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Transcriptome-wide piRNA profiling in human brains of Alzheimer's disease

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Abstract

Discovered in the brains of multiple animal species, piRNAs may contribute to the pathogenesis of neuropsychiatric illnesses. The present study aimed to identify brain piRNAs across transcriptome that are associated with Alzheimer's disease (AD). Prefrontal cortical tissues of six AD cases and six controls were examined for piRNA expression levels using an Arraystar HG19 piRNA array (containing 23,677 piRNAs) and genotyped for 17 genome-wide significant and replicated risk SNPs. We examined whether piRNAs are expressed differently between AD cases and controls and explored the potential regulatory effects of risk SNPs on piRNA expression levels. We identified a total of 9453 piRNAs in human brains, with 103 nominally ($p < 0.05$) differentially (> 1.5 fold) expressed in AD cases vs. controls and most of the 103 piRNAs nominally correlated with genome-wide significant risk SNPs. We conclude that piRNAs are abundant in human brains and may represent risk biomarkers of AD.

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Keywords

piRNA; brain; Alzheimer's disease; microarray; transcriptome; differential expression

Introduction

Alzheimer's disease (AD) is a degenerative brain disorder, affecting millions of people worldwide. Genetic mechanisms underlying the development of AD have been widely explored, including the direct effects of protein-coding genes, e.g., *APOE*, and the indirect effects of the non-coding RNAs (ncRNAs), e.g., *BACEAS* (Zuo, et al., 2016a). The ncRNAs include long non-coding RNAs (LncRNAs) and small non-coding RNAs such as miRNAs, piwi-interacting RNAs (piRNAs), siRNAs, snoRNAs and rasiRNAs. In this study, we examined the potential association of piRNAs with AD.

piRNAs are the ncRNAs with 24–32 nucleotides (nt). They exhibit stark differences in length, expression pattern, abundance, and genomic organization from miRNAs (Mani and Juliano, 2013, Zuo, et al., 2016b). They interact with piwi proteins and function as a complex to regulate cellular activities by RNA silencing (Lau, et al., 2006). Most piRNAs are distributed in the mammalian germline cells. In recent studies piRNAs have also been discovered in the brains of multiple species (Iyengar, et al., 2014, Lee, et al., 2011, Perrat, et al., 2013, Rajasethupathy, et al., 2012, Ross, et al., 2014, Weick and Miska, 2014). The amount of piRNAs in the brain is about one-tenth of that in the germline (Dharap, et al., 2011, Lee, et al., 2011, Peng and Lin, 2013, Yan, et al., 2011). There are hundreds of thousands piRNA sequences in each species; however, because piRNAs are poorly conserved even between closely related species (Mani and Juliano, 2013) and are tissue-specific, their distributions in the human brains cannot be predicted from other species or other human tissues. The current study would be the first to investigate the presence of piRNAs in human brains and their potential roles in neurodegenerative diseases.

Numerous lines of evidence indicate that piRNAs carry important functional roles, including suppressing transposon (Mani and Juliano, 2013), preserving genomic integrity (Czech and Hannon, 2016, Stefani and Slack, 2008), remodeling euchromatin and epigenetic programming (Akkouche, et al., 2013, Ross, et al., 2014), regulating translation (Grivna, et al., 2006), regulating target mRNAs (Lee, et al., 2011), modulating mRNA stability (Grivna, et al., 2006), and developmental regulation. The most widely-recognized and well-characterized function of piRNAs is to suppress the activities of transposable elements at genomic and epigenetic levels, suggesting that piRNAs may be involved in the etiological processes of human diseases. The present study aimed to identify the piRNAs associated with AD across transcriptome. Furthermore, we explored whether these AD-associated piRNAs were brain-specific, whether their nearest protein-coding genes were expressed in brains, and whether these genes were related to the *APOE* expression in brains.

For a decade scientists have scanned the whole genome to search for the risk variants of AD. We reviewed all published genome-wide association studies (GWASs) and whole genome/exome sequencing studies of AD. The results showed associations of 17 variants that were genome-wide significant (1.0×10^{-295} p 9.0×10^{-9}) and replicated across at least two

