

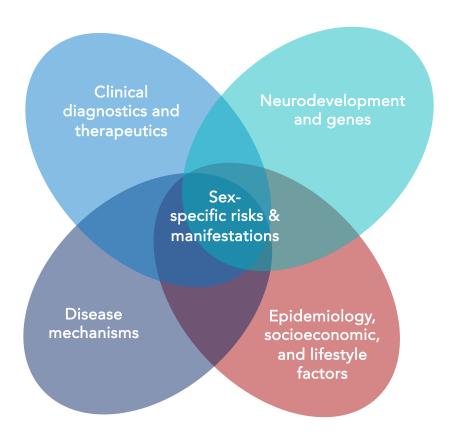
Sex differences in omics data for neurodegenerative diseases

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Why study sex differences in complex diseases?

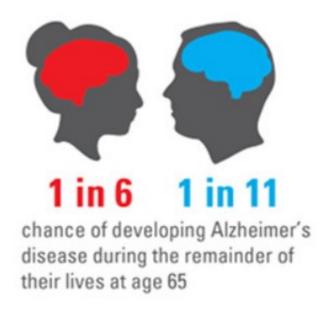


→ Sex differences can affect disease risk, manifestations, progression & therapy





Sex differences in Alzheimer's disease (AD)

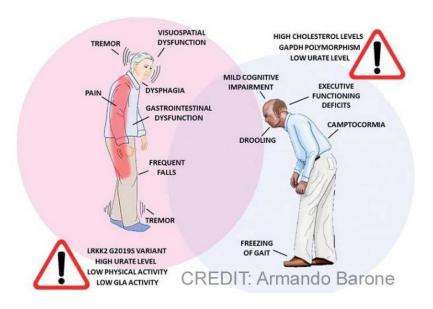


- Higher incidence rate among females in the older age groups, also when adjusting for differential survival (Gao et al., 1998)
- Females have more global AD pathology (Barnes et al., 2005), while males suffer a more aggressive disease progression and earlier mortality (Dubal et al., 2020)
- Molecular mechanisms and mediators of these sex differences are unknown





Sex differences in Parkinson's disease (PD)



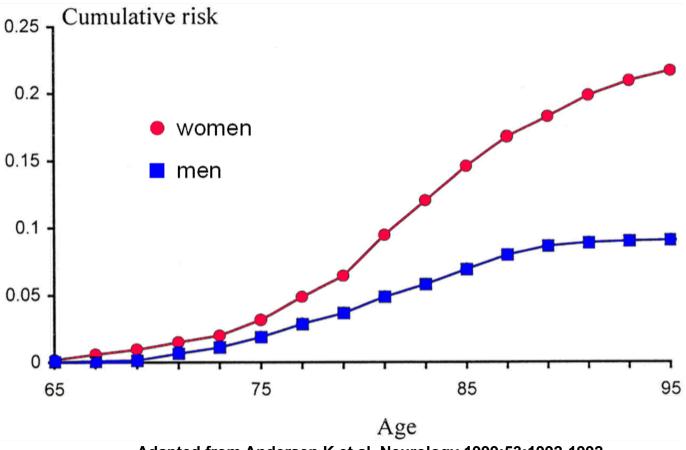
- Higher incidence rate among males for idiopathic PD in most studies (Mayeux et al., 1995; Baldereschi et al., 2000, Wooten et al., 2004)
- Women present more often with tremor, associated with milder motor deterioration and striatal degeneration (Haaxma et al., 2007)
- Molecular mechanisms and mediators of these sex differences are unknown





