

LabBook_15_04_16

Claire Green

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Monday

I started with calculating the enrichment of my DEGs in the pathprint pathway gene list. I did so using this script:

```
pathprint <- read.table(file = "Pathprintgenes.txt")
pathprint <- pathprint$V1

pathprintunique <- pathprint[!duplicated(pathprint)]

overlap <- Reduce(intersect, list(x, pathprint))
print(overlap)

x <- read.table(file = "DEGs.txt")
x <- x$V1

library(hgu133plus2.db)
sym <- hgu133plus2SYMBOL
sym1 <- mappedkeys(sym)
sym2 <- as.list(sym[c(sym1)])
sym3 <- data.frame(sym2)
sym.probes <- names(sym2)
sym.genes <- sym3[1,]

x.in <- length(which(x %in% pathprintunique))
x.out <- length(x) - x.in
tot.in <- length(pathprintunique)
tot.out <- length(sym.genes)

counts <- matrix(nrow=2, ncol=2)
counts[1,] <- c(x.in, tot.in)
counts[2,] <- c(x.out, tot.out)

a5 <- fisher.test(counts)
enrich <- a5$p
```

Overlapping genes were “KPNA6” “NUTF2” “PLOD2” “PPP2CA” “PPP2CB”

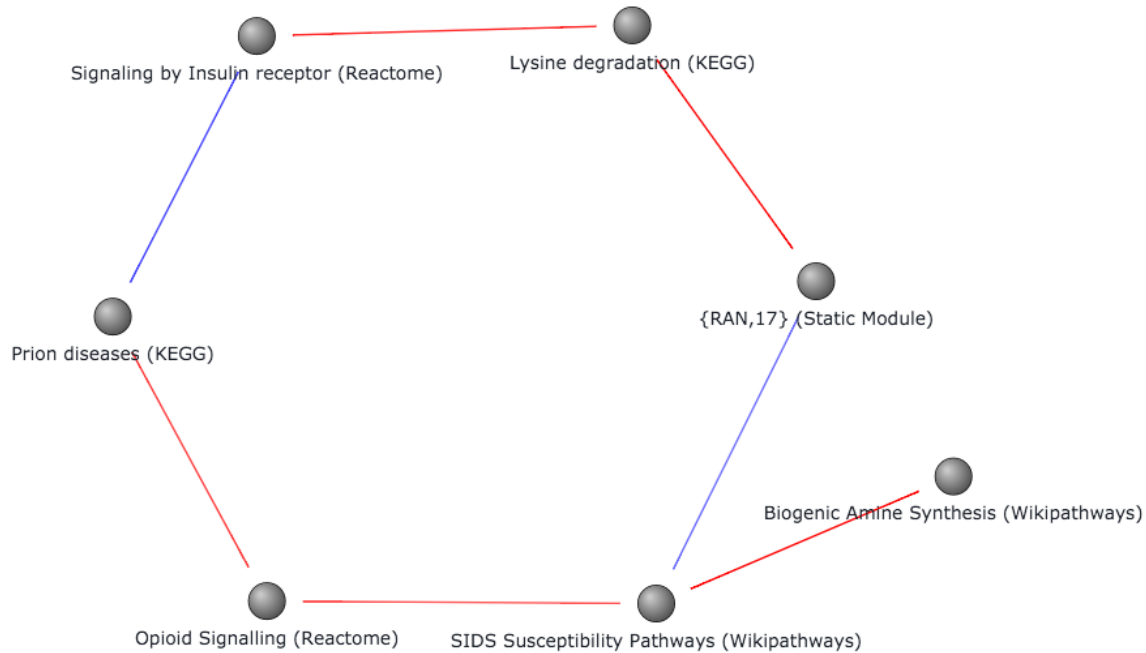
The result was that when the duplicates were not removed, significance was 0.004. With duplicates removed, significance was $p = 0.002$. This means that my 5 genes are significantly enriched in the pp gene list as compared to the proportion of all genes represented by the list.

