

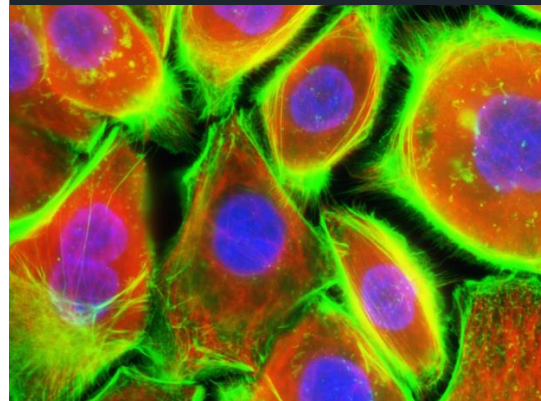
# Human evolution and susceptibility to complex diseases: a genomic tale



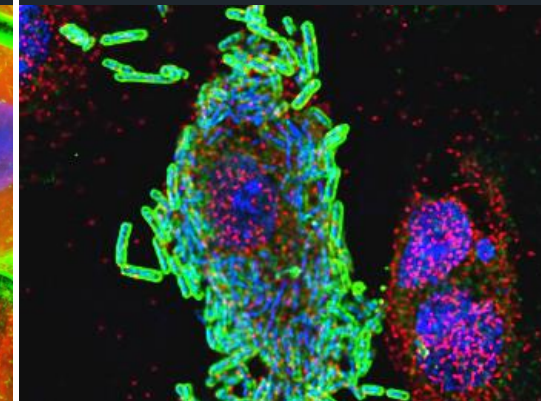
Luísa Pereira  
Genetic Diversity Group



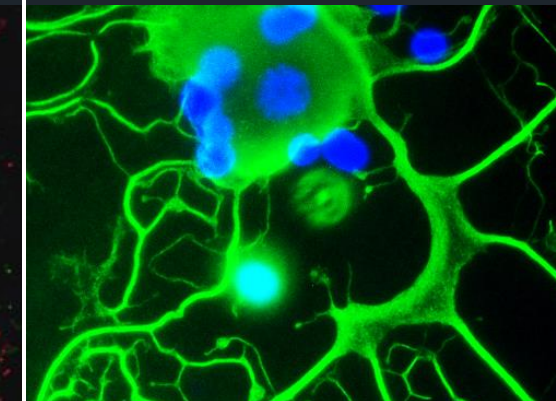
**Cancer**  
23 research  
groups



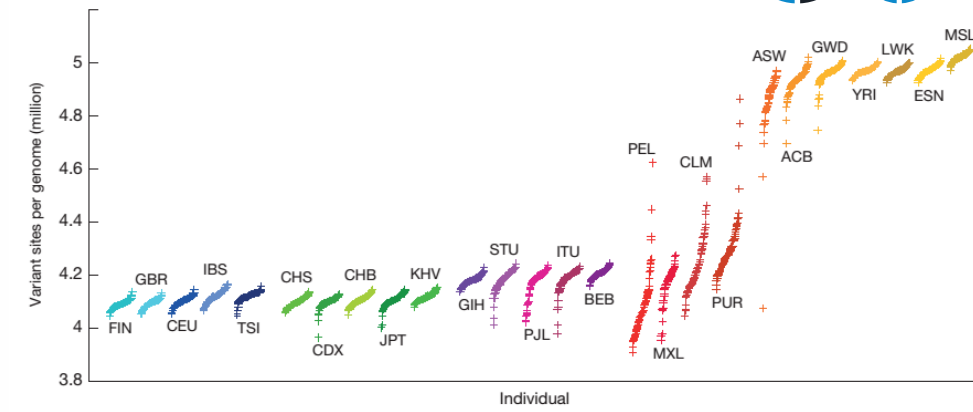
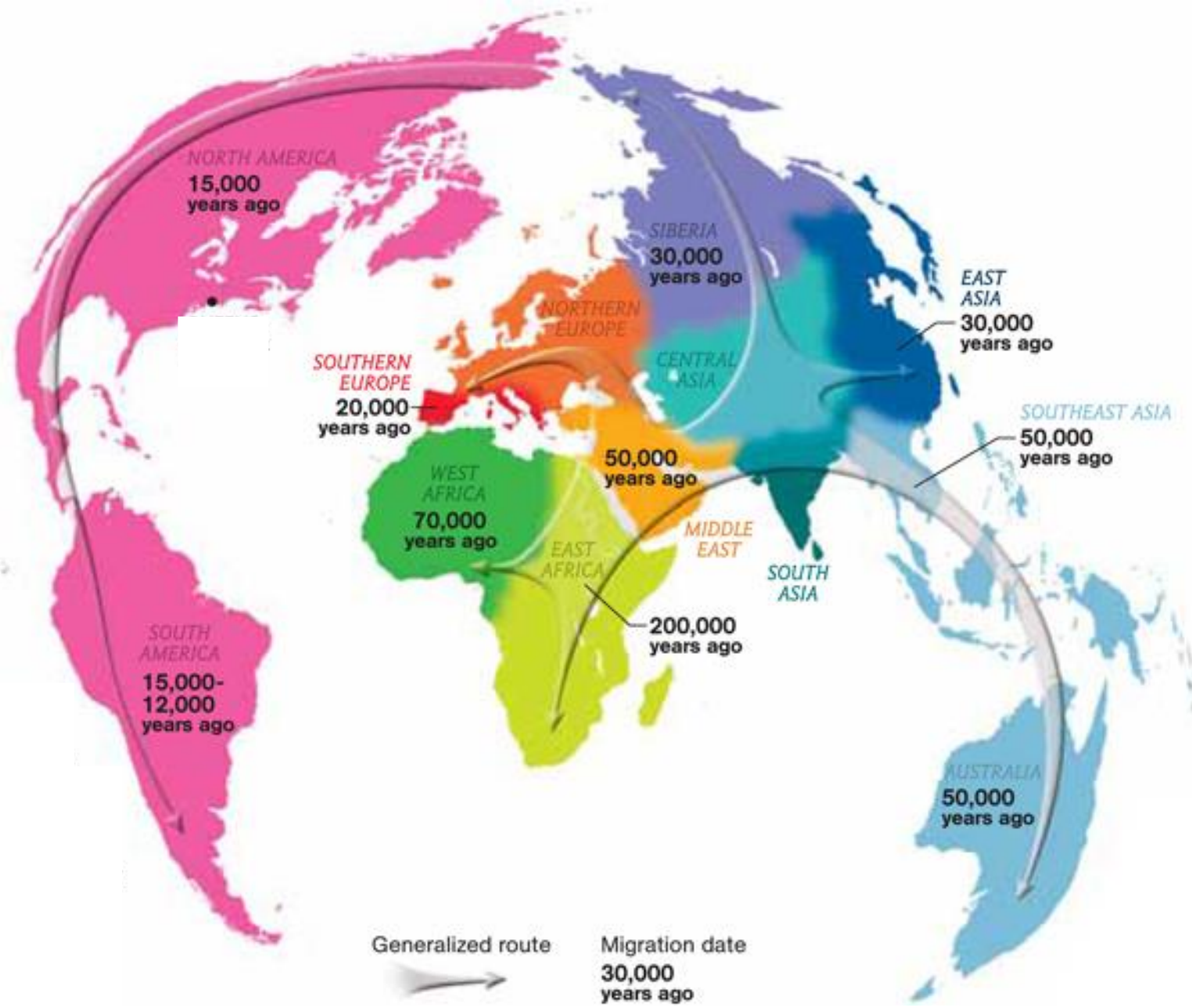
**Infection,  
Immunity  
and Regeneration**  
25 research groups



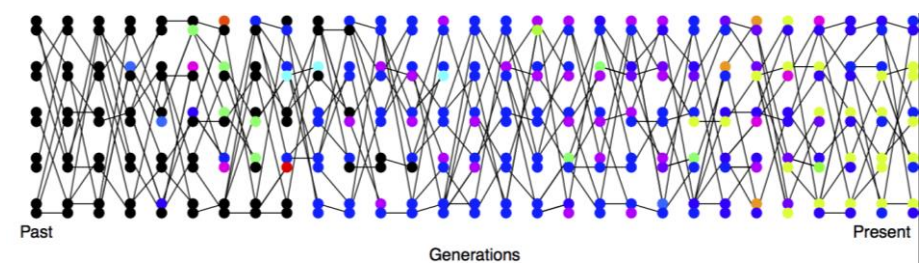
**Neurobiology and  
Neurologic  
Disorders**  
18 research groups



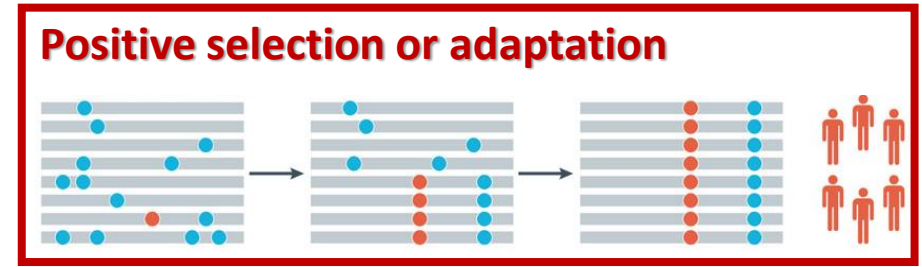
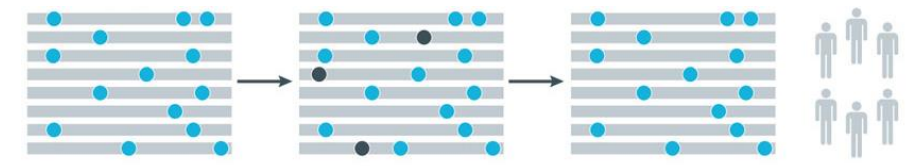
# Worldwide genetic diversity – human migrations



