

RNA editing as a diagnostic test to diagnosis bipolar disorders



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Maurizio Ferrari MD

Former IFCC President

Full Professor of Clinical Pathology

Chief Medical Office (CMO), Synlab Italia, Monza, Italy



Today I'll cover:

- Epigenetics/Epitranscriptomics
- A-to-I Editing
- Psychiatric disorders /Bipolar Disorders
- A-to-I editing in different diseases
- A-to I Editing to differentiate Unipolar depression and Bipolar disorders
- Edit B test



Diagnosis: the missing keystone for global health



Biological diagnosis missing in major therapeutic areas, like mental health



Companion diagnostics limited mainly to oncology

70% of medical decision depends on diagnostics



Diagnosis wavering and error aggravate patients' outcome



Prevention and early treatment made impossible by the lack of early diagnosis



**The term epigenetics, which he referred to as, “the branch of biology that studies the causal interactions between genes and their products which bring the phenotype into being”
(Conrad Waddington 1942)**

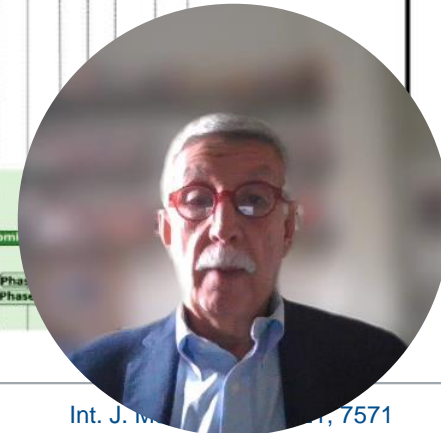
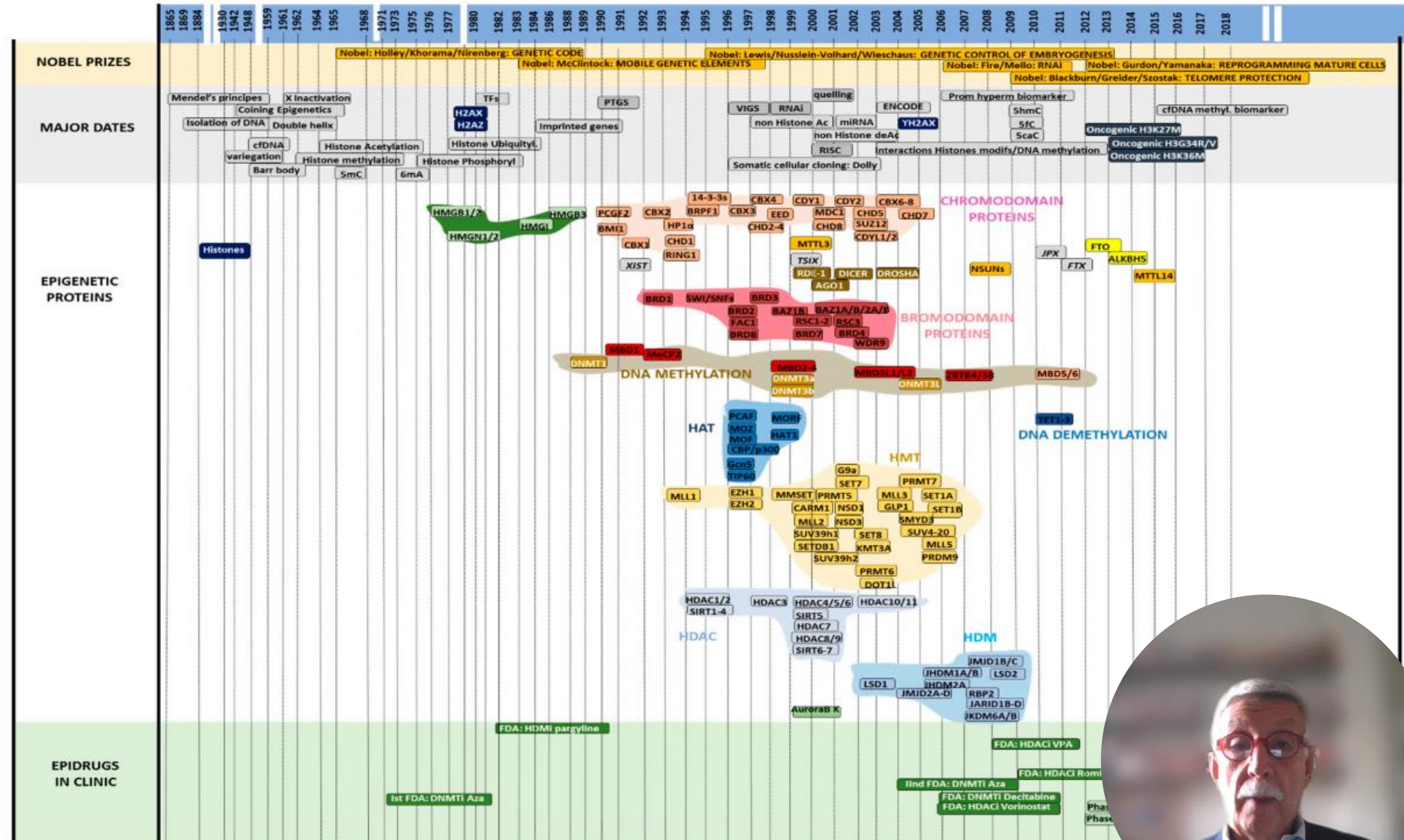


Dates (blue): from 1865 to today
Nobel Prizes (salmon) associated
with major genetic or epigenetic
discoveries

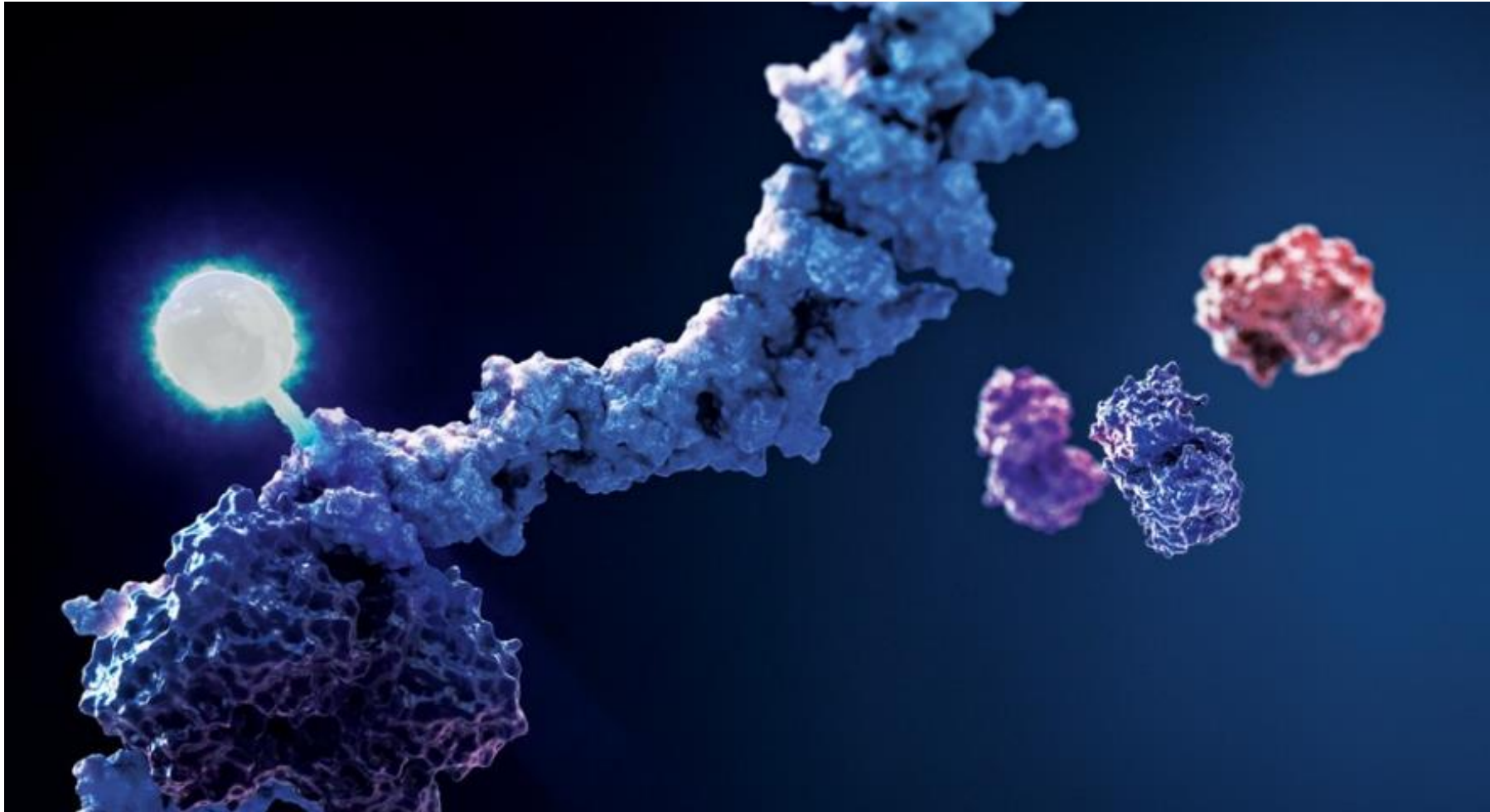
major dates (gray): important
discoveries concerning DNA and
chromatin

epigenetic proteins (white): year
of identification or main writers,
readers and erasers of
epigenetics (a color code has
been associated to proteins
involved in a same pathway, e.g.,
blue for HAT (histone acetyl
transferase))

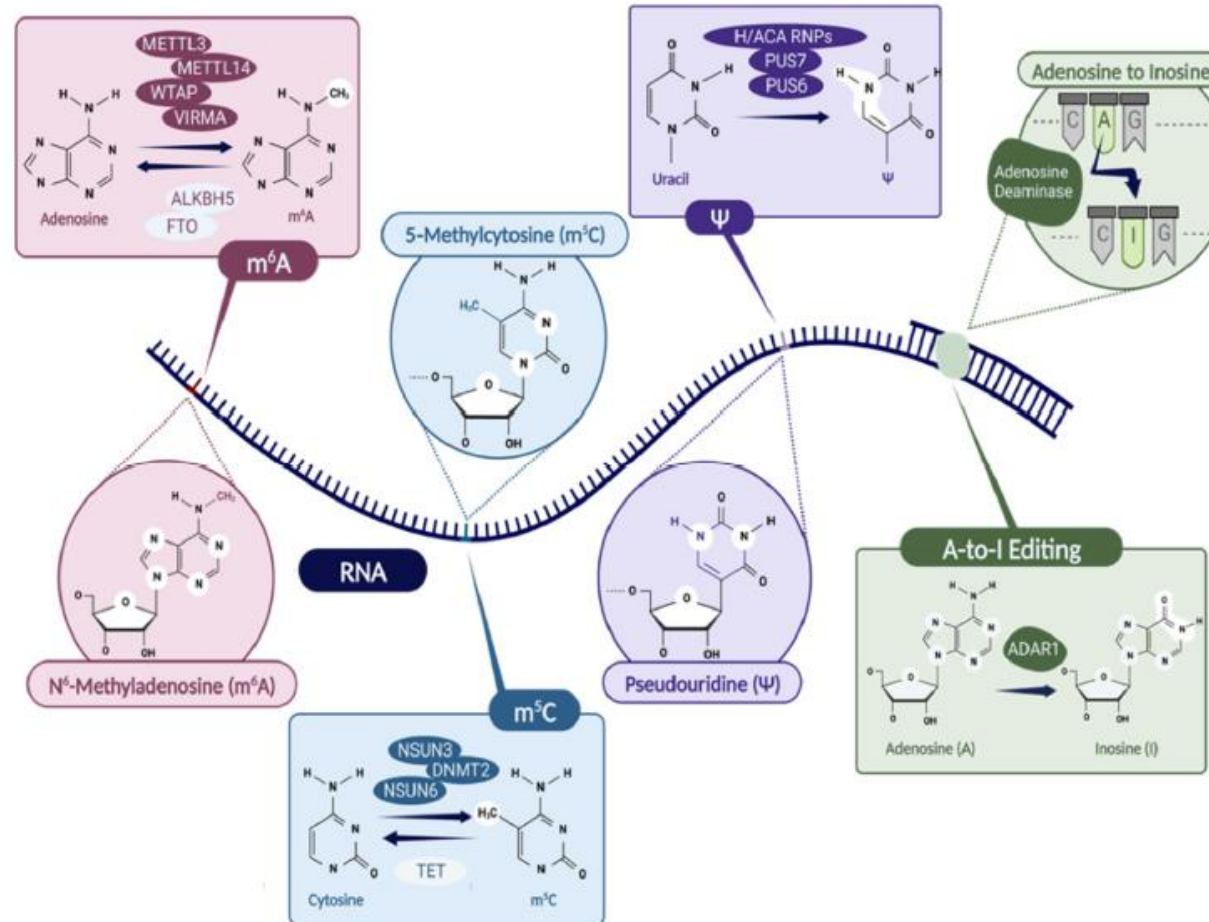
epidrugs in the clinic (green): use
of main epidrugs in clinical trials



