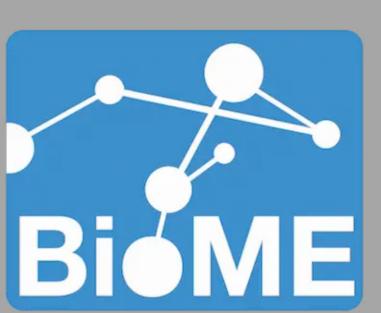


# COMMON PATHWAYS AND MOLECULAR SIGNATURES IN ANKYLOSING SPONDYLITIS AND PSORIATIC ARTHRITIS: A SYSTEMS BIOLOGY PERSPECTIVE





LAÍS DE CARVALHO GONÇALVES<sup>1</sup>, JOÃO FIRMINO RODRIGUES-NETO<sup>2</sup>, GUSTAVO ANTÔNIO DE SOUZA<sup>1,3</sup>, JOÃO PAULO MATOS SANTOS LIMA<sup>1,3</sup>.\*

- 1 BIOINFORMATICS MULTIDISCIPLINARY ENVIRONMENT (BIOME), DIGITAL METROPOLIS INSTITUTE (IMD), UNIVERSIDADE FEDERAL DO RIO GRANDE DO NORTE (UFRN), NATAL, RN, BRAZIL.
- 2 ESCOLA MULTICAMPI DE CIÊNCIAS MÉDICAS DO RIO GRANDE DO NORTE, FEDERAL UNIVERSITY OF RIO GRANDE DO NORTE, RN, BRAZIL.
- 3 DEPT. DE BIOQUÍMICA, UNIVERSIDADE FEDERAL DO RIO GRANDE DO NORTE (UFRN), NATAL, RN, BRAZIL.
- \*CORRESPONDING AUTHOR: JPMSLIMA@IMD.UFRN.BR



# INTRODUCTION

Psoriatic arthritis (PsA) and ankylosing spondylitis (AS) are seronegative spondyloarthropathies (SpA) that share an association with HLA-B27 and enthesitis (McGonagle et al., 2019). PsA, linked to psoriasis, affects peripheral (asymmetric) and axial joints (Mease, 2011), using the CASPAR criteria (Taylor et al., 2006). AS focuses on the axial skeleton (Taurog et al., 2016), with a strong link to HLA-B27 (Reveille et al., 2009) and diagnosis using the ASAS criteria (Sieper et al., 2009). Both use the IL-17/IL-23 pathway (Bie et al., 2023) and respond to anti-TNF and anti-IL-17. However, PsA responds well to conventional DMARDs (cDMARDs) (Gossec et al., 2020), unlike axial SpA (Van der Heijde et al., 2017). Crucially, axial AS responds poorly to IL-23 inhibition (Liu et al., 2022), a key therapeutic difference.

