## Project background

## Multi-omics of Celiac in Down syndrome

- Celiac disease (CD) is highly influenced by genetics.
- Most (but not all!) genetic risk for CD is conferred by variation in the HLA-DQ region (chr6, genes HLA-DQA1 and HLA-DQB1).
- Sharp et al., 2019 developed a genetic risk score (GRS) for Celiac disease that accurately predicts CD using a combination of *both* HLA-DQ genotypes *and* non-HLA-DQ SNPs.

Received: 10 December 2019 | First decision: 5 January 2020 | Accepted: 10 May 2020 DOI: 10.1111/apt.15826 APXT Alimentary Pharmacology & Therapeutics A single nucleotide polymorphism genetic risk score to aid diagnosis of coeliac disease: a pilot study in clinical care Seth A. Sharp<sup>1</sup> | Samuel E. Jones<sup>1</sup> | Robert A. Kimmitt<sup>2</sup> | Michael N. Weedon<sup>1</sup> | Anne M. Halpin<sup>3</sup> | Andrew R. Wood<sup>1</sup> | Robin N. Beaumont<sup>1</sup> | Seema King<sup>4</sup> | David A. van Heel<sup>5</sup> Patricia M. Campbell<sup>3</sup> William A. Hagopian<sup>6</sup> Justine M. Turner<sup>4</sup> | Richard A Oram<sup>1,2</sup> <sup>1</sup>Institute of Biomedical and Clinical Science. University of Exeter Medical School, Exeter, UK Background: Single nucleotide polymorphism-based genetic risk scores (GRS) model <sup>2</sup>Royal Devon & Exeter, NHS Foundation Trust, Exeter, UK genetic risk as a continuum and can discriminate coeliac disease but have not been <sup>3</sup>Division of Nephrology and Transplant validated in clinic. Human leukocyte antigen (HLA) DQ gene testing is available in Immunology, University of Alberta, Edmonton, AB, Canada clinic but does not include non-HLA attributed risk and is limited by discrete risk <sup>4</sup>Faculty of Medicine and Dentistry, Pediatrics, University of Alberta, Edmonton, AB, Canada Aims: To accurately characterise both HLA and non-HLA coeliac disease genetic risk <sup>5</sup>Blizard Institute, Barts and the London School of Medicine and Dentistry, Queen as a single nucleotide polymorphism-based GRS and evaluate diagnostic utility. Mary University of London, London, UK Methods: We developed a 42 single nucleotide polymorphism coeliac disease GRS <sup>6</sup>Pacific Northwest Research Institute. from a European case-control study (12 041 cases vs 12 228 controls) using HLA-DQ Seattle, WA, USA imputation and published genome-wide association studies. We validated the GRS Correspondence in UK Biobank (1237 cases) and developed direct genotyping assays. We tested the Richard A. Oram, RILD Level 3, University of Exeter Medical School, Royal Devon and coeliac disease GRS in a pilot clinical cohort of 128 children presenting with sus-Exeter NHS Foundation Trust, Barrack Road, pected coeliac disease. Exeter, EX2 5DW UK. Email: r.oram@exeter.ac.uk Results: The GRS was more discriminative of coeliac disease than HLA-DQ stratification in UK Biobank (receiver operating characteristic area under the curve [ROC-Funding information This research was supported by funding from AUC] = 0.88 [95% CIs: 0.87-0.89] vs 0.82 [95% CIs: 0.80-0.83]). We demonstrated the Women and Children's Health Research similar discrimination in the pilot clinical cohort (114 cases vs 40 controls, ROC-Institute, University of Alberta. R.A.O. is supported by a Diabetes UK Harry Keen AUC = 0.84 [95% CIs: 0.76-0.91]). As a rule-out test, no children with coeliac disease Fellowship (16/0005529), S.S. is supported by in the clinical cohort had a GRS below 38th population centile. a Diabetes UK PhD studentship (17/0005757) W.A.H. is supported by Grant U01DK063829. Conclusions: A single nucleotide polymorphism-based GRS may offer more effective M.N.W. is supported by the Wellcome Trust and cost-efficient testing of coeliac disease genetic risk in comparison to HLA-DQ Institutional Support Fund (WT097835MF). The funding was provided by the Wellcome stratification. As a comparatively inexpensive test it could facilitate non-invasive coe-Trust (084743 to DAvH), by grants from the liac disease diagnosis but needs detailed assessment in the context of other diagnos-Coeliac Disease Consortium and an Innovative

tic tests and against current diagnostic algorithms.

