


Collaborative Association Study of Psoriasis

Gonçalo Abecasis, Anne Bowcock,
James Elder, Jerry Krueger



Psoriasis

- Chronic, inflammatory skin condition
 - Characteristic lesions, can affect substantial proportion of body surface
 - Prevalence of 1-2% (U.S.), 0-3% (worldwide)
 - Peak age of onset \approx 25 yrs old
 - Inflammatory arthritis in 10-25% of patients
 - Sex ratio \approx 1
 - Environmental “trigger factors”
 - Infections (esp. streptococcal pharyngitis)
 - Skin trauma (Koebner phenomenon)
 - Emotional stress
 - Medications (beta-blockers, lithium)
- 



A

Cyclosporine A



B

CTLA4 Ig

Original Plan

- Case Control Association Study
 - 1000 cases / 1000 controls (GAIN, first phase)
 - 1000 cases / 1000 controls, follow-up
- Cases and controls drawn from 3 collections:
 - Anne Bowcock / Alan Menter (Wash U / Texas)
 - James Elder (Michigan)
 - Gerald Krueger (Utah)
- Objective
 - Identify genetic susceptibility factors, including modifiers of PSORS1
- Appears likely we'll examine more samples in initial scan

Case / Control Definitions

- Cases collected from Dermatology clinics
 - >90% participation rate in Utah, Michigan and Texas clinics
 - More severe disease spectrum
 - 11% of body surface area affected, on average
- Controls collected to match geographic and ethnic origin of cases
 - Free of psoriasis (Michigan, Texas)
 - To represent Utah Population (Mark Leppert, Utah)
- Initial round of genotyping will focus on individuals that are “White, not of Hispanic origin”

Information Provided to GAIN

- Age of Onset
- Presence of affected first degree relative

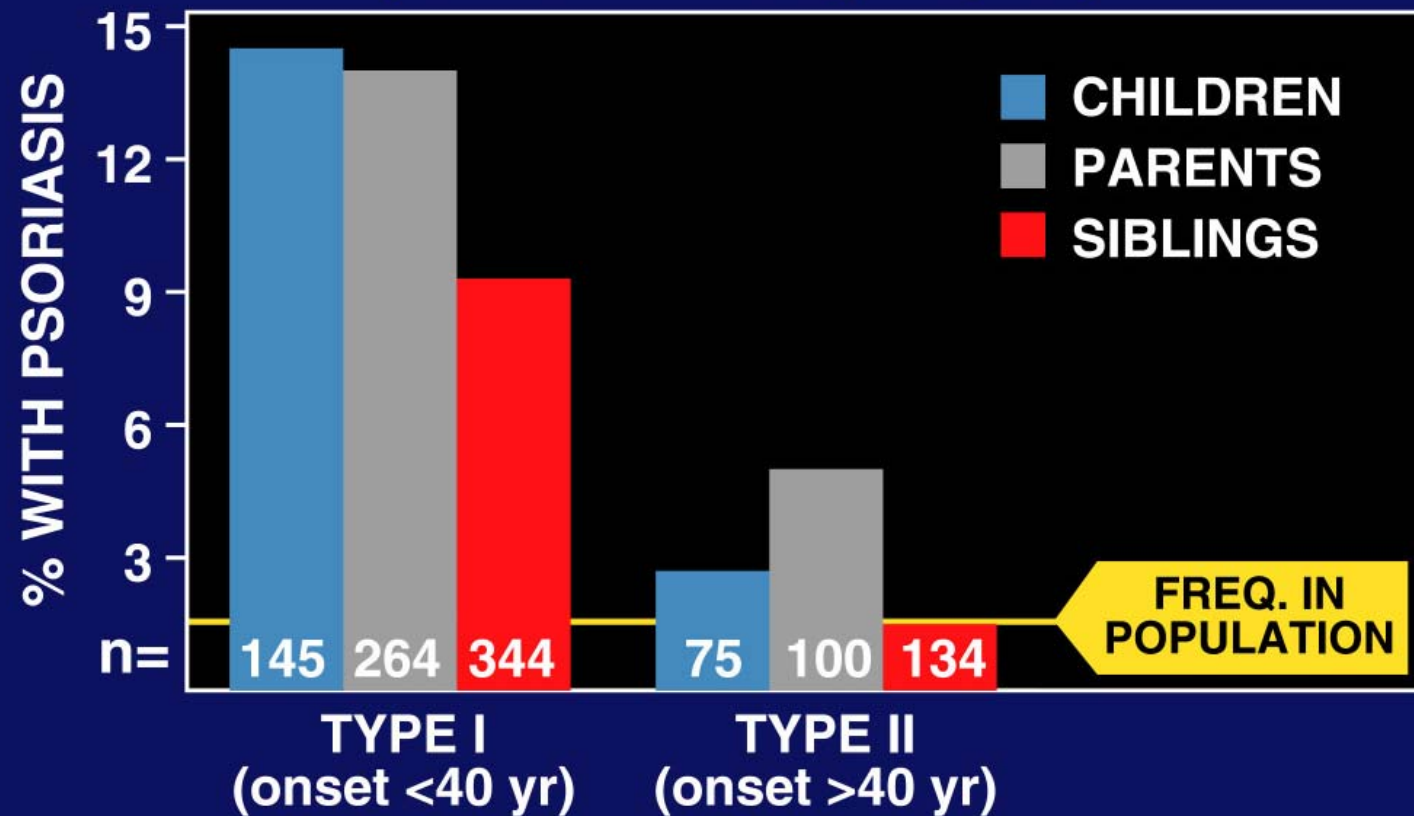
- Body surface area affected (%)
- Sites of involvement
 - Head, upper limbs, lower limbs, trunk, nails