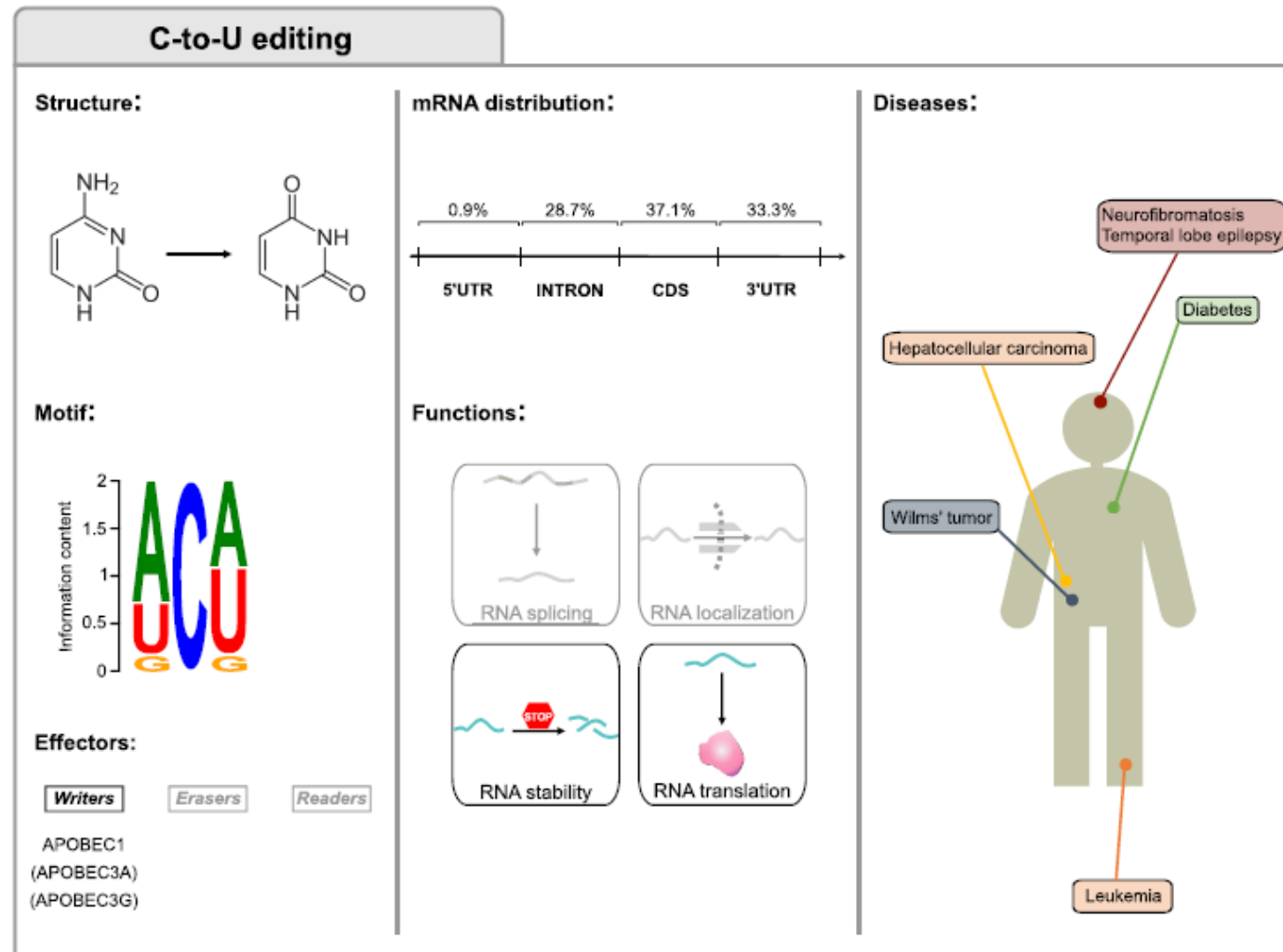
Epitranscriptomics (RNA epigenetics) refers to the posttranscriptional modification of RNA bases (i.e., cytosine and adenosine methylation), which is mediated by specific RNA modification enzymes



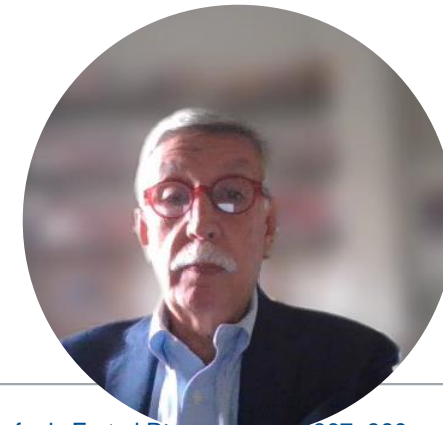
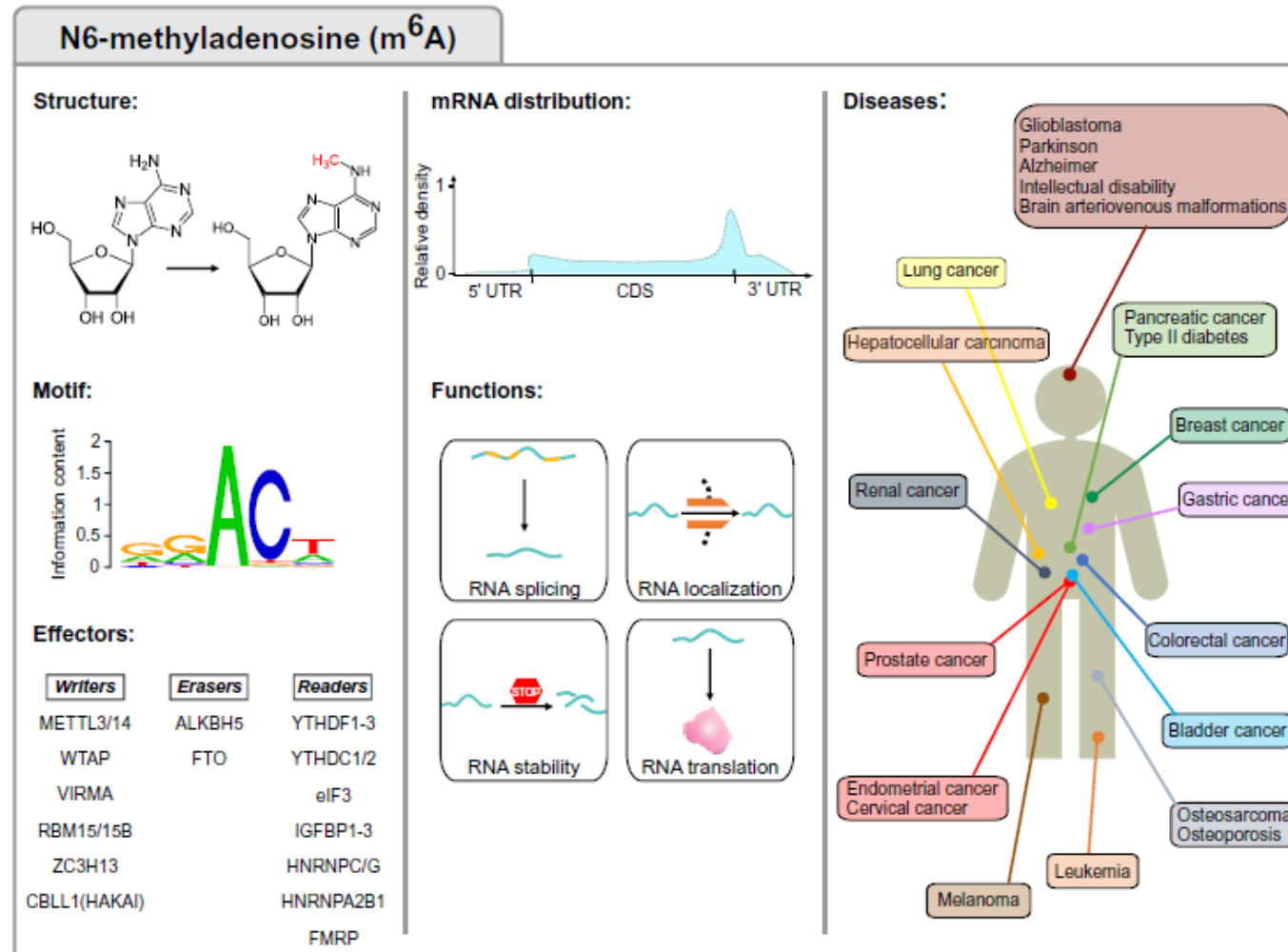
Epitranscriptomic modifications



C-to-U editing

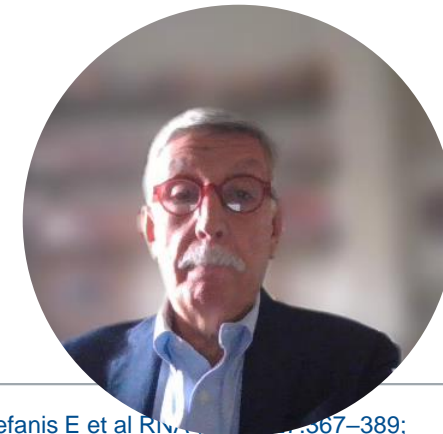
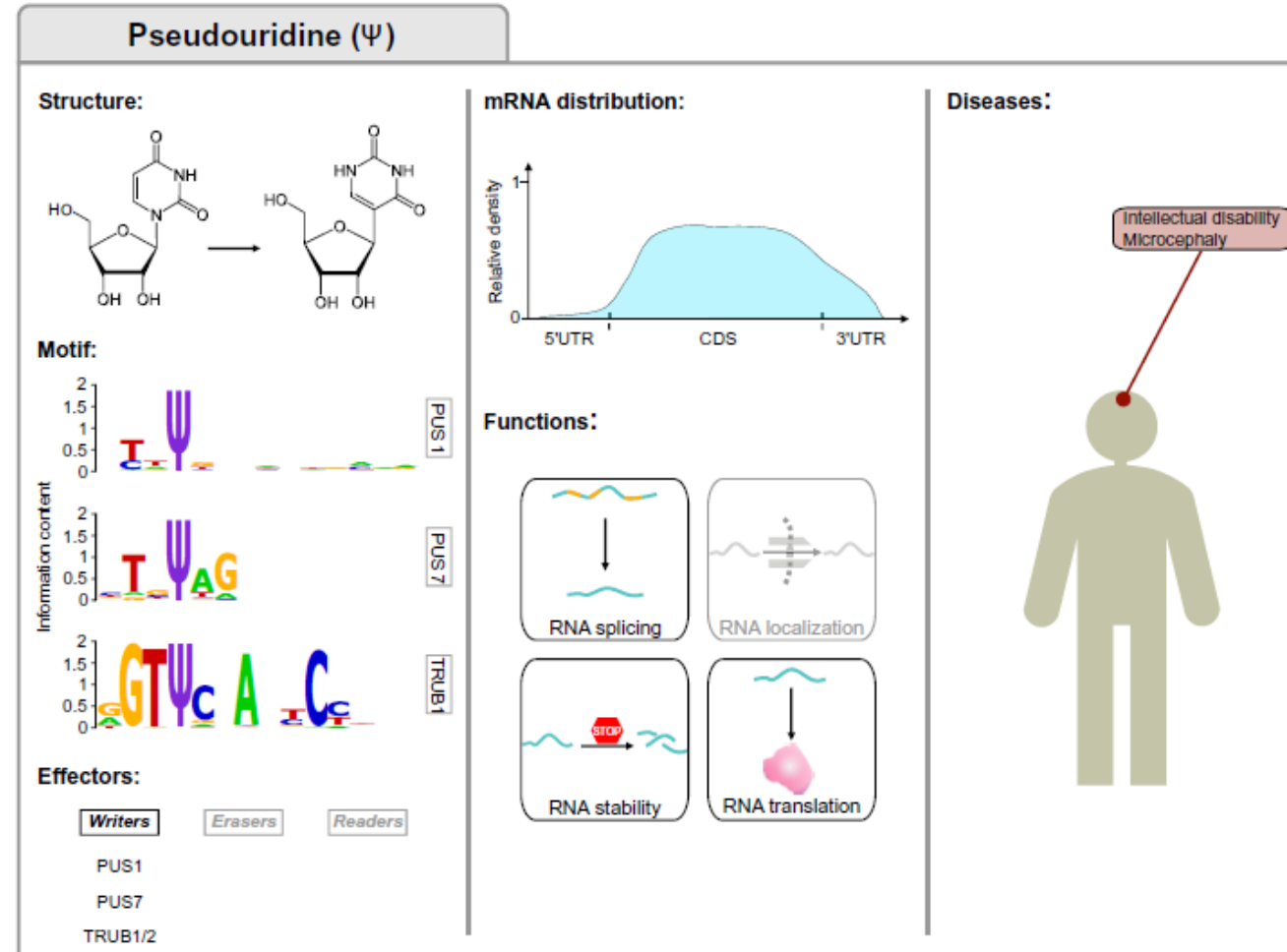


N6-methyladenosine (m6A) modification

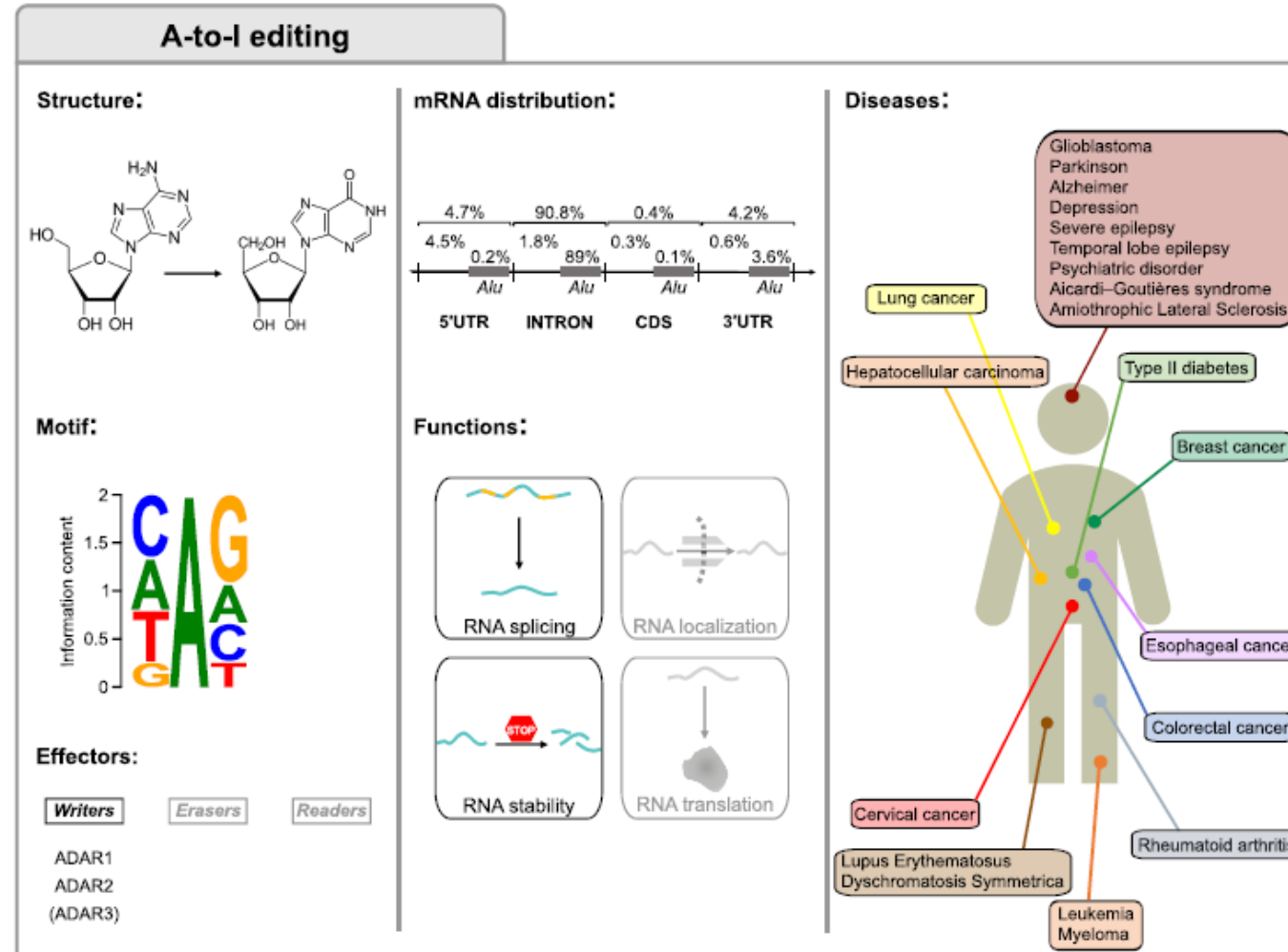


Pseudouridine (Ψ) modification

b



A-to-I editing



RNA editing, a key mechanism with critical cascading consequences

A-to-I Editing is :

An epitranscriptomic modification

A deamination of adenosine into an inosine

Site/structure specific

Regulated by ADARs (adenosine deaminase acting on dsRNA) enzymes

Which dysregulation implies severe consequences

RNA editing impacts key mechanisms...

