



Overview of Atherosclerosis and Chemical Stressors

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Understanding the Combined Effects of Environmental Chemical
and Non-Chemical Stressors: Atherosclerosis as a Model

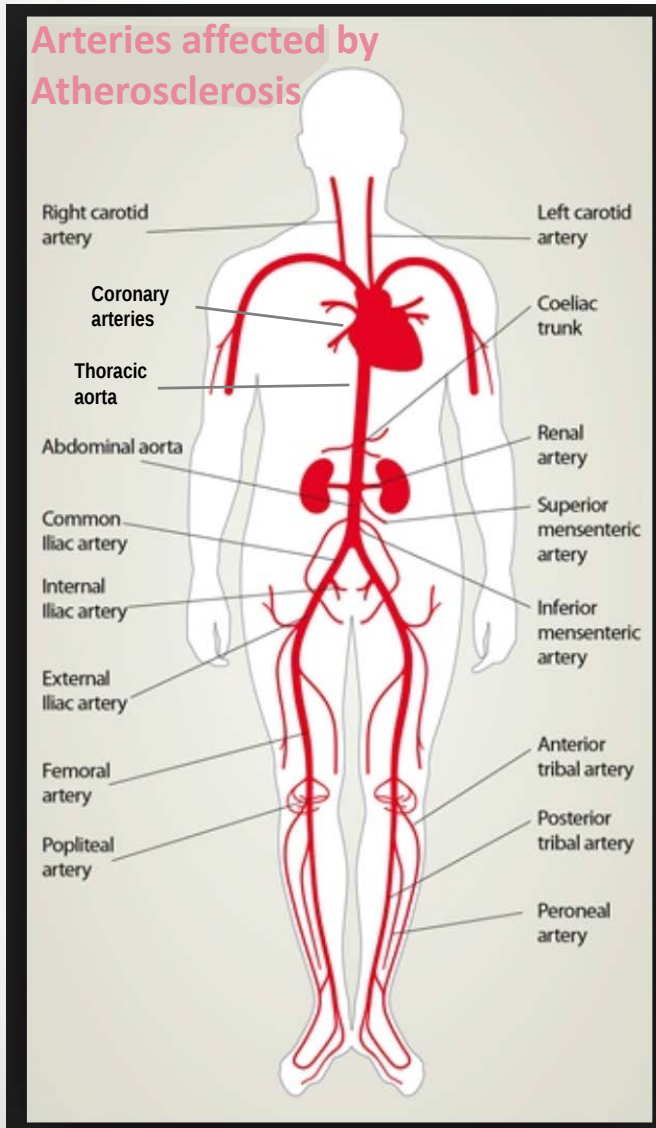
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- ***No conflicts of interest***
- ***The presentation represents the opinions of the speaker and does not necessarily represent the policies of the US EPA***

Clinical-Pathology of Atherosclerosis

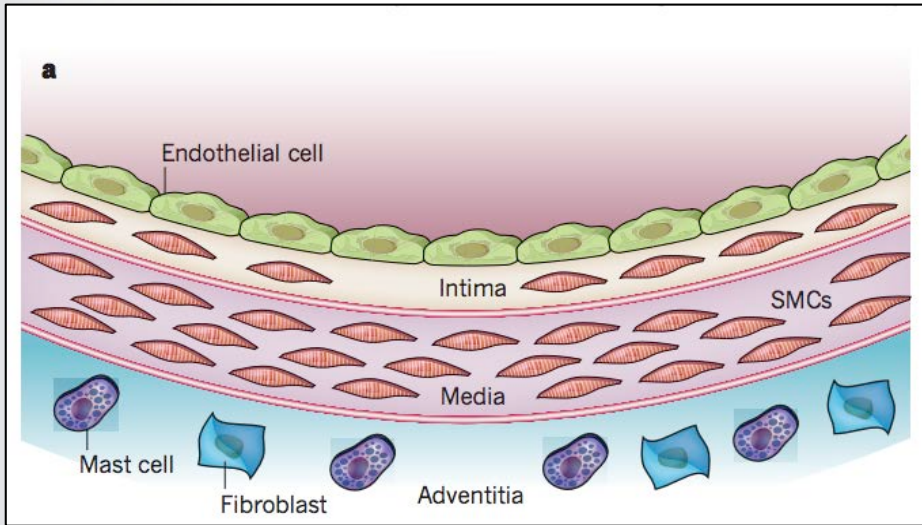
Vascular Beds Affected and Clinical Presentations



- **Coronary artery disease (CAD)**
 - Angina, Unstable angina, Myocardial infarction
 - Heart failure
- **Cerebrovascular atherosclerotic disease**
 - Ischemic stroke
 - Transient ischemic attacks
- **Aortic atherosclerotic disease**
 - Aneurysm, Dissection
- **Peripheral arterial vascular disease (PAD)**
 - Renal, Mesenteric and Peripheral limb ischemia, Claudication

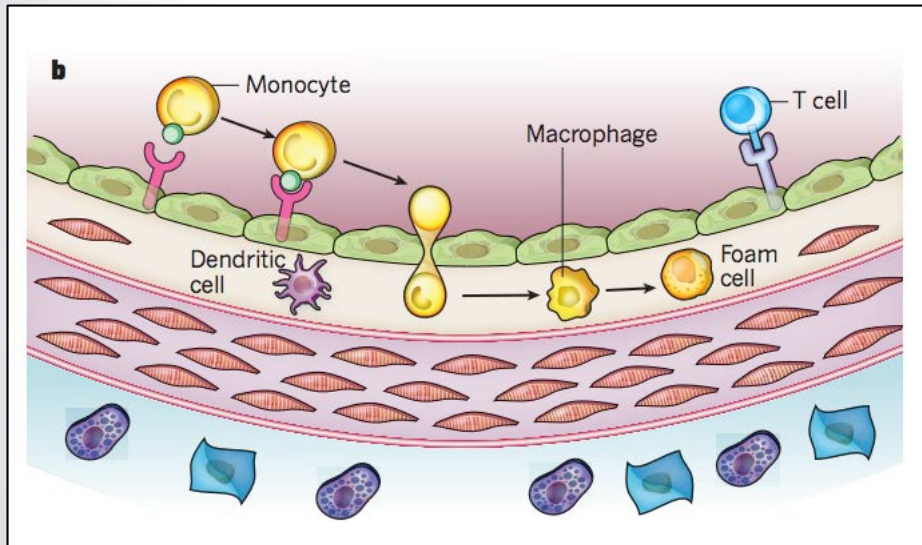
Stages in the Development of Atherosclerosis

Changes at the Cellular Level



The normal artery contains three layers:

- **Inner layer, the tunica intima**
 - lined by endothelial cells
- **Middle layer, or tunica media**
 - SMCs embedded in a complex extracellular matrix
- **Adventitia, the outer layer of arteries**
 - contains mast cells, nerve endings & microvessels

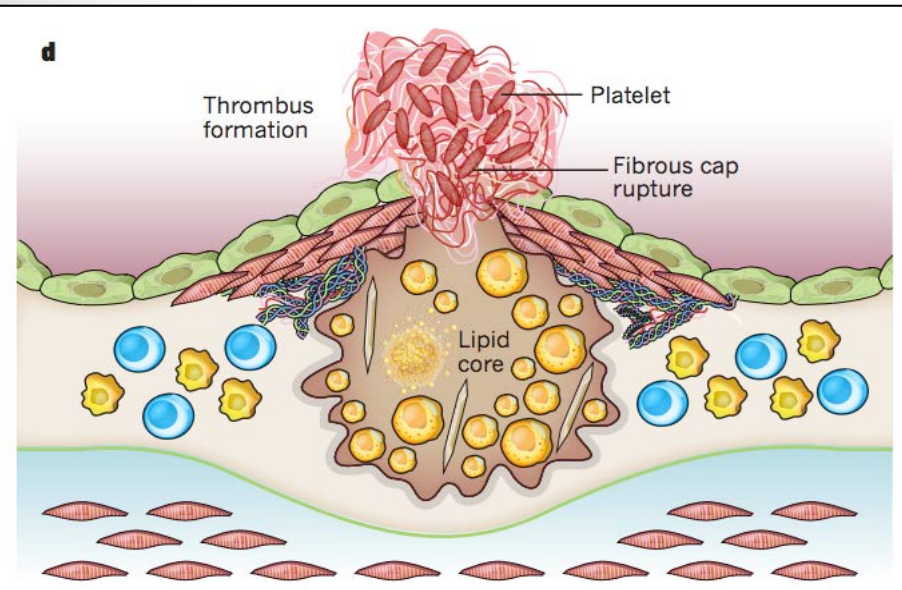
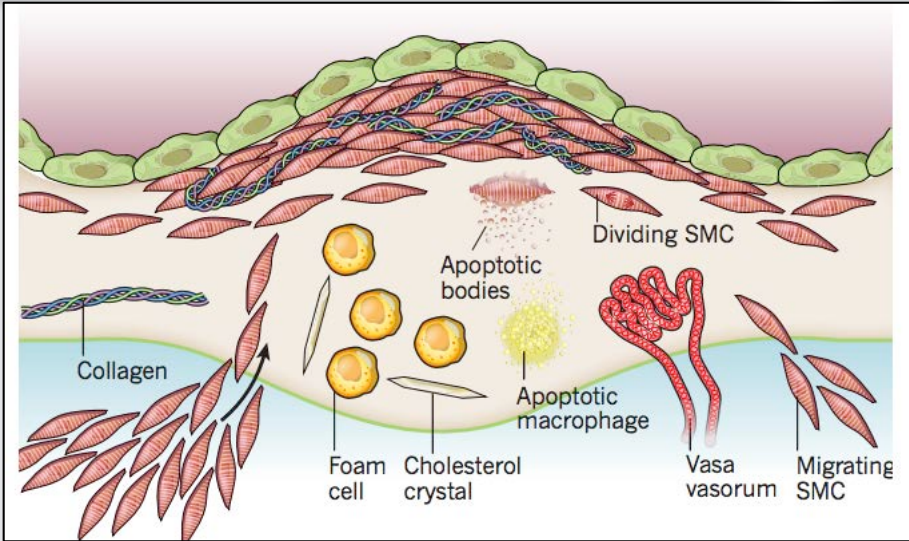