- Psoriatic arthritis status
- Disease severity rating (scaling, induration, erythema)

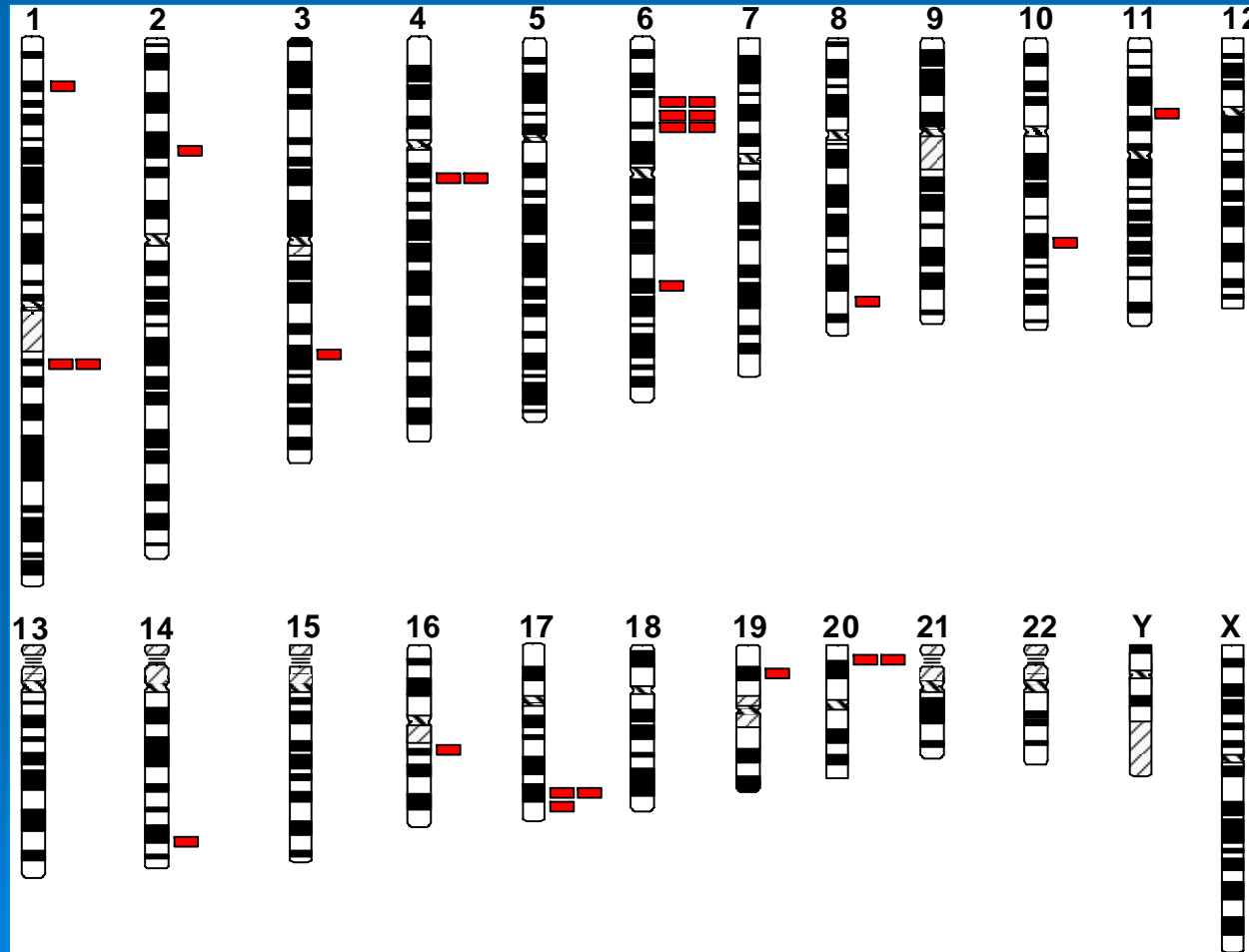
- Crohn's disease / autoimmune disorder status

