

Joseph Geraci^{1,2,3,4}, Ravi Bhargava^{5,6}, Bessi Qorri¹, Paul Leonchyk¹, Douglas Cook^{1,7}, Moses Cook⁸, Fanny Sie⁶, Luca Pani^{1,9,10,11}

¹NetraMark Corp, ²Department of Pathology and Molecular Medicine, Queen's University, ⁴Arthur C. Clarke Center for Biomedical and Molecular Sciences, University, ⁶Science and Research, Roche Integrated Sciences, University, ⁶Science and Research, Roche Integrated Sciences, University, ⁶Science and Research, Roche Integrated Sciences, University, ⁴Arthur C. Clarke Center for Biomedical and Molecular Sciences, University, ⁴Arthur C. Clarke Center for Biotechnology and Genomic Medical College of Georgia, Science and Research, Roche Integrated Sciences, University, ⁴Arthur C. Clarke Center for Biomedical and Molecular Sciences, University, ⁴Arthur C. Clarke Center for Biotechnology and Genomic Medical College of Georgia, Science and Research, Roche Integrated Science, University, ⁴Arthur C. Clarke Center for Biomedical College of Georgia, Science and Research, Roche Integrated Science, University, ⁴Arthur C. Clarke Center for Biomedical College of Georgia, Science and Research, Roche Integrated Science, University, ⁴Arthur C. Clarke Center for Biomedical College of Georgia, Science, University, ⁴Arthur C. Clarke Center for Human Imagination, School of Physical Science, University, ⁴Arthur C. Clarke Center for Biomedical College of Georgia, Science, University, ⁴Arthur C. Clarke Center for Biomedical College of Georgia, Science, University, ⁴Arthur C. Clarke Center for Biomedical College of Georgia, Science, University, ⁴Arthur C. Clarke Center for Biomedical College of Georgia, Science, University, ⁴Arthur C. Clarke Center for Biomedical College of Georgia, Science, University, ⁴Arthur C. Clarke Center for Biomedical College of Georgia, Science, University, ⁴Arthur C. Clarke Center for Biomedical Center for Biomedi Informatics, F. Hoffmann La-Roche, ⁷Department of Surgery, Queen's University, ⁸Department of Redical, Metabolic, and Neural Sciences, University of Modena and Reggio Emilia, ¹¹VeraSci

BACKGROUND

Amyotrophic lateral sclerosis (ALS) is a progressive neurodegenerative and neuromuscular disease that can present with either bulbar or limb onset. CHALLENGES:

- Bulbar onset is associated with rapid disease progression and poor prognosis, requiring immediate and aggressive intervention.
- Limb onset progresses more slowly and allows for more time to explore treatment options.

NEED:

 Understanding of the molecular mechanisms underlying bulbar and limb onset of ALS to identify targeted therapies.

OBJECTIVE:

Use a machine learning (ML) systems-level approach to analyze ALS patient data to identify covariates and clusters of factors that provide a classification of disease onset and potential therapeutic targets specific to each subtype.

