

1 **Copy number variation-based gene set analysis reveals cytokine
2 signaling pathways associated with psychiatric comorbidity in
3 patients with inflammatory bowel disease**

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21 **Keywords:** Inflammatory Bowel Disease, psychiatric comorbidity, cytokines, copy number
22 variation, pathway enrichment

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24 **Running Title:** Psychiatric comorbidity in inflammatory bowel disease

25

26 **Abstract**

27 **Background:** Recent studies discovered many genetic variants associated with both psychiatric
28 and inflammatory disorders, but the role of genetic factors in the development of psychiatric
29 comorbidity (PC) in inflammatory bowel disease (IBD) is underexplored. Particularly, it has been
30 shown that some of the genetic variants have been linked to the concentrations of circulating
31 cytokines and symptoms of the inflammatory cytokine-associated depression. We analysed
32 genomic features of individuals with IBD by comparing IBD patients with PC with those who have
33 IBD but without PC. We hypothesized that cytokine related signaling pathways may be
34 significantly associated with the psychiatric comorbidity in patients with IBD.

35 **Methods:** Individuals enrolled in the Manitoba IBD Cohort Study were separated to two groups
36 accordingly to the presence of PC. A sample set comprising 97 IBD individuals with PC (IBD+PC)
37 and 146 IBD individuals without PC (IBD) was first used to identify copy number variations
38 (CNVs) from genome-wide genetic data using three different detection algorithms. IBD+PC and
39 IBD groups were compared by the number of CNVs overlapping each gene; deletions and
40 duplications were analysed separately. Gene set overrepresentation analysis was then conducted
41 using CNV-overlapped genes and the candidate gene sets of neurological and immunological
42 relevance.

43 **Results:** Medium-sized CNV (size between 100 and 500 kilobase pairs)-burden is significantly
44 higher in IBD+PC than IBD groups. Gene-based CNV association analysis did not show
45 significant differences between the two IBD groups. Gene set overrepresentation analysis

46 demonstrated the significant enrichment of gene sets related to cytokine signalling pathways by
47 the genes overlapped by deletions in the IBD individuals with PC.

48 **Conclusion:** Our results confirm the role of cytokine signalling pathways in the development of
49 PC in IBD. Additionally, our results warrant further study with a larger sample size focusing on
50 cytokine SNPs to further understand the relationship between inflammatory and psychiatric
51 disorders.

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57 **1. Background**

58 Inflammatory bowel disease (IBD) is one of the immune-mediated diseases characterised by
59 chronic intestinal inflammation. The prevalence of IBD in Europe and North America exceeds
60 0.3%, and there is a rising incidence in newly industrialised countries (Ng et al., 2017). In turn,
61 numerous studies reported a high frequency of psychiatric disorders, especially mood disorders in
62 persons with IBD. It has been suggested that IBD activity is the critical factor of decreased
63 subjective well-being and concomitant mood disorders, and not the disease itself (Lix et al., 2008).
64 However, many IBD patients demonstrate symptoms of depression and anxiety in periods of
65 remission (Cawthorpe, 2015; Keeton et al., 2015; Vidal et al., 2008; Walker et al., 2008). Other

66 immune-mediated inflammatory disorders, such as rheumatoid arthritis, psoriasis, and
67 cardiovascular diseaseare were also associated with increased risk of psychiatric comorbidity
68 (Andreoulakis et al., 2012; Hare et al., 2014; Margaretten et al., 2011; Tyring et al., 2006). Recent
69 studies have reported elevated incidence rates of depression, anxiety disorder, bipolar disorder and
70 schizophrenia in patients with IBD specifically as well as in a cohort of persons with any of IBD,
71 multiple sclerosis and rheumatoid arthritis (Bernstein et al., 2018; Marrie et al., 2017). An
72 increased incidence of depression and anxiety has been reported in the years prior to diagnosis of
73 IBD suggesting that psychiatric comorbidity is not only a mental health response to a chronic
74 disease but it may be that psychiatric disease and IBD share inflammatory aetiologies (Marrie et
75 al., 2017; Walker et al., 2008). Depression and decreased well-being have also been associated
76 with higher relapse rates in IBD (Long et al., 2014; Persoons et al., 2005). The symptoms of
77 depression and anxiety and accompanying fatigue significantly deteriorate the patients' quality of
78 life and contribute to work impairment (Enns et al., 2018; Graff et al., 2011). Brain gut connections
79 are considered the underpinning of the association between IBD and psychiatric disorders. These
80 interactions include neural, immune and endocrine communication pathways with an impact on
81 the gut microbiome, all of which may direct intestinal inflammation (Abautret-Daly et al., 2017;
82 Bonaz and Bernstein, 2013). There are a number of possible environmental risk factors common
83 for both IBD and mood disorders, such as stress, sleep disturbances, vitamin D deficiency,
84 microbiome alterations and dietary changes (Ananthakrishnan, 2015; Anglin et al., 2013; Foster
85 et al., 2017; Franzen and Buysse, 2008; Westover and Marangell, 2002). Alterations in
86 concentrations of circulating pro-inflammatory cytokines in response to different environmental
87 triggers may be a unifying mechanism through which psychiatric disease and IBD are linked
88 (reviewed in Berk et al., 2013). Through the activation of the inflammatory pathways in the brain

89 parenchyma, cytokines can influence the monoamine, glutamate and neuropeptide systems (Felger
90 and Lotrich, 2013; Lotrich, 2015). The activation of the immune system and increasing blood
91 cytokine levels have been observed in numerous psychiatric disorders including depression and
92 anxiety disorder, posttraumatic stress disorder, schizophrenia and autism (Berk et al., 2013; Filiano
93 et al., 2015; Kim et al., 2016; Kronfol, 2000; Uçar et al., 2018). Inflammatory cytokines can cause
94 the depressive-like symptoms induced by cytokine-based treatment for certain cancers and viral
95 infections (Lotrich, 2009). Moreover, inflammatory cytokine-associated depression may be a
96 specific major depression subtype warranting specific treatment (Lotrich, 2015).

