

Letter to the editor, re: Lavanya et al. A patient with a novel pathogenic variant in COL5A1 exhibiting prominent vascular and cardiac features

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Dear Dr. Slavotinek and Dr. Solomon,

We read with interest the recent AJMG Part A publication from Lavanya et al (*A patient with a novel pathogenic variant in COL5A1 exhibiting prominent vascular and cardiac features*)<sup>1</sup> that describes a patient with a phenotype reminiscent of vascular Ehlers-Danlos Syndrome (EDS) and was found to have a novel pathogenic variant in *COL5A1*(c.2892\_2893delCCinsT, [p.Pro1127HisfsTer149]), along with a review of genetic variants in *COL5A1* in reports of arterial dissections. Our group has previously reported in 2020 that a recurrent variant c.1540G>A, (p.Gly514Ser) in *COL5A1*, is associated with a vascular phenotype inclusive of arterial dissections and multifocal fibromuscular dysplasia.<sup>2</sup> The same variant was identified in 4 unrelated families each sharing a very similar pattern of arterial involvement/dissections. Our findings support *COL5A1* c.1540G>A as a monogenic factor underlying a phenotype that similarly mimics vascular EDS with a heavy burden of arterial dissections but also multifocal fibromuscular dysplasia (mFMD). Among the four probands we reported with the recurrent *COL5A1* c.1540G>A variant, one met the 2017 diagnostic criteria for classical EDS, while the three other probands did not. Further adding to the evidence of a relationship between arterial dissections and *COL5A1*, we identified several additional low frequency variants in *COL5A1* with CADD score over 20 that were associated with an increased risk of arterial dissections among individuals with an underlying diagnosis of multifocal fibromuscular dysplasia (FMD)<sup>2</sup>. Based upon these findings, *COL5A1* is now defined as gene for FMD in OMIM (120215) and the recurrent variant we identified was annotated likely pathogenic in Varsome (<https://varsome.com/variant/hg38/rs878853652?>). This variant was reported 3 times in ClinVar: twice as a variation of unclear clinical significance and once as pathogenic. FMD in adults has recently been defined to have a complex genetic basis<sup>3</sup>, thus raising the intriguing possibility of disease modifying effects of *COL5A1* genetic variants in susceptible individuals. Further supporting this direction is a recent report that genetic variants in *COL5A1* and other fibrillar collagen genes are enriched for variants predicted to be deleterious by in silico analysis for spontaneous coronary artery dissections<sup>4</sup>. We believe these additional data to be important in the interpretation of the findings of the report of Lavanya et al, which

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together support an important role of *COL5A1* in the vascular extracellular matrix and an emerging clinical phenotype relating *COL5A1* coding variants to impaired arterial integrity.

References:

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