Molecular and cellular characterization of pyoderma gangrenosum: Implications for the use of gene expression

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<u>Table S3: Pathways associated with differentially expressed genes in the dermis of perilesional PG vs dermis of HC</u>

Significant genes were defined as having an FC >4 and an FDR p-value of <0.05. 2907 differentially expressed genes were identified and entered into Cytoscape. 92 pathways were significantly enriched (FDR <0.05).

Table S3: Dermis of perilesional PG vs dermis of HC pathways				
Pathway	P-value	FDR	Nodes	
Extracellular	1.11E-	1.15E-	CAPNS2,ADAMTS14,FN1,BGN,MMP10,MMP12,	
matrix	16	14	MMP11,MMP13,PXDN,MMP19,SPP1,COL22A1,C	
organization(R)			OL3A1,COL17A1,ITGAM,ITGB3,ITGB2,ITGAL,I	
			TGAX,ITGA4,ITGA1,ITGAD,ITGA5,ICAM2,ICA	
			M5,ICAM1,SDC4,SDC1,DDR1,ADAM19,ADAM1	
			2,FBN2,VCAM1,FBN1,BCAN,COL10A1,TIMP1,T	
			NC,P4HA3,ADAMTS4,ADAMTS2,PECAM1,MAT	
			N4,SCUBE3,COL6A2,COL6A1,COL6A3,NRXN1,T	
			HBS1,LUM,COL1A1,COL1A2,COL28A1,COL15A	
			1,LRP4,A2M,CTSS,CTSL,CTSK,CTSB,TMPRSS6,	
			PCOLCE,BMP7,BMP1,COL5A1,COL5A2,MMP1,	
			MMP2,MMP3,MMP8,MMP9,VCAN,SERPINE1,C	
			OL12A1,SERPINH1,CDH1,ADAM8,CEACAM6,C	
			OL4A2,COL4A1,COL4A4,COL4A6,NID1,NID2,T	
			GFB1,ACAN	
Neutrophil	1.11E-	1.15E-	GMFG,C3AR1,JUP,ARHGAP9,SIGLEC9,MMP25,	
degranulation(R)	16	14	OLR1,PTAFR,PKP1,SLC27A2,FTL,ITGAM,ITGB2	
			,ITGAL,ITGAX,TNFRSF1B,ANPEP,SYNGR1,PPB	
			P,BST2,FCER1G,TYROBP,ADA2,TNFAIP6,RETN,	
)		PTX3,CDA,PRSS3,CFD,PLAC8,NCKAP1L,TCN1,	
			ALOX5,RAB31,TCIRG1,FCAR,CR1,PECAM1,CA	
			LML5,FTH1,TBC1D10C,KRT1,VNN1,TLR2,LAIR	
			1,FCN1,COTL1,SELL,HK3,PLAUR,RNASE2,FPR1	
			,FPR2,LYZ,PIGR,ARG1,LRRC7,HP,STK10,DSC1,	
			S100A9,S100A8,S100A7,GPR84,PTPRB,PTPRC,F	
			CGR3B,DSP,DSG1,FCGR2A,CD14,ARSB,CTSZ,C	
			TSS,CTSB,CD53,MME,MPO,CD93,CYBB,CYBA,	
			OSCAR,DOK3,SIRPB1,MMP8,MMP9,UNC13D,BI	
			N2,S100A12,SERPINA1,LPCAT1,SERPINB3,SERP	
			INB1,NFAM1,CD177,CLEC4C,CLEC4D,ADAM8,	
			KCNAB2,MNDA,SLC11A1,MGST1,SIGLEC14,CE	
			ACAM3,CEACAM6,CXCR1,CXCR2,LILRB2,LILR	
			B3,CD300A,ARHGAP45,C5AR1,CXCL1,SLC2A5,	
			FGR,DOCK2	

Staphylococcus	1.11E-	1.15E-	C3AR1,PTAFR,ITGAM,ITGB2,ITGAL,C1S,C1R,IC
aureus	16	14	AM1,C4B,IL10,SELPLG,CFD,CFI,FCAR,KRT9,KR
infection(K)			T33B,KRT33A,C1QB,C1QA,C1QC,SELP,FPR1,FP
			R3,FPR2,C2,HLA-
			DMA,FCGR3A,FCGR3B,DSG1,FCGR1A,FCGR2A
			,FCGR2B,MASP1,KRT28,KRT27,KRT26,KRT25,K
			RT35,KRT34,KRT32,KRT31,KRT39,KRT38,KRT3
			6,KRT10,KRT19,KRT18,KRT15,C5AR1,KRT40
Binding and	1.11E-	1.15E-	IGHV3-23,IGHV3-7,IGHV3-30,IGHV3-33,IGHV3-
Uptake of Ligands	16	14	11,COL3A1,FTL,IGHV3-48,IGHV3-
by Scavenger			53,MSR1,IGKC,IGKV1-5,IGLV3-1,IGKV1-
Receptors(R)			16,IGKV1-17,IGKV1-
			12,IGHA1,IGHA2,APOL1,IGHV4-59,IGLV1-
			40,IGLV1-47,IGLV1-44,IGHV4-34,IGHV4-
			39,FTH1,SAA1,IGHV1-
			69,COL1A1,COL1A2,IGHV1-46,HP,IGLV2-
			11,IGLV2-14,IGLV2-23,IGHV1-
			2,SCARA5,MASP1,IGLV6-57,IGKV3-15,IGKV3-
			11,IGKV3-20,IGLC3,IGLC2,SCARF1,IGLV3-
			19,IGLV3-25,IGLV3-21,CD163,IGKV3D-
			20,IGHV2-70,IGHV2-5,IGLV2-8,IGKV4-
			1,MARCO,JCHAIN,STAB1,COL4A2,COL4A1,IGL
			V7-43,IGKV2-30
Complement	1.11E-	1.15E-	IGHV3-23,C3AR1,IGHV3-7,IGHV3-30,IGHV3-
cascade(R)	16	14	33,IGHV3-11,C1S,C1R,IGHV3-48,IGHV3-
			53,C4B,IGKC,IGKV1-5,IGLV3-1,IGKV1-
			16,IGKV1-17,IGKV1-
			12,CFD,CFI,IGHG3,IGHG4,IGHG1,IGHG2,IGHV4-
			59,IGLV1-40,IGLV1-47,IGLV1-44,IGHV4-
			34,IGHV4-
			39,CR1,C1QB,C1QA,C1QC,FCN1,FCN3,IGHV1-
			69,C2,IGHV1-46,IGLV2-11,IGLV2-14,IGLV2-
			23,IGHV1-2,CD19,MASP1,IGLV6-57,IGKV3-
			15,IGKV3-11,IGKV3-20,IGLC3,IGLC2,IGLV3-
			19,IGLV3-25,IGLV3-21,IGKV3D-20,IGHV2-
			70,IGHV2-5,IGLV2-8,IGKV4-
			1,C5AR2,C5AR1,IGLV7-43,IGKV2-30
Cell surface	1.11E-	1.15E-	IGHV3-23,IGHV3-7,IGHV3-30,IGHV3-33,IGHV3-
interactions at the	16	14	11,FN1,OLR1,SLC7A7,JAML,ITGAM,ITGB3,ITG
vascular wall(R)			B2,ITGAL,ITGAX,ITGA4,ITGA5,IGHV3-
			48,IGHV3-
			53,CD244,SDC4,SDC1,IGHM,FCER1G,SELPLG,I
			GKC,IGKV1-5,IGLV3-1,CD2,IGKV1-16,IGKV1-

