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### **Integrated Genomic Analyses in Bronchopulmonary Dysplasia**

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### **Abstract**

**Objective—**To identify single nucleotide polymorphisms (SNPs) and pathways associated with bronchopulmonary dysplasia (BPD) because  $O_2$  requirement at 36 weeks' post-menstrual age risk is strongly influenced by heritable factors.

**Study design—**A genome-wide scan was conducted on 1.2 million genotyped SNPs, and an additional 7 million imputed SNPs, using a DNA repository of extremely low birth weight infants. Genome-wide association and gene set analysis was performed for BPD or death, severe BPD or

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death, and severe BPD in survivors. Specific targets were validated using gene expression in BPD lung tissue and in mouse models.

**Results—**Of 751 infants analyzed, 428 developed BPD or died. No SNPs achieved genome-wide significance ( $p<10^{-8}$ ) although multiple SNPs in adenosine deaminase (ADARB2), CD44, and other genes were just below  $p<10^{-6}$ . Of approximately 8000 pathways, 75 were significant at False Discovery Rate (FDR) <0.1 and p<0.001 for BPD/death, 95 for severe BPD/death, and 90 for severe BPD in survivors. The pathway with lowest FDR was miR-219 targets (p=1.41E-08, FDR 9.5E-05) for BPD/death and Phosphorous Oxygen Lyase Activity (includes adenylate and guanylate cyclases) for both severe BPD/death (p=5.68E-08, FDR 0.00019) and severe BPD in survivors (p=3.91E-08, FDR 0.00013). Gene expression analysis confirmed significantly increased miR-219 and CD44 in BPD.

**Conclusions—**Pathway analyses confirmed involvement of known pathways of lung development and repair (CD44, Phosphorus Oxygen Lyase Activity) and indicated novel molecules and pathways (ADARB2, Targets of miR-219) involved in genetic predisposition to BPD.

#### **Keywords**

Bronchopulmonary dysplasia; Infant; premature; Infant mortality; Single nucleotide polymorphisms

> Bronchopulmonary dysplasia (BPD) is common in extremely preterm infants, and genetic factors may account for much of the variance in risk for BPD.<sup>1</sup> Targeted candidate gene analyses suggest single nucleotide polymorphisms (SNPs) in certain cytokines, surfactant proteins, and related molecules<sup>2, 3</sup> but not others<sup>4</sup> are associated with BPD. Hadchouel et al<sup>5</sup> identified the SPOCK2 gene as associated with BPD in a genome-wide association study (GWAS) that evaluated the entire genome in an unbiased manner. However, Wang et al<sup>6</sup> did not find SNPs associated with BPD in a GWAS.

Most complex diseases (such as BPD) involve gene-environment interactions and interactions among different loci. However, conventional single marker analysis does not explicitly look for interactions among different genes in the same biological pathway that have a multiplicative or a threshold effect.<sup>7</sup> Most GWAS that focus on analysis of single markers lack the power to identify the small contribution of most genetic variants.<sup>8</sup> Pathway-based approaches, which consider multiple contributing factors in the same biological pathway, complement the single marker approach and provide understanding of GWAS data in many diseases.<sup>9</sup>

In this study, we utilized a GWAS combined with pathway-based approaches to increase our understanding of the role of genetics in BPD susceptibility, and integrated these results with gene expression comparing BPD with controls, and a newborn mouse model of hyperoxia exposure simulating BPD. We hypothesized that SNPs in biological pathways involved in lung development and injury will be enriched in infants who develop BPD or die. The combined outcome of BPD or death was used because death is a competing outcome for BPD i.e., infants who die early cannot develop BPD even though they may be at the highest risk of BPD.