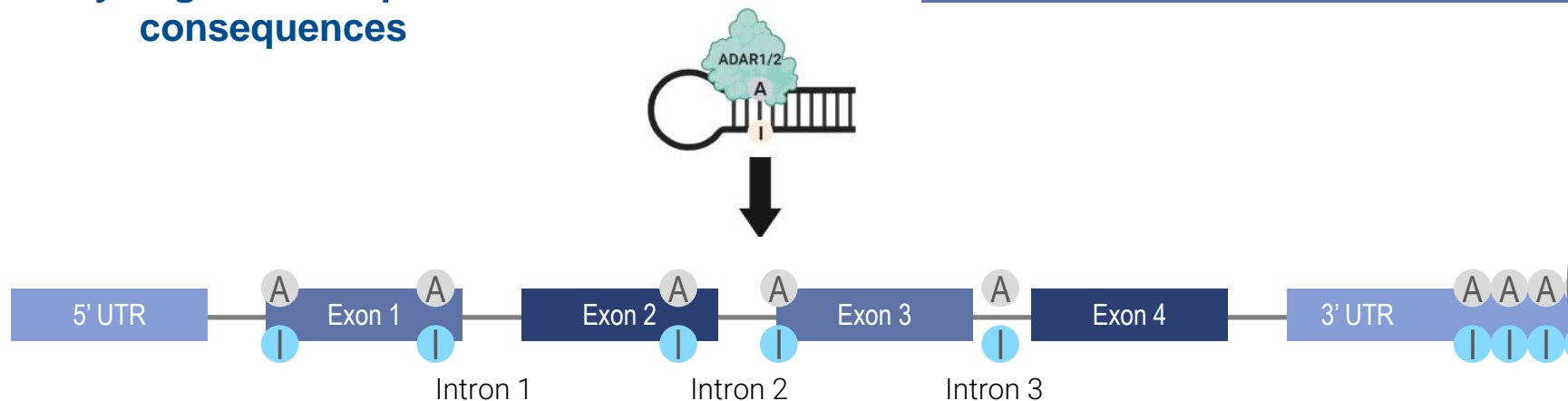
RNA structure and stability

Splicing

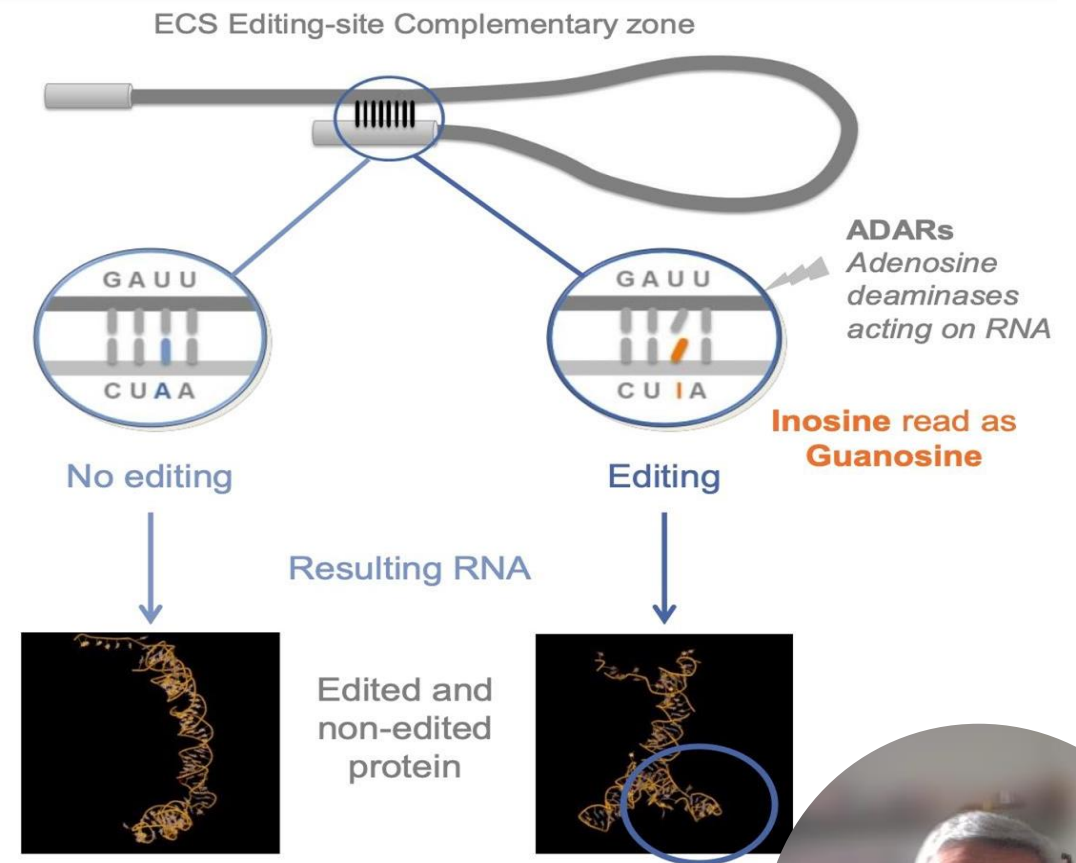
Gene expression

Protein synthesis

Signal transmission



- Change structure and stability of RNA
- Aminoacid changes
- Modifies the protein synthesis
- Modulates the synaptic function
- Involved in psychiatric disorders and inflammatory processes



RNA modifying adenosine-to-inosine (A-to-I) is the most common type of post-transcriptional modification, catalyzed by



The global burden of psychiatric disorders

- Psychiatric disorders comprise different types of mental disorder, including anxiety disorder, major depressive disorder (MDD), bipolar disorder (BP), post-traumatic stress disorder, schizophrenia (SZ), eating disorders, neurodevelopmental disorders, disruptive behavior, and dissocial disorders. All disorders have in common a clinically significant disturbance in an individual's cognition, emotional regulation, or behavior and are normally associated with distress or impairment in important areas of functioning.
- In 2019, there were 970 million people around the world living with a psychiatric disorder.
- More than half of those people struggle with anxiety disorder (301 million) or depression (280 million), both of which are also common in children and adolescents.
- BP was experienced by 40 million people.
- Obsessive-compulsive disorder (OCD) affects 1%-3% of the worldwide population.
- Suicide is strongly connected with psychiatric disorders (in particular, depression).



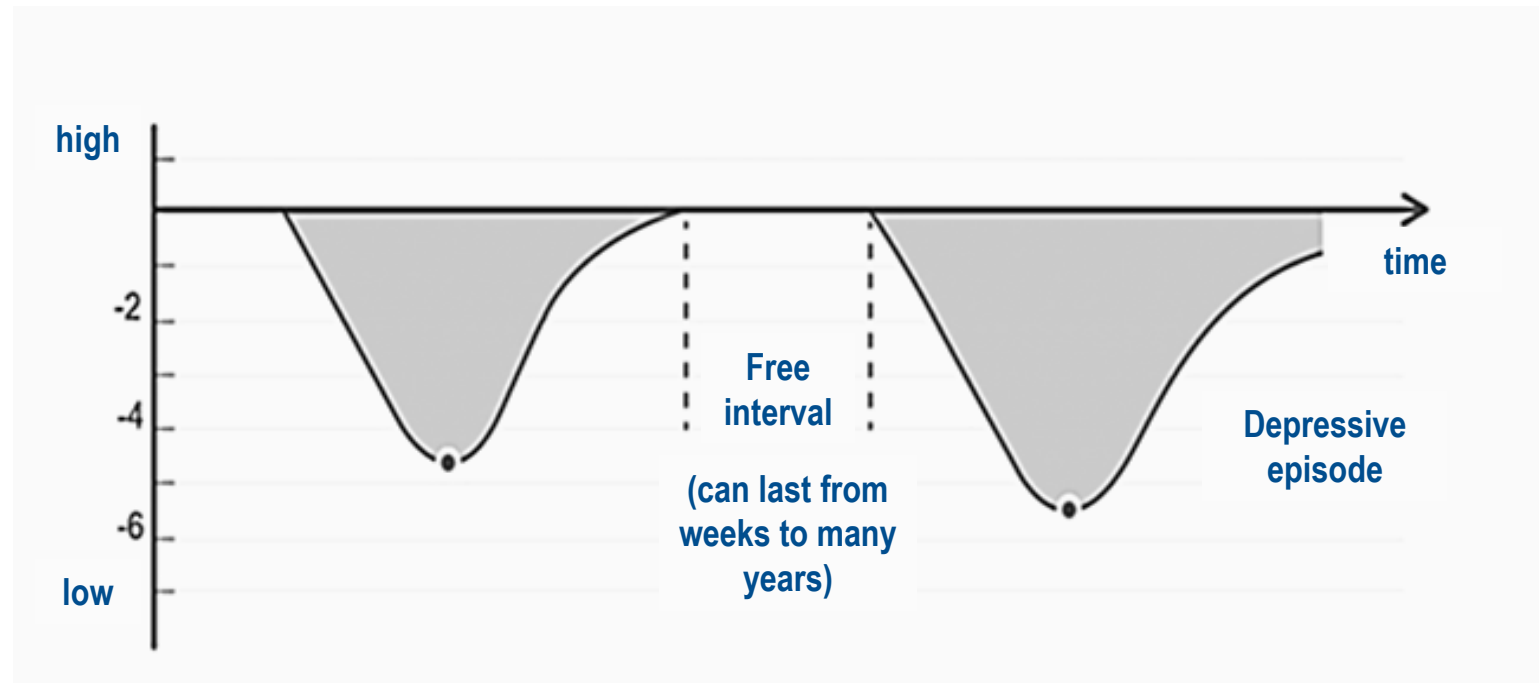
The global burden of depression

- Depression is one of the most common mental health disorder affecting near 10% of men and 20% of women worldwide , and is associated with a significant increased mortality, mostly due to suicidal behavior.
- Within mood disorders, bipolar disorder (BD) is one of the most frequent and disabling ones, affecting 1% of the world's population, characterized by episodes of mania, hypomania, and alternating or intertwining episodes of depression.
- As a consequence, the average interval between onset of BD symptoms and proper diagnosis is estimated to be around 7 years.
- Various clinical interview-based instruments are available and routinely used in practice by psychiatrists to diagnose BD, including evaluation of manic symptoms by Young Mania Rating Scale (YMRS), the Altman self-rating scale (ASRM) or the Mood Disorder Questionnaire (MDQ).
- Biological markers to set the boundaries between the different subtypes of depression are lacking and a major research goal is to identify reliable and clinically useful biomarkers to differentiate BD from unipolar depression.
- Recent studies have shown an association between depression and RNA alterations, including epitranscriptomic mechanisms, including RNA methylation , microRNAs , and RNA editing.