			17,IGKV1-12,IGHA1,IGHA2,EPCAM,IGHV4-
			59,IGLV1-40,IGLV1-47,IGLV1-44,IGHV4-
			34.IGHV4-
			39,LCK,PECAM1,ANGPT2,SELE,SELP,SELL,IGH
			V1-69,LYN,IGHV1-46,SLC16A3,IGLV2-
			11.IGLV2-14.TNFRSF10D.IGLV2-23.IGHV1-
			2.CD48.GPC1.CD84.DOK2.IGLV6-57.IGKV3-
			15.IGKV3-11.IGKV3-
			20.IGLC3.IGLC2.MMP1.IGLV3-19.IGLV3-
			25.IGLV3-
			21.GRB14,CD177,ESAM,TREM1,IGKV3D-
			20.IGHV2-70.IGHV2-5.IGLV2-8.IGKV4-
			1.INPP5D.JCHAIN.CEACAM3.CEACAM6.CEAC
			AM5.SIRPG.TGFB1.IGLV7-43.IGKV2-30
Cytokine-cytokine	1.11E-	1.15E-	IL31RA.IL12RB1.BMP8A.CRLF2.TNFRSF4.TNFR
receptor	16	14	SF17 TNFRSF9 TNFSF13B TNFRSF19 TNFRSF1B
interaction(K)	10		TNFRSF21 II 2RG II 2RA TNFSF18 TNFSF14 II 3
			6G.PPBP.II.1F10.II.24.II.10.II.15.II.19.II.1A.II.1B.I
			L32.II.34.OSM.II.7R.II.1RL1.II.1RL2.CD4.II.10RA.
			CSF3.IFNAR2.XCL2.IL.21R.LEP.CD40LG.LTB.IL.2
			ORA IL 20RB CXCL13 CXCL14 TNFRSF11B TNF
			RSF10C TNFRSF10D CXCL10 CXCL11 FASLG C
			CL8.CCL5.CCL4.CCL3.CCL2.CCR1.CD27.CCR8.
			CCR7 CCR5 CCR4 CCR2 II 17D INHBA BMP7 B
			MP5 BMP3 IL 6 ACVR1C CNTFR TNFSF4 TNFSF
			8 CCL11 CCL18 CCL24 CCL23 CCL20 CSF3R II 3
			RA IL 17RE CXCR4 CXCR6 CXCR1 CXCR3 CXC
			R ² GDF15 IL 18RAP CSF2RB CSF2RA TGFB1 CX
			CL6 CXCL9 CXCL8 CXCL1 CXCL3 CXCL2 CXC
			L5
Keratinization (R)	1 11E-	1 15E-	IUP CASP14 PKP1 PKP3 TGM5 TCHH PRSS8 PI3
	16	1.131	KRT4 KRT2 KRT1 KRT8 KRT7 KRT5 KRT9 SPR
	10	11	R2F SPRR2G PPL KRT33B KRT33A SPRR2A SPR
			R2B SPRR1A DSC1 DSC3 DSP DSG1 DSG2 DSG4
			EVPL PERP KRT28 KRT27 KRT26 KRT25 KRT3
			5 KRT34 KRT32 KRT31 KRT39 KRT38 KRT36 K
			RT10 KRT19 KRT18 KRT15 KRT6C KRT71 KRT7
			9 KRT77 KRT75 KRT74 KRT73 KRT72 KRT40 K
			RT82 KRT81 KRT80 KRT86 KRT85 KRT84 KRT8
			3
Immunoregulatory	1.11E-	1.15E-	- IGHV3-23.IGHV3-7.IGHV3-30 IGHV3-33 IGHV3-
interactions	16	14	11.SIGLEC9.HCST.SIGLEC7 JAMI, ITGB2 ITGAL
between a			.ITGA4.IGHV3-48.IGHV3-
		1	,,

Lymphoid and a			53,CD247,ICAM2,ICAM5,ICAM1,CD226,IGKC,IG
non-Lymphoid			KV1-
cell(R)			5,TYROBP,TRAV19,VCAM1,CRTAM,IGLV3-
			1,IGKV1-16,IGKV1-17,IGKV1-12,TRBV7-
			9,IGHV4-59,IGLV1-40,IGLV1-47,IGLV1-
			44,CD300LB,IGHV4-34,IGHV4-
			39,IFITM1,SH2D1A,SH2D1B,LAIR1,CD40LG,SEL
			L,TRBC1,IGHV1-69,IGHV1-46,IGLV2-11,IGLV2-
			14,IGLV2-23,IGHV1-
			2,FCGR3A,FCGR1A,FCGR2B,CD1D,CD1A,CD19,
			SLAMF7,SLAMF6,PILRA,CD3G,CD3E,CD3D,MI
			CB,CD96,OSCAR,CD8B,CD8A,IGLV6-57,IGKV3-
			15,IGKV3-11,IGKV3-20,IGLC3,IGLC2,IGLV3-
			19,IGLV3-25,IGLV3-
			21,CDH1,CLEC4G,CD160,TREM2,TREM1,IGKV3
			D-20,IGHV2-70,IGHV2-5,IGLV2-8,IGKV4-
			1,LILRA1,LILRB1,LILRB2,CD300A,CD300E,CD3
			00C,KLRB1,KLRC1,IGLV7-43,KLRD1,IGKV2-
			30,KLRG1
Viral protein	2.22E-	2.09E-	TNFRSF1B,IL2RG,IL2RA,TNFSF14,PPBP,IL24,IL
interaction with	16	14	10,IL19,IL34,IL10RA,XCL2,IL20RA,IL20RB,CXC
cytokine and			L13,CXCL14,TNFRSF10C,TNFRSF10D,CXCL10,C
cytokine			XCL11,CCL8,CCL5,CCL4,CCL3,CCL2,CCR1,CCR
receptor(K)			8,CCR7,CCR5,CCR4,CCR2,IL6,CCL11,CCL18,CC
- · ·			L24,CCL23,CCL20,CXCR4,CXCR1,CXCR3,CXCR
			2,IL18RAP,CXCL6,CXCL9,CXCL8,CXCL1,CXCL
			3,CXCL2,CXCL5
Fcgamma receptor	3.21E-	2.73E-	IGHV3-23,IGHV3-7,IGHV3-30,IGHV3-33,IGHV3-
(FCGR)	14	12	11,IGHV3-48,IGHV3-53,CD247,IGKC,IGKV1-
dependent			5,IGLV3-1,WIPF1,IGKV1-16,IGKV1-17,IGKV1-
phagocytosis(R)			12,NCKAP1L,ARPC1B,IGHG3,IGHG4,IGHG1,IGH
			G2,IGHV4-59,IGLV1-40,IGLV1-47,IGLV1-
			44,IGHV4-34,IGHV4-39,VAV1,HCK,IGHV1-
			69,LYN,IGHV1-46,IGLV2-11,IGLV2-14,IGLV2-
			23,IGHV1-
			2,FCGR3A,FCGR1A,FCGR2A,CD3G,IGLV6-
			57,IGKV3-15,IGKV3-11,IGKV3-
			20,IGLC3,IGLC2,IGLV3-19,IGLV3-25,IGLV3-
			21,IGKV3D-20,IGHV2-70,IGHV2-5,IGLV2-
			8,IGKV4-1,WAS,IGLV7-43,FGR,IGKV2-30
Cell adhesion	4.30E-	3.35E-	SIGLEC1,CD274,IGSF11,ITGAM,ITGB2,ITGAL,I
molecules	14	12	TGA4,PDCD1,ICAM2,ICAM1,CD226,SDC4,SDC1,
(CAMs)(K)			SELPLG,VCAM1,CNTN2,CD2,CD4,CD6,ICOS,PE

			CAM1 NECTIN1 PDCD1LG2 CLDN10 CLDN19 C
			LDN16 CD40LG NRCAM SELE SELP SELL CDH
			15 NRXN1 NRXN2 CI DN1 CI DN3 CI DN8 CTI A
			4.HLA-
			DMA.PTPRC.CNTNAP1.CD28.CD22.PTPRF.CD86
			.CD80.CD8B.CD8A.VCAN.CDH5.CDH4.CDH1.ES
			AM.TIGIT.OCLN
Class A/1	1.90E-	1.37E-	C3AR1.PTAFR.ADORA3.ADORA1.HTR2A.APLN
(Rhodopsin-like	12	10	,LPAR4,PPBP,OXGR1,GAL,MC5R,CNR2,PROK2,
receptors)(R)			PROK1,CMKLR1,XCL2,P2RY6,P2RY4,EDN1,SA
			A1,F2RL2,F2RL3,HRH2,FPR1,FPR3,FPR2,GPR17,
			GPR18,GPR37,P2RY10,GPR65,CXCL13,CXCL10,
			CXCL11,CCL5,CCL4,CCL3,CCL2,CCR1,CCR8,CC
			R7,CCR5,CCR4,CCR2,XK,CCRL2,GPR183,PNOC,
			GPR132,CCL11,CCL23,CCL20,GPR4,GPR143,CH
			RM3,CHRM1,TBXA2R,OXTR,NMU,FFAR2,AVP
			R1A,CCKBR,CXCR4,CXCR6,CXCR1,CXCR3,CX
			CR2,NPY1R,APLNR,C5AR2,C5AR1,ADRB1,CXC
			L6,CXCL9,CXCL8,CXCL1,CXCL3,CXCL2,CXCL
			5,PTGIR,NPY5R,S1PR1,S1PR5,S1PR4
Interleukin-10	3.37E-	2.26E-	PTAFR,TNFRSF1B,ICAM1,IL10,IL1A,IL1B,TIMP
signaling(R)	11	09	1,IL10RA,CSF3,FPR1,PTGS2,CXCL10,CCL5,CCL
			4,CCL3,CCL2,CCR1,CCR5,CCR2,CD86,CD80,IL6,
			CCL20,CXCL8,CXCL1,CXCL2
Signaling by the B	4.05E-	2.51E-	IGHV3-23,IGHV3-7,IGHV3-30,IGHV3-33,IGHV3-
Cell Receptor	11	09	11,BLK,IGHV3-48,IGHV3-
(BCR)(R)			53,PIK3AP1,BTK,IGHM,IGHD,IGKC,IGKV1-
			5,CARD11,IGLV3-1,IGKV1-16,IGKV1-17,IGKV1-
			12,IGHV4-59,IGLV1-40,IGLV1-47,IGLV1-
			44,IGHV4-34,IGHV4-
			39,CD79B,CD79A,VAV1,IGHV1-69,LYN,IGHV1-
			46,IGLV2-11,IGLV2-14,IGLV2-23,IGHV1-
			2,PIK3CD,CD19,CD22,IGLV6-57,IGKV3-
			15,IGKV3-11,IGKV3-20,IGLC3,IGLC2,IGLV3-
			19,IGLV3-25,IGLV3-21,IGKV3D-20,IGHV2-
			70,IGHV2-5,IGLV2-8,IGKV4-1,IGLV7-43,IGKV2-
			30
Rheumatoid	1.16E-	6.87E-	ITGB2,ITGAL,TNFSF13B,ACP5,ICAM1,IL15,IL1
arthritis(K)	10	09	A,IL1B,ATP6V1B1,TCIRG1,ATP6V0D2,ATP6V0A
			4,TLR4,TLR2,LTB,CTLA4,HLA-
			DMA,FLT1,CCL5,CCL3,CCL2,CD28,CTSL,CTSK,
			CD86,CD80,IL6,MMP1,MMP3,CCL20,TGFB1,CX
			CL6,CXCL8,CXCL1,CXCL3,CXCL2,CXCL5