independent studies at single-point level. These 17 variants are located in 11 genes/snRNAs/LncRNAs in eight loci. They are rs6859, rs157580, rs2075650, rs429358+rs7412 ($\epsilon 2/\epsilon 3/\epsilon 4$) and rs4420638 within *APOE* cluster (*NECTIN2-TOMM40-APOE-APOC1*) (Abraham, et al., 2008, Antunez, et al., 2011, Coon, et al., 2007, Feulner, et al., 2010, Harold, et al., 2009, Heinzen, et al., 2010, Kamboh, et al., 2012a, Kamboh, et al., 2012b, Kim, et al., 2011, Lambert, et al., 2009, Li, et al., 2008, Logue, et al., 2011, Meda, et al., 2012, Melville, et al., 2012, Naj, et al., 2010, Nelson, et al., 2014, Perez-Palma, et al., 2014, Ramanan, et al., 2014, Ramirez, et al., 2014, Seshadri, et al., 2010, Shen, et al., 2010, Webster, et al., 2008), rs2279590 and rs9331896 at *APOJ* (Jun, et al., 2016, Lambert, et al., 2009, Lambert, et al., 2013), rs11218343 at *SORL1* (Jun, et al., 2016, Lambert, et al., 2013, Miyashita, et al., 2013), rs10498633 at *SLC24A4* (Jun, et al., 2016, Lambert, et al., 2013), rs6656401 at *CR1* (Lambert, et al., 2009, Lambert, et al., 2013), rs3865444 at *CD33* (Lambert, et al., 2013, Naj, et al., 2011), rs7561528, rs6733839 and rs744373 at *LOC105373605* (Antunez, et al., 2011, Hollingworth, et al., 2011, Hu, et al., 2011, Jun, et al., 2016, Kamboh, et al., 2012b, Lambert, et al., 2013, Naj, et al., 2011) and rs10792832 and rs3851179 at *RNU6-560P* (Harold, et al., 2009, Jun, et al., 2016, Lambert, et al., 2013). Numerous candidate gene studies including ours (Zuo, et al., 2006) supported these GWAS findings. However, the mechanisms underlying SNP-AD associations remain unclear. Here, we examined whether the AD-related piRNAs might mediate these associations, in support of the potential roles of piRNAs in the pathogenesis of AD.

Summary of Materials and Methods

In this pilot study we used prefrontal cortex tissues from the primary brain cohort of 6 AD cases and 6 controls. As a contrast, eight stomach tissue samples were also examined. The samples were examined using the Arraystar HG19 piRNA array (Arraystar, Inc.) that included 23,677 piRNAs. Raw signal intensities were normalized, quality checked, filtered and then log₂-transformed. Three piRNAs from the array were examined by qPCR for technical validation. The transformed intensity values were compared between AD cases and controls to identify the piRNAs associated with AD; these values were also compared between control brain tissues and stomach tissues to identify piRNAs “specific” to the brain. The mRNA expression of the nearest genes, within or close to which the AD-associated piRNAs are located, and the density of the proteins encoded by these genes was examined in brain tissues of four other independent auxiliary cohorts, to explore the expression of these genes in the brain. The correlation of expression between *APOE* and all risk genes in the brain was tested, to examine if the risk genes were related to this most robust and well-recognized AD-associated gene. The 17 genome-wide significant and replicated risk variants for AD were genotyped in our primary cohort (6 AD cases and 6 controls) too. Associations between the genotypes and the expression level of each AD-associated piRNA were analyzed in this primary cohort, to investigate whether these robust risk DNA variants controlled piRNA expression. The details were described in the Supplementary Materials, Methods, Table S1, and Figures S1 and S2. The design of whole study was based on a regulation pathway illustrated in Figure 1.

Results

1. Detection of piRNAs in the brain

Among the 23k piRNAs, 9453 (41%) were detected in human brains. Among the 9453 brain piRNAs, 6853 (73%) were significantly differentially expressed between brain and stomach (1.2×10^{-14} $p < 0.05$); and 1251 (13%) were “specific” to brain (i.e., absent in stomach). The three selected piRNAs, including DQ597973, DQ576872 and DQ597479 (Table 1) were well-validated by qPCR.

2. Differential expression of piRNAs between cases and controls (Figures 2 and S3, and Tables S2 and 1)

The mean log₂-transformed normalized intensity of expression of all 9453 piRNAs was 7.00 ± 2.91 (mean \pm SD; range: 3.16–18.4) in AD cases, and 7.02 ± 2.90 (2.87–18.4) in controls. 103 piRNAs with length of 26–32nt were nominally differentially expressed between cases and controls ($FC > 1.5$; $p < 0.05$; without correction) (Figure 2; Table S2). The mean transformed normalized intensity of these 103 piRNAs was 6.77 ± 3.57 (3.16–14.8) in AD cases, and 6.30 ± 3.43 (2.88–14.0) in controls. Among the 103 risk/protective piRNAs, 81 were up-regulated and 22 were down-regulated in cases in contrast to controls. Among the 103 piRNAs, 24 were “specific” to brain (i.e., no significant expression in stomach), 69 were expressed in brain higher than in stomach ($1.0 < FC < 18.8$), and 10 were expressed in brain lower than in stomach ($1.1 < FC < 2.4$). Among the 103 piRNAs, 100 piRNAs map to genomic locations that are located within or close to 66 protein-coding genes, and three piRNAs map to unknown locations. 42 piRNAs map to 37 protein-coding genes, and two map to ncRNA genes. Among these 103 piRNAs, 56 piRNAs are intergenic, proximate to 32 protein-coding or ncRNA genes; 50 of these protein-coding genes that 100 piRNAs map or are proximate to are expressed in brains (data not shown). 45 are located in piRNA clusters. 29 piRNA clusters are located in intergenic regions, consistent with earlier literature (Zuo, et al., 2016b). 66% of these 50 protein-coding brain genes have been related to neurodegenerative or neuropsychiatric disorders (Table S2).