Familial Clustering of Psoriasis

(Henseler and Christophers, 1991)



Summary of Linkage Studies



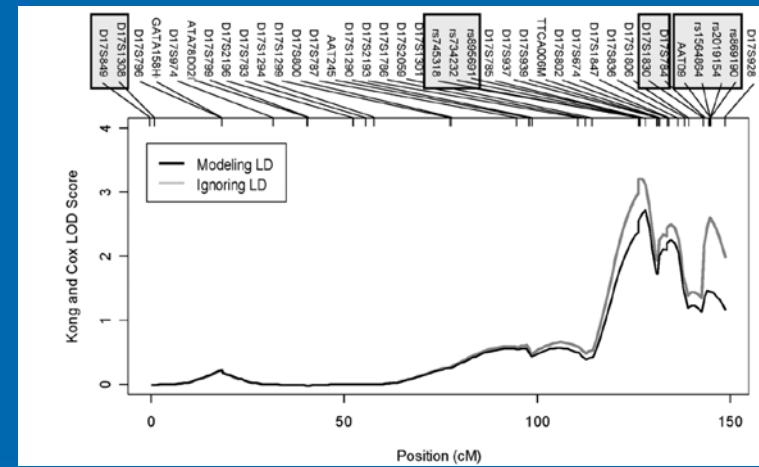
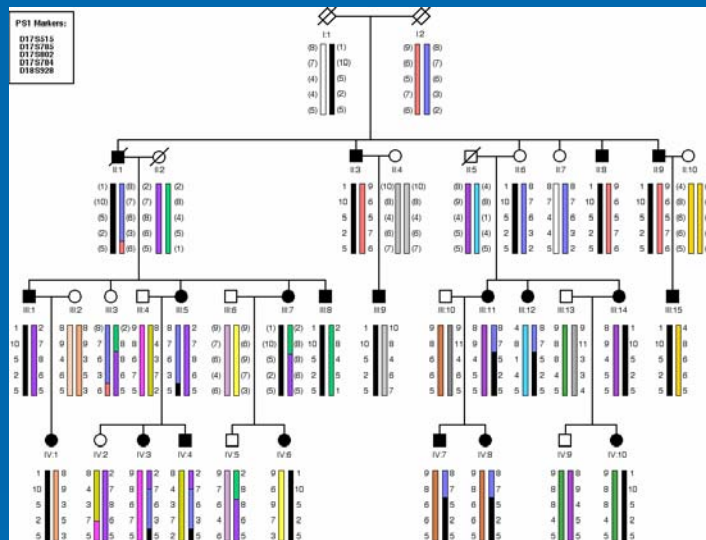
MHC Association

