

# Gene Co-Expression Analysis of Multiple Brain Tissues Reveals Correlation of FAM222A Expression with Multiple Alzheimer's Disease-Related Genes

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## Abstract.

**Background:** Alzheimer's disease (AD) is the most common form of dementia in the elderly marked by central nervous system (CNS) neuronal loss and amyloid plaques. *FAM222A*, encoding an amyloid plaque core protein, is an AD brain atrophy susceptibility gene that mediates amyloid- $\beta$  aggregation. However, the expression interplay between *FAM222A* and other AD-related pathway genes is unclear.

**Objective:** Our goal was to study *FAM222A*'s whole-genome co-expression profile in multiple tissues and investigate its interplay with other AD-related genes.

**Methods:** We analyzed gene expression correlations in Genotype-Tissue Expression (GTEx) tissues to identify *FAM222A* co-expressed genes and performed functional enrichment analysis on identified genes in CNS system.

**Results:** Genome-wide gene expression profiling identified 673 genes significantly correlated with *FAM222A* ( $p < 2.5 \times 10^{-6}$ ) in 48 human tissues, including 298 from 13 CNS tissues. Functional enrichment analysis revealed that *FAM222A* co-expressed CNS genes were enriched in multiple AD-related pathways. Gene co-expression network analysis for identified genes in each brain region predicted other disease associated genes with similar biological function. Furthermore, co-expression of 25 out of 31 AD-related pathways genes with *FAM222A* was replicated in brain samples from 107 aged subjects from the Aging, Dementia and TBI Study.

**Conclusion:** This gene co-expression study identified multiple AD-related genes that are associated with *FAM222A*, indicating that *FAM222A* and AD-associated genes can be active simultaneously in similar biological processes, providing evidence that supports the association of *FAM222A* with AD.

**Keywords:** Alzheimer's disease, *FAM222A*, gene co-expression network analysis, neurodegeneration, transcriptomics

## INTRODUCTION

It has been increasingly recognized that Alzheimer's disease (AD) is a genetically dichoto-

mous disease, with more than 90% of the late-onset sporadic form inherited in a non-Mendelian fashion (LOAD), and less than 10% of AD early-onset familial form showing classical Mendelian inheritance (EOAD) [1]. The pathophysiological process of AD is believed to begin years before the diagnosis of clinical dementia [2]. Quantitative structural

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magnetic resonance imaging (MRI) has been extensively used for assessment of AD-related structural differences in selective brain regions [3]. Our recent cross-phenotype association analysis of MRI measures and genotypes from the Alzheimer's Disease Neuroimaging Initiative (ADNI) identified a new single nucleotide polymorphism rs117028417 on *FAM222A* associated with AD-related imaging quantitative traits [4], which was replicated in the Enhancing NeuroImaging Genetics through Meta-Analysis (ENIGMA) consortium cohort [5]. Despite a marginal association with AD diagnosis in the International Genomics of Alzheimer's Project (I-GAP) [6], *FAM222A* rs117028417 has a significant association with longitudinal changes in brain amyloid deposition in AD patients [4]. The protein encoded by *FAM222A*, we named Aggregatin, is predominantly expressed in the central nervous system (CNS) [4]. Remarkably, Aggregatin accumulates within the center of amyloid plaques, physically interacts with amyloid- $\beta$  (A $\beta$ ), facilitates A $\beta$  aggregation, and regulates the formation of amyloid deposits and associated neuroinflammation and cognitive deficits in the AD mouse model [4]. Taken together, these results support the important role of *FAM222A* and its encoded Aggregatin in AD pathogenesis.

Gene co-expression analysis, an algorithm able to associate functionally related genes from gene expression data [7], has been increasingly used to discern transcriptional regulatory programs, prioritize candidate disease genes, understand underlying pathomechanisms, and identify biomarkers or therapeutic targets in wide range of human diseases including AD [8–11]. Although gene co-expression analysis do not necessarily provide information about the causality relationships between genes, differential co-expression analysis among various tissues have been used to improve prediction of tissue related disease and functions [12]. Brain function is governed by precise regulation of gene expression across anatomically distinct structures. Study of gene co-expression profiles for region-specific processes in non-pathological brain tissue can be used to associate gene of unknown function with biological process and disease prediction [13]. In addition, postmortem analysis of gene expression profile in brains of patients with AD have suggested multiple significant biological mechanisms and disease promoting pathways [14–16]. Analysis of the local and global alterations in the gene co-expression profile in normal and pathological brain tissues is helpful to under-

stand gene's biological and physiological function and potential role in the disease.

Our previous study on the pathomechanisms of *FAM222A* and its encoded Aggregatin have primarily concentrated on its pathophysiological function in brain amyloid deposition, with relatively limited investigation of its expression association with other neurodegeneration or AD related risk genes. We conducted gene co-expression analysis for *FAM222A* from the Genotype-Tissue Expression (GTEx) RNA-seq data [17] to better understand gene expression levels across individuals and diverse tissues. The GTEx project donors were 20 to 70 years of age, averaging 53.4 years [17]. Most of the donors died from traumatic injury, cerebrovascular and heart disease, with a small proportion dying from liver, renal, respiratory, and neurological diseases [17]. We conducted gene co-expression network and pathway enrichment analysis to gain mechanistic insight using identified genes co-expressed with *FAM222A* in multiple brain tissues. Additionally, the results were validated in both traumatic brain injury (TBI) (healthy) and AD (pathologic) cases from a unique aged population-based cohort from the Adult Changes in Thought (ACT) study.

## METHODS

### *The Genotype-Tissue Expression (GTEx) project*

Fully processed, filtered, and normalized gene expression data from 49 tissues and cell lines were downloaded from the Genotype-Tissue Expression project portal (version 8) (<https://www.gtexportal.org>). Only genes with twenty or more donors with expression estimates >0.1 Reads per Kilo-base of transcript (RPKM) and an aligned read count of six or more within each tissue were considered significantly expressed. Within each tissue, the distribution of RPKMs in each sample was quantile-transformed using the average empirical distribution observed across all samples. Expression measurements for each gene in each tissue were subsequently transformed to the quantile of the standard normal distribution.