The initial steps of atherosclerosis include:

- **Adhesion of leukocytes to the activated endothelial monolayer**
- **Migration of the bound leukocytes into the intima**
- **Maturation of monocytes into macrophages**
- **Uptake of lipid - foam cells**

Stages in the Development of Atherosclerosis

Changes at the Cellular Level



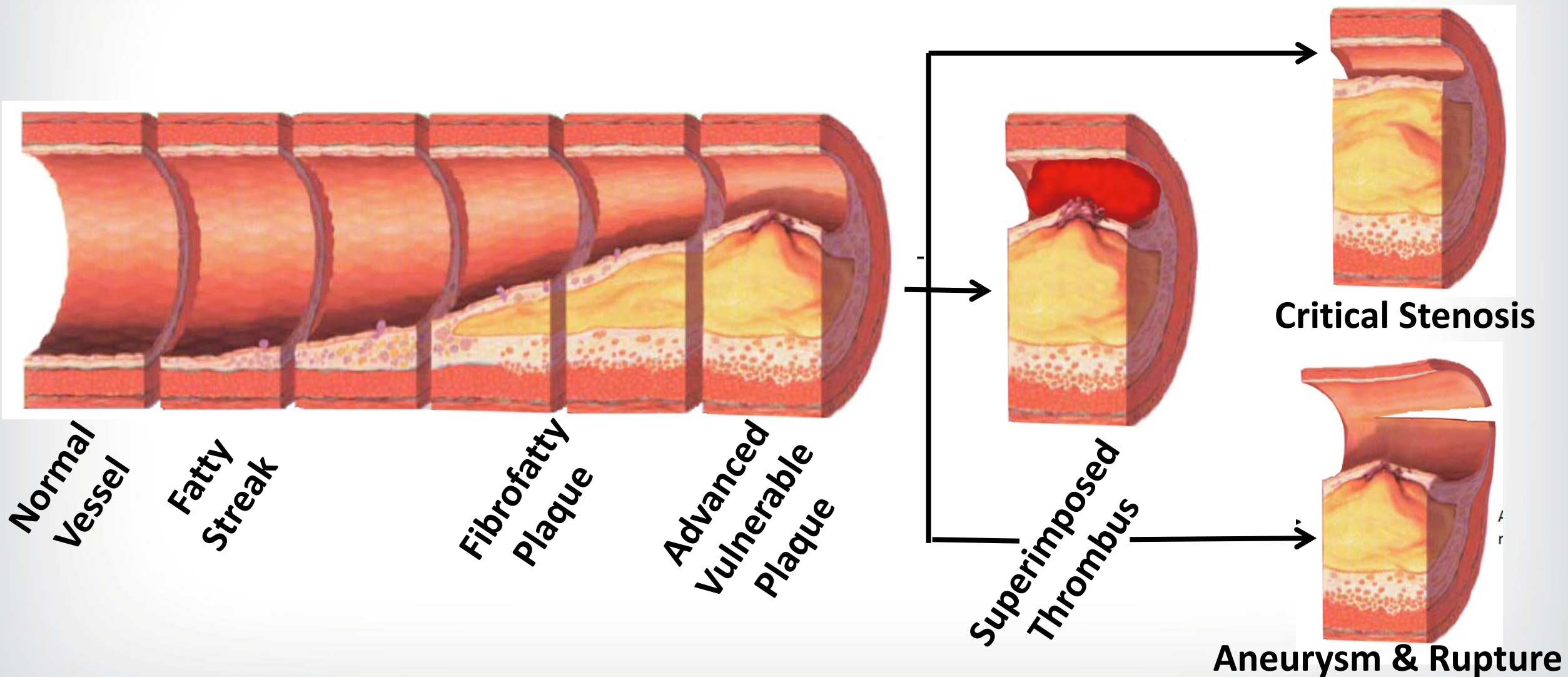
Lesion progression:

- Migration of SMCs from the media to the intima
- Proliferation of SMCs and synthesis of extracellular matrix macromolecules (e.g. collagen, elastin)
- Plaque macrophages and SMCs can die
- Extracellular lipid derived from dead and dying cells can accumulate in the central region of a plaque
 - the lipid or necrotic core
- Plaques - cholesterol crystals and microvessels

Thrombosis:

- Fracture of the plaque's fibrous cap
- Blood coagulation components
 - in contact with tissue factors in the plaque's interior
- Triggers thrombus formation

Initiation, Progression, and Complications of Atherosclerosis





Global Burden of Cardiovascular Disease

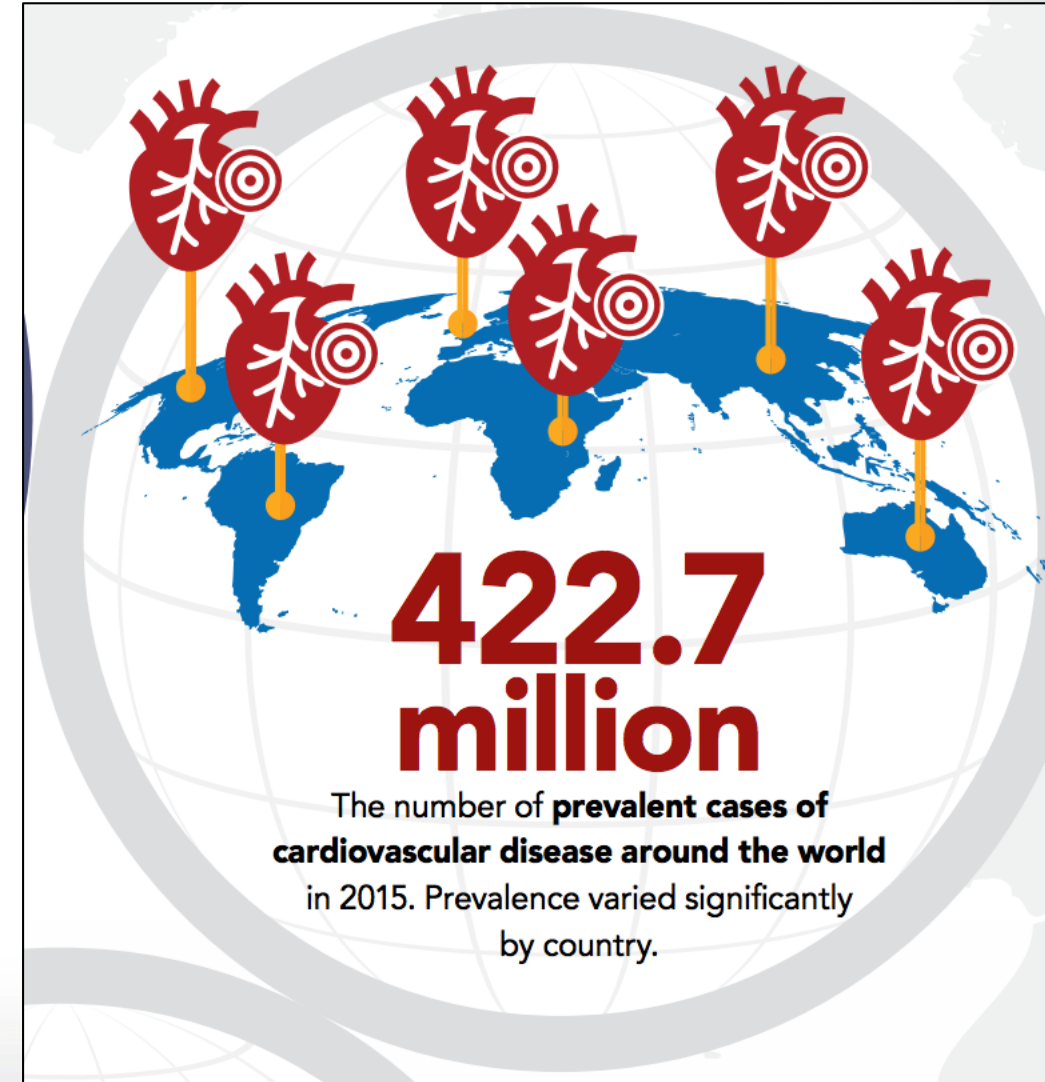
Largely driven by complications of atherosclerosis in 2015

In 2015 the number of deaths due to:

- Cardiovascular disease **~18 Million**
- Ischemic heart disease **~9 Million**
- Stroke **~6.3 Million**

Between 1990 and 2015 the:

- Estimated increase in the number deaths from cardiovascular disease **~ 5.3 Million**