#### **METHODS**

Patients included were a subset of infants enrolled in the Eunice Kennedy Shriver NICHD Neonatal Research Network's Cytokines study that enrolled infants 401–1000 g at birth, < 72 h age, and free of major congenital anomalies.10 The study was approved by institutional review boards (IRBs) at participating centers, and written informed consent was obtained from parent(s). Additional IRB review allowed the GWA genotyping results with a limited phenotype data to be included in the NHGRI Database of Genotypes and Phenotypes (DbGaP).

DNA was extracted from the earliest age blood spot collected on filter paper. Whole genome amplification was used for samples that did not provide adequate genomic DNA. Genotyping was done on the Illumina HumanOmni1-Quad v1-0 B BeadChip.

BPD was defined by supplemental  $O_2$  at 36 weeks' postmenstrual age. Severe BPD was defined as therapy with O<sub>2</sub>>21% for at least 28 days plus use of  $30\%$  O<sub>2</sub> and/or positive pressure (ventilation or nasal continuous positive airway pressure) at 36 weeks' postmenstrual age.11 Death was defined as in-hospital death prior to discharge.

Ancestry was classified as Black (African-American), White (non-Hispanic Caucasians), Hispanic (Hispanic Caucasian), and others including Asian and multi-racial using  $GWASTools<sup>12</sup>$  to generate eigenvalues for the entire dataset.

Imputation was run using beagle 3.3.1. 769,757 SNPs were used for imputation with 7,500,443 SNPs being imputed.<sup>13</sup>

Analysis of SNPs was done using two complementary methods: a standard GWA analysis followed by a pathway analysis.

SNPs were analyzed using  $PLINK^{14}$  using logistic regression under an additive model. Three models were run: BPD or death vs. survival without BPD, Severe BPD or death vs. survival without severe BPD, Severe BPD in survivors vs. survivors without severe BPD. The regression model included covariates for GA, small for GA, sex, Apgar at 5 min < 5, antenatal steroids, and the race ethnicity Eigenvalues 1–4. The top 10 SNPs (by lowest pvalue) for each of the 3 models were mapped to genes.

We assigned genes to pathways (gene sets) using the Molecular Signatures Database (MSigDB) ([http://www.broadinstitute.org/gsea/msigdb/collections.jsp\)](http://www.broadinstitute.org/gsea/msigdb/collections.jsp). SNPs were assigned to gene(s) based on being exonic, intronic, untranslated region, or within 20 kb of the ends of the gene model. Pathways were analyzed using Gene Set Enrichment Analysis **(**GSEA).<sup>15</sup>

Gene expression values for individual members of pathways considered most important were extracted from an existing dataset describing genome-wide expression in lung tissue obtained from BPD cases or controls and assessed for differential expression.16 Two selected molecules (miR-219 and CD44) were further evaluated by TaqMan Gene Expression assays (Life Technologies, Grand Island, NY) from RNA isolated using Qiagen RNeasy FFPE kit (Qiagen, Valencia, CA) from paraffin-embedded formalin-fixed samples

of lungs collected at autopsy from extremely preterm infants (24–28 weeks gestation) who died soon after birth, term stillborn infants, and preterm infants who died due to BPD at term corrected age (36–44 weeks post-menstrual age) (n=4/group).

Three molecules (miR-219, ADARB2, and CD44) were selected for further evaluation in a mouse model. Gene expression was evaluated at different points during alveolar septation and hyperoxia exposure, using samples from studies approved by the UAB Institutional Animal Care and Use Committee.<sup>17, 18</sup> RNA was isolated from lung homogenates for realtime RT-PCR using specific primers.<sup>19</sup>

#### **RESULTS**

The GWAS cohort included 834 infants whose DNA samples were successfully genotyped. 172 (20%) samples required whole genome amplification. 751 infants met inclusion criteria with adequate information on BPD phenotype and genotyping (> 97% call rate). Characteristics of the study cohort are listed in Table I (available at [www.jpeds.com\)](http://www.jpeds.com). As expected, infants who developed outcomes of interest (BPD/death; severe BPD/death; Severe BPD in survivors) were more immature, of lower birth weight, more likely to be male, mechanically ventilated, and ventilated for a longer duration as compared with those who did not develop these outcomes.

