

# Epigenetics and resistance to tuberculosis

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Tuberculosis is  
the leading cause of infectious  
disease  
death worldwide

# Estimated TB incidence rates, 2017

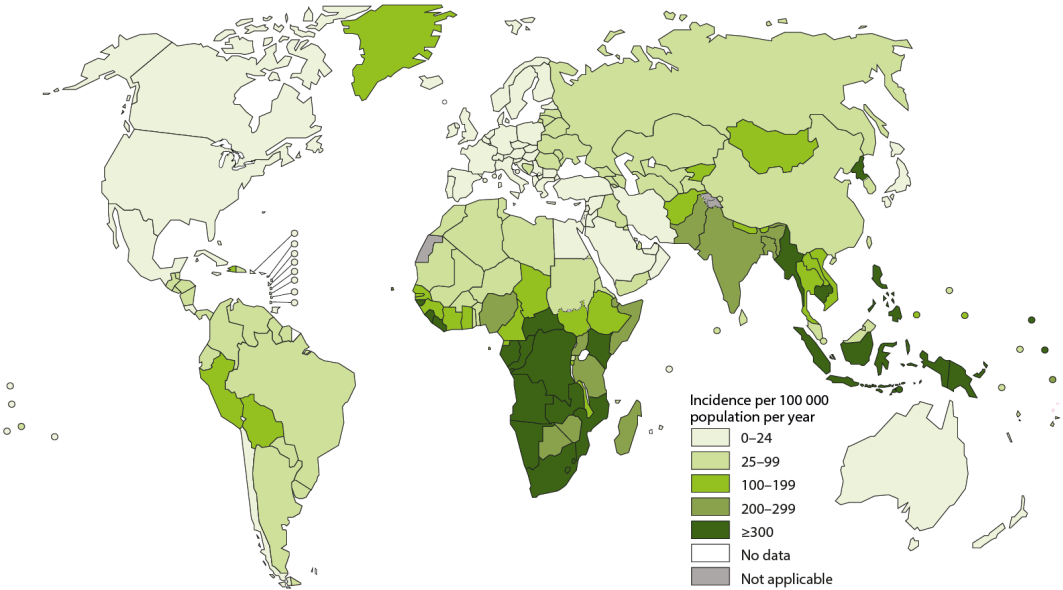
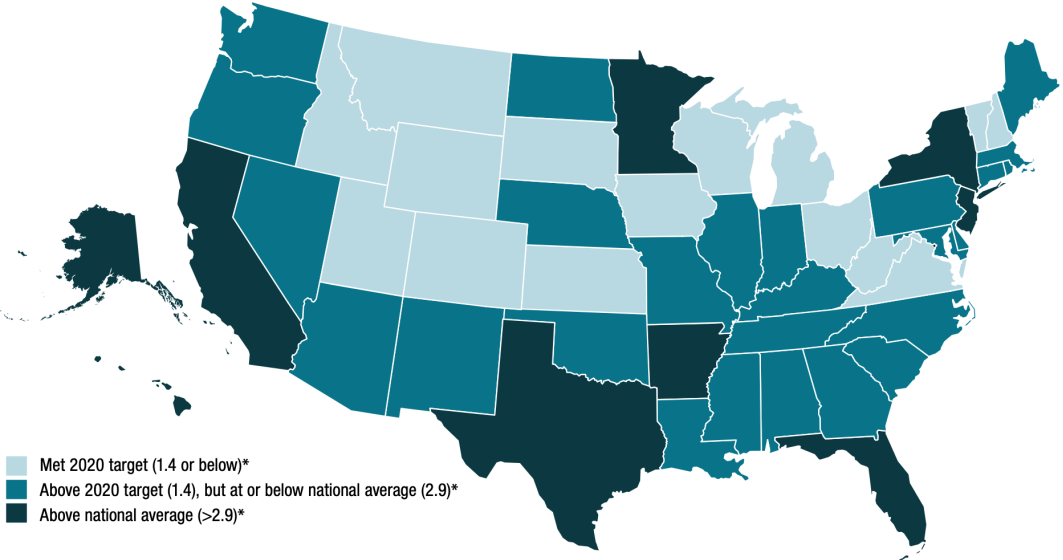