Interleukin-4 and	1.18E-	6.51E-	GATA3,FN1,JAK3,ITGAM,ITGB2,ITGAX,TNFRS
Interleukin-13	09	08	F1B,IL2RG,ICAM1,IL10,IL1A,IL1B,OSM,VCAM1,
signaling(R)			HMOX1,TIMP1,ALOX5,IGHG4,IGHG1,LBP,SAA1
			,COL1A2,PTGS2,RORC,F13A1,SOCS3,FASLG,CC
			L2,CCND1,IL6,MMP1,MMP2,MMP3,MMP9,CCL1
			1,BATF,TGFB1,CXCL8,S1PR1
Hematopoietic cell	2.13E-	1.11E-	ITGAM,ITGB3,ITGA4,ITGA1,ITGA5,IL2RA,ANP
lineage(K)	09	07	EP,IL1A,IL1B,IL7R,MS4A1,CD2,CD4,CD5,CD7,C
			SF3,CR1,HLA-
			DMA,FCGR1A,CD1D,CD1A,CD19,CD14,CD22,C
			D3G,CD3E,CD3D,CD38,CD37,MME,CD8B,CD8A,
			IL6,CSF3R,IL3RA,CSF2RA
Chemokine	3.49E-	1.71E-	JAK3,PPBP,RAC2,ADCY2,ADCY8,XCL2,VAV1,H
signaling	09	07	CK,PREX1,LYN,NCF1,CXCL13,CXCL14,CXCL10
pathway(K)			,CXCL11,PIK3CD,ARRB2,CCL8,CCL5,CCL4,CCL
			3,CCL2,PIK3R5,CCR1,GNGT2,CCR8,CCR7,CCR5,
			CCR4,CCR2,RASGRP2,ITK,PLCB2,CCL11,CCL18
			,CCL24,CCL23,CCL20,WAS,CXCR4,CXCR6,CXC
			R1,CXCR3,CXCR2,CXCL6,CXCL9,CXCL8,CXCL
			1,CXCL3,CXCL2,CXCL5,FGR,DOCK2
Osteoclast	1.76E-	8.26E-	SPI1,ITGB3,ACP5,LCP2,BTK,IL1A,IL1B,TYROBP
differentiation(K)	08	07	,FOSL1,IFNAR2,LCK,NCF1,NCF2,NCF4,TNFRSF
			11B,SOCS3,PIK3CD,FCGR3A,FCGR3B,FCGR1A,
			FCGR2A,FCGR2B,CTSK,CYBA,OSCAR,SIRPB1,
			MAPK12,TREM2,LILRA6,LILRA1,LILRA2,LILR
			A5,LILRB1,LILRB2,LILRB3,LILRB4,LILRB5,CA
			MK4,SIRPG,TGFB1
G alpha (i)	3.12E-	1.37E-	C3AR1,ADORA3,ADORA1,AWAT2,APLN,MYO7
signaling	08	06	A,SDC4,PPBP,SDC1,OXGR1,GAL,CNR2,PRKCQ,
events(R)			ADCY2,ADCY8,P2RY4,SAA1,GPSM3,RBP4,FPR1
			,FPR3,FPR2,GPR17,ABCA4,GPR18,GPR37,CXCL1
			3,CXCL10,CXCL11,CCL5,CCL4,CCR1,PPP1R1B,
			CCR8,CCR7,CCR5,CCR4,CCR2,GPC1,GPC2,RGS4
			,RGS1,RGS6,TAS1R3,GPR183,PNOC,PLCB2,CCL
			23,CCL20,CNGB1,AKR1B10,NMU,CXCR4,CXCR
			6,CXCR1,CXCR3,CXCR2,CAMK4,NPY1R,RGS9B
			P,APLNR,C5AR1,CXCL6,CXCL9,CXCL8,CXCL1,
			CXCL3,CXCL2,CXCL5,NPY5R,RGS18,CAMK2B,
			RGS16,S1PR1,RGS20,PDE6A,S1PR5,S1PR4,PDE6
			G
Beta1 integrin cell	2.79E-	1.17E-	FN1,SPP1,COL3A1,ITGA4,ITGA1,ITGA5,TGM2,V
surface	07	05	CAM1,FBN1,TNC,PLAUR,COL6A2,COL6A1,COL
interactions(N)			

			6A3,THBS1,COL1A1,COL1A2,F13A1,CD14,COL5
			A1,COL5A2,COL4A1,COL4A4,COL4A6,NID1
Malaria(K)	4.89E-	2.00E-	ITGB2,ITGAL,ICAM1,SDC1,IL10,IL1B,VCAM1,C
	07	05	SF3,CR1,PECAM1,TLR4,TLR2,CD40LG,SELE,SE
			LP,THBS1,CCL2,IL6,KLRB1,TGFB1,CXCL8
Beta3 integrin cell	8.08E-	3.15E-	FN1,SPHK1,SPP1,ITGB3,SDC4,SDC1,FBN1,TNC,
surface	07	05	PECAM1,PLAUR,THBS1,THY1,COL1A1,COL1A2
interactions(N)			,CCN1,PDGFRB,COL4A1,COL4A4,COL4A6
Fc epsilon	1.18E-	4.36E-	IGHV3-23,IGHV3-7,IGHV3-30,IGHV3-33,IGHV3-
receptor (FCERI)	06	05	11,LCP2,IGHV3-48,IGHV3-
signaling(R)			53,BTK,FCER1G,IGKC,IGKV1-5,CARD11,IGLV3-
			1,IGKV1-16,IGKV1-17,IGKV1-12,PRKCQ,IGHV4-
			59,IGLV1-40,IGLV1-47,IGLV1-44,IGHV4-
			34,IGHV4-39,VAV1,IGHV1-69,LYN,IGHV1-
			46,IGLV2-11,IGLV2-14,IGLV2-23,IGHV1-
			2,LAT2,IGLV6-57,IGKV3-15,IGKV3-11,IGKV3-
			20,IGLC3,IGLC2,ITK,IGLV3-19,IGLV3-25,IGLV3-
			21,IGKV3D-20,IGHV2-70,IGHV2-5,IGLV2-
			8,IGKV4-1,IGLV7-43,IGKV2-30
TCR signaling in	1.60E-	5.77E-	SLA2,MAP3K8,LCP2,CD247,CARD11,CD4,PRKC
naïve CD4+ T	06	05	Q,LCK,VAV1,TRPV6,ZAP70,FYB1,PTPRC,CD28,
cells(N)			CD3G,CD3E,CD3D,CD86,CD80,RASGRP2,ITK,IN
			PP5D,MAP4K1,WAS
Amoebiasis(K)	3.35E-	1.14E-	FN1,COL3A1,ITGAM,ITGB2,IL10,IL1B,TLR4,TL
	06	04	R2,COL1A1,COL1A2,ARG1,PIK3CD,CD1D,CD1A
			,CD14,IL6,LAMB4,SERPINB3,SERPINB4,SERPIN
			B9,PLCB2,COL4A2,COL4A1,COL4A4,COL4A6,T
			GFB1,CXCL8,CXCL1,CXCL3,CXCL2
IL12-mediated	3.93E-	1.30E-	IL12RB1,IL2RG,GZMA,GZMB,IL2RA,CD247,IL1
signaling	06	04	B,TBX21,CD4,LCK,STAT4,FASLG,CCL4,CCL3,C
events(N)			D3G,CD3E,CD3D,CCR5,EOMES,CD8B,CD8A,IL1
			8RAP
Costimulation by	5.04E-	1.61E-	MAP3K8,CD274,PDCD1,CD247,TRAV19,CD4,IC
the CD28	06	04	OS,HLA-DQB2,TRBV7-
family(R)			9,BTLA,LCK,PDCD1LG2,VAV1,TRBC1,LYN,CTL
			A4,CD28,CD3G,CD3E,CD3D,CD86,CD80
TCR signaling in	7.49E-	2.20E-	MAP3K8,LCP2,CD247,CARD11,PRKCQ,LCK,VA
naïve CD8+ T	06	04	V1,TRPV6,ZAP70,PTPRC,PRF1,CD28,CD3G,CD3
cells(N)			E,CD3D,CD86,CD80,CD8B,CD8A,RASGRP2
Phagosome(K)	7.59E-	2.20E-	OLR1,CORO1A,ITGAM,ITGB3,ITGB2,ITGA5,C1
	06	04	R,MSR1,CD209,SFTPD,ATP6V1B1,TUBB4A,TCI
			RG1,FCAR,ATP6V0D2,ATP6V0A4,TLR4,TLR2,N