## Drift



## Negative selection

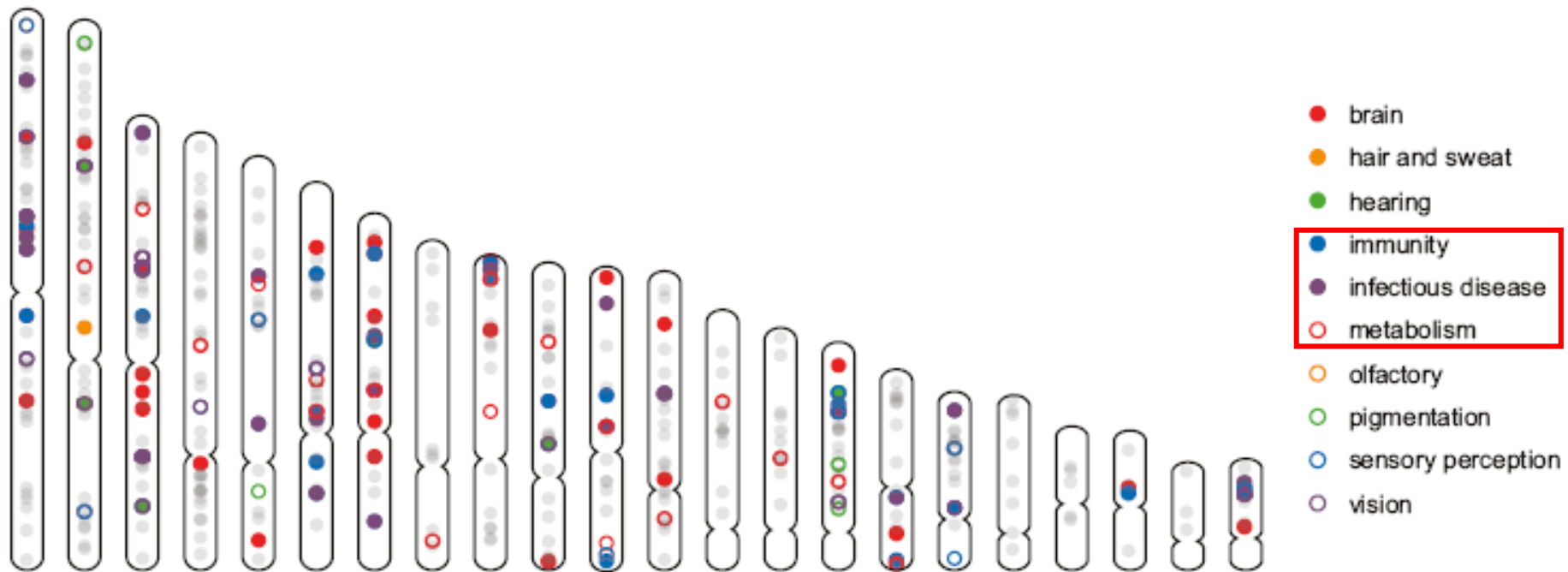


# Positive selection – immune and food-related



Grossman et al. (2013) Cell 152:703-713

1000 Genomes  
CEU, YRI and CHB+JPT



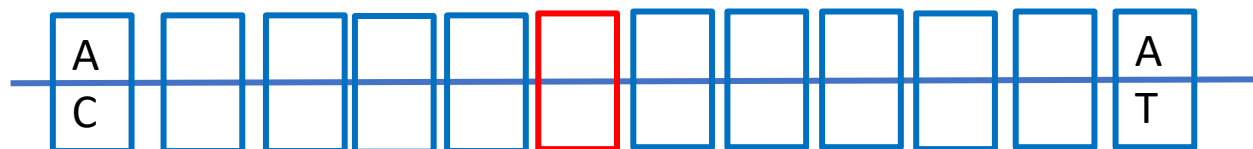


# Rationale of an evolutionary approach in evaluating susceptibility to complex diseases



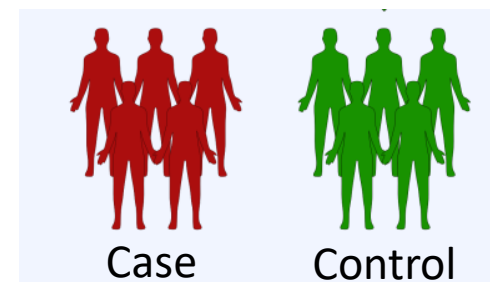
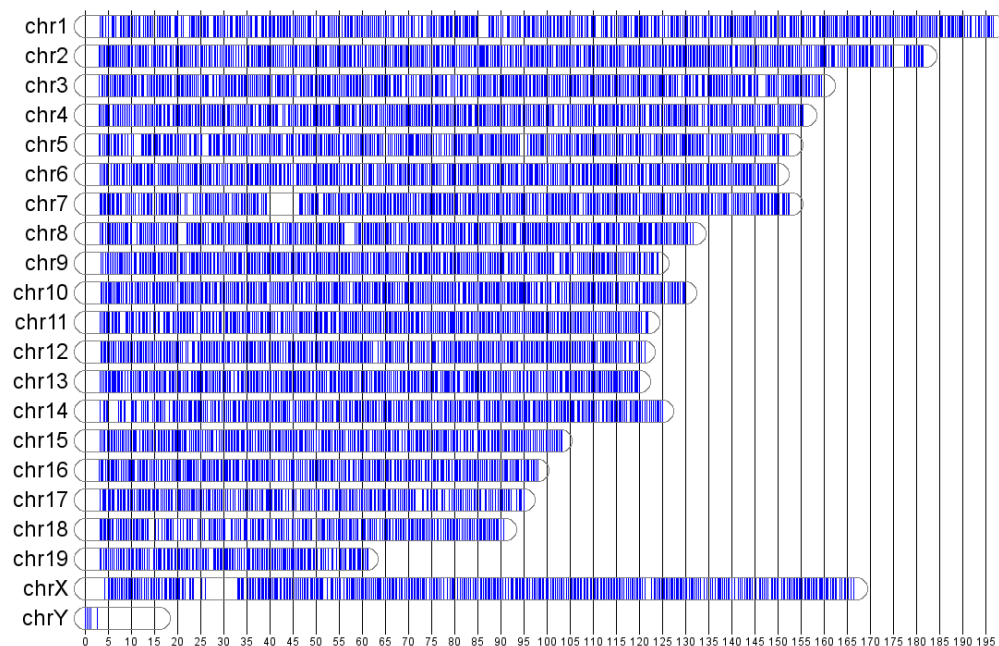
- Thousands of years of evolution selected the best fit biological responses
- If we understand the biological mechanisms, we can mimic them for therapeutical approaches
- Even if the selection event took place in one population group, it can be extrapolated to all humans

## Array technology



Linkage disequilibrium  
Tag markers – Causative marker

SNP Density Map 7851



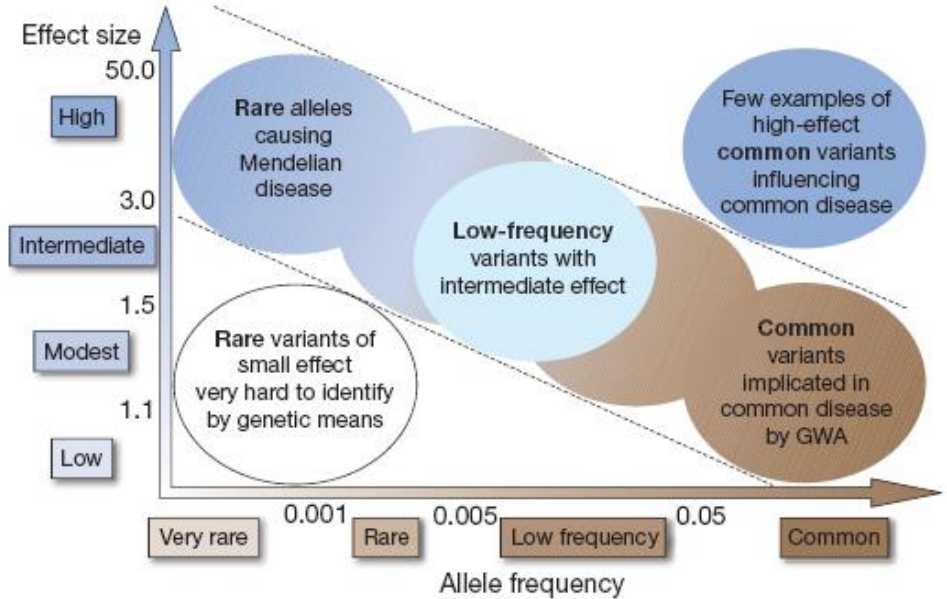
plink...

Whole genome association analysis toolset

[Introduction](#) | [Basics](#) | [Download](#) | [Reference](#) | [Formats](#) | [Data management](#) | [Summary sta](#)  
[Epistasis](#) | [Rare CNVs](#) | [Common CNPs](#) | [R-plugins](#) | [SNP annotation](#) | [Simulation](#) | [Profile](#)

## Genome Wide Association Study (GWAS)

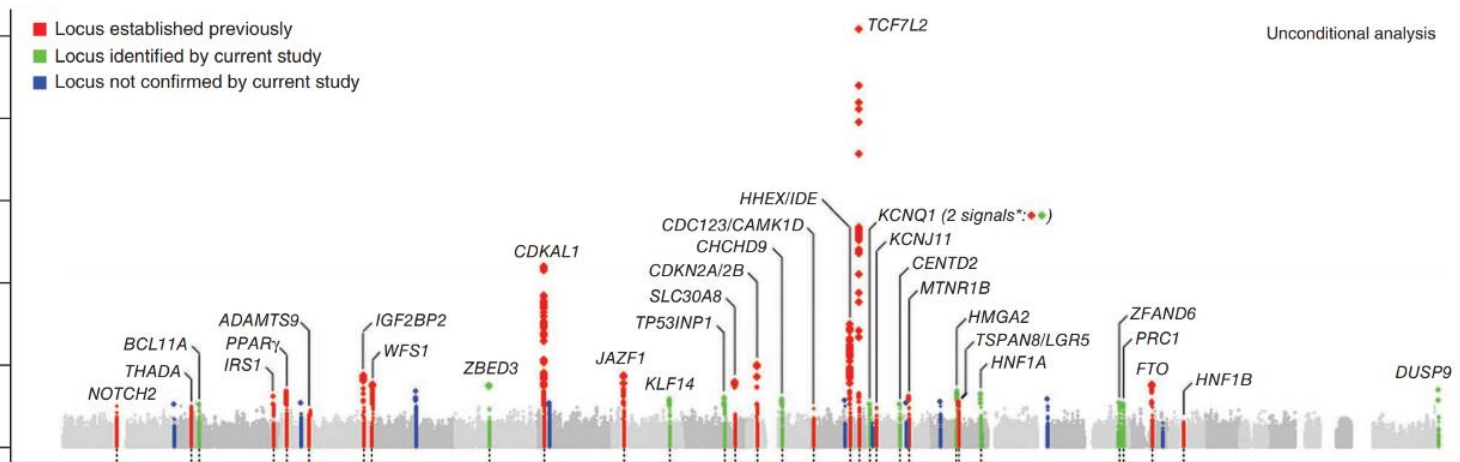
# Statistical burden in complex diseases evaluation