image: WHO Global Tuberculosis Report 2018

# Estimated TB incidence rates, 2016



\*Cases per 100,000 persons

image: CDC National TB Surveillance Systems

# How do we better treat and prevent TB infection?

## Uganda household contact study

- 2002 – 2012 in Kampala, Uganda
- 872 Index Cases with culture confirmed pulmonary TB
- 2585 contacts of Index Cases



Thomas Hawn



Henry Boom



Cathy Stein

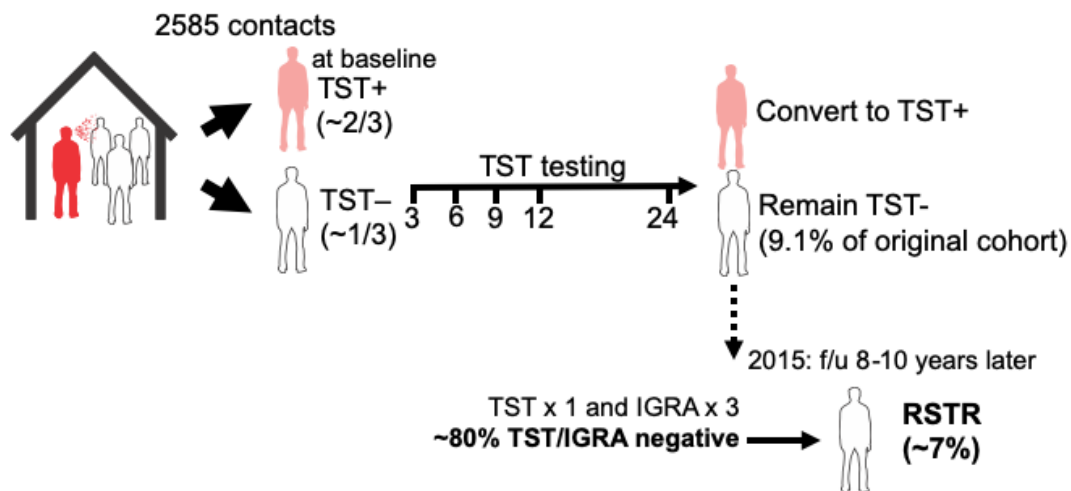


Harriet Mayanja-Kizza

Ma N *et al* 2014 doi: [10.1186/1471-2334-14-352](https://doi.org/10.1186/1471-2334-14-352)

Stein C *et al* 2018 doi: [10.1093/aje/kwx380](https://doi.org/10.1093/aje/kwx380)

# Uganda household contact study



Slide courtesy T Hawn

- TST: Tuberculin skin test
- IGRA: Interferon-gamma release assay

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## RSTR: Resister

- highly exposed to TB but by all available measures, remains uninfected for many years

## LTBI: latent TB infection

- infected\* with TB but not actively manifesting symptoms

## TB: pulmonary TB

- infected with TB in lungs and actively manifesting symptoms

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# What makes resisters resistant?

## The RSTR phenotype

- Genetics?
- Epigenetics?
- Environment?