			OS1,THBS1,HLA-
			DMA,NCF1,NCF2,NCF4,FCGR3A,FCGR3B,FCGR
			1A,FCGR2A,FCGR2B,CD14,CTSS,CTSL,MPO,CY
			BB,CYBA,MRC1,CLEC7A,MARCO
Leukocyte	7.59E-	2.20E-	ITGAM,ITGB2,ITGAL,ITGA4,ICAM1,RAC2,VCA
transendothelial	06	04	M1,PECAM1,VAV1,CLDN10,CLDN19,CLDN16,C
migration(K)			LDN1,CLDN3,CLDN8,THY1,NCF1,NCF2,NCF4,PI
			K3CD,CYBB,CYBA,MMP2,MMP9,MAPK12,ITK,
			CDH5,ESAM,OCLN,RHOH,CXCR4
Urokinase-type	9.27E-	2.59E-	FN1,MMP12,MMP13,ITGAM,ITGB3,ITGB2,ITGA
plasminogen	06	04	5.PLAUR.FPR1.FPR3.FPR2.PDGFRB.MMP3.MMP
activator (uPA)		-	9.SERPINE1.GPLD1.TGFB1
and uPAR-			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
mediated			
signaling(N)			
Pertussis(K)	9.99E-	2.70E-	LY96.ITGAM.ITGB2.ITGA5.C1S.C1R.C4B.IL10.I
	06	04	L1A.IL1B.CALML5.TLR4.C10B.C10A.C10C.NL
			RP3.C2.CD14.II.6.IRF8.MAPK12.CXCL6.CXCL8.
			CXCL5
Primary	1.04E-	2.72E-	JAK3.IL2RG.BTK.IL7R.CD4.ICOS.LCK.CD79A.C
immunodeficiency	05	04	D40LG,ZAP70.PTPRC.CD19.CD3E.CD3D.CD8B.C
(K)			D8A
ErbB receptor	1.10E-	2.85E-	NRG2.NRG3.NRG4.BTC.AREG.EREG.EGF.HBEG
signaling	05	04	F.ERBB3.ERBB4
network(N)			
IL-17 signaling	1.52E-	3.80E-	MMP13.IL1B.FOSL1.CSF3.MAPK4.PTGS2.S100A
pathway(K)	05	04	9.S100A8.S100A7.CXCL10.CCL2.IL17D.IL6.MMP
1 5 ()			1.MMP3.MMP9.MAPK15.MAPK12.CCL11.CCL20.
			IL17RE.CXCL6.CXCL8.CXCL1.CXCL3.CXCL2.C
			XCL5
PI3K-Akt	2.22E-	5.32E-	FN1.JAK3.SPP1.ITGB3.ITGA4.ITGA1.ITGA5.IL2
signaling	05	04	RG.NTRK1.NTRK2.IL2RA.PIK3AP1.LPAR4.PCK1
pathway(K)		-	.IGF2.OSM.FGF22.FGF18.IL7R.CSF3.TNC.IFNAR
r ····································			2,PGF,ANGPT2,TLR4,TLR2,EFNA4,EFNA3,FGFR
			3.FGFR2.COL6A2.COL6A1.COL6A3.COL6A6.TH
			BS1,NOS3,PPP2R2C,COL1A1.COL1A2,AREG.NT
			F4,FLT1,PIK3CD,FASLG.TCL1A.EREG.PIK3R5.C
			D19,GNGT2,CCND1,PDGFRB.PDGFRA.CHAD.IL
			6.EGF,LAMB4,CREB3L1.CHRM1.CSF3R.VWF.II
			3RA,SGK2,COL4A2,COL4A1.COL4A4.COL4A6.E
			RBB3,ERBB4
			RBB3,ERBB4

IL12 signaling	2.42E-	5.81E-	IL2RA,CD247,TBX21,CD4,STAT4,PRF1,CD28,CD
mediated by	05	04	3G,CD3E,CD3D,CD86,CD80,IL18RAP,TGFB1
STAT4(N)			
B cell receptor	3.30E-	7.60E-	PIK3AP1,BTK,RAC2,CARD11,IFITM1,CD79B,CD
signaling	05	04	79A,VAV1,LYN,PIK3CD,FCGR2B,CD19,CD22,C
pathway(K)			D72,INPP5D,LILRA6,LILRA1,LILRA2,LILRA5,LI
			LRB1,LILRB2,LILRB3,LILRB4,LILRB5
Beta2 integrin cell	3.65E-	8.09E-	ITGAM,ITGB2,ITGAL,ITGAX,ITGAD,ICAM2,IC
surface	05	04	AM1.VCAM1.CD40LG.PLAUR.THY1.FCGR2A.C
interactions(N)			CN1
Post-translational	3.68E-	8.09E-	LYPD1.LYPD3.LY6K.LY6D.LY6H.ALPL.CNTN4.
modification:	05	04	CPM.VNN1.VNN2.VNN3.PLAUR.THY1.LYPD6B.
synthesis of GPI-	00	0.	FCGR3B MDGA2 CD52 PRND GPLD1 PSCA RTN
anchored			4RL1 FOLR2 CEACAM5 LY6G6C ULBP2
proteins(R)			
AGE-RAGE	4 31E-	9.04F-	EN1 COL3A1 ICAM1 II 1A II 1B VCAM1 EDN1 S
signaling nathway	05	04	FLE NOS3 COL 1A1 COL 1A2 NOX4 PIK3CD CCL
in diabetic	05	04	2 CCND1 CYBB II 6 MMP2 MAPK12 SERPINE1 P
complications(K)			1 CB2 COL 4 A2 COL 4 A1 COL 4 A4 COL 4 A6 TGEB
complications(K)			
DOS and DNS	161E	0.52E	I,CACLO
ROS allu RNS	4.01E-	9.32E-	NOC1 NOC2 NCE1 NCE2 NCE4 MDO CVDD CVD
production in	03	04	,NOSI,NOSS,NCFI,NCF2,NCF4,WIPO,CIDD,CID
phagocytes(K)	4765	0.525	A, SLUTAT
Protein digestion	4./6E-	9.52E-	SLC/A/,COL22AI,COL3AI,COL1/AI,PRSS3,CO
and absorption(K)	05	04	
			A2,COLIA1,COLIA2,CPA3,COL28A1,COL15A1,
			MME,COL5A1,COL5A2,COL12A1,KCNJ13,COL4
~			A2,COL4A1,COL4A4,COL4A6,DPP4
Complement and	5.72E-	1.14E-	C3AR1,ITGAM,ITGB2,ITGAX,C1S,C1R,C4B,CFD
coagulation	05	03	,CFI,CR1,C1QB,C1QA,F2RL2,F2RL3,C1QC,PLAU
cascades(K)			R,C2,F13A1,A2M,MASP1,SERPINE1,SERPINA1,
			VWF,C5AR1
IL4-mediated	6.08E-	1.22E-	SPI1,JAK3,ITGB3,IL2RG,IL10,ETS1,IGHG3,IGHG
signaling	05	03	1,CD40LG,SELP,THY1,COL1A1,COL1A2,PIGR,A
events(N)			RG1,SOCS3,DOK2,CCL11,INPP5D,PARP14
ECM-receptor	9.61E-	1.83E-	FN1,SPP1,ITGB3,ITGA4,ITGA1,ITGA5,SDC4,SDC
interaction(K)	05	03	1,FREM2,TNC,COL6A2,COL6A1,COL6A3,COL6
			A6,THBS1,COL1A1,COL1A2,CHAD,LAMB4,VW
			F,COL4A2,COL4A1,COL4A4,COL4A6
Leishmaniasis(K)	9.67E-	1.84E-	ITGAM,ITGB2,ITGA4,IL10,IL1A,IL1B,CR1,TLR4,
	05	03	TLR2,PTGS2,HLA-
			DMA,NCF1,NCF2,NCF4,FCGR3A,FCGR3B,FCGR
			1A,FCGR2A,CYBB,CYBA,MAPK12,TGFB1