Cluster approved by the Netherlands

Genomics Initiative. This research utilised resources supported by National Institutes of Health grant U01-DK062418.

## Multi-omics of Celiac in Down syndrome

- At the Linda Crnic Institute for Down Syndrome, we applied the Sharp et al. GRS to a cohort of individuals with Trisomy 21 +/- Celiac disease.
- We evaluated...
  - How does the GRS perform in individuals with Down syndrome (DS), as compared to the typical population?
  - How do the individual components in the GRS relate to CD in DS?
  - Can we improve the performance of this CD GRS in DS with the addition of protein biomarkers?

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Title: Multi-Omics Assessment of Genetic Risk for Celiac Disease in Down Syndrome

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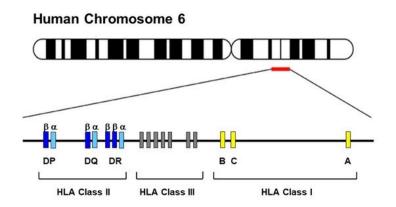
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# Primer on HLA genetics of Celiac disease

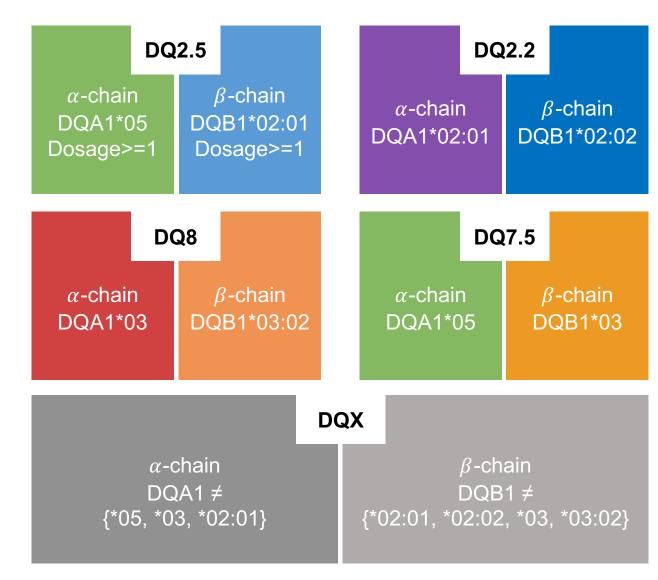
### Pairs of HLA-DQ alleles form HLA-DQ heterodimers



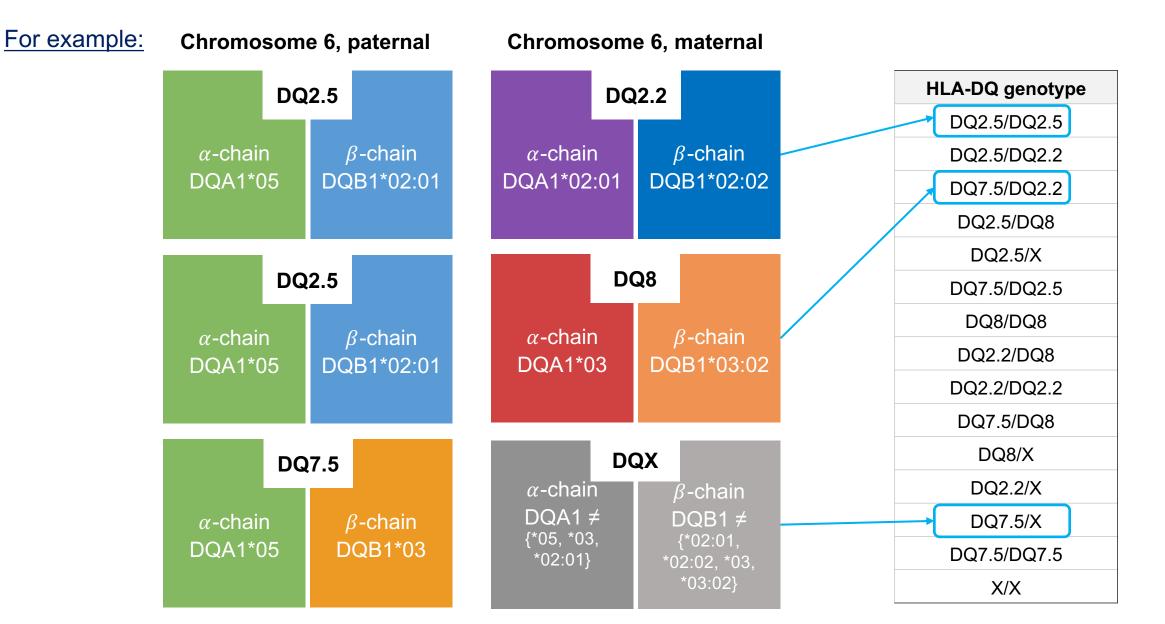
### Alleles encoding CD-associated heterodimers