# Epigenetics

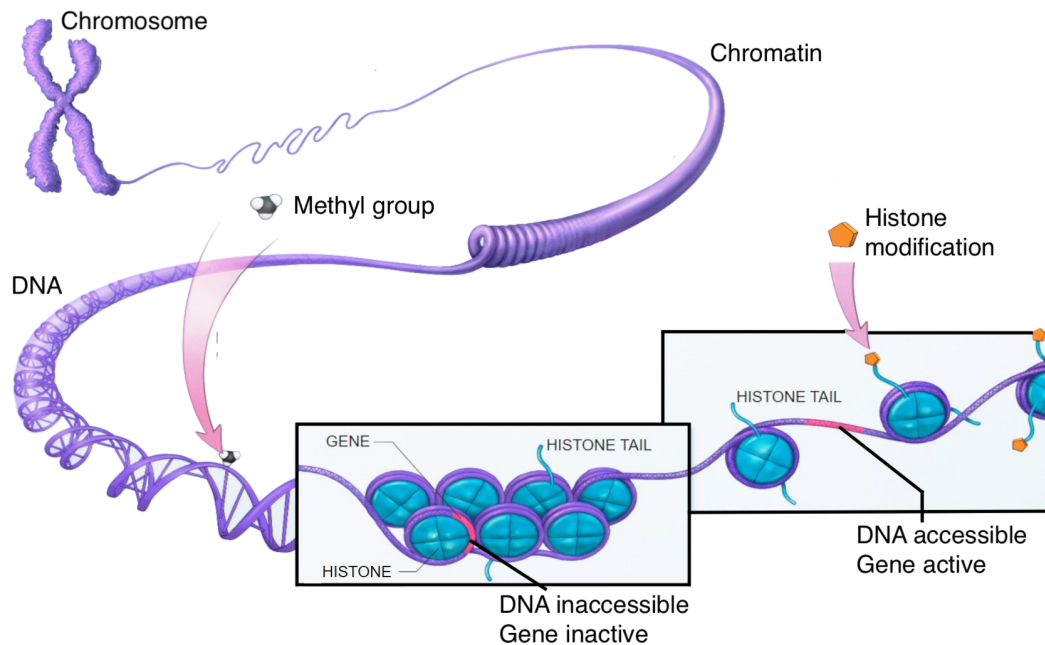


image modified from National Institutes of Health

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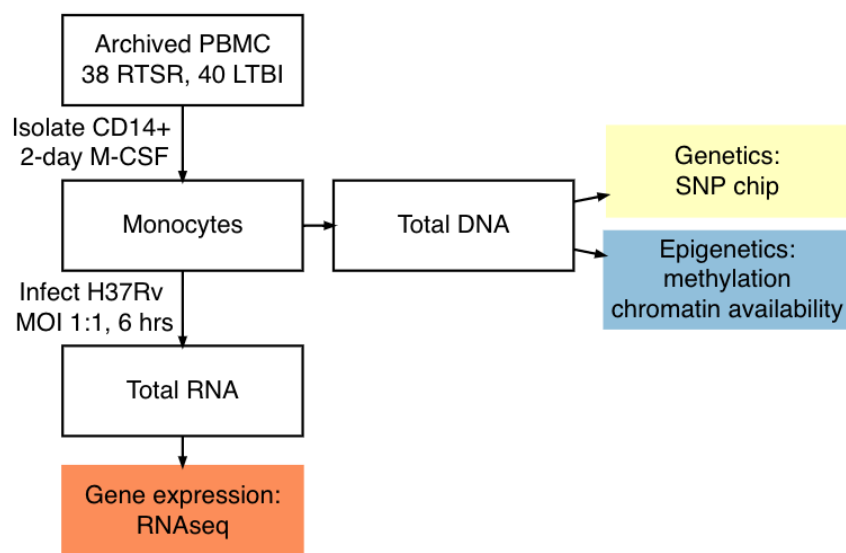
## Why epigenetics in RSTR?

- Transcription of histone deacetylase (HDAC) genes associated with RSTR-derived PBMCs (monocytes) infected with *Mycobacterium tuberculosis*
- Genetic variation in HDAC genes associated with RSTRs
- HDAC3 inhibitor treatment decreased *M. tuberculosis* replication in macrophages