#### **GWA analysis**

None of the SNPs were significant at the genome-wide significance level ( $p<10^{-8}$ ). The analysis for top ten SNPs for BPD/death (Table II) identified 4 SNPs in adenosine deaminase (ADARB2), two SNPs in CD44, one in NSMC4A, one in WDR45L, and two associated with no known gene. Similarly, the top ten SNPs for severe BPD/death were 4 SNPs in ADARB2, one in CD44, one in NSMC4A, one in NUAK1, one in KCNH7, and two associated with no known gene (Table II). The analysis for severe BPD in survivors also found ADARB2, CD44, NUAK1, KCNH7, WDR45B, in addition to GRIP1 and GALNTL6 (Table II). Most of these SNPs had p-values of  $10^{-6}$  to  $10^{-7}$ .

#### **Pathway /Gene Set Enrichment Analysis**

Of the approximately 7650 gene sets evaluated, 75 were significant at a False Discovery Rate (FDR) of <0.1 (suggesting about 10% of the pathways are false positives) and  $p \le 0.001$ for the BPD or death vs. no BPD comparison. 95 pathways were significant for severe BPD or death, and 90 for severe BPD in survivors.

**a.** Pathways associated with BPD or death vs. survivors without BPD (Table III; available at [www.jpeds.com](http://www.jpeds.com)): 77 pathways were identified with a FDR <0.1 (75 significant at p<0.001). Of these 77 pathways, only 3 were shared with Severe BPD or death, or Severe BPD in survivors (MORF\_BRCA1, MOREAUX\_MULTIPLE\_MYELOMA\_BY\_TACI\_UP, and PACHER\_TARGETS\_OF\_IGF1\_AND\_IGF2\_UP) (Figure 1).The top pathway was MIR-219 [\(http://www.broadinstitute.org/gsea/msigdb/cards/](http://www.broadinstitute.org/gsea/msigdb/cards/GACAATC,MIR-219.html) [GACAATC,MIR-219.html\)](http://www.broadinstitute.org/gsea/msigdb/cards/GACAATC,MIR-219.html), which includes 143 genes.

- **b.** Pathways associated with severe BPD or death vs. survivors without severe BPD (Table IV; available at [www.jpeds.com\)](http://www.jpeds.com): 123 pathways were identified with a FDR  $\leq 0.1$ , of which 95 were significant at p $\leq 0.001$ . Of these 123 pathways, 3 were shared with those involved in BPD or death. 108 of these pathways (which included the 3 shared with BPD or death) were shared with those involved with severe BPD in survivors, including the top 43 pathways, indicating significant overlap in the models for these outcomes. The top pathway associated with severe BPD or death (and survivors with severe BPD) was Phosphorus Oxygen Lyase Activity ([http://www.broadinstitute.org/gsea/msigdb/cards/](http://www.broadinstitute.org/gsea/msigdb/cards/PHOSPHORUS_OXYGEN_LYASE_ACTIVITY.html) PHOSPHORUS OXYGEN LYASE ACTIVITY.html), which includes ten genes consisting of adenylate cyclases and guanylate cyclases.
- **c.** Pathways associated with Severe BPD in survivors (Table V; available at [www.jpeds.com\)](http://www.jpeds.com): 142 pathways were identified with a FDR <0.1, of which 90 were significant at  $p<0.001$ . 108 of these 142 pathways (including the top 43) were also associated with Severe BPD or death.
- **d.** Pathways associated with BPD or death by race (Table VI; available at [www.jpeds.com\)](http://www.jpeds.com): Of the 77 pathways identified at FDR<0.1 in all infants, 20 were noted in Black infants, 13 in Hispanic infants, and 24 in White infants for the same FDR threshold. Importantly, there was little overlap in the major pathways between these racial/ethnic groups. For example, targets of miR-219, which was the top pathway for all infants (FDR 9.52E-05, p=1.41E-08), was ranked 415<sup>th</sup> (FDR 0.29,  $p=0.018$ ) for Black infants, 2597<sup>th</sup> (FDR 0.34,  $p=0.13$ ) for Hispanic infants (but with FDR 5.92 E-43, p=7.48E-44 for severe BPD in survivors for the same cohort of Hispanic infants), and 1477<sup>th</sup> (FDR 0.25, p=0.055) for White infants (but with FDR 2.68E-44, p=2.66E-45 for severe BPD in survivors for the same cohort of White infants).