Heterodimer	DQA1* allele	DQB1* allele	
DQ2.5	05	0201	
DQ2.2	0201	0202	
DQ8	03	0302	
DQ7.5	05	03	

Subset of many possible HLA alleles at DQA1 and DQB1



### Pairs of HLA-DQ heterodimers form HLA-DQ genotypes



## Analysis overview

models

genetic

Additive

Logistic

regression: Celiac (0/1) ~

GRS

- ROC curve
- AUC for comparison to Sharp et al., 2019.

Logistic

regression: Celiac (0/1) ~

HLA-DQ **genotype** dosage (0/1)

PC1 +

... + P(

OR barplots

- Frequency stacked barplots
- Volcano plot
- Comparison to Sharp et al., 2019

Logistic

regression: Celiac (0/1) ~

GRS risk **allele** dosage (0/1/2)

+ PC1 +

+ ... + PC5

OR barplots

- Volcano plot
- Comparison to Sharp et al., 2019

Logistic

regression: Celiac (0/1) ~

HLA-DQ allele group dosage (0/1/2)

PC1 +

+ ... + P(

OR barplots

- Volcano plot
- Comparison to Sharp et al., 2019

## Analysis data pipeline GRS component: Non-HLA-DQ SNPs

Non-HLA-DQ, non-chromosome 21 SNPs captured by Illumina MEGA

Illumina MEGA genome-wide SNP data (\*.bed/\*.bim/\*.fam) Extract non-HLA-DQ, non-chr21 GRS SNPs R/bash/UCSC Genome Browser/Plink

Non-HLA-DQ, nonchr21 GRS SNP genotypes Infer strand and derive GRS allele dosages

Non-HLA-DQ, nonchr21 GRS SNP dosages (0/1/2)

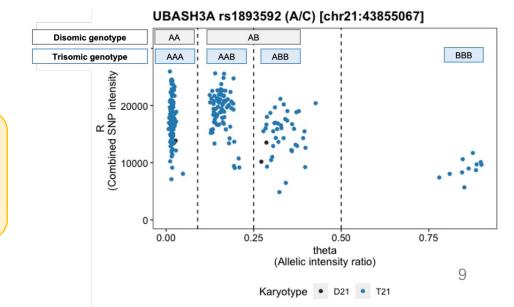
### **Chromosome 21 SNP captured by Illumina MEGA**

Genomewide allelic intensity data (\*.idat) Extract chr21 SNP (rs1893592) R/illuminaio/ bash

chr21 SNP intensity data (\*.idat)

Manual genotype clustering R

chr21 SNP dosages (0/1/2/3)



## Analysis data pipeline GRS component: Non-HLA-DQ SNPs (continued)

### Non-HLA-DQ, non-chromosome 21 SNPs not captured by Illumina MEGA

Illumina Multi Ethnic Global Array (MEGA) genome-wide SNP data (\*.bed/\*.bim/\*.fam)

#### Imputation prep

R/Plink/bcftools/bash/ W. Rayner strand alignment Imputation-ready genome-wide SNP data

#### **Genome imputation**

Michigan Imputation Server (MIS)
Panel: 1000GP3v5
Population: Other/Mixed

Genome-wide imputed genotypes (\*.vcf.gz, \*.vcf.gz.csi)

Extract non-chr21, non-HLA-DQ GRS SNPs R/Plink/bash/bcftools Non-HLA-DQ, non-chr21 SNP dosages (0/1/2)