Age-dependence of sex differences in AD

Sex-specific cumulative risk for a 65-year-old to develop AD by 95 years of age



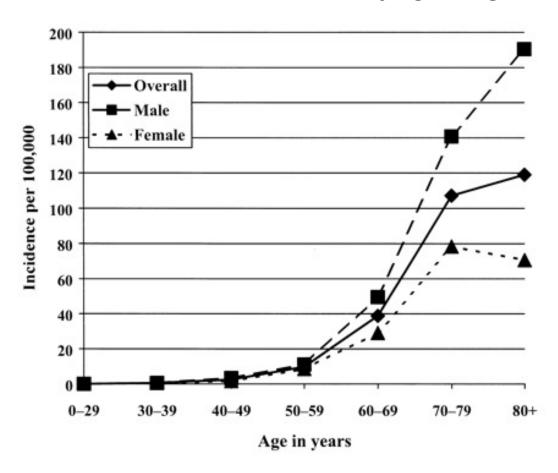






Age-dependence of sex differences in PD

Incidence of Parkinson's disease by age and gender



Source: Kaiser Permanente, 1994–1995





Previous hypotheses

Potential generic causes for sex differences in AD/PD:

- Life-style / occupation related causes (e.g., exposure to toxicants, head trauma)
- Differences in hormone levels (e.g., hormones with neuroprotective functions)
- Genetic differences (sex chromosomes and genetic variations)
- Differences in mitochondrial (dys)function (proteins vs. lipids as fuel sources;
 Demarest & McCarthy, 2015)
- Differences in neuroinflammatory processes and microglia signaling (more active microglia in some brain regions in males; Lenz & McCarthy, 2015)





Limitations of previous hypotheses

Sex disparities are not generic:

- Observed clinical sex differences are disease-specific (e.g., PD vs. AD)
- Sex disparities differ in sporadic vs. familial disease forms (e.g., increased female prevalence in LRRK2-PD; Cilia et al., 2014, Alcalay et al., 2013)
- Sex differences show different patterns within the same disease
 across different clinical, neuropathological and molecular readouts

→ Investigate contributing roles of disease / subtype / symptom-specific molecular factors





Method: Testing sex differences in omics data

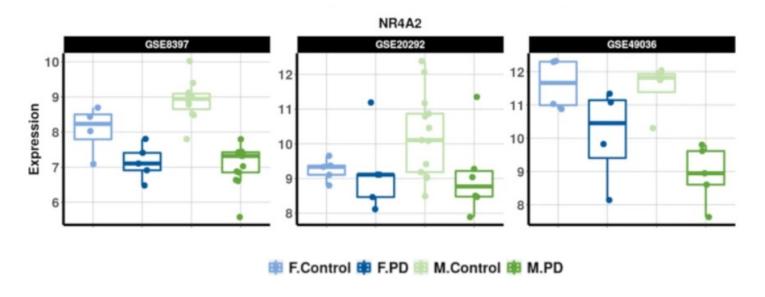
- Directly test for statistical interactions between sex and disease status
 - → a purely sex-stratified analysis is prone to issues with significance thresholds
- Categorize sex differences in disease associations:
 - Sex-specific: Significant in one sex (FDR < 0.05) and not close to significance in the other (p > 0.5)
 - Sex-dimorphic: Significant in both sexes (FDR < 0.05) and with opposite
 direction of the effect (different signs of log fold change + min. absolute difference)
 - Sex-modulated: Significant in both sexes (FDR < 0.05) with shared direction
 but differing significantly in the magnitude of the effect





PD transcriptomics: Gene-level analysis

- Several sex-dependent differentially expressed genes (DEGs) identified
- Many top significant genes have well-known PD associations
- Example: NR4A2 → dopamine metabolism regulator, mutations in familial PD



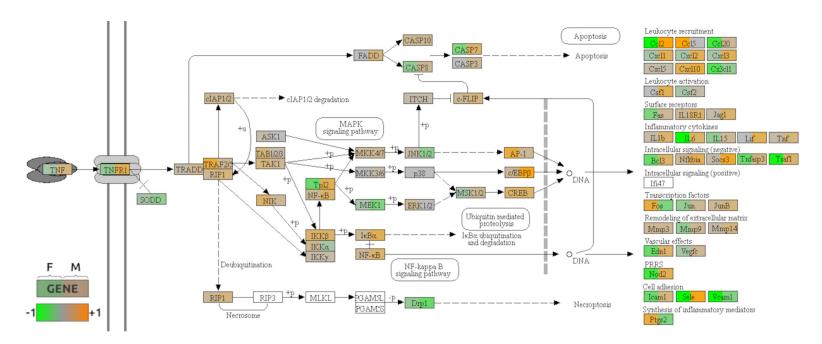
→ significantly stronger changes in males