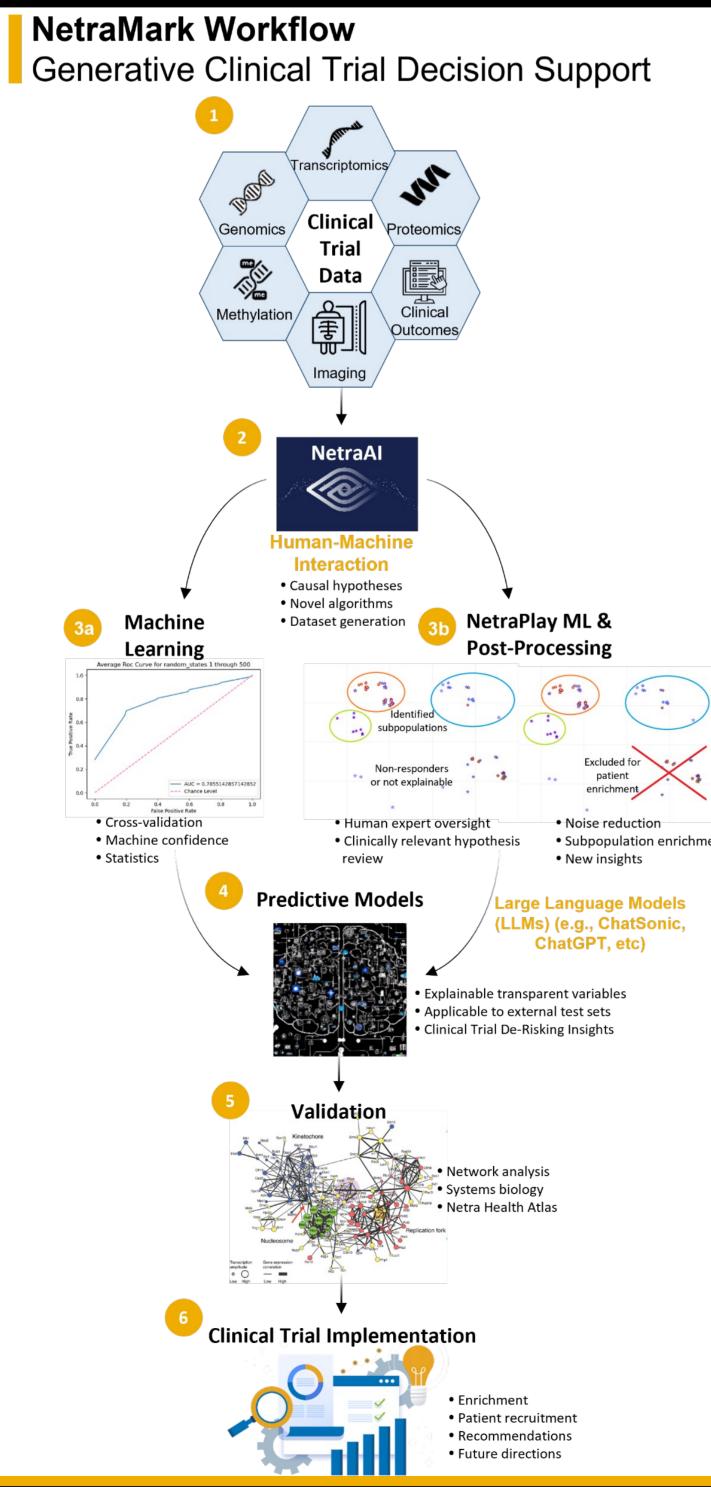
METHODOLOGY & WORKFLOW

DATASET:

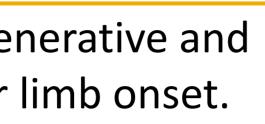
- Publicly available dataset provided by patient advocacy groups AnswerALS and EverythingALS.
- 31 bulbar onset and 85 limb onset ALS patients from 8 neuromuscular clinics in the US.
- iPSC lines generated from patients' peripheral blood mononuclear cells.
- Consortium generated multiomics data, focusing on transcriptomics.

PERSPECTIVE ANALYTICS AND HYPOTHESIS-GENERATION USING NETRAAI:

Using NetraAl to discover unknown subpopulations that are defined by multiple genes and provide explanations for underlying driving mechanisms behind each subpopulation.



NetraAl Reveals Subpopulations of Bulbar and Limb ALS Using Transcriptomic Analysis





NetraAI identified genetic drivers of a subpopulation of limb onset ALS patients.

NETRAPLAY			
Add map to NetraModel			
		Loop 2	
	\$	*	
	*		

Figure 1. NetraPlay map of limb and bulbar onset ALS patients. Loop 1 corresponds to a subpopulation of limb onset ALS patients. Loop 2 corresponds to a subpopulation of bulbar onset ALS patients.