97 Chronic inflammatory disorders such as IBD, as well as psychiatric disorders, are complex
98 conditions with contributions by multiple genes with small effect sizes. Numerous genome-wide
99 association studies (GWAS) have identified more than 200 IBD risk loci (de Lange et al., 2017;
100 Liu et al., 2015). Some of the IBD-associated genes are involved in activation of T-, B-, and NK-
101 cells, response to molecules of bacterial origin, JAK-STAT signalling pathway and other
102 processes, which may be linked to the regulation of host response to intestinal microbes (Jostins
103 et al., 2012; Kostic et al., 2014). In a previous study, we found few copy number variation (CNV)
104 loci linked to susceptibility to IBD. These CNVs were involved in T-cell immune responses and
105 cellular signal transduction pathways in IBD pathogenesis. Similarly to the inflammatory diseases,
106 depression and anxiety disorders have been linked to multiple risk SNP and CNV alleles; some
107 of these alleles were associated with multiple mood, neurodevelopmental and neurodegenerative
108 disorders (Gratten et al., 2014; Green et al., 2016; Guyatt et al., 2018; Hyde et al., 2016; Marshall
109 et al., 2017; O'Dushlaine et al., 2014; Perlis et al., 2012; Pinto et al., 2010; Wray et al., 2018). In
110 addition, several SNPs have been linked to the concentrations of circulating cytokines and
111 symptoms of the inflammatory cytokine-associated depression. The genes mapped to these

112 variants are related to the immune signalling molecules, neurotransmitters, neuropeptides and
113 growth factors (Ahola-Olli et al., 2017; Felger and Lotrich, 2013).

114 The role of genetic factors in the development of psychiatric comorbidity in IBD is significantly
115 underexplored. We reasoned that IBD patients with psychiatric comorbidity (IBD+PC) might
116 represent a genetically different group than those with IBD who never had PC (IBD). Given that
117 inflammatory cytokines have been shown strong associations with IBD and depression-related
118 disorders as discussed above, we hypothesized that cytokine related signaling pathways may be
119 significantly associated with the psychiatric comorbidity in patients with IBD. We evaluated the
120 CNV burden and performed CNV-based gene set overrepresentation analysis of the candidate gene
121 sets of neurological and immunological relevance to identify cytokine signaling pathways
122 associated with IBD patients with PC.

123 **2. Materials and Methods**

124 **2.1 Study participants**

125 Individuals enrolled in The Manitoba IBD Cohort Study – a population-based study of persons
126 with IBD (within seven years after diagnosis) were followed prospectively to assess predictors of
127 outcomes. Diagnoses were confirmed on chart review. Participants were surveyed semiannually
128 and interviewed in person annually. A number of survey tools were used to assess ongoing
129 symptoms of depression and anxiety. Within one year of study enrolment all participants underwent
130 a Comprehensive International Diagnostic Interview developed by the World Health Organization
131 (Walker et al., 2008). The psychiatric disorder diagnosis process and criteria were described in
132 detail elsewhere (Walker et al., 2008). Blood samples for genotyping were obtained from a total
133 of 269 IBD patients, 104 of those had PC. The Manitoba IBD Cohort Study was approved by the

134 University of Manitoba Health Research Ethics Board, and participants provided written informed
135 consent.

136 **2.2 Microarray genotyping and quality control procedures**

137 DNA was extracted from blood and genotyped using the Illumina Human Omni2.5M-8 microarray
138 (San Diego, CA, USA) at The Centre for Applied Genomics (TCAG) in Toronto using established
139 protocols (Scherer et al., 2007). SNPs were required to match several quality control criteria
140 (**Figure 1**): minimal SNP call rate of 95% (proportion of the samples with the genotype calls for
141 the given SNP), the SD (standard deviation) for the LRR (log R ratio) and BAF (B allele frequency)
142 for an individual sample were required to be within the mean ± three times the SD for each of these
143 criteria for an analysis batch (Noor et al., 2014; Pinto et al., 2010). Any samples outside this range
144 were removed from further analysis.

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146 **2.3 Population stratification analysis**

147 Population stratification and outlier detection were performed by multidimensional scaling
148 analysis (MDS) as implemented in PLINK (Chang et al., 2015). MDS has been applied for
149 identification of ethnicity outliers by comparing the SNP population frequencies in IBD patients
150 to the SNP frequencies in the reference populations, while phase 3 data from 1000 Genomes
151 Project was utilised as the reference (Auton et al., 2015). Only the samples with European ancestry
152 were used for the study. Additionally, the individuals' sex was estimated based on X chromosome
153 homozygosity rate, and samples relatedness was assessed by calculating the identity-by-state
154 distance for each pair of individuals. Highly-related individuals and the individuals with the

155 inconsistencies between self-reported sex and X chromosome homozygosity rate were removed as
156 well.