#### **Evaluation of individual SNPs and pathways/gene sets using gene expression dataset**

Gene expression for six of the nine genes with the lowest single SNP p-values could be assessed by a total of 20 probe sets present in the data set.<sup>16</sup> Two (NUAK1 and GRIP1) of these six genes were significantly dysregulated in BPD lung tissue, with lower expression in BPD when compared with controls. In addition to these significant genes, 2 probe sets for CD44 demonstrated a trend for increased expression in BPD lungs ( $p<0.01$ ) (Table VII; available at [www.jpeds.com](http://www.jpeds.com)).

We selected four pathways for further evaluation using data from the lung tissue gene expression data set.<sup>16</sup> These pathways were (1) miR-219 pathway, the top pathway for BPD/ death, (2) PACHER\_TARGETS\_OF\_IGF1\_AND\_IGF2\_UP, one of the three pathways shared among all three outcomes, as IGF1 is important in lung development<sup>20</sup> and is increased in BPD,<sup>21</sup> (3) Phosphorus Oxygen Lyase Pathway, the top pathway associated with severe BPD/death as well as severe BPD in survivors, and (4) Cell Cycle: G2/M DNA Damage Checkpoint Regulation canonical pathway, previously appreciated as the top pathway in the BPD gene expression dataset<sup>16</sup> but not specifically evaluated in this study (as

it is not defined in MSigDB), but with overlap with MORF\_BRCA1, a pathway shared among all three outcomes.

- **1.** MiR-219 Pathway (Table VIII; available at [www.jpeds.com\)](http://www.jpeds.com): Gene expression for all 143 genes in this pathway was assessed. 32 of 143 (22%) of pathway genes were dysregulated in BPD lung tissue (vs. 7 expected at random,  $p \le 0.0001$ ). Fourteen genes had increased expression in BPD lung and 19 genes had decreased expression. Interestingly, independent probe sets for MAPT had increased (1 probe set) or decreased (3 probe sets) expression. Likewise, THRB had increased (1 probe set) or decreased (1 probe set) expression. These observations might suggest alternative splicing.
- **2.** Targets of IGF1 and IGF2 Pathway (Table IX; available at [www.jpeds.com](http://www.jpeds.com)): Gene expression for 34 of the 36 genes in this pathway was assessed using 78 probe sets. Two of the 34 genes had significantly increased expression in BPD; IGF1 (fold change $\geq$ 2, p $\lt$ 0.01) and SFMBT2 (fold change  $\gt$ 1.07, p $\lt$ 0.05). Four independent probe sets demonstrated significance for IGF1.
- **3.** Phosphorus Oxygen Lyase Activity Pathway: Gene expression for all 10 genes was assessed. ADCY8 had significantly reduced expression (fold change=0.59, p=0.0041) in BPD.
- **4.** Cell Cycle Pathway (Table X; available at [www.jpeds.com](http://www.jpeds.com)): Gene expression for all 23 genes was assessed using 61 probe sets. 35% of all pathway genes (8 of 23) were dysregulated in BPD, with increased expression. Many of these observations were demonstrated by multiple probe sets (15 probe sets different). Brca1 was increased by 1.21 fold in one probe set, with a  $p=0.07$ , and by 1.3 fold in another, with  $p=0.09$ .