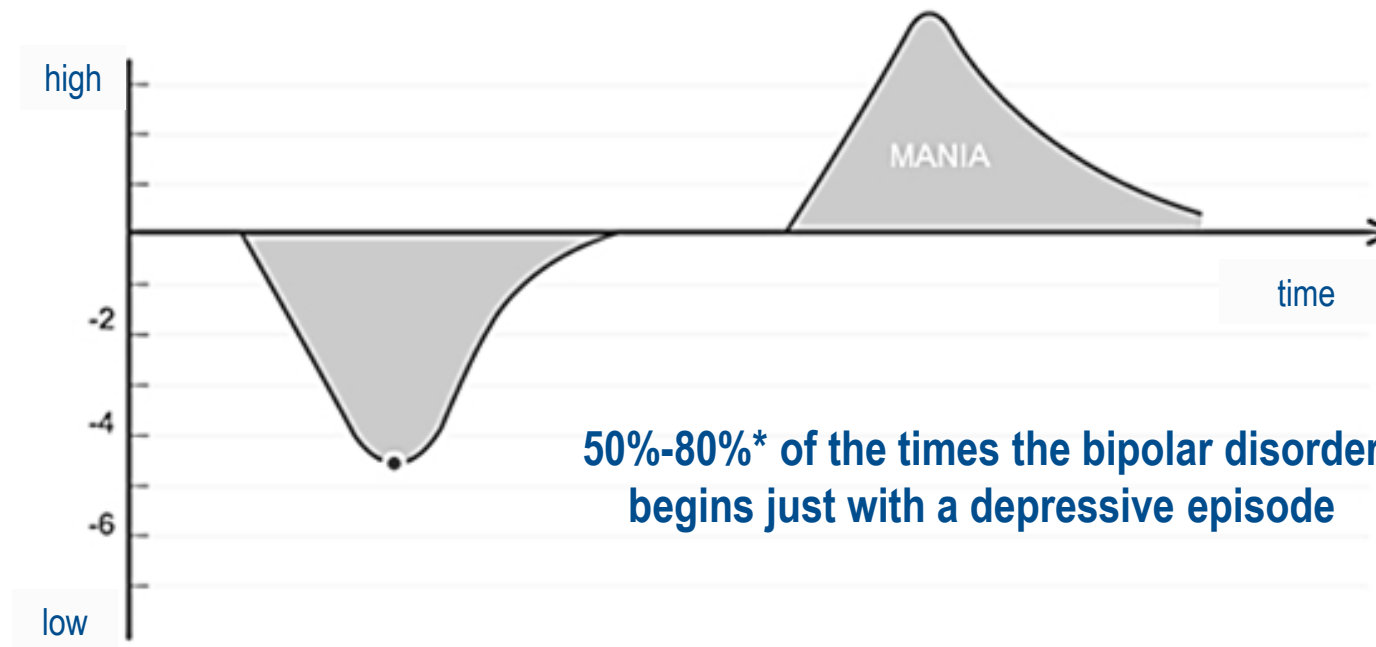
SYMPTOMS

MAJOR DEPRESSIVE DISORDER (UNIPOLAR)



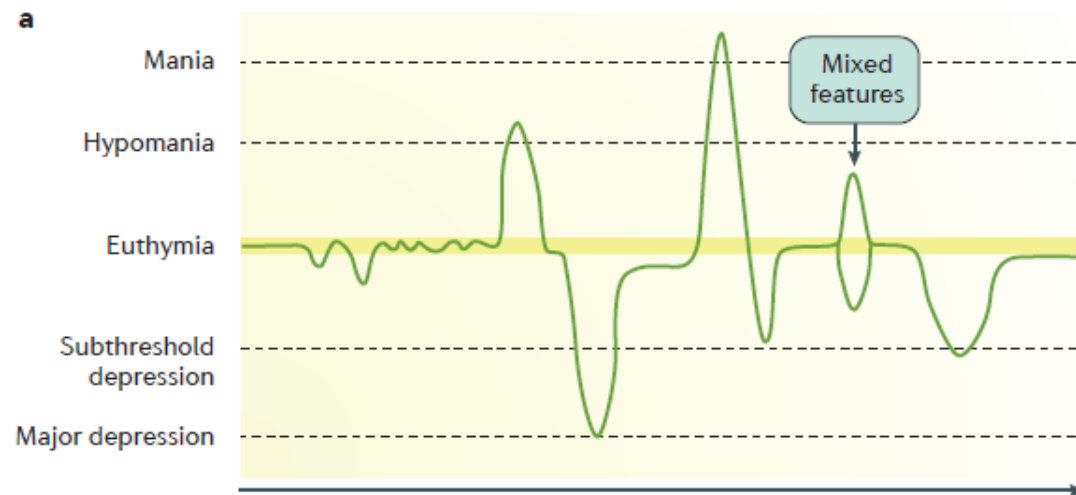
SYMPTOMS

BIPOLAR DISORDER

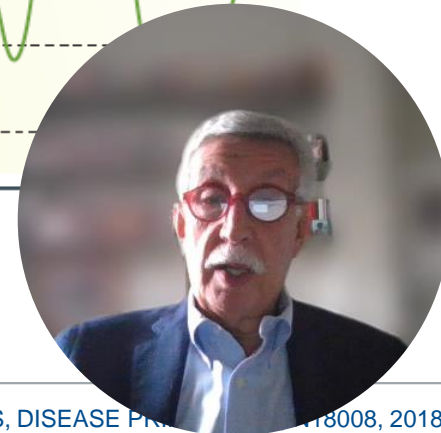
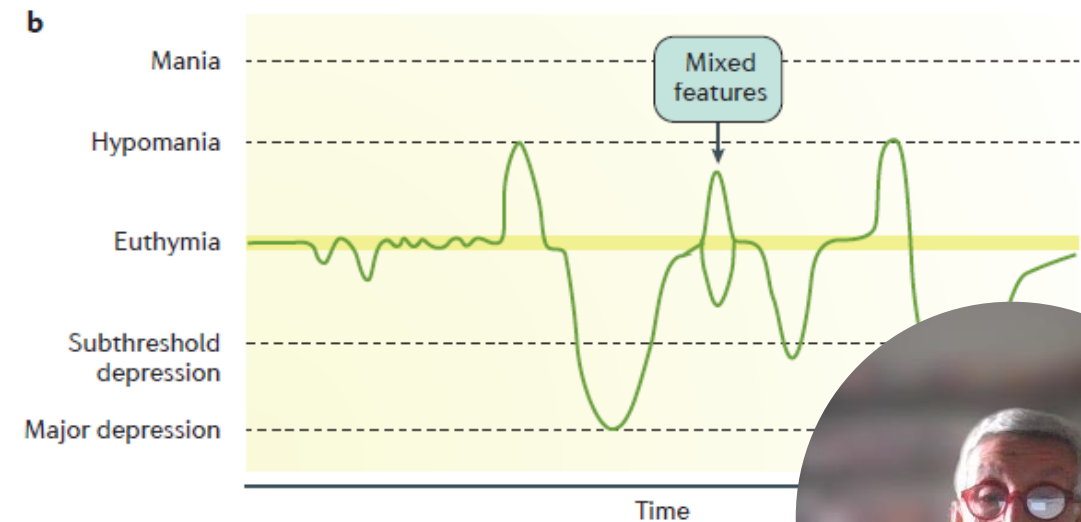


Main subtypes of bipolar disorder

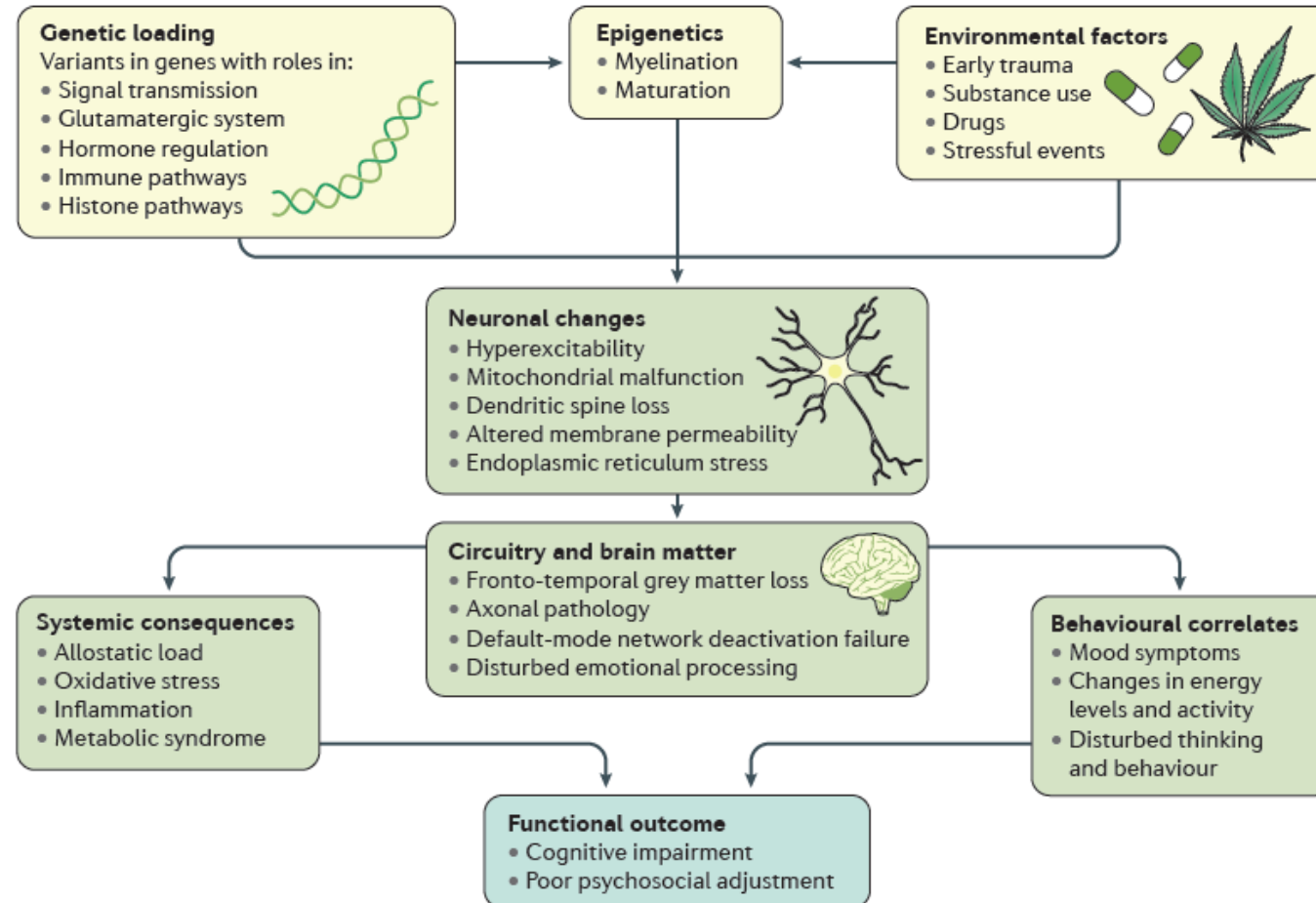
Bipolar I disorder is characterized by at least one episode of mania



Bipolar II disorder is characterized by at least one hypomanic and one depressive episode



Multifactorial model of bipolar disorders



Carvalho et al. *Translational Psychiatry* (2020)10:152
<https://doi.org/10.1038/s41398-020-0835-5>

Translational Psychiatry

REVIEW ARTICLE

Open Access

Evidence-based umbrella review of 162 peripheral biomarkers for major mental disorders

André F. Carvalho^{1,2}, Marco Solmi^{3,4,5}, Marcos Sandhes^{6,7}, Myrela O. Machado⁸, Brendon Stubbs^{9,10}, Olesya Ajnakina¹¹, Chelsea Sherman¹², Yue Ran Sun¹², Celina S. Liu¹², Andre R. Brunoni^{13,14}, Giorgio Pigato^{15,16}, Brisa S. Fernandes¹⁷, Beatrice Bortolato¹⁸, Muhammad I. Husain^{19,20}, Elena Dragioti²¹, Joseph Firth^{22,23}, Theodore D. Cosco^{24,25}, Michael Maes^{26,27}, Michael Berk^{27,28,29,30}, Krista L. Lancôt^{31,32,33,34,35}, Eduard Vieta³⁶, Diego A. Pizzagalli³⁷, Lee Smith³⁸, Paolo Fusar-Poli^{39,40,41}, Paul A. Kurdyak^{42,43,44}, Michele Fornaro⁴⁵, Jürgen Rehm^{46,47,48,49,50,51,52} and Nathan Herrmann^{53,54,55}

Table 1 Peripheral biomarkers supported by convincing and highly suggestive evidence across major mental disorders.

Biomarker (ref. no.)	Alzheimer's disease	Autism spectrum disorder	Bipolar disorder	Major depressive disorder	First-episode psychosis	Schizophrenia
<i>Between-group meta-analyses</i>						
Adiponectin ¹⁶⁶						↓
Anti-Gliadin IgA ¹¹⁸						↑
Apolipoprotein E ¹⁶⁷	↓					
Arachidonic acid ¹⁰¹						↑
BDNF ^{44,110}	↓			↓		
Cortisol ¹⁶⁸						↑
Cortisol awakening response ¹¹⁹					↓	
Basal cortisol awakening ⁸⁷			↑			
CRP ^{90,102}			↑ ^c	↑		
Fibroblast growth factor-2 ¹¹¹			↑	↑		
Glutamate ⁷¹			↑	↑		
IGF-1 ¹⁴			↑ ^d	↑		
IL-6 ⁸			↑	↑		
TGF-β ¹¹¹		↑		↑		
sIL-2 receptor ⁷⁸				↑		↑
TNF-α ⁸				↑		
Folate ¹⁰⁵						↓
Folic acid ⁵⁹	↓					
Malondialdehyde ¹⁰⁹						↑
Nerve growth factor ¹²²						↓
NMDAR ⁷⁵			↑			↑
Total cholesterol ⁹⁴				↓		
Copper ⁴⁶	↑					
Vitamin E ³⁶	↓					
Vitamin B6 ¹²³						↓
KYNA/SHK ⁷⁵				↓		
KYNA/QUIN ⁷⁵				↓		
KYN-ACD ⁷⁵				↓		
Neurotrophin-3 ⁸²			↑			
Uric acid ⁸¹			↑			
5-hydroxytryptamine ⁶⁴		↑				
Glutathione (fasting) ⁶²		↓				
GSSG ⁴⁹		↑				
GSSG (fasting) ⁶²		↑				
Homocysteine ⁵⁹	↑					
<i>Within-group Meta-analyses</i>						
Adiponectin ¹⁶⁶						
IL-6 ⁹				↓		
<i>Lipid peroxidation Markers¹³⁸</i>						
				↑		

BDNF brain-derived neurotrophic factor, IGF insulin-like growth factor, IL interleukin, INF interferon, GSH glutathione, GSSG oxidized glutathione, KYNA quinolinic acid, MDA malondialdehyde, NMDAR N-methyl-D-aspartate receptor antibody seropositivity, NGF nerve growth factor, sIL-2 Receptor soluble interleukin 2 receptor, TGF transforming growth factor, TNF tumor necrosis factor, ↑Source: Red blood cells.