9 piRNAs had log₂-transformed normalized intensities > 13 (i.e., > 9000 before transformed). The top five piRNAs with highest intensities in cases were DQ571030, DQ571029 and DQ571031 at *C19orf18* (on chr19) (Figure S3), and DQ597217 and DQ597216 at *GALNT18* (on chr11). They were also the top five with highest intensities in controls, and the top five with highest FC (14.6 FC 18.8) in brain compared to stomach (Table 1).

14 piRNAs were expressed with > 2 FCs in cases compared to controls; the top five were DQ590835 at *PTPRD* (chr9), DQ576492 at *LINC00837* (chr10), DQ574023 at *B3GALTL* (chr13), DQ599205 at *KIAA0319L* (chr1), and DQ598028 at *FLJ25328* (chr19). 4 piRNAs were expressed with > 2 FCs in controls compared to cases; they were DQ579851 at chr15, DQ600318 at chr17, DQ571669 at *VPS53* (chr17), and DQ586404 at chr18 (Table 1).

14 piRNAs were significantly differentially expressed between cases and controls with $p < 0.01$. The five most significant ones with higher FCs in cases were DQ591371 proximate to *NBPF4* on chr 1, DQ580484 proximate to *TDRD5* on chr 1, DQ577835 at *FAM225B* on

chr 9, DQ586113 proximate to *EVPLL* on chr 17, and DQ599205 at *KIAA0319L* on chr 1 (0.002 p 0.004). The five most significant ones with lower FCs in cases were DQ575353 at *LRRC37A* on chr 17, DQ577904 proximate to *RABGEF1* on chr 1, DQ595753 at *SCP2* on chr 1, DQ586404 proximate to *GNAL* on chr 18, and DQ579582 at *POM121L8P* on chr 22 (0.002 p 0.006) (Table 1).

Two piRNAs, including DQ599147 at *CTCI* (FC=1.8, p =0.048) and DQ597974 near *C11orf87* (FC=2.0, p =0.031), expressed in significantly higher levels in cases than controls (Table S2) replicated previous findings (Roy, et al., 2017).

Some genes that the AD-associated piRNAs are located within or near to have been reported to be associated with AD or its biomarkers, including *BACE1*, *CYP19A1*, *CTCI*, *LRRC37A*, *CCR6*, *KCNK10*, *HIST1H4H*, *C1orf174*, *DOCK1*, and *PLCH1*. Over 540 studies have reported the associations between *BACE1* and AD, 9 studies for *CYP19A1*, 6 studies for *CTCI*, and at least one study for each of other genes. (Table S2)

3. Gene expression in brains

Among the 73 risk genes, 52 (71.2%) were expressed in human brains (Table S2). Among the 38 genes of strongest associations with AD risk, as listed in Table 1, 27 (71.1%) were expressed in human brains (Table 1). The expression of all of the 27 genes was significantly correlated with *APOE* expression in at least one brain region (2.9×10^{-39} $p < 1.8 \times 10^{-4}$; Table S3).

4. The piRNA expression correlated with SNPs

eQTL analysis showed that most AD-associated piRNAs were nominally correlated with the genome-wide significant risk SNPs ($p < 0.05$; Table 2). After Bonferroni correction ($\alpha = 5 \times 10^{-4}$), the correlations of rs429358 ($p = 2.8 \times 10^{-4}$) and rs4420638 ($p = 3.4 \times 10^{-4}$) at *APOE* cluster with DQ581734, rs2075650 ($p = 3.3 \times 10^{-4}$) at *APOE* cluster with DQ592330, rs4420638 ($p = 2.3 \times 10^{-4}$) at *APOE* cluster with DQ600318, rs2279590 ($p = 2.7 \times 10^{-4}$) at *APOJ* with DQ597397, and rs7561528 ($p = 9.2 \times 10^{-5}$) at *LOC105373605* with DQ574023 remained significant. In view of the small sample size, we may have missed some potentially significant correlations, so we listed more modest correlations in Table 2 ($p < 8 \times 10^{-3}$). Most eQTL signals occurred in *APOE* cluster and *APOJ* loci, and all 5 variants at the lncRNA *LOC105373605* or snRNA *RNU6-560P* presented modest eQTL signals (Table 2). The results presented above are also illustrated in Figure 1.

Discussion

The present study showed that piRNAs are abundant in human brains and may contribute to the risk for AD. Although most differential expressions did not survive the conservative Bonferroni correction for multiple comparisons, the potential roles of piRNAs in AD cannot be ignored considering that this was a pilot screening study with small sample sizes (Hebert, et al., 2013). Many piRNAs were brain-“specific”, and their nearest protein-coding genes were expressed in brains and related to the *APOE* expression in brains. Further, the expression of these piRNAs were controlled by the most robust risk DNA variants. Together,

these findings support a functional role of piRNAs in the pathogenesis of AD. We illustrate possible mechanisms underlying these findings in Figure 1.

