Genome-wide association study identifies three novel susceptibility loci for systemic lupus erythematosus in Han Chinese

DOI: 10.1111/bjd.16500

DEAR EDITOR, Systemic lupus erythematosus (SLE) is a common prototypic autoimmune disease with substantial genetic predispositions. It is more prevalent in Asian than in White people. Genome-wide association studies (GWASs) have discovered more than 80 genetic loci for the risk of SLE,¹ which improves the understanding of SLE aetiology and provides potential therapeutic targets. However, each GWAS finding only confers a relatively small effect, and in total cannot fully explain SLE heritability, suggesting more genetic variants are yet to be discovered.

To detect novel susceptibility loci for SLE, we conducted a two-stage GWAS in a Han Chinese population. All patients met the revised American College of Rheumatology SLE classification criteria.² The age-matched controls were recruited without SLE, family history of SLE or any other autoimmune diseases. Each participant provided written informed consent. The study was approved by the institutional review board of Anhui Medical University, China and was conducted according to the Declaration of Helsinki.

In the discovery stage, we performed strict quality control on variants and samples in the SLE GWAS dataset, which have been described before.² After quality control, the genotype data of 493 955 autosomal single-nucleotide polymorphisms (SNPs) in 1047 individuals with SLE and 1205 controls were imputed using IMPUTE 2 (http://mathgen.stats.ox.ac.uk/im pute/impute_v2.html) together with the 1000 Genomes Project reference data (phase 1 integrated set, March 2012, build 37). The SNPs with imputation INFO scores of > 0.9 were included in further analyses. A logistic regression model (additive model) was used for single-variant association analysis with sex as a covariate.

In the replication stage, we genotyped 82 top SNPs in an independent cohort of 3509 patients and 8246 controls using the Sequenom MassARRAY (Agena Bioscience, San Diego, CA, U.S.A.) system. The SNPs were chosen if they satisfied several criteria: (i) beyond 500 kilobase (kb) from any SLE locus; (ii) not within the major histocompatibility complex region; (iii) with $P < 5.00 \times 10^{-4}$ in the discovery stage; (iv) Hardy–Weinberg equilibrium $P \ge 10^{-4}$ in both controls and cases; (v) minor allele frequency > 1%; (vi) within known susceptibility genes/loci for autoimmune disorders. We tested their

association for the risk of SLE in Plink 1.07 (http://zzz.bwh. harvard.edu/plink/) using logistic regression (additive model) with sex as a covariate.

We aggregated the association evidence through a metaanalysis using METAL (http://csg.sph.umich.edu/abecasis/me tal/index.html) and evaluated the heterogeneity between the two stages via I^2 and Q statistics. There were 17 SNPs that met the threshold of genome-wide significance but 14 of them failed a Hardy–Weinberg equilibrium test at P < 10⁻⁴ or with $I^2 > 30\%$. We identified three novel loci associated with disease: KIT (rs2855772_C, odds ratio (OR) = 1.40, P_{meta} = 1.21×10^{-15}), GPR78 (rs13116227_T, OR = 1.34, P_{meta} = 3.05×10^{-11}) and TRAPPC11 (rs10018951_T, OR = 1.31, P_{meta} = 1.18×10^{-14}) (Table 1).

Rs2855772 is resided in an intron of KIT, which is a tyrosine kinase receptor and plays a key role in cell differentiation and survival of immune cells. The KIT ligand-binding can promote the activation of signal transducer and activator of transcription (STAT) family members in Janus kinase (JAK)/STAT signalling that is critical in SLE.³ Moreover, the soluble KIT (sKIT) level is significantly lower in patients with SLE and is correlated with titre of anti-DNA antibody and SLE Activity Index score. It is also negatively affected by high doses of corticosteroid for SLE therapy.⁴

Rs13116227 locates ~ $2\cdot2$ kb 5'-upstream of GPR78, which is a member of G protein–coupled receptor and coupled to stimulatory (Gs) protein resulting in increased cyclic adenosine monophosphate, which then inhibits nuclear factor kappa B activation.⁵