IL23-mediated	1.11E-	2.00E-	IL12RB1,IL24,IL19,IL1B,CD4,STAT4,SOCS3,CCL
signaling	04	03	2,CD3E,MPO,IL6,IL18RAP,CXCL9,CXCL1
events(N)			
Downstream	2.12E-	3.81E-	TNFRSF4,TNFRSF9,IL2RG,GZMB,IL2RA,CD247,
signaling in naïve	04	03	PRKCQ,FOSL1,IFNAR2,STAT4,FASLG,PTPN7,P
CD8 + T cells(N)			RF1,CD3G,CD3E,CD3D,EOMES,CD8B,CD8A
TNF signaling	2.61E-	4.63E-	MAP3K8.TNFRSF1B.ICAM1.IL15.IL1B.VCAM1.E
pathway(K)	04	03	DN1.MLKL.SELE.PTGS2.SOCS3.CXCL10.PIK3C
F			D BIRC3 CCL5 CCL2 IL6 MMP3 MMP9 MAPK12
			CREB3L1 CCL20 CXCL6 CXCL1 CXCL3 CXCL2
			CXCL5
amb2 Integrin	2.73E-	4.63E-	ITGAM,ITGB2,ICAM1,SELPLG,HCK,SELP,THY1
signaling(N)	04	03	,CCN2,MST1R,IL6,MMP2,MMP9
Melanin	2.93E-	4.98E-	SLC45A2.TYR.DCT.OCA2.TYRP1
biosynthesis(R)	04	03	
	0.445	T 00 T	
NF-kappa B	3.41E-	5.80E-	LY96,TNFSF13B,ICAM1,BTK,TNFSF14,IL1B,CA
signaling	04	03	RD11,VCAM1,PRKCQ,LBP,LCK,TLR4,CD40LG,Z
pathway(K)			AP70,LTB,LYN,PTGS2,BIRC3,CCL4,CD14,BCL2
			A1,CXCL8,CXCL1,CXCL3,CXCL2
T cell receptor	4.50E-	7.20E-	MAP3K8,LCP2,PDCD1,CD247,IL10,CARD11,CD4
signaling	04	03	,PRKCQ,ICOS,LCK,VAV1,CD40LG,ZAP70,CTLA
pathway(K)			4,PTPRC,PIK3CD,CD28,CD3G,CD3E,CD3D,PAK6
			,CD8B,CD8A,MAPK12,ITK
Alzheimer	5.11E-	8.18E-	JUP,MMP25,MMP12,MMP13,MMP19,WNT7B,AC
disease-presenilin	04	03	TBL2,NECTIN1,WNT5A,WNT3A,WNT2B,WNT16
pathway(P)			,LRP4,PCSK2,PCSK1,PCSK5,WNT2,WNT4,MMP1
			,MMP2,MMP8,MMP9,WNT10B,FZD2,CDH1,ERB
			B4
Thromboxane A2	5.59E-	8.88E-	BLK,ICAM1,TGM2,VCAM1,PRKCQ,LCK,HCK,S
receptor	04	03	ELE,NOS3,LYN,ARRB2,EGF,PLCB2,TBXA2R,PT
signaling(N)			GIR,FGR
Chemical	5.68E-	8.88E-	GSTM2,GSTO2,CYP2C19,CYP2C18,UGT2A1,UG
carcinogenesis(K)	04	03	T2B7,ADH7,ADH6,ADH4,UGT1A1,CYP3A4,CYP
0 ()			3A5,UGT1A4,UGT1A6,ADH1C,GSTA3,HSD11B1,
			PTGS2,MGST1,ALDH3A1,ALDH3B2
Intestinal immune	5.92E-	8.88E-	TNFRSF17,TNFSF13B,ITGA4,IL10,IL15,ICOS,CD
network for IgA	04	03	40LG,PIGR,HLA-
production(K)			DMA,CD28,CD86,CD80,IL6,CXCR4,TGFB1
Estrogen signaling	6.60E-	9.79E-	KCNJ6,ADCY2,ADCY8,CALML5,KRT9,KRT33B.
pathway(K)	04	03	KRT33A,NOS3,PIK3CD,MMP2,MMP9.CREB3L1.
± • • • •			PLCB2,HBEGF,KRT28,KRT27,KRT26,KRT25,KR
	1	1	

	1		T25 KDT24 KDT22 KDT21 KDT20 KDT20 KDT26
			135,KK134,KK132,KK131,KK139,KK138,KK130,
			KRT10,KRT19,KRT18,KRT15,KRT40
Alpha () hata 1	6 70E	0.70E	ENIL CDD1 TCM2 ADAM12 VCAM1 TNC E12A1 S
	0./UE-	9./9E-	FIN1, SPP1, IGIN12, ADAIN112, V CAIN11, INC, F15A1, S
integrin signaling	04	03	ATT,ADAM8,CSF2RA
events(N)			
Proteoglycans in	6.99E-	9.79E-	FN1,SHH,WNT7B,ITGB3,ITGA5,SDC4,IGF2,SDC
cancer(K)	04	03	1,VAV1,TLR4,TLR2,WNT5A,WNT3A,WNT2B,PL
			AUR,WNT16,THBS1,LUM,COL1A1,COL1A2,PIK
			3CD.FASLG.CTSL.GPC1.CCND1.WNT2.WNT4.M
			MP2 MMP9 MAPK12 WNT10B FZD2 HCLS1 HBE
			GE HOXD10 HPSE2 TGER1 CAMK2B ERB3 ER
			DD4
T	5 0 0 F	0.0100	
Fluid shear stress	7.38E-	0.0103	GSTM2,GST02,ITGB3,ICAM1,SDC4,SDC1,RAC2,
and	04		IL1A,IL1B,VCAM1,HMOX1,PECAM1,CALML5,E
atherosclerosis(K)			DN1,GSTA3,SELE,NOS3,NCF1,NCF2,PIK3CD,CC
			L2,CTSL,GPC1,CYBA,MMP2,MMP9,MAPK12,CD
			H5,KLF2,MGST1
Chagas disease	7.73E-	0.0108	CD247,IL10,IL1B,TLR4,TLR2,C10B,C10A,C10C,
(American	04		PPP2R2C.PIK3CD.FASLG.CCL5.CCL3.CCL2.CD3
(trypanosomiasis)			G CD3E CD3D II 6 MAPK12 SERPINE1 ACE PLC
(K)			B2 TGEB1 CYCL 8
Interloukin ?	7816	0.011	IAK2 II 2DC II 2DA I CALSO II 15 II 21D STATAD
family	7.04L-	0.011	JARS, IL2RO, IL2RA, LOALS, IL15, IL2IR, SIAI4, F
	04		IK5CD, HAVCK2, IL5KA, INPP5D, C5F2KD, C5F2K
signaling(R)			A
Calcineurin-	9.36E-	0.0126	GATA3,IL2RA,IKZF1,TBX21,PRKCQ,FOSL1,CD4
regulated NFAT-	04		0LG,CTLA4,PTGS2,FOXP3,FASLG,RNF128,BAT
dependent			F3,CXCL8
transcription in			
lymphocytes(N)			
EPHA forward	9.71E-	0.0126	BLK LCK HCK EFNA3 NGEF LYN EPHA5 EPHA
signaling(N)	04	0.0120	7 EPHA1 ARHGEF15 EGR
signaling(i)	04		
Toll-like receptor	1.00E-	0.013	SPP1,MAP3K8,LY96,IL1B,IFNAR2,LBP,TLR8,TL
signaling	03		R7,TLR4,TLR2,CXCL10,CXCL11,PIK3CD,CCL5,
pathway(K)			CCL4,CCL3,CD14,CTSK,CD86,CD80,IL6,MAPK1
			2.CXCL9.CXCL8
G alpha (g)	1.04E-	0.0136	PTAFR HTR2A BTK LPAR4 PROK2 PROK1 PRK
signaling	03	0.0150	CO TRPC3 XCI 2 P2RY6 FDN1 SA A1 F2RI 2 F2R
avonts(D)	05		$I_2 = DD_2 CDD_17 D2D V10 CDD45 DCS4 DCS1 DAS$
			L_{2} , Γ_{1} , Λ_{2} , U_{1} , Γ_{2} , Γ_{1} , Γ_{2} , Γ_{1} , U_{2} , U
			UKF2, WIWF5, UFK152, FLUB2, HBEUF, UL23, UFK
			4,GPK143,CHRM3,CHRM1,TBXA2R,OXTR,NMU,
			FFAR2,AVPR1A,CCKBR,RGS18,RGS16