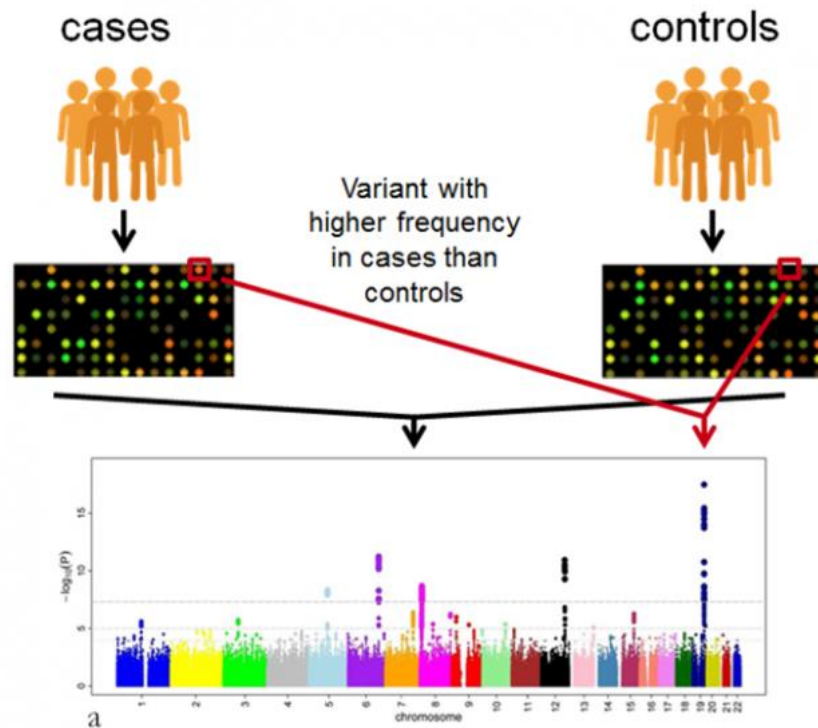
^bConvincing evidence criteria. Others biomarkers are supported by highly suggestive evidence.

^cEuthymia and Mania.

^dMania.



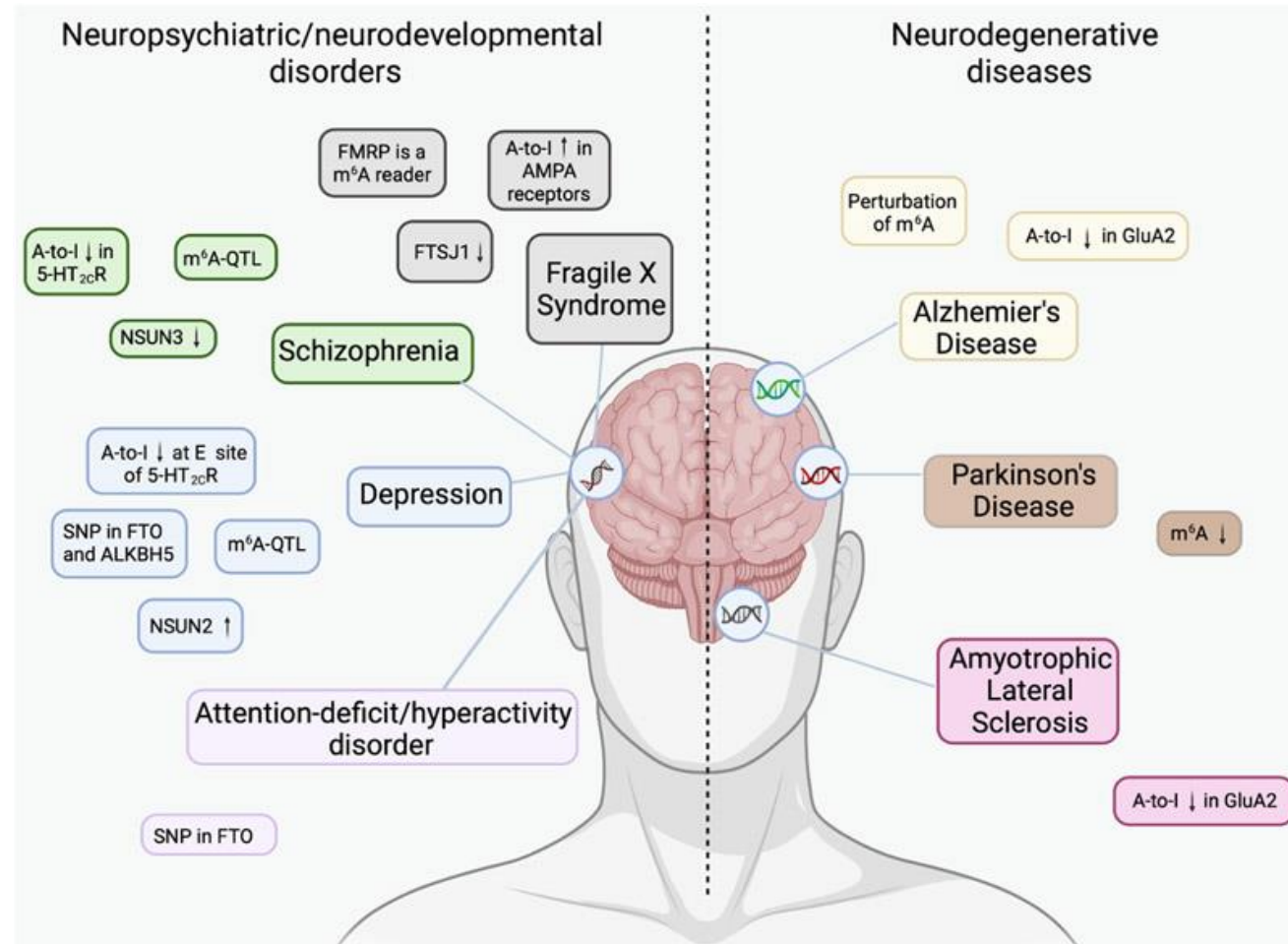
GWAS findings in bipolar disorder



Gene*	Locus	Reproduced
<i>PTGFR</i>	1p31.1	No
<i>LMAN2L</i>	2q11.2	Yes
Several genes	3p21	Yes
<i>TRANK1</i>	3p22.2	Yes
<i>ADCY2</i>	5p15.31	No
<i>MIR2113</i> and <i>POU3F2</i>	6q16.1	Yes
<i>SYNE1</i>	6q25.2	Yes
<i>MAD1L1</i>	7p22.3	No
<i>ELAVL2</i>	9p21.3	No
<i>ADD3</i>	10q25.1	No
<i>ANK3</i>	10q21.2	Yes
<i>TENM4</i>	11q14.1	Yes
<i>CACNA1C</i>	12p13.33	Yes
<i>RHEBL1</i> and <i>DHH</i>	12q13.12	
<i>DGKH</i>	13q14.11	
<i>ERBB2</i>	17q12	
<i>NCAN</i>	19p13.11	
<i>TRPC4AP</i>	20q11.2	



Perturbation of the epitranscriptome is associated with neuropsychiatric disorders and neurodegenerative diseases



RNA editing is widely involved in human health

Neuro Psychiatric disorders

Depression/ Bipolar disorder *Berg, 2008; Chimienti, 2019, Salvetat 2022*
Schizophrenia *Breen, 2019; Ansell, 2021*
Alzheimer *Khermesh, 2016; Patel, 2021*
Suicide *Weissmann, 2016; Salvetat, 2021*
Epilepsy *Krestel, 2013*

Cancer

Hepatocellular carcinoma *Chen, 2013 Yu 2019*
Breast *Fumagalli, 2015, Li, 2021*
Colorectal cancer *Wei 2022*
Metastatic Melanoma *Nemlich 2018*
Gastric *An, 2021*

RNA editing

Inflammation Infectious diseases

Systemic Lupus erythematosus *Roth, 2018*
Aicardi Gouttiere *Rice, 2012*
Systemic Inflammation *Salvetat, 2019*
Hepatitis C Virus *Pujantelli, 2018*
Ebola *Khadka, 2021*
SARS-CoV2 *Liu, 2021*

Metabolic diseases

Obesity *Yu, 2022*
Cardiac dysfunction *El Azzouzi, 2020*
Atherosclerosis *Vlachogiannis, 2021*
Ischemia *Van der Kwast, 2018, 2020*
Diabetes *Xie, 2021*






nature
neuroscience

ARTICLES

<https://doi.org/10.1038/s41593-018-0287-x>

Widespread RNA editing dysregulation in brains from autistic individuals




Stephen S. Tran^{1,2}, Hyun-Ik Jun², Jae Hoon Bahn², Adel Azghadi², Gokul Ramaswami³, Eric L. Van Nostrand ^{4,5,6}, Thai B. Nguyen^{4,5,6}, Yun-Hua E. Hsiao⁷, Changhoon Lee³, Gabriel A. Pratt^{4,5,6,8}, Verónica Martínez-Cerdeño⁹, Randi J. Hagerman¹⁰, Gene W. Yeo^{4,5,6,8}, Daniel H. Geschwind ^{3,11,12*} and Xinshu Xiao ^{1,2,13,14*}



ARTICLES

<https://doi.org/10.1038/s41593-019-0463-7>nature
neuroscience

Global landscape and genetic regulation of RNA editing in cortical samples from individuals with schizophrenia

Michael S. Breen ^{1,2,3*}, Amanda Dobbyn^{2,4,5}, Qin Li⁶, Panos Roussos⁷, Eli Stahl ^{1,2,5,9,10}, Andrew Chess^{2,8,9,11}, Pamela Sklar^{8,9,31}, Jin Billy Li ¹², Joseph D. Buxbaum^{1,2,3,8,13*} and CommonMind Consortium³²



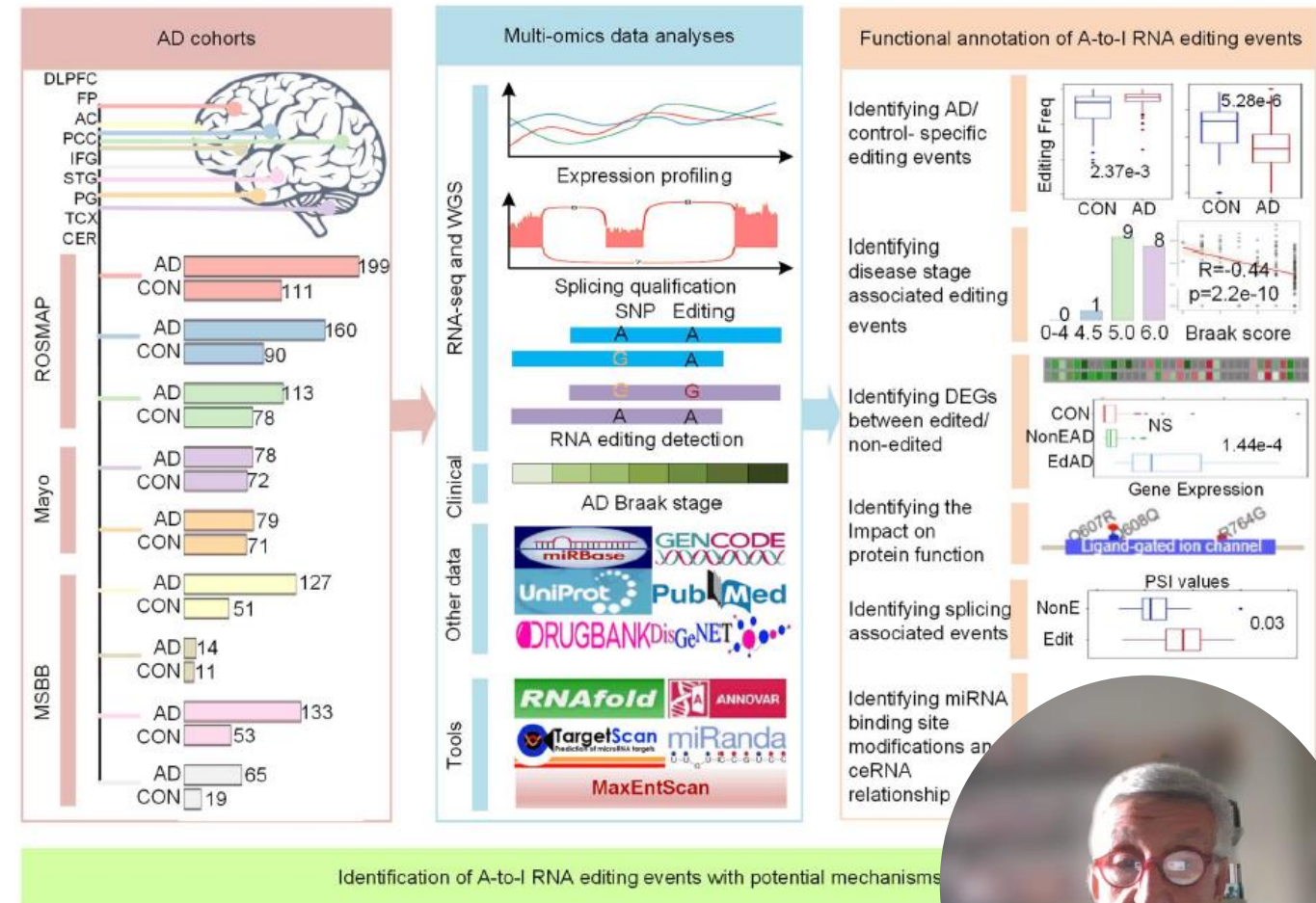
ADeditome provides the genomic landscape of A-to-I RNA editing in Alzheimer's disease