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# Experimental design

## Experimental design



Jason  
Simmons



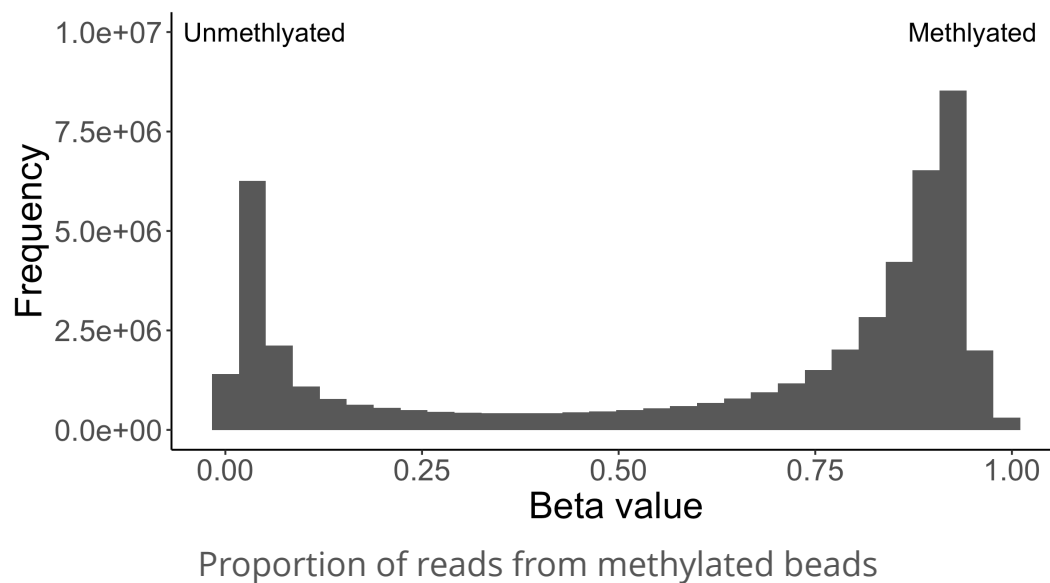
Glenna  
Peterson

# Measuring methylation

- Only occurs at CpG sites
- Array-type (as opposed to whole genome)
- Illumina Infinium MethylationEPIC arrays I and II
- 865,918 probes across genome

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# Measuring methylation



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# Why isn't it 0:1?