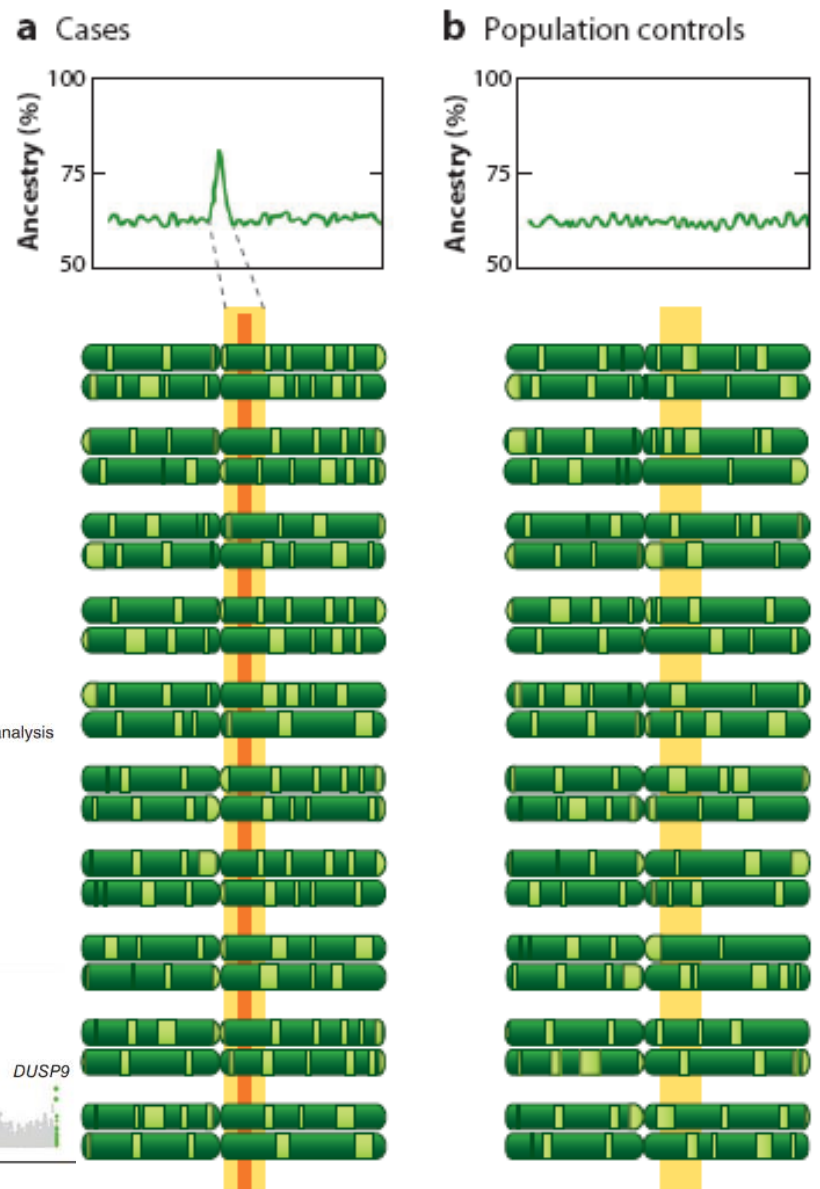
## Traditional GWAS

Statistical burden:  $0.05/600,000 = 8.33 \times 10^{-8}$

Thousands of individuals must be studied



## Admixture mapping

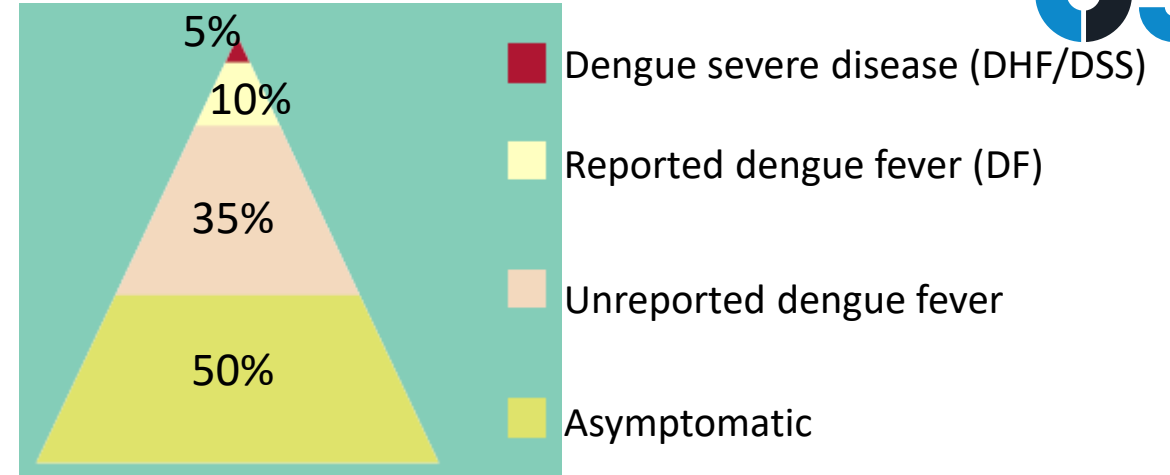
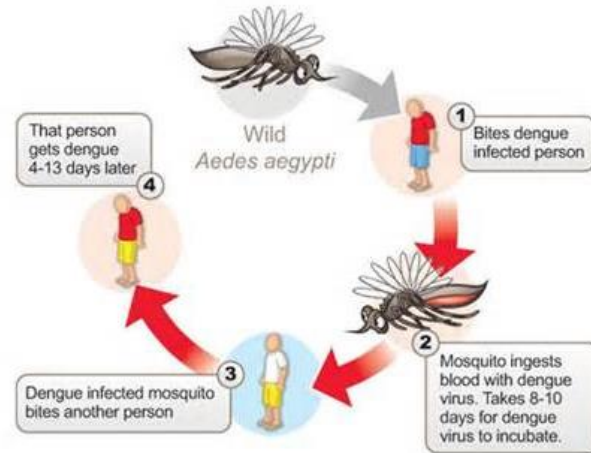
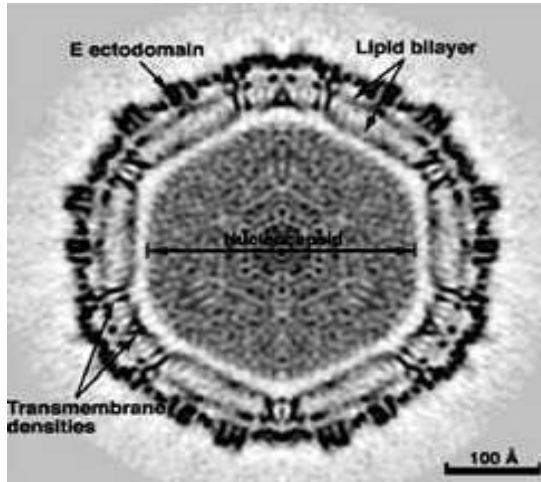


Statistical burden:  
 $0.05/180 = 2.7 \times 10^{-4}$

Sample size decreases to hundreds

More interesting in terms of population genetics

## Flavivirus - 4 serotypes

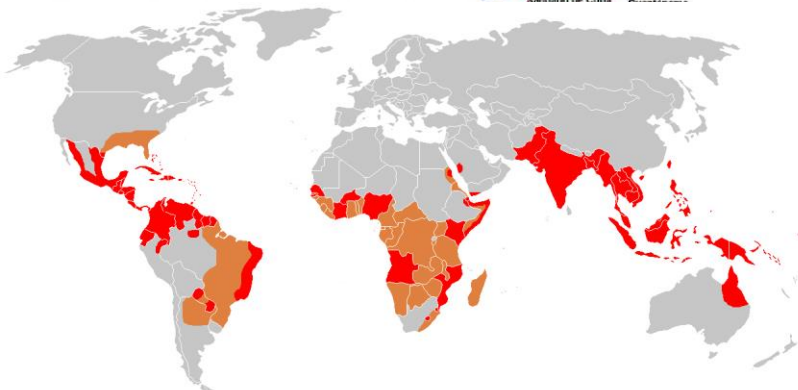


PLOS PATHOGENS

100 million cases per year – high health burden



Epidemiologic evidence in Cuba:  
dark-skinned people presented less  
severe form and died less of dengue  
disease than light-skinned people



. red - epidemic  
dengue and  
presence of *Aedes*  
*aegypti*  
. brown - only *Ae.*  
*aegypti*

2.5 million SNP  
Illumina array

RESEARCH ARTICLE

*OSBPL10*, *RXRA* and lipid metabolism confer  
African-ancestry protection against dengue  
haemorrhagic fever in admixed Cubans

Beatriz Sierra<sup>1</sup>\*, Petr Triska<sup>2,3,4</sup>, Pedro Soares<sup>3</sup>, Gissel Garcia<sup>1</sup>, Ana B. Perez<sup>1</sup>,  
Eglys Aguirre<sup>1</sup>, Marisa Oliveira<sup>2,3,4,5,6</sup>, Bruno Cavadas<sup>2,3</sup>, Béatrice Regnault<sup>5</sup>,  
Mayling Alvarez<sup>1</sup>, Didy Ruiz<sup>1</sup>, David C. Samuels<sup>7</sup>, Anavaj Sakuntabhai<sup>6</sup>,  
Luisa Pereira<sup>2,3,8</sup>\*, Maria G. Guzman<sup>1</sup>

Table 1. Odds ratios of the African ancestry influence in DHF phenotype when compared to asymptomatic subjects, in Cuba in general, only Havana city and in Colombia.

	Odds ratio		
	1% African ancestry	50% African ancestry	100% African ancestry
Cuba	0.979	0.396	0.151
Havana	0.920	0.045	0.012
Colombia*	0.962	0.204	0.042

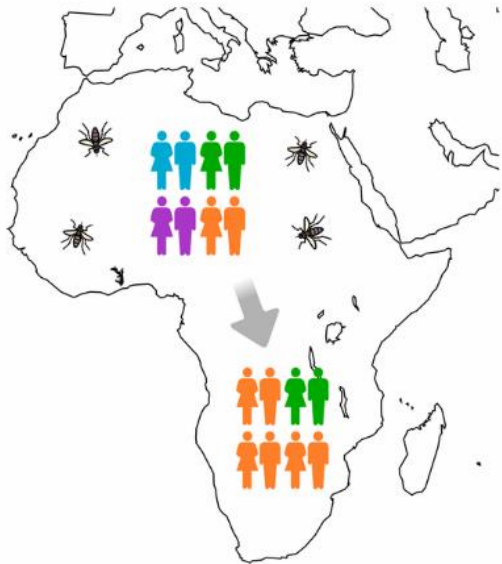
\* From [11].



