Identification of psoriasis-protective *IL17D* variant associated with increased *IL17D* and *FAM19A5* expression in psoriatic skin

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Psoriasis is a chronic inflammatory skin disease with an estimated heritability of 80% (Rahman P, Elder JT 2005). The IL-17 family plays a central role in the mediation of inflammatory pathways, including psoriasis. The most well-studied of these, IL-17A, is a major pro-inflammatory cytokine (Monin L, Gaffen SL 2018; Blauvelt A, Chiricozzi A 2018).

Methods: RNA-Seq FASTQ files of human normal and psoriasis lesional skin were downloaded from the NCBI Sequence Read Archive (http://www.ncbi.nlm.nih.gov/Traces/sra). The RNA-Seq dataset used for this analysis consisted of 99 psoriasis vulgaris skin biopsy samples obtained from patients washed out of all systemic and topical therapies and 90 healthy controls.

Results: A, IL17A is highly upregulated in psoriatic skin and appears to be a driver of disease (Rembilla NC, Senra L, Boehncke, 2018). IL17F shares the greatest homology to IL17A and is also highly upregulated in psoriasis. In contrast, RNA-Seq datasets identified that IL17D is highly expressed in normal skin but downregulated (Fold Change = 0.33; p = 2.5x10^{-14}) in psoriatic plaques. B, an IL17D regulatory variant, rs9509353, was found to be protective against psoriasis (OR = 0.20, p-value = 5.9e-07), increasing expression of IL17D and FAM19A5, a chemokine-like molecule that is also normally downregulated in psoriasis.
Methods: Gene expression clusters were mapped using the t-Distributed Stochastic Neighbor Embedding (t-SNE) method. Distance was calculated as \( d = 1-r^2 \), where \( r \) equals Pearson’s correlation coefficient, calculated with Rtsne package (Le et al. 2019).

Results: 2D images of the psoriasis and healthy transcriptome illustrate the close spatial relationship between \( \text{IL17D, FAM19A5, and SCARA5} \), which (1) map together and (2) away from the proinflammatory cytokine cluster comprised of \( \text{IL17A, IL23A, IL36, and IL1B} \). Notably, these proinflammatory cytokines do not cluster together in healthy skin. Correlation studies found these cytokine clusters to be independent of \( \text{IL17D and FAM19A5} \). Combined, these results highlight a putative regulatory role for IL-17D and FAM19A5 in psoriasis.
**IL17D meta-analysis and correlations**

**A. Methods:** Correlation analyses of gene expressions were performed on read counts of each identified gene normalized with DESeq2 package. Values were subsequently log transformed and winsorized when necessary. Spearman's correlation coefficients were calculated ($r_s$) using the cor.test function in R. P values were estimated by algorithm AS 89 (Le et al. 2019).

**Results:** Correlative studies demonstrate a close relationship between IL17D and FAM19A5, IL17D and SCARA5, and an inverse relationship between IL17D and NOD2 in both the healthy and psoriasis transcriptomes. Other examples of highly correlated genes include TGF-B2, TGF-R3, BTRC, TP63, and TIMP3.

**B. Methods:** Meta-analysis was completed using the R package “metafor.” A weighted random-effects model was used to estimate a summary effect size. To estimate between-study variance, a restricted maximum-likelihood estimator was applied. A weighted estimation with inverse-variance weights was used to fit the model (Le et al. 2019).

**Results:** Meta-analysis across multiple psoriasis datasets confirmed close relationships between IL17D, FAM19A5, SCARA5, and NOD2, all depicted here.
Methods: Raw read data was processed using the 10x Genomics Cell Ranger and results were analyzed and visualized with 10x Genomics Loupe cell Browser.

Results: A, single cell data demonstrating clusters of genes from different cell populations. B, putative mechanism of IL-17D regulation in psoriasis. IL17D is expressed by monocytes and acts in an autocrine-like fashion to increase SCARA5 expression intracellularly, and to increase FAM19A5 and TGFB-2 secretion. IL-17D then acts on keratinocytes to reduce expression of pro-inflammatory genes, NOD2, BTRC, and TP63, and to increase the expression of anti-inflammatory genes, TIMP3 and TGFB-R3, which encodes a TGFB receptor. TGFB-2 from monocytes then interacts with its upregulated receptor on keratinocytes and separately acts on T cells to increase T regulatory cell production and to suppress T cell function, thereby reducing inflammation in psoriasis.