## Technical

- Sample processing
- EPIC array error

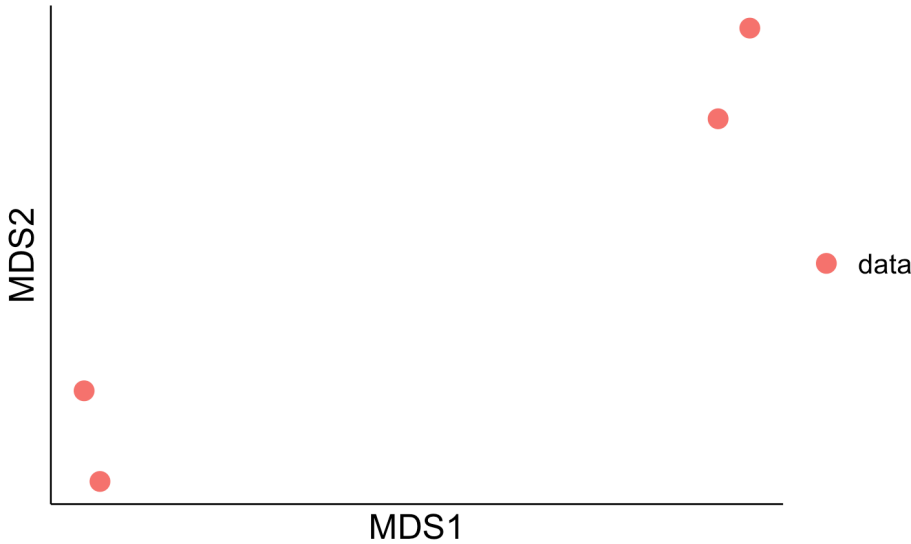
## Biological

- Heterogeneous genes
- Heterogeneous cell population

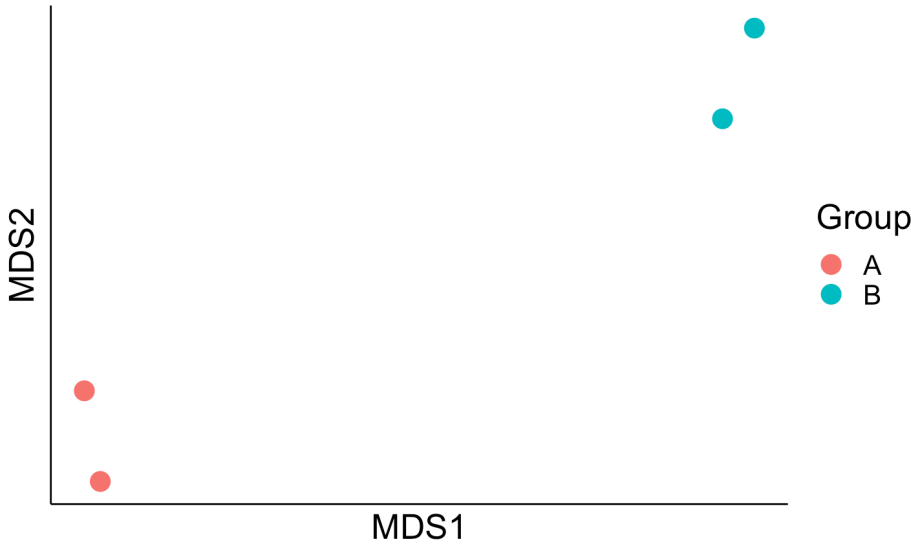
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Do overall methylation profiles differ between RSTR and LTBI?

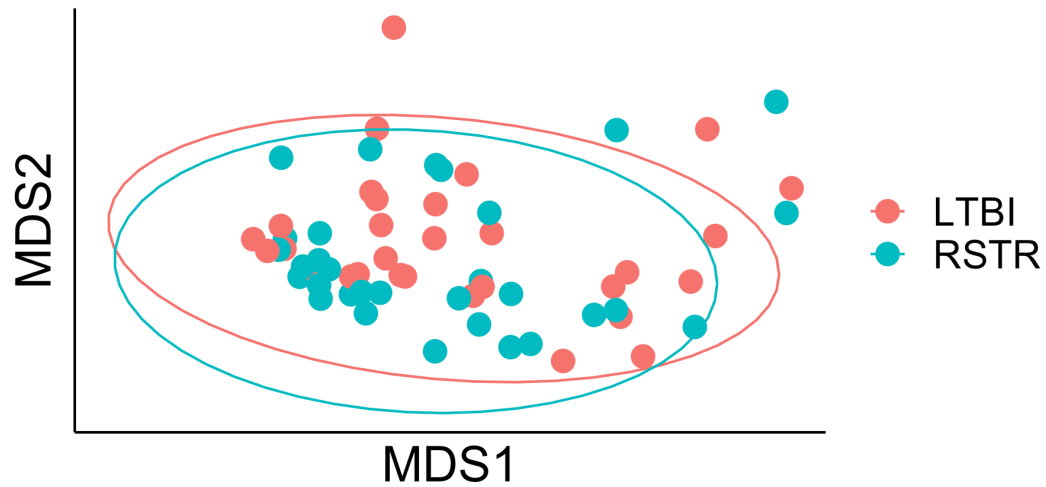
# Overall methylation profiles



# Overall methylation profiles



# Overall methylation profiles



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## So... go home?