The piRNAs in the brain usually demonstrate unique biogenesis patterns with a predominantly nuclear localization (Rajasethupathy, et al., 2012). piRNAs located within genes or from the intergenic regions may modulate the stability and translation of the mRNAs of the proximate genes (Grivna, et al., 2006, Lee, et al., 2011, Mani and Juliano, 2013). However, unlike miRNAs and siRNAs, piRNAs are not derived from the dsRNA precursors, which makes it difficult to derive the unique location of each piRNA on the genome. Because piRNAs are short, they might correspond to multiple positions on the genome. Across transcriptome, only 5 percent of piRNAs can be mapped to protein-coding genes (Brennecke, et al., 2007); however, among the AD-associated piRNAs identified in this study, 41% are enriched in the protein-coding genes, suggesting a strong correlation among these genes, piRNAs and AD. Sequences of the AD-associated piRNAs are complement to or close to these protein-coding genes, and thus, the piRNAs are most likely to target and regulate these nearest genes by sequence complementarity (Roy, et al., 2017).

Furthermore, we found that 71.2% of these protein-coding genes were expressed in human brains, and their expression levels were all significantly correlated with *APOE*, the most robustly and well-recognized AD risk gene. 66% of these protein-coding brain genes have already been associated with neurodegenerative or neuropsychiatric disorders including AD, e.g., *BACE1*, *CYP19A1*, *CTCI* and *HIST1H4H*, suggesting that they are potentially the direct biological targets for the AD-associated piRNAs to regulate the development of AD. Some of these genes have been implicated in the extensively-studied etiological pathways leading to AD. For example, *BACE1* has been implicated in the “Alzheimer’s disease” pathway (www.genome.jp/kegg); *CYP19A1* has been implicated in the “Metabolism of lipids and lipoproteins” pathway (www.reactome.org); *CTCI* has been implicated in the “Oxidative phosphorylation” pathway (www.genome.jp/kegg); and *HIST1H4H* has been implicated in the “Telomere maintenance” pathway (www.reactome.org).

We observed that the expression of many nominally AD-related piRNAs was correlated with the AD-risk DNA variants, suggesting that these piRNAs might mediate SNP-AD associations. In particular, all of the five genome-wide and replicated risk variants at LncRNA and snRNA had nominal or even significant regulatory effects on piRNAs, which may in part explain SNP-AD associations at non-coding loci.

Numerous piRNAs are produced from the disruption of transposons in the genome (Halic and Moazed, 2009, Sai Lakshmi and Agrawal, 2008); that is, most piRNAs overlap with the transposons or transposon remnants in sequences (Brennecke, et al., 2007). piRNAs selectively target and silence the RNAs transcribed from transposons (Brennecke, et al., 2007, Gunawardane, et al., 2007), perhaps to balance or to maintain the fitness of the genome. Experimental data supported this proposition. Mili- and Miwi-2 null mice have been found to have increased activity of retrotransposons, which suggests that piRNAs could protect the genome from deleterious transposon insertions to preserve genomic integrity (Stefani and Slack, 2008). Disruption in the piRNAome may lead to uncontrolled transposition with destabilizing genomic and cellular effects (Dharap, et al., 2011, Mani and

Juliano, 2013). It has been posited that the Piwi/piRNA complex uses the transposons to regulate a large group of gene expression and cellular functions (Mani and Juliano, 2013), a plausible mechanism to underscore the associations between piRNAs and AD identified in this study. Experimental data suggest that piRNAs can inhibit transposons at either genomic or epigenetic levels. The restriction of transposons by piRNAs has been demonstrated by the up-regulation of transposons as a result of mutations of the Piwi/piRNA complex.

Evidence suggests that Piwi/piRNA complex may be involved in modulating the development of dendritic spines (Lee, et al., 2011). Some Piwi/piRNA complex target Astrotactin, a protein critical to neuronal migration (Adams, et al., 2002). Some Piwi/piRNA complex potentially regulate genes to control other nervous system functions (Lee, et al., 2011). These mechanisms may also underlie piRNA-AD associations.

Another clue regarding the functions of piRNA relates to the discovery of the L1 retrotransposons in the human, mouse and rat brains. In the brains, the L1 retrotransposons are involved in neuronal differentiation, heterogeneity, and somatic mosaicism (Coufal, et al., 2009, Muotri, et al., 2005). Some piRNAs and retrotransposons co-exist in the brains. These piRNAs regulate L1 retrotransposons and their mutants elevate retrotransposon expression in the brains. The co-existence of piRNA and retrotransposons might play important roles during brain development and in maintaining functional integrity of the adult brains, and in the development of AD.

piRNAs are unevenly distributed across the genome. We found that many AD-associated piRNAs were clustered. Although individual piRNA sequences are rarely conserved, the genomic locations of the piRNA clusters are usually conserved across species (Aravin, et al., 2006, Girard, et al., 2006, Lau, et al., 2006). More studies are clearly warranted to investigate the roles of these clusters in the development of AD.

Supplementary Material

Refer to Web version on PubMed Central for supplementary material.