### *Gene co-expression network analysis*

Pearson correlation analysis were conducted between genome-wide genes with *FAM222A* in each tissue. The Pearson's correlation coefficient

and the corresponding  $p$ -value were calculated for each pair of genes. The genes that correlated with *FAM222A* with  $p \leq 2.5 \times 10^{-6}$  were defined as statistically significant. For the genes identified significantly correlated with *FAM222A* in 13 brain tissues, co-expression networks for each tissue were constructed by computing Pearson's correlation between each pair of genes. The pairs of genes with correlation  $p \leq 2.5 \times 10^{-6}$  were defined as connected. R package “visNetwork”, available at <https://github.com/datastorm-open/visNetwork>, were used to visualize the network in each brain tissue.

#### *Protein-protein interaction (PPI) network analysis*

The search tool for retrieval of interacting genes (STRING) (<http://string-db.org>) database, which integrates both known and predicted PPIs, can be applied to predict functional interactions of proteins [18]. To seek potential interactions between genes identified significantly correlated with *FAM222A* in different brain tissues, The STRING tool was employed. Active interaction sources, including gene oncology, KEGG pathway, subcellular localization database, tissue expression database, disease-gene associations mined from literature and WikiPathway were applied to construct the PPI networks. Pathway enrichment analyses for the genes identified significantly correlated with *FAM222A* in 13 brain tissues were conducted using Enrichr (<http://amp.pharm.mssm.edu/Enrichr/>). Enrichr is a web-based tool that conduct intuitive enrichment analysis providing various types of visualization summaries of collective functions of gene lists [19]. The significant terms and pathways were selected from the threshold of adjusted  $p < 0.05$ .

#### *The Aging, Dementia and Traumatic Brain Injury study*

The Aging, Dementia and TBI study is a detailed neurological, molecular, and transcriptomic characterization of brains of control and TBI exposure from a unique aged population-based cohort from the ACT study. This study was developed by a consortium consisting of the University of Washington, Kaiser Permanente Washington Health Research Institute, and the Allen Institute for Brain Science, and was supported by the Paul G. Allen

Family Foundation. This freely available resource (<https://aging.brain-map.org/>) presents a systematic and extensive data set of study participant RNA sequencing (RNA-seq) analysis of hippocampus, neocortex, and white matter of forebrain. Specific methodological details are available on the “Document” tab at <https://aging.brain-map.org/>.

For gene expression data, 377 samples collected from cortical grey (parietal and temporal) and white matter (parietal) and hippocampus from a total of 107 brains. The donors age ranged from 78 to 100+ years old and included 44 females and 63 males. Based on the DSM-IV diagnostic criterion for clinical significance, there were 30 individuals diagnosed with AD, 12 with multiple etiologies of TBI, 4 with vascular cause, 3 with other medical cause, 2 with other unknown cause, and 56 were non-dementia controls. The details of normalized gene-level FPKM values of RNAseq gene expression data generation was available at <https://help.brain-map.org/display/aging/Documentation>.

To replicate the correlations of AD-related genes with *FAM222A* in GTEx, Pearson correlation analysis of 31 identified genes expression with *FAM222A* were conducted in the aging, dementia and TBI studies, 107 donors for four brain regions: temporal neocortex (TCx), white matter of forebrain (FWM), hippocampus (HIP), and parietal neocortex (PCx). The significant threshold was empirical  $p$ -value adjusting multiple tests by Bonferroni correction ( $p < 0.05/124 = 4.0 \times 10^{-4}$ ).

## RESULTS

#### *FAM222A co-expression analysis across 48 tissues and cells lines in GTEx data*

We conducted whole-genome gene co-expression analysis for *FAM222A* across 48 tissues available in GTEx v8 data including approximately 984 postmortem donors with genotype information and 17,832 RAN-seq samples and identified genes that are correlated with *FAM222A* in transcription expression level. There were 673 genes that were transcriptionally correlated with *FAM222A* in 48 GTEx tissues ( $p < 2.5 \times 10^{-6}$ ), in which 298 genes were identified from 13 central nervous system (CNS) tissues (Figs. 1, 2A; Supplementary Table 1). The average number of genes identified co-expressed with *FAM222A* in 13 CNS tissues was significantly higher