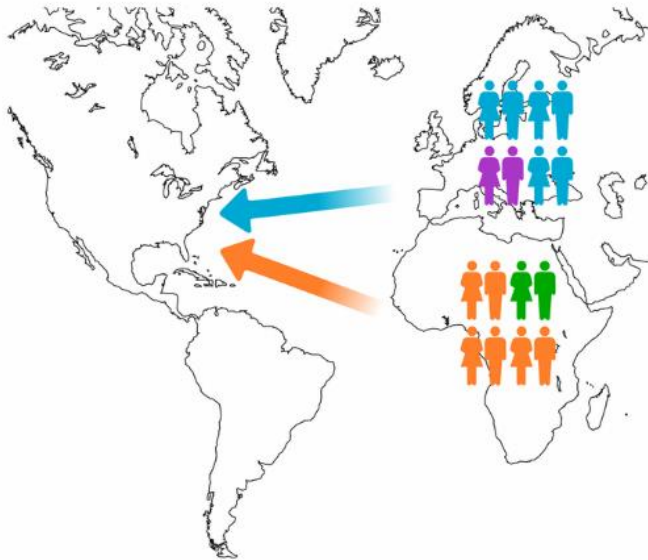
# Admixed populations acquired selected variants that emerged by adaptation in other geographical regions – ADAPTIVE ADMIXTURE



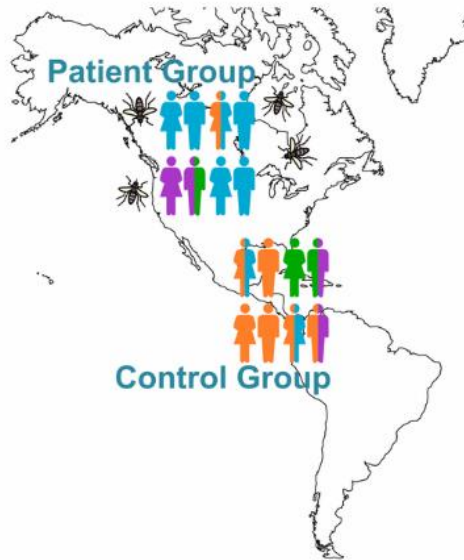
Local adaptation in Africa driven by a flavivirus



Migration of African and European parental populations ~500 years ago



Admixed descendants have differential resistance to dengue disease

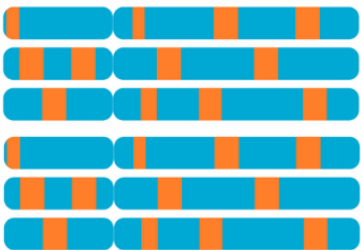


Possible motors of positive selection in Africa:

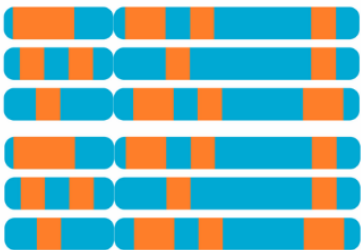
- Yellow fever virus
- Dengue fever virus
- Zika virus

Admixture mapping

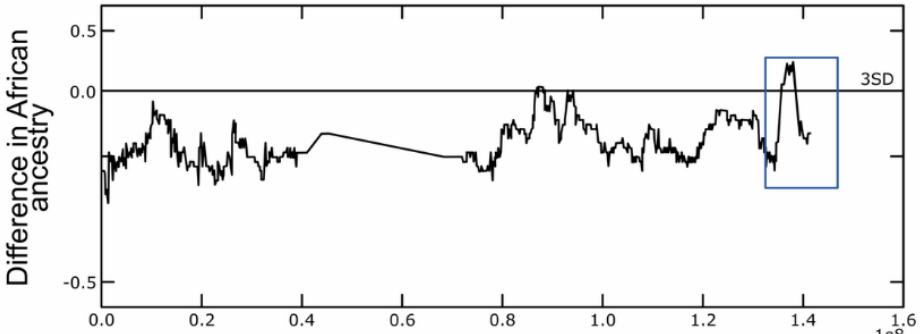
Chromosome 9 - patient group



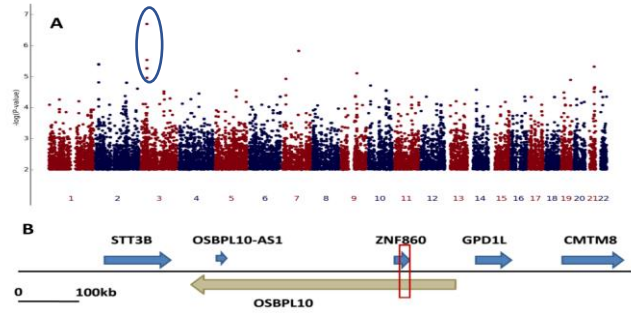
Chromosome 9 - control group



*RXRA* - Retinoid X Receptor Alpha



Ancestry fine-matched GWAS

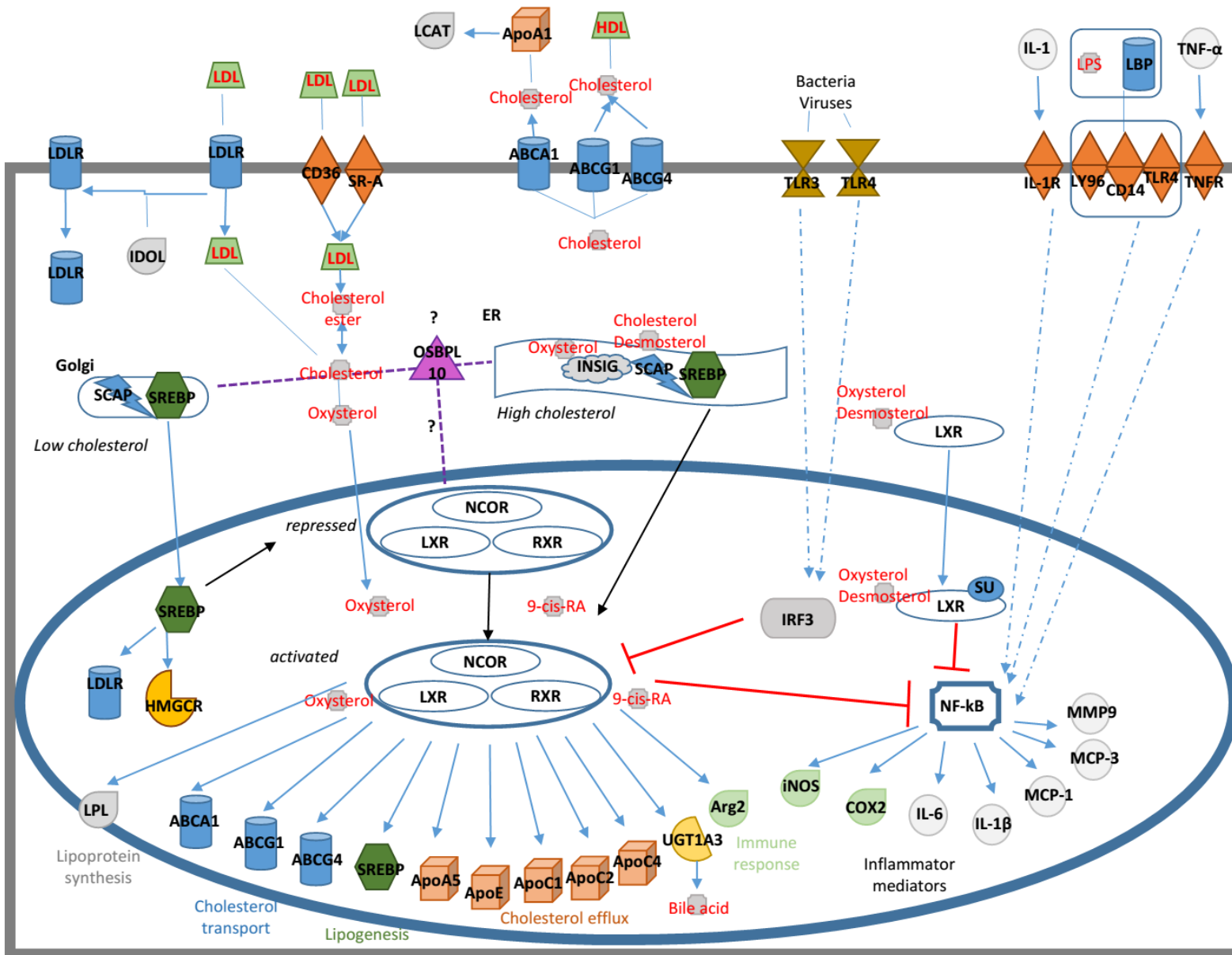


*OSBPL10* - oxysterol binding protein-like 10

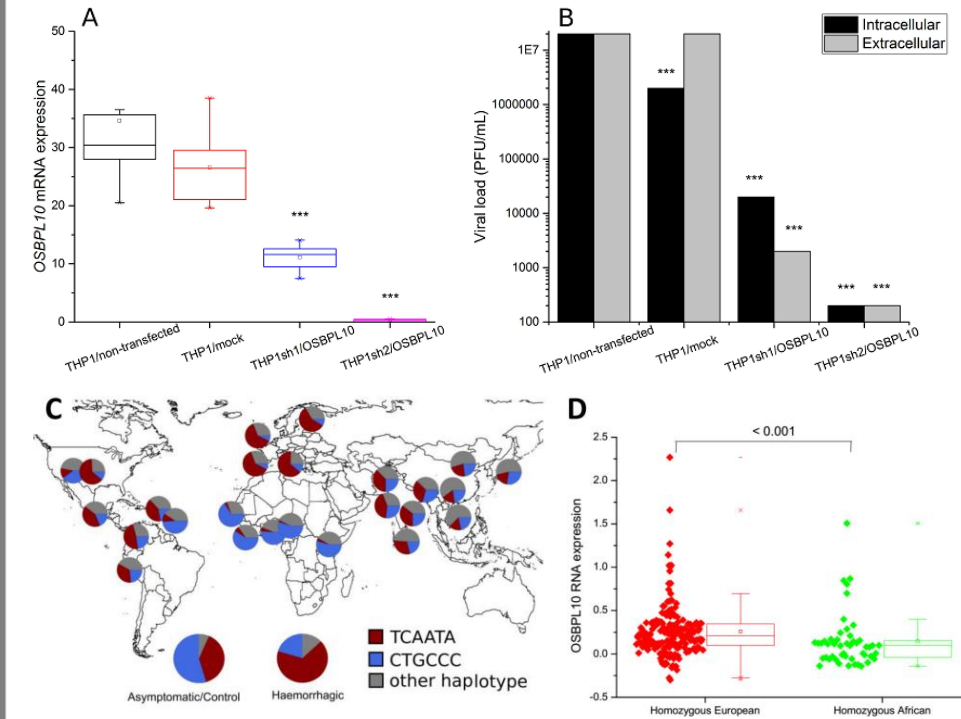


# LXR/RXR activation pathway in hepatocytes and macrophages

Integrates lipid metabolism and immune functions: virus entrance/replication and cytokine production