Acknowledgments

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Highlights

- This study first profiled piRNA expression in human brains with Alzheimer's disease
- 9453 piRNAs were detected in human brains
- 103 piRNAs were nominally differentially expressed between cases and controls
- Among the genes that the AD-associated piRNAs were located within or close to, 71.2% were expressed in human brains
- Most AD-associated piRNAs were nominally correlated with the genome-wide significant risk SNPs

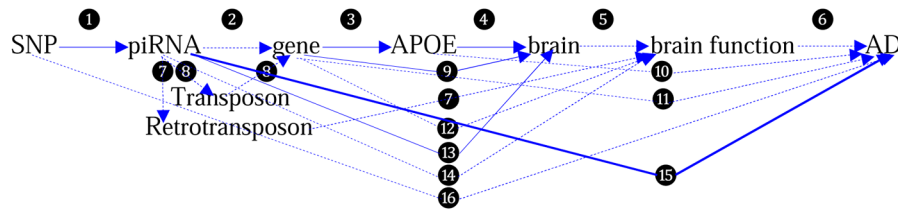


Figure 1. Illustration for the pathways underlying piRNA-AD association

[Solid lines: Directly evidenced by our study; Dash lines: Indirectly evidenced by literatures.

① piRNA expression is correlated with the risk SNPs (by eQTL analysis); ② piRNAs are hypothesized to be most likely to regulate the expression of the nearest protein-coding genes by sequence complementarity; ③ mRNA expression of the risk genes is correlated to *APOE* mRNA expression (by correlation analysis); ④ mRNA/protein of *APOE* is expressed in brain (by RNA-Seq, RNA microarray and mass spectrometry-based proteomics microarray analyses); ⑤ RNAs/proteins expressed in brain are assumed to have potential brain functions; ⑥ many brain functions are assumed to be related to the development of AD; ⑦ piRNAs are hypothesized to be related to L1 retrotransposons that are involved in brain functions; ⑧ piRNAs are hypothesized to use the transposons to regulate gene expression and cellular function; ⑨ mRNAs/proteins of the risk protein-coding genes are expressed in brain (by RNA-Seq, RNA microarray and mass spectrometry-based proteomics microarray analyses); ⑩ association between *APOE* and AD is most robust and widely-recognized; ⑪ many genes have been associated with AD in literatures; ⑫ some genes regulated by piRNAs can control brain functions; ⑬ piRNA expression in brain is detected by microarray analysis; ⑭ some piRNAs can target at brain cells that may be implicated in brain functions; ⑮ piRNAs are associated with AD (by differential expression analysis), which is the main goal of the present study; ⑯ associations between SNPs and AD are identified by GWAS

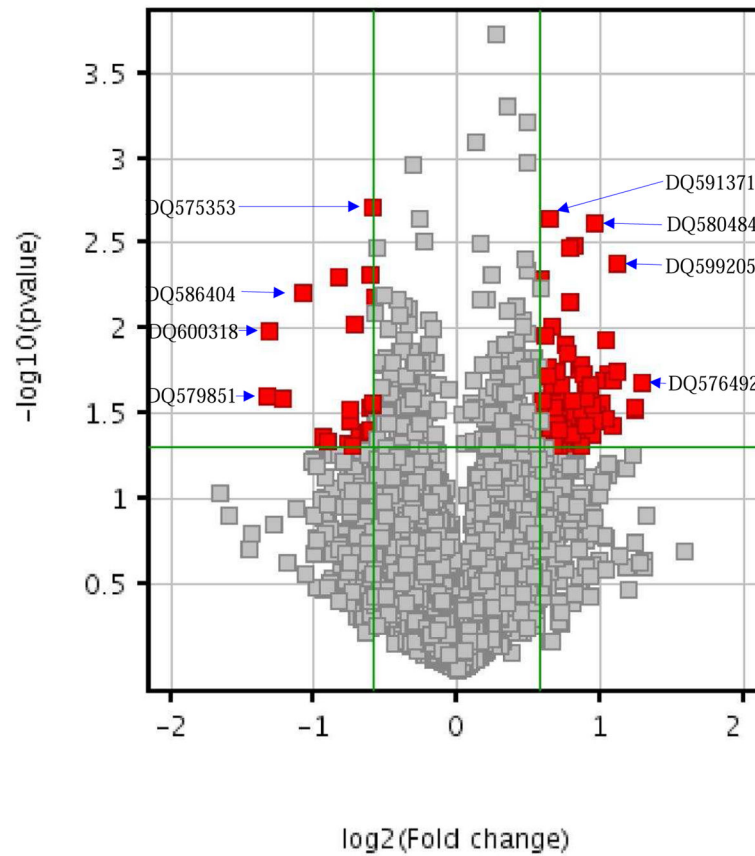


Figure 2. The differential expression between cases and controls
[X-axis: Fold-change; Y-axis: $-\log_{10}(p)$; Red points: the differentially expressed piRNAs with 1.5-fold change and $p < 0.05$]

