



Exome sequencing in 63,700 patients in TIMI trials uncovers pathogenic cardiomyopathy variant carriers with high risk for heart failure and cardiovascular death

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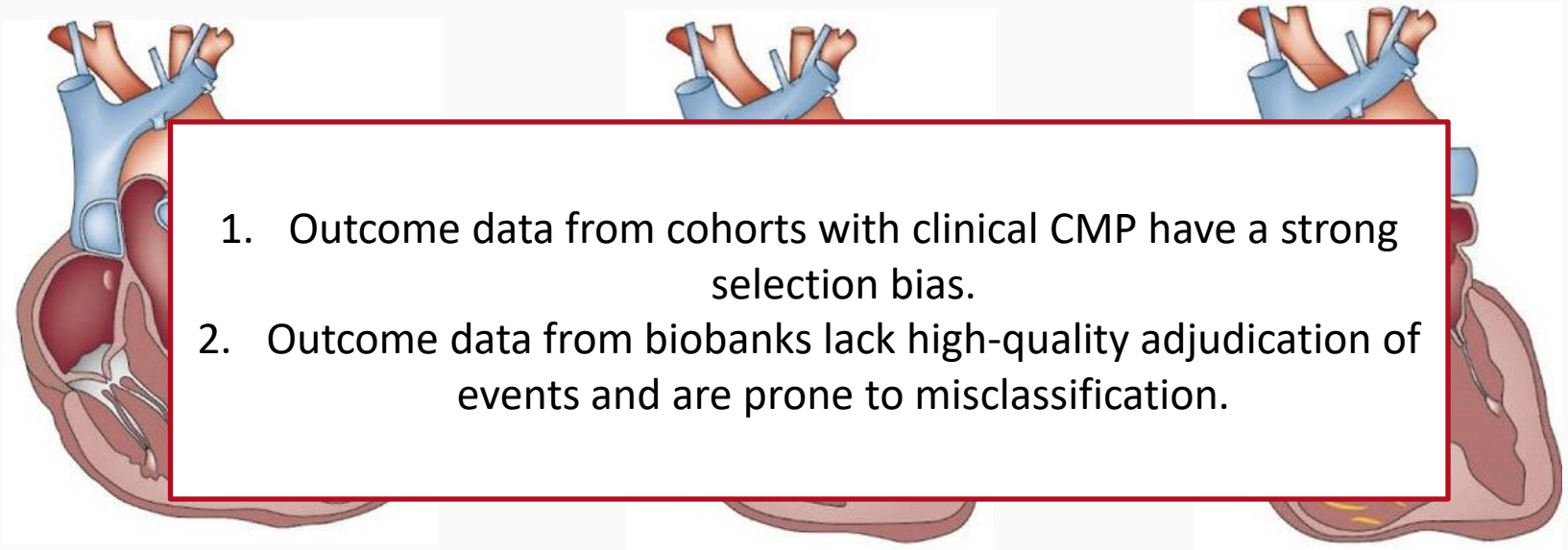
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Genetic basis of cardiomyopathies

Dilated Cardiomyopathy (DCM)

Hypertrophic Cardiomyopathy (HCM)

Arrhythmogenic Right Ventricular Cardiomyopathy (ARVC)

- 
1. Outcome data from cohorts with clinical CMP have a strong selection bias.
 2. Outcome data from biobanks lack high-quality adjudication of events and are prone to misclassification.