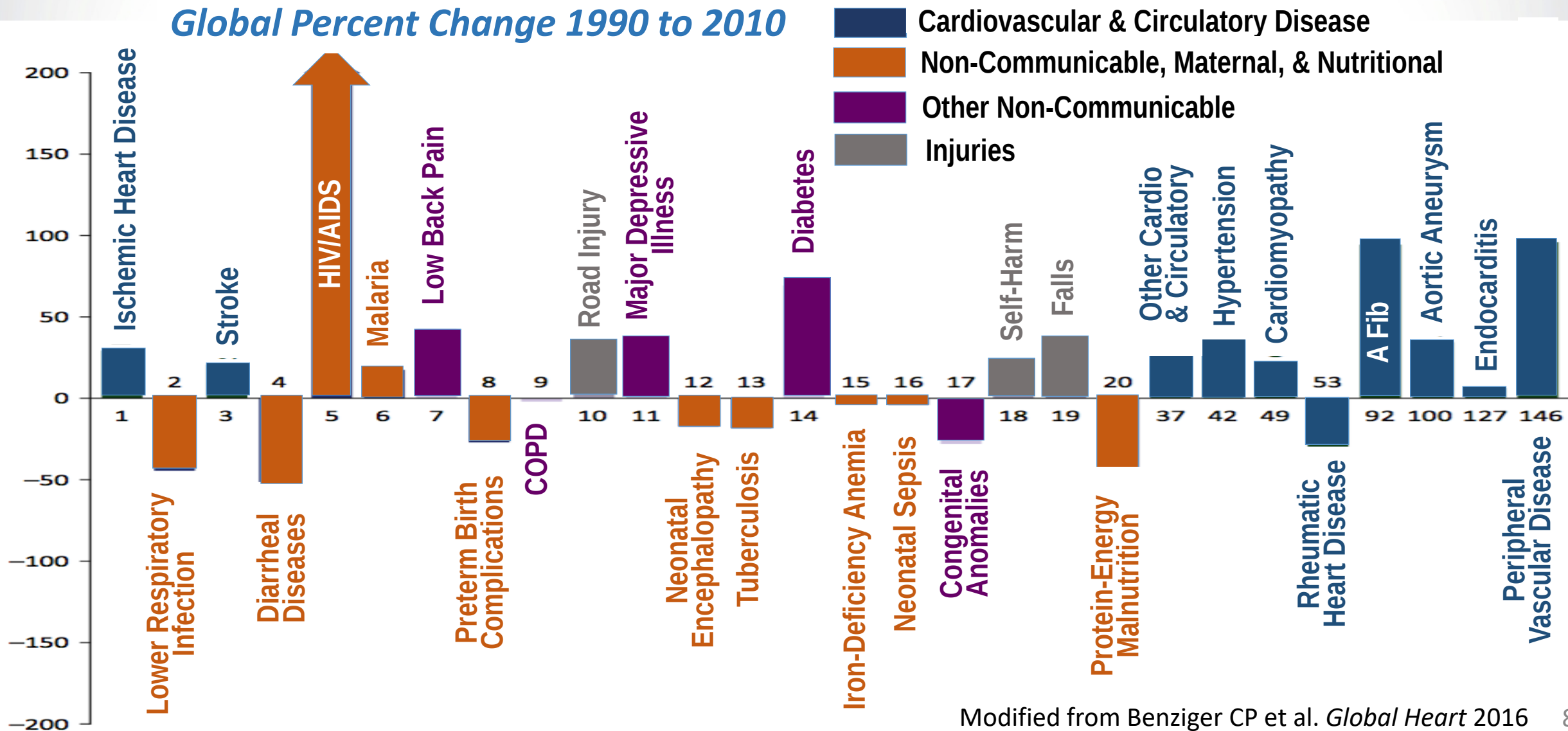




Temporal Trends for Cardiovascular Disease

Disability-Adjusted-Life-Years: Changes 1990 to 2010

Global Percent Change 1990 to 2010

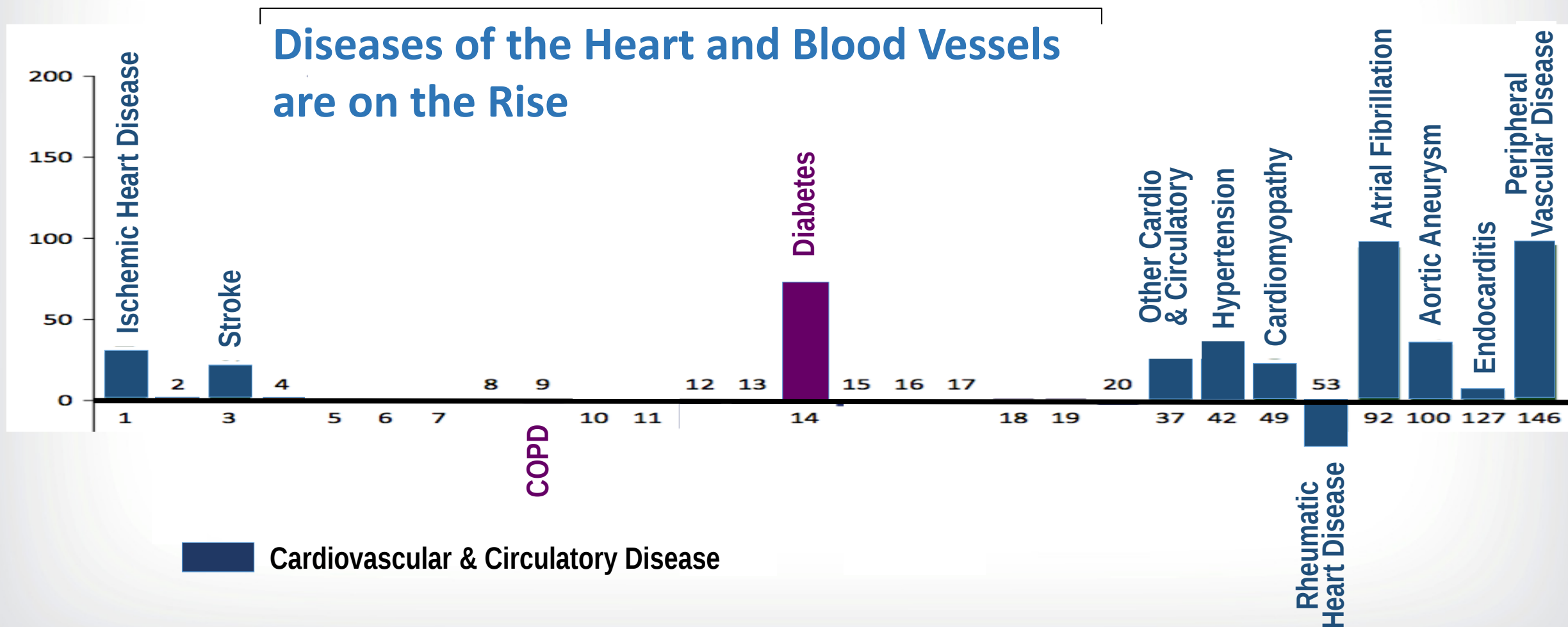




Temporal Trends for Cardiovascular Disease

Comparison with leading causes of DALYs

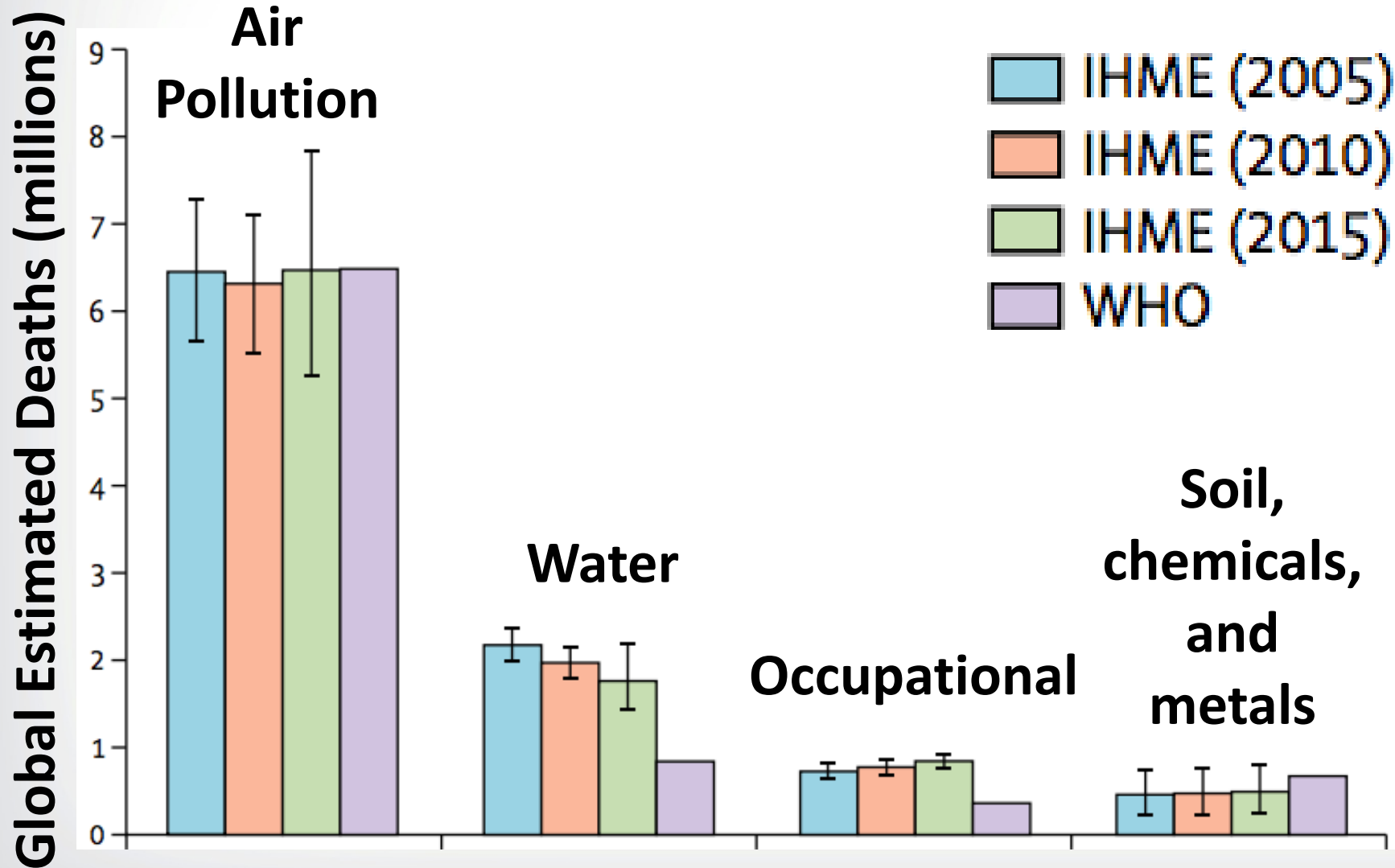
Global Percent Change 1990 to 2010





Global Estimated Deaths by Pollution, 2015

Putting Different Types of Pollution into Perspective



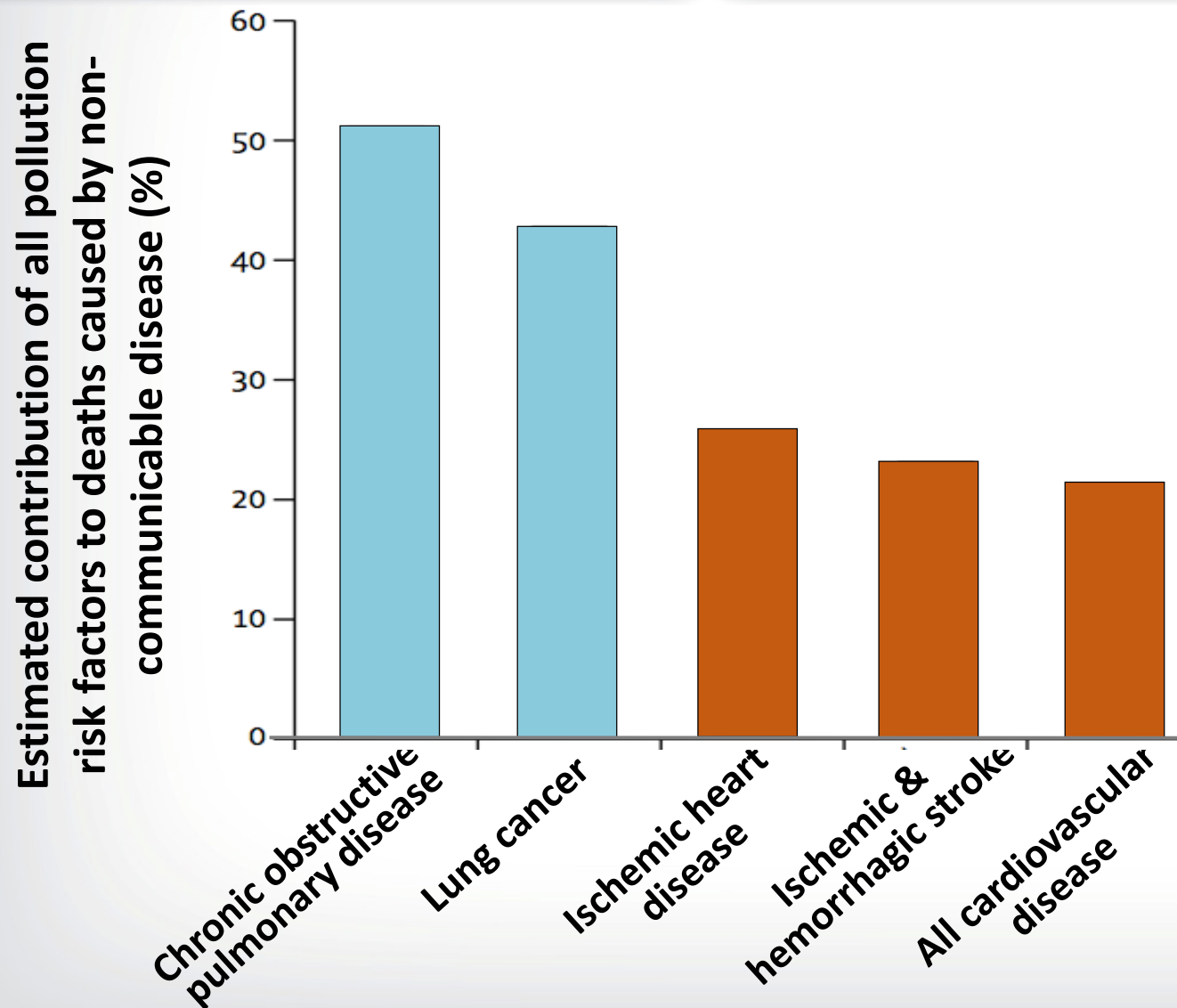