Major 36-Marker Haplotype Clusters: Consensus Alleles and Family-Based Tests of Association with Psoriasis

		ALLELES AT																																												
		D	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M			
CATEGORY AND CLUSTER*	FREQUENCY*	S	S	T	S	M	S	H	S	S	H	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	C	S	S	S	S	S	S	S	S	S	S	S			
		2	1	N	1	I	1	L	1	L	1	1	L	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	D	1	1	1	1	1	1	1	1	1	1	1	1		
		7	2	F	2	C	6	A	0	5	A	6	0	6	7	0	7	7	4	4	1	6	0	9	9	S	6	6	5	6	2	7	8	8	6	6	6	0								
		T:NT (%T)																																			P [†]									
Risk:																																														
44	.0881	6	13	2	12	5	9	57	15	3	6	13	3	2	3	6	1	3	1	1	8	2	4	3	1	7	2	2	2	4	20	1	2	4	6	13	8	5	138:38 (78.4)	1.6 × 10 ⁻¹⁴						
47	.0615	3	6	7	7	3	5	13	16	3	6	15	3	2	3	6	1	3	1	1	9	2	4	3	1	1	7	2	2	2	4	16	1	2	7	9	9	3	3	84:37 (69.4)	2.3 × 10 ⁻²					
43	.0204	6	6	9	9	3	10	37	15	3	6	13	3	2	3	6	1	3	1	1	8	2	4	3	1	7	2	2	2	4	26	1	2	4	6	13	8	5	28:12 (70.0)	.017						
41	.0141	2	6	5	3	4	6	50	16	3	6	9	3	2	3	6	1	3	1	1	9	3	4	3	1	3	2	2	2	4	8	2	1	4	3	5	3	9	20:8 (71.4)	.036						
Nonrisk:																																														
37	.0926	6	6	11	6	3	5	7	9	3	7	1	7	...	5	1	3	3	1	1	4	4	6	3	2	2	2	2	2	4	23	2	2	5	3	5	3	5	66:104 (38.8)	.0044						
49	.0904	8	4	2	16	3	12	8	7	3	7	15	3	5	3	6	1	3	1	1	10	2	4	3	6	5	2	1	2	4	1	1	2	7	3	6	3	16	69:80 (46.3)	.41						
11	.0256	5	10	6	3	3	15	44	4	2	5	10	3	13	7	3	3	1	1	1	2	4	5	4	8	5	14	13	4	1	...	1	2	4	3	6	1	...	18:35 (34.0)	.027						
60	.0252	6	10	2	10	2	1	62	14	2	3	15	3	8	6	6	5	2	2	4	2	1	6	3	8	4	2	2	2	4	11	2	1	6	3	6	4	11	20:33 (37.7)	.098						
7	.0219	5	10	10	17	5	3	38	14	3	12	2	3	12	7	2	3	1	2	6	9	5	5	3	8	6	21	8	4	16	8	1	2	6	3	6	8	...	24:25 (49.0)	1.00						
68	.0204	4	5	7	7	4	5	44	3	2	16	15	3	9	6	6	5	2	2	4	2	1	5	3	6	4	2	1	2	3	20	2	1	6	4	3	3	5	21:27 (43.8)	.47						
51	.0189	4	6	2	3	4	3	65	5	2	8	13	3	2	3	6	1	3	1	1	9	2	4	3	8	4	3	10	4	16	...	1	2	6	4	6	2	21	26:13 (65.0)	.053						
22	.0167	5	6	5	12	5	13	35	19	2	4	10	3	1	3	6	5	2	2	2	2	4	4	3	6	2	15	8	4	1	19	1	1	6	3	6	1	10	11:18 (37.9)	.27						
57	.0148	3	5	4	16	3	13	60	12	2	3	15	3	7	6	6	5	2	2	4	2	1	6	3	8	4	2	3	2	4	11	2	1	6	3	8	4	9	6:19 (24.0)	.015						
29	.0133	4	5	7	7	4	5	44	11	2	4	8	8	1	3	6	5	2	1	1	4	4	6	4	6	6	7	8	4	16	18	1	2	5	3	6	3	15	10:15 (40.0)	.42						
5	.0104	5	9	10	10	1	12	18	14	3	12	2	3	13	7	2	3	1	2	5	9	5	5	3	9	6	18	9	4	14	10	1	2	6	3	8	3	11	8:10 (44.4)	.82						