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

*MYH7, MYBPC3, TNNT2, TNNI3,
TPM1, MYL2, MYL3, ACTC1,
ACTN2, CSRP3, PLN, TTR,
PRKAG2*

*PKP2, DSP, TMEM43,
DSC2, DSG2*

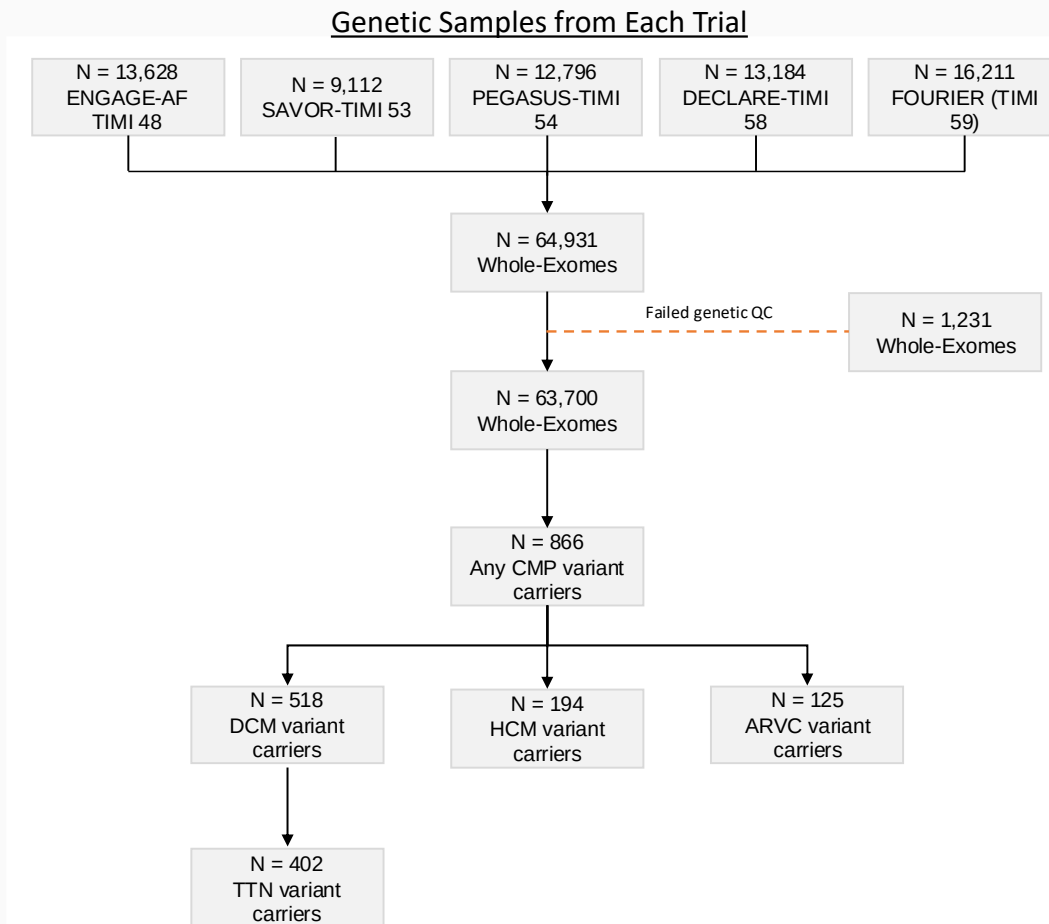
Aims and Methods

- What is the prevalence of CMP variants in patients from 5 TIMI cardiovascular outcome trials
- Do variant carriers have worse outcomes compared with non-carriers in cardiovascular outcome trials?
- Protein-truncating variants predicted to be 'likely pathogenic' or 'pathogenic' classification (PLP) in ClinVar database
- Genes with strong evidence for CMP and its subtypes DCM, HCM, or ARVC
- Logistic regression and Cox proportional hazard models adjusted for age, sex, trial and PC 1-10
- Outcomes: Hospitalization for HF, Atrial fibrillation, CV death, all-cause death

Study flow chart

Trial Populations

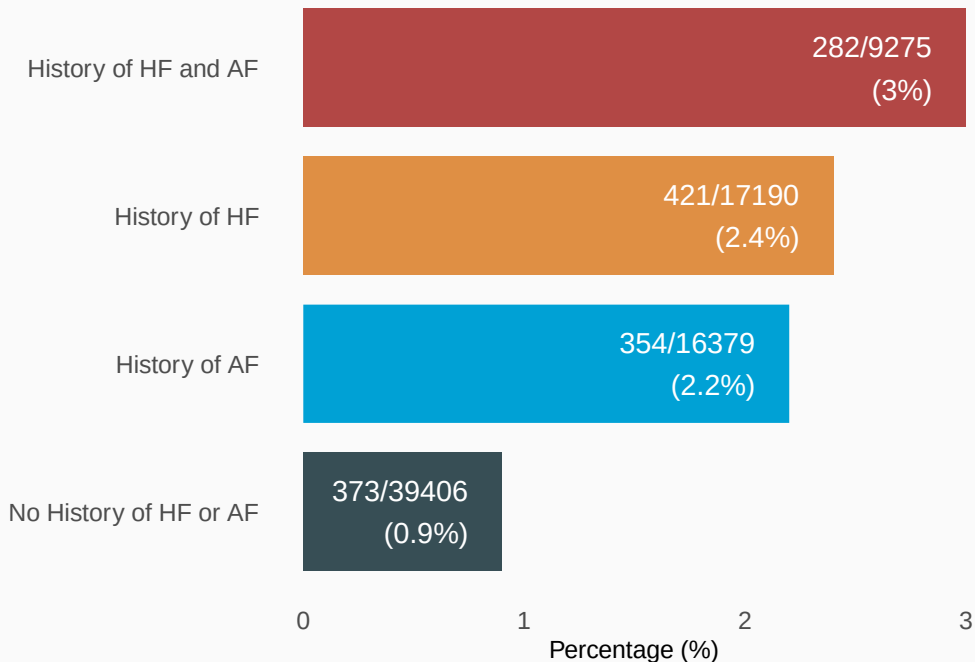
- **ENGAGE AF-TIMI 48:** Atrial Fibrillation
- **SAVOR-TIMI 53:** DM with or at risk for ASCVD
- **PEGASUS-TIMI 54:** Prior MI
- **DECLARE-TIMI 58:** DM with or at risk for ASCVD
- **FOURIER (TIMI 59):** ASCVD



