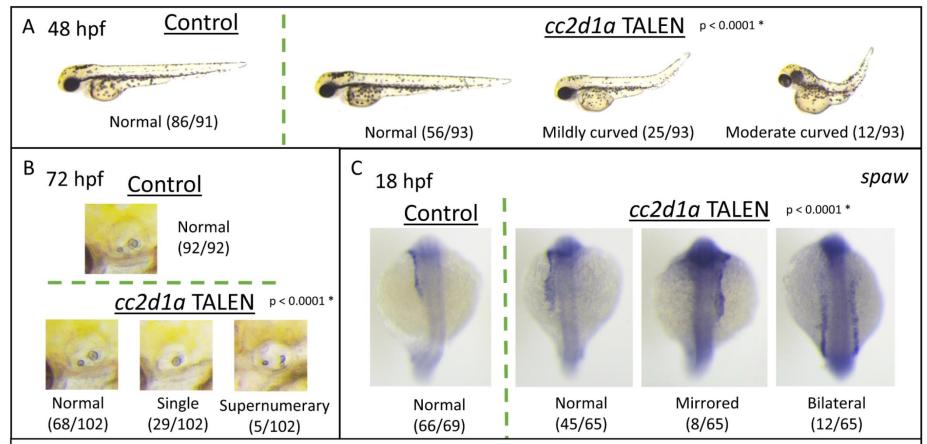
Mutations in cc2d1a were associated with cilia defects





## cc2d1a的異變與纖毛缺陷相關

Mutations in cc2d1a were associated with cilia defects



注射沒有異變的*cc2d1a*到基因編輯的胚胎可以令纖毛回復正常 Injections of wild type *cc2d1a* to the edited fertilized egg can rescue the cilia defects

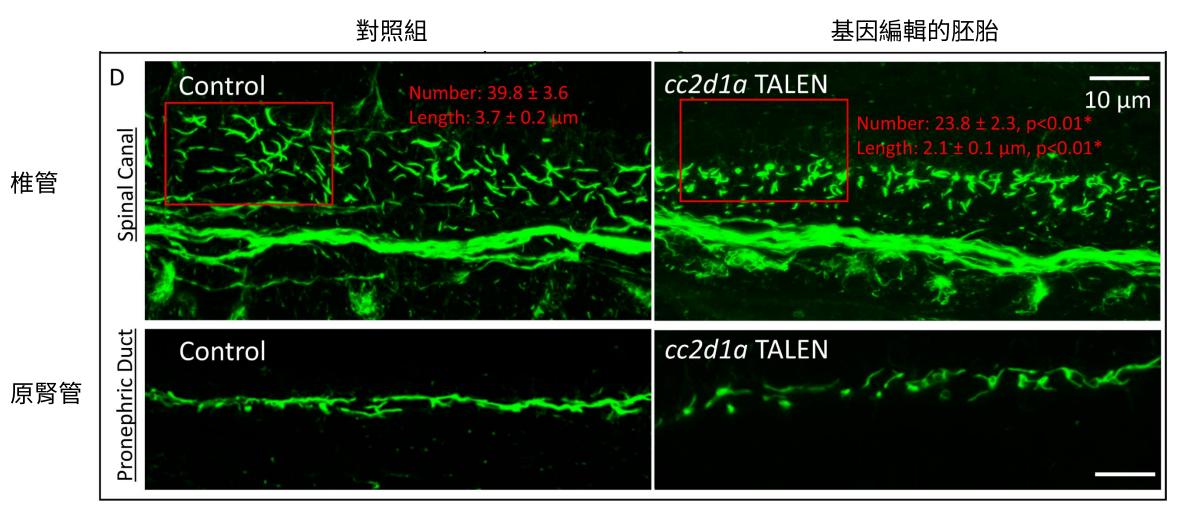


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## cc2d1a的異變令斑馬魚細胞的纖毛減少及變短

Mutations in cc2d1a were associated with fewer & shorter cilia in zebrafish cells





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### Summary

- CC2D1A 首次發現可導致異位綜合症
  - 在26位異位綜合症的病人中,發現6位帶有相關的基因異變(19%)
  - 與非症候群型的先天性心臟病有關聯
  - 形成異位綜合症的原理與纖毛缺陷有關

- CC2D1A Novel gene discovery in causing heterotaxy
  - Found in 6 out of 26 patients with heterotaxy (19%)
  - Implicated in non-syndromic congenital heart disease
  - The disease mechanism of CC2D1A is possibly due to cilia defects



## 應用潛能 及 未來方向

### Translational potentials & future directions

- 可以為有家族病史的病人進行有關CC2D1A的胚胎植入前基因診斷
- 可以進行產前胎兒診斷,但帶有相關的基因異變不一定會構成疾病,及疾病的嚴重程度亦仍難以估計
- 需要為帶有CC2D1A異變的病人檢查身體各個器官(特別是與呼吸系統有關的器官)有否受到相關的纖毛缺陷影響
- 美國心臟協會在2018年更新了有關先天性心臟病的科學準則,當中特別提及手術後的呼吸系統併發症對手術的成 功率有關鍵的影響。如果帶有CC2D1A異變的病人有呼吸系統纖毛缺陷,醫生便可以針對他們呼吸系統的問題來 提供度身訂造的治療,從而提升手術成功率<sup>1</sup>
- Preimplantation genetic diagnosis of CC2D1A in families with family history is possible
- Prenatal diagnosis is possible, but reduced penetrance & variable expressivity are caveats
- It is important to study whether cilia defects affects other body systems, especially the respiratory system
- According to the 2018 updated scientific statement on congenital heart disease from the American Heart Association, respiratory complications are one of the most important modulators of post-operative outcome. Therefore, further studies are required to evaluate the possibility of airway ciliary defects in this group of patients and hence tailored respiratory treatment is possible<sup>1</sup>



#### **AHA SCIENTIFIC STATEMENT**

Genetic Basis for Congenital Heart Disease: Revisited A Scientific Statement From the American Heart Association

Endorsed by the American Academy of Pediatrics

1. Pierpont ME et al. Circulation. 2018 Nov 20;138(21):e653-e711.





### Acknowledgement



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部分研究資助來源:香港大學基礎研究種子基金(201711159132)及香港弱能兒童護助會

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**Research funding**: This work was supported in part by Seed Fund for Basic Research (No. 201711159132) of The University of Hong Kong, and the Society for the Relief of Disabled Children





# 謝謝 Thank you