PD transcriptomics: Pathway analysis

- Enrichment of sex-dependent DEGs in pathways (KEGG, GO, Reactome)
- Main changes in mitochondrial and inflammatory response pathways
- Example: TNF signaling pathway (KEGG)

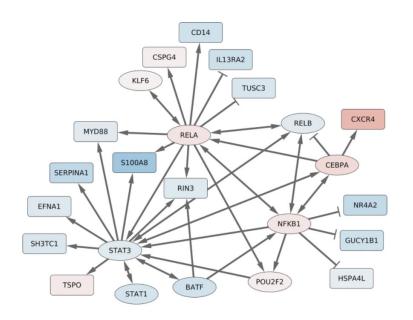




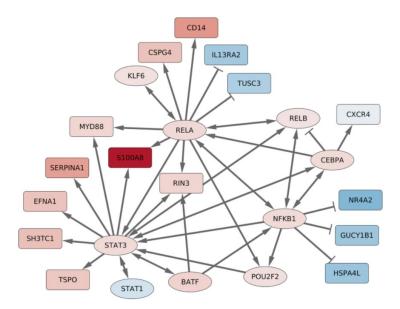


PD transcriptomics: Regulatory network analysis

- Transcription factors (TFs) with sex-dependent changes & sex differences in their downstream target genes were identified
- Multiple of these TFs are members of the statin or NFκB family (e.g., STAT3)



STAT3 network: logFC in males



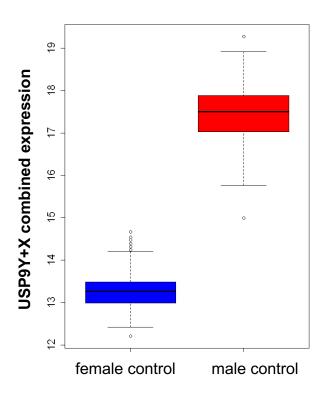
STAT3 network: logFC in females

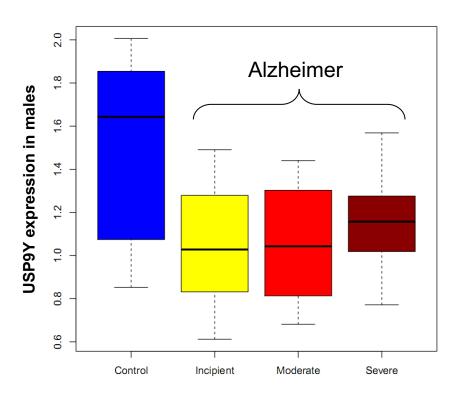




Alzheimer's disease (AD) transcriptomics analysis

- AD vs. control meta-analysis → similar workflow as for PD meta-analysis
- Focus on the hippocampus as the main affected brain area
- Key gene: USP9X/Y (ubiquitin-specific peptidase 9) shows strong generic sex differences (no dosage compensation) & male-specific decrease in AD





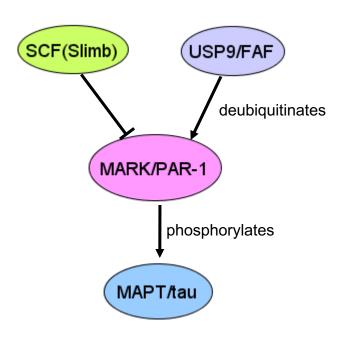




USP9 prior knowledge

- USP9 deubiquitinates other target proteins, preventing their degradation
- In a drosophila model, USP9/FAF deubiquitinates a kinase that phosphorylates the microtubuleassociated protein tau (MAPT, Lee et al., 2011)
- USP9 is highly expressed in the CNS and its targets are implicated in neurodevelopmental signaling pathways, including Notch, Wnt, and TGF-ß

Role of USP9 in MAPT regulation (Drosophila model)