*Among different types of pollutants - **air pollution** is the dominant driver of mortality on the global scale*

Data from the GBD study and WHO

IHME = Institute for Health Metrics and Evaluation



Contribution of Pollution to Deaths Caused by Non-Communicable Diseases, 2015



Air pollution contributes to:

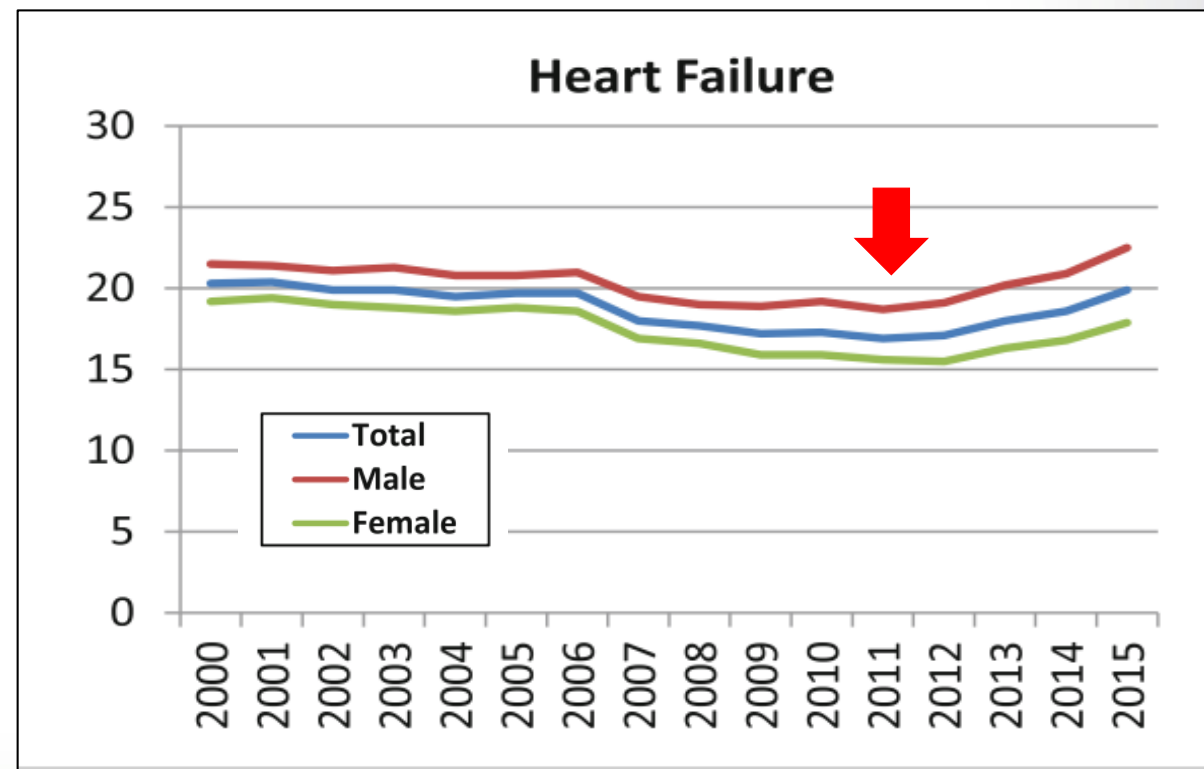
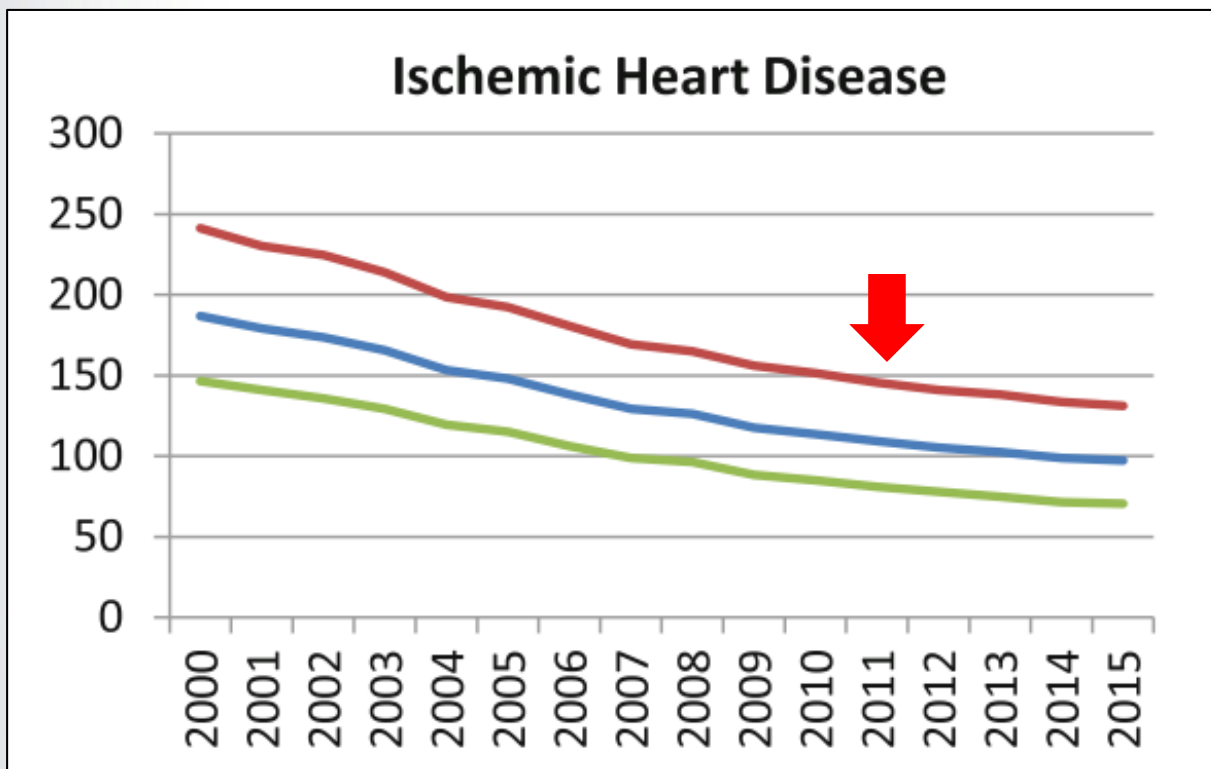
- 25% of ischemic heart disease
- over 20% of ischemic and hemorrhagic stroke
- 20% of all cardiovascular disease