I was interested to see if the Pathprint genes were enriched with SNPs. I used the no-duplicates pathprint list and the GWAS central list of SNPs where $p < .0001$ (“signif.snp.GWAScentral.p0.0001.1.txt”). There were 4 genes containing SNPS (“KCNQ1” “PPARGC1A” “GNG7” “ITPR2”) but no significant enrichment.

Next, I looked at the NeuroX list. There were 7 genes overlapping these lists (“NOTCH1” “SOD1” “COMT” “CHRNA4” “FGFR3” “STK11” “TSC2”) and this enrichment was significant ($p = 0.0002$)

When I look at the pathways in which these are enriched, Prion diseases (KEGG) contains 2 NeuroX genes (SOD1, NOTCH1), Biogenic Amine Synthesis (KEGG) contains 1 (COMT), SIDS susceptibility pathway (Wikipathways) contains 1 neuroX (CHRNA4) and two GWAS central (KCNQ1, PPARGC1A), Signalling by insulin receptor (Reactome) contains 3 neuroX genes (FGFR3, STK11, TSC2), Opioid signalling (Reactome) contains 2 GWAS central genes (GNG7, ITPR2) and 2 DEGs (PPP2CA, PPP2CB).

The first thing I did was put these pathways in PCxN, including RAN,17 which contains 2 DEGs.