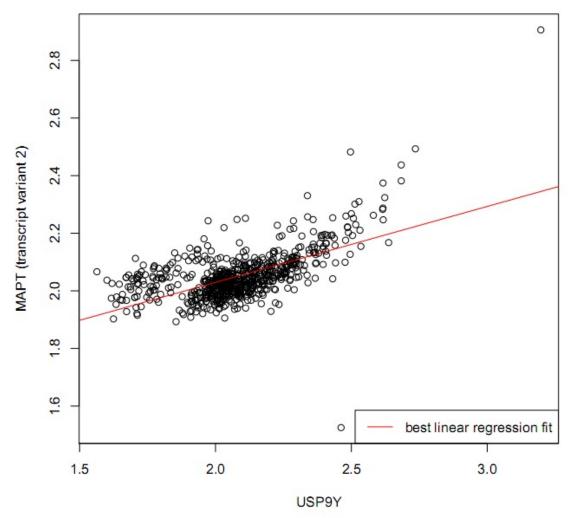


(source: S. Lee et al., Nature Communications, 2011)





Correlation between USP9 and MAPT



Pearson correlation: 0.602

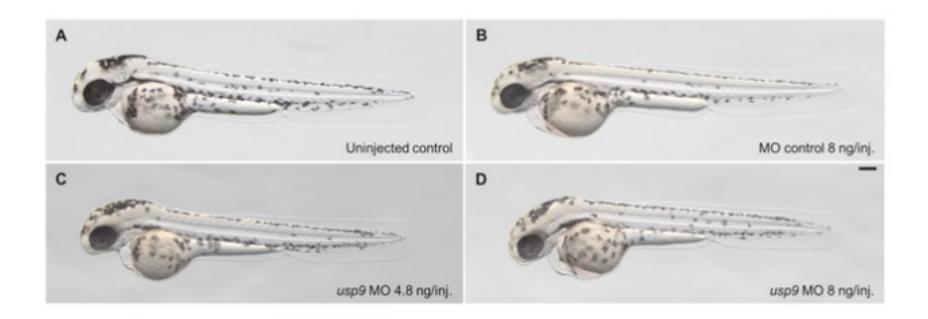
Significance: p < 2.2e-16

Correlation plot of gene expression levels in human post-mortem brain samples for USP9 and MAPT (dataset by Zhang et al., 2013)





Analysis in zebrafish embryo model (USP9 Knockdown)



A: Zebrafish prior to injection of morpholino oligos (MO) for *usp9* knockdown

B: 8 ng control injection

C: 4.8 ng MO injection

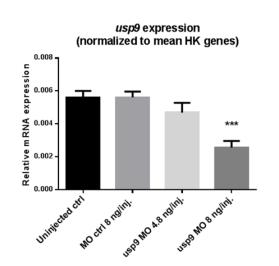
D: 8 ng MO injection

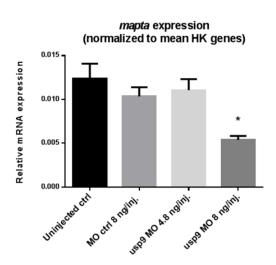


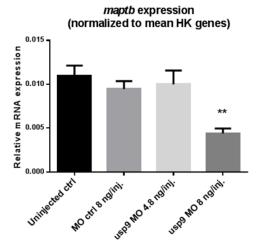


Analysis of usp9/tau associations in zebrafish embryo model

- Zebrafish have 2 MAPTparalogs, mapta & maptb,
 which resemble the two
 main human tau isoforms
 (3R- and 4R-tau) → Analyze
 usp9 knockdown effect on
 mapta & maptb
- The morpholino knockdown of usp9 results in a concentration-dependent decrease of mapta and maptb gene expression