## Functional assay: *OSBPL10* knockdown decreases DENV replication

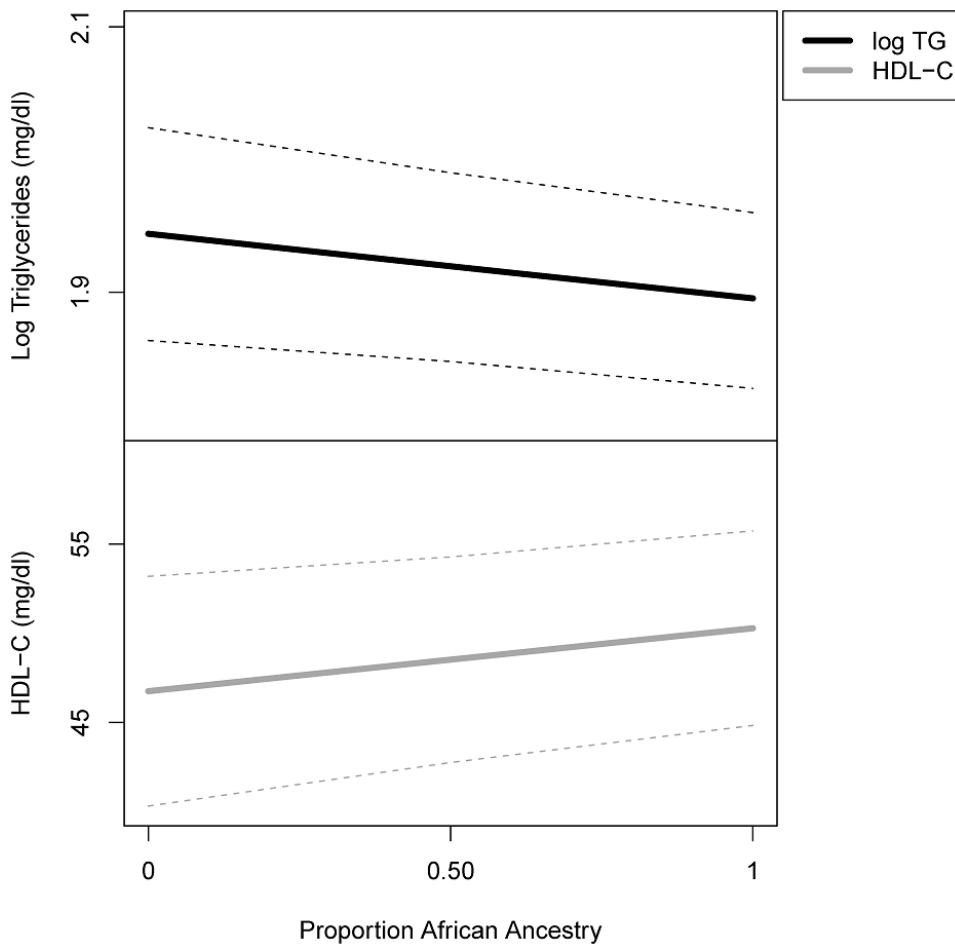


# Interethnic variation in lipid profiles: implications for underidentification of African-Americans at risk for metabolic disorders

Expert Rev. Endocrinol. Metab. 7(6), 659–667 (2012)

Amy R Bentley and  
Charles N Rotimi\*

Interethnic differences exist in the distribution of serum lipids, with African-Americans (AAs) generally having a healthier lipid profile than other US ethnic groups. Similar lipid distributions



Clinical Infectious Diseases

MAJOR ARTICLE



## Lovastatin for the Treatment of Adult Patients With Dengue: A Randomized, Double-Blind, Placebo-Controlled Trial

James Whitehorn,<sup>1,2,a</sup> Chau Van Vinh Nguyen,<sup>3,a</sup> Lam Phung Khanh,<sup>2</sup> Duong Thi Hue Kien,<sup>2</sup> Nguyen Than Ha Quyen,<sup>2</sup> Nguyen Thi Thanh Tran,<sup>2</sup> Nguyen Thuy Hang,<sup>2</sup> Nguyen Thanh Truong,<sup>3</sup> Luong Thi Hue Tai,<sup>3</sup> Nguyen Thi Cam Huong,<sup>3</sup> Vo Thanh Nhon,<sup>4</sup> Ta Van Tram,<sup>4</sup> Jeremy Farrar,<sup>2,5</sup> Marcel Wolbers,<sup>2,5</sup> Cameron P. Simmons,<sup>2,5,6,a</sup> and Bridget Wills<sup>2,5,a</sup>

**Conclusions.** We found lovastatin to be safe and well tolerated in adults with dengue. However, although the study was not powered to address efficacy, we found no evidence of a beneficial effect on any of the clinical manifestations or on dengue viremia. Continuing established statin therapy in patients who develop dengue is safe.

Our current investigation related with dengue fever:  
Test several lipid metabolism-interfering drugs in  
dengue infection assays

# Protective genes can differ but be related amongst population groups



## *OSBPL10* and *RXRA*

Cuban

LXR/RXR activation pathway  
Lipid metabolism and  
cytokine/chemokine production  
hepatocytes and macrophages

## *CHST10*, *AHRR*, *GRIP1* and *PPP2R5E*

Thai

Xenobiotic metabolism pathway  
PXR/CAR-RXRA  
Xenobiotic metabolism and  
inflammatory response

Unifying  
framework for several  
genes potentially  
protective against dengue

## *VDR*

Vietnamese

VDR/RXR activation pathway  
Immune function, sterol metabolism,  
cell growth and proliferation

## *PLCE1*

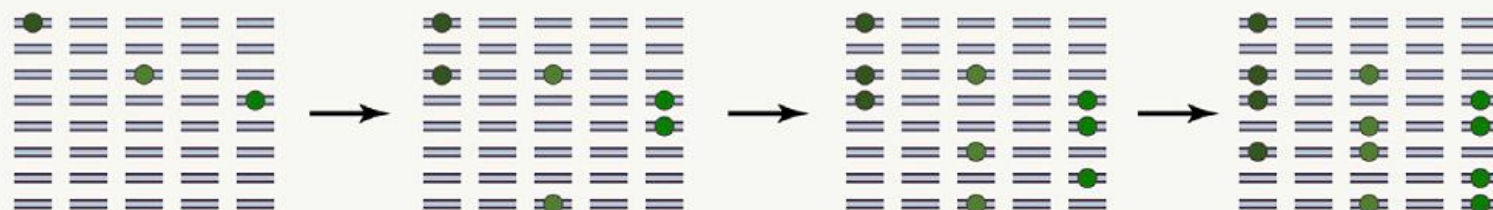
Vietnamese

PPARA/RXRA activation pathway  
Lipid metabolism and acute  
phase inflammation response

## *PLCB4*

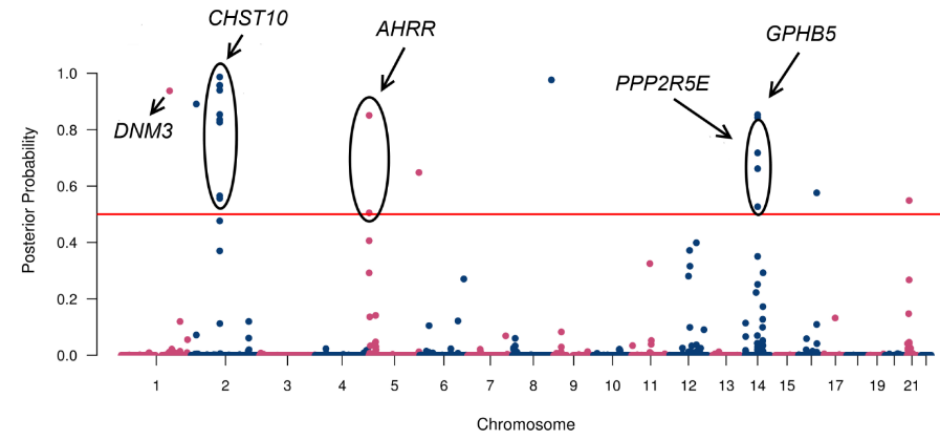
Thai

## Polygenic adaptation



Joint ancestry and association test indicate two distinct pathogenic pathways involved in classical dengue fever and dengue shock syndrome

Marisa Oliveira<sup>1,2,3,4</sup>, Worachart Lert-ittiporn<sup>5</sup>, Bruno Cavadas<sup>1,2,3</sup>, Verónica Fernandes<sup>1,2</sup>, Ampaiwan Chuansumrit<sup>6</sup>, Orlando Anunciação<sup>2</sup>, Isabelle Casademont<sup>4,7</sup>, Fanny Koeth<sup>4,7</sup>, Marina Penova<sup>4,7,8</sup>, Kanchana Tangnaratchakit<sup>6</sup>, Chiea Chuen Khor<sup>9,10</sup>, Richard Paul<sup>4,7,11</sup>, Prida Malasit<sup>12,13</sup>, Fumihiko Matsuda<sup>7,8</sup>, Etienne Simon-Lorière<sup>4,7,11</sup>, Prapat Suriyaphol<sup>5</sup>, Luisa Pereira<sup>1,2,14†\*</sup>, Anavaj Sakuntabhai<sup>4,7,11†\*</sup>