Sijia Wu, Mengyuan Yang, Pora Kim and Xiaobo Zhou

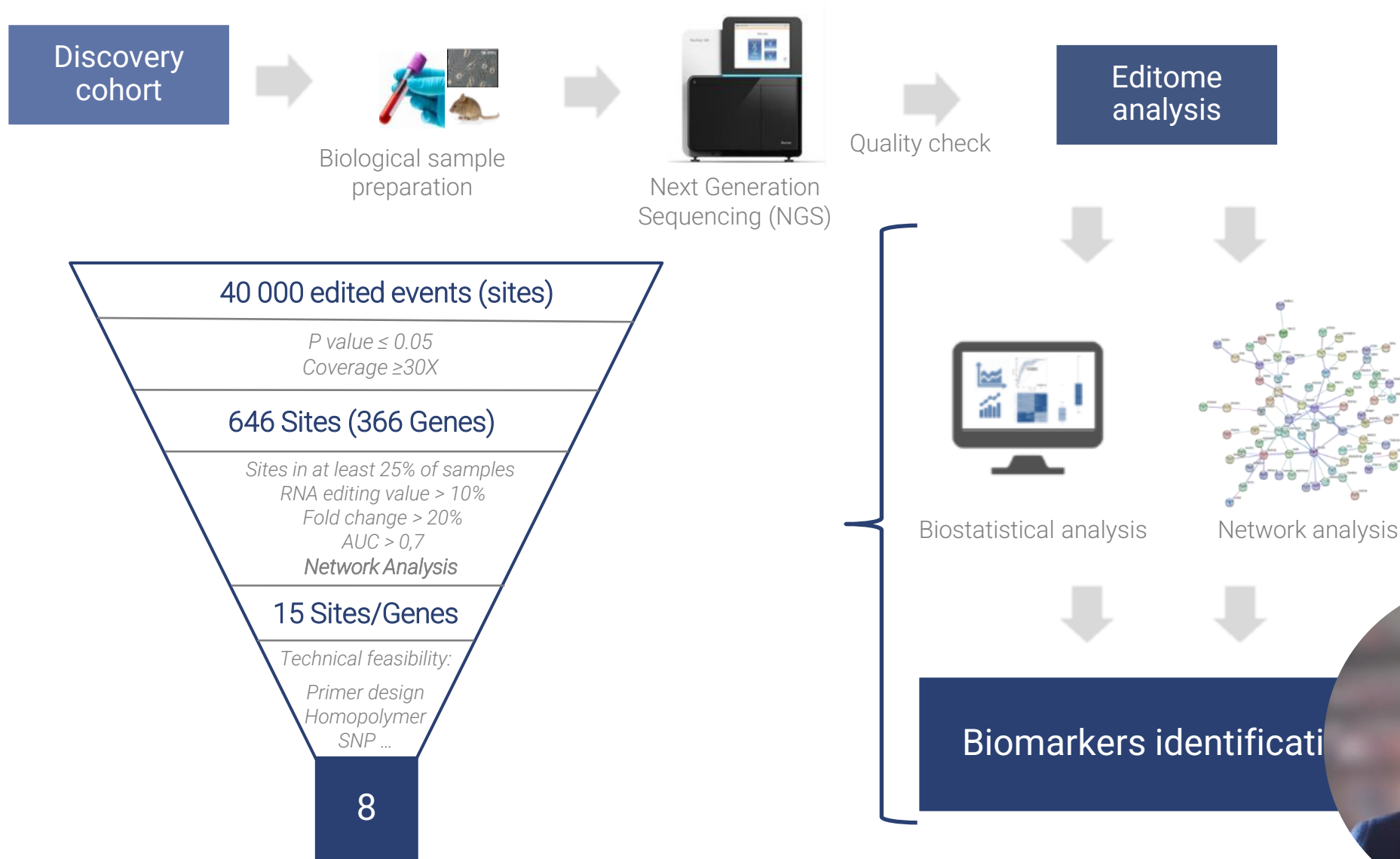
The flowchart describes the used AD cohorts, multi-omics data analyses, functional annotation of A-to-I RNA editing and the potential AD mechanism related to A-to-I RNA editing events.

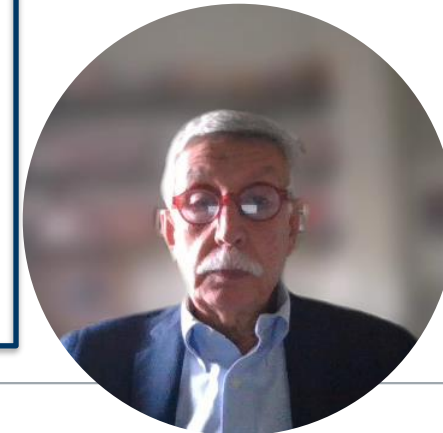
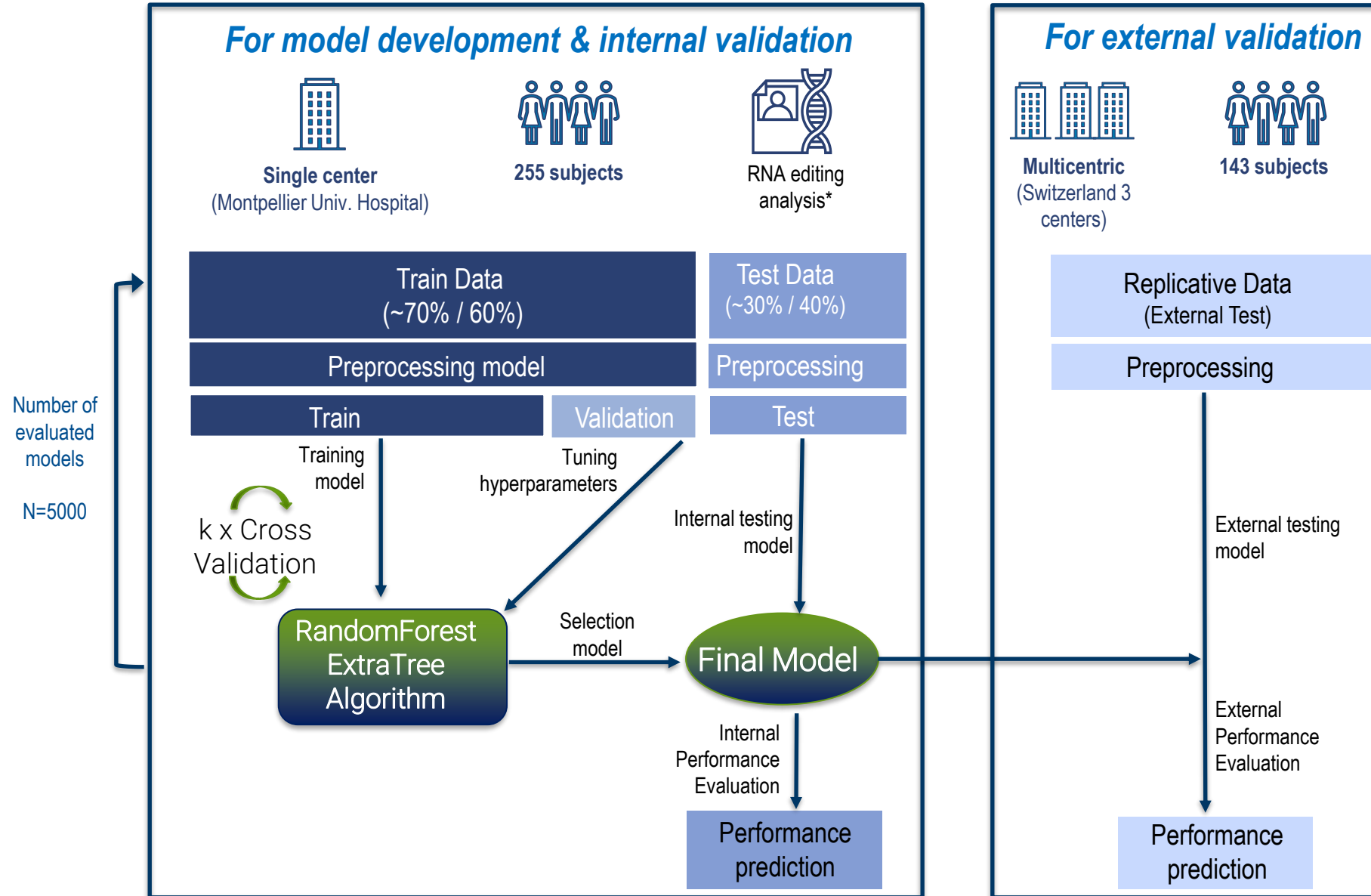
The AD cohorts panel shows the number of AD samples and controls from nine brain regions. For the multi-region and multi-cohort-based AD samples, we performed multiple functional annotations using diverse bioinformatics approaches.

Through these analyses, we identified multiple potential mechanisms related to the A-to-I RNA editing events in AD.

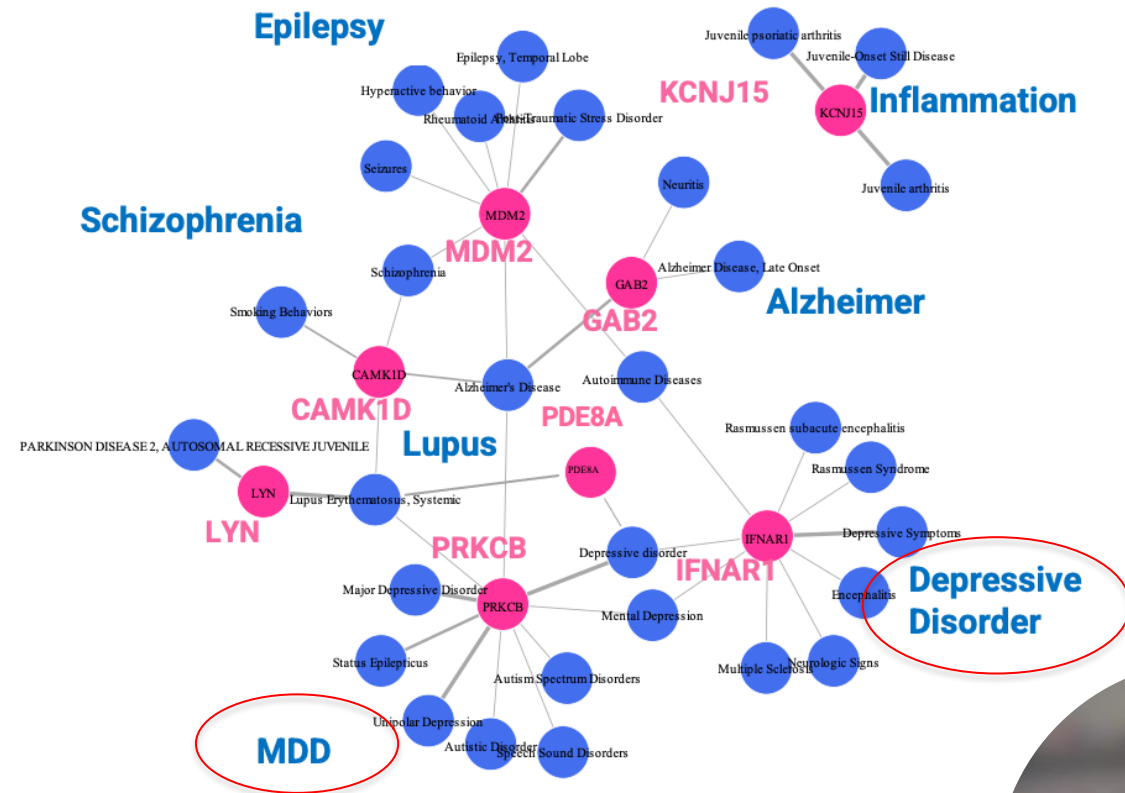
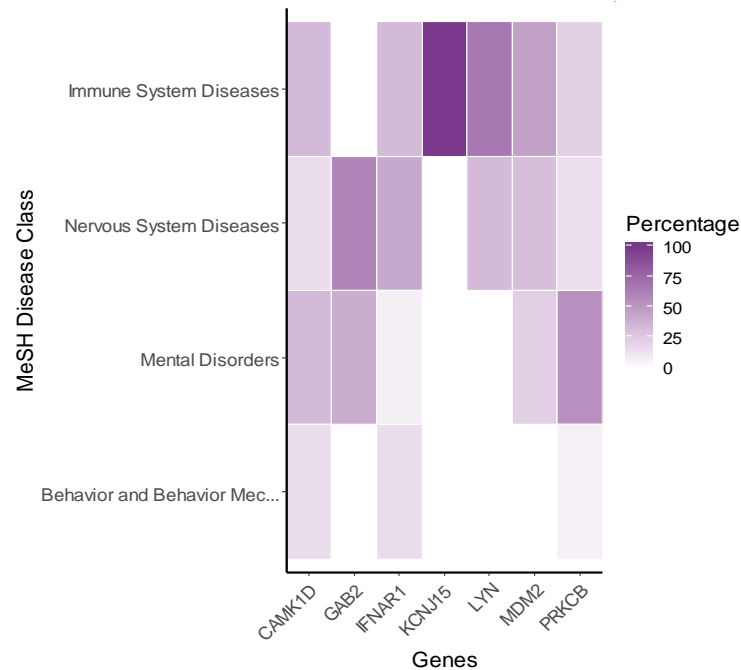


RNA editing biomarkers selection

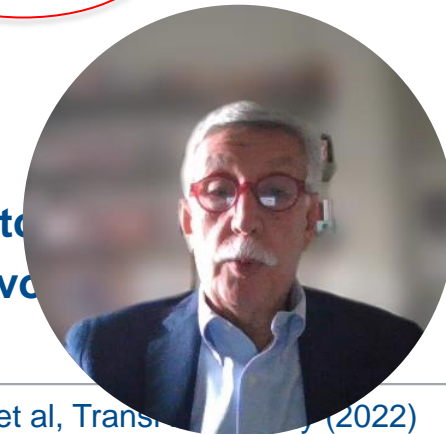




Panel of biomarkers selected for the study



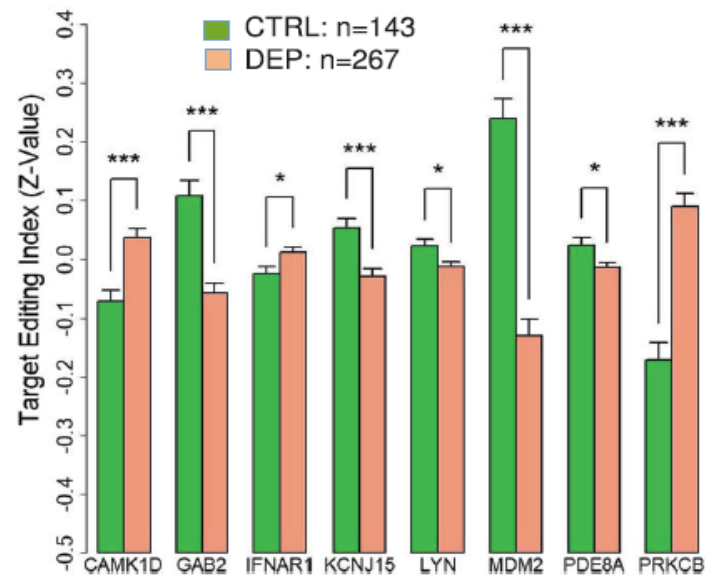
Selected targets belong to different networks: Reactome pathway enrichment, GO Ontology, and DisGeNET network analysis on the 8 targets shows that mainly immune system and nervous system diseases, were involved.