Recent U.S. Mortality Trends Within Heart Disease

Age-Adjusted Mortality Rates

Rate of decline slowed from 4.96% for 2000-2011 to 2.66% for 2011-2015





Cardiovascular Disease

A Costly Burden for the U.S. Projections through 2035

In 2015, 102.7 million (41.5%) of the U.S. population had at least one CVD condition:

- **Coronary Heart Disease** 16.8 million
- **Stroke** 7.5 million
- **Congestive Heart Failure** 5.8 million
- **Atrial Fibrillation** 5.2 million
- **High Blood Pressure** 96.1 million

In 2035, the number of Americans with CVD is projected to rise to 131.2 million (45%) of the total U.S. population

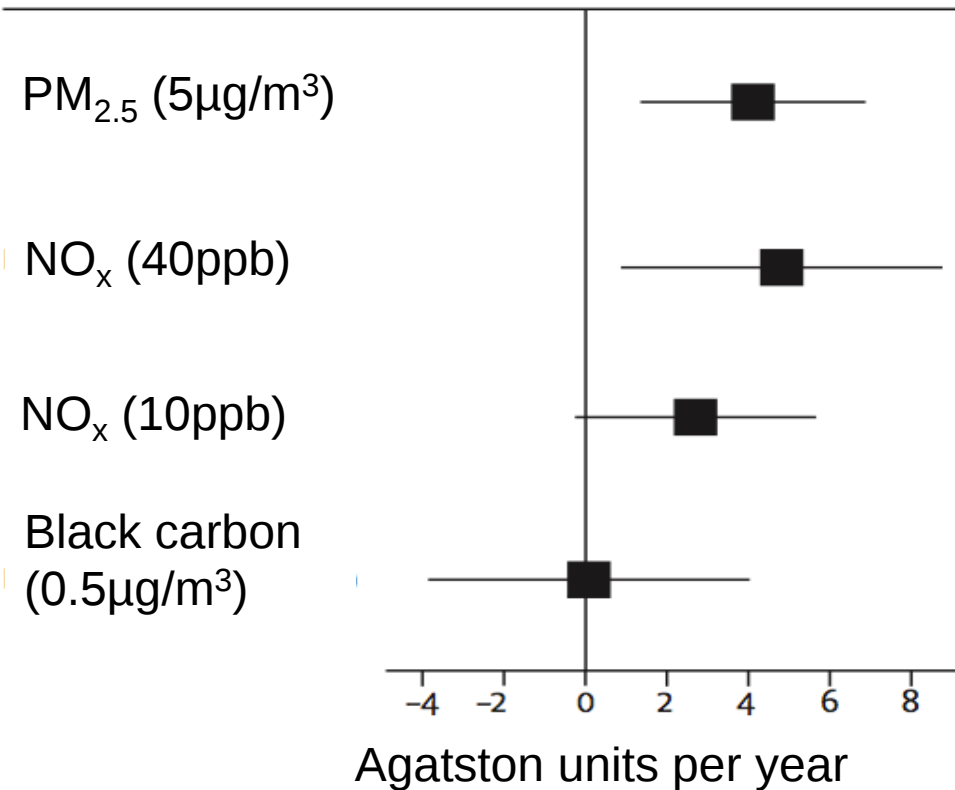
This means additional increases of:

- **Coronary Heart Disease** 7.2 million
- **Stroke** 3.7 million
- **Congestive Heart Failure** 3.0 million
- **Atrial Fibrillation** 2.0 million
- **High Blood Pressure** 27.1 million

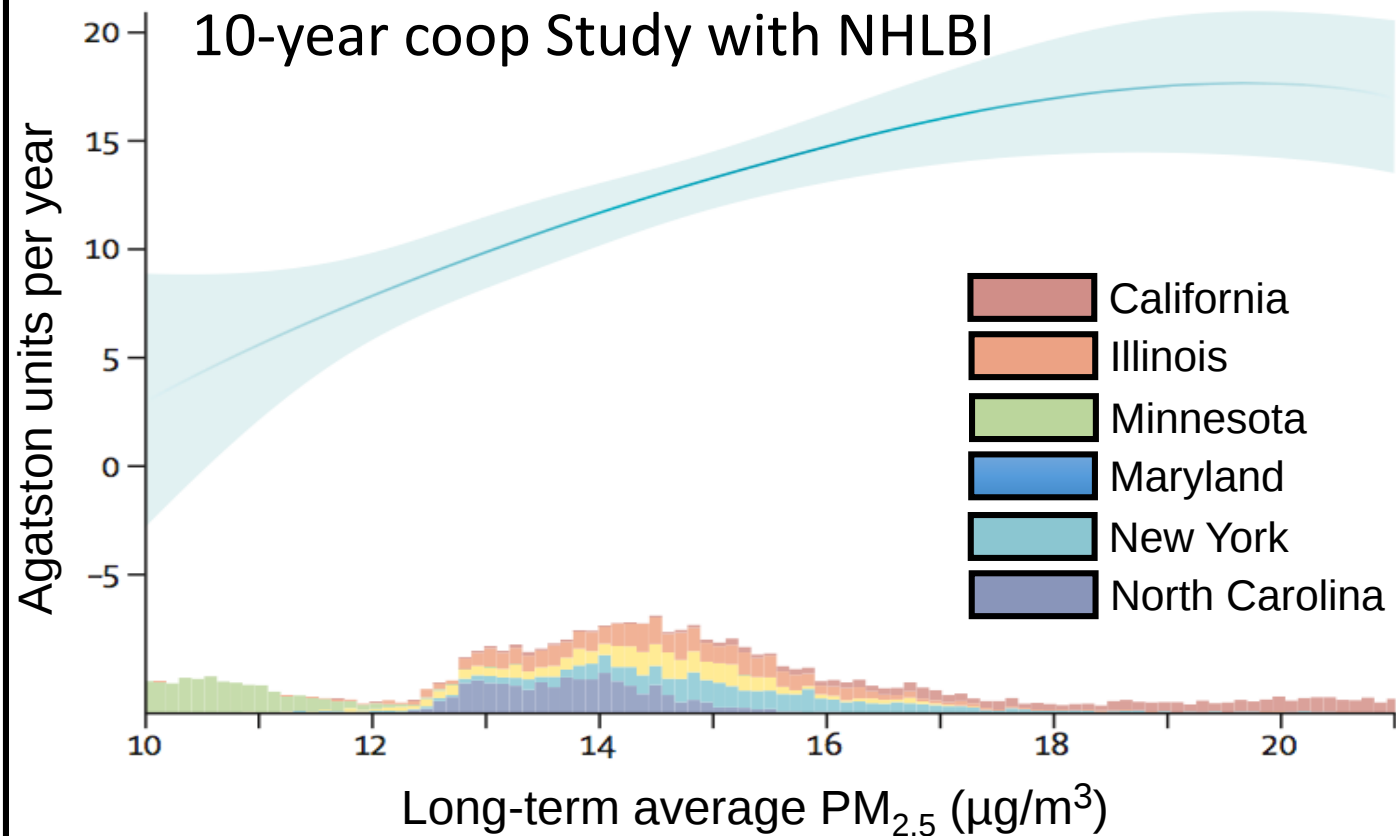


Long-Term $PM_{2.5}$ & NO_2 Exposure Increases Coronary Artery Calcium

Air Pollutants



Multi Ethnic Study of Atherosclerosis - Air: 10-year coop Study with NHLBI



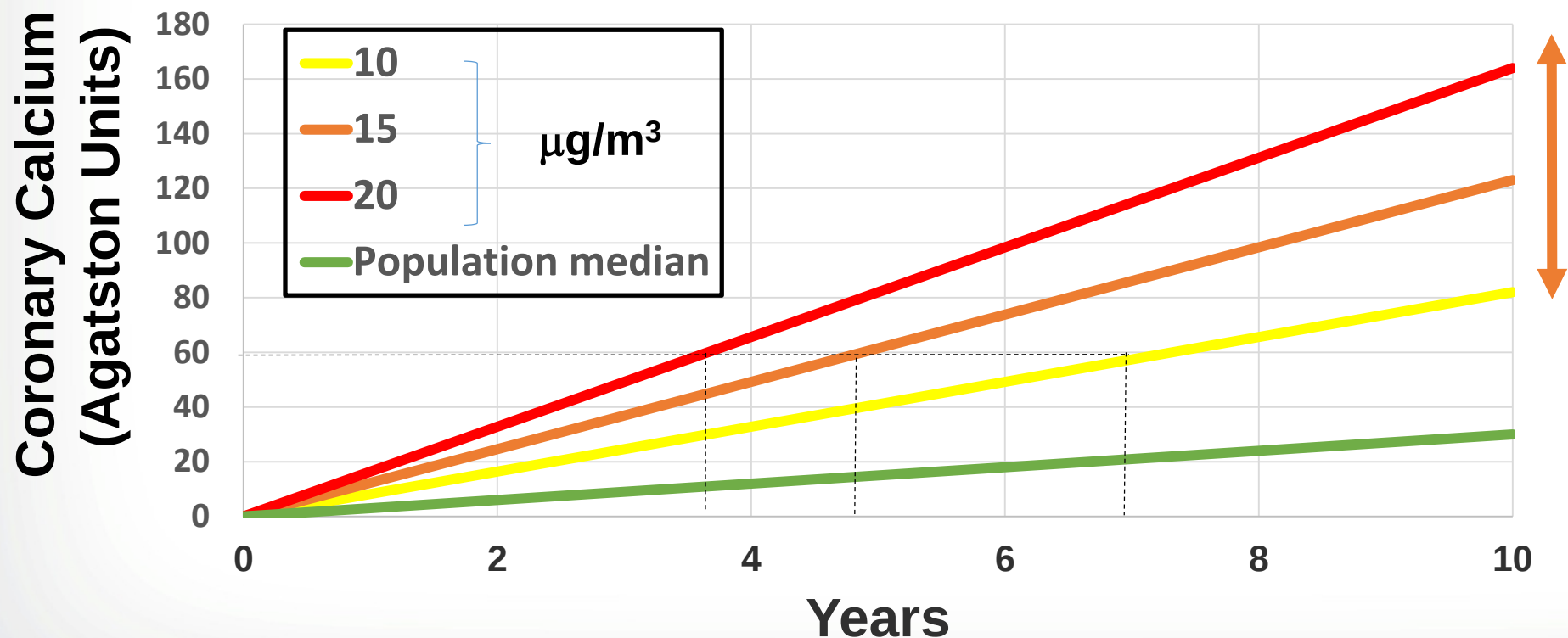
Long-term $PM_{2.5}$ and NO_2 increased coronary calcium, an indicator of atherosclerosis