## Xenobiotic metabolism pathway

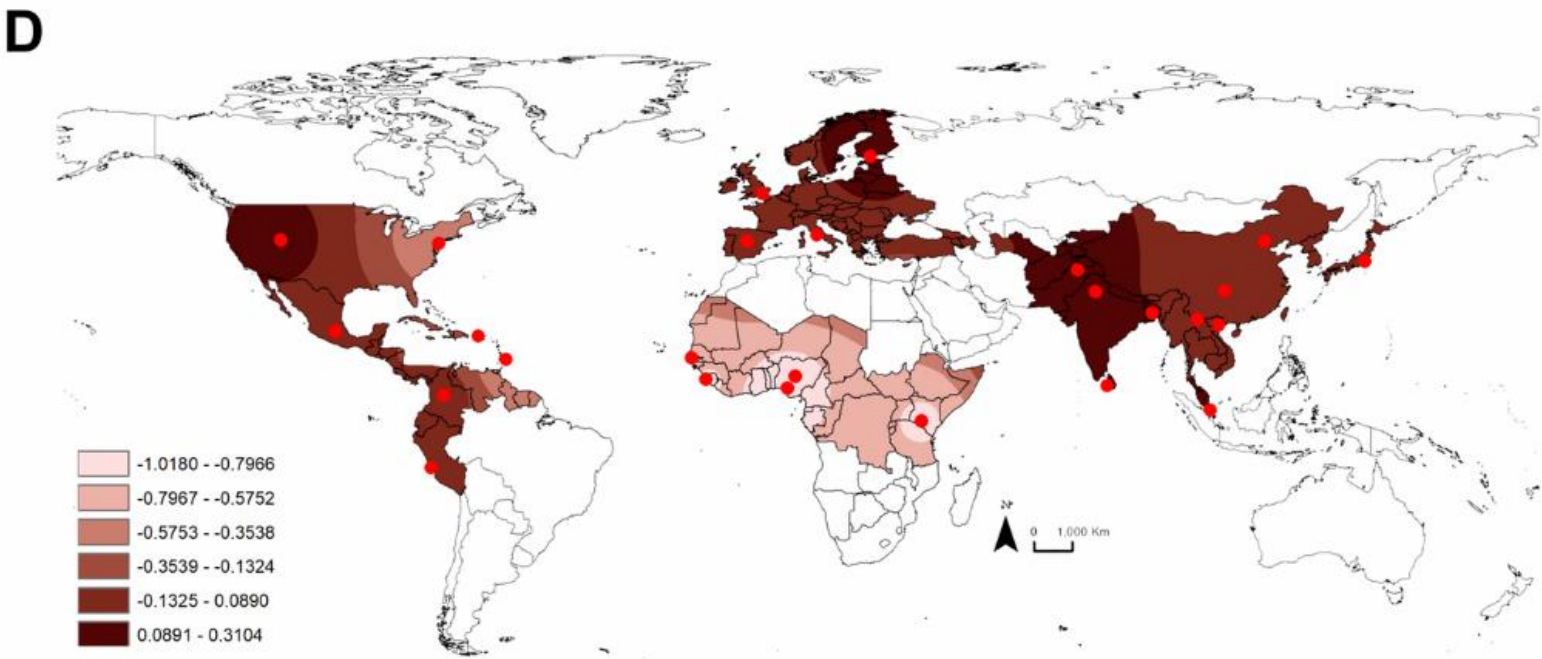
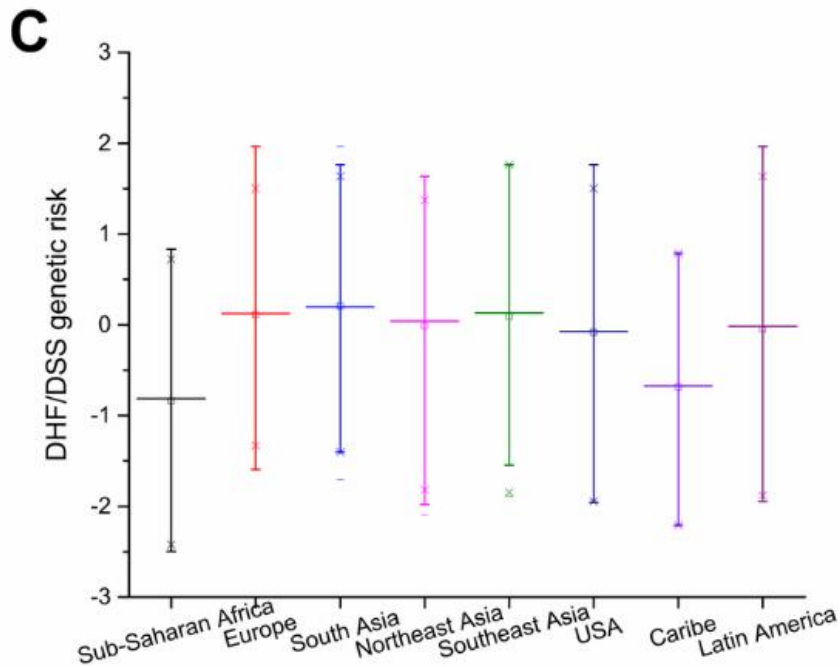


# Genetic risk to DHF/DSS phenotypes of dengue disease



Host ancestry and dengue fever: from mapping of candidate genes to prediction of worldwide genetic risk

Marisa Oliveira<sup>1,2,3,4</sup>, Joana Ferreira<sup>1,2,3</sup>, Verónica Fernandes<sup>1,2</sup>, Anavaj Sakuntabhai<sup>4,5,6</sup> & Luisa Pereira<sup>\*,1,2,7</sup>



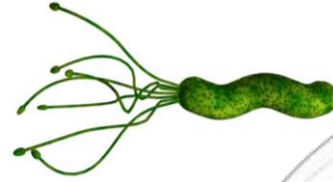
# Old pathogen-human interaction – *Helicobacter pylori* – *in vitro* evaluation of coevolution



More time for coevolution in  
Africa

Lower virulence of African strains  
Africans better naturally protected

**“African enigma”**

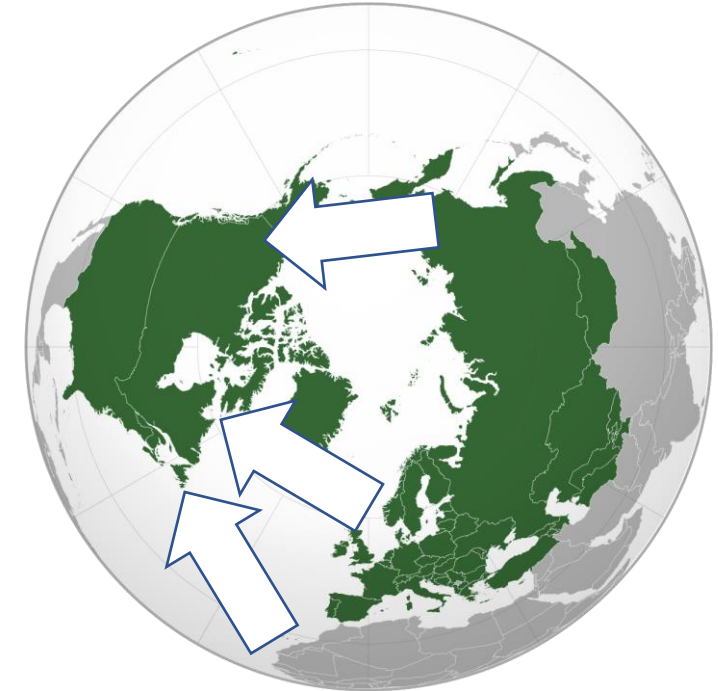


Dual population structure  
Bottlenecks

Disrupted coevolution – maladaptation – new  
adaptation

Potential increased virulence

Asians and Europeans worse protected



Encounter of mismatched  
host-pathogen groups  
Disrupted coevolution

Article  
**Shedding Light on the African Enigma: In Vitro Testing of  
*Homo sapiens-Helicobacter pylori* Coevolution**

Bruno Cavadas <sup>1,2,3,\*</sup>, Marina Leite <sup>1,2,4</sup>, Nicole Pedro <sup>1,2,3</sup>, Ana C. Magalhães <sup>1,2,3</sup>, Joana Melo <sup>1,2,3</sup>,  
Marcelo Correia <sup>1,2</sup>, Valdemar Máximo <sup>1,2,4</sup>, Rui Camacho <sup>5,6</sup>, Nuno A. Fonseca <sup>7</sup>, Ceu Figueiredo <sup>1,2,4</sup>  
and Luísa Pereira <sup>1,2,4</sup>