#### **Evaluation of miR-219 and CD44 in mouse models and in human lung**

Expression of miR-219 and CD44 decreased over the course of alveolar septation as they were reduced on postnatal day 14 and 42 compared with day 1. Exposure to hyperoxia was associated with increased miR-219 and CD44 on day 14. ADARB2 transcripts were not detected in the lung in significant amounts (detected at more than 35 cycles of qPCR).

Expression of miR-219 and CD44 were both increased in human BPD lung compared with preterm and term lung (Figure 2).

#### **DISCUSSION**

BPD has a strong genetic component, but conventional single-marker approaches have not successfully explained more than a small fraction of the heritability of BPD. In this exploratory analysis, we identified biological pathways that contribute to the heritability of BPD using gene set analysis. Our analysis suggests involvement of known pathways (e.g. phosphorus oxygen lyase activity) and molecules (e.g. CD44) involved in lung development and repair. In addition, we identified novel pathways (e.g. targets of miR-219) and molecules (e.g. ADARB2, CD44) that may be involved in genetic predisposition to BPD or death. We validated this survey of gene sets associated with BPD in extremely preterm

infants using a gene expression dataset from an independent population and evaluated selected molecules in a newborn mouse model and by gene expression in autopsy lung samples of BPD lung compared with normal preterm and term lung. Our results also indicate that severe BPD or death are associated with pathways distinct from mild/moderate BPD, suggesting that they have a different pathophysiologic basis, and that much variation is present in genetic predisposition to BPD by race/ethnicity.

To date, analysis of the pathways affected in BPD has relied on two GWAS<sup>5, 6</sup> and a genome-wide transcriptional profiling study.<sup>16</sup> The GWAS by Hadchouel et al.<sup>5</sup> identified SPOCK2 gene as associated with BPD, but the GWAS by Wang et al<sup>6</sup> did not identify any SNPs associated with BPD at a  $p<5\times10^{-8}$  and pathway analyses were also not informative. Bhattacharya et al<sup>16</sup> analyzed RNA from lung tissue obtained at autopsy from 11 BPD cases and 17 age-matched controls without BPD. 159 genes were differentially expressed in BPD, and pathway analysis confirmed previously known (e.g. DNA damage regulation of cell cycle) and novel (e.g. B-cell development) pathways.

In the present study, we identified multiple pathways associated with BPD/death, severe BPD/death, and severe BPD in survivors. Notably, the overlap in pathways between any BPD/death and severe BPD/death (or severe BPD in survivors) was limited to only 3 pathways, a small fraction of the total number of pathways associated with each outcome. This suggests that the pathways associated with any BPD/death but not with severe BPD/ death are those associated with mild or moderate BPD. This suggests that the difference in clinical phenotype between mild and moderate BPD versus severe BPD is also manifest at the genomic level. Similarly, the 105 pathways in the large overlap between severe BPD/ death and severe BPD in survivors, especially the top 43 pathways, are probably pathways associated with severe BPD. The 15 pathways in severe BPD/death that do not overlap with severe BPD in survivors may be those associated with death. These results suggest that distinct biologic pathways are involved in the pathogenesis of mild/moderate BPD as compared with severe BPD or death and indicate that they do not represent a continuum in lung disease severity. A detailed evaluation of the specific pathways involved may shed light on the possible differences in pathogenesis.

The pathway "Targets of MicroRNA GACAATC, MIR-219" was the top pathway for BPD/ death. Many members of this pathway are transcription factors. Other members include the alpha-type platelet-derived growth factor receptor (PDGFRA) important in lung alveolar septation.<sup>22</sup> miR-219 is involved in resolution of acute inflammation<sup>23</sup> which may be relevant to BPD. Not all targets of miR-219 were dysregulated in BPD lung, perhaps because most genes are regulated by multiple miRNA as well as by other factors (transcription factors, lncRNA, DNA methylation etc). A preliminary evaluation of highly conserved targets of miR-219 in hyperoxia-vs. air-exposed mice using publicly-available datasets (e.g. GSE25293) found that all targets were reduced with hyperoxia (data not shown). Our findings that miR-219 in the murine newborn lung reduced over the course of alveolar septation and increased during hyperoxia, and was increased in the human BPD lung suggests that this miRNA may regulate normal lung development and injury response.