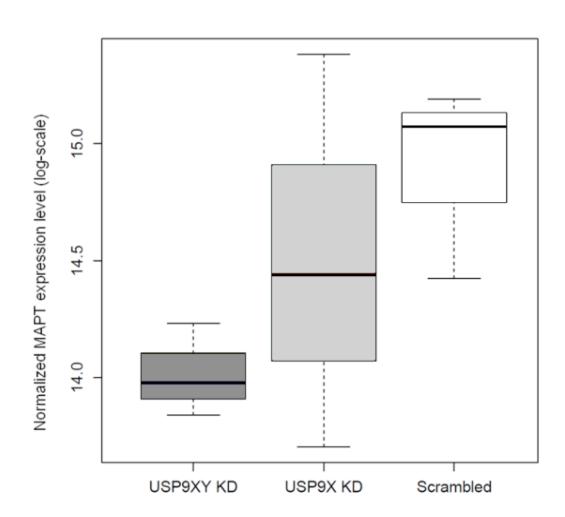






Analysis of USP9/tau associations in DU145 cell culture model

- Knockdown of USP9X and USP9X/Y results in significantly reduced MAPT expression levels
- The effect is strongest for the combined knockdown of USP9X and USP9Y

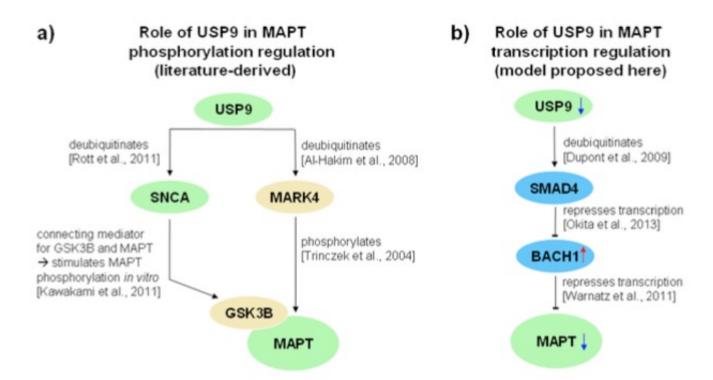






Model for the role of USP9 in MAPT regulation

Gene regulatory and protein-protein interaction links between USP9 and MAPT:



- a) USP9 can modulate MAPT phosphorylation via SNCA and MARK4
- b) USP9 can modulate MAPT gene expression via SMAD4 and BACH1

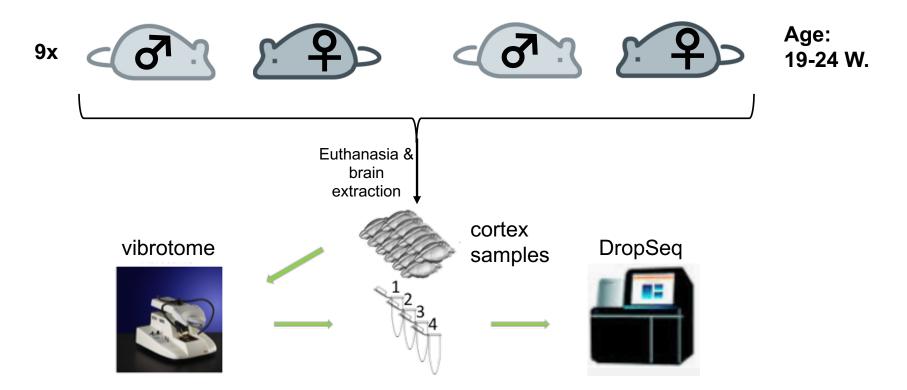




Sex differences in single cells in a model for early AD

AD mouse model: Tg2576 (overexpresses mutant APP: K670/671L)