Rs10018951 locates in an intron of the TRAPPC11 gene and encodes the enhancer regulatory function for TRAPPC11 in CD14 + monocytes and skin.⁶ TRAPPC11 encodes a component of the transport protein particle (TRAPP) complex. Depletion of TRAPPC11 will cause a stressed unfolded protein response (UPR). Persistent UPR results in endoplasmic reticulum stress, which in turn is associated with cell dysfunction and apoptosis.⁷ Apoptosis-related genes have been found to have more than twofold higher expression levels in patients with SLE with active disease compared with those with inactive disease.⁸

We conducted real-time polymerase chain reaction and expression quantitative trait loci analysis to determine gene expression differences and regulatory effect of SNPs, respectively. We also analysed the correlation between genes' mRNA expression levels and clinical parameters of SLE. Unfortunately, the results were statistically insignificant after correcting for multiple testing.

Position SNP Chr. (hel9)														
			GWAS				Replication	on				Meta		
			1047 ca:	1047 cases, 1205 controls	ontrols		3509 cas	3509 cases, 8246 controls	ontrols			4556	4556 cases, 9451 controls	ontrols
	Ę		MAF				MAF							
) Gene ^a	Allele ^b Case	Case	Control	Control OR (95% CI) P ^c	Р ^с	Case	Control	Case Control OR (95% CI) P ^c	P ^c	P_{hwe}	OR	OR P _{meta} ^d	I^2 , %
rs2855772 4 55548475	475 KIT	C/T	0.1433	0.1041	$0 \cdot 1041 \qquad 1 \cdot 44 \ (1 \cdot 20 - 1 \cdot 72) \qquad 6 \cdot 44 \ \times \ 10^{-5} \qquad 0 \cdot 1312 \qquad 0 \cdot 09772 \qquad 1 \cdot 39 \ (1 \cdot 27 - 1 \cdot 53) \qquad 2 \cdot 95 \ \times \ 10^{-12} \qquad 0 \cdot 04074 \qquad 1 \cdot 40 \qquad 1 \cdot 21 \ \times \ 10^{-15} = 1$	6.44×10^{-5}	0.1312	0.09772	1.39 (1.27–1.53)	2.95×10^{-12}	0.04074	1.40	1.21×10^{-15}	0
rs13116227 4 8558266		2.2 kb 5' T/C	0.1299	0.09253	$0 \cdot 09253 1 \cdot 46 \ (1 \cdot 21 - 1 \cdot 77) 6 \cdot 37 \ \times \ 10^{-5} 0 \cdot 1211 0 \cdot 09561 1 \cdot 30 \ (1 \cdot 18 - 1 \cdot 44) 5 \cdot 57 \ \times \ 10^{-8} = 10^{-$	6.37×10^{-5}	0.1211	0.09561	$1 \cdot 30 \ (1 \cdot 18 - 1 \cdot 44)$	5.57×10^{-8}	0.3896 1.34	1.34	3.05×10^{-11} 13.71	13.71
	of GPR78	78				-				11			41	
rs10018951 4 184609373 TRAPPC11 T/C 0.2101	9373 TRAPPCI	1 T/C	0.2101	0.1622	0-1622 1-37 (1-81–1-60) 3-60 × 10 ⁻⁰ -0-193 0-1555 1-30 (1-20–1-41) 4-86 × 10 ⁻¹ 0-5372 1-31 1-18 × 10 ⁻¹	3.60×10^{-3}	0.193	0.1555	1.30 (1.20–1.41)	4.86×10^{-11}	0.5372	1.31	1.18×10^{-11}	0
The details of other SNPs selected for the replication study are available from the authors on request. GWAS, genome-wide association studies; MAF, minor allele frequency; CI, confidence interval. ^a Annotated by Haploreg v4-1 (http://archive.broadinstitute.org/mammals/haploreg/haploreg.php); ^b minor allele/major allele; ^c association statistic adjusted for sex; ^d association statistic adjusted for sex and study.	selected for the +·1 (http://arch	replication s nive.broadin:	study are s stitute.org/	available fro /mammals/	om the authors on /haploreg/haploreg	request. GWA ;.php); ^b minoi	S, genome : allele/ma	e-wide asso ajor allele;	ociation studies; M. °association statisti	AF, minor allele ic adjusted for s	: frequency ex; ^d associ	r; CI, cc ation st	nnfidence inter atistic adjusted	val. I for sex

In conclusion, we identified three novel susceptibility regions at KIT, GPR78 and TRAPPC11 for SLE. These discoveries provide new insights into the genetic and biological basis of SLE. **Acknowledgments** We are grateful to all participants, their families and healthy donors who donated blood samples for this study. We thank

We are grateful to all participants, their families and healthy donors who donated blood samples for this study. We thank Dr David L. Morris at King's College London who assisted in the proofreading of the manuscript.