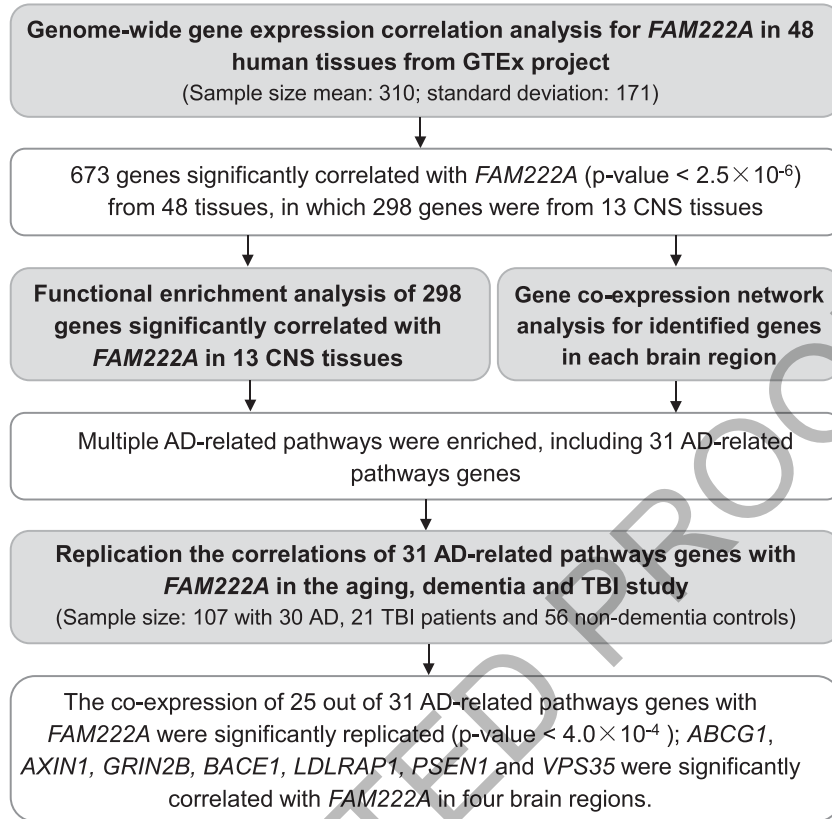


Fig. 1. Flowchart of the gene-coexpression analysis. AD, Alzheimer's Disease; GTEx, The Genotype-Tissue Expression (GTEx) project; CNS, central nervous system; TBI, traumatic brain injury.

than 35 other tissues ( $p = 9.8 \times 10^{-3}$ ) (Fig. 2A), suggesting FAM222A is more functional active in brain tissues.

#### *Genes co-expressed with FAM222A were enriched in AD related pathways*

Pathway enrichment analysis was performed on the 298 genes from the 13 CNS tissues using STRING database (Supplementary Table 1). We found enrichment of amyloid precursor protein metabolic process ( $p = 5.3 \times 10^{-5}$ ), galactosylceramide biosynthetic process ( $p = 3.1 \times 10^{-3}$ ), and anterograde axonal protein transport ( $p = 1.3 \times 10^{-2}$ ) in GO Term biological process pathways. Ciliary rootlet ( $p = 1.1 \times 10^{-4}$ ), intrinsic component of synaptic membrane ( $p = 1.8 \times 10^{-4}$ ), and neurofibrillary tangle ( $p = 5.6 \times 10^{-3}$ ) were enriched in GO Term cellular component pathways. Alzheimer's disease ( $p = 5.4 \times 10^{-8}$ ), spinocerebellar ataxia ( $p = 9.6 \times 10^{-3}$ ), and dopaminergic synapse path-

ways ( $p = 2.1 \times 10^{-2}$ ) were enriched in KEGG pathways (Fig. 3A). Other AD related pathways were identified including amyloid precursor protein catabolic process ( $p = 1.0 \times 10^{-2}$ ); regulation of protein oligomerization ( $p = 1.4 \times 10^{-2}$ ); positive regulation of amyloid fibril formation ( $p = 1.3 \times 10^{-2}$ ); AD and miRNA effects ( $p = 2.1 \times 10^{-10}$ ); neurodegenerative disease ( $p = 5.9 \times 10^{-3}$ ); amyloid plaque ( $p = 1.3 \times 10^{-2}$ ); AD specific cell type ( $p = 1.4 \times 10^{-3}$ ); and amyloid- $\beta$  complex ( $p = 4.7 \times 10^{-3}$ ) (Fig. 3B; Supplementary Table 2).

We identified 31 genes co-expressed with FAM222A in brain tissues that were also present in AD related pathways (Table 1). Eight out of 31 genes were identified in amygdala, in which *PSEN2*, *PIK3R4*, *VPS35*, *KIF5A*, *KIF5B*, and *KIF5C* were negatively correlated with FAM222A; and *LDLRAP1* and *PSEN1* were positively correlated with FAM222A (Fig. 4A). In the network analysis, *PSEN2*, *PIK3R4*, and *VPS35* were independently correlated



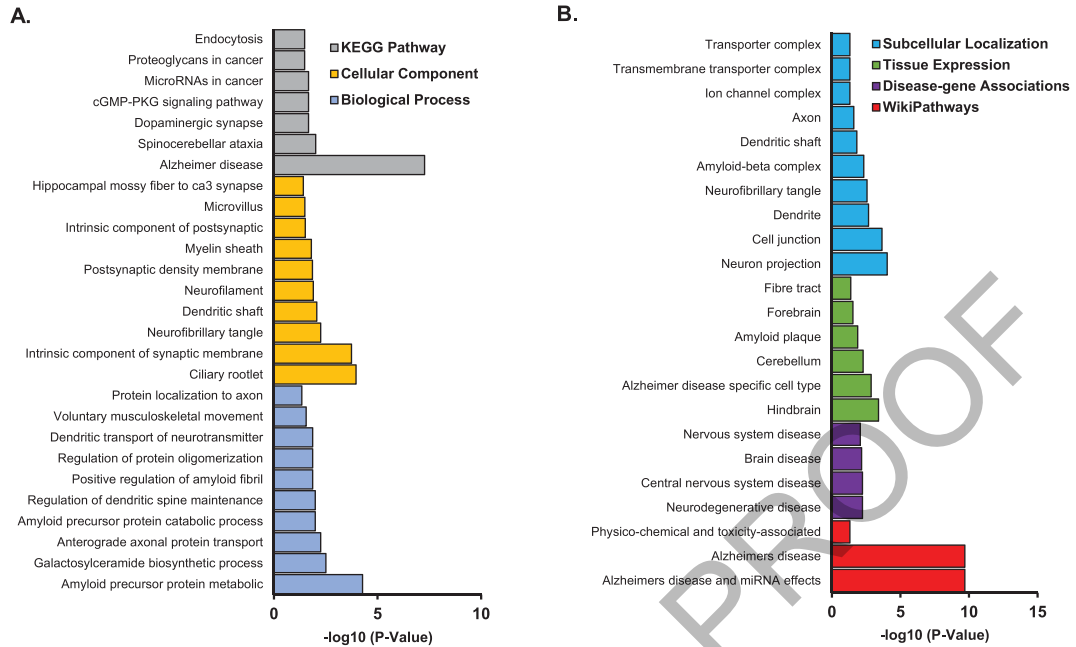


Fig. 3. Pathway enrichment analysis for genes identified with expression significantly associated with *FAM222A* in 13 brain tissues. A) GO/KEGG enrichment analysis; B) Subcellular localization, tissue expression, disease-gene associations mined from literature and wiki pathway enrichment analysis.

the functionality of these genes and AD merits further investigation.