The more important clinical outcomes are probably those related to severe BPD or death, as most infants with mild/moderate BPD improve over time. The top pathway associated with severe BPD/death and in survivors with severe BPD was Phosphorus Oxygen Lyase Activity. The second pathway was Cyclase Activity, which shares considerable overlap (10 of 11 genes) with Phosphorus Oxygen Lyase Activity. Cyclic AMP produced by adenylate cyclase is important in lung development.24 Cyclic GMP produced by guanylate cyclase mediates nitric oxide signaling, and guanylate cyclase is involved in lung injury and development.<sup>25</sup> These results suggest that modulation of the cGMP and cAMP pathways may be specifically relevant to severe BPD, and perhaps less important in mild/moderate BPD.

A major finding was that of the top ten SNPs in the model for BPD/death, four were SNPs associated with ADARB2 and two were SNPs associated with CD44. These genes were also highly represented in the models for severe BPD/death and severe BPD in survivors. ADARB2 is RNA-editing deaminase  $2<sup>26</sup>$  a double-stranded RNA adenosine deaminase expressed mostly in the brain.<sup>27</sup> It is unclear at the current time why there is a strong association of ADARB2 with BPD/death. CD44 is a hyaluronic acid cell surface receptor important in leukocyte trafficking and involved in lung injury. In mouse models, CD44 is protective during hyperoxia-induced lung injury<sup>28</sup>. However, severe lung fibrosis is promoted by CD44 in adult mice, indicating that CD44 may also have detrimental effects.<sup>29</sup> We observed in the murine newborn lung that CD44 decreased over the course of alveolar septation and increased during hyperoxia, and was increased in human BPD lung, suggesting a role of this molecule in neonatal lung development and injury. The role of ADARB2 and CD44 in the pathophysiology of BPD requires further study.

Our study did not confirm findings of previous GWA studies<sup>5, 6</sup> or all pathways of the gene expression study,  $16$  perhaps due to different methods (pathways vs. single gene; genetic predisposition via SNPs vs. gene expression in established disease that may mask signals of early initiating events) or the populations being studied. For example, the population studied by Wang et al<sup>6</sup> was mainly of Mexican Hispanic origin, and our study was about 54% Black and 45% White. We observed marked differences in pathways by race/ethnicity. The large differences in pathways by race/ethnicity suggest that although the clinical phenotype of BPD may be similar, the underlying genetic predisposition may differ significantly. This may be considered anticipated, as ancestry-specific associations contribute to chronic lung diseases such as asthma<sup>30</sup> and emphysema.<sup>31</sup> This also suggests that potential therapies may need to be specifically targeted at pathways that are found to be involved, and therefore suggests a role of "personalized genomics" in BPD.

The results of this study provide complementary information to conventional single-marker analysis, help fill in the 'missing heritability", and provide useful information to guide mechanistic studies based on pathway inhibition/augmentation. Future studies will need to validate the gene set analysis, perhaps by analysis of gene expression and epigenetic data to determine if similar pathways are involved. In addition, sequencing methods may help identify individuals who might be genetically predisposed to severe lung disease, such as those with mutations in SFTPB, ABCA3, FOXF1 or NKX2-1.Finally, translational studies

are required to identify "druggable" mechanistic pathways and evaluate drug development strategies targeting these pathways.

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#### **Abbreviations**



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#### **Appendix**

The following investigators, in addition to those listed as authors, are members of the Genomics and Cytokine Subcommittees of the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development Neonatal Research Network:

Abhik Das (DCC PI) and Grier Page (DCC Statistician) had full access to all the data in the study and take responsibility for the integrity of the data and accuracy of the data analysis. NRN Steering Committee Chair: Alan H. Jobe, MD PhD (University of Cincinnati).

