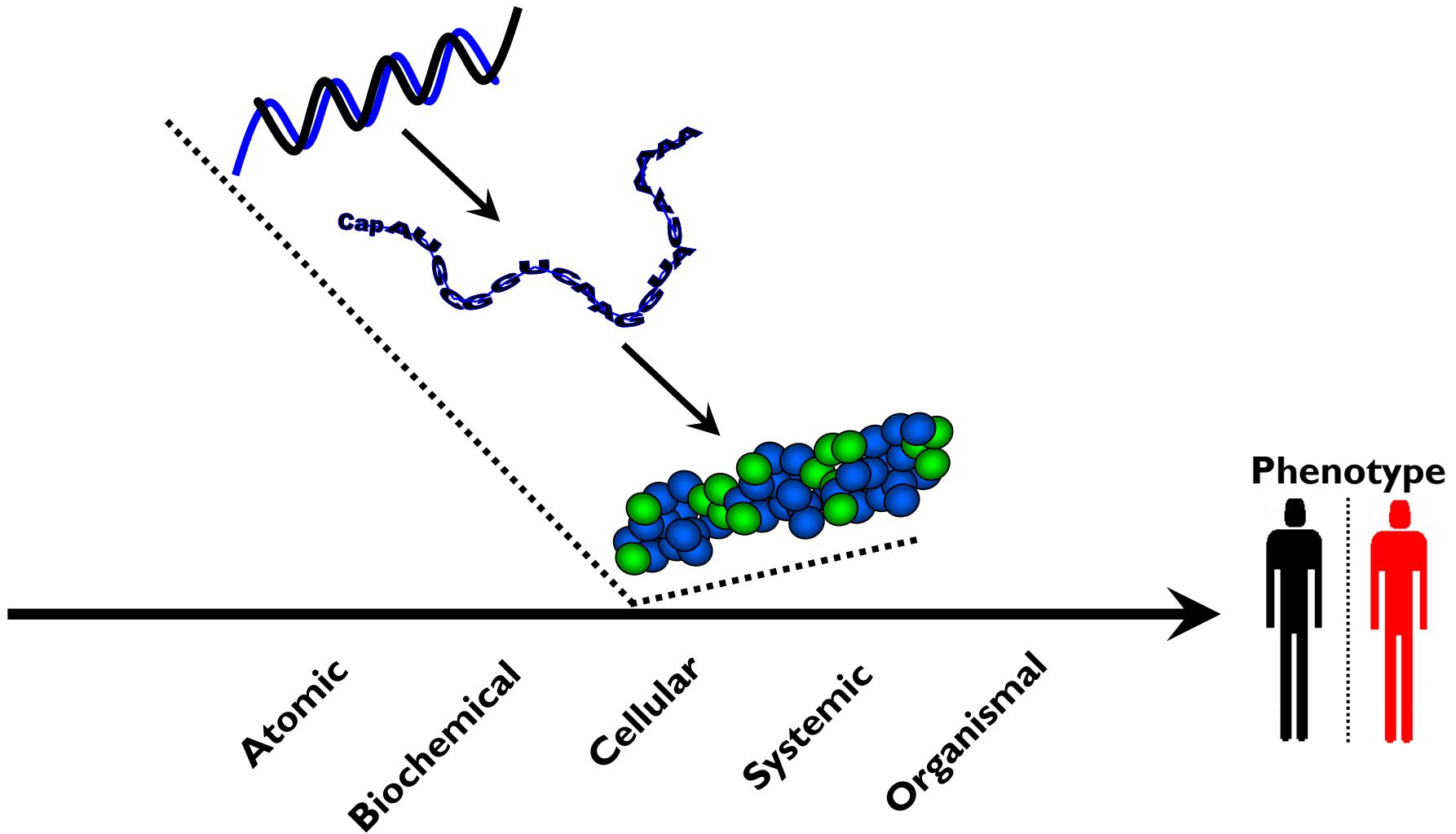


Integrating demographic, clinical, and environmental exposure information to identify genomic biomarkers associated with subtypes of childhood asthma

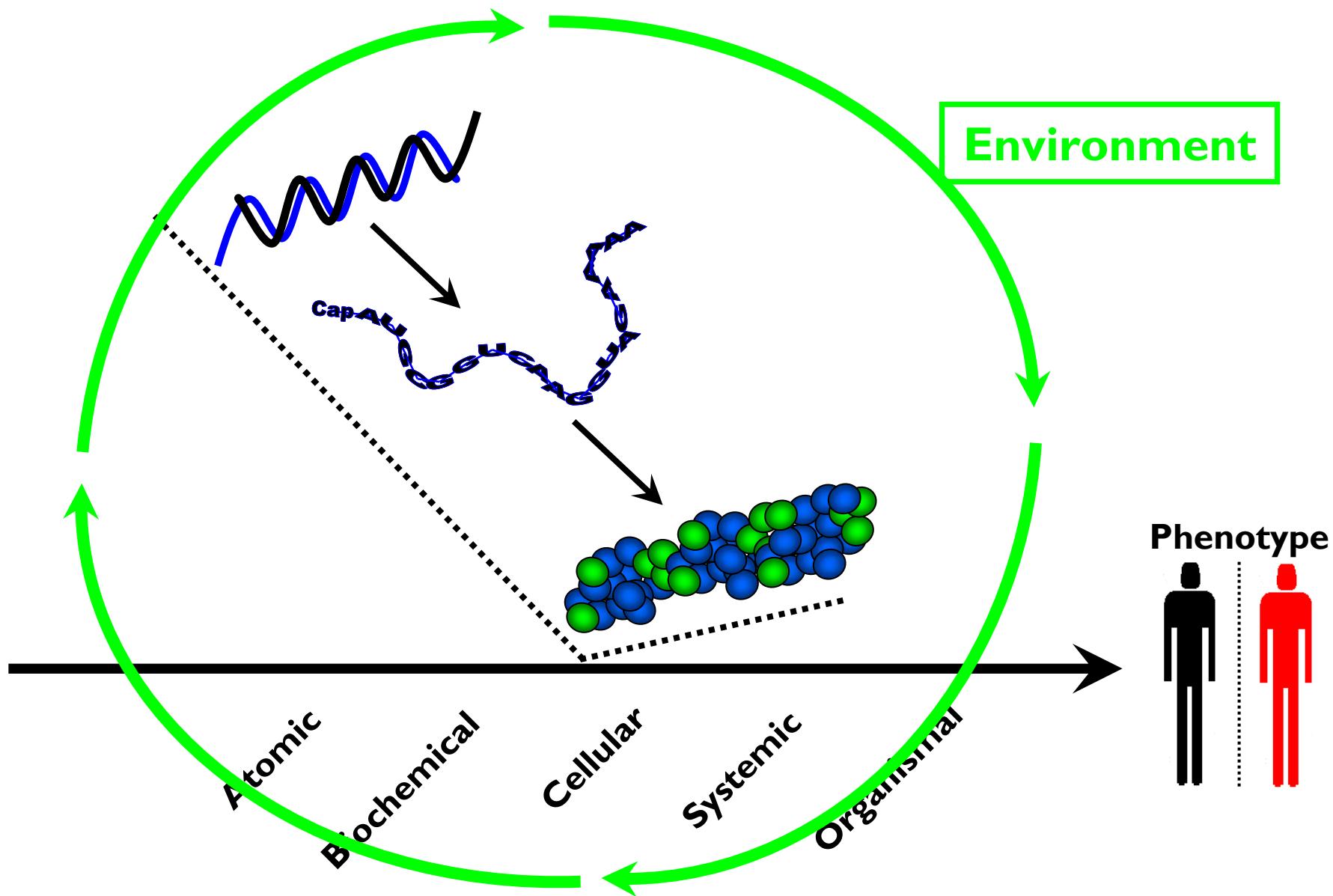
David Reif, Ph.D.



We analyze only a slice of the information related to complex phenotypes



We analyze only a slice of the information related to complex phenotypes



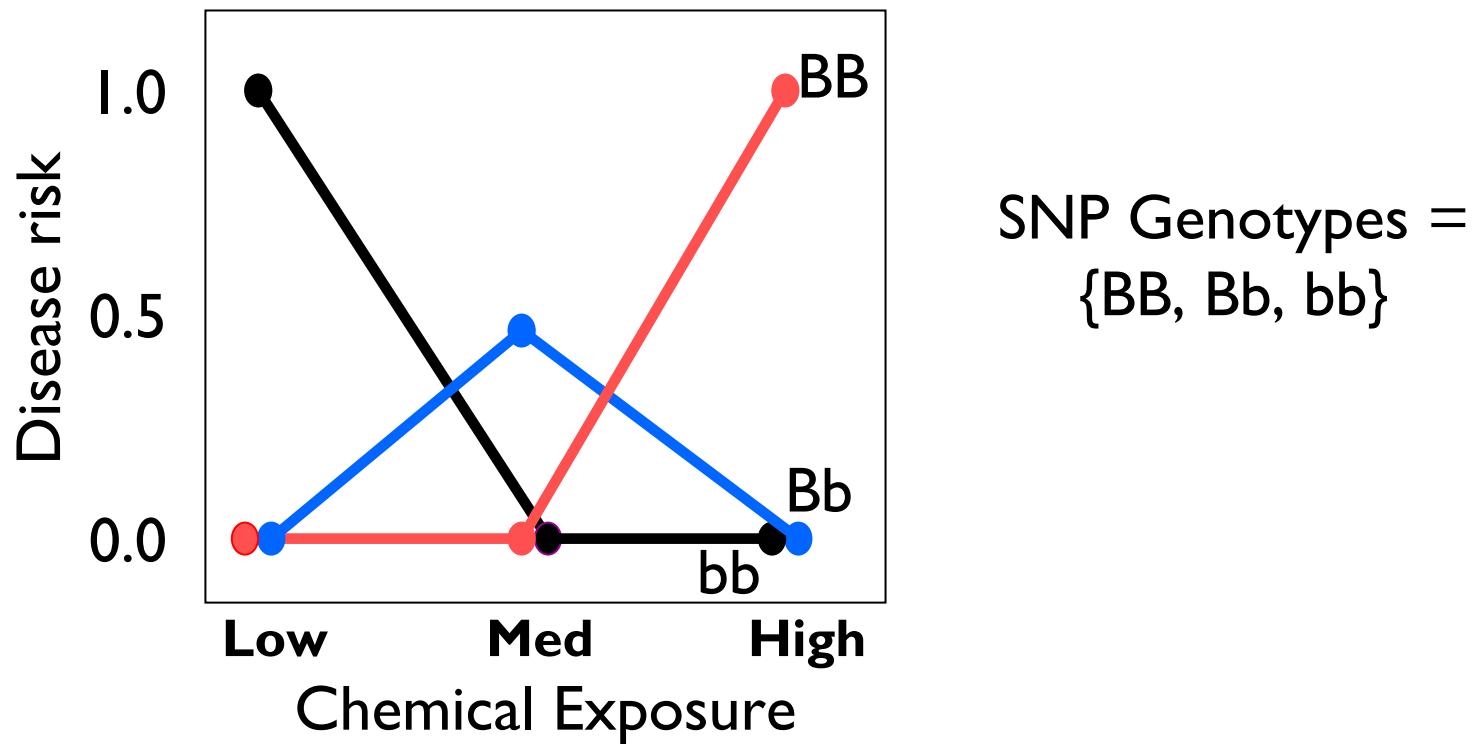
Ecogenetics

“genetic determinants that dictate susceptibility to environmentally influenced adverse health effects”

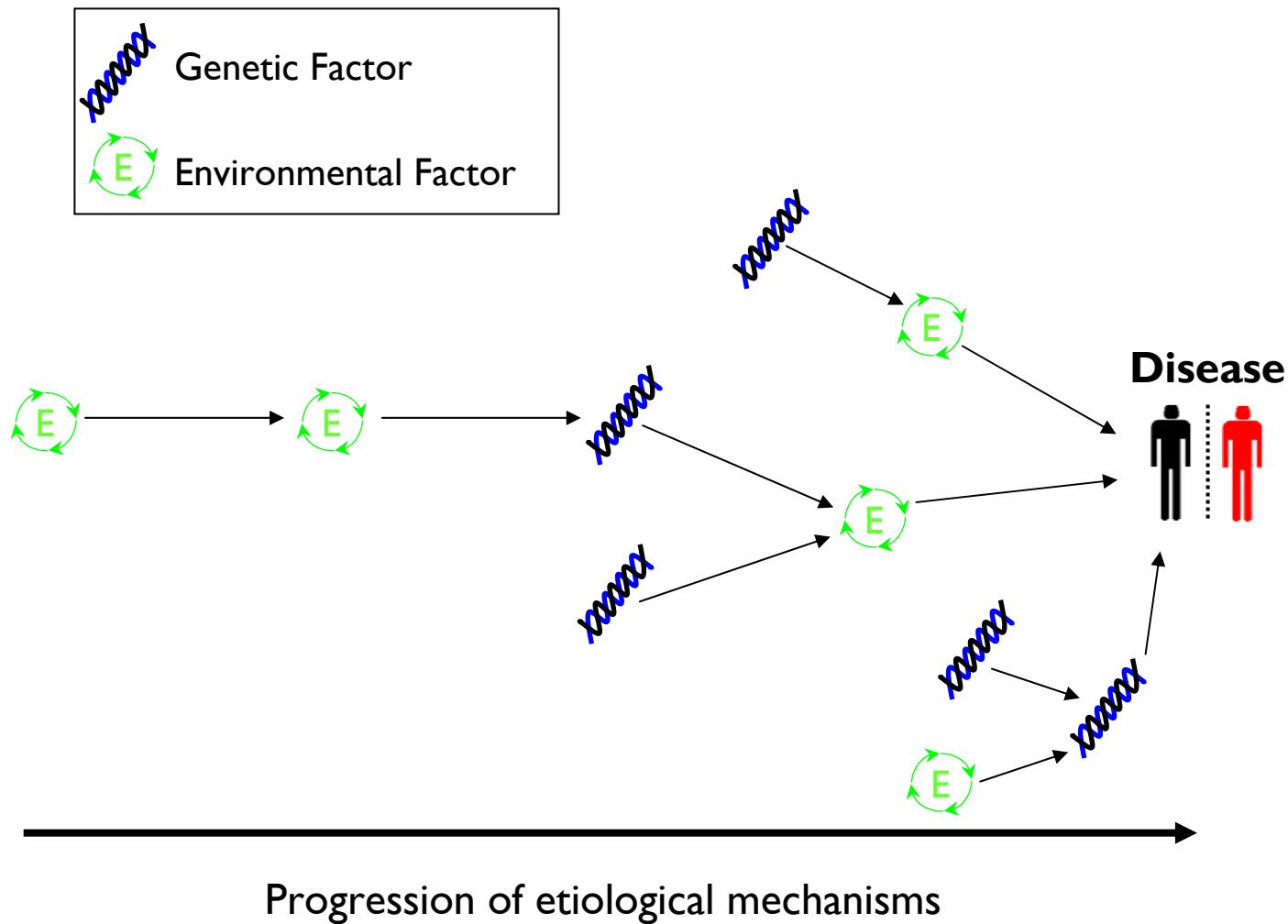
[Costa and Eaton (2006)]

“Genes load the gun. The environment pulls the trigger.”