¹ Institute of Dermatology and Department of	L. Liu ^{1,2,3}
Dermatology, the First Affiliated Hospital,	X. Zuo ^{1,2}
² Key Laboratory of Dermatology, Anhui	Z. Zhu ^{1,2}
Medical University, 81 Meishan Road,	L. Wen ^{1,2}
Hefei, Anhui 230032, China	C. YANG ^{1,2}
³ Institute of Dermatology and Department of	C. ZHU ^{1,2}
Dermatology, Huashan Hospital of Fudan	L. TANG ^{1,2}
University, Shanghai 200040, China	Y. Cheng ^{1,2}
⁴ Center for Statistical Genetics, Department	M. $C_{HEN}^{1,2}$
of Biostatistics, University of Michigan, Ann	F. Zhou ^{1,2}
Arbor, Michigan 48109, U.S.A.	X. Zheng ^{1,2}
⁵ Department of Dermatology, China–Japan	W. Wang ^{1,2}
Friendship Hospital, East Street Cherry Park,	X. YIN ^{1,2,4}
Chaoyang District, Beijing 100029, China	H. TANG ^{1,2}
Correspondence: Xuejun Zhang, Yong Cui	L. Sun ^{1,2}
and Yujun Sheng	S. YANG ^{1,2}
E-mails: ayzxj@vip.sina.com,	Y. Sheng ^{1,2}
wuhucuiyong@vip.163.com and	Y. Cui ⁵
ahmusyj@163.com	X. Zhang ^{1,2,3}

References

- Chen L, Morris DL, Vyse TJ. Genetic advances in systemic lupus erythematosus: an update. Curr Opin Rheumatol 2017; 29:423–33.
- 2 Han JW, Zheng HF, Cui Y et al. Genome-wide association study in a Chinese Han population identifies nine new susceptibility loci for systemic lupus erythematosus. Nat Genet 2009; 41:1234–7.
- 3 Chaix A, Lopez S, Voisset E et al. Mechanisms of STAT protein activation by oncogenic KIT mutants in neoplastic mast cells. J Bio Chem 2011; 286:5956–66.
- 4 Kitoh T, Ishikawa H, Sawada S et al. Significance of stem cell factor and soluble KIT in patients with systemic lupus erythematosus. Clin Rheumatol 1998; 17:293–300.
- 5 Fraser CC. G protein-coupled receptor connectivity to NF-kappaB in inflammation and cancer. Int Rev Immunol 2008; **27**:320–50.
- 6 Ward LD, Kellis M. HaploReg: a resource for exploring chromatin states, conservation, and regulatory motif alterations within sets of genetically linked variants. Nucleic Acids Res 2012; **40**: D930–4.
- 7 DeRossi C, Vacaru A, Rafiq R et al. trappc11 is required for protein glycosylation in zebrafish and humans. Mol Biol Cell 2016; **27**:1220–34.
- 8 Pitidhammabhorn D, Kantachuvesiri S, Totemchokchyakarn K et al. Partial construction of apoptotic pathway in PBMC obtained from active SLE patients and the significance of plasma TNF-alpha on this pathway. Clin Rheumatol 2006; 25:705–14.

508 Research letter

Funding sources: This work was supported by grants from the National Key Research and Development Program of China (2017YFC0909001), the National Key Basic Research Program of China (2014CB541901), the National Natural Science Foundation of China (81602397, 81573033, 81402590), the grant from National Key Research and

Development Program (No. 2016YFC0906102), the Program for New Century Excellent Talents in University (NCET-12-0600) and the Natural Science Fund of Anhui province (1408085MKL27).

Conflicts of interest: none to declare.