

Intermountain Medical Center

Interaction of Genetic Variation in the ABO Locus and Short-Term Exposure to Elevations in Fine Particulate Matter Air Pollution Differentially Affects Associations with Acute Coronary Events

BACKGROUND

Ambient fine particulate matter (PM_{25}) air pollution is associated with greater cardiovascular risk, including long-term development of coronary heart disease and short-term acute coronary syndrome (ACS) events such as myocardial infarction (MI) and unstable angina (USA).

Evidence indicates that short-term (hours to a few days) exposure to PM_{2.5} may trigger ACS events, especially among individuals with preexisting coronary artery disease (e.g., Pope CA, et al. JAHA, 2015).

ABO gene sequence variants rs687289 and rs514659 (r²=1.0 with rs687289) were previously validated by GWAS to predict MI in patients with coronary artery disease (Reilly MP, et al. Lancet, 2011).

HYPOTHESIS

Short-term exposure to elevated PM_{2.5} is differentially associated with ACS event risk among carriers of the ABO rs687289 A allele (non-O blood types: A, B, AB) vs. GG genotype (O blood type).

METHODS

Patients who had ≥ 1 coronary vessel with flow-limiting coronary artery disease (≥70% stenosis) and residing on Utah's Wasatch Front were studied if they were hospitalized at Intermountain Healthcare for an ACS event (acute MI or USA) between October 1993 and May 2007.

ABO variants rs687289 (primary hypothesis), rs657152 (r²=0.86 with rs687289), and rs579459 (r²=0.40 with rs687289) were genotyped.

A time-stratified case-crossover design was used in which a patient's PM₂₅ exposure at the time of an ACS event was matched to exposures at non-event times on the same day of the week and in the same month.

Odds ratios for PM_{2.5} with adjustment for daily temperature, dew point, and barometric pressure were determined for linear models using a 25 $\mu g/m^3$ threshold (primary hypothesis) and in non-threshold models.



Daily $PM_{2.5}$ concentrations ($\mu g/m^3$) at Salt Lake City (Hawthorne monitor, plus imputed) from January 1993 through September 2014 (Panel A) and, for a more detailed illustration, a shorter sample-period from September 2003 through April 2004 (Panel B).

BENJAMIN D. HORNE*+, JOSEPH B. MUHLESTEIN*‡, JOHN F. CARLQUIST*‡, JOHN B. CANNON§, NICHOLAS M. HALES§, STACEY KNIGHT*¶, JEFFREY L. ANDERSON*‡, C. ARDEN POPE III§

*Intermountain Medical Center Heart Institute; †Department of Biomedical Informatics, University of Utah; ‡Cardiology Division, Department of Internal Medicine, University of Utah; Spepartment of Economics, Brigham Young University; ¶ Genetic Epidemiology Division, Department of Internal Medicine, University of Utah. Salt Lake City and Provo, UT.

Characteristic	All Events	Myocardial Infarction	Unstable Angina	Carrier (<i>ABO</i> rs687289)	Non-Carrier (<i>ABO</i> rs687289)
Number of Events	1303	806	497	677	523
Age, years	53 ± 7	52 ± 7	53 ± 7	52 ± 8	53 ± 7
Sex (male), %	73	72	74	73	71
Smoking, %	37	40	33	37	39
BMI, kg/m²	31 ± 6	30 ± 7	31 ± 6	30 ± 6	31 ± 7
Heart Failure, %	11	13	7	11	11
Hypertension, %	59	57	64	57	62
Hyperlipidemia, %	70	66	78	69	71
Diabetes, %	29	29	31	28	31
D Family History, %	54	52	57	54	54

TABLE 1. BASELINE CHARACTERISTICS OF THE STUDY POPULATION.

FIGURE 1. DAILY PM_{2.5} CONCENTRATIONS.



TABLE 2. AIR POLLUTION MONITORING DATA: MEASURED ± IMPUTED.

Monitoring Sites	Data Sources	Sample Size (n)	Mean	Standard Deviation	Maximum	Episode Days (%)
Ogden	PM _{2.5} monitored	3443	9.9	9.2	108	2.99
Ogden	(+ imputed)	7698	10.6	9.1	108	3.16
SLC Hawthorne	PM _{2.5} monitored	5668	10.6	11	94	4.82
SLC Hawthorne	(+ imputed)	7855	10.5	10.4	94	4.32
Provo/Orem, Lindon	PM _{2.5} monitored	5415	10	10.2	123	3.29
Provo/Orem, Lindon	(+ imputed)	7697	10.7	10.8	123	4.16

TABLE 3. ASSOCIATION OF PM_{2.5} WITH EVENTS IN THRESHOLD MODEL.

Association of short-term elevations in PM_{2.5} overall and with stratification by ABO rs687289 genetic variation in models with and without a minimum threshold of pollution exposure.

	Events (n)	Odds Ratio (per +10 μg/m³)	95% Confidence Interval	P-value
Threshold Model				
All ACS Events	1285	1.16	1.04, 1.30	0.009
Events by ABO				
rs687289 A Carrier	669	1.25	1.07, 1.45	0.004
GG Genotype	515	1.10	0.92, 1.32	0.29
<u>No Threshold</u>				
All ACS Events	1285	1.07	0.99, 1.15	0.11
Events by ABO				
rs687289 A Carrier	669	1.12	1.00, 1.24	0.044
GG Genotype	515	1.05	0.93, 1.19	0.44

CONCLUSIONS

- linear.



RESULTS

FIGURE 2. FOREST PLOTS OF THE ASSOCIATION OF PM_{2.5} WITH EVENTS, STRATIFIED BY VARIATION IN THE ABO GENE.

Odds ratios (with 95% confidence intervals) for ACS, MI, and USA events per 10 ug/m³ increase in PM_{2.5} for non-threshold (panel A) and threshold models (panel B) in overall analyses (closed circle) and stratification by carrier (open square) and non-carrier (open triangle) for 3 DNA sequence variants in the ABO gene.



• Short-term exposure to elevations in PM_{2.5} was associated more strongly with risk of ACS events in ABO risk allele carriers (A allele) corresponding to A, B, and AB blood types, with lower association in GG genotype (corresponding to O blood type). • A stronger association was found when modeling used a PM_{2.5} exposure threshold of 25 μg/m³, above which the effect was

Disclosures: None.