Table 1

Top piRNAs significantly differentially expressed between AD cases and controls

piRNA	Alias	length (nt)	Chr	Normalized intensity		AD vs. Control		Brain vs. Stomach		Gene
				AD	Control	FC	p	FC	p	
<i>With top intensities in AD (intensities > 12)</i>										
DQ571030	piR-hsa-1281	29	chr19	29291.9	15703.3	1.9 ↑	0.024	17.1 ↑	2.2 × 10 ⁻⁶	C19orf18 <i>B</i>
DQ571029	piR-hsa-1280	27	chr19	28564.7	16838.6	1.7 ↑	0.031	14.6 ↑	4.5 × 10 ⁻⁷	C19orf18 <i>B</i>
DQ571031	piR-hsa-1282	32	chr19	20583.6	11557.8	1.8 ↑	0.049	18.8 ↑	7.6 × 10 ⁻⁶	C19orf18 <i>B</i>
DQ597217	piR-hsa-27492	28	chr11	24283.1	13388.0	1.8 ↑	0.042	17.6 ↑	7.3 × 10 ⁻⁷	GALNT18 <i>B</i>
DQ597216	piR-hsa-27491	26	chr11	24078.7	12986.4	1.9 ↑	0.037	14.9 ↑	8.1 × 10 ⁻⁸	GALNT18 <i>B</i>
DQ597479	piR-hsa-27725	28	chr3	11637.5	5522.6	2.1 ↑	0.020	14.0 ↑	1.9 × 10 ⁻⁶	ANKRD28 <i>B</i>
DQ585095	piR-hsa-15406	30	chr1	9853.0	6558.0	1.5 ↑	0.032	3.9 ↑	5.8 × 10 ⁻⁴	ATAD3B <i>B</i>
DQ576872	piR-hsa-7193	31	chr2	7703.6	3777.0	2.0 ↑	0.034	6.8 ↑	2.2 × 10 ⁻⁵	DOCK10 <i>B</i>
DQ571243	piR-hsa-1580	29	chr11	9655.2	5028.9	1.9 ↑	0.042	7.0 ↑	8.7 × 10 ⁻⁶	to C11orf87 <i>B</i>
DQ597973	piR-hsa-28188	27	chr11	9039.6	4490.8	2.0 ↑	0.027	7.2 ↑	3.5 × 10 ⁻⁶	to C11orf87 <i>B</i>
DQ597974	piR-hsa-28189	28	chr11	8107.7	4113.4	2.0 ↑	0.031	7.6 ↑	6.6 × 10 ⁻⁶	to C11orf87 <i>B</i>
DQ597972	piR-hsa-28187	26	chr11	5615.2	2771.6	2.0 ↑	0.020	6.5 ↑	6.1 × 10 ⁻⁶	to C11orf87 <i>B</i>
<i>With top FC ↑ between cases and controls (FC > 2)</i>										
DQ576492	piR-hsa-6740	30	chr10	19.0	7.8	2.4 ↑	0.021	1.1 ↑	0.809	LINC00837
DQ590835	piR-hsa-21131	28	chr9	210.9	89.0	2.4 ↑	0.030	5.5 ↑	3.2 × 10 ⁻⁵	PTPRD <i>B</i>
DQ574023	piR-hsa-4300	26	chr13	18.7	7.9	2.4 ↑	0.029	1.1 ↑	0.675	B3GALTL <i>B</i>
DQ599205	piR-hsa-29476	26	chr1	48.0	22.1	2.2 ↑	0.004	1.2 ↑	0.753	KIAA0319L <i>B</i>
DQ598028	piR-hsa-28243	29	chr19	37.0	17.1	2.2 ↑	0.018	1.7 ↓	0.468	FLJ25328
DQ573352	piR-hsa-3645	26	chr7	34.4	16.3	2.1 ↑	0.037	1.1 ↓	0.884	ABCA13 <i>B</i>
DQ581610	piR-hsa-11139	29	chr17	23.1	10.9	2.1 ↑	0.019	"Brain"	-	to EVPLL
DQ599207	piR-hsa-29478	29	chr22	65.6	31.5	2.1 ↑	0.018	1.6 ↑	0.215	to ELFN2 <i>B</i>
DQ597479 *	piR-hsa-27725	28	chr3	11637.5	5522.6	2.1 ↑	0.020	14.0 ↑	1.9 × 10 ⁻⁶	ANKRD28 <i>B</i>
DQ597973 *	piR-hsa-28188	27	chr11	9039.6	4490.8	2.0 ↑	0.027	7.2 ↑	3.5 × 10 ⁻⁶	to C11orf87 <i>B</i>