157 **2.4 Allelic Association Test**

158 Allelic association test was performed separately for each individual SNP. For the test, the
159 observed frequencies of alternative alleles in two IBD groups (IBD+PC vs IBD) were represented
160 as a contingency table. Under the null hypothesis of lack of association of minor allele frequency
161 with the PC, we expect the allele frequencies to be the same in IBD+PC and IBD groups. Person's
162 χ^2 with one degree of freedom was used for testing independence of the rows and columns of the
163 contingency table in accordance with the protocol written by Clarke et al. (Clarke et al., 2011).
164 The odds ratio (OR) and 95% confidence intervals (95% CI, a statistical measure of a range of
165 measurements that we can be 95% certain contains the population mean) were calculated to assess
166 the association between the alleles and the risk of IBD with PC.

167 **2.5 CNVs detecting algorithms**

168 Similarly to the methodology described before (Noor et al., 2014; Oskoui et al., 2015; Pinto et al.,
169 2010), we applied three CNV calling algorithms, namely, iPatter (Pinto et al., 2011), PennCNV
170 (Wang et al., 2007) and QuantiSNP (Colella et al., 2007), to obtain high-confidence calls from our
171 IBD samples. The detected CNVs were first filtered based on their size (no less than 20 kilobase
172 pairs (kbp), probe content (no less than five consecutive probes) and algorithm-specific quality
173 score (see **Figure 1**). For maximal sensitivity and specificity of CNV detection, we required CNV
174 calling by at least two algorithms, one of which had to be either iPatter or PennCNV. The CNVs
175 detected by two or three algorithms were merged. In the case of position mismatch of the results
176 received from different algorithms, outermost positions were used as stringent CNV positions (i.e.,
177 union of the CNVs) as described in Pinto *et al.* (Pinto et al., 2010). Further, we excluded CNVs

178 that: 1) overlapped the centromere (100 kbp regions before and after centromeres) or the telomere
179 (100 kb from the ends of the chromosome); 2) had > 70% of its length overlapping a segmental
180 duplication using the entire segmental duplication dataset downloaded from the University of
181 California, Santa Cruz (UCSC) Genome Browser website; 3) had >70% overlap with
182 immunoglobulin region (Wang et al., 2007; Zarrei et al., 2015).

183 **2.6 CNV burden and permutation test**

184 For the analysis of CNV burden in two IBD groups, we divided the CNVs by their length into
185 three groups: shorter than 100 kbp, from 100 to 500 kbp and larger than 500 kbp. We analysed the
186 CNV burdens of deletions and duplications jointly and separately. For each type and size of CNVs
187 we first calculated the number of CNVs in IBD+PC and IBD groups, then estimated the average
188 number of CNVs per sample in each group (named as IBD+PC rate and IBD rate, respectively),
189 and finally defined the ratio of IBD+PC rate / IBD rate as CNV burden risk. We applied a
190 permutation test to evaluate the significance of the CNV burden risk. The permutation procedure
191 randomly shuffled the samples between IBD+PC and IBD groups and recalculated the ratio of
192 IBD+PC rate / IBD rate in each permuted data set. We defined the permutation p-value of the
193 CNV burden risk as the proportion of ratio of IBD+PC rate / IBD rate observed in 10,000
194 permuted datasets larger than this ratio in the original data. Genic regions were ascertained by
195 RefSeq annotation (UCSC, hg19). The global burden of CNVs overlapping genic regions was
196 analysed similarly.

197 **2.7 Gene-based CNV association test**

198 The human genes positions (UCSC, hg19) were obtained from the UCSC Genome Browser
199 website. All genes, overlapped with at least one nucleotide by at least one CNV in the tested
200 groups, were selected for the gene-based CNV association test. For each gene, the number of

201 overlapping CNVs in IBD+PC samples was compared with the number of overlapping CNVs in
202 IBD using two-tailed Fisher's exact test. The analysis was conducted separately for genes
203 overlapped by deletions and by duplications separately.

204 **2.8 Gene set overrepresentation analysis**

205 The gene set overrepresentation analysis was conducted using the genes overlapped by at least one
206 CNV in the tested groups as the background gene list. Four lists of genes overlapped by deletions
207 and duplications in the IBD+PC and IBD samples were used to test the enrichment of functional
208 gene sets using Fisher's exact test, respectively. The Gene Ontology (GO) and KEGG pathway-
209 derived sets of neurobiological and immunological relevance were used for the definition of
210 customised gene sets (GSs) functionally related to the immune and nervous system activity (**Table**
211 **1**). Assuming the substantial role of neurotransmitters, neuronal and synaptic plasticity, and
212 cytokine signalling pathways, we designed four GSs by merging relevant GO terms and KEGG
213 pathways. Similarly, we created separated GS out of all immune-related GO terms, which did not
214 include "GO Cytokine Pathways". In addition, the GO terms related to nervous system
215 development, and higher cognitive functions were included in the analysis as corresponding GSs.
216 Finally, all GSs related to the immune and nervous system were combined and included in the
217 analysis as two large GSs. The detailed list of GO terms and KEGG pathways included in each of
218 GSs is presented in the **Supplementary Table 1**.