Long-Term $PM_{2.5}$ & Nox Exposure Associated Atherosclerosis Progression

MESA Air Study – Led by University of Washington

$PM_{2.5}$ and Coronary Calcium



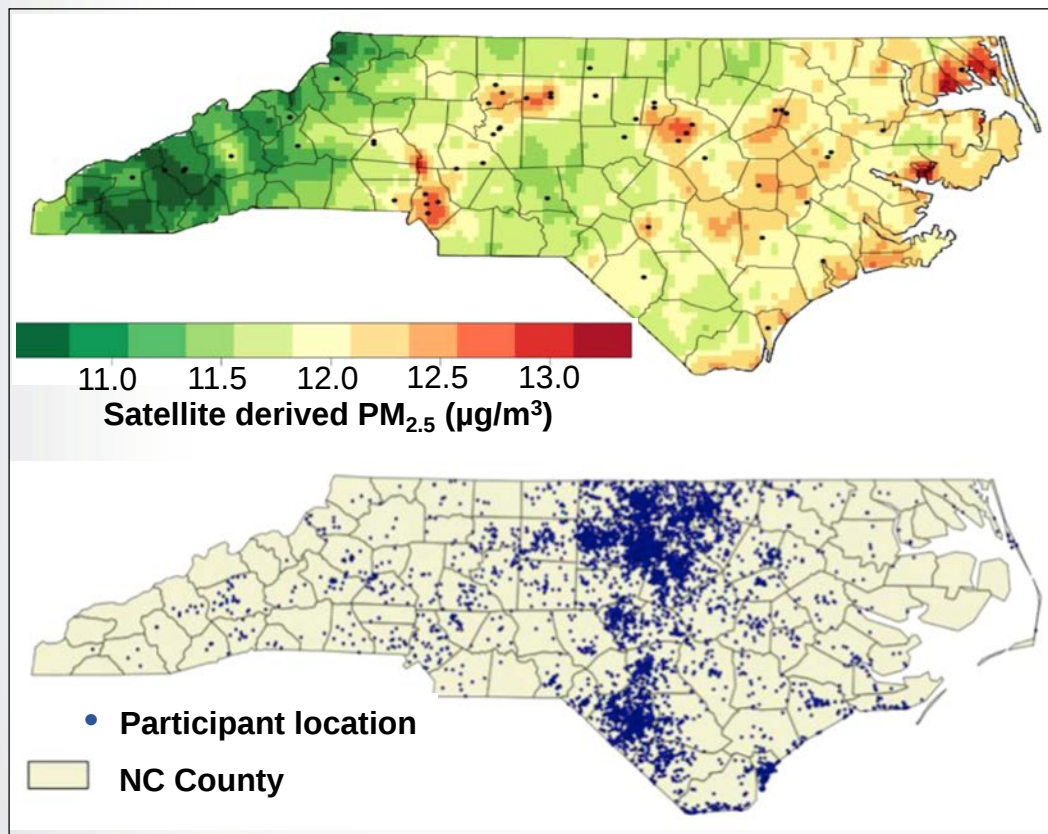
After 10 years
80 Agatston
Unit difference
between
annual $PM_{2.5}$
of 10 and 20
 $\mu\text{g}/\text{m}^3$



Health & Long-Term Air Pollution Exposure

Association between PM and Coronary Artery Disease

5,679 patients who underwent coronary angiography at Duke University between 2002–2009 and resided in North Carolina*



1 µg/m³ increase in annual average PM_{2.5} was associated with an:

- 11.1% relative increase in odds of significant CAD**
- 14.2% increase in the odds of having had a heart attack during the previous year**

6,575 Ohio residents undergoing elective diagnostic coronary angiography found the same relationship**

*McGuinn LA, et al. *Environ Res* 2016

**Hartiala J, et al. *J Am Heart Assoc* 2016



Air Pollution Worsens Vascular Risk Factors

Risk Factors for Atherosclerosis and Air Quality

 AMERICAN COLLEGE of CARDIOLOGY

ASCVD Risk Estimator Plus

Estimate Risk

Therapy Impact

Advice

Current 10-Year ASCVD Risk ~%

Previous 10-Year ASCVD Risk ~%

Patient Demographics

Current Age

Age must be between 40-79

Sex

Male

Female

Race

White

African American

Other

Current Labs/Exam

Total Cholesterol (mg/dL)

Value must be between 130 - 320

HDL Cholesterol (mg/dL)

Value must be between 20 - 100

LDL Cholesterol (mg/dL)

Value must be between 30-300

Systolic Blood Pressure (mm of Hg)

Value must be between 90-200

Personal History

History of Diabetes?

Yes

No

On Hypertension Treatment?

Yes

No

Smoker:

Yes

Former

No

On a Statin?

Yes

No

On Aspirin Therapy?

Yes

No

Poor Air Quality:

Age – might accelerate aging

Total Cholesterol – increases cholesterol

HDL – decreases HDL particle number

LDL – oxidizes LDL and ox-LDL receptor

Systolic BP – increases blood pressure

Diabetes – associated with type II diabetes

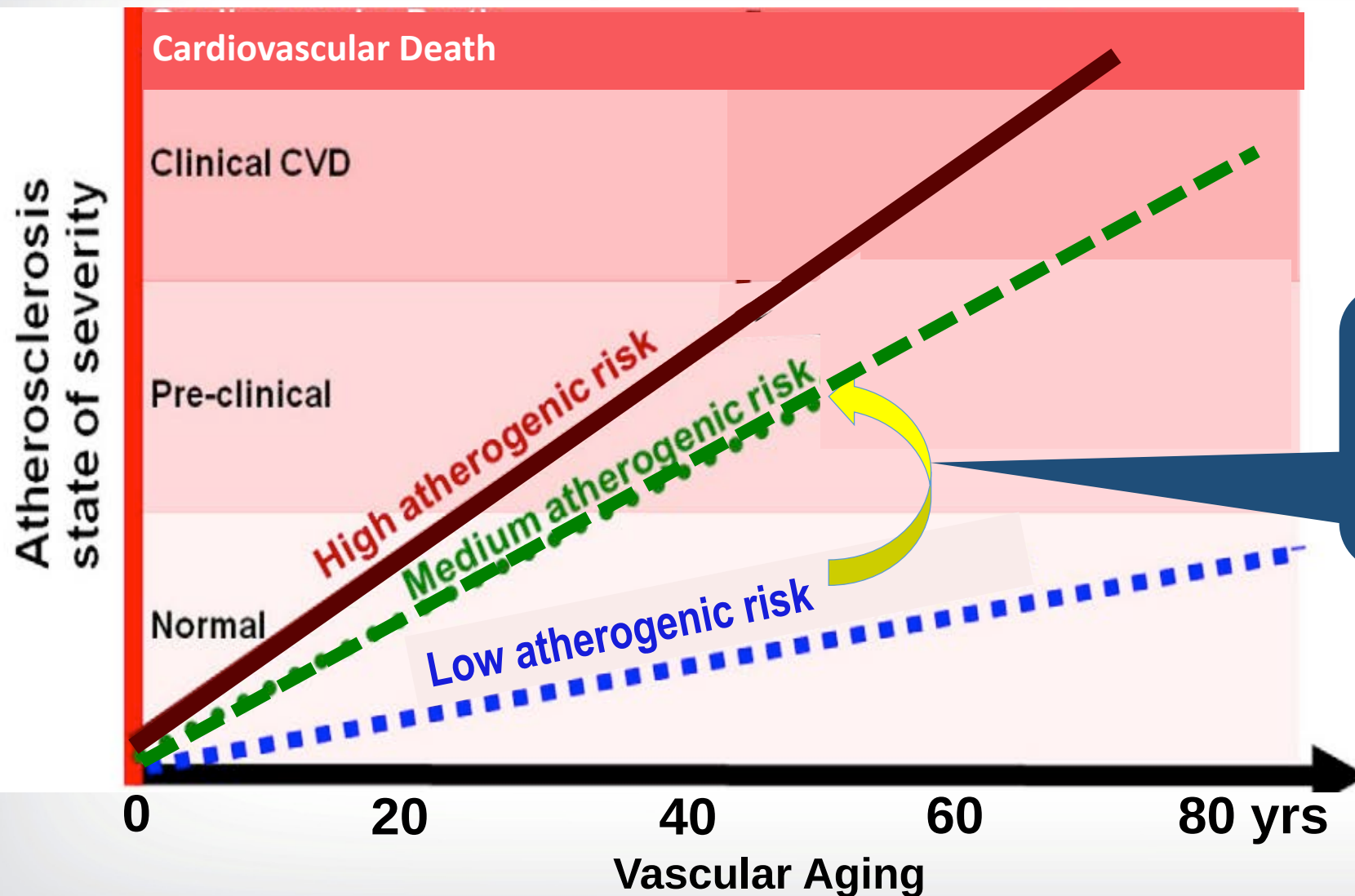
Statin Therapy – might protective

<http://tools.acc.org/ASCVD-Risk-Estimator-Plus/#!/calculate/estimate/>

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Environmental Toxicant Exposures Can Accelerate the Aging Process