#### Replication of co-expression between AD-related pathway genes and *FAM222A* in the Aging, Dementia and TBI Study

The scientific goals of GTEx project required that both donors and their biospecimen present with no evidence of disease [25]. The donor ages ranged from 20 to 79 years, with traumatic injury, cerebrovascular, heart disease and liver, renal respiratory diseases as the primary causes of death [17]. Previous studies have suggested that gene expression profiles in pathological conditions in AD are distinct from healthy tissues [16, 26, 27]. To further study whether the co-expression of AD pathway genes with *FAM222A* can be replicated in brain tissues from AD patients, we conducted gene co-expression analysis of 31 AD pathway related genes with *FAM222A* in brain tissues from 107 AD, dementia, or TBI patients and their age-matched controls from the ACT study. The results showed that 25 out of 31 AD genes co-expressed with *FAM222A* in GTEx subjects can be replicated with consistent Pearson correlation coefficient direction and significant *p*-value in Aging, Dementia and TBI study (Figs. 1, 5, Table 2). Interestingly, the absolute

Pearson correlation coefficients for 21 genes obtained in replication data are larger than those found in the GTEx study samples (Fig. 5).

Among the 25 replicated genes, *ABCG1*, *AXIN1*, *GRIN2B*, *BACE1*, *LDLRAP1*, *PSEN1*, and *VPS35* were significantly correlated with *FAM222A* ( $p < 4.0 \times 10^{-4}$ ) in all four brain regions (temporal neocortex, white matter of forebrain, hippocampus, and parietal neocortex) (Table 2). Between expression levels of *FAM222A* and the seven genes, there was no different expression patterns of those genes among patients with vascular condition, multiple etiologies, other cause induced TBI, AD, and non-dementia controls (Supplementary Figure 2). Among the seven genes, *PSEN1*, *ABCG1*, *LDLRAP1*, and *BACE1* all directly involved in A $\beta$ PP metabolic process and all of them positively correlated with *FAM222A* expression. *ABCG1* gene encodes a cholesterol transporter protein that has been reported to mediate A $\beta$  production [28]. Expression of *ABCG1* increased A $\beta$  production for both the amyloidogenic and nonamyloidogenic pathways [28]. *PSEN1* encodes the catalytic subunit of the A $\beta$ PP-processing enzyme  $\gamma$ -secretase, causing familial AD [29]. *BACE1* functions as the primary  $\beta$ -secretase and is essential for A $\beta$  production [30]. *AXIN1* involved in the Wnt signaling pathway,

Table 1  
Significant genes correlated with *FAM222A* in brain tissues and present in Alzheimer's disease related pathways

Gene	Tissue	Pearson Correlation Coefficient	<i>p</i>	Sample Size	Pathway	Functional Category
<i>ABCG1</i>	BRNSNG	0.30	1.15E-06	114	Amyloid precursor protein metabolic process; Amyloid precursor protein catabolic process	Biological Process
<i>APOE</i>	BRNNCC	0.30	1.60E-06	202	Amyloid precursor protein metabolic process; Amyloid precursor protein catabolic process; Alzheimer disease; Amyloid plaque; Alzheimer disease specific cell type; Amyloid-beta complex; Positive regulation of amyloid fibril formation	Biological Process; KEGG pathway; Tissue expression; Subcellular localization.
<i>ATG101</i>	BRNHPP	0.33	1.90E-06	165	Alzheimer disease	KEGG Pathway
<i>ATP2A3</i>	BRNCHB	0.67	2.35E-14	175	Alzheimer disease	KEGG Pathway
<i>AXIN1</i>	BRNCTXA	0.54	5.03E-10	205	Alzheimer disease	KEGG Pathway
<i>BACE1</i>	BRNCTXA	0.41	2.24E-06	205	Amyloid precursor protein metabolic process; Amyloid precursor protein catabolic process; Alzheimer disease; Amyloid plaque; Alzheimer disease specific cell type; Amyloid-beta complex	Biological Process; KEGG pathway; Tissue expression; Subcellular localization.
<i>BCL11A</i>	BRNCHB	-0.51	1.00E-06	175	Regulation of protein oligomerization	Biological Process
<i>CALM2</i>	BRNPTM	-0.54	1.92E-08	170	Alzheimer disease	KEGG Pathway
<i>CAPN2</i>	BRNSPC	0.41	2.08E-07	126	Alzheimer disease	KEGG Pathway
<i>CLU</i>	BRNSPC	-0.27	1.84E-06	126	Neurofibrillary tangle; Positive regulation of amyloid fibril formation	Cellular Component; Subcellular Localization; Biological Process
<i>FZD3</i>	BRNHPT	0.35	3.94E-07	170	Alzheimer disease	KEGG Pathway
<i>GRIN2B</i>	BRNCHB	-0.47	1.94E-06	175	Alzheimer disease	KEGG Pathway
<i>IRS1</i>	BRNSNG	-0.41	5.93E-07	114	Alzheimer disease	KEGG Pathway
<i>ITPR1</i>	BRNCHB	0.47	1.29E-06	175	Alzheimer disease	KEGG Pathway
<i>KIF5A</i>	BRNAMY	-0.58	2.90E-08	129	Alzheimer disease	KEGG Pathway
<i>KIF5B</i>	BRNAMY	-0.62	1.74E-09	129	Alzheimer disease	KEGG Pathway
<i>KIF5C</i>	BRNAMY	-0.52	1.62E-06	129	Alzheimer disease	KEGG Pathway
<i>LDLRAP1</i>	BRNAMY	0.46	3.87E-08	129	Amyloid precursor protein metabolic process	Biological Process
<i>LDLRAP1</i>	BRNHPP	0.36	1.49E-06	165	Amyloid precursor protein metabolic process	Biological Process
<i>MTOR</i>	BRNCHA	-0.35	2.64E-08	209	Alzheimer disease	KEGG Pathway