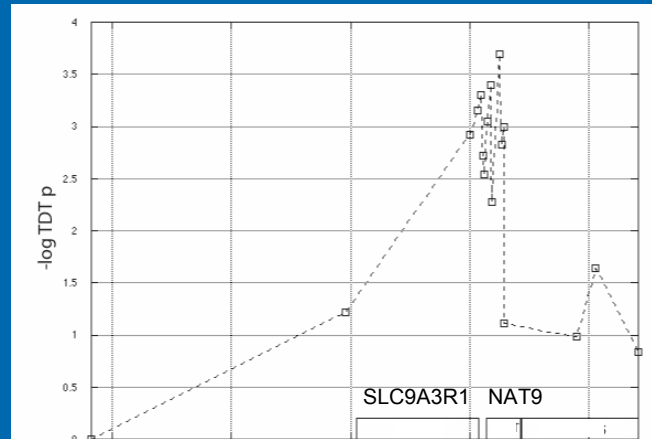
- Strongest genetic influence on psoriasis is in the MHC
 - First HLA association described in 1972 (Russell et al)
- Systematic comparisons, evaluation and resequencing of MHC haplotypes suggest HLA-Cw6 is responsible
 - In Caucasians, haplotypes without Cw6 but with risk alleles at other nearby genes (e.g. CDSN) do not show association

PSOR2 (17q25)