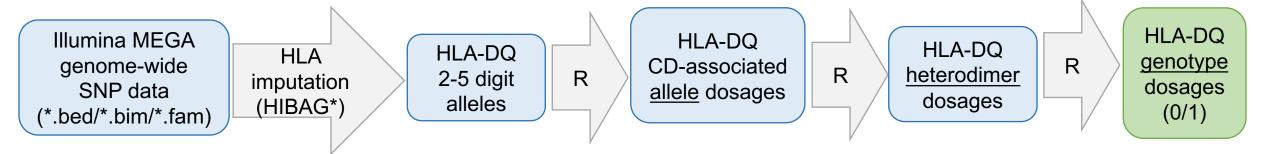
QC imputation results
R/Plink/bash/
bcftools

■ ■ Analysis-eligible non-HLA-DQ, non-chr21 SNP genotypes Infer strand and derive GRS allele dosage

Non-HLA-DQ, non-chr21 GRS allele dosages (0/1/2)

## Analysis data pipeline GRS component: HLA-DQ genotypes

#### **HLA-DQ** genotypes not captured by Illumina MEGA

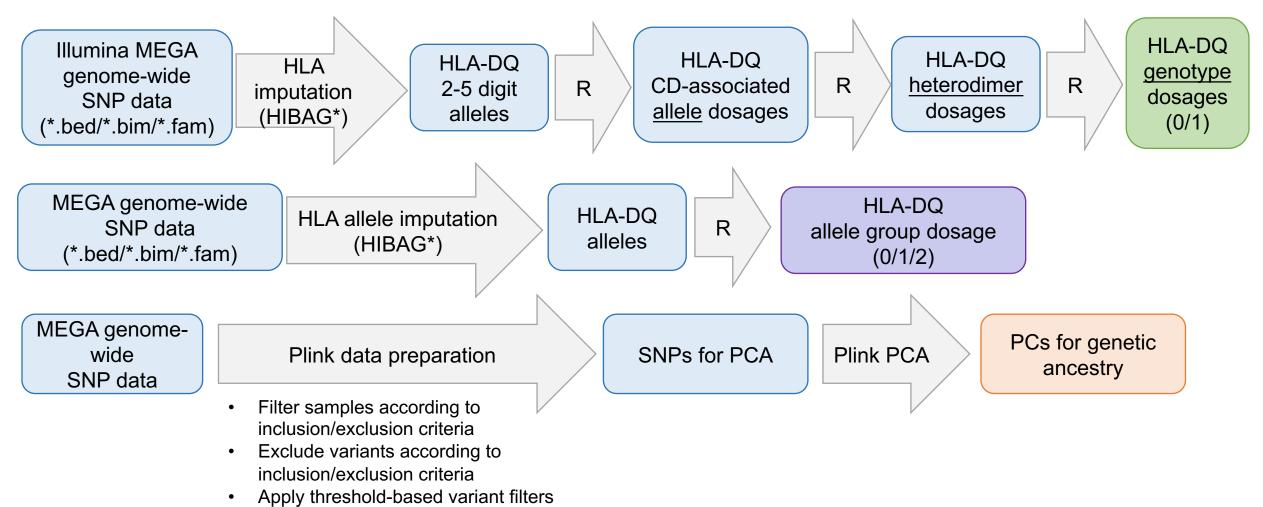


### Analysis data pipeline Celiac GRS calculation

- Weight for each HLA-DQ genotype given in Sharp et al., 2019, Table S2
- Weights for each non-HLA-DQ SNP genotype given in Sharp et al., 2019 Table S3
- Score allele dosage extracted from MEGA genotype data (dosage 0/1/2), extracted from genome-wide imputation results (dosage 0/1/2), or derived after manual genotype clustering to account for trisomy 21 (dosage 0/1/2/3)