(Continued)

Table 1  
(Continued)

Gene	Tissue	Pearson Correlation Coefficient	<i>p</i>	Sample Size	Pathway	Functional Category
<i>NEFH</i>	BRNCHB	-0.38	4.22E-06	175	Neurofibrillary tangle	Cellular Component;
<i>NEFM</i>	BRNSNG	-0.32	5.37E-06	114	Neurofibrillary tangle	Subcellular Localization
<i>PIK3R4</i>	BRNAMY	-0.54	6.12E-07	129	Alzheimer disease	Cellular Component;
<i>PSEN1</i>	BRNAMY	0.46	2.98E-06	129	Positive regulation of amyloid fibril formation; Amyloid precursor protein metabolic process; Amyloid precursor protein catabolic process; Alzheimer disease; Amyloid plaque; Alzheimer disease specific cell type; Neurofibrillary tangle; Amyloid-beta complex	Subcellular Localization KEGG Pathway
<i>PSEN2</i>	BRNAMY	-0.	2.22E-06	129	Amyloid precursor protein metabolic process; Amyloid precursor protein catabolic process; Alzheimer's disease; Alzheimer's disease specific cell type; Amyloid-beta complex	Biological Process; KEGG Pathway; Tissue Expression; Subcellular Localization.
<i>PSMD12</i>	BRNCDT	-0.31	1.04E-06	194	Alzheimer disease	KEGG Pathway
<i>RTN4</i>	BRNPTM	0.33	1.08E-06	170	Alzheimer disease	KEGG Pathway
<i>TUBA1A</i>	BRNPTM	0.32	1.67E-06	170	Alzheimer disease	KEGG Pathway
<i>TUBB2B</i>	BRNSPC	-0.44	1.82E-08	126	Alzheimer disease	KEGG Pathway
<i>VPS35</i>	BRNAMY	-0.45	1.21E-07	129	Regulation of protein oligomerization	Biological Process
<i>WNT16</i>	BRNCHB	0.37	2.95E-08	175	Alzheimer disease	KEGG Pathway
<i>ZDHHC1</i>	BRNCHA	0.33	1.06E-06	209	Regulation of protein oligomerization	Biological Process

BRNSNG, Brain - Substantia nigra; BRNNCC, Brain - Nucleus accumbens (basal ganglia); BRNHPP, Brain - Hippocampus; BRNCHB, Brain - Cerebellar hemisphere; BRNCTXA, Brain - Cortex; BRNPTM, Brain - Putamen (basal ganglia); BRNSPC, Brain - Spinal cord (cervical c-1); BRNHPT, Brain - Putamen (basal ganglia); BRNAMY, Brain - Amygdala; BRNCHA, Brain - Cerebellum; BRNCDT, Brain - Caudate (basal ganglia).



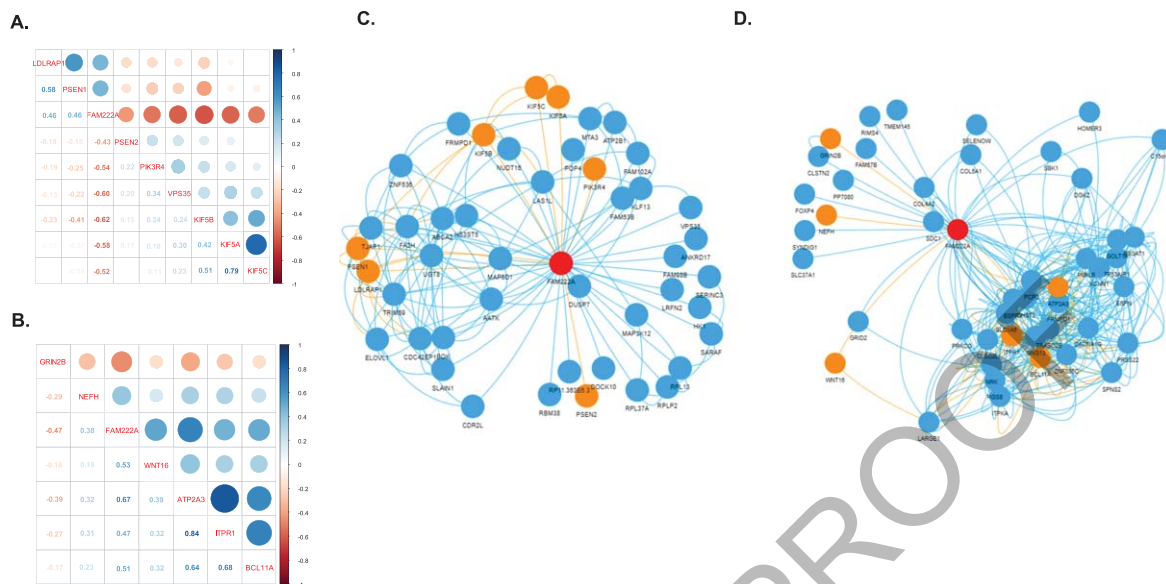


Fig. 4. Gene co-expression network. A, B) Correlation matrix plot of genes identified to be significantly co-expressed with *FAM222A* in brain amygdala (A) and cerebella hemisphere (B) and presented in the KEGG Alzheimer's disease pathway. C, D) Gene co-expression network of genes identified to be significantly co-expressed with *FAM222A* in brain amygdala (C), and cerebella hemisphere (D). Nodes represent the gene; edge indicates the pairs of genes are significantly co-expressed (Pearson correlation  $p < 2.5 \times 10^{-6}$ ) in the corresponding brain tissue. The red node is *FAM222A*, the orange node are the genes presented in the KEGG Alzheimer's disease pathway.