[Bray (1998)]

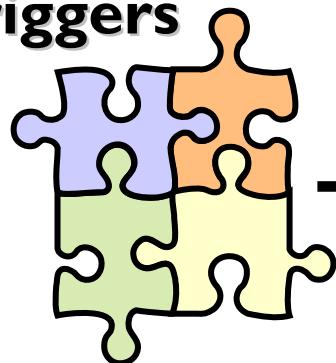


Complex diseases involve multiple etiological pathways

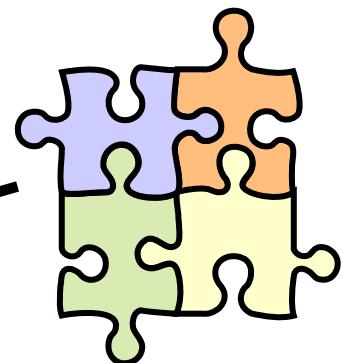


Asthma etiology

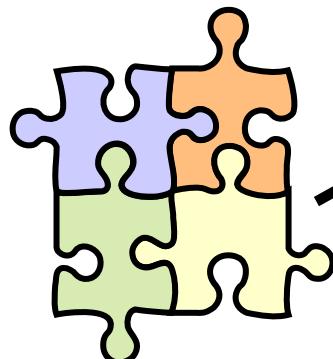
**Indoor
Triggers**



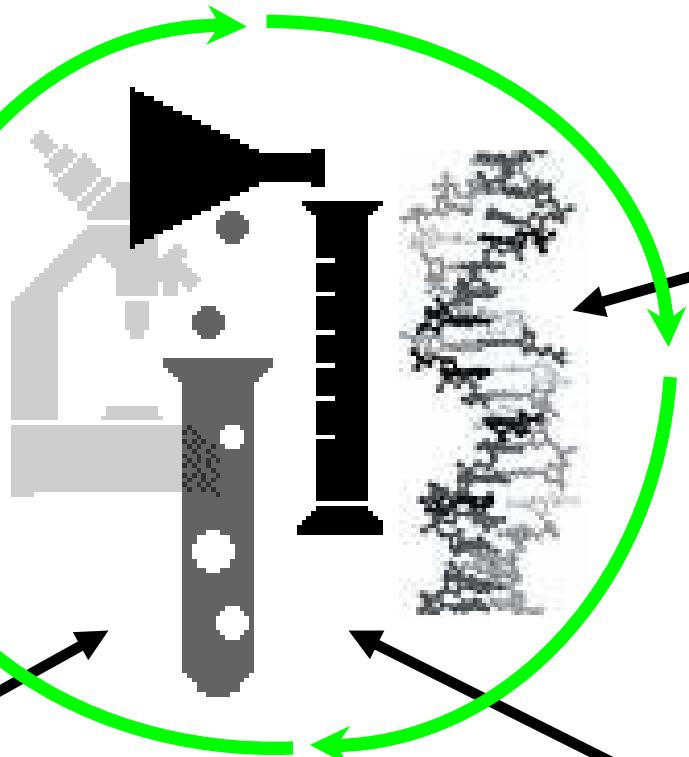
Genetics



Behavior



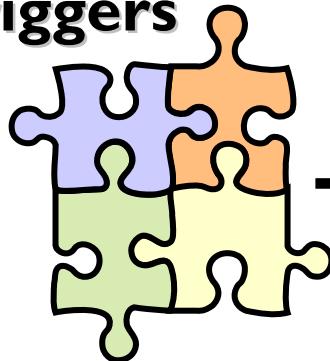
**Air
Pollution**



Mechanistic Indicators of Childhood Asthma (MICA) explores multiple aspects of asthma etiology

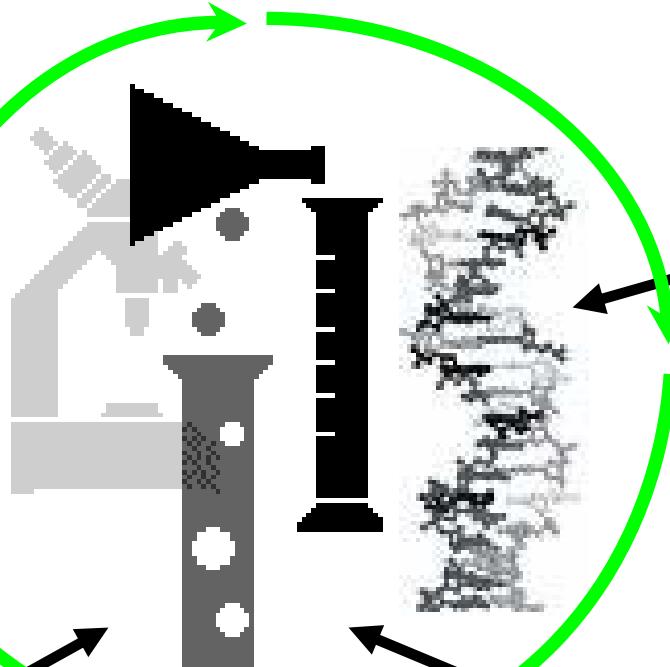
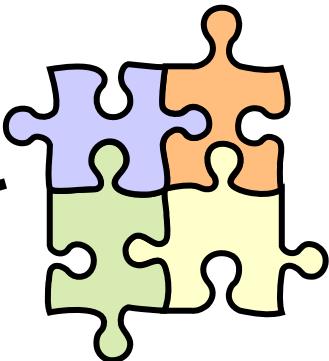
{serum endotoxins}

**Indoor
Triggers**



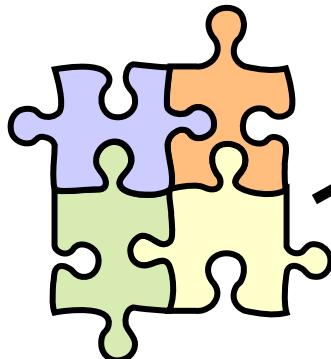
{gene expression}

Genetics

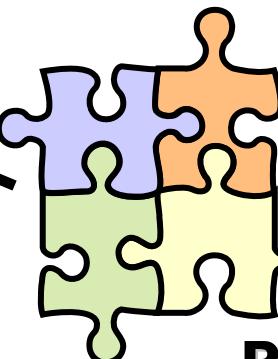


Behavior

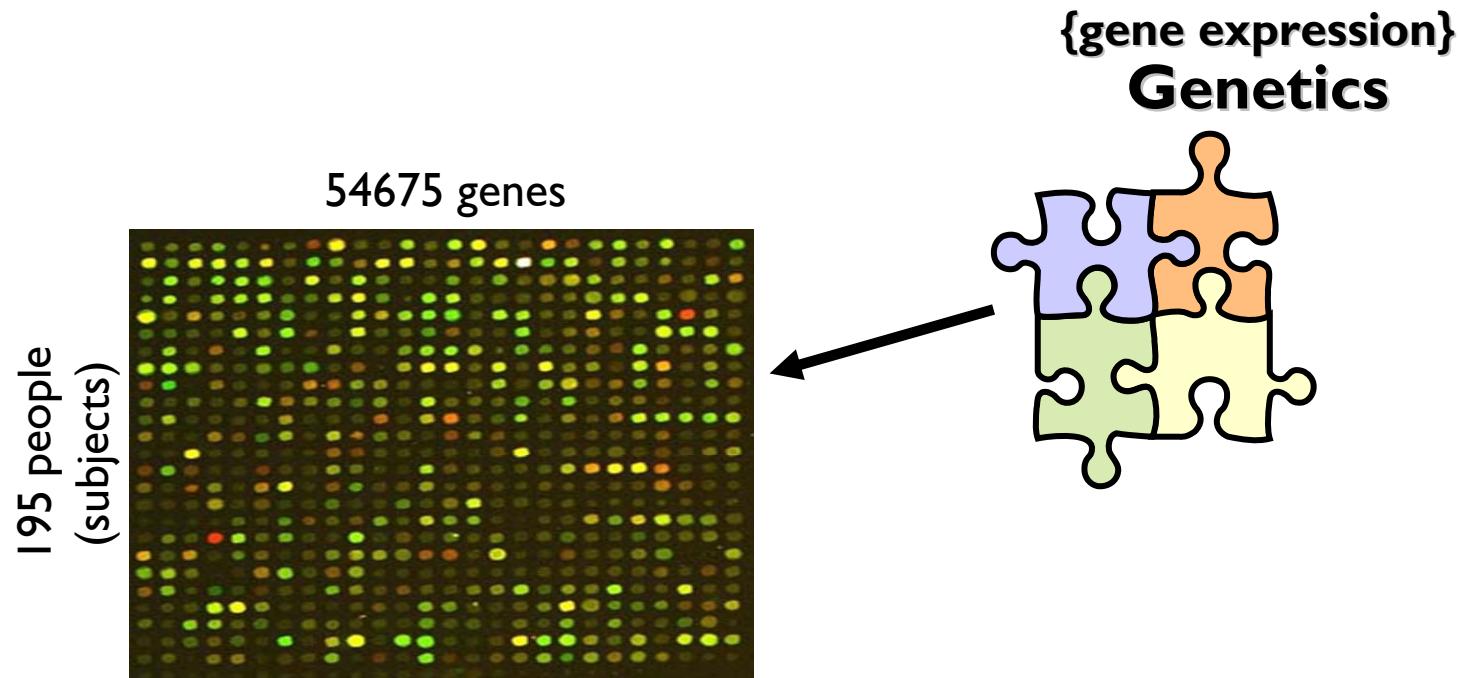
{BMI, triglycerides}



**Air
Pollution**
{PM_{2.5}}

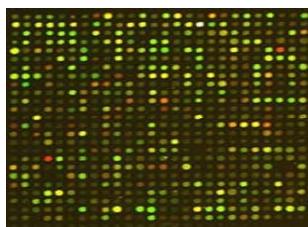


Gene expression measured using oligonucleotide microarrays



IMPORTANT: Total RNA was taken from whole blood samples in the absence of any deliberate experimental perturbation.

Worst. Slide. Ever.



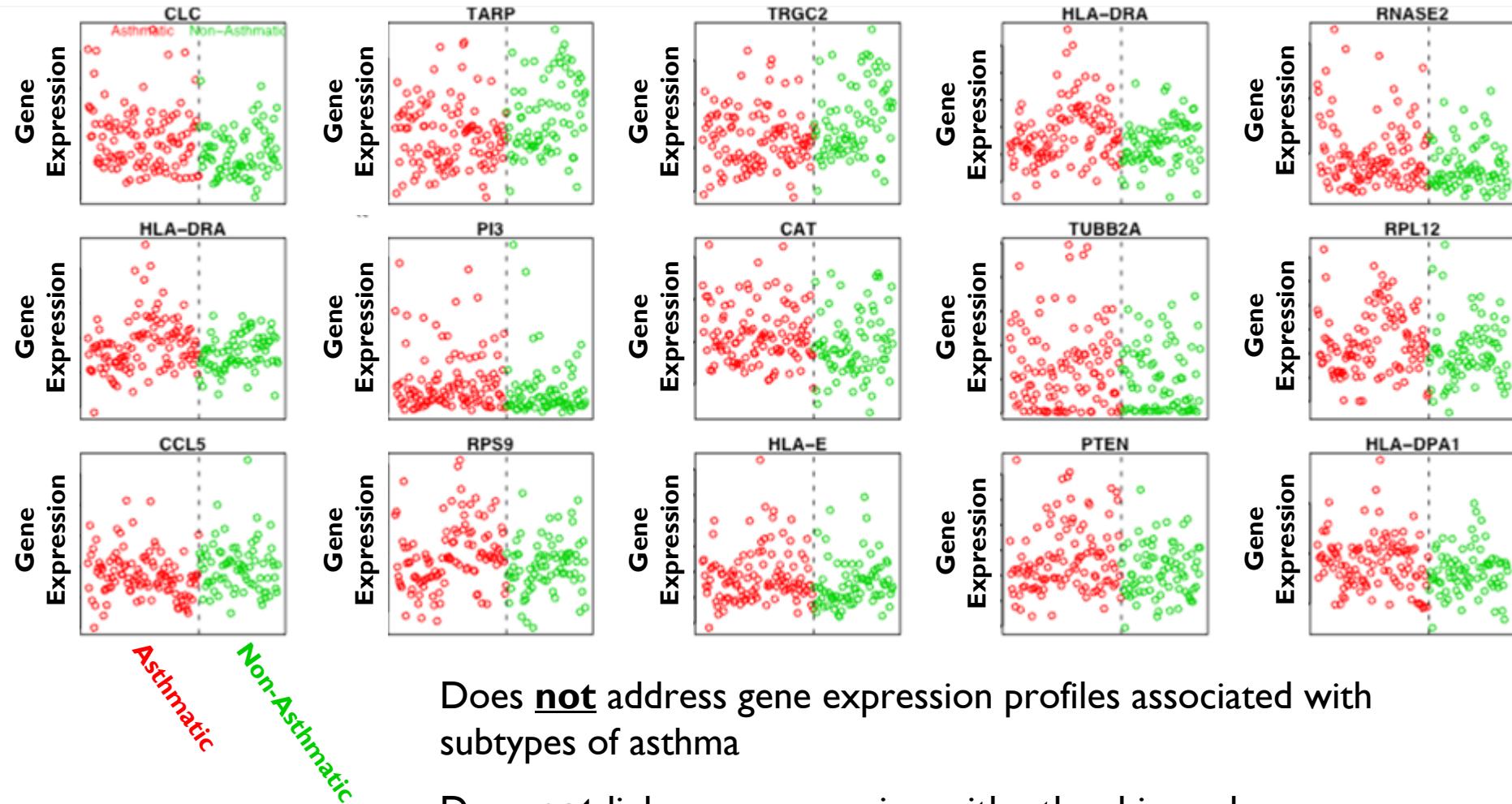
**Generic analysis
via my favorite
analysis method**

Gene Symbol	Probe ID	p-value (Asthmatic vs. Non-Asthmatic)
CLC	254666_s_at	0.0046
TARP	1552398_a_at	0.0067
TRGC2	1553993_s_at	0.0087
HLA-DRA	1554899_s_at	0.0074
RNASE2	1555349_a_at	0.0050
HLA-DRA	1555759_a_at	0.0014
PI3	200059_s_at	0.0075
CAT	200063_s_at	0.0013
TUBB2A	200065_s_at	0.0092
RPL12	200074_s_at	0.0061
CCL5	200080_s_at	0.0010
PRS9	200086_s_at	0.0030
HLA-E	200088_x_at	0.0021
• • •		
PTEN	200091_s_at	0.0026
HLA-DPA1	200094_s_at	0.0045

Provides proof of my ability to generate thousands of p-values

Gives a long list of results that are essentially presented in a contextual vacuum

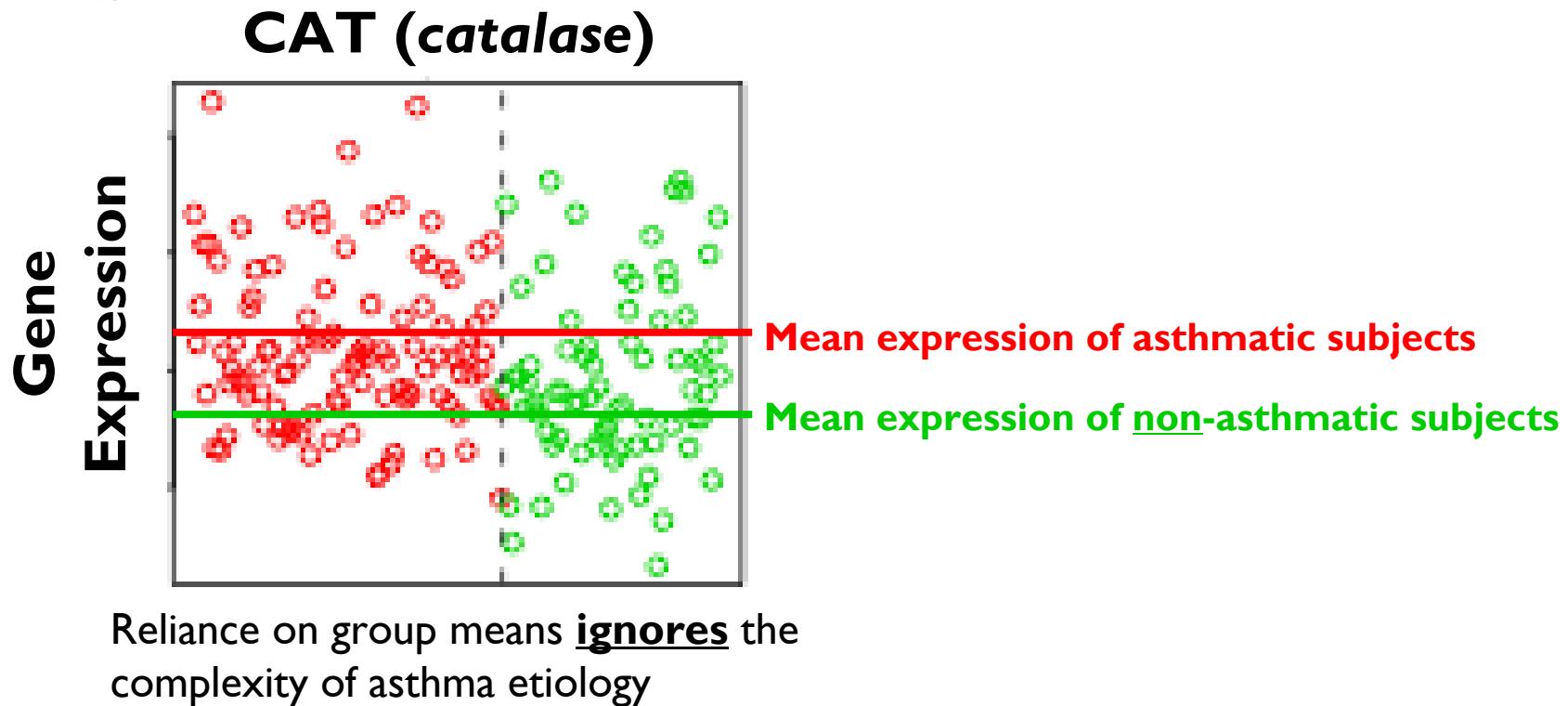
Why not just do the usual “here are some main-effect genes that discriminate asthmatics versus non-asthmatics”?