219 **2.9 DNA motifs identification and analysis**

220 We retrieved corresponding sequences from the upstream regulatory regions of the 44 genes
221 overlapped by deletions in IBD+PC samples and significantly over represented in the gene set
222 "Cytokine Pathways (GO+KEGG)", each spanning from 1000 bp upstream to 100 bp downstream

223 of the gene start position, using the “retrieve EnsEMBL sequence“ algorithm from the RSAT suite
224 (Regulatory Sequence Analysis Tools) (Nguyen et al., 2018). The repetitive elements in the
225 obtained sequences were masked to reduce the risk to get false-positive results. We used three
226 motif-based sequence analysis tools from the MEME suite to search and analyse the DNA motifs
227 in the chosen DNA regions. The obtained sequences were subjected to the novel DNA motifs
228 identification using MEME (Timothy et al., 1994) with Zero or One Occurrence per Sequence
229 search option. DNA motifs identified by MEME were compared with JASPAR databases of
230 known motifs (transcription factor families) using Tomtom algorithm (Shobhit et al., 2007; Khan
231 et al., 2018).

232 **3. Results**

233 **3.1 Sample descriptive statistics and quality control**

234 During the quality control procedures, a total of 26 out of the 269 samples were removed from
235 further analysis (see **Figure 1**). Of those, five samples were excluded due to insufficient call rate
236 and/or exceeded SD of LRR and BAF related to poor sample quality and genotyping errors.
237 Another 18 samples were removed as population outliers (See **Figure S1**) or due to sample
238 relatedness or the inconsistency between self-reported and genotyped sex. Three samples were
239 disqualified after CNVs calling and merging due to an exceeded number of detected CNVs. The
240 remaining 243 IBD individuals were included in the study. Of the included IBD samples, 97 were
241 from persons with PC and 146 were from persons without PC. The comparison of several clinical
242 and social characteristics of IBD with and without PC was shown in **Table 2**. No significant
243 difference of sex, age, martial status and subtypes of IBD between IBD+PC and IBD groups was
244 observed, while there was a significant association with IBD+PC for the level of adversity
245 (adjusted p-value = 0.05, odds ratio (OR)=2.04, 95% Confidence Interval (95% CI)=1.15-3.63).

246 **3.2 Allelic association test**

247 After the quality control procedures, we completed a genome-wide allelic association analysis of
248 1,267,826 SNPs in 97 IBD+PC and 146 IBD cases. Results of the allelic association test have been
249 visualized by Manhattan plot and Q-Q plot as shown in **Figure S2** and **Figure S3**, respectively.
250 We can see there is no obvious deviation for observed p-values distribution from expected p values
251 distribution, and inflation factor λ_{gc} is 1.00, which indicates there is no systematic bias in
252 association analysis and no potential subpopulation structure in the study data. We did not find
253 SNPs with significant associations with the risk for PC in IBD at genome-wide significance level
254 5×10^{-8} . However, there were 14 SNPs identified at the suggestive significance level 1×10^{-5}
255 (**Supplementary Table 2**). **Figure S2** showed that the SNPs on chromosomes 3, 8, 16 and 18
256 were enriched for the associations of the suggestive level of significance and SNPs on chromosome
257 8 exhibited the strongest signals. Among them, the strongest association was observed for two
258 SNPs placed on chromosome 8 in the intron region of the RBPMS gene (**Figure S4**). This gene
259 encoded a member of the RNA recognition motif family of RNA-binding proteins involved in the
260 nucleotide binding process and was previously reported in association with numerous blood count
261 traits, including lymphocyte and neutrophil percentage of white blood cells (Astle et al., 2016).

262 **3.3 CNV burden**

263 After CNVs quality control and merging the results of three CNV calling algorithms, 2,086
264 stringent CNVs were kept for the further analysis, which included 1,089 deletions and 997
265 duplications. Overall, 1,054 CNVs (97%) overlapped at least one gene and were analyzed as genic
266 CNVs. Of those, 456 and 598 were found in the samples with and without PC, respectively. More
267 than a half of the detected CNVs (62%) were less than 100 kbp in size. However, 199 samples
268 (82%) contained at least one CNV with a size larger than 100 kbp and 42 samples (17%) contained

269 CNVs longer than 500 kbp. Of those, 19 large CNVs were observed in IBD+PC samples, and 25
270 such CNVs were detected in IBD samples, including 11 and 16 genic CNVs, correspondingly. The
271 number of medium-sized (100-500 kbp) duplications observed in IBD+PC cases significantly
272 exceeded their number found in IBD cases (permutation test p-values 0.048 and 0.049 for all CNVs
273 and genic CNVs correspondingly). All other size groups were not significantly overrepresented in
274 one of the two sample groups (see **Supplementary Table 3** for details).