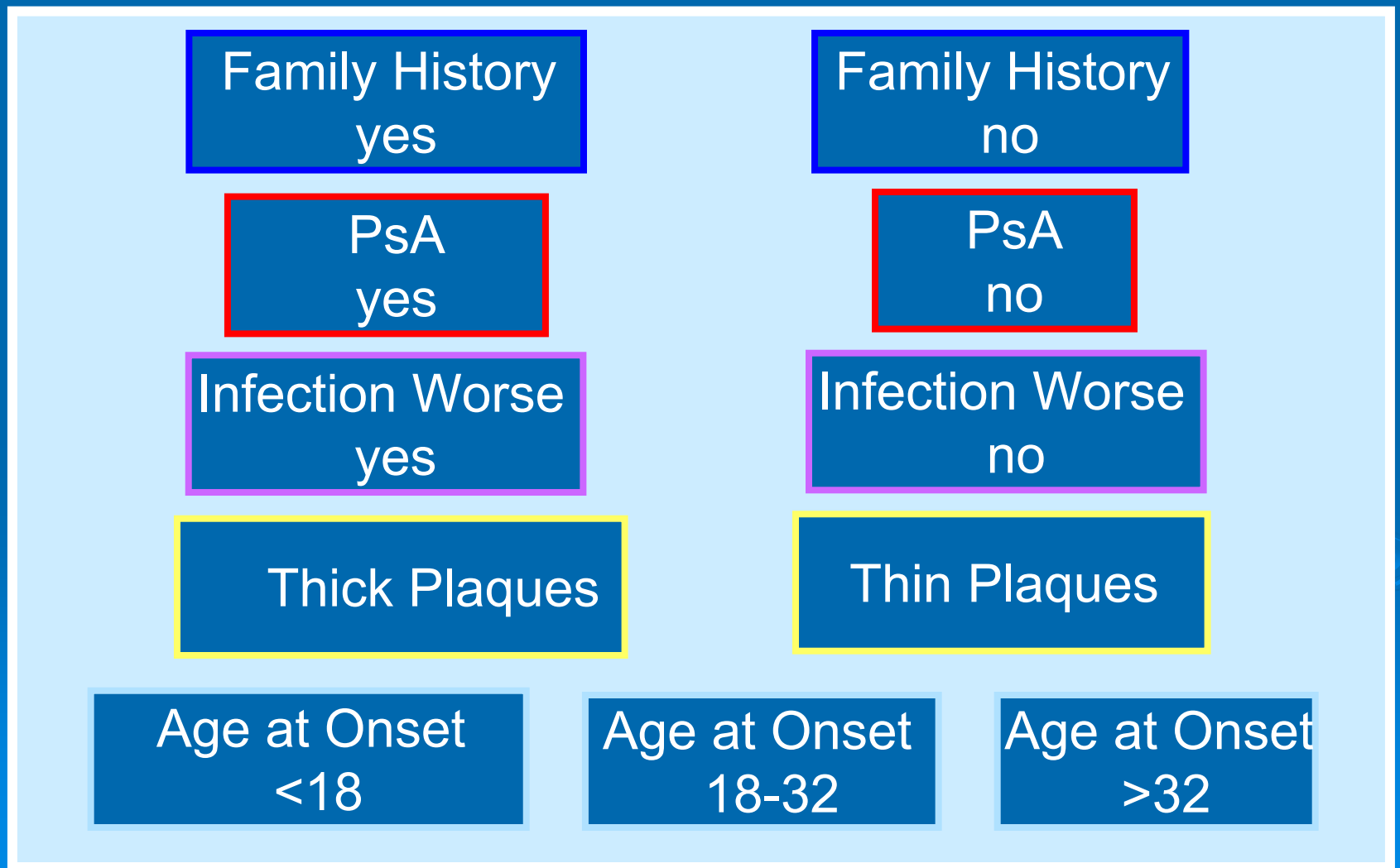
- First mapped susceptibility locus (Tohmforde et al, 1994)
 - 8 large pedigrees; segregates in Mendelian fashion
- Linkage widely replicated
 - Plot shows LOD score curve for 278 families (2518 individuals)

Association Mapping within 17q25



- RUNX1 binding site, between SLC9A3R1 and NAT9 associated with psoriasis (Helms et al. 2003)
 - Association does not always replicate
- Given strength of linkage peak, other susceptibility alleles likely exist in the region