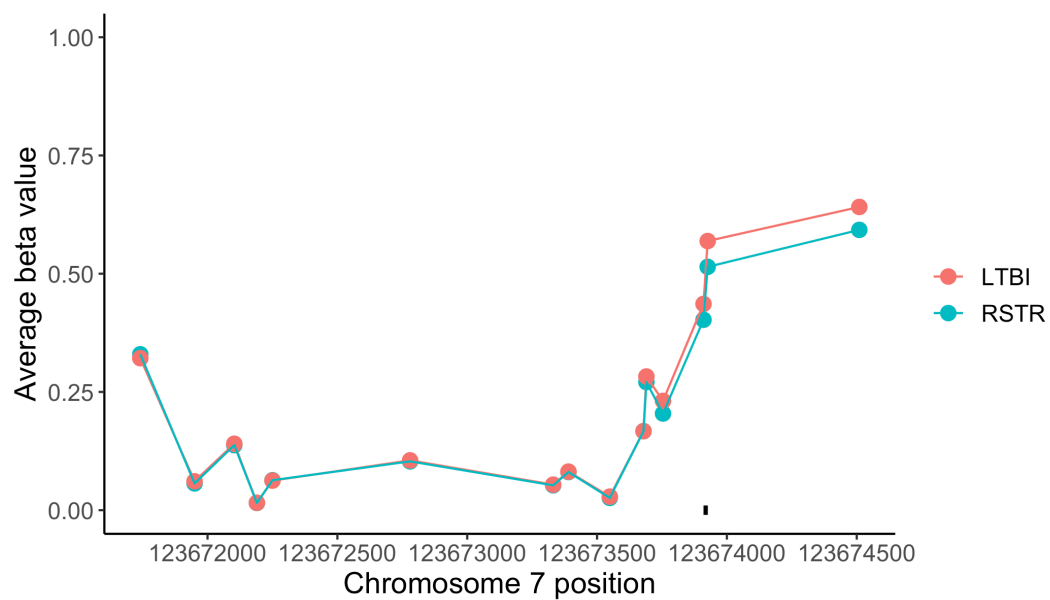
- MDS (and PCA) do not capture full variability of data
- Human data is messy
- Not seeing clear separation in MDS/PCA does not indicate that no differences exist.

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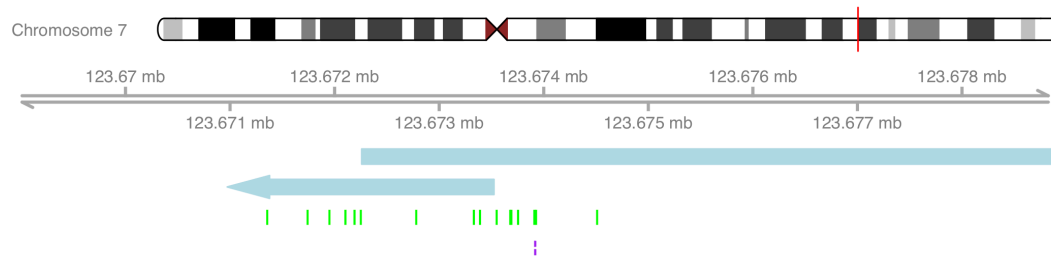
DMR -

Differentially  
methylated  
regions

DMR 61 = TMEM229A



# DMR 61 = TMEM229A



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## TMEM229A in RSTR

- Lower methylation in RSTR vs. LTBI (0.91X, FDR = 0.043)
- Higher expression in cells infected with *M. tuberculosis* (1.35X, FDR = 0.158)
- Transmembrane protein
- Associated Broad C7 terms, immunologic signatures
- GSE8921: monocytes treated with *M. tuberculosis* lipopeptide

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# Identified regions

FDR cutoff	Total regions	Total genes
1e-05	4	4
1e-04	5	5
1e-03	11	10
1e-02	37	32
5e-02	92	69

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## Future directions

- Integration with SNPs, RNA-seq, chromatin availability
- Refine DMR method
- More complex models including demographics, exposure risk score, etc.

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U Michigan

## RSTR project

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Case Western
- Henry Boom, MD,  
Case Western
- Harriet Mayanja-Kizza, MD,  
Makerere University
- Chetan Seshadri, MD,  
UW-Medicine

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# Bioinformatics Interest Group at SLU

- Monthly paired seminar and workshop series
- Coming Winter 2019
- Recruiting executive team members!

For more info:

- UW mail list: [slu\\_bioinformatics](mailto:slu_bioinformatics)
- Website: <https://big-slu.github.io/>
- Email me: [kadm@uw.edu](mailto:kadm@uw.edu)

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