Baseline characteristics

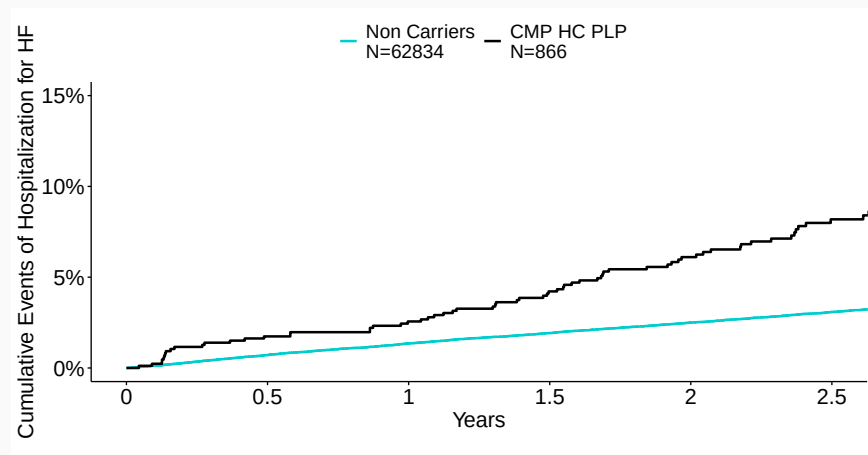
Trait	CMP variant carriers (N=866)	No CMP variant (N=62,834)	P Value
Age	65.5 ± 9.3	65.5 ± 8.9	0.72
Male Sex	68	69	0.54
ASCVD, %	66	74	<0.0001
History of Hypertension, %	85	85	0.89
History of CHF, %	41	26	<0.0001
History of Diabetes, %	50	56	0.001
History of AF, %	49	27	<0.0001
Ethnicity, %	Asian 5 Black 5 Other 4 White 86	Asian 6 Black 3 Other 4 White 88	0.006