A subpopulation of limb onset ALS patients was identified (Loop 1) that were characterized by higher expression of:

- IL20RA
- *LRRC23*

The remaining limb onset patients, accounting for the majority of patients in the dataset, were characterized by the opposite expression of the bulbar subpopulation (Loop 2):

- Higher expression of: TBC1D20, ALG3P1, CROCC2, AC109439.1, *FAM151A,* and *NKX21-1-AS1*
- Lower expression of *TMEM14A*

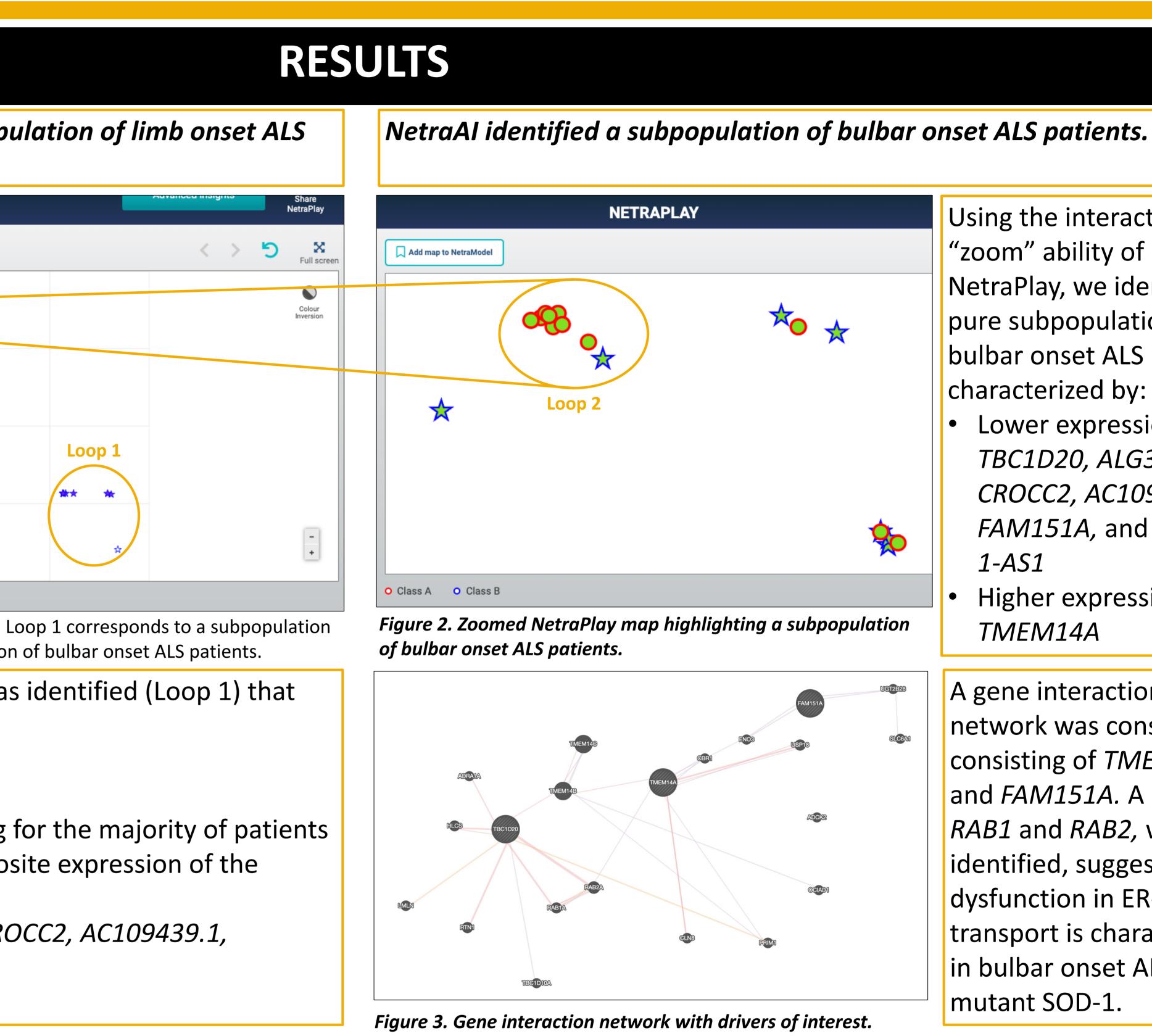
SIGNIFICANCE OF METHODOLOGY AND FINDINGS

• In an Open Science challenge using this dataset, we were the only group to discern this subpopulation stratification. • The high expression of TMEM14A and FAM151A linked to RAB1 and RAB2 present as unique findings linking intracellular transport dysfunction to mutant SOD1 that is characteristic of ALS patients and warrants further investigation in the progression and treatment of bulbar onset ALS patients. • Identification of molecular subpopulations may inform targeted therapeutic approaches.