### Analysis data pipeline Additional data for variant-level analyses

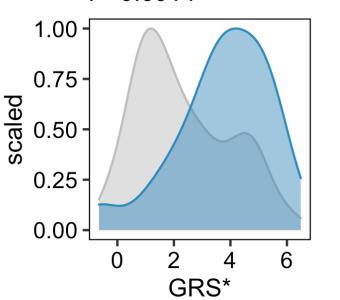


## Selected results/figures

## GRS performance in DS (GRS version: Sharp et al., 2022)

#### Celiac GRS\* in DS +/- CD

OR = 1.62 (1.22, 2.22) P<0.0014

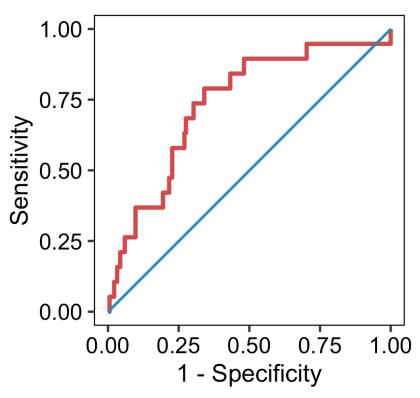




\*Sharp et al., 2022

#### **Predictive accuracy of GRS\* in DS**

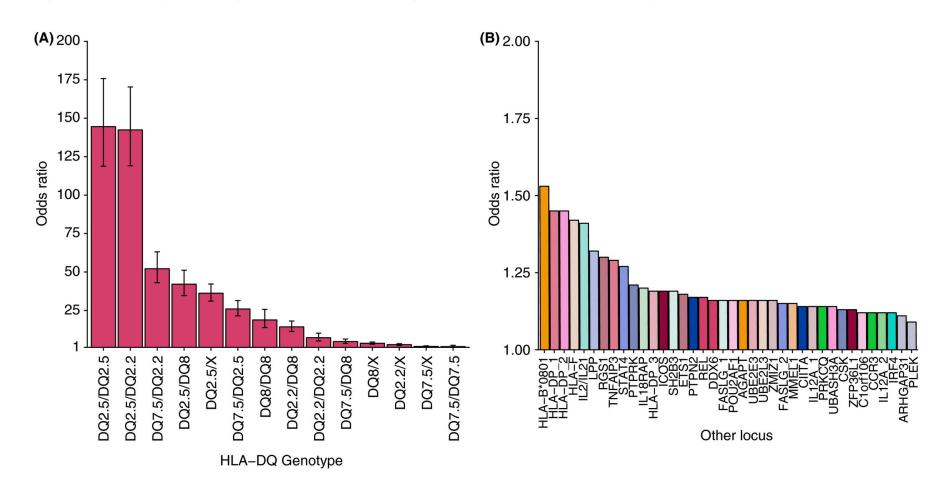
Area under the curve: 0.7354



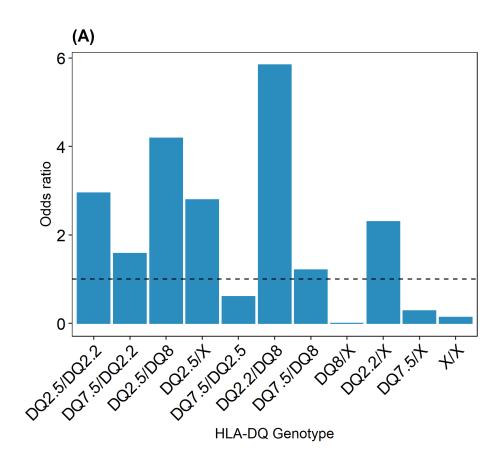
Logistic: Celiac ~ GRS\* \*Sharp et al., 2022

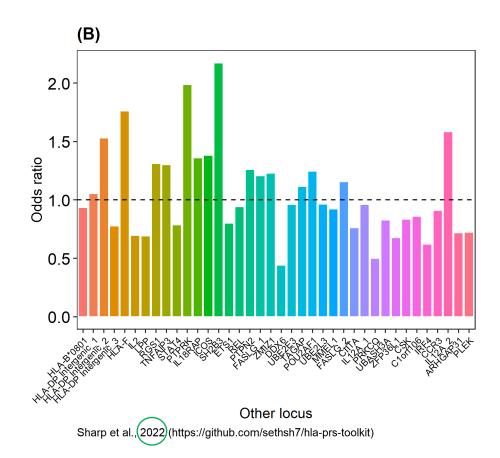
### Figure 1 of Sharp et al., 2019

A single nucleotide polymorphism genetic risk score to aid diagnosis of coeliac disease: a pilot study in clinical care