Platelet	1.16E-	0.0145	COL3A1,TBXAS1,ITGB3,LCP2,BTK,FCER1G,AP
activation(K)	03		BB1IP,ADCY2,ADCY8,F2RL3,NOS3,LYN,COL1A
			1,COL1A2,FERMT3,PIK3CD,FCGR2A,PIK3R5,RA
			SGRP2,PLA2G4F,PLA2G4E,PLA2G4B,MAPK12,P
			LCB2,TBXA2R,VWF,PTGIR
Fc gamma R-	1.17E-	0.0145	SPHK1,RAC2,ARPC1B,VAV1,HCK,LYN,NCF1,PT
mediated	03		PRC,PIK3CD,FCGR3A,FCGR3B,FCGR1A,FCGR2
phagocytosis(K)			A,FCGR2B,PLA2G4F,PLA2G4E,PLA2G4B,PLPP2,
			INPP5D,WAS,SCIN,DOCK2
activation of csk	1.21E-	0.0145	CD247,LCK,EDN1,FPR1,PTPRC,CCL4,CD3G,CD3
by camp-	03		E,CD3D,CCR5,CCL11,CHRM1,CXCR4
dependent protein			<u>k</u>
kinase inhibits			
signaling through			
the t cell			
receptor(B)			
Validated	1.25E-	0.015	HMOX1,FOSL1,PLAUR,NOS3,COL1A2,CCL2,CC
transcriptional	03		ND1,IL6,MMP1,MMP2,MMP9,CXCL8
targets of AP1			
family members			
Fra1 and Fra2(N)			
Natural killer cell	1.25E-	0.015	HCST,ITGB2,ITGAL,LCP2,GZMB,CD247,CD244,I
mediated	03		CAM2,ICAM1,RAC2,FCER1G,TYROBP,IFNAR2,
cytotoxicity(K)			LCK,SH2D1A,SH2D1B,VAV1,ZAP70,PIK3CD,FA
			SLG,FCGR3A,FCGR3B,PRF1,CD48,MICB,KLRC1
			,KLRD1,ULBP2
Integrin signaling	1.38E-	0.0166	FN1,COL3A1,COL17A1,ITGAM,ITGB3,ITGB2,IT
pathway(P)	03		GAL,ITGAX,ITGA4,ITGA1,ITGAD,ITGA5,GRAP,
			RAC2,RND2,ARPC1B,COL10A1,ACTBL2,COL6A
			2,COL6A1,COL6A3,COL1A1,COL1A2,PIK3CD,C
			OL15A1,COL5A1,COL5A2,COL12A1,COL4A2,CO
			L4A1,COL4A4,COL4A6
Th17 cell	1.45E-	0.0166	GATA3,JAK3,IL12RB1,IL2RG,IL2RA,CD247,IL1B
differentiation(K)	03		,TBX21,CD4,PRKCQ,LCK,IL21R,ZAP70,HLA-
			DMA,RORC,FOXP3,CD3G,CD3E,CD3D,RXRG,IL
			17D,IL6,MAPK12,TGFB1
Inflammatory	1.46E-	0.0166	GATA3,IL12RB1,IL2RG,IL10,IL1A,IL1B,TBX21,I
bowel disease	03		L21R,TLR4,TLR2,HLA-
(IBD)(K)			DMA,STAT4,RORC,FOXP3,IL6,IL18RAP,TGFB1
Drug metabolism -	1.51E-	0.0166	GSTM2,GSTO2,CYP2C19,UGT2A1,UGT2B7,ADH
cytochrome	03		7,ADH6,ADH4,UGT1A1,CYP3A4,CYP3A5,UGT1
P450(K)			A4,UGT1A6,ADH1C,GSTA3,MGST1,ALDH3A1,A
			LDH3B2

JAK-STAT	2.02E-	0.0223	JAK3,IL12RB1,CRLF2,IL2RG,IL2RA,IL24,IL10,IL
signaling	03		15,IL19,OSM,IL7R,IL10RA,CSF3,IFNAR2,IL21R,L
pathway(K)			EP,IL20RA,IL20RB,STAT4,SOCS3,PIK3CD,IL17D
			,CCND1,PDGFRB,PDGFRA,IL6,EGF,CNTFR,CSF
			3R,IL3RA,CSF2RB,CSF2RA
Endogenous TLR	2.47E-	0.0272	BGN,LY96,TLR4,TLR2,SAA2,S100A9,S100A8,CD
signaling(N)	03		14,VCAN
Metabolism of	2.69E-	0.0296	GSTM2,GSTO2,UGT2A1,UGT2B7,ADH7,ADH6,A
xenobiotics by	03		DH4,UGT1A1,CYP3A4,CYP3A5,UGT1A4,UGT1A
cytochrome			6,ADH1C,GSTA3,HSD11B1,MGST1,ALDH3A1,A
P450(K)			LDH3B2
Graft-versus-host	2.87E-	0.0302	GZMB,IL1A,IL1B,HLA-
disease(K)	03		DMA,FASLG,PRF1,CD28,CD86,CD80,IL6,KLRC1,
			KLRD1
Tuberculosis(K)	3.00E-	0.0302	SPHK1,CORO1A,ITGAM,ITGB2,ITGAX,CD209,I
	03		L10,FCER1G,IL1A,IL1B,IL10RA,TCIRG1,LBP,CR
			1,CALML5,ATP6V0D2,ATP6V0A4,TLR4,TLR2,H
			LA-
			DMA,FCGR3A,FCGR3B,FCGR1A,FCGR2A,FCGR
			2B,CD14,CTSS,IL6,MAPK12,MRC1,CLEC4E,CLE
			C7A,TGFB1,CAMK2B
the co-stimulatory	3.01E-	0.0302	CD247,ICOS,CTLA4,CD28,CD3G,CD3E,CD3D,CD
signal during t-cell	03		80
activation(B)			
Glycosaminoglyca	3.02E-	0.0302	CHST9,BGN,CHST1,SDC4,SDC1,HS3ST6,HS3ST2
n metabolism(R)	03		,BCAN,PAPSS2,CHSY3,LUM,ARSB,GPC1,GPC2,
			HS3ST3B1,VCAN,CHST11,CHST13,CEMIP,HPSE
			2,B3GNT4,B3GNT3,ACAN
PPAR signaling	3.08E-	0.0308	OLR1,ACSBG1,FADS2,ADIPOQ,SLC27A2,PCK1,
pathway(K)	03		ACOX2,PLIN1,PLIN5,PLTP,HMGCS2,HMGCS1,A
			QP7,FABP3,FABP7,ACADL,RXRG,MMP1
Metabolism of	3.08E-	0.0308	FASN,GSTO2,ALDH1L1,ALDH1L2,ACP5,NNMT,
water-soluble	03		NAMPT,PRSS3,TCN2,TCN1,VNN1,VNN2,SLC5A
vitamins and			8,PTGS2,CD38,NMNAT3,AMN,FOLR2
cofactors(R)			
Beta5 beta6 beta7	3.54E-	0.0354	FN1,ITGA4,SDC1,VCAM1,FBN1,PLAUR,CCN1
and beta8 integrin	03		
cell surface			
interactions(N)			
Metabolism of	3.92E-	0.0392	ANPEP,CPA3,CTSZ,MME,ENPEP,ACE
Angiotensinogen	03		

to Angiotensins(R)				
DAP12	4.96E-	0.0496	LCP2,BTK,TYROBP,CD300LB,LCK,SIRPB1,TRE	
interactions(R)	03		M2,TREM1,SIGLEC16,SIGLEC14,CD300E,KLRD	
			1	
(R): Reactome, (K): Kyoto Encyclopedia of Genes and Genomes, (N): National Cancer				
Institute Pathways Interactions Database, (C): CellMap, (P): Panther, (B) BioCarta.				

<u>**Table S1: List of cytokines previously implicated in PG pathogenesis</u>** We included genes for both cytokines/chemokines and associated receptors. 59 genes were</u> entered and 55 were used (4 were not present in our dataset, including IL2, IL17A, IL23R, and IFNG). These genes were *a priori* selected genes known to be important in PG pathogenesis and treatment.