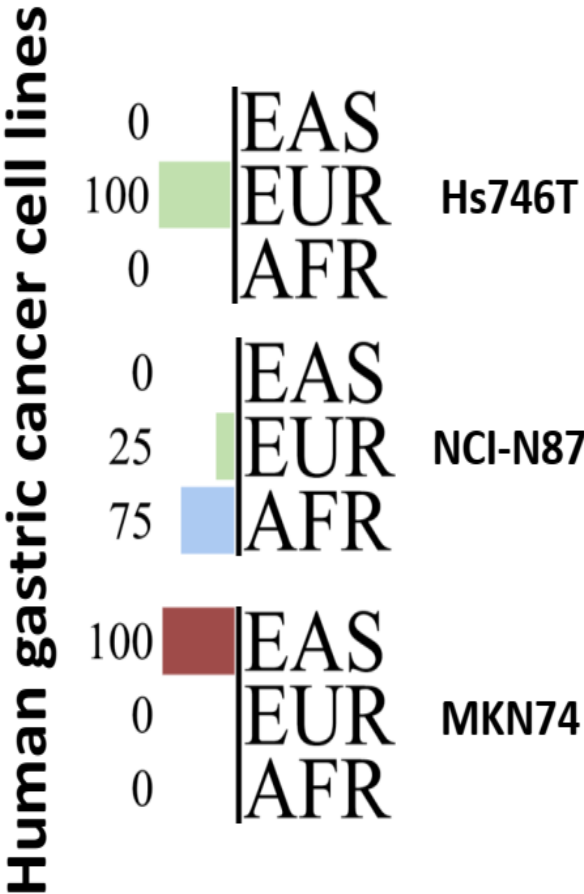
## *Helicobacter pylori* strains

*H. pylori* J99

*H. pylori* 26695

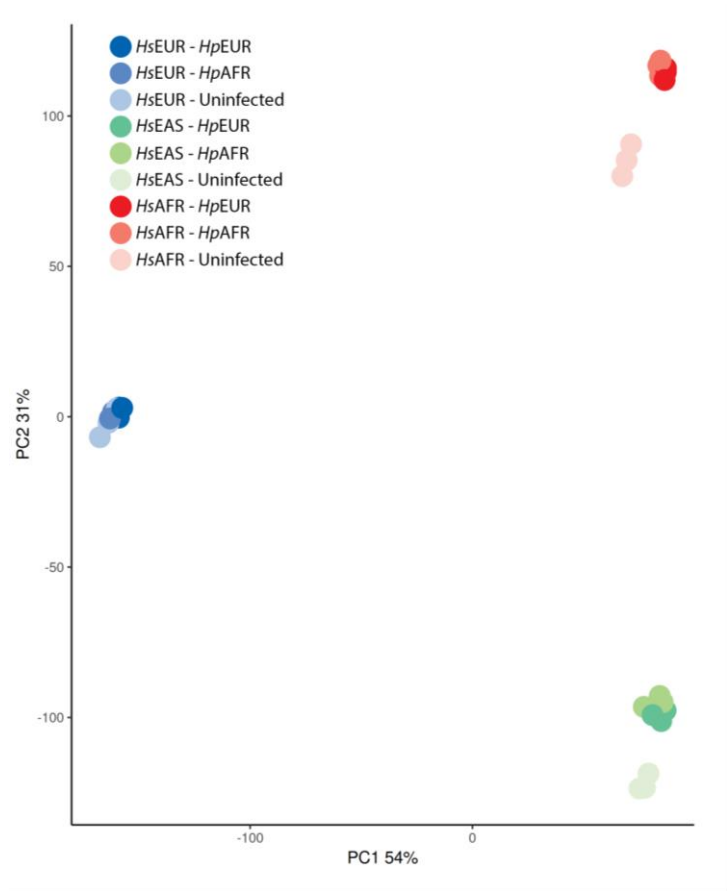
**African (*HpAFR*)**

**European (*HpEUR*)**

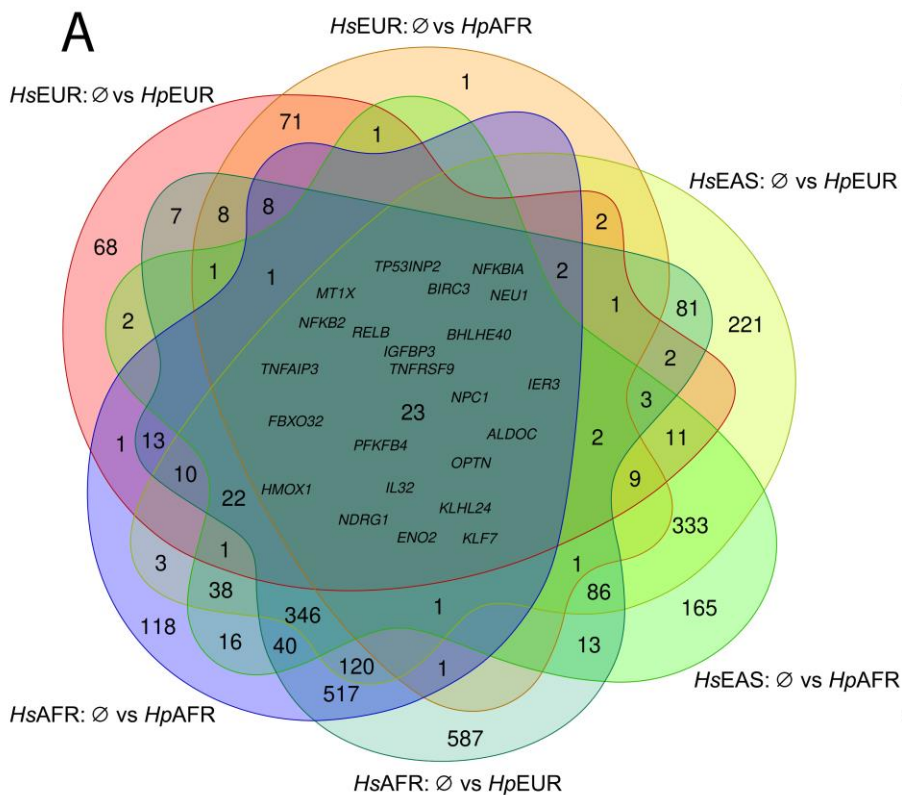




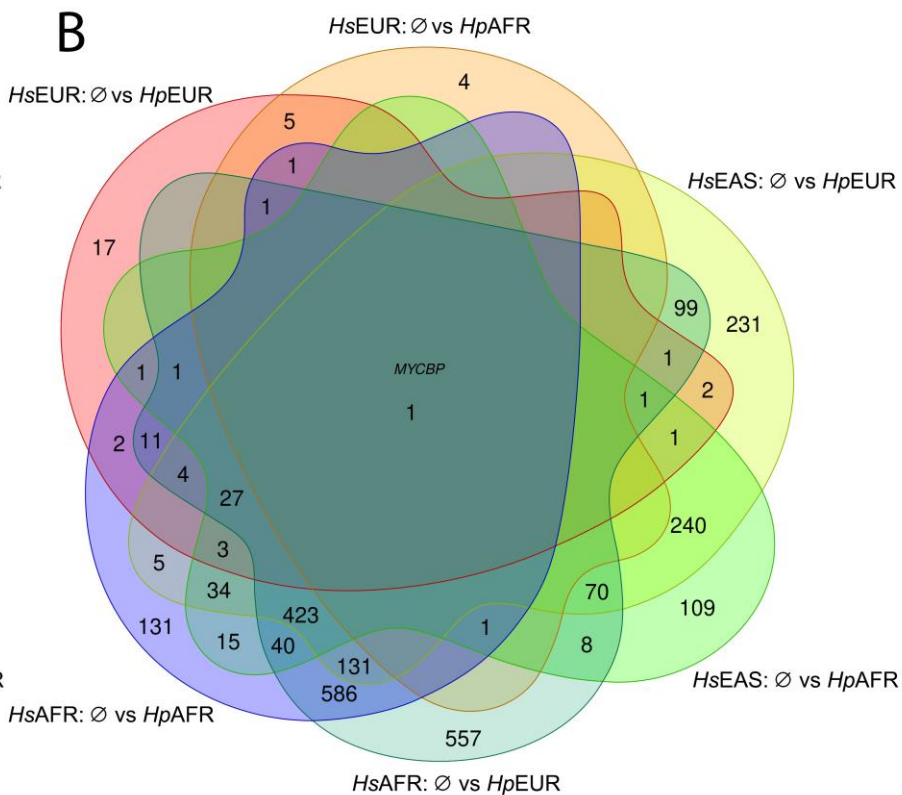
# Old HIR – *Helicobacter pylori* – genome-wide transcriptomics



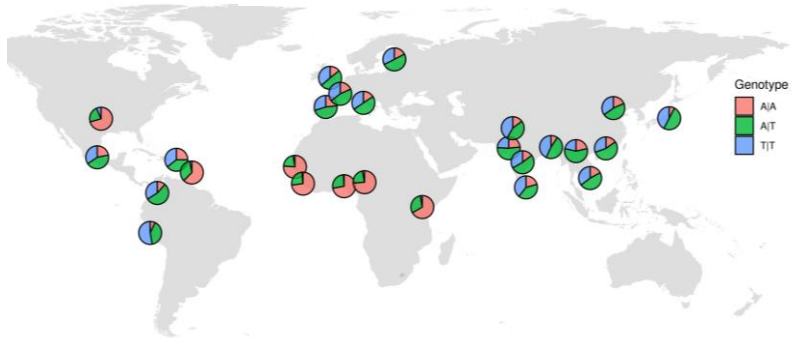
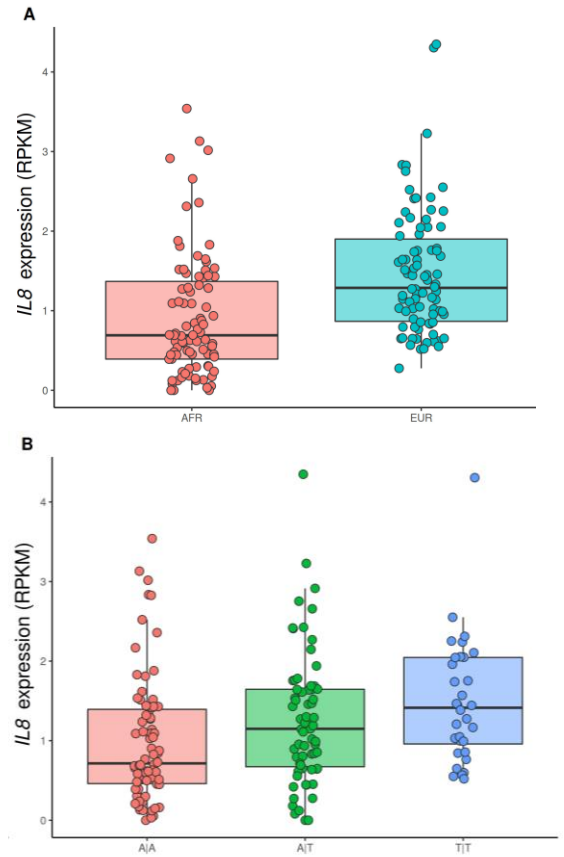
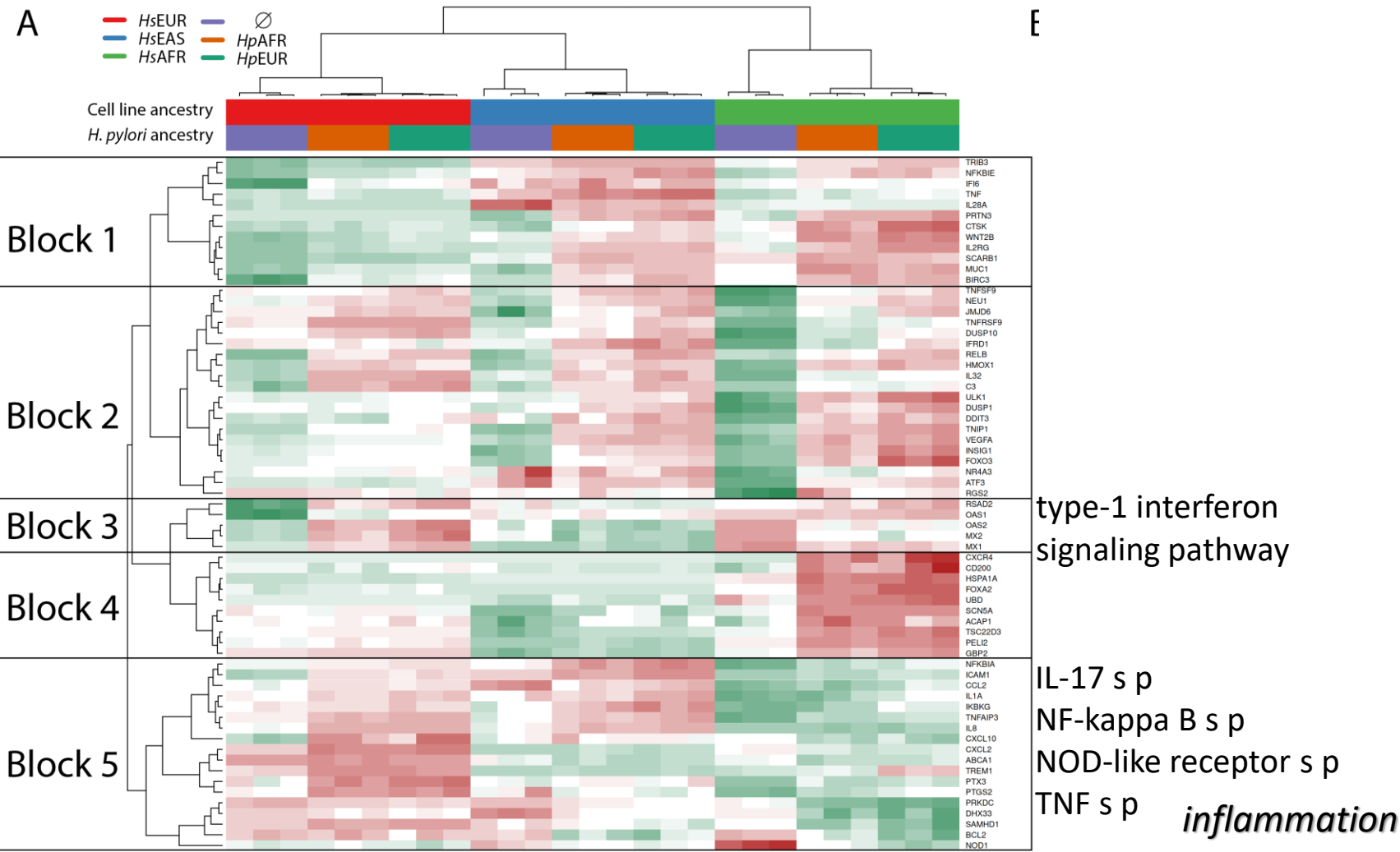
## Up-regulation