piRNA	Alias	length (nt)	Chr	Normalized intensity			AD vs. Control			Brain vs. Stomach			Gene
				AD	Control	FC	FC	p	FC	p	FC	p	
DQ597974*	piR-hsa-28189	28	chr11	8107.7	4113.4	2.0↑	0.031	7.6↑	6.6×10 ⁻⁶			to C11orf87 <i>B</i>	
DQ597972*	piR-hsa-28187	26	chr11	5615.2	2771.6	2.0↑	0.020	6.5↑	6.1×10 ⁻⁶			to C11orf87 <i>B</i>	
DQ576872*	piR-hsa-7193	31	chr2	7703.6	3777.0	2.0↑	0.034	6.8↑	2.2×10 ⁻⁵			DOCK10 <i>B</i>	
<u>With top FC ↓ between cases and controls (FC_2)</u>													
DQ579851	piR-hsa-10106	32	chr15	10.8	27.0	2.5↓	0.025	2.1↑	0.050			to PGPEPIL	
DQ600318	piR-hsa-30518	26	chr17	14.0	34.7	2.5↓	0.010	“Brain”	-			LRRRC37A3 <i>B</i>	
DQ571669	piR-hsa-1963	30	chr17	14.8	34.6	2.3↓	0.025	“Brain”	-			VPS53 <i>B</i>	
DQ586404	piR-hsa-16724	29	chr18	15.7	33.3	2.1↓	0.006	1.6↑	0.234			to GNAL <i>B</i>	
<u>With lowest p values between cases and controls and FC↑ (p_0.010)</u>													
DQ591371	piR-hsa-21636	28	chr1	42.7	27.5	1.6↑	0.002	2.0↑	0.012			to NBPFL4	
DQ580484	piR-hsa-10710	30	chr1	17.6	9.0	1.9↑	0.002	1.2↑	0.448			to TDRD5	
DQ577835	piR-hsa-8094	30	chr9	40.4	23.0	1.8↑	0.003	1.5↑	0.055			FAM225B	
DQ586113	piR-hsa-16363	29	chr17	12.9	7.5	1.7↑	0.003	“Brain”	-			to EYPLL	
DQ599205*	piR-hsa-29476	26	chr1	48.0	22.1	2.2↑	0.004	1.2↑	0.753			KIAA0319L <i>B</i>	
DQ580261	piR-hsa-10501	28	chr10	350.2	233.2	1.5↑	0.005	3.3↑	7.6×10 ⁻⁴			NRG3 <i>B</i>	
DQ597396	piR-hsa-27133	29	chr11	599.6	346.4	1.7↑	0.007	1.4↑	0.045			to UBASH3B <i>B</i>	
DQ597397	piR-hsa-27134	31	chr11	863.9	545.2	1.6↑	0.010	1.6↑	0.011			to UBASH3B <i>B</i>	
<u>With lowest p values between cases and controls and FC↓ (p_0.002)</u>													
DQ575353	piR-hsa-5645	28	chr17	19.0	28.6	1.5↓	0.002	2.2↑	1.0×10 ⁻³			LRRRC37A <i>B</i>	
DQ577904	piR-hsa-8163	30	chr1	12.0	18.3	1.5↓	0.005	2.0↑	0.101			to RABGEF1 <i>B</i>	
DQ595753	piR-hsa-25985	29	chr1	11.1	19.9	1.8↓	0.005	“Brain”	-			SCP2 <i>B</i>	
DQ586404*	piR-hsa-16724	29	chr18	15.7	33.3	2.1↓	0.006	1.6↑	0.234			to GNAL <i>B</i>	
DQ579582	piR-hsa-9851	31	chr22	60.7	91.0	1.5↓	0.006	2.2↑	0.012			POM121L8P	
DQ584325	piR-hsa-14547	27	chr15	13.0	21.5	1.7↓	0.009	1.9↑	0.011			to C2CD4B	
<u>With locations at or close to AD-related genes</u>													
DQ583613	piR-hsa-13893	29	chr6	3694.9	2295.2	1.6↑	0.038	4.2↑	2.3×10 ⁻⁴			to HIST1H4H <i>B</i>	
DQ584879	piR-hsa-14621	28	chr15	13.4	8.7	1.5↑	0.011	“Brain”	-			CYP19A1 <i>B</i>	

piRNA	Alias	length (nt)	Chr	Normalized intensity			AD vs. Control		Brain vs. Stomach		Gene
				AD	Control	FC	p	FC	p		
DQ597214	piR-hsa-27489	27	chr3	117.0	61.7	1.9 ↑	0.025	3.4 ↑	9.9×10^{-3}	to PLCH1 <i>B</i>	
DQ583911	piR-hsa-14148	30	chr6	16.3	9.5	1.7 ↑	0.040	“Brain”	-	to CCR6 <i>B</i>	
DQ599147	piR-hsa-29114	31	chr17	699.9	386.3	1.8 ↑	0.048	3.1 ↑	1.7×10^{-3}	CTC1 <i>B</i>	
DQ600513	piR-hsa-30713	28	chr10	311.9	182.1	1.7 ↑	0.014	3.5 ↑	5.1×10^{-4}	DOCK1 <i>B</i>	
DQ575353	piR-hsa-5645	28	chr17	19.0	28.6	1.5 ↓	0.002	2.2 ↑	1.0×10^{-3}	LRRFC37A <i>B</i>	
DQ575681	piR-hsa-5959	28	chr11	31.8	47.9	1.5 ↓	0.029	“Brain”	-	BACE1 <i>B</i>	
DQ574452	piR-hsa-4685	30	chr14	9.0	13.8	1.5 ↓	0.040	“Brain”	-	to KCNK10 <i>B</i>	
DQ596958	piR-hsa-27248	30	chr15	14.0	21.3	1.5 ↓	0.039	“Brain”	-	CYP19A1 <i>B</i>	

B These genes are expressed in brain; chr, chromosome;

↑, up-regulated; ↓, down-regulated; “Brain”, brain-specific expression in contrast to stomach. FC, fold-changes; p, p values from t-test; AD, Alzheimer’s disease; “to”, proximate to.