Does **not** address gene expression profiles associated with subtypes of asthma

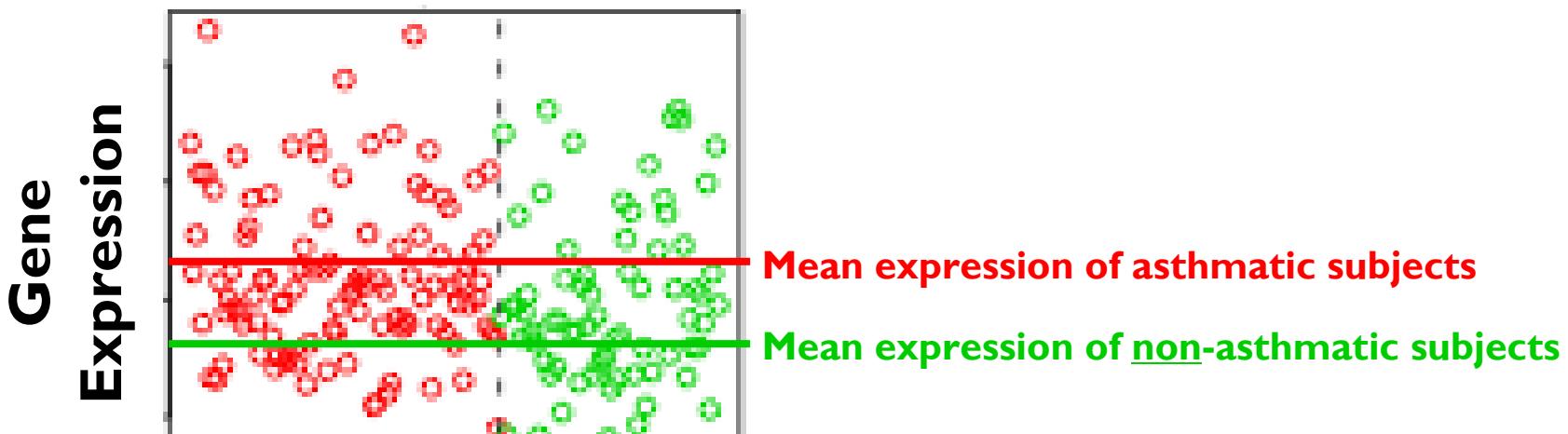
Does **not** link gene expression with other biomarkers or covariates (Where is the context?)

Why not just do the usual “here are some main-effect genes that discriminate asthmatics versus non-asthmatics”?



Why not just do the usual “here are some main-effect genes that discriminate asthmatics versus non-asthmatics”?

CAT (*catalase*)



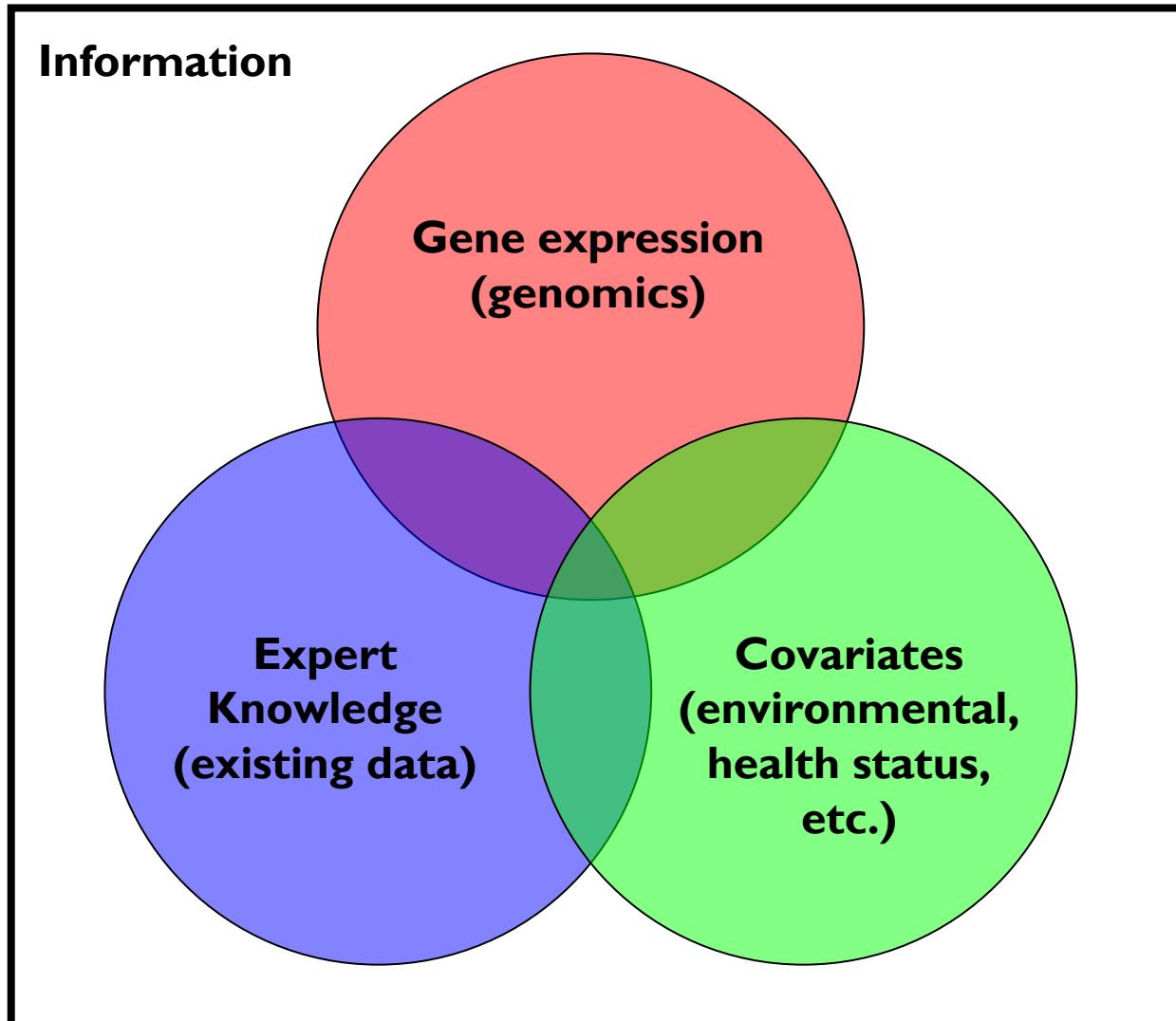
Reliance on group means ignores the complexity of asthma etiology



A_{this}	A_{this}	A_{this}	A_{this}
A_{this}	A_{this}	A_{that}	A_{that}
A_{this}	A_{that}	A_{that}	A_{that}
$OK_{borderline}$	$OK_{borderline}$	OK	OK
$OK_{borderline}$	$OK_{borderline}$	OK	OK
A_{other}	A_{other}	OK	OK
A_{other}	A_{other}	OK	OK

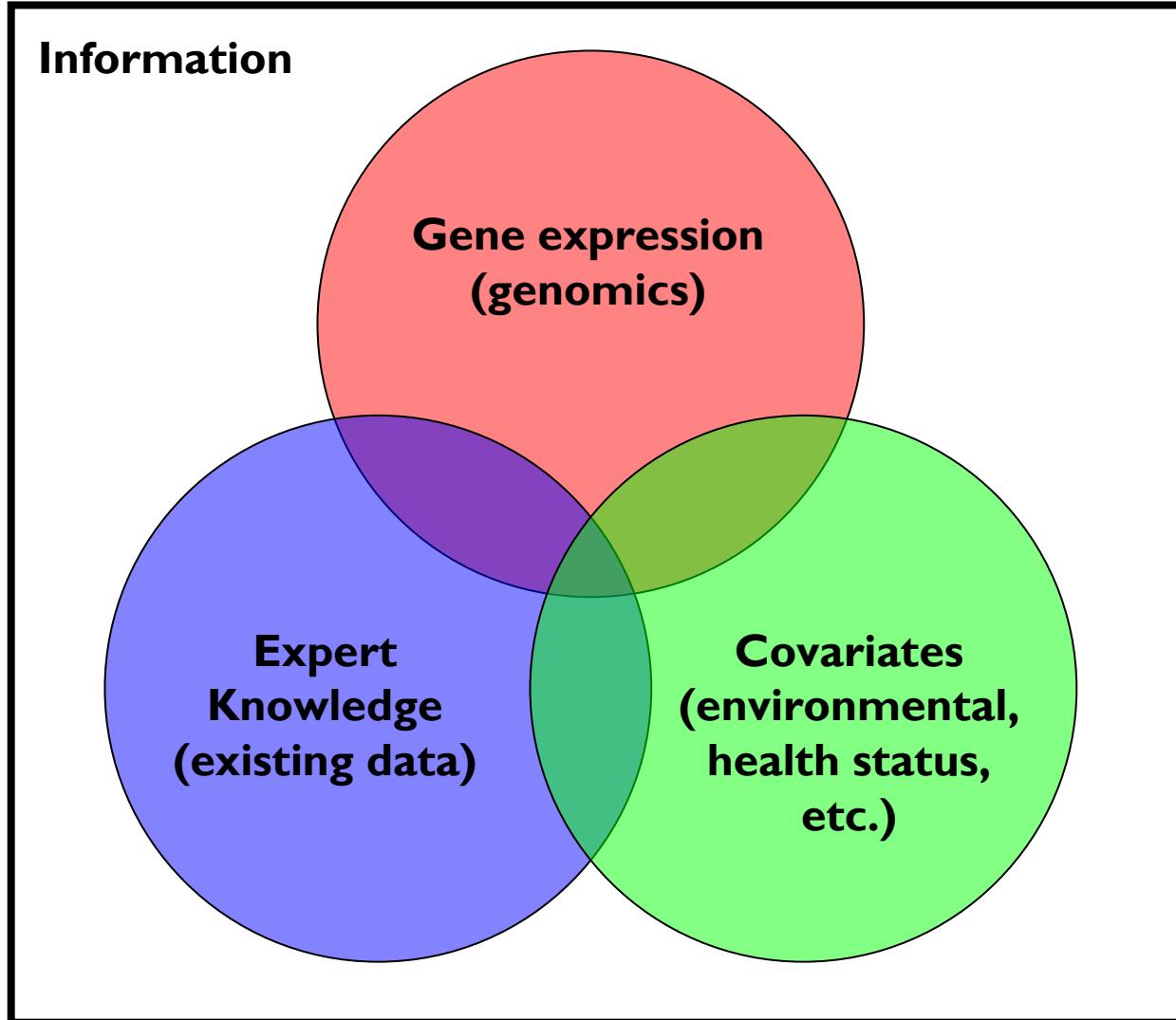
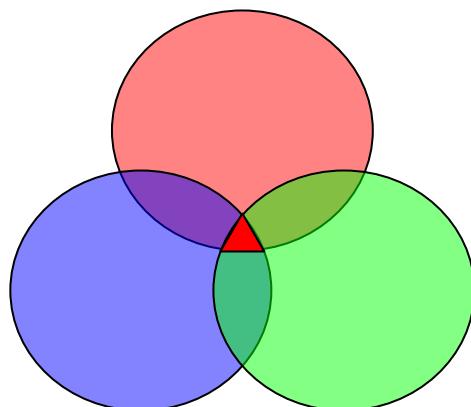
The ultimate goal is to glean mechanistic information regarding asthma subtypes

Is diagnosis as “asthmatic” a strong, homogeneous phenotype?



The ultimate goal is to glean mechanistic information regarding asthma subtypes

The intersection of these information sources can provide mechanistic context



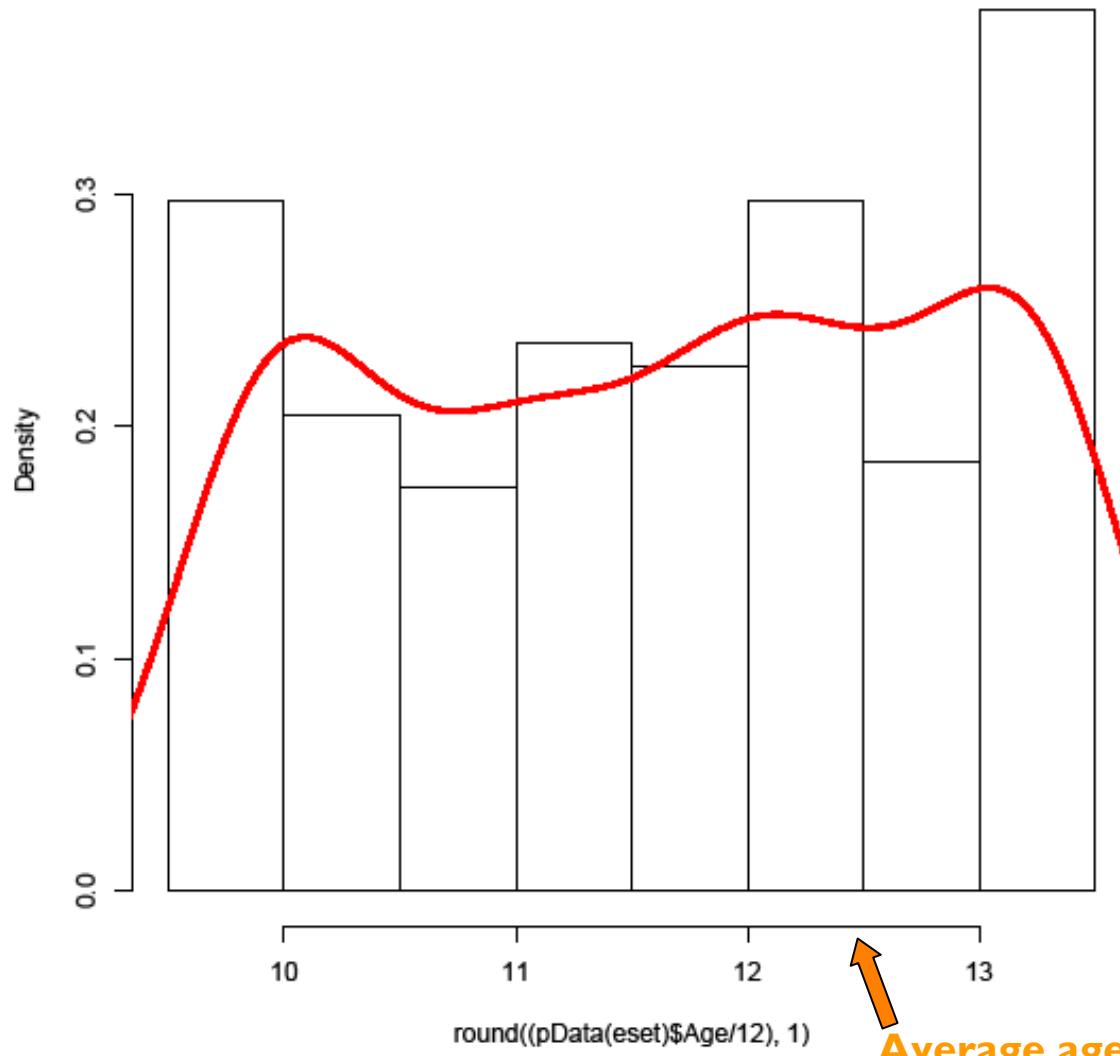
Partial list of MICA covariates

VariableName	Label
AgeYrs	Age at DrawDate in years
BMIPCT	BMI percentile
BMIZ	BMI z-score
HAZ	Height z-score
HTPCT	Height percentile
WAZ	Weight z-score
WHPCT	Weight-for-height percentile
WHZ	Weight-for-height z-score
WTPCT	Weight percentile
O2Sat	BP O2 Saturation (%)
Pulse	BP Pulse, Beats/min
•	•
•	•
•	•

D5AnyMedUse	Any Asthma Med Use
D6DrDiagnosis	Dr. Diagnosed Asthma (Q37)
D8Symptoms	Asthma symptoms from Q37 and Q38
D9IIIWithAsthma	III With Asthma in last 12 months (L048)
L_JROS	Log10(JROS)
MeanDia	Mean of first two diastolic measurements
MeanSys	Mean of first two systolic measurements
Pctl_Baso	Basophil percent of sum WBC
Pctl_Eosino	Eosinophil percent of sum WBC
PctLymph	Lymphocyte percent of sum WBC
PctMono	Monocyte percent of sum WBC
PctNeut	Neutrophil percent of sum WBC

What are the characteristics of our MICA study sample?