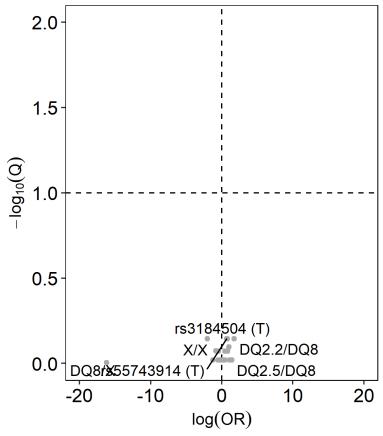
## Odds ratios observed in the HTP Revised GRS (Sharp et al., 2022)





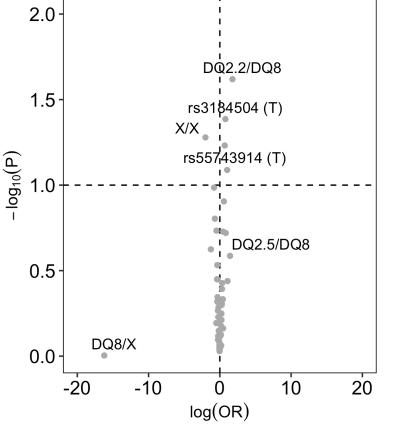
# Results of single-variant logistic regression models for CD (0/1) versus dosage of score allele (GRS version: Sharp et al., 2022)

#### Variant association with Celiac in DS



#### + PC1 + PC2 + PC3 + PC4 + PC5, family = binomial(link = "logit"), data = .)

#### Variant association with Celiac in DS



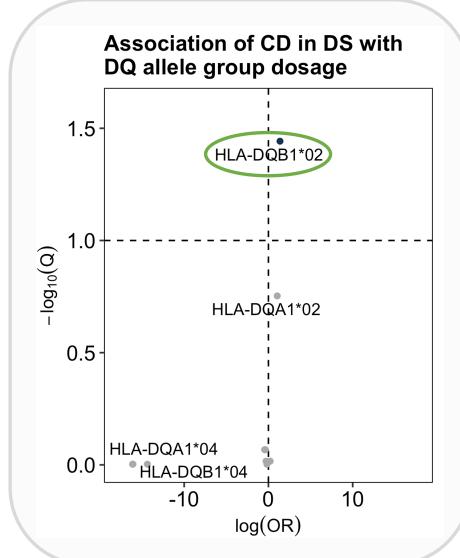
+ PC1 + PC2 + PC3 + PC4 + PC5, family = binomial(link = "logit"), data = .)

## Dosage of DQB1\*02 alleles is significantly associated with CD in DS

#### Alleles encoding CD-associated heterodimers

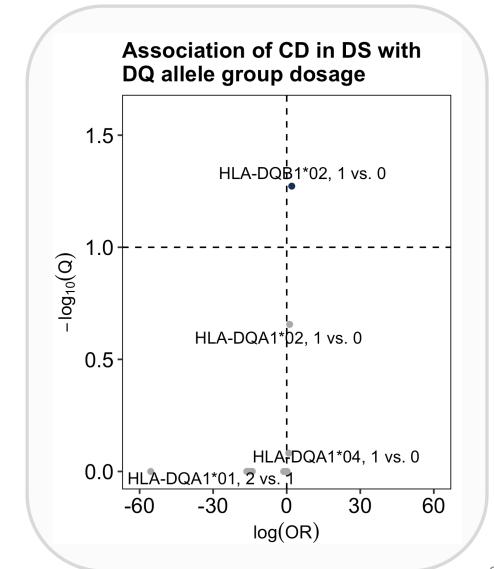
Heterodimer	DQA1*	DQB1*	
DQ2.5	05	0201	LUI A DOD4*02
DQ2.2	0201	0202	HLA-DQB1*02
DQ8	03	0302	
DQ7.5	05	03	

- In an additive genetic model, dosage of DQB1\*02 alleles (e.g., DQB1\*02:01, DQB1\*02:02) was significantly associated with Celiac disease in Down syndrome (OR = 3.95, Q<0.0361).</li>
- On average, each additional DQB1\*02 allele corresponded to a 3.95-fold increase in the odds of CD in DS.