275 **3.4 Gene-based CNV association analysis**

276 Overall, 1,149 genes were intersected by at least one CNV (deletion or duplication) in at least one
277 analysed sample; 589 and 644 genes were overlapped by deletions and duplications,
278 correspondingly. For each gene, we compared the number of overlapping CNVs in an IBD+PC
279 population with the number of overlapping CNVs in IBD groups. This comparison was conducted
280 separately for deletions and duplications. After the correction of p-values for multiple testing over
281 1,233 comparisons, no significant association was observed. Of all CNV-overlapped genes, HLA-
282 DRB5 and FAM35DP reached the highest level of significance (Fisher's exact test p-value = 0.12).
283 The HLA-DRB5 gene was overlapped by deletions in five IBD+PC and two IBD samples.
284 Similarly, the FAM35DP gene was overlapped by five duplications in IBD+PC and two in IBD
285 groups. The HLA-DRB5 gene belongs to the HLA class II beta chain paralogues, which plays a
286 central role in the immune system by presenting extracellular peptides and polysaccharides. The
287 FAM35DP is a pseudogene. Both regions are overlapped by common CNVs detected in numerous
288 genome-wide CNV studies. Disorders associated with genomic variants in the HLA-DRB5 gene
289 locus include IBD (Anderson et al., 2011; de Lange et al., 2017; Franke et al., 2010; McGovern et
290 al., 2010; Yang et al., 2014), rheumatoid arthritis (Jiang et al., 2014; Okada et al., 2014; Padyukov

291 et al., 2011; Saxena et al., 2017) and schizophrenia (Anney et al., 2017; Ripke et al., 2013). The
292 result of the gene-based CNV association analysis is presented in the **Supplementary Table 4**.

293 **3.5 Gene set overrepresentation analysis**

294 We analysed 12 customised gene sets (GS), related to immune or nervous systems for the
295 enrichment of CNV in IBD+PC or IBD. For these analyses, duplications and deletions were
296 considered separately. In general, all tested groups of CNV-overlapped genes were presented in
297 each of GS by at least one gene. Genes, overlapped by deletions in the IBD+PC population were
298 overrepresented in four GSs related to the immune system with a nominal p-value < 0.05. The
299 overrepresentation in two GSs (GO Cytokine pathways, and Cytokine pathways included relevant
300 GSs from KEGG and GO) survived the multiple testing correction ($P_{corr} < 0.05$). In turn, the
301 enrichment of group of genes, overlapped by duplications in IBD reached nominal significance in
302 two GSs of neurological relevance: GO NS Development, and combined GS contained all genes
303 related to the nervous system functioning. The same gene group was significantly
304 underrepresented in the GSs related to the immune system; the genes overlapped by duplication in
305 IBD+PC were underrepresented in the immune-related GSs as well. The details of the gene set
306 overrepresentation analysis are presented in the **Supplementary Table 5**.

307 We analysed the CNV-overlapped genes related to the cytokines biosynthesis, production, and
308 secretion, as well as cellular response to the cytokines stimulus (i.e., genes included in the
309 “Cytokine pathways”) comparing the genes overlapped by deletions and duplications in IBD+PC
310 and IBD groups. It was found that most of the CNV-overlapped cytokine-related genes present in
311 only one of the four tested gene groups. Some intersection were observed between groups of genes,
312 overlapped by the same type of CNV (deletions or duplications) in IBD+PC and IBD, but not
313 between groups of genes overlapped by a different type of CNVs in the same group of IBD

314 individuals (**Figure 3**). Thus, 34 genes were overlapped by deletions exclusively in the IBD
315 individuals with PC, 17 genes were overlapped by deletions in IBD group, and only seven genes
316 were overlapped by deletions in both groups. In turn, 10 and 13 genes were duplicated in IBD+PC
317 and IBD groups, correspondingly, while only three genes were overlapped by duplications in both
318 IBD+PC and IBD groups.

319 Of the 88 CNV-overlapped genes included in “Cytokine pathways”, 46 were also included to one
320 or more neurological GSs. 26 genes were functionally related to the regulation of neuron
321 development and differentiation, neuron projection guidance and morphogenesis, response to the
322 neurotrophin, and, finally, to the neuron death. Of these genes, 15 were overlapped by deletions in
323 one or more IBD+PC individuals. In turn, 22 genes were also involved in the nervous system
324 development, and 10 of them were overlapped by deletions in IBD+PC. Similarly, eight genes
325 (three deleted in IBD+PC) were linked to the biosynthesis, metabolism or transport of
326 neurotransmitters, including dopamine, glutamate and nitric oxide. Nine genes, including three
327 deleted in IBD+PC, were associated with synaptic transmission and plasticity. Of seven genes
328 played a role in the higher cognitive functions, two were overlapped by deletions in IBD+PC.
329 Finally, ten genes (with five deleted in IBD+PC) were also included in “KEGG Neuronal System”
330 gene set (**Figure 4**).

331 **3.6 Identification of DNA motifs**

332 We identified a motif overrepresented in the promoter regions of the 44 genes with an e-value of
333 2.8×10^{-8} , which was found in 29 of the 44 tested sequences (**Figure 5A**). This motif matched to
334 MA0528.1 (ZNF263) DNA motif from the JASPAR database belongs to the C2H2 zinc finger
335 factors class with q-value = 6.5×10^{-4} (**Figure 5B**). ZNF263 was described as a RNA polymerase
336 II-specific DNA-binding transcription factor, which has both positive and negative effects on the

337 wide range of target genes. The functional analysis of the target genes showed that ZNF263 may
338 play a critical role in maintaining cell structure and cell proliferation processes (Frietze et al.,
339 2009).