Range (Years) = [9.5,13.5]



Study sample includes both boys and girls

Study sample is predominantly African-American (>80%)

Study sample includes children diagnosed as **asthmatic** and **non-asthmatic**

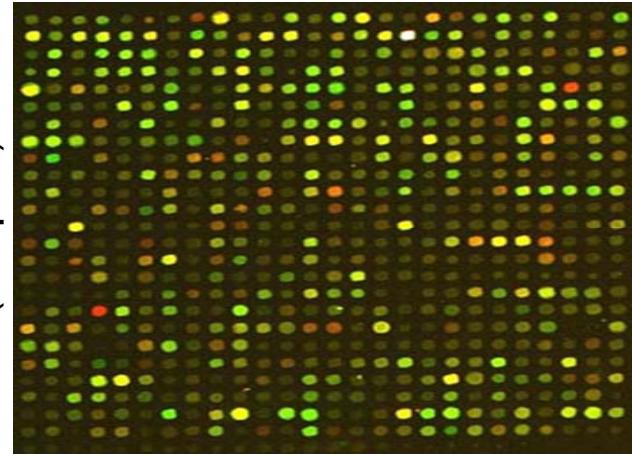
Distribution of age across all categories is fairly uniform



Average age at menarche (nation-wide)

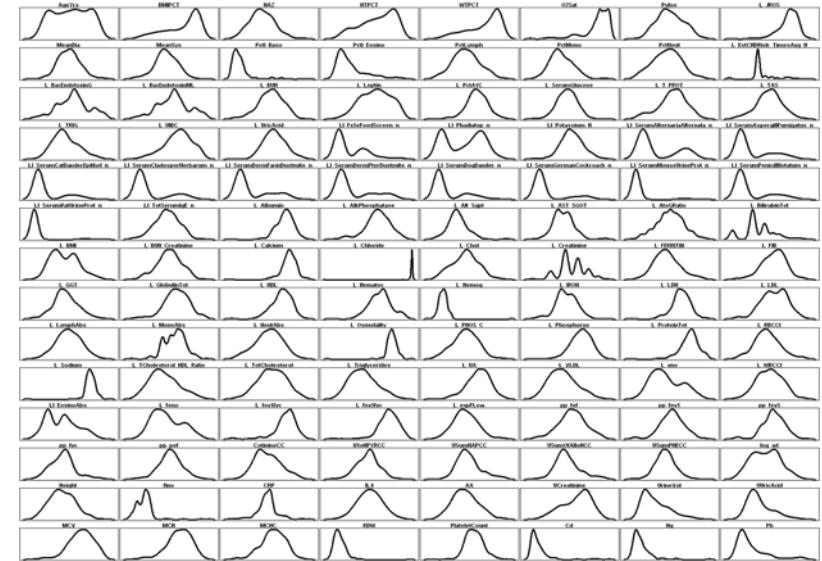
How do we leverage MICA covariate information for the gene expression analysis?

54675 genes

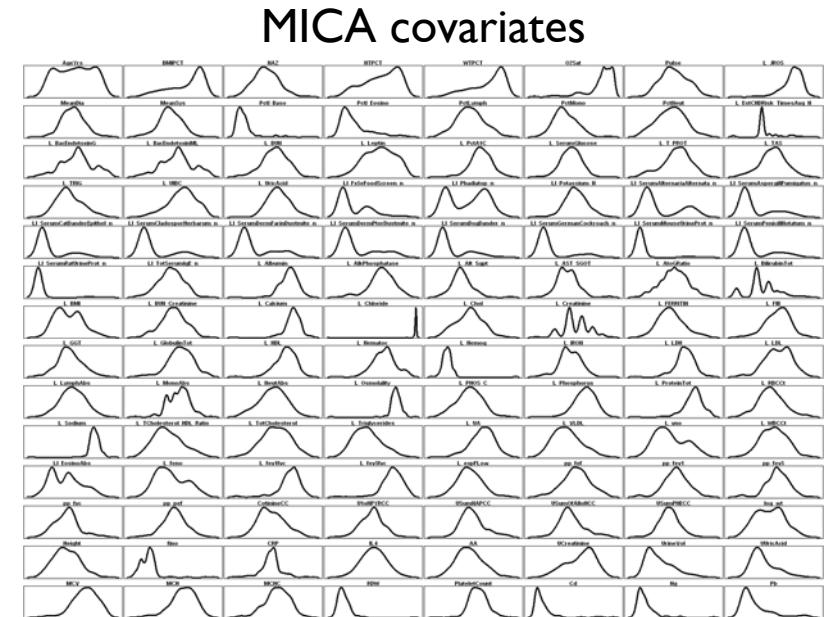
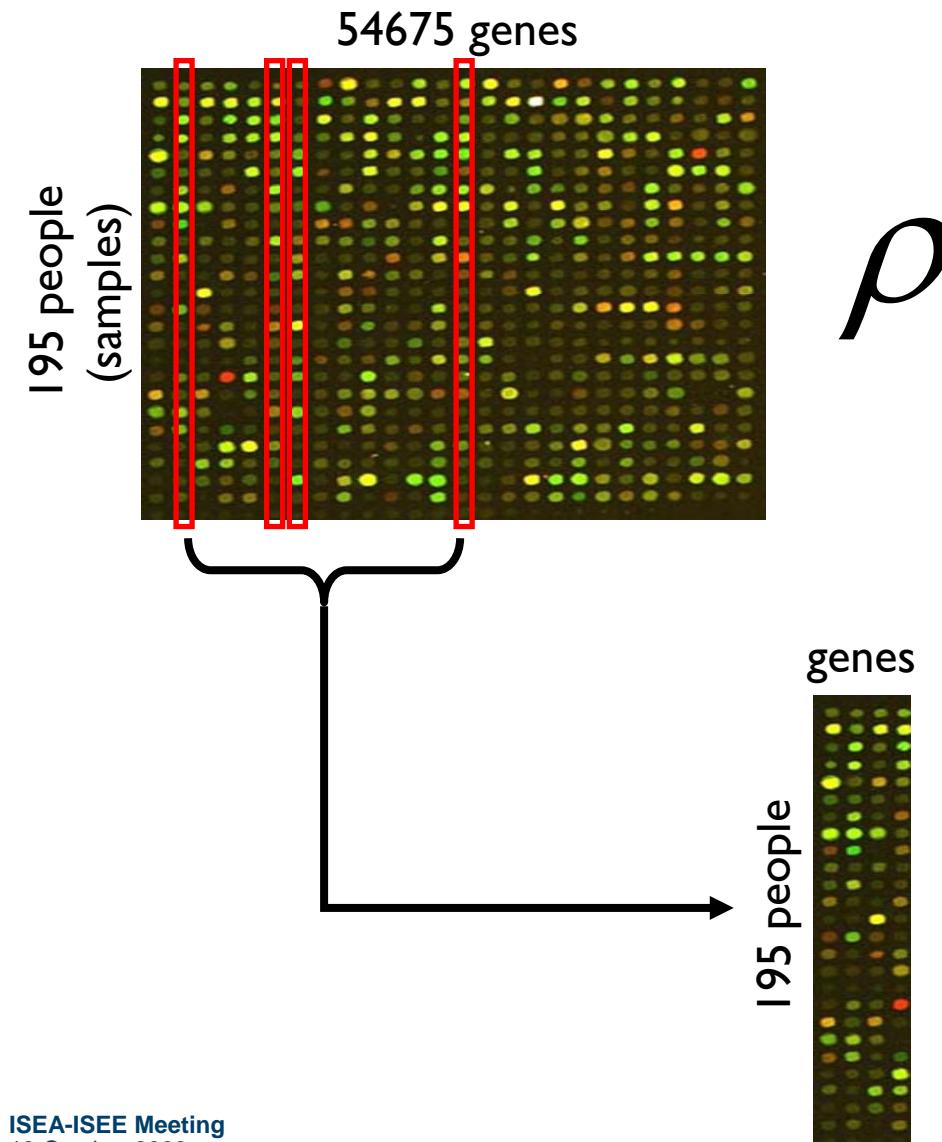


ρ

MICA covariates

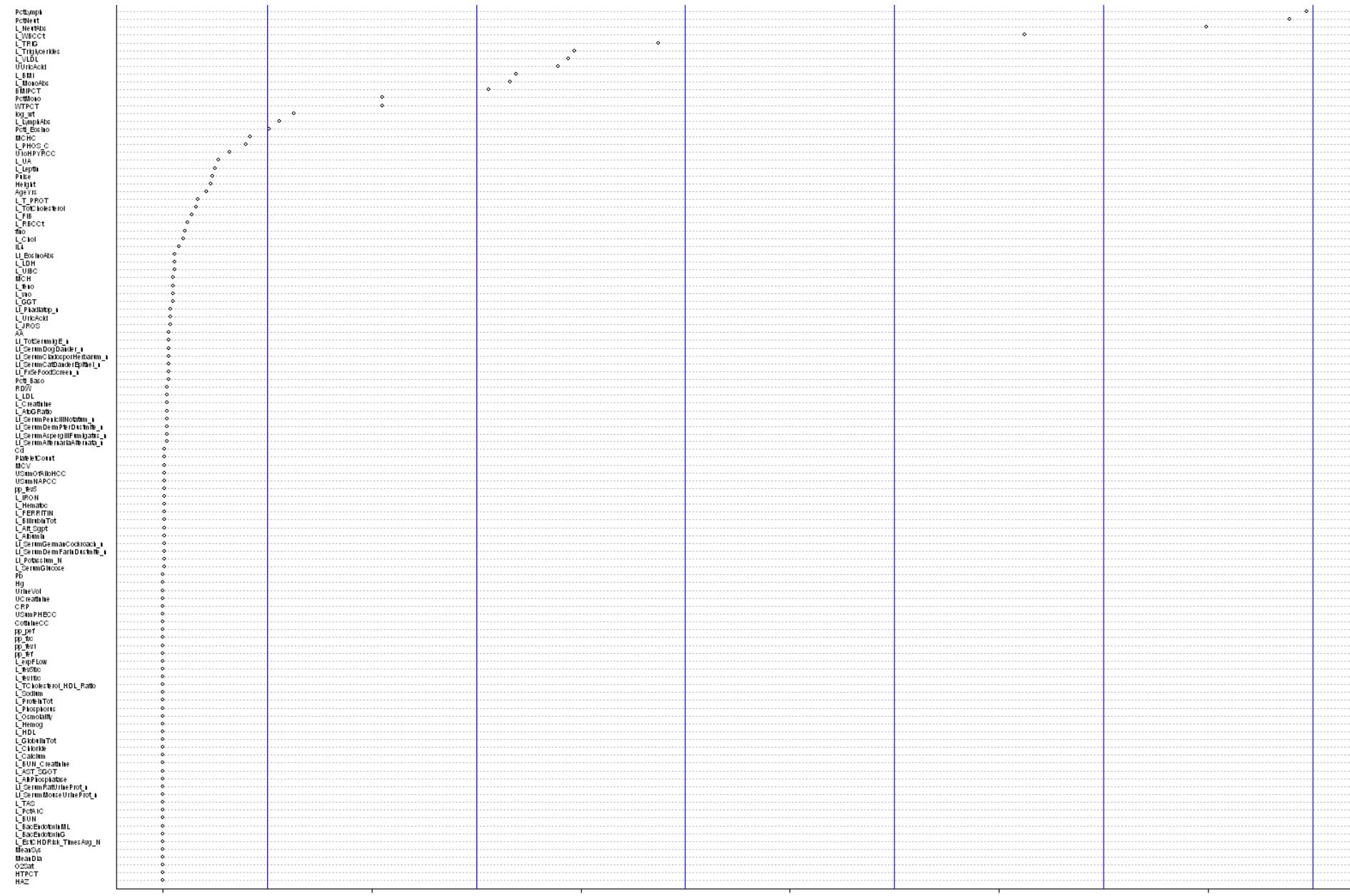


How do we leverage MICA covariate information for the gene expression analysis?

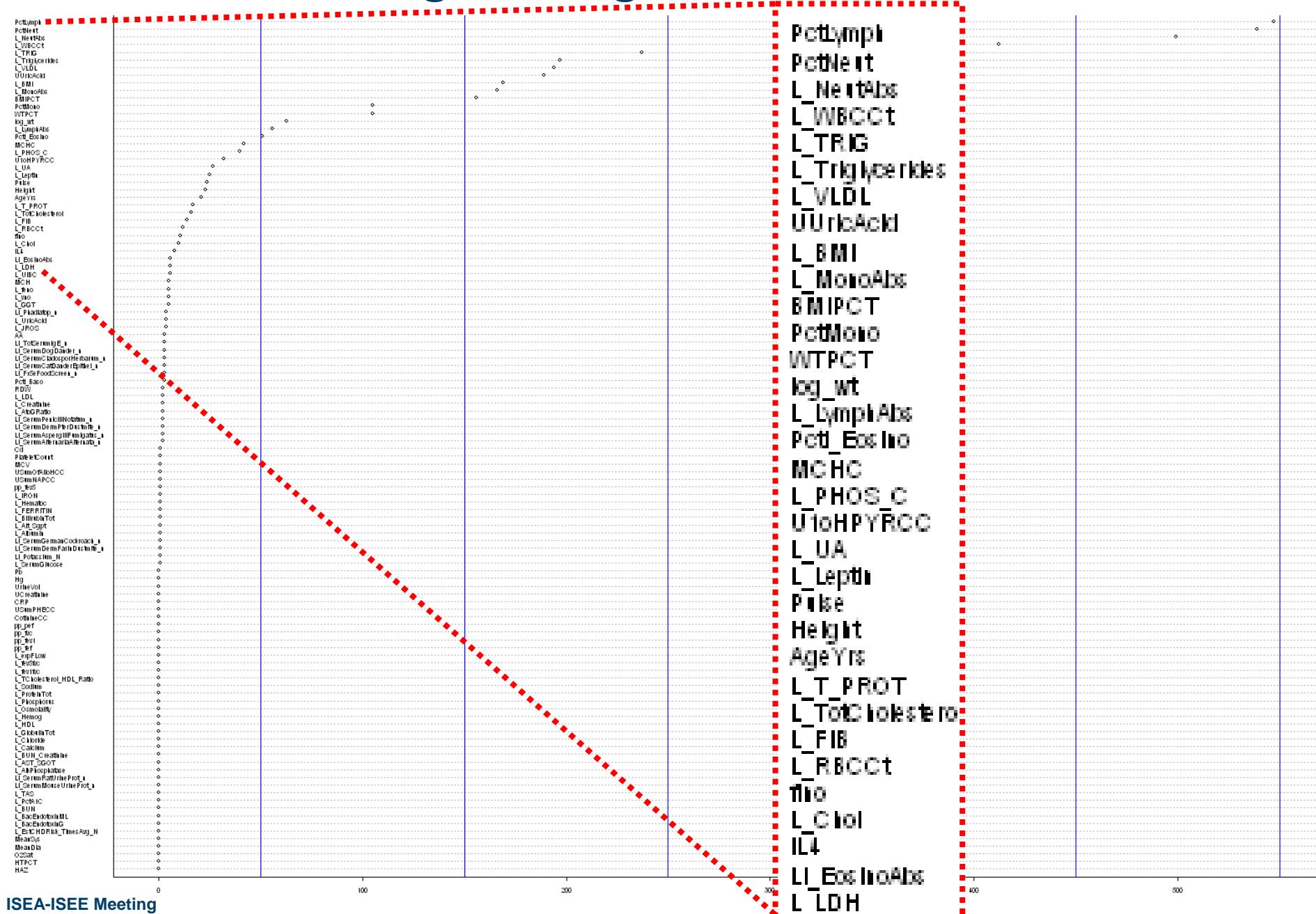


Results in a list of genes having significant correlation with at least one MICA covariate

