



The Many Faces of Mosaicism in TSC

David J. Kwiatkowski, MD, PhD Thomas Darling, MD, PhD





TSC clinical genetics

•Incidence - 1 in 6-10,000; -> ~40,000 Americans with TSC

•Autosomal dominant inheritance – means each TSC individual (without mosaicism) has a 50% chance of transmitting TSC to each of their children

Variable expression of the disease
but very rarely skips a generation
some rare families have mild features

•Sporadic cases (no family history) account for about 2/3 of all patients









Fertilization leads to the first cell of a new embryo



Fertilization is followed by serial divisions that lead to all the cells in the body

1 cell

2 cells

4 cells



8 cells

~15 cells

~100 cells

Mosaicism is common both in general and in TSC



RESEARCH ARTICLE

Mosaic and Intronic Mutations in *TSC1/TSC2* Explain the Majority of TSC Patients with No Mutation Identified by Conventional Testing

Magdalena E. Tyburczy¹, Kira A. Dies², Jennifer Glass³, Susana Camposano⁴, Yvonne Chekaluk¹, Aaron R. Thorner⁵, Ling Lin⁵, Darcy Krueger⁶, David N. Franz⁶, Elizabeth A. Thiele⁴, Mustafa Sahin², David J. Kwiatkowski¹*



Giannikou et al. Genet in Med 2019

How do we find mosaic variants?



The Appearance of Mosaicism

Thomas Darling, MD PhD Dermatology Uniformed Services University

Disclaimer

 The opinions and assertions expressed herein are those of the author and do not necessarily reflect the official policy or position of the Uniformed Services University or the Department of Defense.

• Neither I nor my family members have a financial interest in any commercial product, service, or organization providing financial support for this research.

Mosaicism in plants



BMC Plant Biol. 2020 May 12;20(1):211

Changes in the skin in TSC



Asymmetrical Facial Angiofibromas



Germline

Left sided Mosaicism Mosaic

Symmetrical Facial Angiofibromas



Germline

Generalized Mosaicism

Mosaic

Less severe disease with mosaicism



Also later onset: Asym-AF - 24 yrs Sym-AF- 10 yrs Germline - 4 yrs

Genet Med. 2019;21(11):2594-2604

Mosaicism detection in blood



Asym-AF

Sym-AF

Genet Med. 2019;21(11):2594-2604

Skin samples for genetic analysis

 First demonstration of mosaicism in TSC using a skin sample was in 2011

Nat Commun. 2011;2:235

• Done initially using cells grown in the laboratory Hum Mol Genet. 2014 ;23(8):2023-9

 More readily done with DNA extracted directly from skin biopsy

PLoS Genet. 2015;11(11):e1005637 Genet Med. 2019;21(11):2594-2604 Genet Med. 2019 ;21(11):2639-2643

Other findings that may suggest mosaicism

- No tubers or subependymal nodule (SEN)
 - 11 patients with TSC and no tubers or SEN. 10 had TSC1/TSC2 mutational analysis, which was negative. Hypothesized mosaicism.

Clin Genet. 2014;86(2):149-54

• 3 patients with no tubers or SEN, all mosaic.

Genet Med. 2019;21(11):2594-2604

- No sclerotic bone lesions (SBL)
 - 92 adult patients with TSC. SBL in 82 (89%). Patients without bone lesions had negative mutational studies of TSC1/TSC2 in 86%.

Am J Med Genet A. 2017;173(7):1891-1895



Br J Dermatol. 2020;182(1) :235-237

Summary

- Skin samples are useful for genetic analysis, particularly in those with clinical features of TSC but negative results using blood
- Some with mosaicism may be indistinguishable from those with germline disease
- Asymmetrical AFs are a marker of mosaicism
- Those with asymmetrical AFs are likely to have milder disease

Unanswered questions about skin and mosaicism

- Are there additional skin findings that may serve as markers?
 - Combinations of unilateral lesions
 - Hypomelanotic macules
- Which type of skin sample is most useful for genetic testing?
 - Angiofibromas, fibrous cephalic plaque, shagreen patch, ungual fibroma
 - Shave biopsy or punch biopsy

• Can someone have mosaicism only in the skin (or another organ)?

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Analysis of clinical features of 39 mosaic TSC individuals have a distinct clinical picture from those with classic TSC



Giannikou Genet Med. 2019

Mosaicism for a TSC1/TSC2 gene variant is surprisingly common in EPISTOP TSC infants (n=94)



Ogorek et al. Genet in Med 2020

Level of mosaicism is much higher in the TSC infants than the adults

39 subjects, mainly young adults

8 infants



Mosaicism in TSC infants predicts a lower risk of epilepsy, as well as other clinical features



Ogorek et al. Genet in Med 2020

Genetics of TSC and mosaicism conclusions

- Mosaicism in TSC is common (10-15%), necessitating MPS for comprehensive mutation detection. This is now standard, but most labs have an allele frequency cut-off of 2% or higher for reporting a variant
- Biopsies of skin lesions are more likely to yield a mutation finding than normal tissue samples.
- Facial angiofibroma, ungual fibromas, shagreen patch, cephalic plaque, and renal angiomyolipoma biopsies can all be used for mutation analysis, including old biopsies in many cases.
- The mosaic allele frequency in gonadal cells determines the risk of transmission of TSC for mosaic individuals. Allele frequency in gonadal cells can be assessed in men with mosaic TSC, but this is impossible in women at this point in time.
- We're all mosaics for TSC1, TSC2, and many other gene mutations to some extent. This is likely to underlie sporadic cancer development.

Tuberous Sclerosis Complex (TSC) – a spectrum of disease

More severe Not mosaic TSC2 mutation >90% seizures infantile spasms > 50% autism/neurocognitive issues 73% intellectual disability 93% SENs 92% tubers 80% angiomyolipomas LAM > 98% skin lesions > 50% cardiac rhabdomyomas

Less severe Mosaicism or TSC1 or missense* TSC2 mutation <50% seizures Seizures easy to control No autism/neurocognitive issues No intellectual disability few SENs, few tubers 70% angiomyolipomas less LAM Asymmetric facial angiofibroma Few white spots, Shagreen patch Few cardiac rhabdomyomas

Kwiatkowski lab

Current/past members Krinio Giannikou Heng Du Barbara Ogorek Kathryn Lasseter Katarzyna Klonowska Yan Tang Amin Nassar Magdalena Tyburczy Lana Hamieh Rachel Yan

Major collaborators Tom Darling Joel Moss Mustafa Sahin Eliizabeth Thiele Joop Grevelink Kira Dies Aaron Thorner Lisa Henske



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