340 **4. Discussion**

341 The prevalence of the middle size duplications was significantly enriched in the IBD+PC group,
342 but there was no difference of the smaller and larger duplications or deletions of any size between
343 the two IBD groups. Similarly, no significant association was observed in the gene-based CNV
344 association analysis. Although it is possible that the individuals with IBD + PC had more
345 severe IBD or had longer duration IBD, which can potentially result in higher burden of median-
346 sized CNVs in IBD patients with PC, we analysed for PC in relation to IBD duration and also in
347 relation to the need for surgery or the need for infliximab usage as estimates of IBD severity. None
348 of these three measures (p-value=0.13 for IBD duration, p-value=0.47 for the need for surgery and
349 p-value=0.60 for the need for infliximab usage, respectively) demonstrated a significant
350 relationship with PC.

351 It should be taken into account that both inflammatory and psychiatric disorders are influenced
352 by many genetic variants with weak effect size, probably common, as well as interactions among
353 them. An aggregated effect of genes associated with the same biological pathway can be detected
354 using gene set overrepresentation analysis. Despite the low frequency of particular CNVs
355 overlapping cytokine-related genes in the analysed sample, the observed overrepresentation of
356 genes, overlapped by deletions in IBD+PC, in the cytokine-related gene set supported the
357 importance of cytokine signalling pathways in the development of PC in IBD. The disruption of
358 cytokine signalling pathways can be considered as a risk factor for the development of chronic
359 inflammation, related to both IBD and PC conditions. Moreover, baseline low-grade inflammation

360 in predisposed patients can initiate depression disorder that can trigger the IBD by the
361 hypothalamic pituitary adrenal axis.

362 Cytokines and growth factors play the essential role for the proper development and functioning
363 of the central and peripheral nervous systems, as well as survival and healing of traumatized or
364 diseased neurons, synapse plasticity and cognitive functions (Schwartz and Kipnis, 2011;
365 Woodruff et al., 2011; Ziv et al., 2006). One of the aspects of the cytokine influence to the nervous
366 system is in reducing the activity of neurotrophins, mainly the brain-derived neurotrophic factor
367 (BDNF), which plays the central role in the synapse and neuronal plasticity (Duclot and Kabbaj,
368 2015; Lotrich, 2015). Changes in the BDNF expression and activity were reported in the studies
369 related to the depressive disorders and antidepressant efficacy (Castrén, 2014). Likewise, BDNF
370 was proposed as the critical element in the pathogenesis of bipolar disorder, posttraumatic stress
371 disorder, schizophrenia and neurodevelopment disorders (Autry and Monteggia, 2012; Castrén,
372 2014; Mitchelmore and Gede, 2014). In the results presented here, more than half of the cytokine-
373 related genes overlapped by CNVs in the analysed cohort were included in one or more GSs of
374 neurological relevance. This intersection was observed in the groups of genes, overlapped by
375 deletions and duplications in both IBD+PC and IBD groups. Moreover, the analysis of cytokine-
376 related genes, overlapped by deletions in the IBD individuals with PC, demonstrated that their
377 possible neurological effect is mediated by their regulatory role in the neuronal plasticity and
378 nervous system development rather than influence to synapses, neurotransmitters and higher
379 cognitive functioning.

380 The PC in our study encompassed major depression to generalized anxiety disorder. Often these
381 diseases present on a spectrum where they overlap, and several subjects had both disorders. Due

382 to the small sample size and relative overlap of these conditions, we performed our genetic analysis
383 using all PC together as one cohort. We acknowledge this is a limitation in the study.

384 For the IBD patients recruited in this study, we do not know the timing of the PC status in relation
385 to IBD onset. This may be a potential confounding factor in our association analysis. This
386 limitation can be overcome by comparing IBD patients who developed PC before or after the
387 development of IBD in a prospective study. We will explore this issue in our future research.

388

389 Although it has been well-known that patients with IBD have elevated incidence rates of
390 depression, anxiety disorder, bipolar disorder and schizophrenia, the role of genetic factors in the
391 development of PC in IBD is considerably underexplored. Our work is one of the first efforts and
392 the largest study to date to explore the potential association between the CNV variants and IBD
393 with psychiatric disorder. We recognize that our sample size is not large enough to test the true
394 associations at individual SNP level. Using the strict permutation-based test and the candidate gene
395 set (pathway)-based approach, we found that the cytokine-related signaling pathways may be
396 significantly associated with the psychiatric co-morbidity status of the patients by aggregating the
397 CNV-specific genetic effect at gene set level. These findings may be helpful for developing
398 targeted drug treatments for IBD patients with PC.

399

400 **5. Conclusion**

401 Overall our findings show a polygenic predisposition for PC in relation to IBD. This predisposition
402 is most likely linked to cytokine-related pathways and their effect on the neuronal plasticity. Our
403 results demonstrate that genetic studies related to both inflammatory and psychiatric diseases are

404 warranted, which can include extensive GWAS analysis as well as other study designs focused on
405 cytokine-signalling pathways.