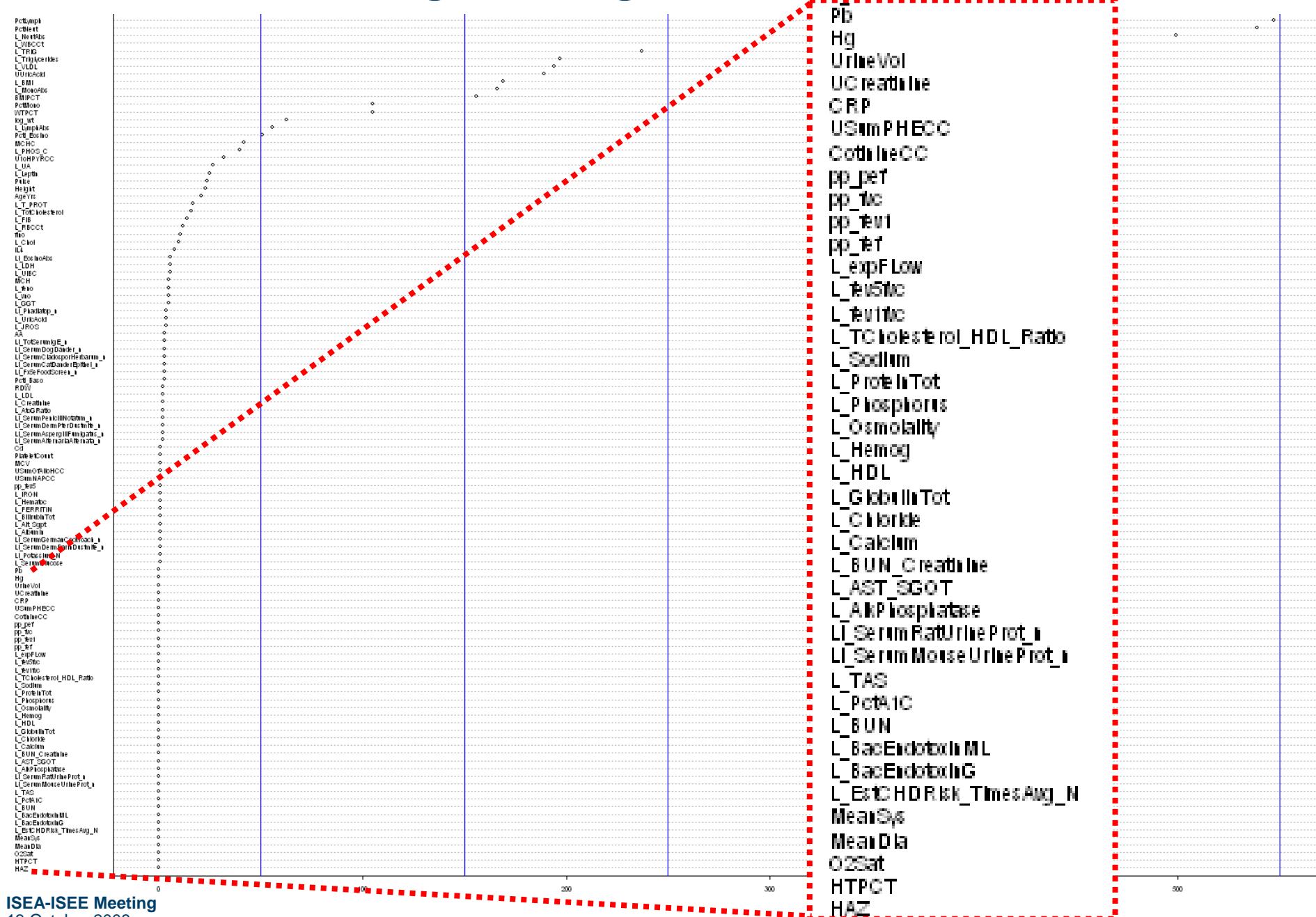
Number of significant gene-covariate correlations



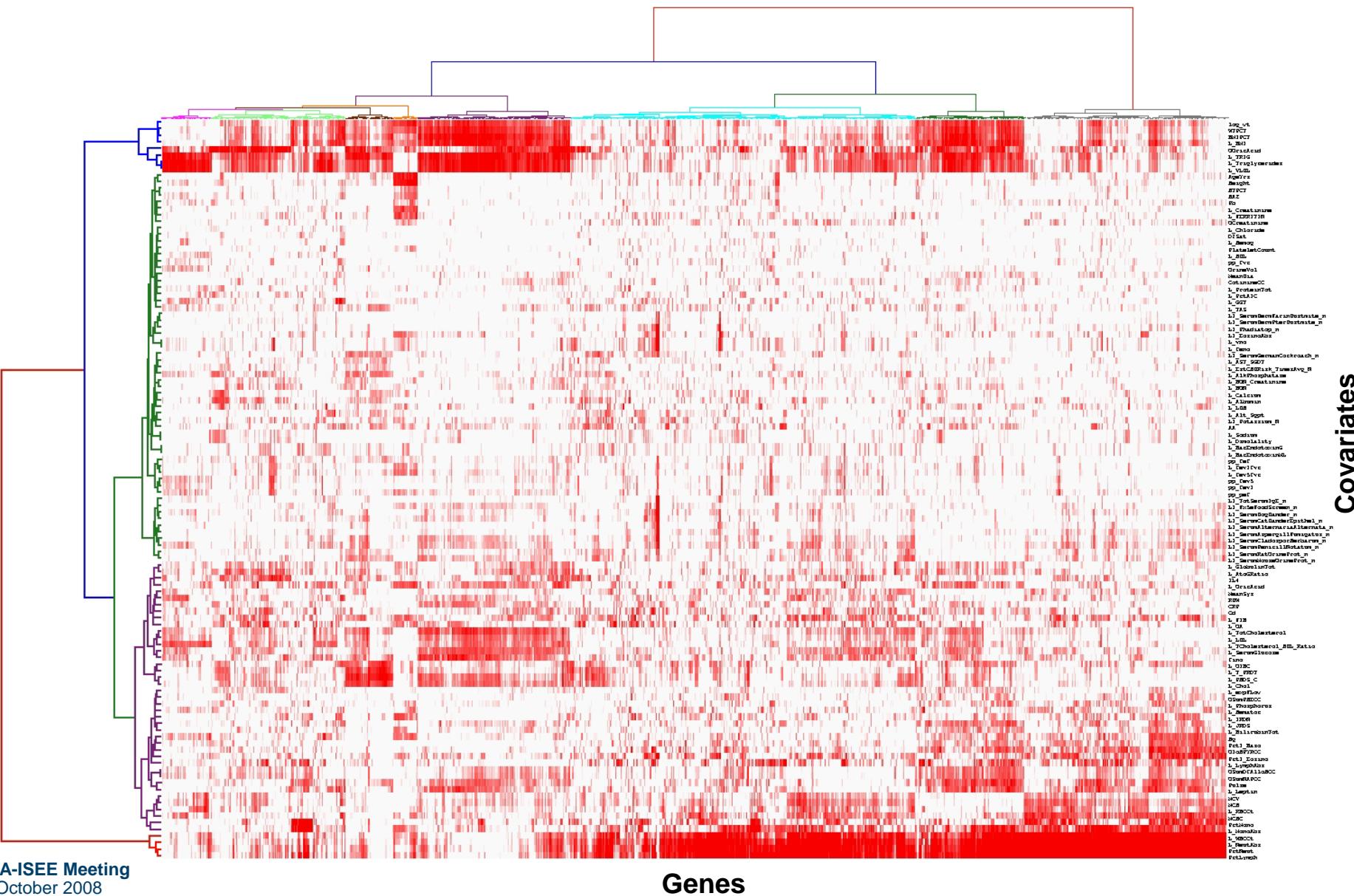
Number of significant gene-covariate correlations



Number of significant gene-covariate correlations



Are MICA covariates reflective of underlying gene expression patterns?

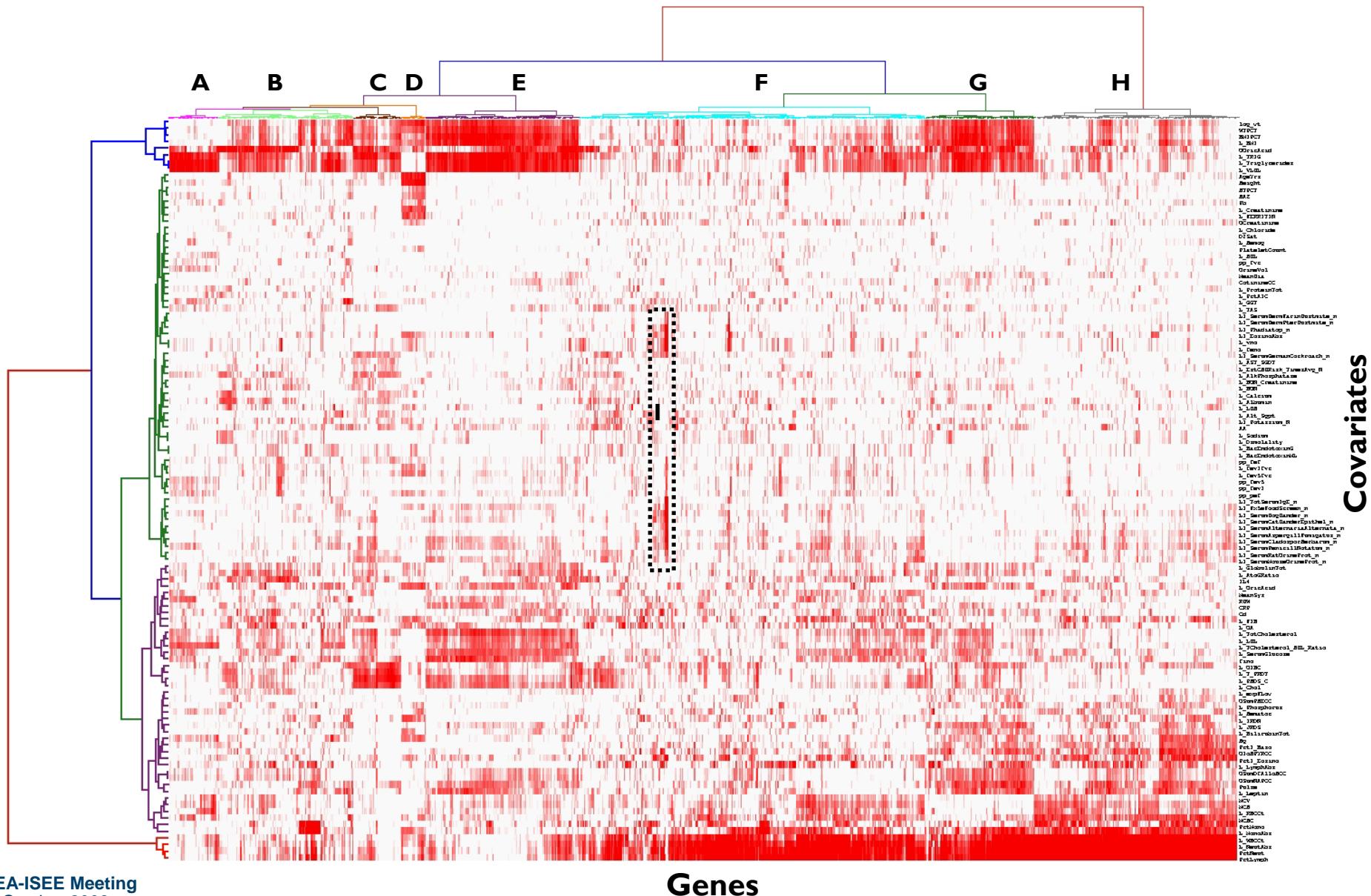


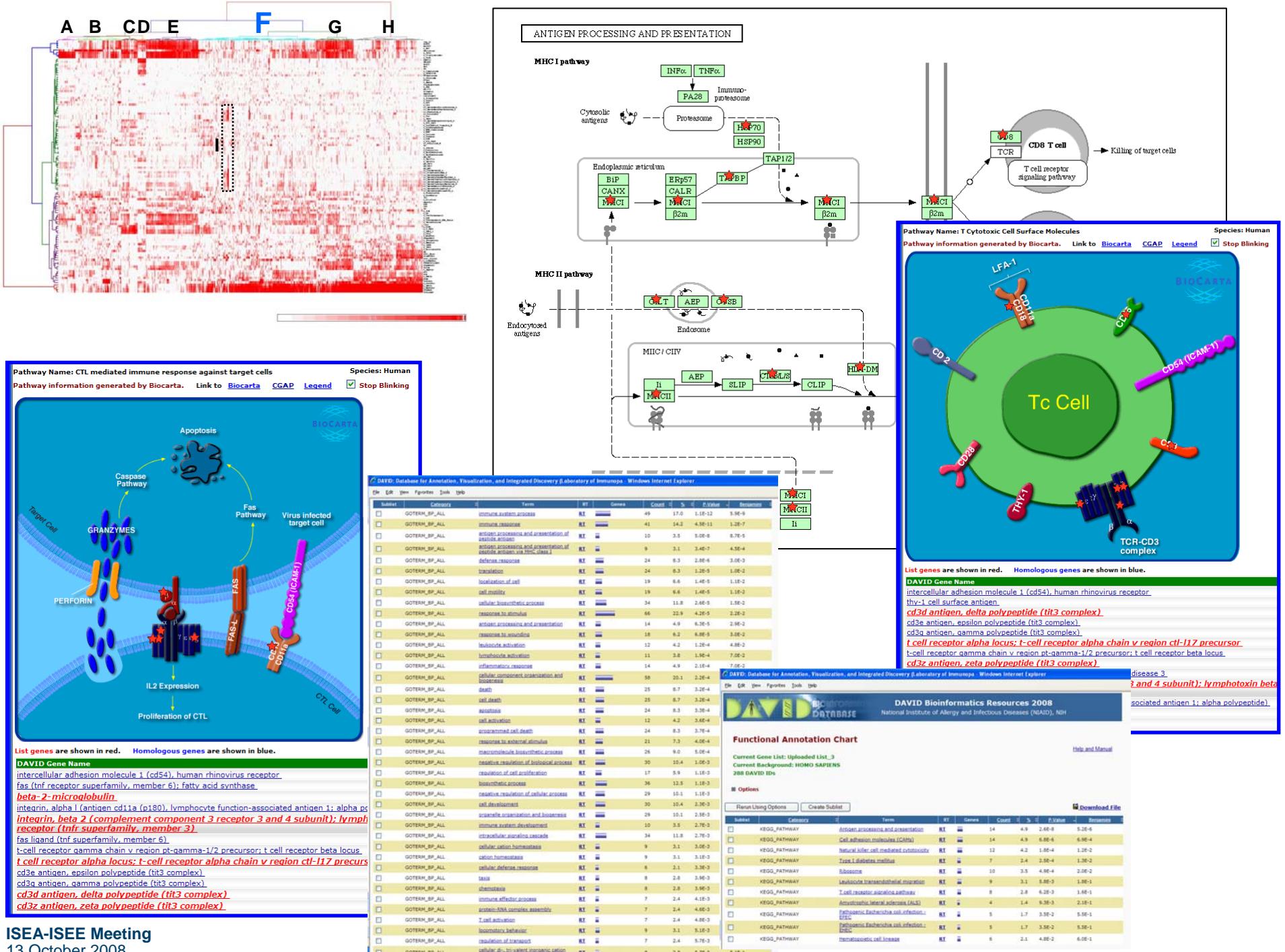
Absolute value of gene-covariate correlation

0.0

1.0

Are MICA covariates reflective of underlying gene expression patterns?





A B C D E F G H

DAVID: Database for Annotation, Visualization, and Integrated Discovery (Laboratory of Immunopedia - Windows Internet Explorer)

DAVID Bioinformatics Resources 2008
National Institute of Allergy and Infectious Diseases (NIH), NIH

Functional Annotation Chart

Current Gene List: Uploaded List_1
Current Background: HOMO SAPIENS
3 DAVID IDs

Options

Sublist	Category	Term	RT	Genes
<input type="checkbox"/> GOTERM_BP_ALL	catabolic process	RT		
<input checked="" type="checkbox"/> GOTERM_BP_ALL	cellular catabolic process	RT		
<input type="checkbox"/> GOTERM_BP_ALL	response to chemical stimulus	RT		

Download File

BIOCHEMICAL FEATURES

Several rare electrophoretic variants of red cell catalase were identified by [Bauer \(1963\)](#). [Nisce et al. \(1968\)](#) also described electrophoretic variants. [Kemmer et al. \(2005\)](#) found that keratoconus (see 143200) conensus exhibited a 2.20-fold increase in catalase mRNA and 1.8-fold increase in enzyme activity. They concluded that elevated levels of cathepsin V2L, B ([116810](#)), and G ([116830](#)) in keratoconus cones could stimulate hydrogen peroxide production which, in turn, could upregulate catalase, an antioxidant enzyme. These and other findings supported the hypothesis that keratoconus cones undergo oxidative stress and tissue degradation. [Yan et al. \(2005\)](#) found that at least 2 forms of catalatase exist in Japan. In an extensive kindred with acatalasemia in 2 sibships, heterozygotes showed catalase values overlapping with the normal.