Utah Psoriasis Initiative Pooled Genotype Study



Utah Psoriasis Initiative

SNP	Chr	Mb	P-value	Trait	Gene
rs1265053	6	31.19	1.8*10 ⁻¹⁴	Psoriasis Age of Onset	C6orf15
rs713031	6	31.43	5.5*10 ⁻⁹	Family History	HLA-C
rs2271233	17	6.64	3.9*10 ⁻⁷	Psoriasis Age of Onset	TEKT1
rs15574	6	31.79	5.5*10 ⁻⁷	Percent BSA at Worst	LY6G6E
rs9905086	17	3.16	2.7*10 ⁻⁶	Infection Worsens	
rs2857693	6	31.70	2.8*10 ⁻⁶	Percent BSA at Worst	
rs1003645	17	31.36	8.6*10 ⁻⁶	Psoriatic Arthritis	CCL23
rs437179	6	32.04	1.9*10 ⁻⁵	Percent BSA at Worst	SKIV2L
rs388685	19	49.11	2.0*10 ⁻⁵	Psoriasis Age of Onset	ZNF45
rs981684	17	36.19	5.5*10 ⁻⁵	Family History	KRT25C
rs11944159	4	38.70	5.5*10 ⁻⁵	Psoriasis Age of Onset	LOC92689
rs1475563	1	62.29	6.3*10 ⁻⁵	Family History	
rs2853941	6	31.36	6.9*10 ⁻⁵	Family History	HLA-C
rs2523733	6	30.24	7.4*10 ⁻⁵	Psoriatic Arthritis	TRIM26
rs1800629	6	31.65	8.8*10 ⁻⁵	Family History	
rs2844749	6	30.42	1.2*10 ⁻⁴	Psoriatic Arthritis	RPP21
rs707936	6	31.84	1.5*10 ⁻⁴	Percent BSA at Worst	C6orf27
rs2121133	19	8.93	1.7*10 ⁻⁴	Family History	
rs9267532	6	31.75	1.9*10 ⁻⁴	Percent BSA at Worst	LY6G5B
rs9911226	17	3.16	1.9*10 ⁻⁴	Infection Worsens	OR3A2
rs2074890	17	15.50	2.1*10 ⁻⁴	Infection Worsens	
rs3744108	17	53.94	2.5*10 ⁻⁴	Psoriasis Age of Onset	MTMR4
rs707936	6	31.84	2.5*10 ⁻⁴	Infection Worsens	C6orf27
rs11655759	17	76.82	2.6*10 ⁻⁴	Family History	FLJ44861
rs9386620	6	107.61	2.7*10 ⁻⁴	Psoriatic Arthritis	C6orf210
rs2318789	17	46.71	2.8*10 ⁻⁴	Percent BSA at Worst	CGI-48
rs713031	6	31.43	2.8*10 ⁻⁴	Family History	HLA-C
rs2782641	1	43.68	2.9*10 ⁻⁴	Thick Plaques	
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Additional Phenotype Information

- Evaluation of gene expression for ~50,000 transcripts
 - Affymetrix U133 Plus 2.0 Arrays
- Skin biopsies
 - 40 control biopsies (buttock)
 - 40 biopsies of unaffected skin from cases (buttock)
 - 40 biopsies of affected skin from cases (plaque)
- Early assessment of the impact of any associated variants we identify
 - Comparison of control and unaffected skin biopsies particularly interesting

Overall Analysis Plan

- Primary interest is to identify risk alleles for psoriasis
 - Compare genotypes in cases and controls
- Things on our mind:
 - Correlating genes with subphenotypes
 - Can we predict disease manifestations based on genes?
 - Allowing for known MHC effect
 - Can we increase power to map secondary or interacting alleles?
 - Ensuring matching of cases and controls
 - Can we expand our control pool? Would it help?
 - Evaluating the effects of unobserved alleles
 - Can we use HapMap information effectively to do this?
 - Incorporating family information into analysis
 - Can we increase power by using phenotypes of relatives?

Restrictions on Data Use

- Data can be used to study psoriasis and other genetic diseases
- Proviso:
 - Original consent (Washington U - St. Louis) states that data will be used to study psoriasis and other auto-immune diseases
 - IRB has approved use of de-identified samples (such as provided to GAIN) to study other diseases

Credits

➤ University of Utah

- Gerald Krueger
- Kristina Callis
- David Goldgar

➤ Washington University

- Anne Bowcock
- Alan Menter
- Justin Paschall
- Cindy Helms

➤ University of Michigan

- JT Elder
- Rajan Nair
- Phil Stuart
- Johann Gudjonsson
- John Voorhees

- Gonçalo Abecasis
- Jun Ding