TNF	IL17RE	JAK1
TNFRSF1A	IL23A	JAK2
IL1B	IL23R	JAK3
IL1R1	IL18	TYK2
IL1RAP	IL18R1	STAT1
IL2	IL36G	STAT2
IL2RA	IL1RL1	STAT3
IL2RB	NCAM1	STAT4
IL2RG	CD163	STAT5A
IL6	МРО	STAT5B
IL6R	MMP2	STAT6
CXCL8	MMP9	C5AR1
CXCR1	MMP10	STAT5B
CXCR2	CXCL9	STAT6
IL15	CXCL10	C5AR1
IL15RA	CXCL11	CXCR3
IL17A	IFNG	CD40
IL17RA	IFNGR1	CD40LG
IL17RB	IFNGR2	FAS
IL17RC	VEGFA	FASLG
IL17RD	CSF3	
)		

PG	Perilesional	Non- Age Gen		Gender	Comorbidities	Treatment	
		affected site					
1	Left arm	Left arm	59	F	None	None	
2	Left lower	Left lower	52	F	GPA	None	
	leg	leg					
3	Right lower	Right	63	М	Factor V Leiden	5 days of high- dose	
	leg	forearm			deficiency	prednisone	
4	Right lower	Right	60	F	PVD	1 day of high- dose	
	leg	forearm				prednisone	
5	Right face	Right	18	F	None	Lenalidomide, oral	
		forearm				methotrexate, high-	
						dose prednisone	
6	Left lower	Right	52	F	None	None	
	leg	forearm					
7	Right lower	Right	63	F	Psoriasis, venous	Topical steroids	
	leg	forearm			stasis dermatitis		
8	Back	Left arm	55	М	Cystic acne,	Infliximab, oral	
					hidradenitis	dapsone, low- dose	
					suppurativa	prednisone	
GPA=	GPA=granulomatosis with polyangiitis, PVD=peripheral vascular disease. Healthy control						
patients did not have associated comorbidities; their samples were collected from the forearms.							

Table S2: PG patient characteristics

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<u>Table S4: Pathways associated with differentially expressed genes in the dermis of perilesional PG vs dermis of non-lesional PG</u>

Significant genes were defined as having an FC >4 and an FDR p-value of <0.05. 405 differentially expressed genes were identified and entered into Cytoscape. 25 pathways were significantly enriched (FDR <0.05).

Table S4: Dermis of	of perilesio	onal PG vs	s dermis of non-lesional PG pathways
Pathway	P-value	FDR	Nodes
Extracellular matrix organization(R)	1.10E- 06	5.83E- 04	ICAM5,FN1,COL1A2,CTSB,MMP12,PXDN,C OL3A1,COMP,COL4A1,COL4A4,COL4A5,TG FB3,BMP7,COL5A1,ITGAX,ITGA4,ITGA1,LU M
Beta1 integrin cell surface interactions(N)	3.15E- 06	8.36E- 04	FN1,COL1A2,COL3A1,COL4A1,COL4A4,COL 4A5,COL5A1,ITGA4,ITGA1
Integrin signaling pathway(P)	5.49E- 06	9.66E- 04	FN1,COL1A2,GRAP,ARPC1B,COL3A1,COL4 A1,COL4A4,COL4A5,COL5A1,PIK3CG,ITGA X,ITGA4,ITGA1
Immunoregulatory interactions between a Lymphoid and a non-Lymphoid cell(R)	1.23E- 05	1.20E- 03	ICAM5,CXADR,SH2D1A,PILRA,RAET1E,SIG LEC9,CD33,SIGLEC7,CD300LB,SELL,TREM2 ,FCGR3A,ITGA4,KLRG1
AGE-RAGE signaling pathway in diabetic complications(K)	1.32E- 05	1.20E- 03	FN1,COL1A2,IL1A,COL3A1,COL4A1,COL4A 4,COL4A5,TGFB3,SELE,MAPK12
Cell adhesion molecules (CAMs)(K)	1.37E- 05	1.20E- 03	ICOS,CD28,CTLA4,CLDN19,NRCAM,SELE,I GSF11,PTPRC,SELL,ITGA4,CDH15,PDCD1
Human papillomavirus infection(K)	2.48E- 05	1.86E- 03	ATP6V0A4,FN1,COL1A2,WNT7B,CRB3,COM P,COL4A1,MFNG,COL4A4,COL4A5,WNT2,W NT3A,ISG15,ITGA4,ITGA1,WNT16,PARD6G, LAMB4
ECM-receptor interaction(K)	3.02E- 05	1.99E- 03	FN1,COL1A2,COMP,COL4A1,COL4A4,COL4 A5,ITGA4,ITGA1,LAMB4
Primary immunodeficiency (K)	6.46E- 05	3.75E- 03	CD79A,ICOS,JAK3,PTPRC,IL7R,ZAP70
Amoebiasis(K)	9.26E- 05	4.91E- 03	FN1,COL1A2,COL3A1,COL4A1,COL4A4,COL 4A5,TGFB3,CXCL2,LAMB4

Beta3 integrin cell	1.26E-	6.06E-	THY1,FN1,COL1A2,COL4A1,COL4A4,COL4A		
surface	04	03	5		
interactions(N)					
Rheumatoid	2.68E-	0.0118	ATP6V0A4,CD28,CTLA4,IL1A,CCL20,TGFB3		
arthritis(K)	04		,CXCL2,LTB		
Tuboroulogie(K)	2 92E	0.01/12	$C \land I M I 5 C \land I M I 3 \land T D 6 V 0 \land 4 T I D 1 II 1 \land T C$		
Tuberculosis(K)	5.65E- 04	0.0143	ER3 ECGP3A ITCAY I RD CP1 MADK12		
	04		17D3,1°CORSA,110AA,EDI,CRI,MAI RIZ		
Platelet	3.87E-	0.0143	COL1A2,ADCY4,COL3A1,GUCY1B1,GUCY1		
activation(K)	04		A1,PIK3CG,PLA2G4F,PLA2G4E,MAPK12		
Neutrophil	4.96E-	0.0174	CALML5,GMFG,BST2,SIGLEC9,CTSZ,CD33,		
degranulation(R)	04		CTSB,RHOF,ALOX5,RAB31,PKP1,GPR84,PT		
			PRC,SELL,ITGAX,CR1,PTX3,MNDA		
PI3K-Akt	5.69E-	0.0188	FN1,COL1A2,JAK3,CSF3R,CHRM1,COMP,CO		
signaling	04		L4A1.COL4A4.COL4A5.IL7R.PIK3CG.ITGA4.		
pathway(K)			ITGA1,ERBB4,NTRK2,LAMB4		
Cvtokine-cvtokine	7.65E-	0.0237	TNFSF18.IL31RA.CD27.IL1A.CCL20.CSF3R.I		
receptor	04		L18RAP.TGFB3.BMP7.IL7R.CXCL2.LTB.IL1		
interaction(K)			RL1,IL1RL2		
Signaling	9.09E-	0.0264	ISL1.JAK3.WNT7B.DLX5.OTX1.WNT2.WNT3		
pathways	04		A,WNT16,MAPK12		
regulating					
pluripotency of		\mathbf{O}			
stem cells(K)					
VEGFR3	1.06E-	0.0285	FN1,COL1A2,ITGA4,ITGA1		
signaling in	03				
lymphatic					
endothelium(N)					
WNT ligand	1.22E-	0.0317	WNT7B,WNT2,WNT3A,WNT16		
biogenesis and	03				
trafficking(R)					
Protein digestion	1.57E-	0.0392	COL1A2,COL3A1,COL4A1,COL4A4,COL4A5,		
and absorption(K)	03		COL5A1,KCNJ13		
	1.07E	0.0474			
Hematopoletic cell	1.9/E-	0.0474	CD33,ILTA,CSF3R,IL/R,CRT,ITGA4,ITGAT		
Inneage(K)	05				
Ovarian	2.20E-	0.0485	ADCY4,ALOX5,CYP11A1,PLA2G4F,PLA2G4		
steroidogenesis(K)	03		E		
Malanaganasia(W)	2.21E	0.0495	CALMESCALME2 ADOVA WARTED WATE W		
wielanogenesis(K)	2.21E-	0.0483	CALIVIL, CALIVIL, ADCI4, W N I / B, W N I 2, W NT2 A WNT16		
(\mathbf{D}) , \mathbf{D} = -4 - (\mathbf{U})		arval	INIJA, WINITO		
(K): Keactonie, (K): Kyoto Encyclopedia of Genes and Genomes, (N): National Cancer					
Institute Pathways Interactions Database, (C): CellMap, (P): Panther, (B) BioCarta.					

<u>Table S5: Pathways associated with differentially expressed genes in the epidermis of perilesional PG vs epidermis of HC</u>

Significant genes were defined as having an FC >4 or < -4 and an FDR p-value of <0.05. 1780 differentially expressed genes were identified and entered into Cytoscape. 16 pathways were significantly enriched with an (FDR <0.05).