## Possible dominant association of DQB1\*02 with a 7.81-fold increase in the odds of CD in DS

- To identify non-additive associations (i.e., dominant, recessive), we performed a follow-up analysis of DQ allele group dosage as a categorical predictor, rather than numeric.
- Carrying one DQB1\*02 allele was associated with a 7.81-fold increase in the odds of CD in DS (OR = 7.81, Q< 0.0534), as compared to carrying zero DQB1\*02 alleles.
- By contrast, we found no significant difference in the odds of Celiac given two **DQB1\*02** alleles compared to one (OR = 0.80, Q<0.9999).
- These results may indicate a dominant effect of DQB1\*02 in the pathogenesis of CD in individuals with DS (OR = 7.81, Q<0.0534).</li>



## Dominant association of DQB1\*02 with a 7.81-fold increase in the odds of Celiac disease in Down syndrome

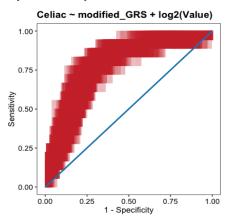
- 84.2% of Celiac cases (16/19) carried one or more DQB1\*02 allele, with the DQ genotypes:
  - **DQ2.5**/X (n=5)
  - **DQ2.2**/X (n=4)
  - **DQ2.2/DQ8** (n=3)
  - DQ2.5/DQ2.2 (n=1)
  - DQ2.5/DQ8 (n=1)
  - DQ7.5/DQ2.2 (n=1)
  - DQ7.5/DQ2.5 (n=1)
- Only three Celiac cases were not carriers of DQB1\*02, instead presenting with the genotypes:
  - DQ7.5/DQ8 (n=1)
  - DQ7.5/X (n=1)
  - X/X (n=1)

### Alleles encoding traditionally CD-associated heterodimers

Heterodimer	DQA1*	DQB1*	
DQ2.5	05	0201	
DQ2.2	0201	0202	
DQ8	03	0302	
DQ7.5	05	03	

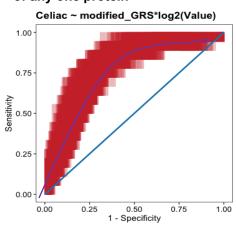
# Models involving both GRS and single **protein abundance** improve prediction of celiac disease in Down syndrome (Please email <u>Jessica.rose.shaw@gmail.com</u> for details)

### Prediction of celiac status using GRS\* and abundance of any one protein as precision covariate



#### UID Celiac ~ modified GRS Celiac ~ modified\_GRS + log2(Value) 75.2 WAP four-disulfide core domain protein 6 (WFDC6.13412.5) 84.5 4-hydroxy-2-oxoglutarate aldolase, mitochondrial (HOGA1.10024.44) 75.2 83.9 75.2 Tumor necrosis factor receptor superfamily member 17 (TNFRSF17.2665.26) 83.7 Membrane-associated progesterone receptor component 2 (PGRMC2.8681.93) 75.2 83.5 75.2 Unique cartilage matrix-associated protein (UCMA.10977.55) 83.1 75.2 Zinc finger protein 134 (ZNF134.12787.47) 82.9 Marginal zone B- and B1-cell-specific protein (PACAP.16322.10) 75.2 82.8 Furin (FURIN.6276.16) 75.2 82.7 GRB2-related adapter protein (GRAP.12820.1) 75.2 82.6 Brain-specific angiogenesis inhibitor 1-associated protein 2 (BAIAP2.19331.18) 75.2 82.3

### Prediction of celiac status with interaction of GRS\* and abundance of any one protein



### <u>AUC values</u>

UID	Celiac ~ modified_GRS	Celiac ~ modified_GRS*log2(Value)
<dr></dr>	<dbl></dbl>	<dbl></dbl>
SUN domain-containing protein 3 (SUN3.8852.10)	75.2	86.7
F-box/LRR-repeat protein 5 (FBXL5.12846.3)	75.2	85.7
Regulator of G-protein signaling 4 (RGS4.17855.28)	75.2	85.4
Macrophage-capping protein (CAPG.4968.50)	75.2	85.2
Tumor necrosis factor receptor superfamily member 17 (TNFRSF17.2665.26)	75.2	85.2
Polyadenylate-binding protein 3 (PABPC3.10447.18)	75.2	84.6
Polyadenylate-binding protein 4 (PABPC4.12603.87)	75.2	84.6
WAP four-disulfide core domain protein 6 (WFDC6.13412.5)	75.2	84.6
Mitogen-activated protein kinase 14 (MAPK14.5007.1)	75.2	84.3
ADP-dependent glucokinase (ADPGK.6221.1)	75.2	84.2

**AUC** values

## Questions?