Clinical Trial Significance

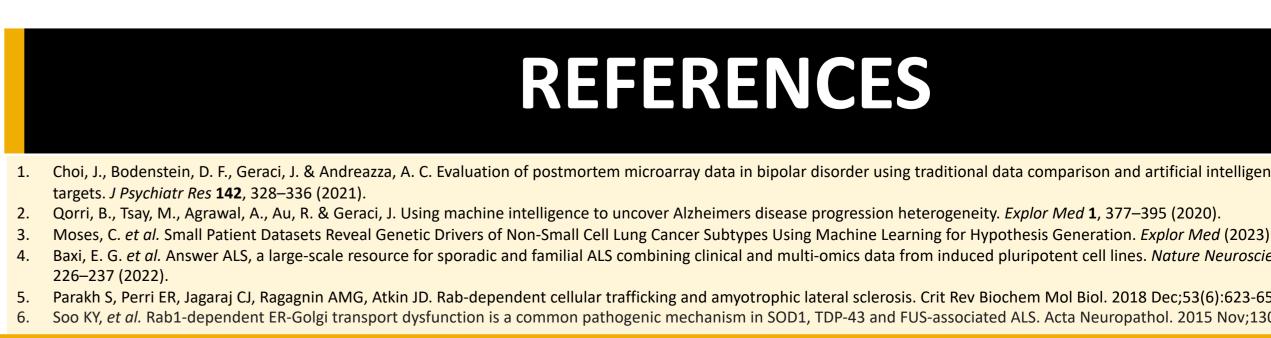
Empowering Biostatistics Through Clear Hypotheses & Causal Variables Having a system capable of generating hypotheses that are dually scrutinized for:

- Statistical significance testing
- Biological plausibility
- results in a better understanding of patient populations.



CONCLUSIONS & SIGNIFICANCE

Identification of limb and bulbar onset ALS patient subpopulations within a heterogeneous ALS patient population dataset.



Using the interactive and "zoom" ability of NetraPlay, we identified a pure subpopulation of bulbar onset ALS patients characterized by:

- Lower expression of: TBC1D20, ALG3P1, *CROCC2, AC109439.1, FAM151A,* and *NKX21*-1-AS1
- Higher expression of TMEM14A

A gene interaction network was constructed, consisting of TMEM14A and FAM151A. A link to RAB1 and RAB2, was identified, suggesting dysfunction in ER-Golgi transport is characteristic in bulbar onset ALS, with mutant SOD-1.

REFERENCES

Choi, J., Bodenstein, D. F., Geraci, J. & Andreazza, A. C. Evaluation of postmortem microarray data in bipolar disorder using traditional data comparison and artificial intelligence reveals novel gene Qorri, B., Tsay, M., Agrawal, A., Au, R. & Geraci, J. Using machine intelligence to uncover Alzheimers disease progression heterogeneity. Explor Med 1, 377–395 (2020).

Baxi, E. G. et al. Answer ALS, a large-scale resource for sporadic and familial ALS combining clinical and multi-omics data from induced pluripotent cell lines. Nature Neuroscience 2022 25:2 25,

Parakh S, Perri ER, Jagaraj CJ, Ragagnin AMG, Atkin JD. Rab-dependent cellular trafficking and amyotrophic lateral sclerosis. Crit Rev Biochem Mol Biol. 2018 Dec;53(6):623-651 Soo KY, et al. Rab1-dependent ER-Golgi transport dysfunction is a common pathogenic mechanism in SOD1, TDP-43 and FUS-associated ALS. Acta Neuropathol. 2015 Nov;130(5):679-97