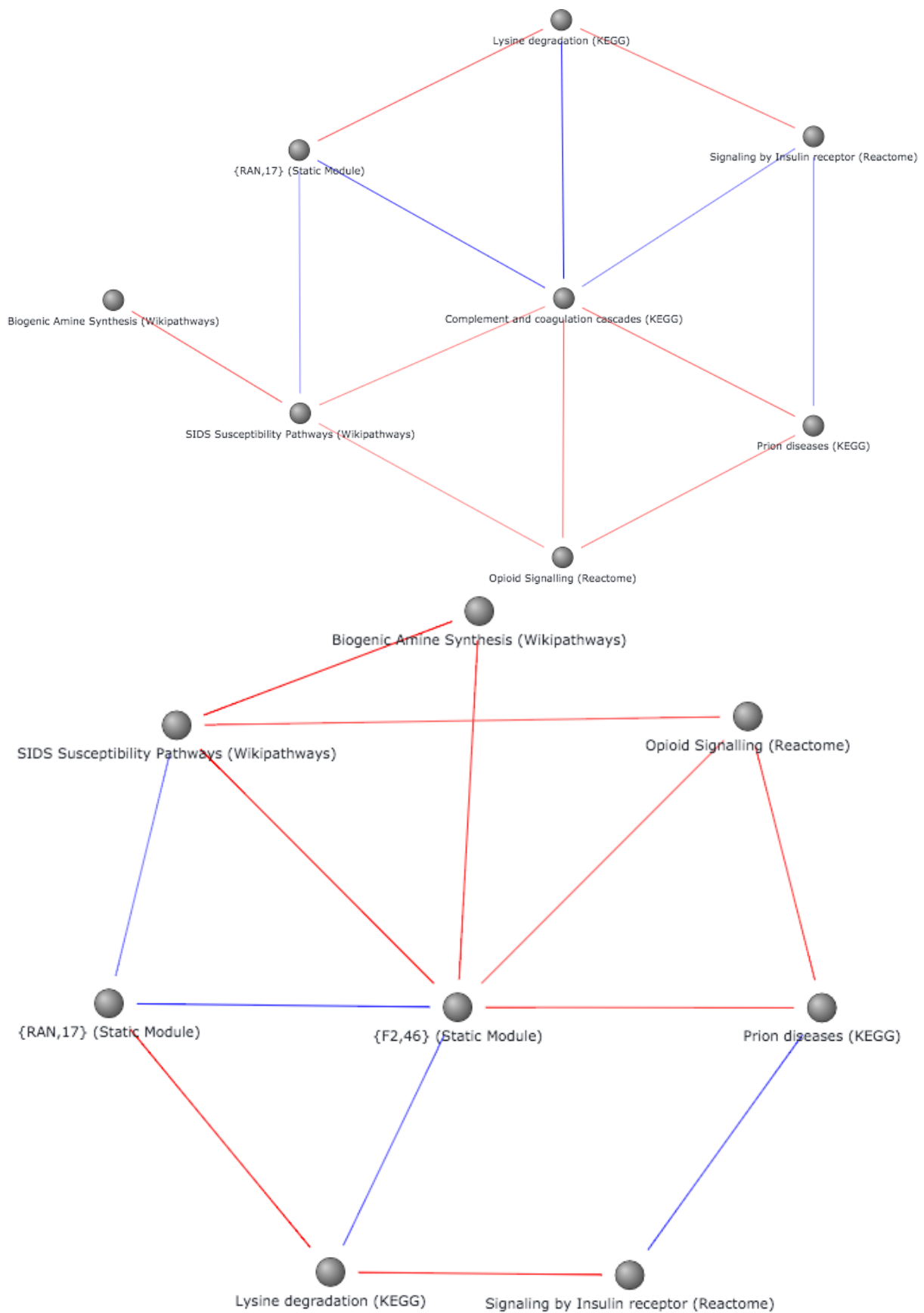


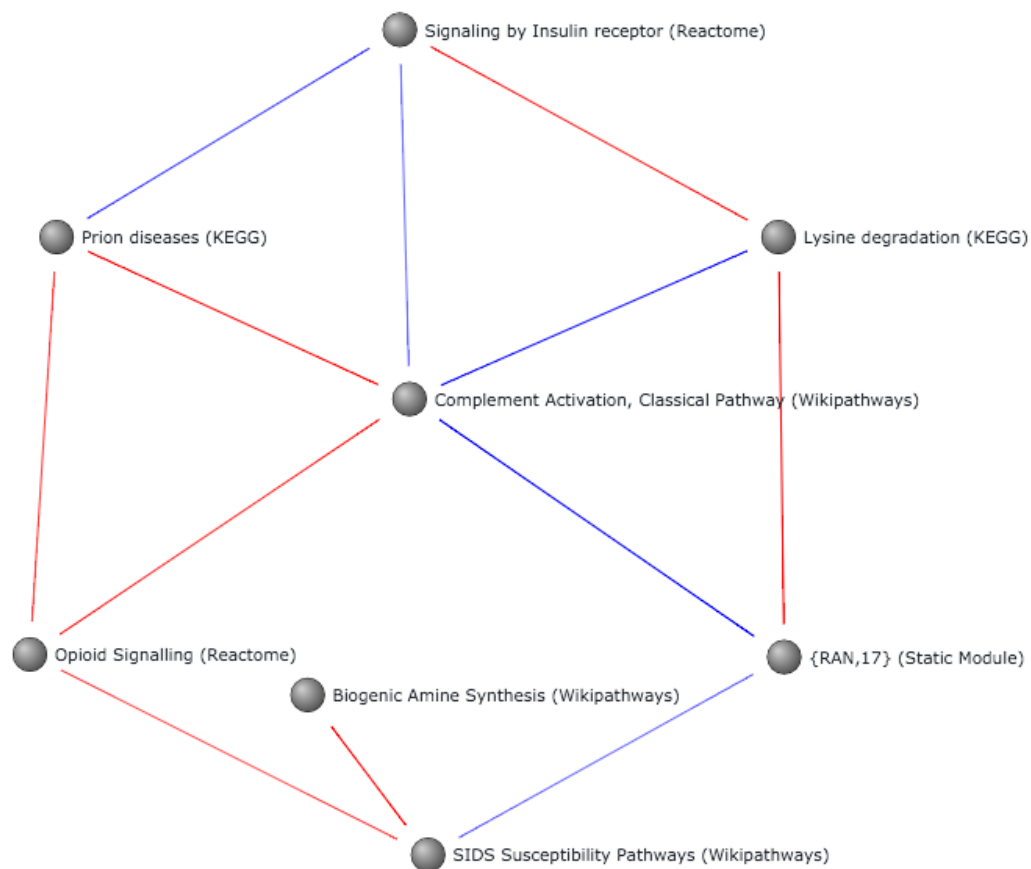
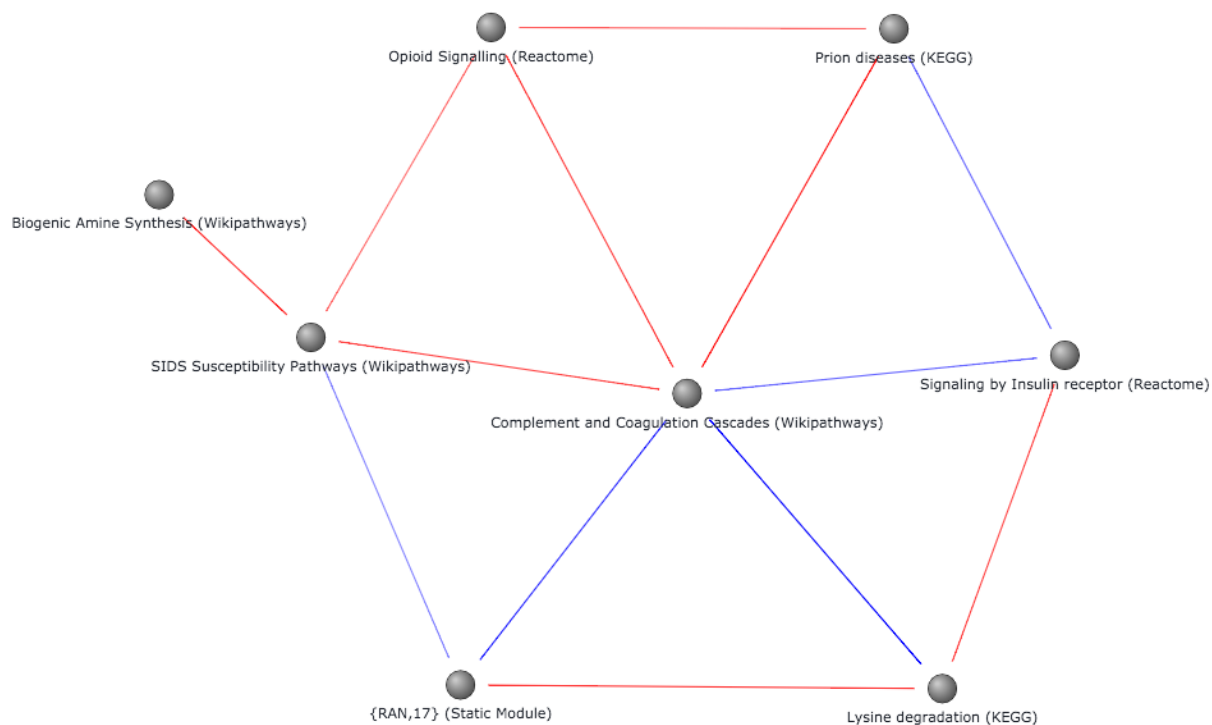
It's not particularly connected, so I tried adding the 5 most correlated gene sets