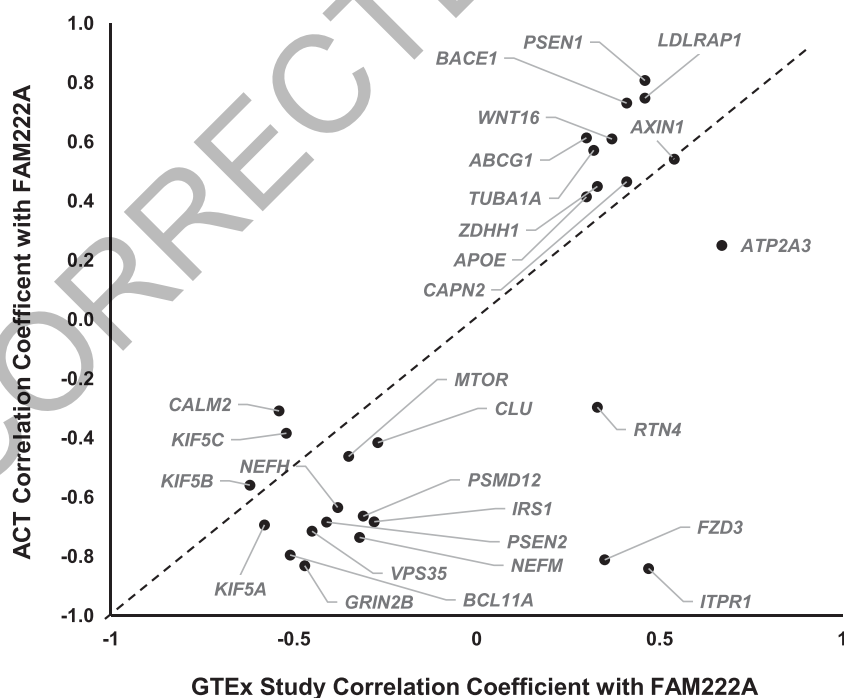


Fig. 5. Scatterplot of Pearson correlation coefficients between AD-pathway related genes expression levels with *FAM222A* obtained from GTEx data and ACT data.

Table 2  
AD pathway genes identified to be significantly correlated with *FAM222A* expression levels in ACT study

Gene	TCx		FWM		HIP		PCx	
	Correlation Coefficient	<i>p</i>	Correlation Coefficient	<i>p</i>	Correlation Coefficient	<i>p</i>	Correlation Coefficient	<i>p</i>
<i>ABCG1</i>	0.49	2.93E-07	0.61	5.96E-11	0.49	4.09E-07	0.53	5.22E-08
<i>APOE</i>	-0.09	4.00E-01	0.41	3.64E-05	0.21	4.12E-02	0.18	9.36E-02
<i>ATP2A3</i>	-0.06	5.83E-01	0.25	1.54E-03	0.24	2.19E-03	-0.11	2.89E-01
<i>AXIN1</i>	0.36	2.70E-04	0.54	2.07E-08	0.37	2.69E-04	0.40	1.01E-04
<i>BACE1</i>	0.50	1.11E-07	0.73	8.67E-17	0.33	1.16E-03	0.63	3.03E-11
<i>BCL11A</i>	-0.19	6.07E-02	-0.79	2.05E-21	-0.07	5.24E-01	-0.20	5.26E-02
<i>CALM2</i>	-0.31	1.93E-03	-0.13	2.12E-01	-0.27	7.33E-03	-0.15	1.59E-01
<i>CAPN2</i>	0.15	1.34E-01	0.47	2.54E-06	0.12	2.42E-01	0.07	5.26E-01
<i>CLU</i>	-0.05	6.12E-01	-0.42	3.51E-05	0.02	8.66E-01	-0.01	9.59E-01
<i>GRIN2B</i>	-0.47	1.07E-06	-0.83	7.28E-25	-0.39	1.22E-04	-0.50	3.59E-07
<i>IRS1</i>	0.13	1.93E-01	-0.68	4.42E-14	-0.24	1.77E-02	-0.10	3.42E-01
<i>KIF5A</i>	0.09	3.86E-01	-0.69	1.43E-14	0.07	5.21E-01	-0.11	2.90E-01
<i>KIF5B</i>	-0.50	1.06E-07	-0.56	5.97E-09	-0.40	5.82E-05	-0.36	4.95E-04
<i>KIF5C</i>	-0.16	1.08E-01	-0.38	1.48E-04	-0.21	4.36E-02	-0.25	1.59E-02
<i>LDLRAP1</i>	0.66	1.40E-13	0.73	1.61E-16	0.67	1.36E-13	0.75	1.53E-17
<i>MTOR</i>	-0.19	5.68E-02	-0.46	3.17E-06	-0.16	1.23E-01	-0.07	4.90E-01
<i>NEFH</i>	-0.06	5.51E-01	-0.63	9.10E-12	-0.10	3.46E-01	-0.10	3.66E-01
<i>NEFM</i>	-0.17	9.95E-02	-0.74	4.81E-17	-0.05	6.34E-01	-0.17	1.05E-01
<i>PSEN1</i>	0.61	1.34E-11	0.81	1.43E-22	0.49	6.52E-07	0.64	8.43E-12
<i>PSEN2</i>	-0.24	1.78E-02	-0.68	5.16E-14	-0.26	1.01E-02	-0.06	5.57E-01
<i>PSMD12</i>	-0.35	4.66E-04	-0.66	4.21E-13	-0.41	3.44E-05	-0.39	1.08E-04
<i>TUBA1A</i>	0.07	4.63E-01	0.57	2.10E-09	0.01	9.29E-01	0.29	5.54E-03
<i>VPS35</i>	-0.36	2.20E-04	-0.71	9.16E-16	-0.45	4.19E-06	-0.39	1.40E-04
<i>WNT16</i>	0.17	9.94E-02	0.61	7.55E-11	0.02	8.32E-01	0.24	2.14E-02
<i>ZDHHC1</i>	0.09	3.95E-01	0.45	7.81E-06	0.01	9.08E-01	0.10	3.22E-01

TCx, temporal neocortex; FWM, white matter of forebrain; HIP, hippocampus; PCx, parietal neocortex.

whose deregulation lead to synaptic vulnerability in AD [31].