Genetic yield (positive CMP variant screening) based on baseline conditions



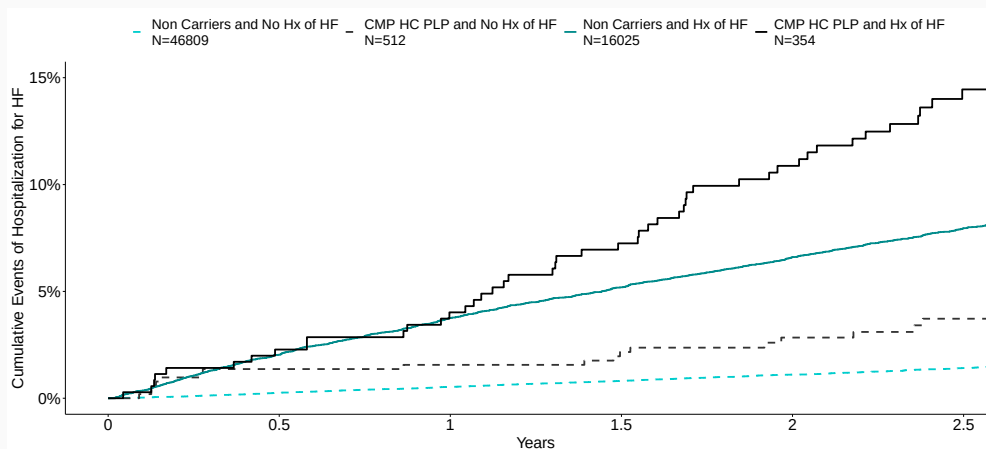
Incident Heart Failure Hospitalization

Mean follow-up of ~2.5 years



Overall cohort

HR 1.89, 95%-CI 1.49-2.39, $P < 0.0001$



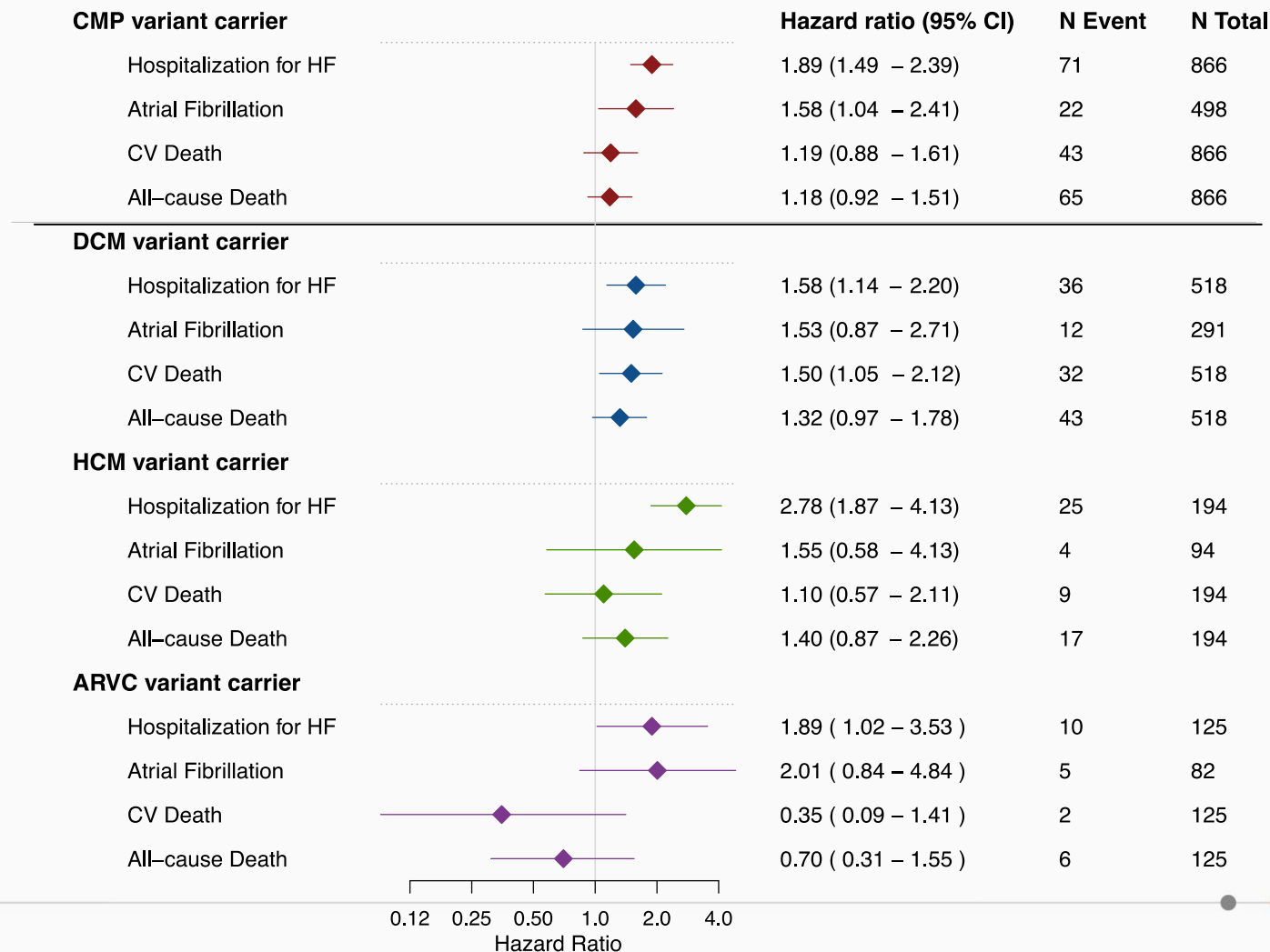
With history of CHF

HR 1.48, 95%-CI 1.12-1.95, $P = 0.006$

Without a history of CHF

HR 2.06, 95%-CI 1.30-3.25, $P = 0.002$

Incident events by CMP group



Conclusions

- In over 63,000 people we observed 866 (1.3%) CMP variant carriers.
- Compared to those without HF or AF, the genetic yield was three-fold higher when a history of both HF and AF was present.
- CMP variant carriers had a higher rate for incident HHF (~1.9 fold), incident AF (~1.6 fold) and in particular DCM variant carriers a ~1.5 fold higher rate of cardiovascular death.

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- PEGASUS-TIMI 54: AstraZeneca
- DECLARE-TIMI 58: AstraZeneca
- FOURIER (TIMI 59): Amgen