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411 **Competing interests**

412 In the past four years, Dr Bernstein has consulted to or served on advisory boards of Abbvie
413 Canada, Shire Canada, Takeda Canada, Pfizer Canada, Janssen Canada, Ferring Canada, Napo
414 Pharmaceuticals and Mylan Pharmaceuticals. In addition, he has the educational grants from
415 Abbvie Canada, Janssen Canada, Pfizer Canada. Shire Canada and Takeda Canada and has
416 served on speakers' bureaus for Ferring Canada, Abbvie Canada, Janssen Canada and Medtronic
417 Canada. Other authors declare no conflict of interest for this manuscript.

418

419 **Authors' contributions**

420 SF performed the data analysis and drafted the manuscript. MS and QK prepared the samples for
421 microarray analysis. WJ preprocessed the data and performed the genetic association analysis. WX
422 supervised part of the genetic association analysis. CN and PZ designed and supervised the study.
423 All authors have reviewed and approved the manuscript.

424

425 **Acknowledgement**

426 The authors wish to acknowledge Dr. Sophia Rapoport, Dr. John Wei and Bhooma
427 Thiruvahindrapuram for their useful help during the manuscript preparation. We also want to
428 express our gratitude to Dr. John Wilkins for his great support.

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430

431 **Funding**

432 This work was supported in part by Health Sciences Centre Foundation, Mitacs, Manitoba
433 Research Health Council and the University of Manitoba.

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436 **Ethics approval**

437 This study has been approved by the University of Manitoba Health Research Ethics Board.

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439 **Consent for Publication**

440 Informed consent was obtained from all individual participants in the study.

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442 **Data Availability**

443 The list of the stringent CNVs detected in this study is available in the NCBI dbVar database (id:
444 nstd157).

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454 **Figures**

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456 **Figure 1. Quality control and analysis workflow.** The scheme is describing the main steps of
457 the CNV detecting: microarray probes quality control, CNV calling, CNV quality control and
458 stringent CNV merging. Quality control criteria and reasons for disqualification are provided for
459 each step. SD: Standard deviation; LRR: Log R ratio; BAF: B allele frequency.

460 **Figure 2. The results of gene set overrepresentation analysis.** The gene set overrepresentation
461 analysis was conducted by comparison of the lists o CNV-overlapped genes in two groups of
462 individuals and lists of genes related to certain functional pathways (gene sets). We analysed the
463 lists of genes overlapped by deletions and duplications in the group of individuals with
464 Inflammatory Bowel Disease with and without psychiatric comorbidity (IBD+PC and IBD,
465 correspondingly). The customised gene sets (GSs) contained genes functionally related to the
466 immune and nervous system activity and were formed by merging Gene Ontology (GO) and
467 KEGG pathway-derived sets of neurobiological and immunological relevance. The detailed list of
468 GO terms and KEGG pathways included in each of GSs is presented in the **Supplementary Table**
469 1. Node shape legend: circle - functional gene sets; diamond - list of genes overlapped by

470 deletions; triangle - list of genes overlapped by duplications. Node colour legend: blue - list of
471 genes overlapped by CNV in IBD patients with PC; white - list of genes overlapped by CNV in
472 IBD patients without PC; green - gene sets functionally related to the immune system; orange -
473 gene sets functionally related to the nervous system. Edge legend: edges width represents the
474 number of genes in the intersection of the gene list and gene set (12-76 genes). The intersections
475 between tested gene sets are removed. Pink edges connect gene list with significantly
476 overrepresented gene set; blue edges connect gene lists with underrepresented gene sets; grey
477 edges connect gene lists with gene sets, displayed not significant over- or underrepresentation. The
478 odds ratio is provided only for the significant over- or underrepresentation ($P_{corr} < 0.05$).

479 **Figure 3. The distribution of genes included in the “Cytokine Pathways” functional gene set**
480 **in four lists of genes, overlapped by deletions or duplications in the samples from IBD**
481 **patients with or without psychiatric comorbidity (IBD+PC and IBD, correspondingly).** CNV-
482 overlapped genes not included in the “Cytokine pathways” gene sets are not presented. Genes
483 related to neurological functions are marked in bold. The significance of the overrepresentation
484 was evaluated using Fisher’s exact test. Benjamini-Hochberg method was used for multiple testing
485 correction of p-values; p-value after correction (P_{corr}) is provided only for significantly
486 overrepresented gene list.

487 **Figure 4. Gene intersections between “Cytokine Pathways” and six gene sets of neurological**
488 **relevance.** Only CNV-overlapped genes included in the “Cytokine pathways” gene sets are
489 presented.

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499 Tables

Gene set	Gene group functions and source
GSs functionally related to the immune system	
KEGG Cytokine Pathways	Regulation of cytokine production, secretion, and signalling / KEGG pathways
GO Cytokine Pathways	Regulation of cytokine production, secretion, and signalling / GO database
GO Immune system	All immune and inflammatory processes not included in “GO Cytokine Pathways” / GO database
Cytokine Pathways (GO+KEGG)	Genes from the “KEGG Cytokine Pathways” and “GO Cytokine Pathways.”
Immune System (GO+KEGG)	Genes from the “KEGG Cytokine Pathways,” “GO Cytokine Pathways,” and “GO Immune system.”
GSs functionally related to the nervous system	
KEGG Neuronal Plasticity	Neuronal development, survival, and plasticity / KEGG pathways
GO Neuronal Plasticity	Neuronal development, survival, and plasticity / GO database
GO Neurotransmitters	Neurotransmitters secretion, transport, metabolism etc. / GO database
GO Synapse	Synapse organisation, maturation, plasticity, as well as synaptic potentiation and depression / GO database
GO NS Development	Central and peripheral nervous system development during the embryogenesis / GO database
GO Cognition	Behaviour, learning, memory, cognition / GO database

Nervous System (GO+KEGG)	All GSs functionally related to the nervous system combined
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501 Table 1. Summary description of customised gene sets (GSs) functionally related to the immune
 502 and nervous system activity. The detailed list of GO terms and KEGG pathways included in each
 503 of GSs is presented in the Supplementary Table 1.