## DISCUSSION

Co-expressed genes are usually co-regulated by the same set of regulators and likely involved in related biological processes. Importantly, gene co-expression analysis of healthy samples has been successfully used to reveal novel genes and molecular pathways underlying brain disorders [32]. Seeking to elucidate the underlying molecular mechanism and identify biologically relevant genes associated with *FAM222A* in a genome-wide manner, we performed gene co-expression analysis for *FAM222A* using GTEx RNA-seq sequence data of multiple human tissues. The analyses identified 298 *FAM222A* co-expression genes representing distinct biological pathways largely in the brain and spinal cord that have a molecular connection of *FAM222A*. Among those CNS genes co-expressed with *FAM222A*, many neurodegeneration-related genes, especially multiple AD-associated genes, were enriched. As co-expression analysis identifies correlations, this finding indicates that *FAM222A*

and AD-associated genes can be active simultaneously in similar biological processes, and therefore corroborates the relevance of *FAM222A* to AD. Noteworthy, although our gene co-expression analysis does not necessarily confer information about the casual role of *FAM222A*, or distinguish between regulatory and regulated genes, it does highlight a potential complex interplay of *FAM222A* and other AD or neurodegeneration-related genes in healthy brains. We further validated many of the correlations between AD-associated genes with *FAM222A* in the Aging, Dementia and TBI Study. In this replication study, we found that the magnitude of the correlations for most of the validated genes were larger than GTEx, suggesting that the interplays between *FAM222A* with other AD-related genes increased in aging, AD, or TBI damaged brain tissues. How the connected biological processes changes in aging and pathological tissues change will need further investigation.

Aggregatin, the protein encoded by *FAM222A*, was reported to be a plaque core protein directly binding A $\beta$  and facilitating A $\beta$  aggregation, a process thought to be central in AD [4]. The coding variants on *FAM222A* were found significantly associated with

longitudinal increase of brain amyloid deposition [4]. In our analysis, we found that *FAM222A* expression level was significantly correlated with multiple amyloid precursor protein metabolic process genes including *PSEN1*, *PSEN2*, *BACE1*, *APOE*, *LDLRAP1*, and *ABCG1* (Table 2). For *PSEN1*, *ABCG1*, *LDLRAP1*, and *BACE1*, the positive correlation with *FAM222A* were consistently significant in all four brain tissues from hippocampus and neocortex in the replication aging samples (Supplementary Figure 2). Aggregatin directly binds A $\beta$  and facilitates A $\beta$  aggregation [4]. Aggregating puncta appears concurrently with amyloid plaques and should accumulate in plaques before or concurrent with rather than after the well formation of plaques [4]. It is possible that Aggregatin enhances amyloid deposition which further induces upregulation of A $\beta$  metabolic process pathway and A $\beta$  production.

Another gene identified to be consistently correlated with *FAM222A* in four brain tissues is *VPS35*. *VPS35*, vacuolar sorting protein, is a major component of the retromer complex and important for endosome-to-Golgi retrieval of membrane proteins [33]. *VPS35*/retromer deficiency was found in the hippocampus of AD patients [34]. It was reported that microglial *VPS35*-deficiency precipitated AD pathology by impairing disease-associated microglial (DAM) development and DAM mediated A $\beta$  uptake and clearance [35]. In the Aging, Dementia and TBI study, we did not find different expression of *VPS35* or *FAM222A* in 35 AD patients based on the DSM-IV diagnostic criterion. Lower level of *VPS35* expression led to decreased DAM-mediated A $\beta$  clearance, further induced increased Aggregatin-facilitated A $\beta$  aggregation. It is interesting that the correlation coefficient between *VPS35* and *FAM222A* in healthy brain tissues from GTEx data was  $-0.45$ , whereas the correlation coefficient in aged and diseased brain tissues from the Aging, Dementia and TBI study was  $-0.71$ , implying the level of genes interplay and connected biological process increased in AD pathological tissues.

*AXIN1* also consistently correlated with *FAM222A* in four brain tissues in the Aging, Dementia and TBI samples. This gene encodes a cytoplasmic protein which contains a regulation of G-protein signaling (RGS) domain and a disheveled and axin (DIX) domain. The protein functions as a negative regulator of the Wnt signaling pathway [36]. The presenilin proteins were also reported to be negative regulators of canonical Wnt signaling [37]. Genetic common variants in the Wnt receptor LRP6 have been reported

to be associated with AD in population-based linkage analyses, and functional study showed the risk alleles lead to decreased  $\beta$ -catenin signaling [38]. Wnt signaling was also reported to inhibit the metabolism of A $\beta$ PP and enhance phosphorylation of the tau protein [39]. The correlation coefficient between *AXIN1* and *FAM222A* in GTEx and the Aging, Dementia and TBI samples are both  $0.54$ , suggesting that the effects of Wnt signaling to A $\beta$ PP metabolism might not change in the pathological brain.