What we get out is Phagosome, IL-4 down reg. targets, mRNA processing, metabolism of RNA and gene expression. The last three can particularly be linked to TDP-43 activity.

What I then tried to do is discover if any of the other pathprint pathways were able to connect the enriched pathways better. I identified 5 pathways:







It appears that complement and coagulation cascades seems to be the pathway that links these enriched pathways together.

Next, I downloaded all the SNPs identified by GWAS catalog and added them in. Now the pathways are this:

Pathways	GWAS Central	NeuroX	GWAS catalog	DEGS
Lysine degradation (KEGG)	x	x	HADH	PLOD2
ABC transporters (KEGG)	x	x	ABCG1 ABCC12	x
Complement and coagulation cascades (KEGG)	x	x	MASP1	x
Prion diseases (KEGG)	x	NOTCH1 SOD1	x	x
Biogenic Amine Synthesis (Wikipathways)	x	COMT	x	x
SIDS Susceptibility Pathways (Wikipathways)	CHRNA4	KCNQ1 PPARGC1A	x	x
Signaling by Insulin receptor (Reactome)	x	FGFR3 STK11 TSC2	x	x
Opioid Signalling (Reactome)	GNG7 ITPR2			PPP2CA PPP2CB
{RAN,17} (Static Module)	x	x	x	NUTF2 KPNA6

Now we can confirm the inclusion of complement and coagulation cascades.