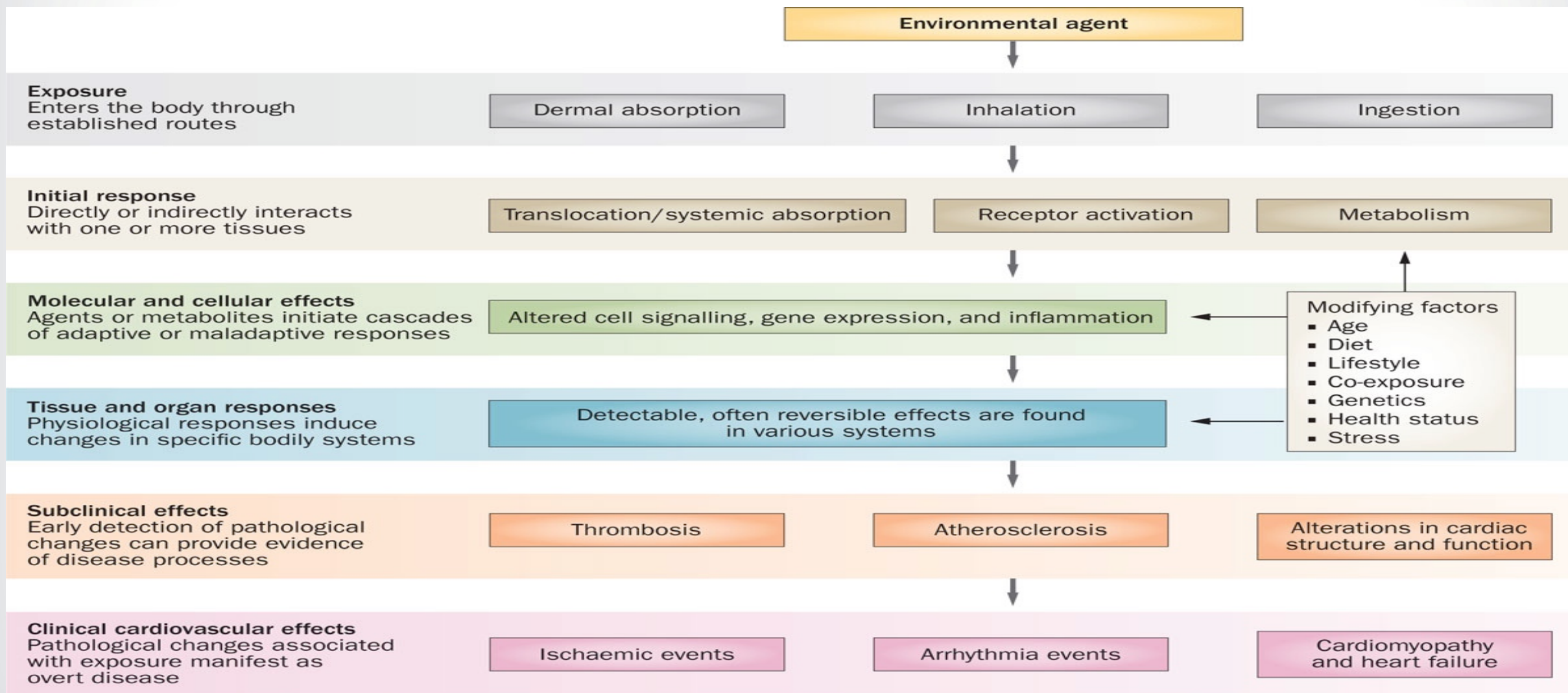
Long-term Health Effects (Cumulative effects of toxicants)

