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Proposed story around Alzheimer's microarray datasets for the AETIONOMY storyboard

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Scenario:

Compare disease mechanisms between the following two cohorts and identify drugs or candidate compounds that target both mechanisms simultaneously in two different brain regions:

Study 1: E-GEOD-16759, samples from parietal lobe of 8 AD subjects and 8 healthy controls

Study 2: E-GEOD-12685, samples from frontal cortex of 6 AD subjects and 8 healthy controls

Materials & Methods:

- *Analysis of gene expression datasets for top markers of AD in tranSMART:* At the time of this analysis (19.08.2015), there were 6 AD-specific gene expression studies with high-dimensional data available for analysis in tranSMART. In tranSMART, comparative analyses between phenotypes (i.e. AD cases versus healthy controls) were conducted and top 50 differentially expressed genes were selected by default. This list was filtered for probe duplicates and unmapped probes.
- *AD-specific BEL model of drug-target interactions:* Previously built Alzheimer's-specific BEL model was enriched with the information about drug-target interactions by extracting the interaction information from their respective publications as cited in the following databases: Comparative Toxicogenomics Database (CTD), Therapeutic Target Database (TTD), STITCH Database, and DrugBank. This model contains 9645 nodes and 26660 edges (as of 18.08.2015).
- *Mapping differentially expressed genes onto the AD-specific BEL model:* The list of differentially expressed genes from each study was mapped onto the BEL model and overlap was calculated. The highest overlap out of the 50 top genes of each study to the BEL model was obtained for GSE16759 (AD in parietal lobe) and GSE12685 (AD in prefrontal cortex) with 21 and 19 overlapping genes, respectively. These two lists were initially mapped onto the BEL model separately but later the pooled list was used to investigate mechanistic synergies

09.08.2015

of drug actions between these two brain regions in one model. Gene expression values (fold changes) were imported as attributes and used for mechanistic interpretation in the Cytoscape environment.

Results:

Mapping pooled differentially expressed genes onto the AD-specific BEL model resulted in identification of a subnetwork with 64 nodes and 103 edges. This subnetwork, although did not contain any downstream effect (i.e. terminal biological process), provided an initial landscape of drugs and compounds targeting top biomarkers. Among these, the following two compounds were selected for further mechanistic analysis: Resveratrol, a phenolic compound in natural products like grapes and red wine, which has been investigated for its protective effects against Alzheimer's disease (PMID: 25309423), and, Raloxifene, an anti-cancer approved drug, which has been implicated in reduced risk of cognitive impairment in postmenopausal women (PMID: 15800139).

The above subnetwork was enriched with more BEL statements around genes that are targeted by Resveratrol and Raloxifene for their downstream biological processes. This increased the number of nodes and edges to 141 and 186, respectively (after cleaning process, i.e. omitting duplicates or unrelated processes). Figure 1 illustrates network visualization of this subnetwork. Upregulated or downregulated biomarker genes have been indicated by red or blue labels, respectively.

The above subnetwork was further subjected to a filter for demonstrating only causal relationships, which is illustrated in Figure 2.

09.08.2015

Interpretation:

- *Resveratrol antagonizes expression of biomarker genes in both parietal lobe and prefrontal cortex.* According to the AD model, SULT4A1 is involved in regulation of lipid metabolism and sulfotransferase activity and its downregulation in prefrontal cortex under AD conditions implies suppression of growth factor signaling, axon guidance, and synaptic transmission (PMID: 23065638). Resveratrol reverses this impairment by inducing the expression levels of SULT4A1. In parallel, Resveratrol counteracts massive upregulation of two other genes, namely CDH2 and HSPA5 in parietal lobe of AD brains. Evidently, suppression of CDH2 expression by Resveratrol reduces the formation of CDH2 complex with presenilin (PSEN1) and subsequently decreases the Aβ release. Resveratrol also inhibits HSPA5 activity, which induces the unfolded protein response in response to accumulation of misfolded proteins in the lumen of ER, a process that leads to apoptosis ultimately.
- *Raloxifene balances inflammatory signals and synaptic transmission in parietal lobe and prefrontal cortex, respectively.* According to the AD model, HSPD1 regulates a diversity of immune responses under the AD condition; thus, inhibitory effect of Raloxifene on HSPD1 activity in parietal lobe of brain confers neuroprotective effects via blocking inflammatory signals through this protein. In parallel, Raloxifene antagonizes downregulation effects of STX1A in prefrontal cortex by promoting synaptic transmission and insulin secretion. Raloxifene also compensates for downregulation of PLXND1 in prefrontal cortex and promotes axon guidance and synapse assembly.

Conclusion

According to the literature, the role of Resveratrol in AD is still unclear (PMID: 16766037) and it may modulate multiple mechanisms of AD pathology (PMID: 25525597). Our mechanistic modeling approach suggests that Resveratrol and Raloxifene exert neuroprotective effects through synergistic, multiple, shared mechanisms in both parietal lobe and prefrontal cortices of AD brains. A significant portion of this shared mechanism is dominated by chaperonins that reflects issues with protein aggregation. Enrichment of the mechanistic BEL model with compounds like resveratrol and raloxifene functionally validates the mechanistic involvement of deregulated biomarkers that were derived from data-driven approach in tranSMART.