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PACHER TARGETS OF IGF1 AND IGF2 UP

#### **Figure 1.**

Pathways at FDR<0.1. Venn diagram indicating number of pathways significant at FDR<0.1 and overlap for outcomes of BPD/death, severe BPD/death, and severe BPD in survivors.

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#### **Figure 2.**

Evaluation of miR-219 and CD44 in a newborn mouse model (Panels A-D) and in human lung (Panels E-F). Lung miR-219 (Panel A) and CD44 mRNA (Panel B) decreased during alveolar septation, with expression on postnatal days 14 and 42 significantly less as compared with day 1; \*p<0.05. Lung miR-219 (Panel C) and CD44 mRNA (Panel D) were also increased on postnatal day 14 during hyperoxia exposure (\*p<0.05 compared with air). Lung miR-219 (Panel E) and CD44 mRNA (Panel F) were increased in human lungs with BPD as compared to early preterm or term stillbirth lungs (Mean±SEM; n=4/group)

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#### **TABLE 2**

Important single nucleotide polymorphisms (SNPs) and associated gene (using the NCBI database of SNPs (dbSNP; [http://www.ncbi.nlm.nih.gov/snp/\)](http://www.ncbi.nlm.nih.gov/snp/) and from UCSC Genome browser at <http://genome.ucsc.edu>), in relation to p-value for outcomes



Biological pathways associated with BPD or death, as compared to survivors without BPD. Pathways from the annotated gene sets of the molecular signatures database at the Broad Institute [\(http://www.broadinstitute.org/](http://www.broadinstitute.org/gsea/msigdb/index.jsp) [gsea/msigdb/index.jsp](http://www.broadinstitute.org/gsea/msigdb/index.jsp)) are listed in order of increasing false discovery rate (FDR). Only pathways with FDR 0.1 are shown.







Biological pathways associated with severe BPD or death, as compared to survivors without severe BPD. Pathways from the annotated gene sets of the molecular signatures database at the Broad Institute ([http://](http://www.broadinstitute.org/gsea/msigdb/index.jsp) [www.broadinstitute.org/gsea/msigdb/index.jsp\)](http://www.broadinstitute.org/gsea/msigdb/index.jsp) are listed in order of increasing false discovery rate (FDR). Only pathways with FDR 0.1 are shown.







SPORTER\_ACTIVITY 0.000986 0.070374



Biological pathways associated with severe BPD in survivors, as compared to survivors without BPD. Pathways from the annotated gene sets of the molecular signatures database at the Broad Institute ([http://](http://www.broadinstitute.org/gsea/msigdb/index.jsp) [www.broadinstitute.org/gsea/msigdb/index.jsp\)](http://www.broadinstitute.org/gsea/msigdb/index.jsp) are listed in order of increasing false discovery rate (FDR). Only pathways with FDR <0.1 are shown.











Biological pathways associated with BPD or death classified by race, as compared to survivors without BPD. Pathways from the annotated gene sets of Biological pathways associated with BPD or death classified by race, as compared to survivors without BPD. Pathways from the annotated gene sets of the molecular signatures database at the Broad Institute (http://www.broadinstitute.org/gsea/msigdb/index.jsp) are listed in order of increasing false the molecular signatures database at the Broad Institute (<http://www.broadinstitute.org/gsea/msigdb/index.jsp>) are listed in order of increasing false discovery rate (FDR). Only the top 12 pathways are shown for All infants, White infants, and Black infants. discovery rate (FDR). Only the top 12 pathways are shown for All infants, White infants, and Black infants.