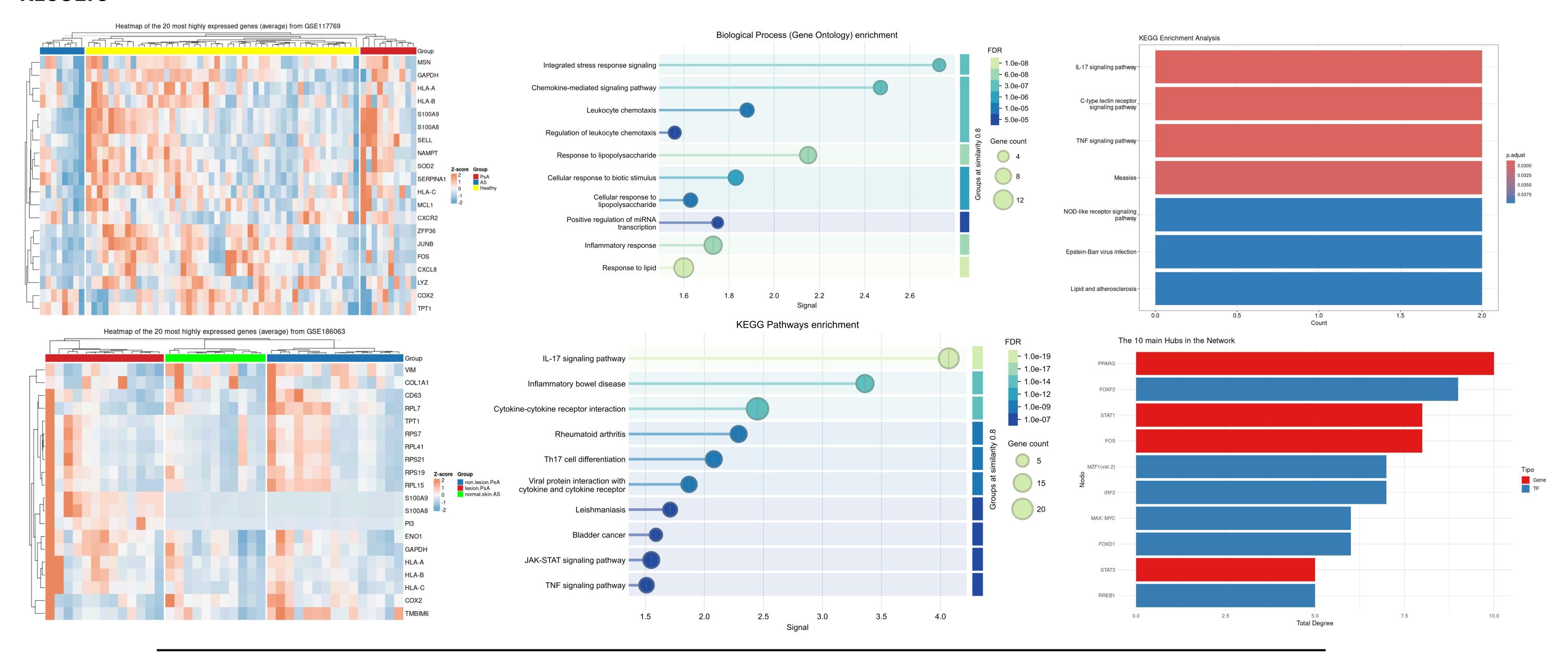
#### **OBJECTIVE**

The objective of this study, based on transcriptomic analysis of RNA-Seq data, was to verify the deregulation of molecular pathways and the differential expression of key genes in ankylosing spondylitis and psoriatic arthritis, aiming to identify genetic factors, biological processes, and pathways that are shared and specific to each syndrome.

#### **METHODOLOGY**

This study used comparative genomics to investigate PsA and AS. The workflow began with text mining (PubMed 2014-2024) and platforms (Enrichr-KG, DisGeNET) to select 433 relevant shared genes. Next, transcriptomic data (RNA-Seq) were selected from GEO (GSE186063, GSE117769, GSE205748, GSE221786), including skin and PBMC samples (patients/controls), some with IL-17 pathway stimulation (CytoStim). Analyses were performed in R (v. 4.4.1). Differentially expressed genes (DEGs) were identified (DESeq2, edgeR) with strict statistical thresholds (p-adj < 0.05, Log2FC > 1). Functional enrichment analysis (GO/KEGG) was performed (clusterProfiler). Protein-protein interaction (PPI) networks were constructed (STRING, score > 400) to identify "hub genes" via centrality metrics (visNetwork). Gene regulatory networks (GRNs) (TRRUST, ENCODE) were used to identify "Master Regulators" (MRs) that control DEGs. Finally, the profiles of DEGs, pathways, hubs, and MRs of PsA and AS were integrated and compared (ggplot2) to identify common and distinct molecular mechanisms.

# **RESULTS**



# CONCLUSION

The analysis of the 433 genes confirmed findings in the literature and revealed new elements with biomarker potential. The integration of transcriptomic data, PPI networks, functional enrichment, and master regulators highlighted both common inflammatory mechanisms and immunopathological particularities between PsA and AS. Similarities: IL-17 signaling pathway, TNF signaling pathway, and lipid metabolism. The identification of central genes (PPARG, STAT1, FOS, STAT3) and less explored regulators (FOXF2, MZF1, MAX::MYC) points to new regulatory pathways and potential therapeutic targets.

### THE PROJECT REPOSITORY **ON GITHUB**



BIBLIOGRAPHIC REFERENCES Bie, Q., Zhang, P., Liu, W., Liu, F., Wang, J., & Zhang, C. (2023). Advances in pathogenesis and treatment of axial spondyloarthritis. Frontiers in Immunology, 14, 1100940. Gossec, L., Baraliakos, X., Kerschbaumer, A., de Wit, M., McInnes, I., Dougados, M., & Smolen, J. S. (2020). EULAR recommendations for the management of psoriatic arthritis with pharmacological therapies: 2019 update. Annals of the Rheumatic Diseases, 79(6), 700–712. McGonagle, D., Aydin, S. Z., Gul, A., Mahr, A., & Direskeneli, H. (2019). 'MHC-I-opathy'-unified concept for spondyloarthritis and Behçet disease. Nature Reviews Rheumatology, 15(12), 731–744. Mease, P. J. (2011). Psoriatic arthritis: update on pathophysiology, assessment and management. Annals of the Rheumatic Diseases, 70(Suppl 1), i77–i84. Reveille, J. D., Khan, M. A., & Weisman, M. H. (2009). Advances in the genetics of ankylosing spondylitis. Seminars in Arthritis and Rheumatism, 39(2), 116–123. Sieper, J., Rudwaleit, M., Baraliakos, X., Brandt, J., Braun, J., & van der Heijde, D. (2009). The assessment of SpondyloArthritis international Society (ASAS) handbook: a guide to assess spondyloarthritis. Annals of the Rheumatic Diseases, 68(Suppl 2), ii1–ii44. Taurog, J. D., Chhabra, A., & Colbert, R. A. (2016). Ankylosing spondylitis and axial spondyloarthritis. New England Journal of Medicine, 374(26), 2563–2574. Taylor, W. J., Gladman, D. D., Helliwell, P. S., Marchesoni, A., Mease, P. J., & Mielants, H. (2006). Classification criteria for psoriatic arthritis: development of new criteria from a large international study. Arthritis

Van der Heijde, D., Ramiro, S., Landewé, R., Baraliakos, X., Van den Bosch, F., Sepriano, A., ... & Dougados, M. (2017). 2016 update of the ASAS-EULAR management recommendations for axial spondyloarthritis.

& Rheumatism, 54(8), 2665–2673.

Annals of the Rheumatic Diseases, 76(6), 978–991.