CINICAL FEATURES

Acatalasemia was first discovered in Japan by Takahara, an oculologist who found that in cases of progressive oral gangrene, hydrogen peroxide applied to the ulcerated areas did not froth in the usual manner ([Takahara and Miyamoto, 1943](#)). Heterozygotes have an intermediate level of catalase in the blood. The frequency of the gene, although relatively high in Japan, is variable. The frequency of heterozygotes is 0.09% in Hiroshima and Nagasaki but is of the order of 1.4% in other parts of Japan ([Hamatsu et al., 1961](#)). [Hamatsu and Ned, 1963](#) presented evidence that at least 2 forms of acatalasemia exist in Japan. In an extensive kindred with acatalasemia in 2 sibships, heterozygotes showed catalase values overlapping with the normal.

OMIM - CATALASE; CAT - Windows Internet Explorer

OMIM Online Mendelian Inheritance in Man

Search: CMM for

Display: Detailed Show 20 Send to

+115900 CATALASE; CAT

Alternative titles: symbols
ACATALASEMIA, INCLUDED
ACATALASIA, INCLUDED
CATALASE DEFICIENCY, INCLUDED

Genetic map location: 11p13

TEXT

[Bell et al. \(1996\)](#) gave the cDNA sequence for human kidney catalase. The coding region had 1,581 basepairs.

GENE STRUCTURE

[Quan et al. \(1986\)](#) found that the CAT gene is 34 kb long and split into 13 exons.

MAPPING

[Wenckebach et al. \(1990\)](#) assigned a gene for catalase to 11p by study of man-mouse cell hybrid clones. In the hybrid cells, detection of human catalase was precluded by the complexity of the electrophoretic pattern resulting from interference by catalase-modifying enzyme activity. Therefore, a specific anti-human antibody was used in conjunction with electrophoresis. In mouse, catalase is not systemic to the beta-globin cluster or to LHDH. [Nikawa et al. \(1982\)](#) confirmed the close linkage of catalase to the gene of the WAGR complex (see 144070) by demonstrating low levels of catalase activity in the erythrocytes of 2 unrelated patients with the WAGR syndrome and renal deletion in 11p. From the study of dosage in 2 unrelated patients with an interstitial deletion involving 11p13, [Nikawa et al. \(1982\)](#) concluded that both the catalase locus and the WAGR locus are situated in the chromosomal segment 11p13-q11.39, with catalase distal to WAGR. [Yan et al. \(2005\)](#) found an association between essential hypertension defined as elevation of systolic blood pressure and a single-nucleotide polymorphism (SNP) located 844 bp upstream of the start codon of the CAT gene. The TT genotype was associated with higher blood pressure than the CC genotype and CT was intermediate. [Goth and Eaton \(2009\)](#) reported an increased frequency of diabetes in catalase-deficient Hungarian patients as compared with unaffected first-degree relatives and the general Hungarian population. The authors speculated that quantitative deficiency of catalase might predispose to cumulative oxidant damage of pancreatic beta-cells and resulting diabetes.

MOLECULAR GENETICS

[Bell et al. \(1986\)](#) described a catalase RFLP with 2 different enzymes and used these polymorphisms to exclude deletion of the catalase gene in patients with sporadic acatalasia, including one who was known to have a deletion and another suspected of having a deletion.

[Munro et al. \(1987\)](#) found deletion of the catalase locus in 6 of 9 patients with acatalasia (AN2, 106310). One of these acatalase-deficient acatalasia patients had a normal karyotype. No catalase deletion could be demonstrated in 7 Wilms tumors.

[Joung et al. \(2001\)](#) found an association between essential hypertension defined as elevation of systolic blood pressure and a single-nucleotide polymorphism (SNP) located 844 bp upstream of the start codon of the CAT gene. The TT genotype was associated with higher blood pressure than the CC genotype and CT was intermediate. [Yan et al. \(2005\)](#) found an association between essential hypertension defined as elevation of systolic blood pressure and a single-nucleotide polymorphism (SNP) located 844 bp upstream of the start codon of the CAT gene. The TT genotype was associated with higher blood pressure than the CC genotype and CT was intermediate. [Goth and Eaton \(2009\)](#) reported an increased frequency of diabetes in catalase-deficient Hungarian patients as compared with unaffected first-degree relatives and the general Hungarian population. The authors speculated that quantitative deficiency of catalase might predispose to cumulative oxidant damage of pancreatic beta-cells and resulting diabetes.

ANIMAL MODEL

Hypocatalasemia has been found in the guinea pig, dog, and domestic fowl (see review by [Lynch, 1959](#)). In the acatalasic mouse, [Shaffer and Preston \(1990\)](#) demonstrated that a CAG (guanine)-to-CAT (threonine) transversion in the third position of codon 11 was responsible for the deficiency.

To determine the role of reactive oxygen species in mammalian longevity, [Schrader et al. \(2005\)](#) generated transgenic mice that overexpressed human catalase localized to the peroxisome, the nucleus, or mitochondria. Median and maximum life spans were maximally increased (average of 5 months and 5.5 months, respectively) in the mitochondrial catalase-expressing animals. Cardiac pathology and cataract development were delayed, oxidative damage was reduced, peroxide production and peroxide-induced caspase activation were attenuated, and the development of mitochondrial deletion was reduced. [Schrader et al. \(2005\)](#) concluded that their results support the free radical theory of aging and reinforce the importance of mitochrondria as a source of these radicals. [Yan et al. \(2005\)](#) found an association between essential hypertension defined as elevation of systolic blood pressure and a single-nucleotide polymorphism (SNP) located 844 bp upstream of the start codon of the CAT gene. The TT genotype was associated with higher blood pressure than the CC genotype and CT was intermediate. [Goth and Eaton \(2009\)](#) reported an increased frequency of diabetes in catalase-deficient Hungarian patients as compared with unaffected first-degree relatives and the general Hungarian population. The authors speculated that quantitative deficiency of catalase might predispose to cumulative oxidant damage of pancreatic beta-cells and resulting diabetes.

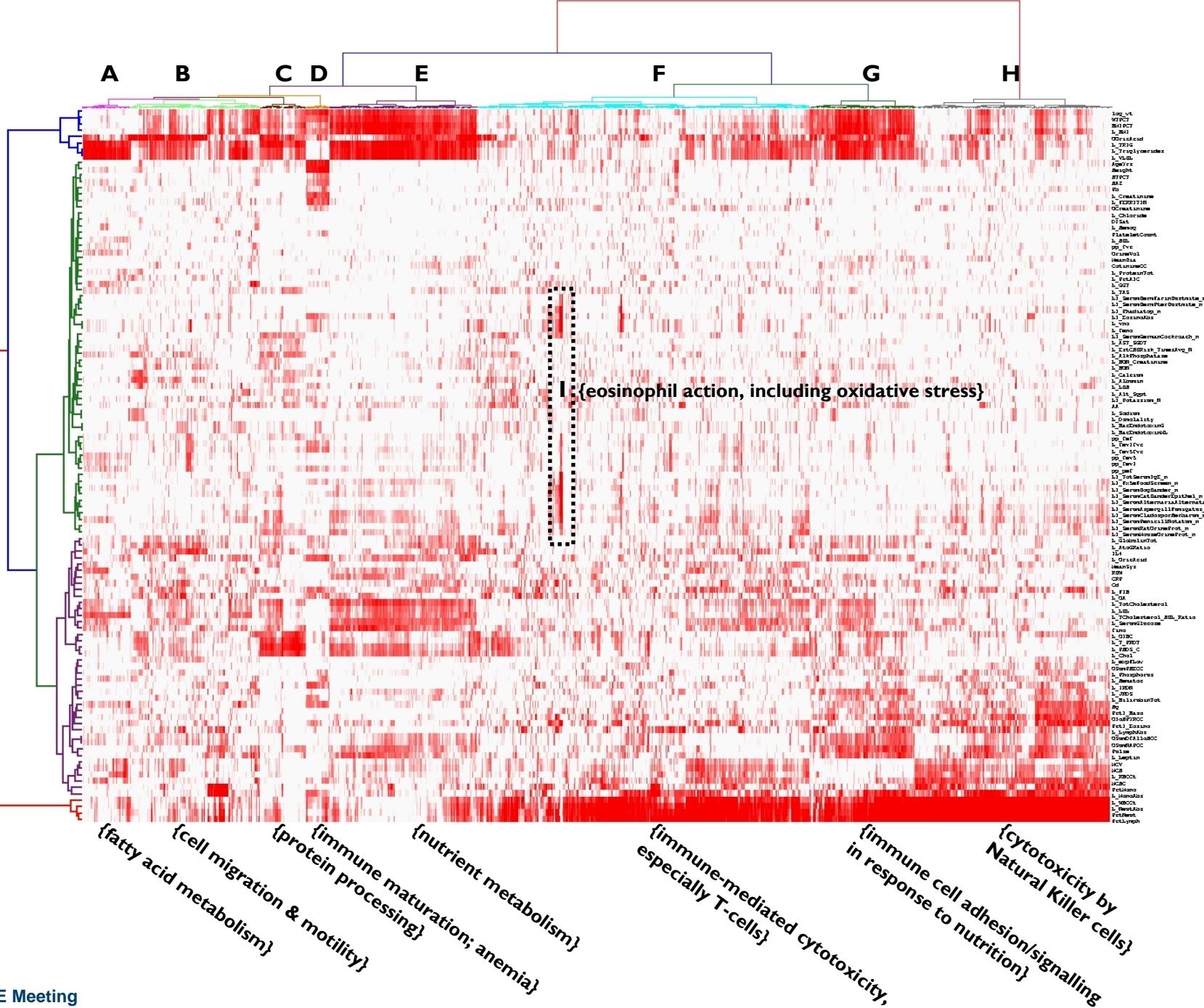
ALLELIC VARIANTS

CYTogenetics

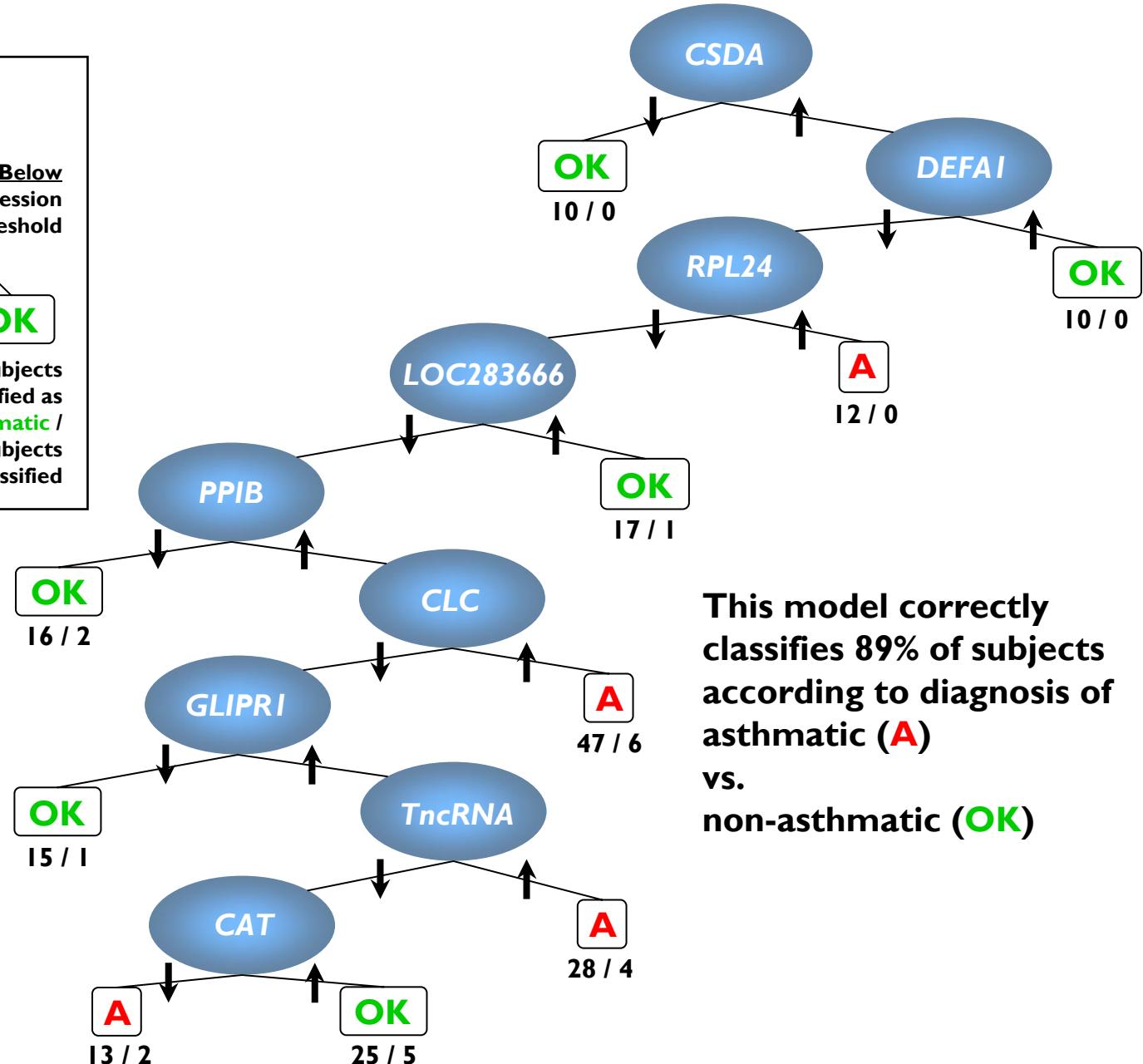
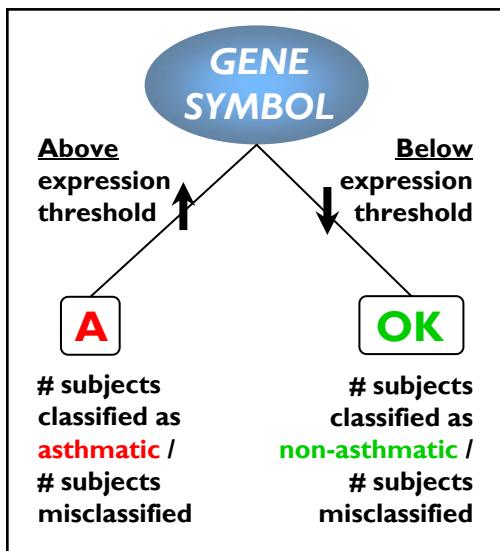
[Janusz et al. \(1980\)](#) investigated catalase gene dosage effects in a case of 11p13 deletion, a case of mosaicism of all of 11p except 11p13, and a case of mosaicism 11p13. The results were consistent with assignment of the catalase locus to 11p13 and its linkage with the WAGR complex (144070). Assay of catalase activity should be useful in identifying those cases of presumed new mutation mosaics that have a risk of Wilms tumor or gonadoblastoma, even in the absence of visible chromosomal deletion. In karyotypically normal patients with acatalasia, Wilms tumor, or the combination of the 2, [Ferrall and Recant \(1981\)](#) found normal catalase levels.