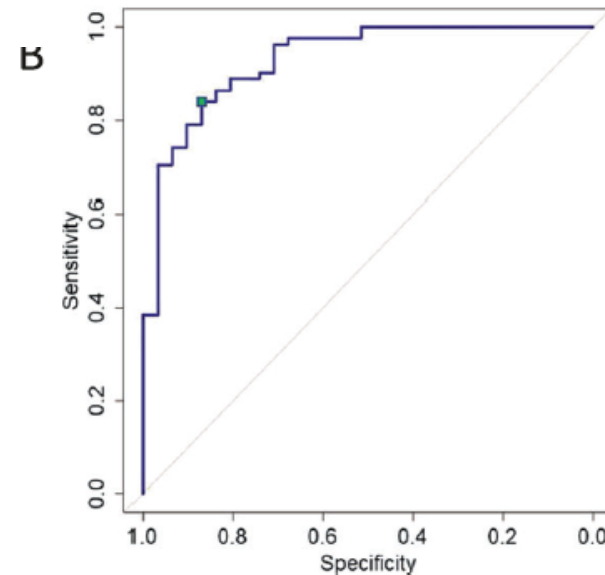
A game changer for bipolar disorder diagnosis using RNA editing-based biomarkers

Nicolas Salvétat¹, Francisco Jesus Checa-Robles¹, Vipul Patel¹, Christopher Cayzac¹, Benjamin Dubuc¹, Fabrice Chimienti¹, Jean-Daniel Abraham¹, Pierrick Dupré¹, Diana Vetter¹, Sandie Méreuze¹, Jean-Philippe Lang^{1,2}, David J. Kupfer³, Philippe Courtet^{1,4} and Dinah Weissmann¹✉

Translational Psychiatry (2022)12:182; <https://doi.org/10.1038/s41398-022-01938-6>



TEI for depressed patients (DEP; n = 267)
and healthy controls (CTRL; n = 143);



ROC curve and diagnostic performance of Random Forest model
for DEP vs CTRL classification

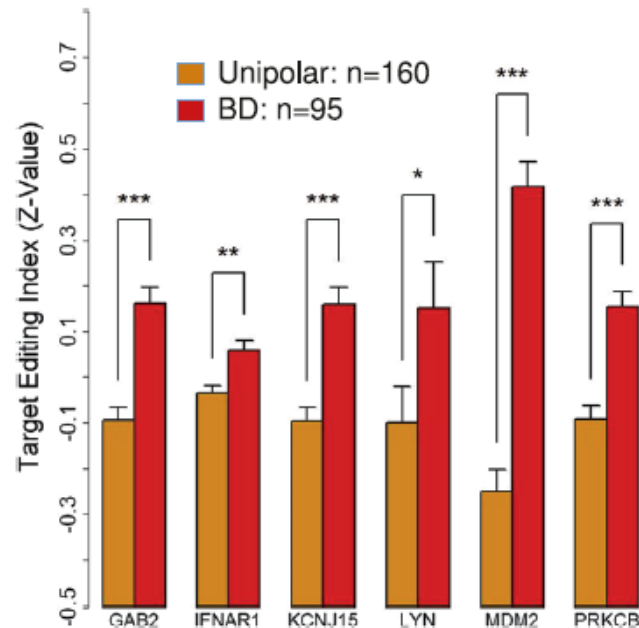
	Ctrl vs DEP
AUC ROC	0.930
CI 95%	[0.879 ; 0.982]
Se	84.0%
Sp	87.1%
PPV	94.4%
NPV	67.5%
Acc	84.8%
Threshold	0.50



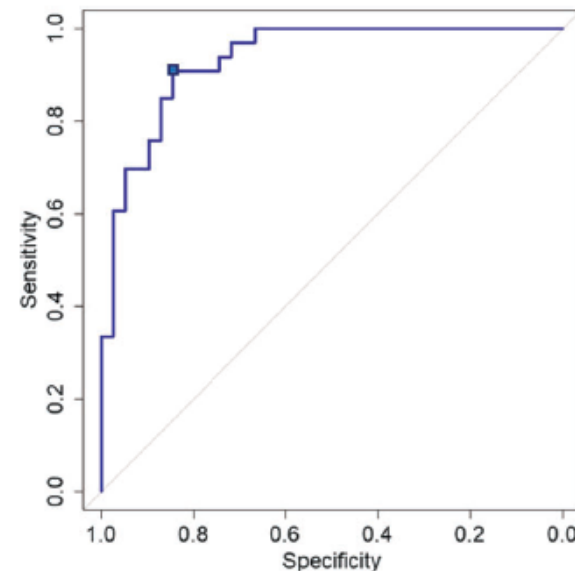
A game changer for bipolar disorder diagnosis using RNA editing-based biomarkers

Nicolas Salvetat¹, Francisco Jesus Checa-Robles¹, Vipul Patel¹, Christopher Cayzac¹, Benjamin Dubuc¹, Fabrice Chimienti¹, Jean-Daniel Abraham¹, Pierrick Dupré¹, Diana Vetter¹, Sandie Méreuze¹, Jean-Philippe Lang^{1,2}, David J. Kupfer³, Philippe Courtet¹ and Dinah Weissmann¹

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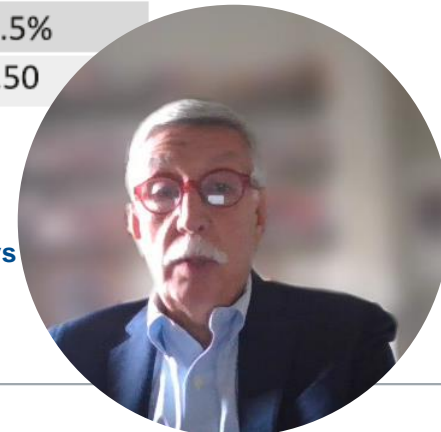


TEI for unipolar (n = 160) and bipolar disorder (BD; n = 95)



ROC curve and diagnostic performance of Random Forest model for unipolar vs

	Unipolar VS BD
AUC ROC	0.935
CI 95%	[0.882 ; 0.988]
Se	90.9%
Sp	84.6%
PPV	83.3%
NPV	91.7%
Acc	87.5%
Threshold	0.50



Comparison between subclasses.

Cohort 2, N = 87

Comparison between Controls, Bipolar euthymic, Bipolar Depressed, Bipolar Hypomaniac/Maniac and Bipolar Mixed patients

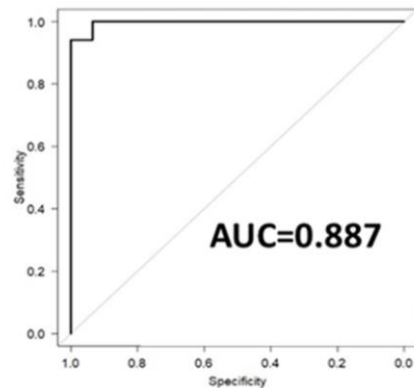
Multiplex analysis of RNA editing



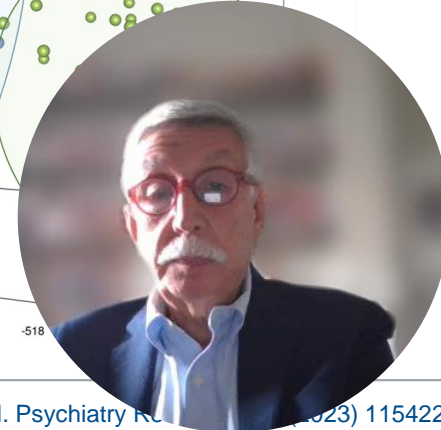
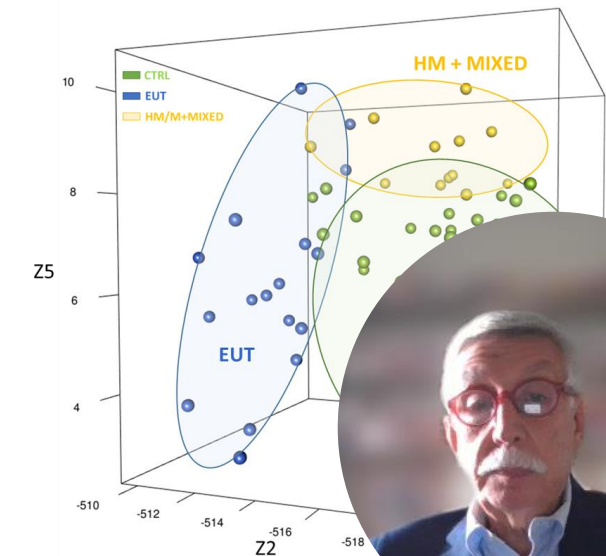
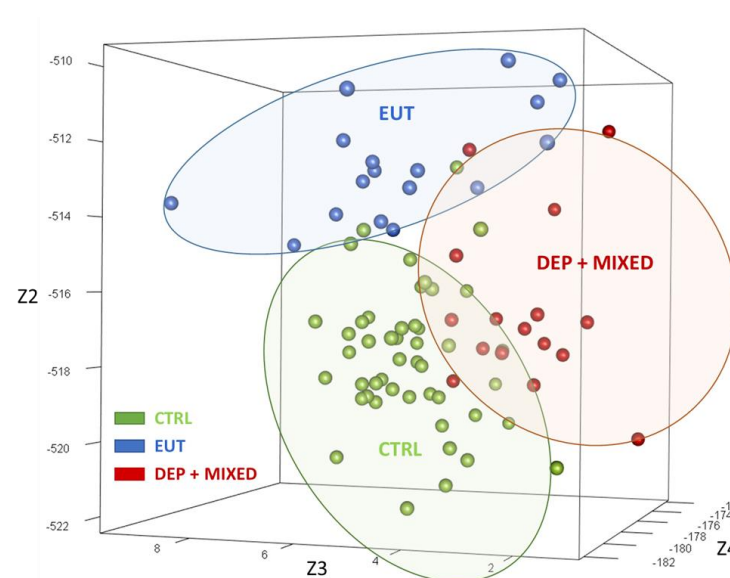
	Ctrl vs BP	Ctrl vs EUT	Ctrl vs DEP+MIXED	EUT vs DEP+MIXED	Ctrl vs HM/M+MIXED	EUT vs HM/M+MIXED
AUC	0.887	0.996	0.938	0.993	0.993	0.971
Sp	89.4	100	91.5	94.1	100	94.1
Se	85	94.1	87.5	100	91.7	91.7

Euthymic and depressed bipolar patients are characterized by different RNA editing patterns in blood

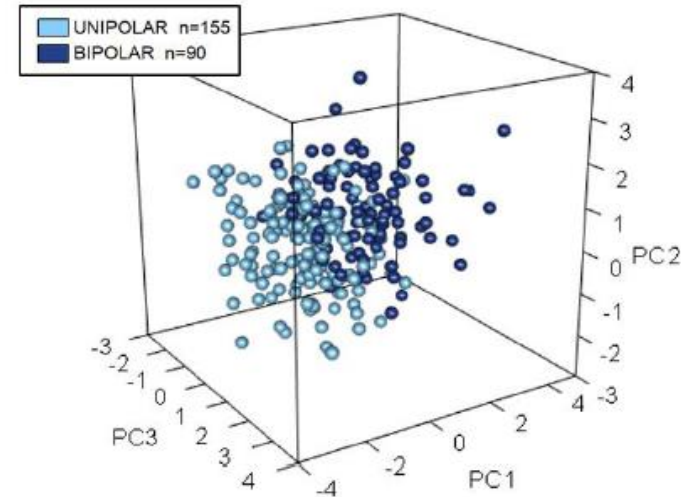
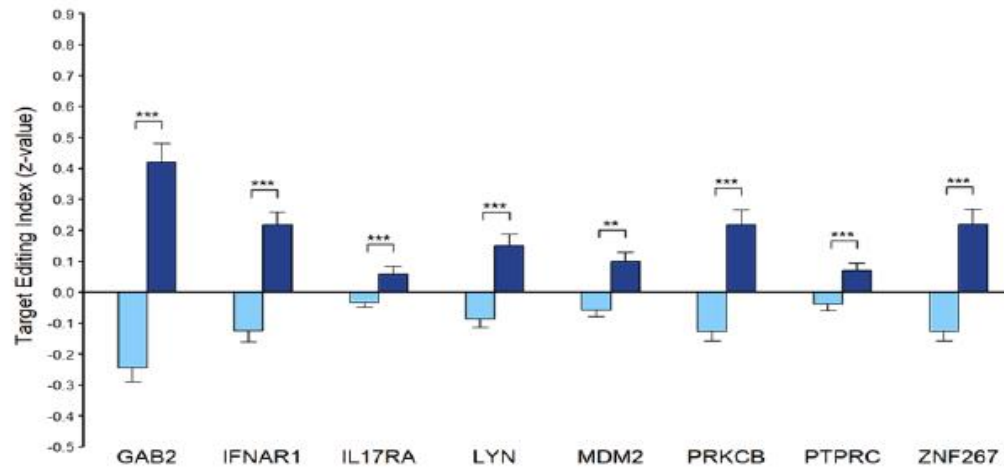
Mirian A.F. Hayashi^{a,b,i,*}, Nicolas Salvetat^{c,†}, Christopher Cayzac^c, Francisco Jesus Checa-Robles^c, Benjamin Dubuc^c, Sandie Mereuze^c, João V. Nani^{a,b}, Franck Molina^c, Elisa Brietzke^d, Dinah Weissmann^{c,†}



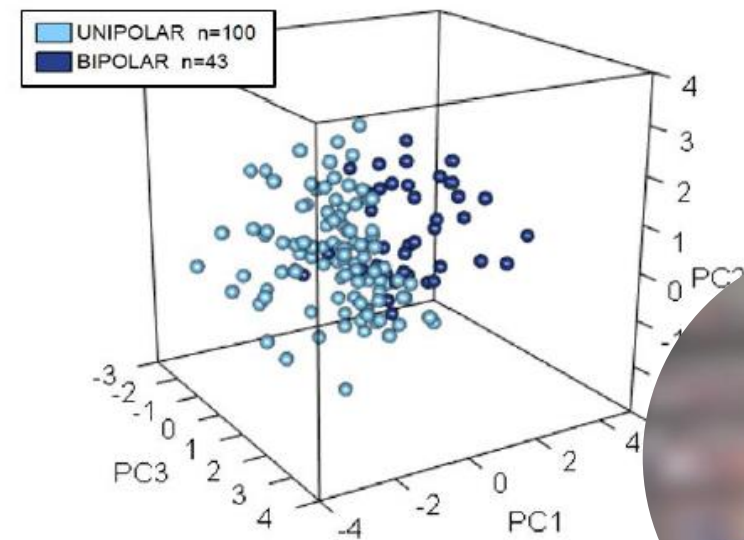
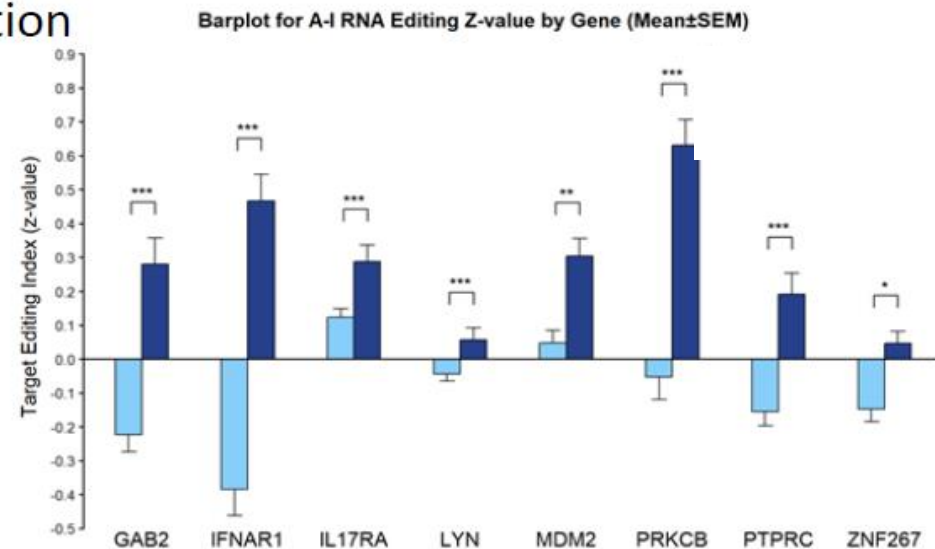
ROC curves of the RNA editing biomarkers combination for CTRL vs BD.