Co-expression networks constructed from RNAseq data can identify groups of genes with a tendency to co-activate in the same biological process and further infer gene function. The differential co-expression analysis usually identified genes with varying co-expression partners under different conditions, such as disease states and tissue types [12, 40–42]. The regulatory mechanism of the co-expressed genes can be protein-protein interactions, shared transcription factors (TFs) and their targets, or even similar methylation patterns [43, 44]. The disease-related genes usually have tissue-specific abnormalities [45, 46]. Analyzing the disease-associated module in tissue-specific gene co-expression network can identify potential disease genes. In our gene co-expression network in brain amygdala, *FA2H* was found correlated with *LDLRAP1*, *KIF5B*, and *FAM222A* (Fig. 3C). *FA2H* encodes a fatty acid 2-hydroxylase essential for the proper functioning of the nervous system. It introduces a 2-hydroxyl group to the N-acyl chain of a major myelin lipid, galactosylceramide. *FA2H* knockout mice were morphologically and functionally normal [47]. However, the absence of *FA2H* lead to gradual demyelination and axonal degeneration [47]. Another gene presented in the gene co-expression network module in brain amygdala is *UGT8*, which correlated with *PSEN1*, *KIF5B*, and *FAM222A*. A study investigating molecular subtypes of AD in the Mount Sinai/JJ Peters VA Medical Center Brain Bank (MSBB-AD) study and the Religious Orders Study-Memory and Aging Project (ROSMAP) reported *UGT8* had a consistent de-regulation direction in multiple brain regions in both the A $\beta$ -predominant and tau NFT-predominant AD subtypes [48]. A genetic epidemiology study conducting family-based linkage and association analyses reported a non-synonymous SNP in *UGT8* was highly associated with musical ability [49]. Interestingly, some patients with AD have been reported to preserve musical ability long after losing all other cognitive functions [50]. *UGT8* encodes

UDP glycosyltransferase 8, an enzyme involved in complex lipid biosynthesis in the myelinating oligodendrocytes [51] and clearance of long-chain ceramides (lcCer). lcCer clearance in neurons was regulated by glucosylceramide synthase (GCS) [52]. Study showed that significant downregulation in glial GCS expression was associated with an increase in *UTG8* expression level in AD [53]. Further studies of the roles of *FA2H*, *UTG8*, lipid metabolism and myelin synthesis in AD are needed. These studies of the two genes suggest that potential disease genes can be identified through highlighting genes that are correlated with multiple disease genes in gene co-expression network analysis.

The burden test identified eight rare missense variants on *FAM222A* associated with annual longitudinal changes of CSF phosphorylated tau level in 273 ADNI subjects ( $p = 0.039$ ) [4]. We found *FAM222A* co-expressed with three neurofibrillary tangle (NFT) genes, *NEFH*, *NEFM*, and *CLU*. *NEFH* and *NEFM* encode neurofilament heavy and medium chains. Neurofilament accumulations were present in axons of lower motor neurons in amyotrophic lateral sclerosis [54], within Lewy bodies in Parkinson's disease dopaminergic neurons [55] and overlapped with tau NFTs in brains affected by AD [56]. The protein encoded by *CLU*, clusterin, is a secreted chaperone [57]. Multiple studies have suggested that clusterin interacts and binds to A $\beta$ , alters aggregation and promote A $\beta$  clearance, suggesting a neuroprotective role [58–60]. However, several other studies show that clusterin may actually inhibit the clearance of A $\beta$  and function as a key mediator regulating A $\beta$ -induced neurotoxicity [61–63]. In genome-wide association studies, *CLU* is the third most significant genetic risk factor for late onset AD and several variants have been identified in *CLU* [64, 65]. In the AD entorhinal cortex, clusterin co-localized with NFTs, and neurons containing NFTs showed increased expression of *CLU* [66]. In our study, we found *FAM222A* negatively correlated with *NEFH*, *NEFM*, and *CLU* in healthy brains from GTEx data (Table 1). In the Aging, Dementia and TBI study, *NEFH*, *NEFM*, and *CLU* were all replicated to be significantly negatively correlated with *FAM222A* in the forebrain white matter (Table 2). Further studies to assess the physical interaction between Aggregatin and tau, neurofilaments and clusterin, and the role of Aggregatin in tau and neurofilaments aggregation will be important.

In this study, we performed genome-wide co-expression analysis specifically for *FAM222A* and identified multiple AD, A $\beta$  complex, and NFTs-

related pathways. Results indicate that Aggregatin is involved in the accumulation of multiple neurodegenerative disease-specific proteins. This work will guide the future efforts to understand the role of Aggregatin in protein aggregation and pathology of neurodegenerative diseases. There are several limitations to this study. Most notably, the GTEx brain tissues samples are from a variety of ages, with 60% between 60–70 years, 25% between 50–59 years, and 15% between 20–39 years, whereas the validation data sample was from an elder population ranging from 78 to 100+ years. Although we found the absolute correlation coefficient increased in the aging samples, we did not evaluate how the identified gene pairs correlations change with age in GTEx data due to sample size limitations. In the gene co-expression network analysis, because we only input genes correlated with *FAM222A*, we did not employ the weighted gene co-expression network (WGCNA) method but defined the adjacency matrix using a strict hard threshold of Pearson correlation  $p$ -values  $< 2.5 \times 10^{-6}$ . The biological function and pathological roles of proteins encoded by genes identified to be simultaneously correlated with both *FAM222A* and other AD genes need to be further validated and investigated.

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## CONFLICT OF INTEREST

Dr. George Perry is in Synaptogenics Biotech company Scientific Advisory Board and Equity and Nervgen Scientific Advisory Board. Dr. Perry is an Editorial Board Member of this journal but was not involved in the peer-review process nor had access to any information regarding its peer-review.

All other authors have no conflict of interest to report.

## DATA AVAILABILITY

All relevant data are within the manuscript and its Supporting Information files.

## SUPPLEMENTARY MATERIAL

The supplementary material is available in the electronic version of this article: <https://dx.doi.org/10.3233/JAD-221241>.

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