BIOCHEMICAL FEATURES

ISEA-IEE Meeting
13 October 2008

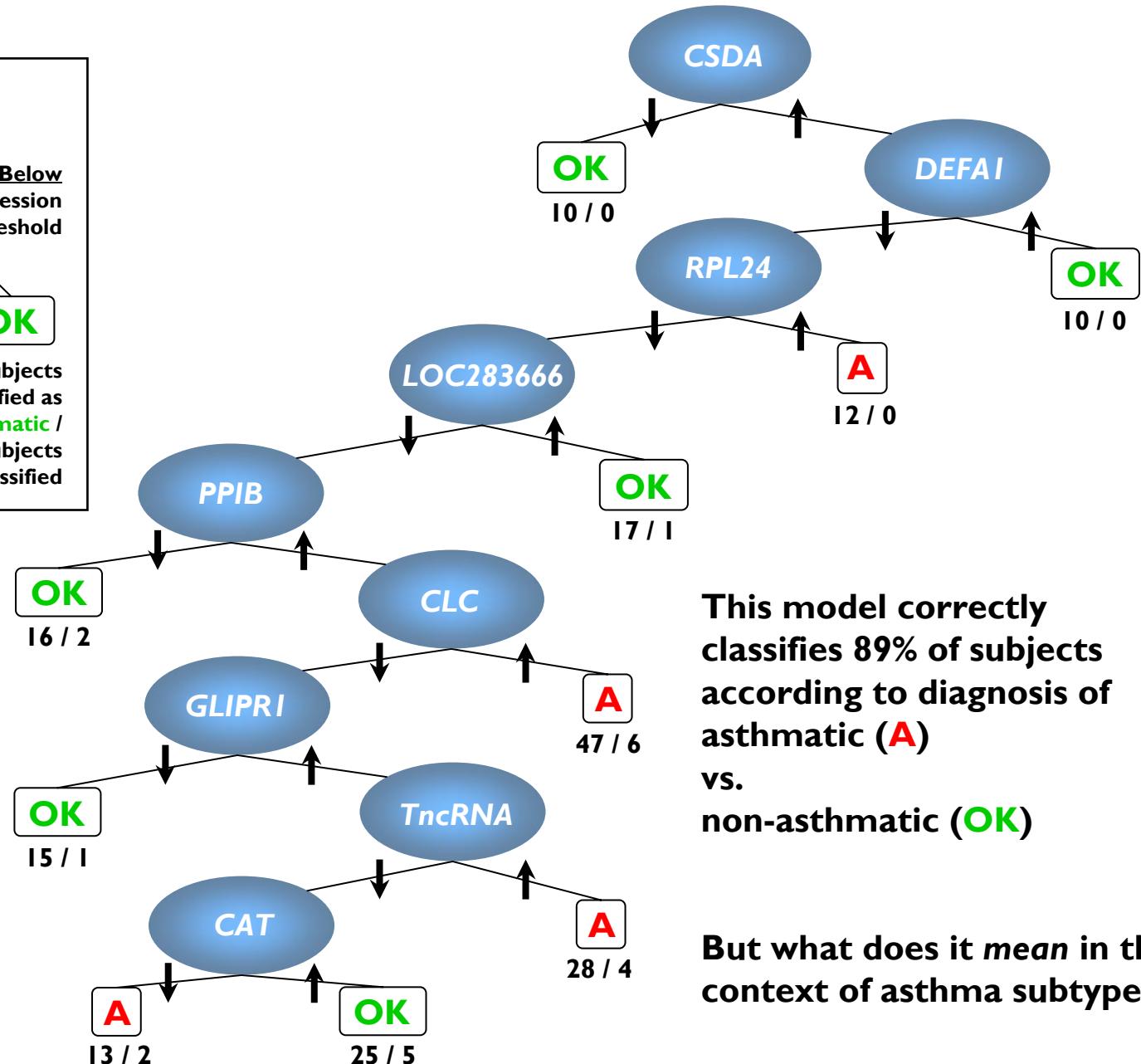
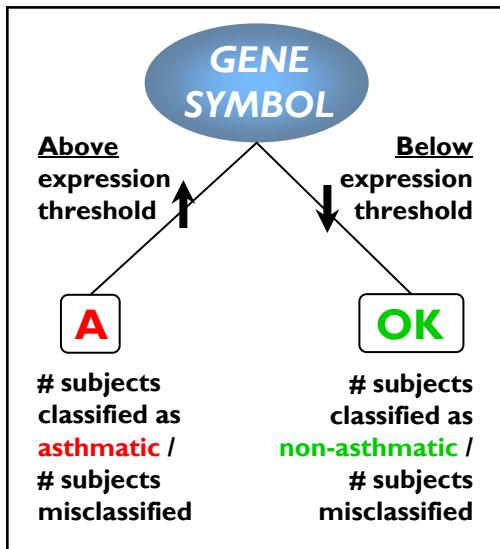


Can we discriminate between subtypes of asthma?



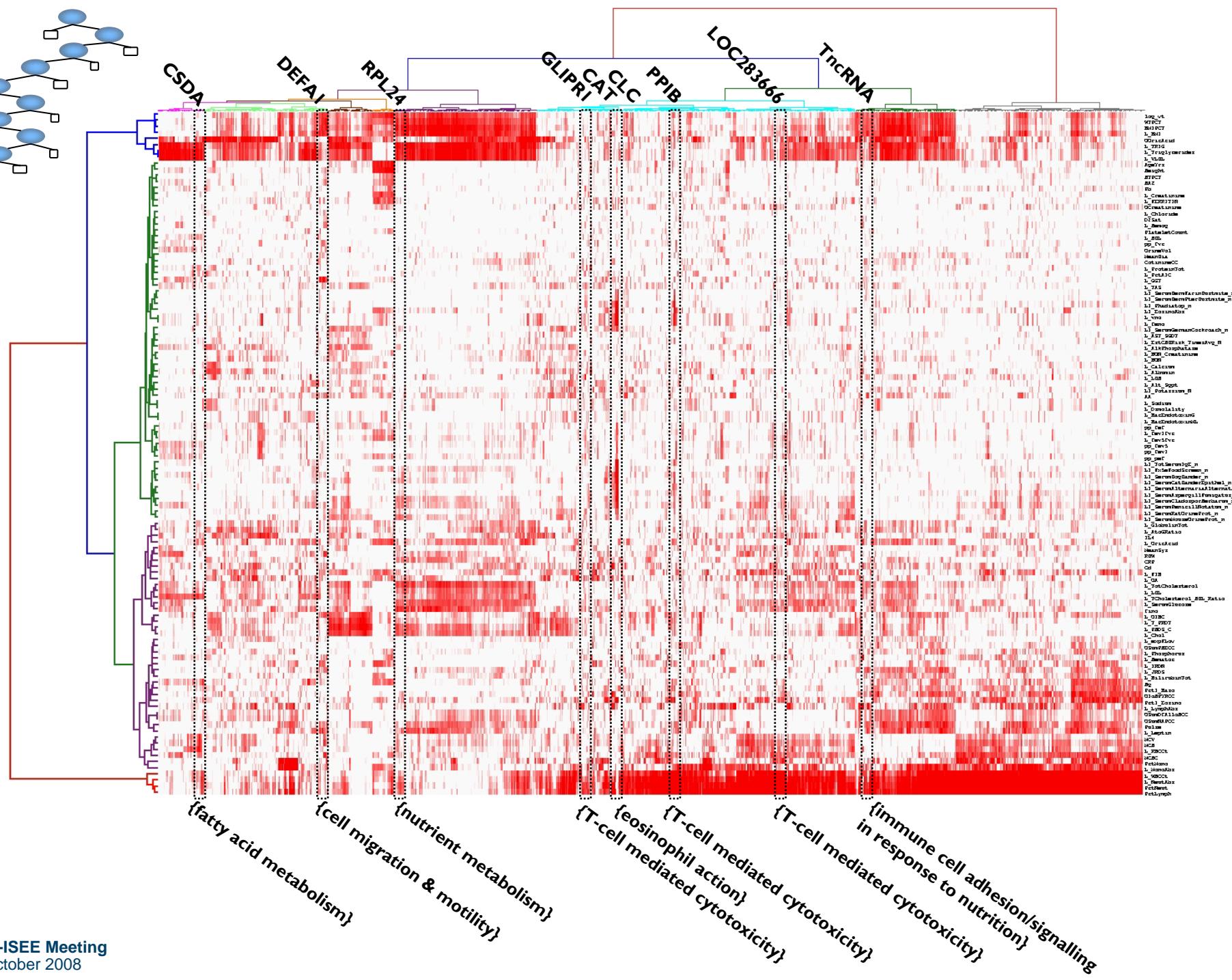
This model correctly classifies 89% of subjects according to diagnosis of asthmatic (A) vs. non-asthmatic (OK)

Can we discriminate between subtypes of asthma?

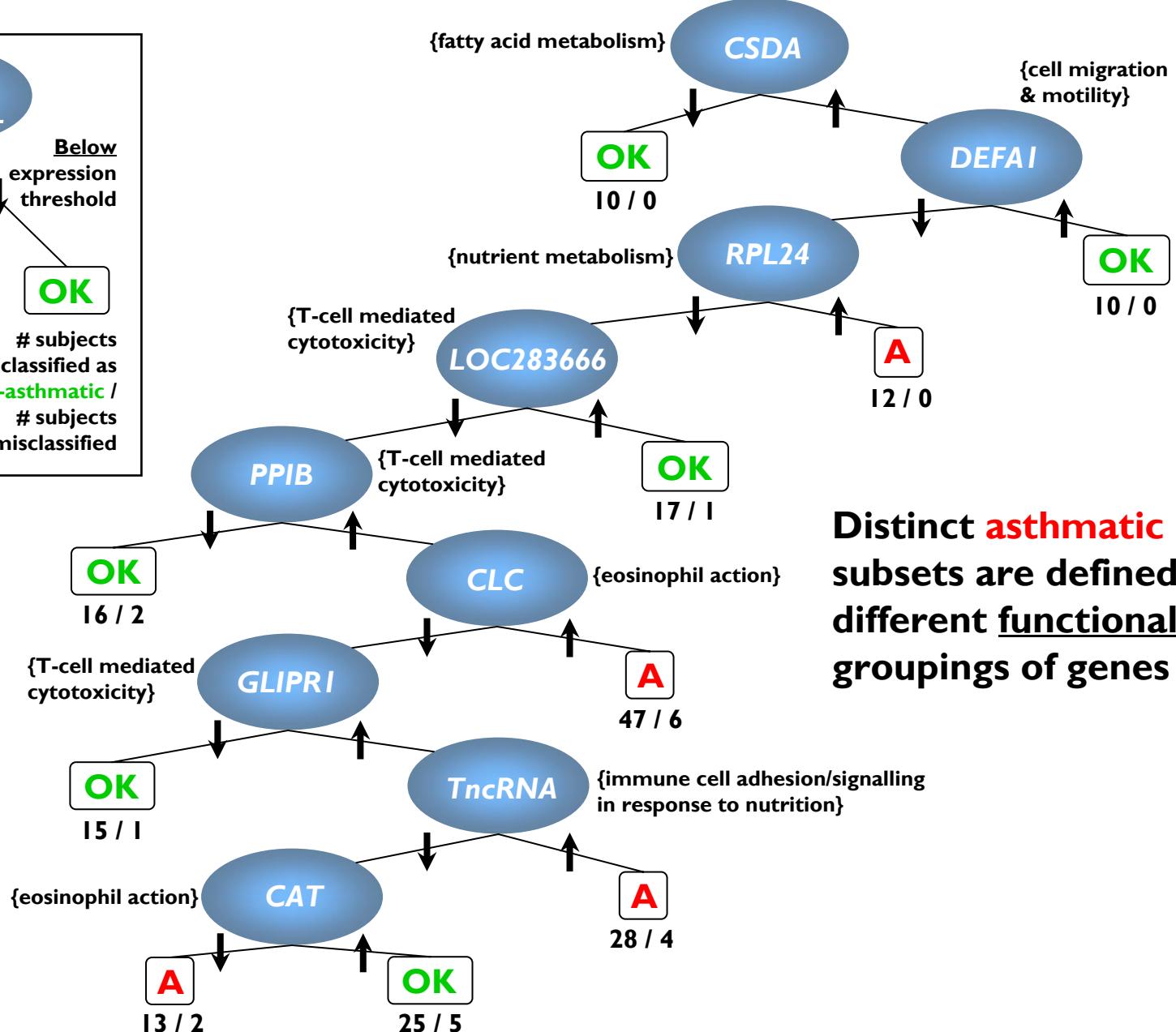
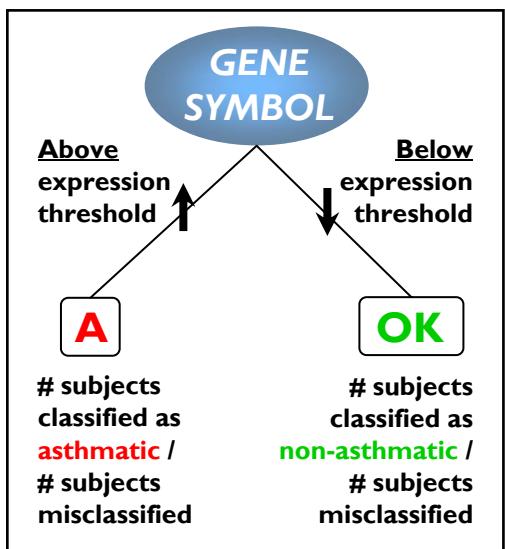


This model correctly classifies 89% of subjects according to diagnosis of asthmatic (**A**) vs. non-asthmatic (**OK**)

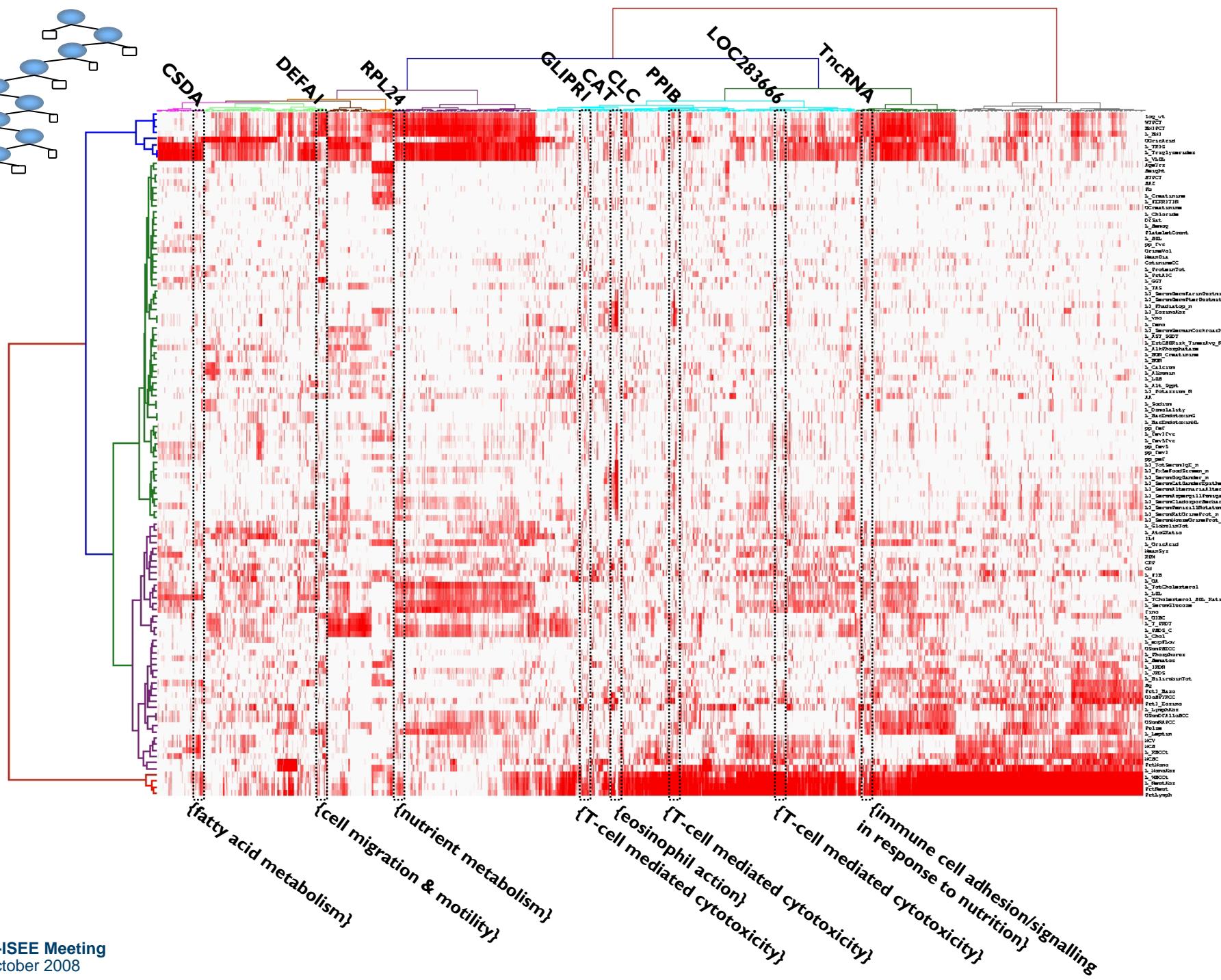
But what does it mean in the context of asthma subtypes?