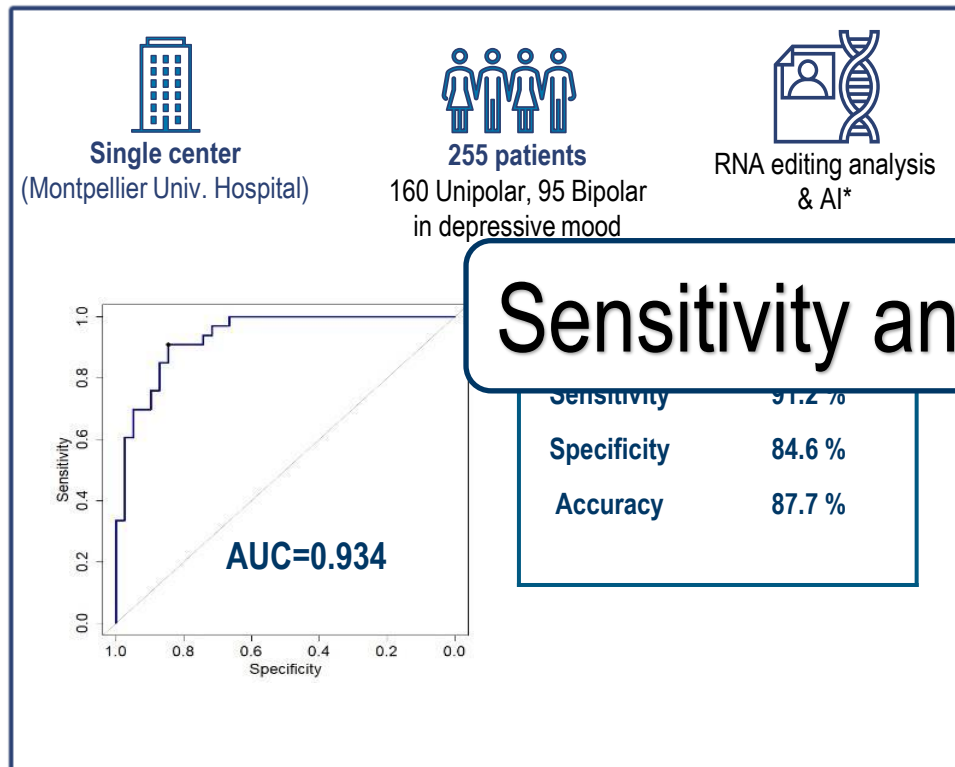
Model



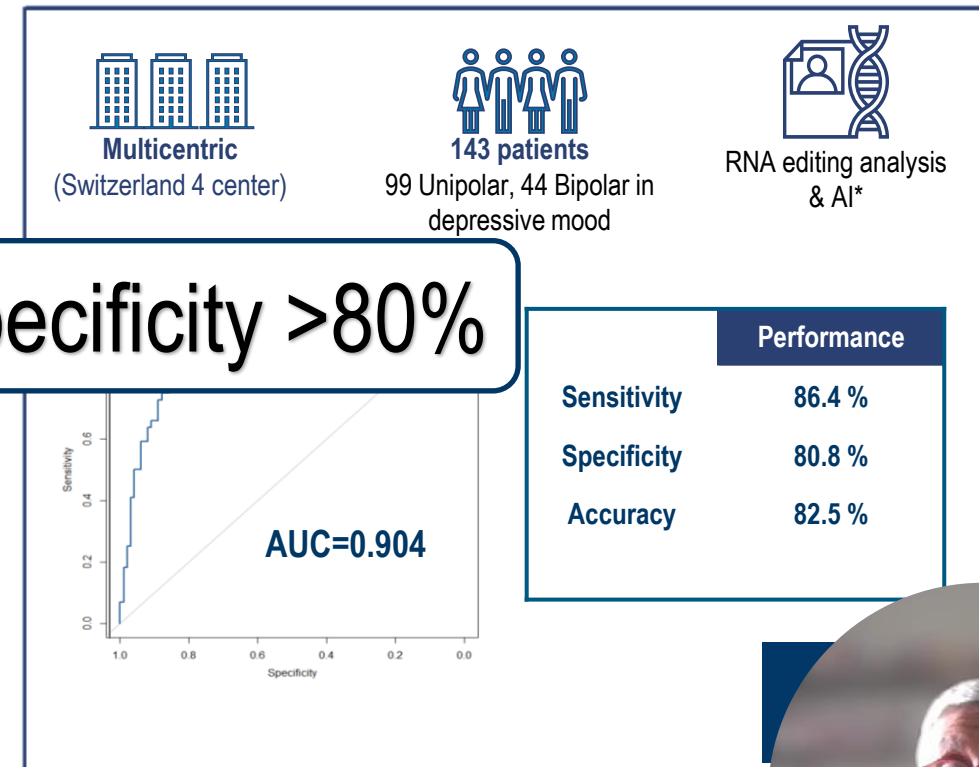
Validation



Clinical study

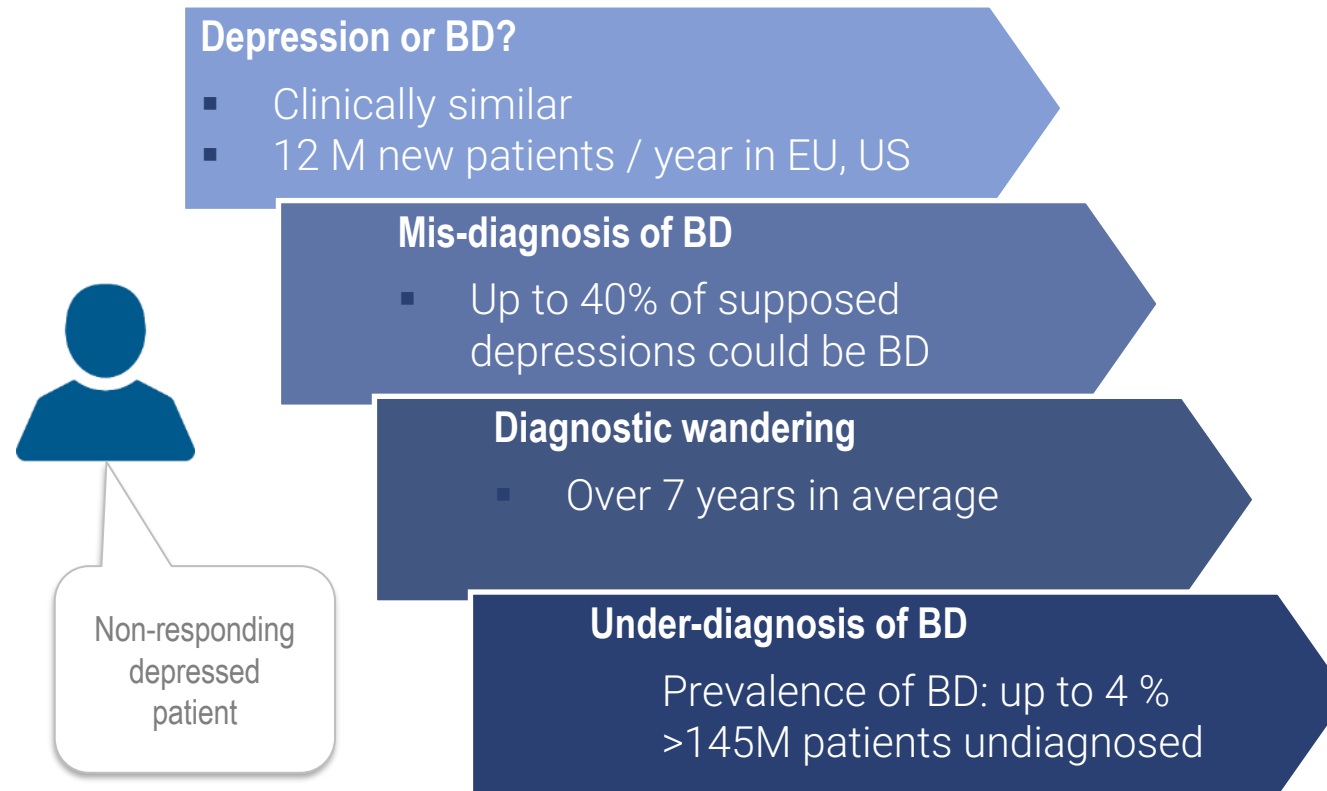


- Multiplex analysis of RNA editing - Random Forest EUROPEAN population

Replication Study on an
Independent Cohort**Sensitivity and specificity >80%**

Diagnosing bipolar disorder is a major pain point for mental health professionals

The gold standard -clinical evaluations & scales- does not differentiate depression from BD



Change the game in diagnostics

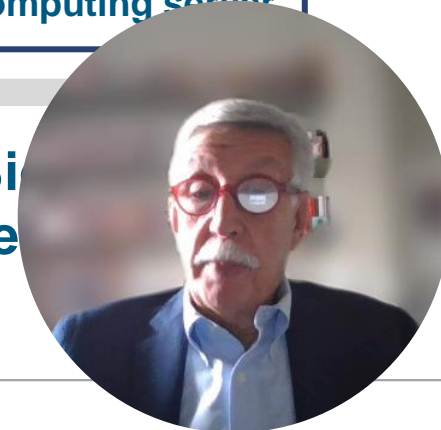
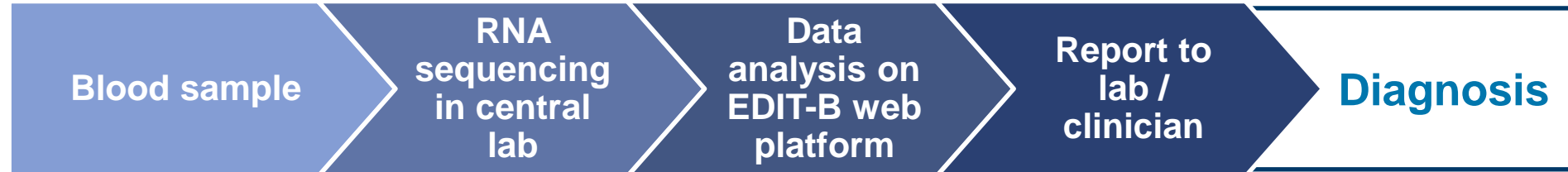
HOW:

Harness the unexplored power of RNA & AI in the diagnostics

VISION:

Give a new life to patients with enhanced diagnostics and precision medicine

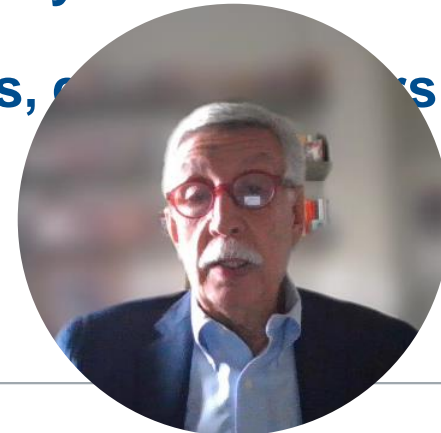


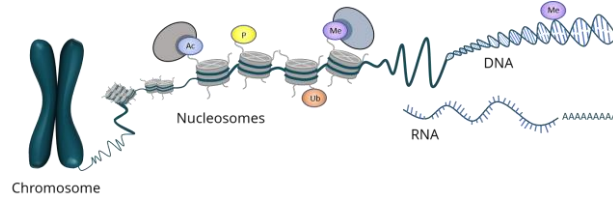


Take Home Messages



- **Epigenetics for diagnostics**
- **RNA and AI for personalized medicine**
- **Breakthrough innovation for diagnostics and mental health**
- **EDIT-B is the first blood test to differentiate bipolar from unipolar depressed patients with high performance (> 80%)**
- **EDIT-B is the ideal decision-making support tool for helping to reduce the diagnostic wandering from years to days**
- **An international supportive network of clinicians, researchers & partners**





CONGRESO LATINOAMERICANO DE BIOQUÍMICA CLÍNICA

CONGRESO INTERNACIONAL DEL COLEGIO NACIONAL DE BACTERIOLOGÍA

¡El riesgo es que te quieras quedar!

Cartagena, Colombia 3 al 6 OCTUBRE 2024

Thank you for your attention



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