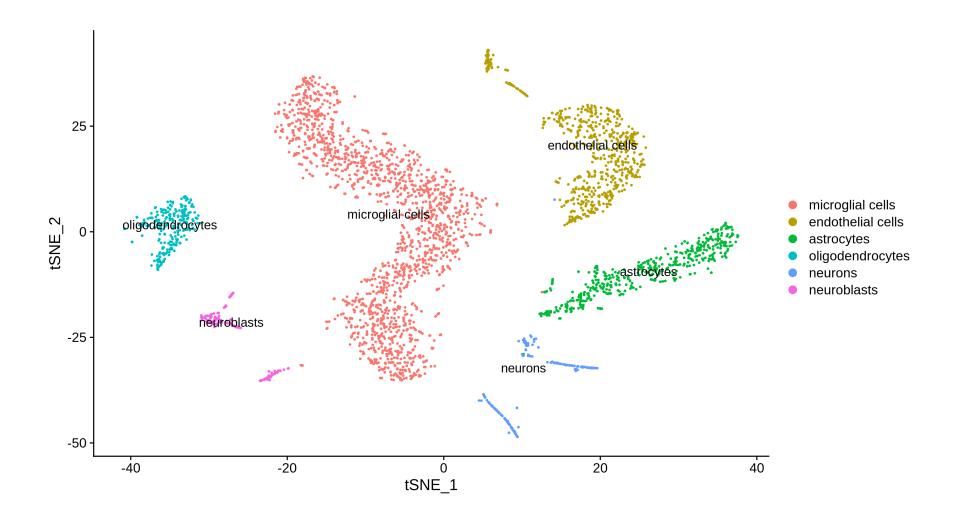
Study set-up:







Clustering of cells and cell type annotation

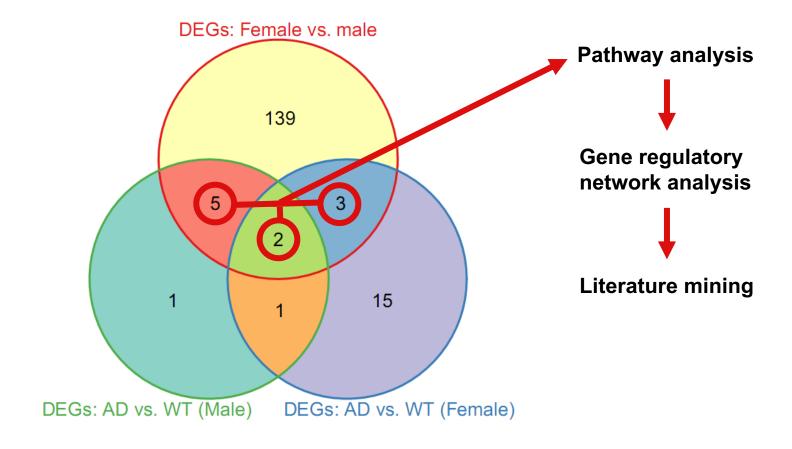






Analysis workflow

Compute sex-specific and sex-dimorphic DEGs between TG and WT for all cell types:

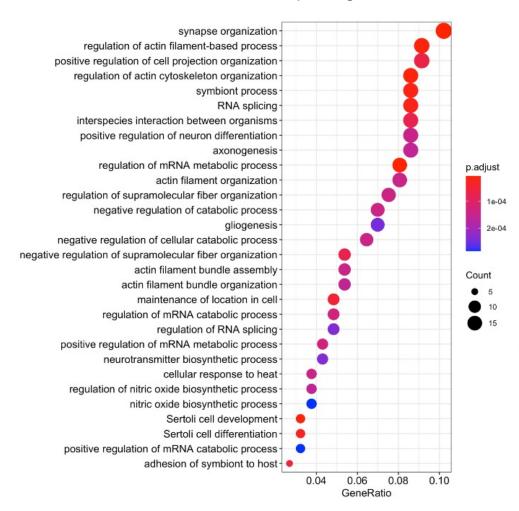






Sex-specific pathway alterations

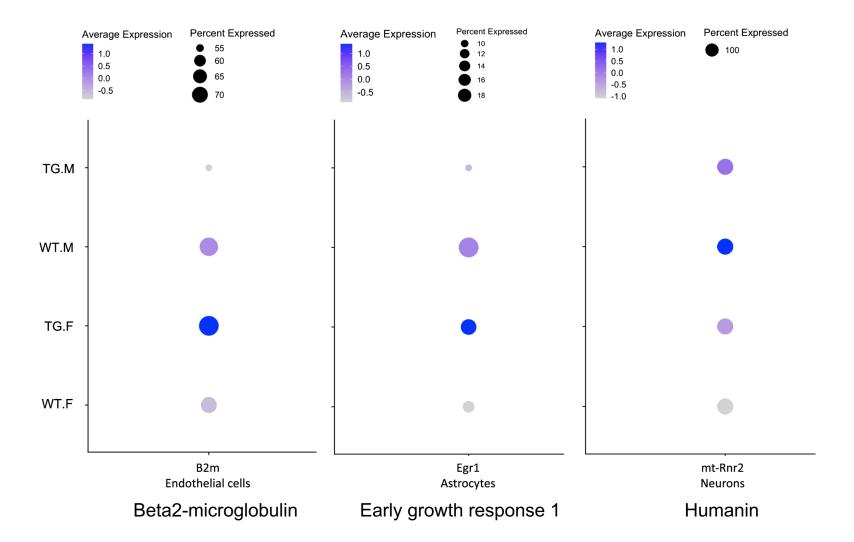
Enrichment of sex-specific changes in processes related to synapse organization, neuron differentation and RNA splicing:







Sex-dimorphic changes

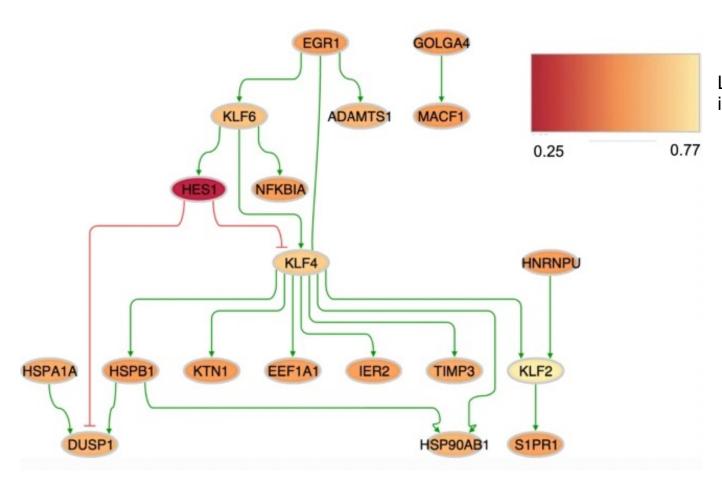






Gene regulatory network (GRN) analysis

Example: Male-specific sub-network alteration in endothelial cells



Log fold change in Tg2576 vs. WT



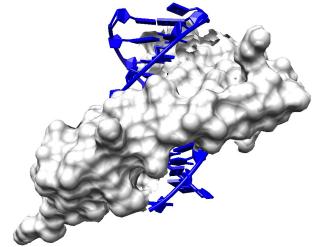


EGR1 (Early Growth Response 1) in Alzheimer's disease

 Functions: transcription factor associated with response to growth factors, DNA damage and ischemia

AD associations:

- Silencing Egr1 in the 3xTg-AD model lowers Abeta pathology and improves cognition (Qin et al., 2017)
- Expression of EGR1 and acetylcholine-esterase
 (AchE) correlate in humans and in the 3xTg model;
 and EGR1 upregulates AchE in vitro (Hu et al., 2019)



EGR1 crystal structure (gray) bound to DNA (blue) (PDB: 4X9J)





Summary

- Significant disease-associated sex differences in AD and PD for individual genes, pathways and sub-networks
- PD: Main changes in mitochondrial and inflammatory pathways;
 key transcription factors associated with dopamine metabolism
 (NR4A2) and NF-κB and STAT3 signaling pathways
- AD: Tg2576 model shows changes in synapse organization, neuron differentiation, and RNA splicing. The regulatory gene *Egr1* upregulates acetylcholine-esterase, and its inhibition is protective in the 3xTG model.





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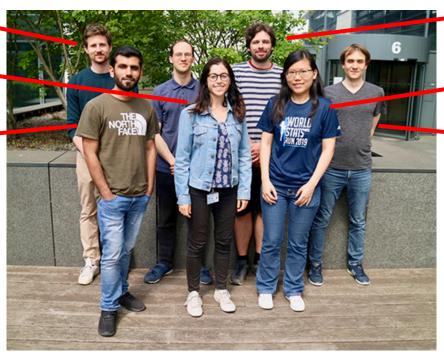
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