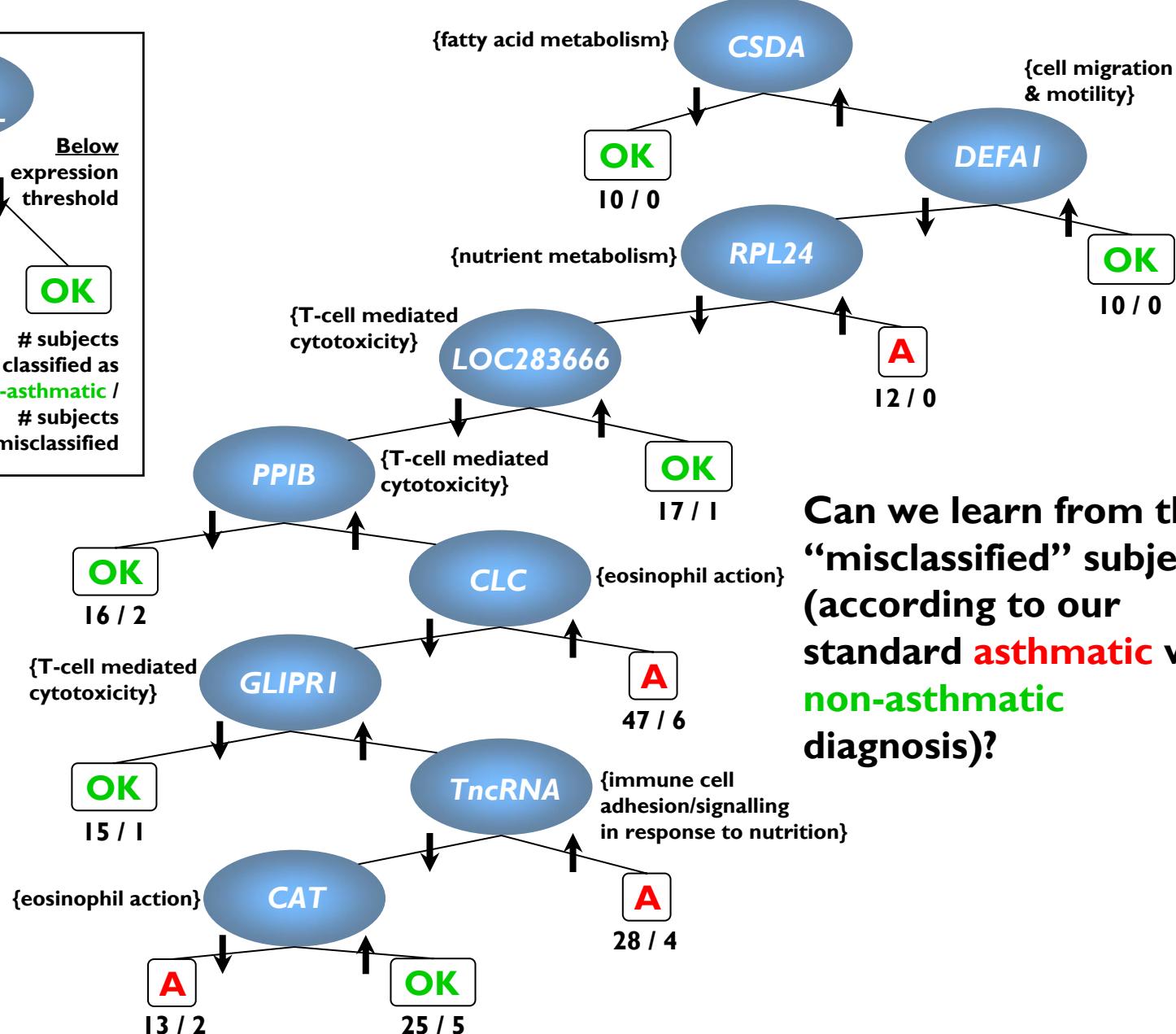
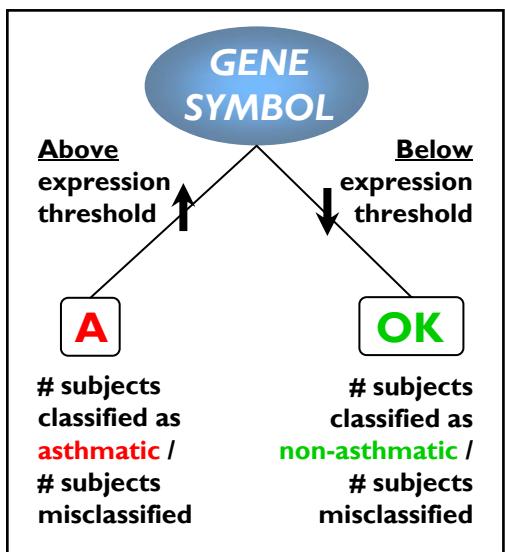
Leveraging covariate information to put gene expression asthma classifier results in context



Distinct **asthmatic** subsets are defined by different functional groupings of genes



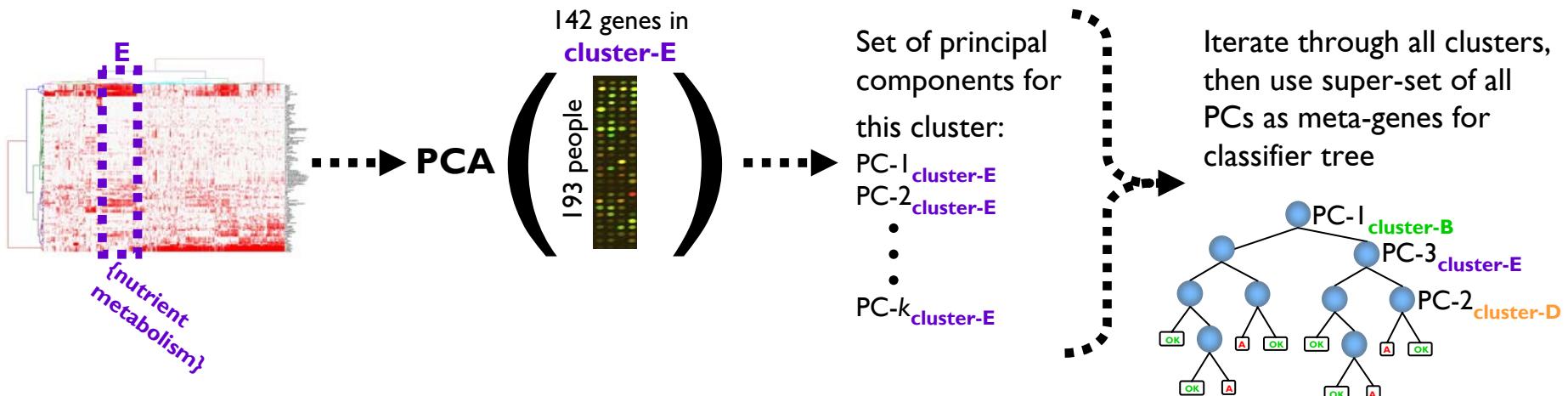
Leveraging covariate information to put gene expression asthma classifier results in context

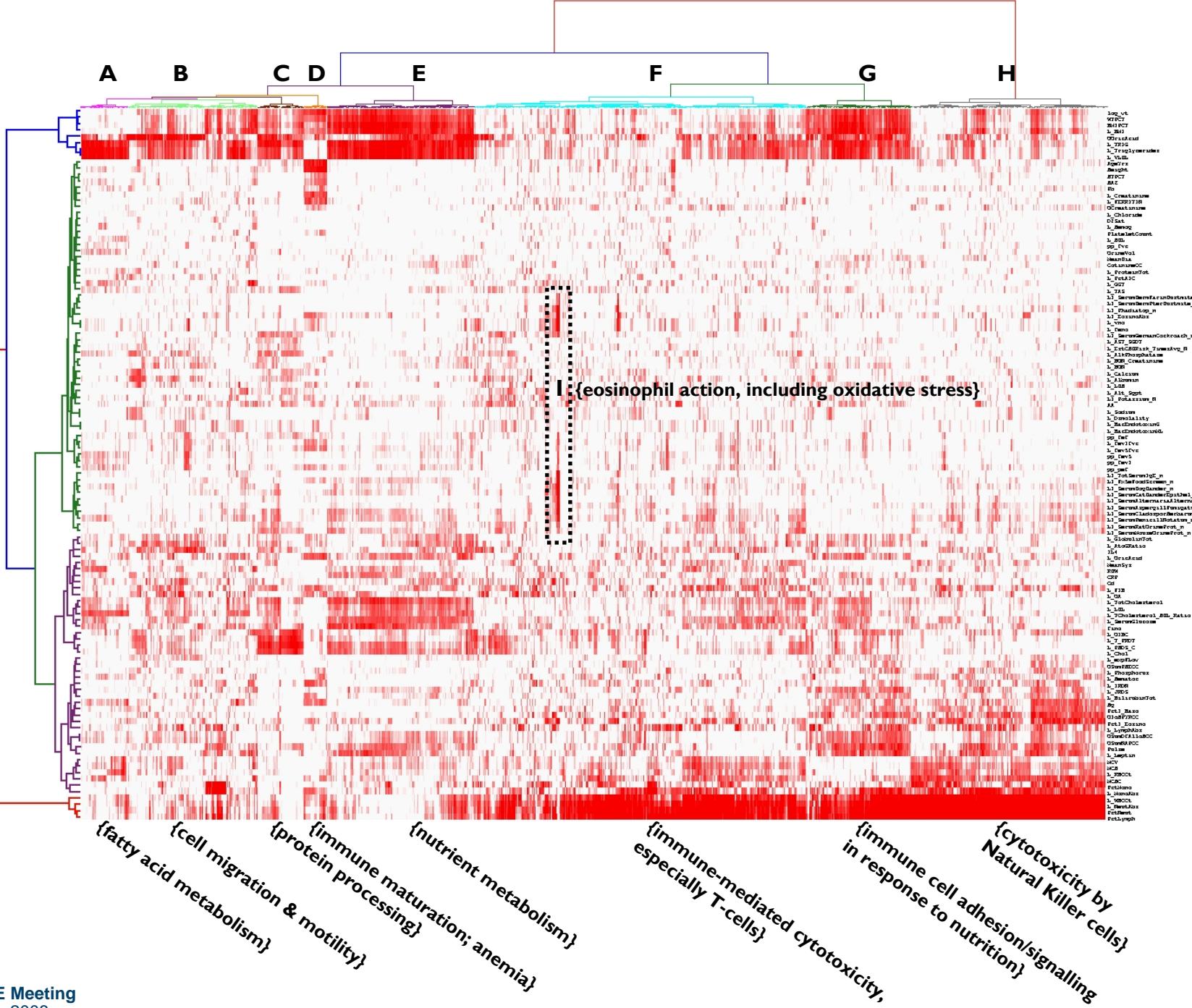


Can we learn from the “misclassified” subjects (according to our standard **asthmatic** vs. **non-asthmatic** diagnosis)?

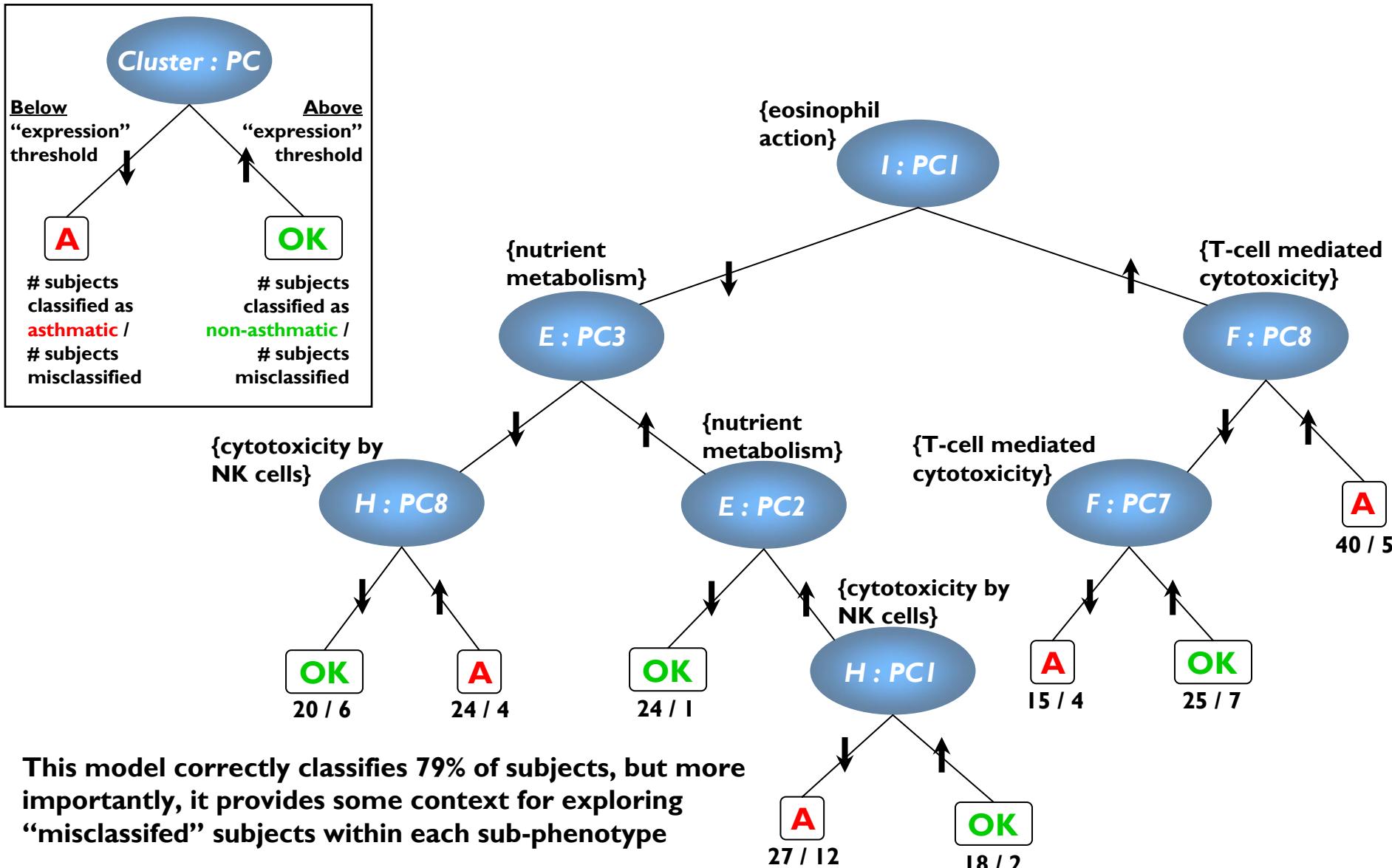
Leveraging covariate information to put gene expression asthma classifier results in context

Deriving meta-genes to summarize information within covariate clusters:





Can we discriminate subtypes of asthma by summarizing information from gene clusters?



Can we use the MICA covariates {clinical, exposure, demographic, etc.} to put gene expression signatures in a meaningful context?

Advantages of this approach:

Avoids reliance on single statistics for single genes

- “Everything depends on everything, but nothing depends on any one thing”
- Covariate clusters are robust to perturbation

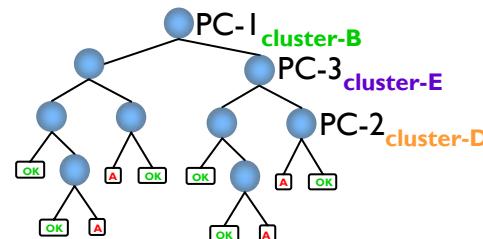
Readily extensible to continuous and categorical covariates (see Supplemental Slides)

Links gene expression with other biomarkers or covariates (provides context)

- We gain mechanistic insight from genes that cluster with certain types of covariates
- Provides an “internal” annotation of gene expression

Identifies covariate-associated expression profiles that discriminate asthma sub-phenotypes

- Targets subjects for further scrutiny



Acknowledgments

Jane Gallagher
(U.S. EPA / HSD)

Stephen Edwards
(U.S. EPA / NHEERL)

Lucas Neas
(U.S. EPA / HSD)

Edward Hudgens
(U.S. EPA / HSD)

John Wambaugh
(U.S. EPA / NCCT)

Wendell Jones
(Expression Analysis)

Elaine Cohen Hubal
(U.S. EPA / NCCT)

Brooke Heidenfelder
(Previously at U.S. EPA / HSD;
Currently at Almac Pharmaceuticals)

Ann Williams
(U.S. EPA / HSD)

John Rogers
(Westat)

Alison Motsinger-Reif
(North Carolina State University)

DISCLAIMER: The contents of this presentation do not necessarily reflect EPA policy.