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**Pathway P**

All infants Pathway

**value**



V\$E2F\_Q4

RUIZ\_TNC\_ TARGETS\_ DN

JAEGER\_M ETASTASIS \_UP

 $2.99E-$  05

 $\frac{3.27E}{05}$ 

SUGAR\_BI NDING

 $2.71E-$ 

 $\begin{array}{c} 0.018 \\ 801 \end{array}$ 

 $\begin{array}{|l|} 2.71\text{E} & 0.018 & \text{GNF2\_C} \ 05 & 801 & \text{KS2} \end{array} \hspace{0.2cm} \begin{array}{|l|} 7.66\text{E} & 4.31 & \text{A.31} \ 1 & 19 & \text{E-16} \end{array}$ 

 $\begin{array}{ll} \mathrm{GNF2\_C} \\ \mathrm{KS2} \end{array}$ 

CELLULA R\_PROTEI N\_METAB OLIC\_PRO CESS

 $3.27E-$  05

 $4.31$ <br>E-16

 $7.66E$ <br>-19

05 0.017542

0.017542

(NUAK1 and GRIP1) show significantly reduced expression in BPD lung tissue at p<0.05 and CD44 shows a trend towards increased expression in BPD, (NUAK1 and GRIP1) show significantly reduced expression in BPD lung tissue at p<0.05 and CD44 shows a trend towards increased expression in BPD, Six of the nine genes (represented by 20 probesets) identified as having the top 10 SNPs are on HG-U133 plus array for gene expression. Two genes Six of the nine genes (represented by 20 probesets) identified as having the top 10 SNPs are on HG-U133 plus array for gene expression. Two genes but none of the identified SNPs were found to have a more than two-fold change in expression level. but none of the identified SNPs were found to have a more than two-fold change in expression level.



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Targets of miR-219. Table showing the 32 genes (represented by 42 probe sets) of the 143 unique genes (represented by 515 probe sets) in the miR-219 Targets of miR-219. Table showing the 32 genes (represented by 42 probe sets) of the 143 unique genes (represented by 515 probe sets) in the miR-219 pathway that were significant by t-test in the gene expression data set. pathway that were significant by t-test in the gene expression data set.



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**value Fold Change**

0.69252  $\tilde{3}$ 

0.63818 3

0.02170

0.61934 8

1.50404

0.76360 8 $-0.3891$ 

 $-0.3891$ 

0.86885 8

0.89038 6 $-0.1675$ 

 $-0.1675$ 

0.70495 9

0.02175

ı

0.80693 3

−0.30948

−0.50439

−0.20281

0.58884 4

−0.69118

−0.64796

−0.53007

**Log Fold Change**



*J Pediatr*. Author manuscript; available in PMC 2016 March 01.

THRB

thyroid hormone

thyroid hormone<br>receptor, beta (er...

receptor, beta (er...  $\begin{bmatrix} 7068 \\ 235927 \end{bmatrix}$  at

7068

0.02974 5

 $235927$ \_at

 $\begin{bmatrix} 1.2889 & 0.36614 \end{bmatrix}$ 

1.2889

0.36614

Targets of IGF-1 and IGF-2. Table showing the 2 genes (represented by 5 probe sets) of the 34 unique genes (represented by 78 probe sets) out of the 36 Targets of IGF-1 and IGF-2. Table showing the 2 genes (represented by 5 probe sets) of the 34 unique genes (represented by 78 probe sets) out of the 36 listed in the IGF-1 and IGF-2 pathway that were significant by t-test in the gene expression data set. listed in the IGF-1 and IGF-2 pathway that were significant by t-test in the gene expression data set.



Cell Cycle: G2/M DNA Damage Checkpoint Regulation canonical pathway. Table showing the 8 genes (represented by 15 probe sets) of the 23 unique Cell Cycle: G2M DNA Damage Checkpoint Regulation canonical pathway. Table showing the 8 genes (represented by 15 probe sets) of the 23 unique genes (represented by 61 probe sets) of the cell cycle pathway that were significant by t-test in the gene expression data set. genes (represented by 61 probe sets) of the cell cycle pathway that were significant by t-test in the gene expression data set.



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