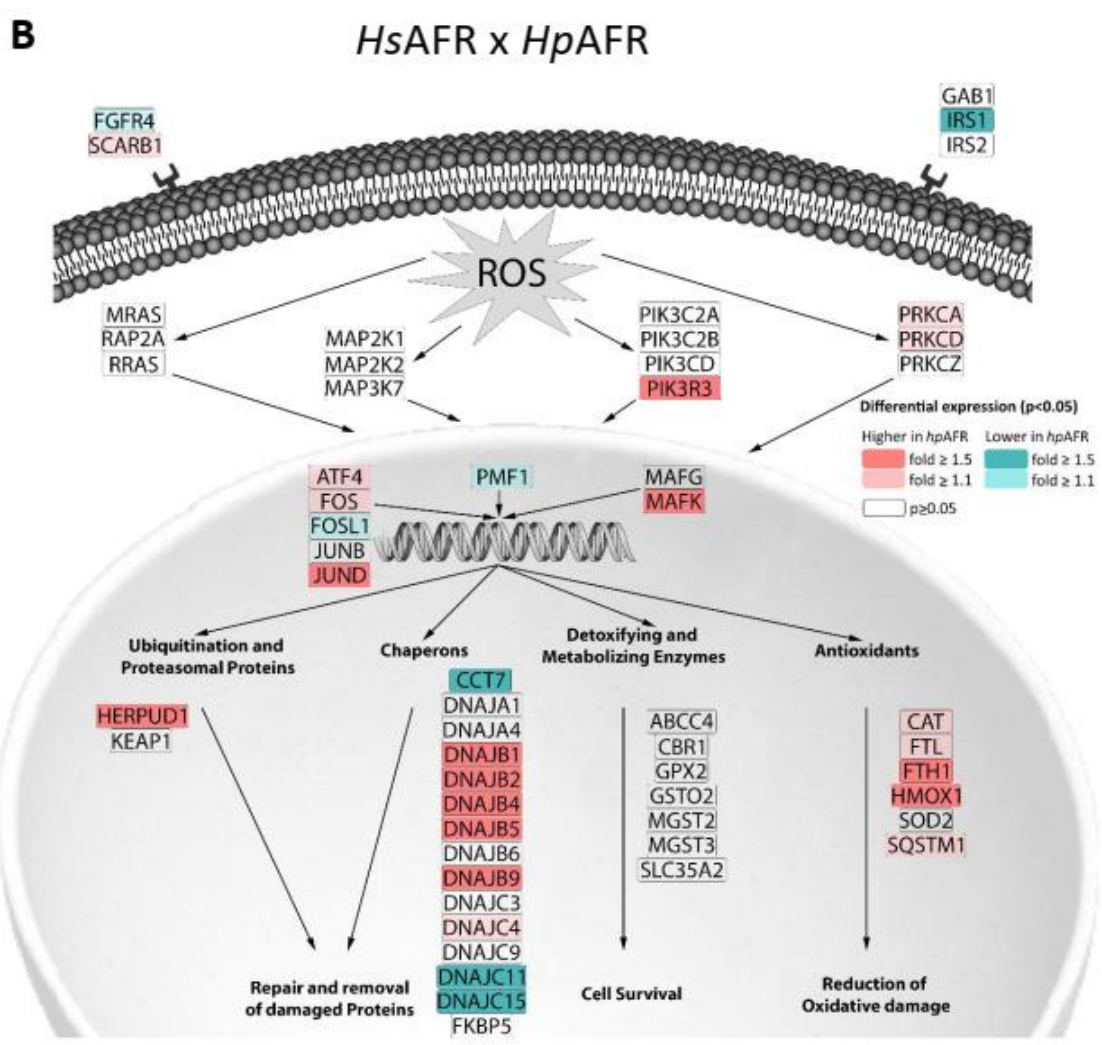
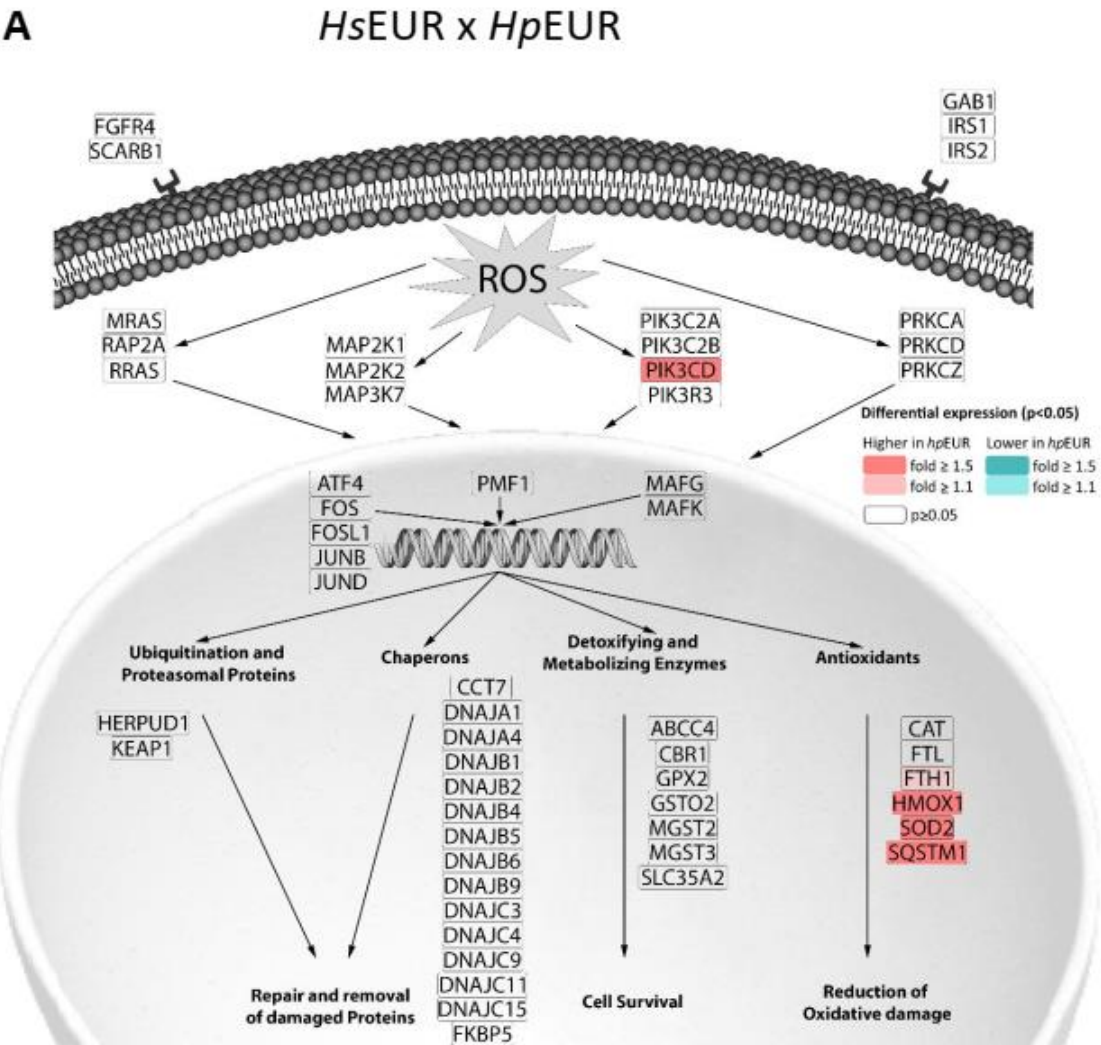
## Down-regulation



# Old HIR – *Helicobacter pylori* – innate immune response



# Old HIR – *Helicobacter pylori* – oxidative stress





# Old HIR – *Helicobacter pylori* – Coevolution – main conclusions



- (1) host response to *H. pylori* was greatly molded by human ancestry
- (2) African human ancestry showed clear signs of coevolution with *H. pylori* – broader and better adapted molecular response
- (3) European human ancestry was maladapted – mainly activation of the immune system
- (4) Asian ancestry in between (but closer to the coevolved African)
- (5) mismatched host-bacterium ancestry did not appear to be an important differentiator of gene expression, at least at the initial stages of infection, as we analyzed here