* appears at least twice in this table.

Table 2

The expression of piRNAs correlated with the genome-wide significant replicated risk SNPs for AD ($p < 0.008$)

Gene (chr)	LOC105373605 (chr2)	APOJ (chr8)	SORL1 (chr11)	RNU6-560P (chr11)	SLC24A4 (chr14)	NECTIN2-TOMM40-APOE-APOC1 (chr19)	e2/e3/e4	CD33 (chr19)
SNPs	rs6733839 rs744373 rs7561528	rs2279590 rs9331896	rs11218343	rs3851179 rs10792832	rs10498633	rs2075650 rs429358	rs4420638	rs3865444
<i>In cases and controls</i>								
DQ571669	VPS53					3.7×10 ⁻³	4.7×10 ⁻³	
DQ573352	ABCA13						7.3×10 ⁻³	
DQ573721	-					1.1×10 ⁻³		
DQ574452	to_KCNK10					6.0×10 ⁻³		
DQ577835	FAM225B					3.0×10 ⁻³		
DQ579851	to_PGPEPIL					8.8×10 ⁻⁴	2.9×10 ⁻³	
DQ581441	to_CHST1					3.5×10 ⁻³		
DQ581734	TYSD1					2.8×10⁻⁴	3.4×10⁻⁴	
DQ583613	to_HIST1H4H					6.7×10 ⁻³		
DQ584325	to_C2CD4B						2.2×10 ⁻³	
DQ584637	AGAP1						1.2×10 ⁻³	
DQ584879	CYP19A1		7.5×10 ⁻³				3.5×10 ⁻³	
DQ584936	to_METTL14					3.3×10⁻⁴		
DQ592330	to_ELFN2						3.5×10 ⁻³	
DQ594768	to_CHEK2P2							3.5×10 ⁻³
DQ597396	to_UBASH3B	6.1×10 ⁻³						
DQ597397	to_UBASH3B	2.7×10⁻⁴		6.0×10 ⁻⁴				
DQ597401	to_VNIR10P	3.1×10 ⁻³		5.4×10 ⁻³				
DQ597402	to_VNIR10P	4.1×10 ⁻³		5.9×10 ⁻³				
DQ597403	to_VNIR10P	3.4×10 ⁻³		4.6×10 ⁻³				
DQ597886	to_ILF2					7.5×10 ⁻³		
DQ598571	to_CHST1		4.8×10 ⁻³					
DQ600318	LRRRC37A3					7.0×10 ⁻³		2.3×10⁻⁴
<i>In controls</i>								
DQ574023	to_B3GALTL							9.2×10⁻⁵

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Gene (chr)	LOC105373605 (chr2)	APOJ (chr8)	SORL1 (chr11)	RNU6-560P (chr11)	SLC24A4 (chr14)	NECTIN2-TOMMM40-APOE-APOC1 (chr19)	CD33 (chr19)
SNPs	rs6733839 rs744373	rs7561528 rs2279590	rs9331896 rs11218343	rs3851179 rs10792832	rs10498633 rs10498633	rs2075650 rs429358	e2/e3/e4 rs3865444
DQ576492	LINC00837	3.6×10 ⁻³					
DQ577835 *	FAM225B	5.1×10 ⁻³					
DQ584879 *	CYP19A1	6.4×10 ⁻³					
DQ586113	to_EVPPL	3.0×10 ⁻³					
DQ590261	ANKRD20A19P			1.2×10 ⁻³			
DQ597109	to_HIST1H4H	5.7×10 ⁻³					
DQ597397 *	to_UBASH3B		4.6×10 ⁻³				4.6×10 ⁻³
DQ597402 *	to_VNIR10P		5.4×10 ⁻³				5.4×10 ⁻³
DQ598028	FLJ25328	2.9×10 ⁻³					
DQ599147	CTC1	6.0×10 ⁻³					
DQ599205	KIAA0319L	5.9×10 ⁻³					
<i>In cases</i>							
DQ597973	to_C11orf87						
DQ597402 *	to_VNIR10P	7.2×10 ⁻³			3.8×10 ⁻³		
DQ598571 *	to_CHST1					4.9×10 ⁻³	
DQ581441 *	to_CHST1						
DQ600513	to_C11orf87						6.4×10 ⁻³

The correlations with $p < \alpha = 5 \times 10^{-4}$ ($= 0.05/103$ piRNAs) were bold; "to", proximate to;

* , appears at least twice in this table.