- Accelerate aging process
- Hasten organ dysfunction

Modified from N. Künzli et al. *Progress in Cardiovascular Diseases* 2011

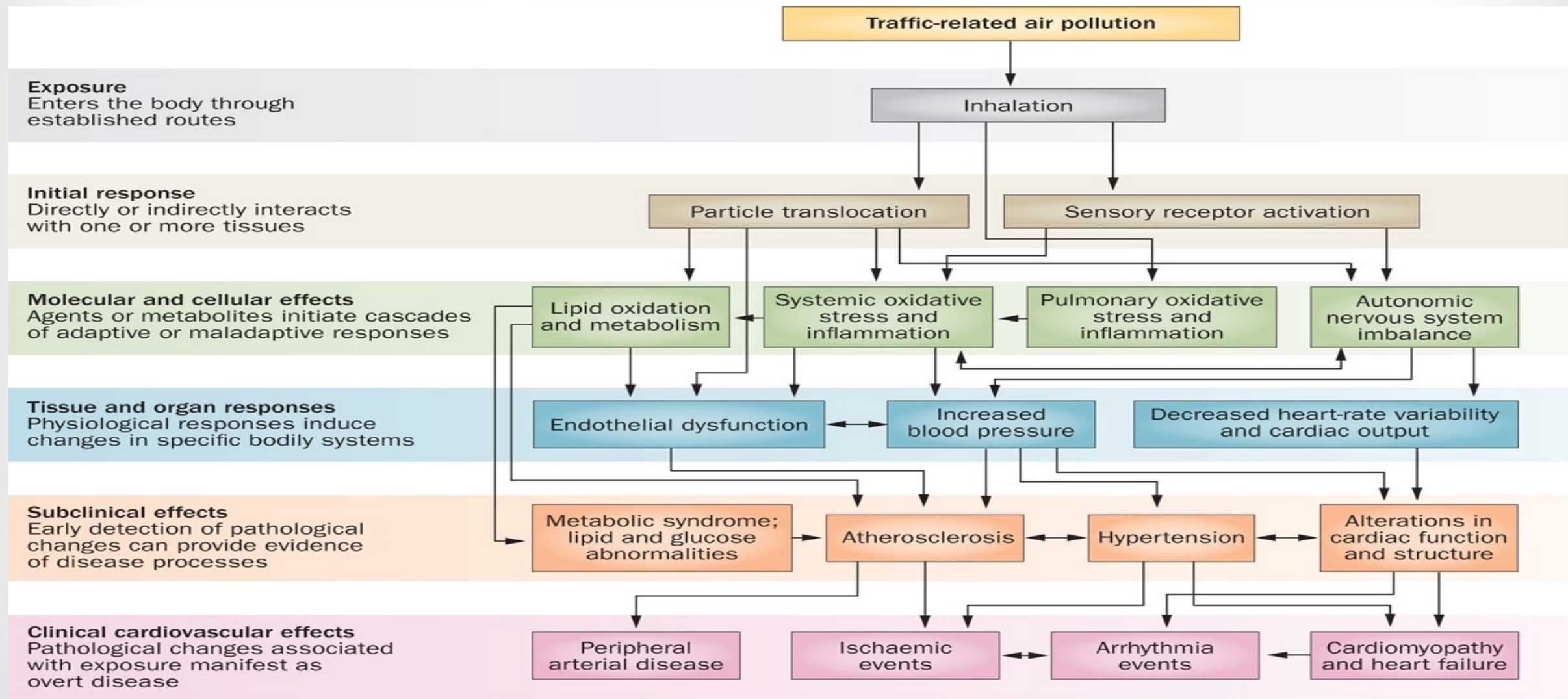


Framework Describing the Environmental Factors in Cardiovascular Disease



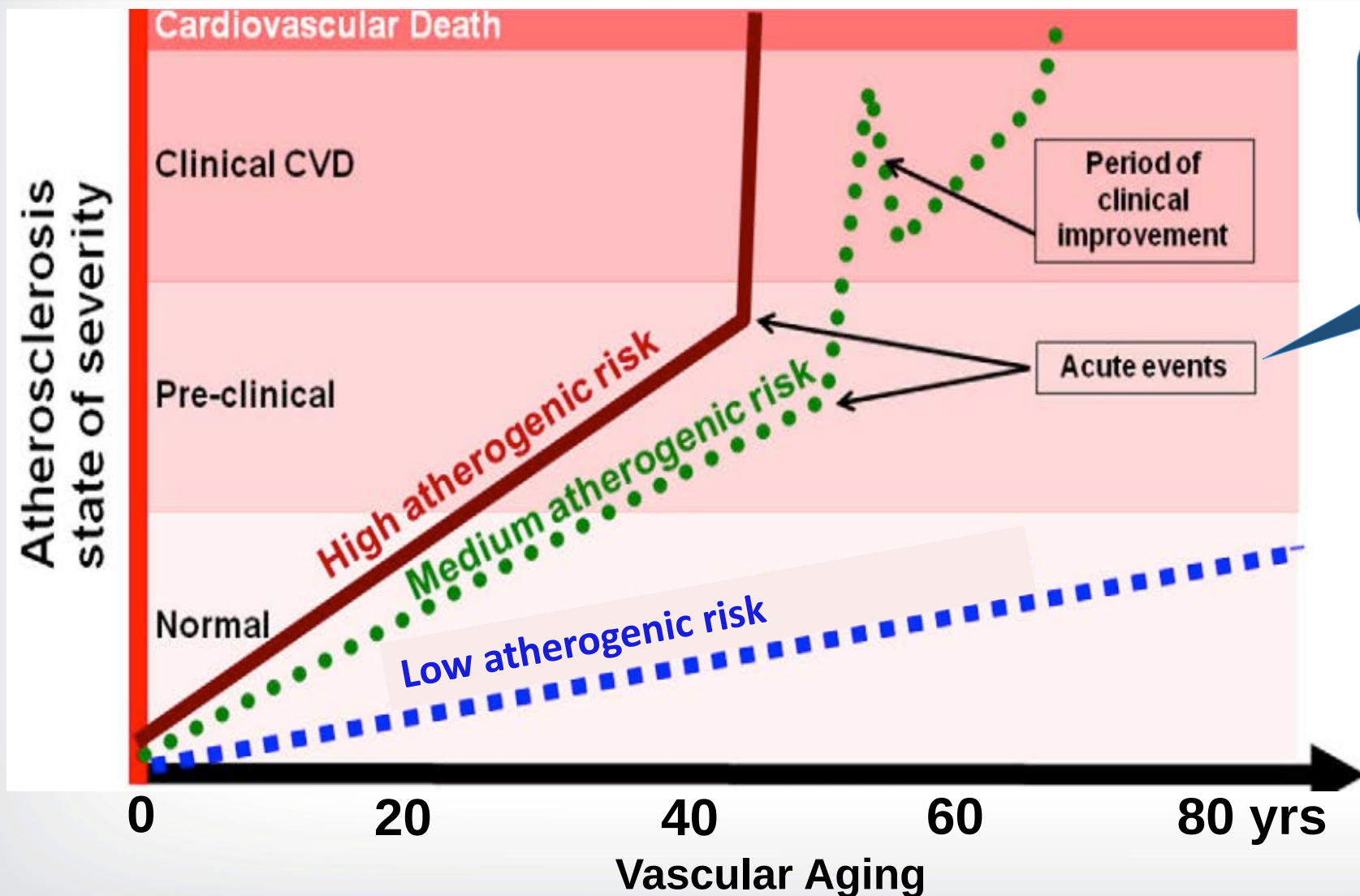


Cardiovascular Effects of Chronic Exposure to Traffic-Related Air Pollution





Environmental Toxicant Exposures Can Trigger Clinical Cardiovascular Events

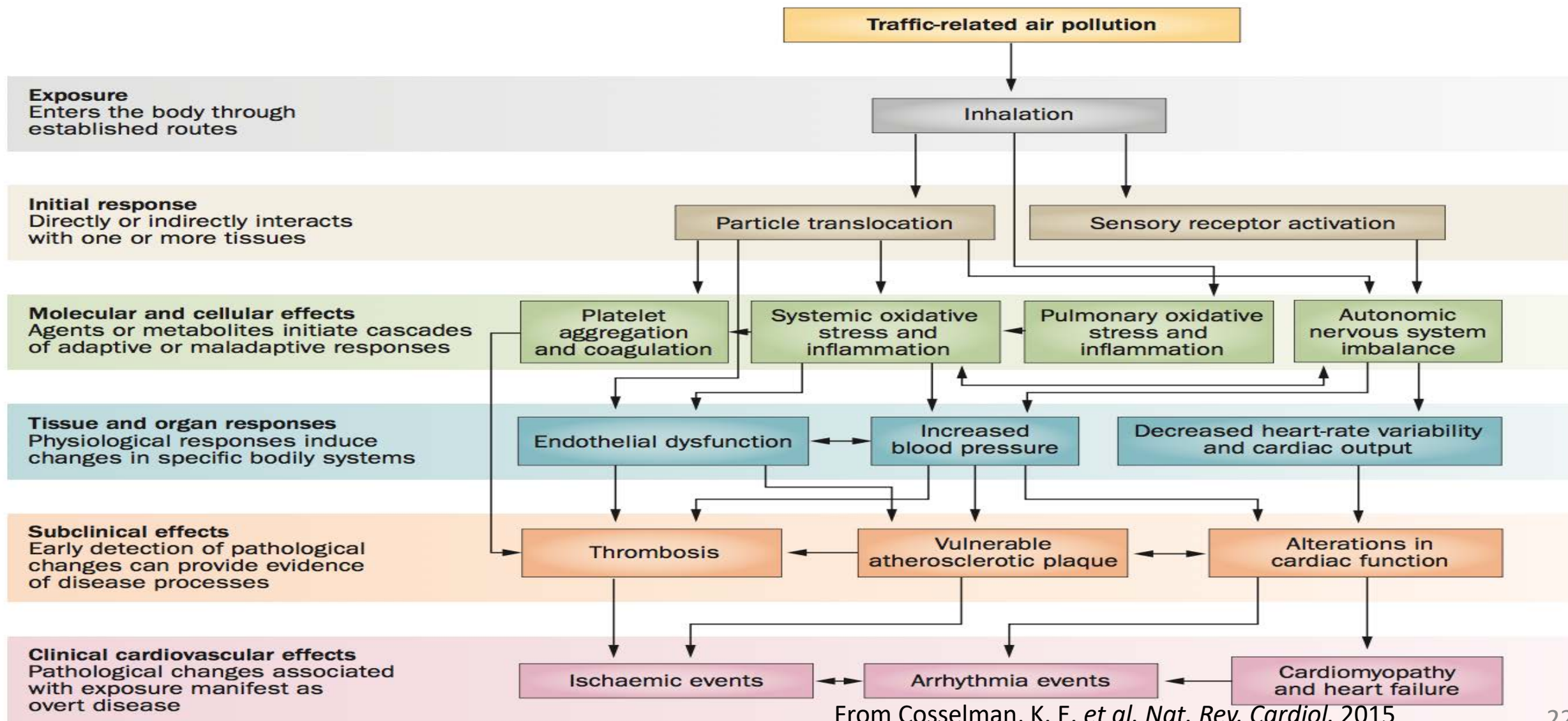


Short-term Health Effects

- Triggering of clinical events
- Precipitate organ dysfunction

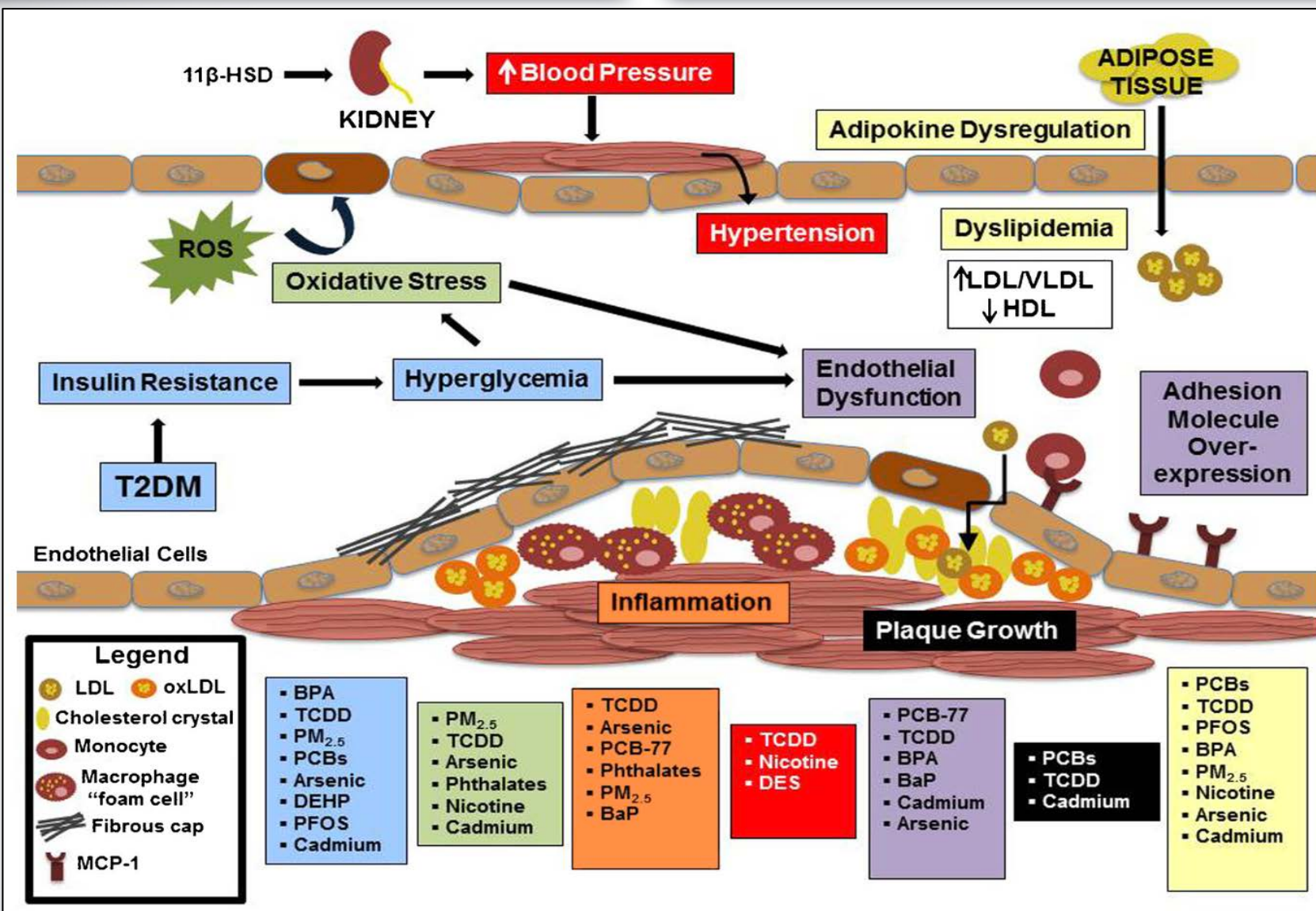


Cardiovascular Effects of Acute Exposure to Traffic-Related Air Pollution





Contributions of Environmental Pollutants to Cardiovascular Disease Pathology



Compounds and mechanisms related to the development of vascular disease observed in either:

- *in vivo* exposure studies
- *in vitro* cellular models

Thank you

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