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Clinical and social characteristics		IBD+PC	IBD	Fisher's exact test p-value (adjusted p-value**)
Sex	Male	35 (36.1%)	71 (48.6%)	0.06 (0.15)
	Female	62 (63.9%)	75 (51.4%)	
Age	16 years and under	4 (4.1%)	10 (6.8%)	0.51 (0.6)
	17 to 40 years	61 (62.9%)	82 (56.2%)	
	Over 40 years	32 (33.0%)	54 (37.0%)	
Marital status	Married, living common-law	66 (68.0%)	105 (71.9%)	0.57 (0.6)
	Single, divorced, widowed	31 (32.0%)	41 (28.1%)	
Level of adversity*	High	45 (48.9%)	45 (31.9%)	0.01, OR=2.04, 95%CI=1.15-3.63(0.05)
	Low	47 (51.1%)	96 (68.1%)	
IBD subtype	Crohn's disease	50 (51.5%)	69 (47.3%)	0.60 (0.6)

	Ulcerative colitis	47 (48.5%)	77 (52.7%)	
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510 Table 2. Clinical and social characteristics of IBD individuals included in the analysis.

511 * The number of traumatic events, including sexual and physical violence, prior to the age of 17;
512 “high level of adversity” status was given to individuals with more than two traumatic early
513 childhood events.

514 **adjusted p-value was corrected by Benjamini & Hochberg approach (Benjamini and
515 Hochberg, 1995)

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519 **Supplementary Figures**

520 **Figure S1: Multidimensional scaling (MDS) plot** with four populations (CEU - Utah residents
521 with Northern and Western European ancestry from the CEPH collection, CHB - Han Chinese in
522 Beijing, JPT - Han Chinese in Beijing, YRI - Yoruba in Ibadan) for the merged dataset of IBD
523 samples in this study and 1000 Genome samples. The red line in the picture is a cut-off threshold
524 for detecting population outliers, which corresponds to 0.025, which means samples with MDS C2
525 <0.025 were excluded as population outliers.

526 **Figure S2: Manhattan Plot of allelic association test** with suggestive p-value 5×10^{-5} (Blue Line)
527 and GWAS default significant p-value 5×10^{-8} : (Red Line). Suggestive significant SNPs are
528 highlighted by green

529 **Figure S3: Q-Q plot of allelic association test** (Black Line: Observed p-value distribution, Red
530 Line: Expected p-value distribution)

531 **Figure S4: Regional association plot** with the most significantly associated SNP - rs3779641 at
532 chromosome 8 with Flank size: +/- 400KB (Genome Build / LD Population: hg19 / 1000 genome
533 Nov 2014 EUR). The Corresponding gene annotation is RRPMS

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536 **Supplementary Tables**

537 **Supplementary Table 1:** The detailed list of GO terms and KEGG pathways included in gene
538 sets for the gene set overrepresentation test.

539 **Supplementary Table 2::** SNPs with a p-value of association $< 1 \times 10^{-5}$ are presented with
540 closest genes within 500kb upstream and downstream window. A1/A2, the two alleles at each
541 SNP (minor/major); A1 alternative allele frequency was tested for association, and its OR (odds
542 ratio) and 95% confidential interval (CI) are shown.

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544 **Supplementary Table 3:** All CNVs and gene-overlapping CNVs of different lengths observed in
545 the samples from IBD+PC and IBD groups. Summary data for all CNV types and separated data
546 for deletions and duplications are provided. IBD+PC and IBD rate represents the average number
547 of CNVs per sample. For each CNV type and length, a permutation test was applied to evaluate
548 the significance of prevalence of CNVs in one of the tested groups; the permutation procedure
549 randomly permuted the IBD+PC and IBD groups and recalculated the ratio of IBD+PC rate / IBD
550 rate for 100,000 permutations.

551 **Supplementary Table 4:** The results of the gene-based CNV association analysis. For each gene,
552 numbers of CNVs in IBD+PC and IBD cohort, the odds ratio with 95% confidence interval,
553 Fisher's exact test p-value and corrected p-value are presented. Genes not overlapped by CNVs
554 are not presented. Deletions and duplications are presented separately.

555 **Supplementary Table 5:** The details of the gene set overrepresentation analysis. For each tested
556 gene list, number and list of genes also included in each of the tested gene sets, odds ratio with
557 95% confidence interval, Fisher's exact test p-value and corrected p-value are presented. Also, the
558 table contains a number of genes from gene list not included in the gene set, number of genes in
559 gene set not overlapped by CNVs and number of background genes not included neither in gene
560 set nor in the tested gene list.

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