Table S5: Epidermis of perilesional PG vs Epidermis of HC pathways			
Pathway	P value	FDR	Nodes
NCAM signaling	1.10E-	5.33E-04	SPTB,FYN,COL9A2,CACNA1H,CACNA1G,CA
for neurite out-	06		CNA1S,CNTN2,CACNB1,SPTBN4,SPTBN5,GF
growth(R)			RA1,COL4A3,FGFR1,COL6A2
Hematopoietic	1.29E-	5.33E-04	HLA-DMB,HLA-DPB1,HLA-DOA,HLA-
cell lineage(K)	06		DOB,FLT3,ITGA6,CD1E,CD1C,CD1B,CD1A,CD
			38,CD37,CD33,IL4R,CD4,HLA-
			DQA1,TNF,CSF1R,IL1R2
Calcium	1.01E-	2.65E-03	HTR7,GRIN2A,GRIN2C,MCU,CD38,CACNA1H,
signaling	05		CACNA1G,CACNA1S,ATP2B2,PRKCB,TNNC1,
pathway(K)			TNNC2,ADCY2,PLCD3,CHRM1,SLC8A1,CYSL
			TR1,DRD1,CALML6,PDE1B,CCKBR,ADRB1,H
			RH2,CASQ1,CAMK2B,ERBB4
Dilated	1.28E-	2.65E-03	CACNA2D2,MYBPC3,ITGB7,ITGB6,ITGA8,ITG
cardiomyopathy	05		A7,ITGA6,CACNA1S,TNNC1,ADCY2,TNF,SLC
(DCM)(K)			8A1,CACNB1,ITGA11,SGCG,TNNT2,ADRB1
Cell adhesion	3.09E-	5.14E-03	CLDN3,CLDN8,LRRC4,HLA-DMB,HLA-
molecules	05		DPB1,HLA-DOA,HLA-
(CAMs)(K)			DOB,CD274,SPN,ITGB7,ITGA8,ITGA6,CD226,
			CD86,VCAM1,CNTN2,CD4,ALCAM,HLA-
			DQA1,CDH3,CLDN16
ECM-receptor	6.22E-	8.19E-03	ITGB7,ITGB6,ITGA8,ITGA7,ITGA6,COL9A2,C
interaction(K)	05		HAD,LAMA3,FREM1,GP6,TNC,ITGA11,COL4
			A3,COL6A2,THBS2
Potassium	7.95E-	8.19E-03	KCNMB1,KCNMB4,KCNA2,KCNH8,KCNJ1,KC
Channels(R)	05		NJ4,KCNQ1,KCNQ3,KCNN4,GABBR2,GABBR
			1,GNB3,KCNJ11,KCNJ12,ABCC8
Hypertrophic	7.95E-	8.19E-03	CACNA2D2,MYBPC3,ITGB7,ITGB6,ITGA8,ITG
cardiomyopathy	05		A7,ITGA6,CACNA1S,TNNC1,TNF,SLC8A1,CA
(HCM)(K)			CNB1,ITGA11,SGCG,TNNT2
Cardiac	1.59E-	0.0147	CACNA2D2,FXYD6,KCNJ4,KCNQ1,NPR2,CAC
conduction(R)	04		NA1S,FGF13,ATP2B2,SLC8A1,CACNB1,KCNJ1
			1,KCNIP2,KCNJ12,CORIN,CAMK2B,ATP1A1
Class A/1	2.58E-	0.0214	HTR7,FPR3,GPR35,P2RY13,GPR68,OXER1,MC
(Rhodopsin-like	04		2R,GNRHR,GAL,MC5R,CCRL2,MCHR1,ACKR
receptors)(R)			2,CCL19,CCL17,CCL22,CHRM1,CYSLTR1,MT

			NR1B,DRD1,DRD4,CX3CR1,P2RY6,P2RY2,FF
			AR4,EDN2,CCKBR,MT-
			RNR2,SUCNR1,ADRB1,HRH2,NPY5R
Neuroactive	3.89E-	0.0292	HTR7,FPR3,GRIN2A,GRIN2C,GPR35,P2RY13,L
ligand-receptor	04		EPR,GIPR,MC2R,GRIK3,GNRHR,GAL,GABBR
interaction(K)			2,GABBR1,GCGR,MC5R,MCHR1,GRM2,CHRM
			1,CYSLTR1,MTNR1B,CALCRL,DRD1,DRD4,P2
			RY6,P2RY2,EDN2,CCKBR,GABRD,ADRB1,HR
			H2,UCN,NPY5R
Extracellular	5.37E-	0.0365	COL24A1,MMP13,MMP16,ITGB7,ITGB6,DST,I
matrix	04		TGA8,ITGA7,ITGA6,COL9A2,CTSV,CTSL,TMP
organization(R)			RSS6,ADAM12,FBN2,VCAM1,COL5A2,LAMA3
			,SERPINE1,COL12A1,FMOD,TNC,ITGA11,AD
			AMTS4,MATN4,COL4A3,COL6A2
Keratinization(R)	5.91E-	0.0365	DSC2,DSG3,KLK13,LCE1A,PI3,KRT2,KRT7,SP
	04		RR2A,KRT16,KRT6A,KRT79,KRT77,KRT73,LO
			R,KRT72
Heterotrimeric G-	6.81E-	0.0365	HTR7,PRKAR2B,GNRHR,RGS9,GRM2,PYGM,P
protein signaling	04		YGL,ADCY2,CHRM1,MTNR1B,DRD1,DRD4,A
pathway-Gi alpha			DRB1,HRH2,GPSM1,GPSM2,RGS17,RGS11
and Gs alpha			
mediated		0	
pathway(P)			
Beta1 integrin	6.88E-	0.0365	ITGA8,ITGA7,ITGA6,VCAM1,COL5A2,LAMA3
cell surface	04		,TNC,ITGA11,COL4A3,COL6A2,THBS2
interactions(N)			
Arrhythmogenic	7.15E-	0.0365	CACNA2D2,DSC2,ITGB7,ITGB6,ITGA8,ITGA7,
right ventricular	04		ITGA6,CACNA1S,SLC8A1,CACNB1,ITGA11,S
cardiomyopathy			GCG
(ARVC)(K)			
(R): Reactome, (K)): Kyoto E	ncylopedia	of Genes and Genomes, (N): National Cancer
Institute Pathways Interactions Database, (C): CellMap, (P): Panther, (B) BioCarta.			

<u>Table S6: Pathways associated with differentially expressed genes in the epidermis of perilesional PG vs epidermis of nonlesional PG</u>

Significant genes were defined as having a FC >4 and an FDR p-value of <0.05. 1917 differentially expressed genes were identified and entered into Cytoscape. 11 pathways were significantly enriched with an (FDR <0.05).

Table S6: Epidermis of perilesional PG vs epidermis of nonlesional PG pathways			
Pathway	P value	FDR	Nodes
Interleukin-4 and	1.70E-	1.51E-03	GATA3,FSCN1,SOCS3,LCN2,CCL2,ICAM1,IL12
Interleukin-13	06		A,CD36,IL4R,MMP1,HIF1A,ANXA1,CCL22,IL13
signaling(R)			RA2,IL13RA1,BCL2,LIF,RHOU,SAA1,CXCL8,M
			UC1,POMC
Class A/1	1.34E-	5.93E-03	HTR7,C3AR1,GPR35,GPR68,CCL7,CCL5,CCL2,
(Rhodopsin-like	05		GNRHR,CCR3,MCHR1,HCAR1,TAC1,GPER1,AC
receptors)(R)			KR2,GPR183,ANXA1,CCL22,CHRM1,CHRM4,D
			RD4,P2RY6,P2RY2,EDNRA,PTGDR,NMB,XCR1,
			CCKBR,PTGER3,CXCR4,KISS1R,SAA1,NPY1R,
			APLNR,HRH2,CXCL9,CXCL8,CXCL1,NPY5R,T
			SHR,POMC
Calcium signaling	6.15E-	0.0181	MYLK,HTR7,GRIN2A,MCU,CD38,CACNA1F,CA
pathway(K)	05		CNA1H,CACNA1S,ATP2B2,PRKCB,TNNC1,TN
			NC2,PLCB2,ADCY2,PLCD3,PLCD4,CHRM1,SLC
			8A1,CALML6,EDNRA,CCKBR,PTGER3,CXCR4,
			HRH2,NOS1,CAMK2B,ERBB4
Cytokine-	1.32E-	0.0235	NGFR,IL12RB2,TNFRSF4,TNFRSF21,CCL7,CCL
cytokine receptor	04		5,CCL2,TNFSF10,IL12A,IL1F10,IL20,CCR3,IL16,
interaction(K)			IL33,IL37,IL34,IL17B,IL4R,INHBA,BMP7,IL7R,T
			NFSF9,CCL22,IL13RA2,IL13RA1,NGF,IL1R2,XC
			R1,LIF,GDF7,CXCR4,CXCL9,CXCL8,CXCL1,TG
			FBR1
Striated Muscle	1.33E-	0.0235	MYBPC3,MYBPC2,TMOD1,TNNC1,TNNC2,TNN
Contraction(R)	04		I2,TNNT1,TNNT2,TNNT3
Extracellular	1.62E-	0.0238	COL13A1,ADAMTS14,MMP10,MMP13,PXDN,C
matrix	04		OL28A1,ITGB6,ITGA7,ITGA6,ITGA9,NTN4,ICA
organization(R)			M1,ACTN1,CTSV,CTSL,TMPRSS6,BMP7,MMP1,
			COL12A1,SERPINE1,TIMP2,TNC,ADAMTS4,MF
			AP2,TLL1,CEACAM1,MATN4,LOX,COL4A3,NI
			D1,LTBP1,THBS1
ErbB receptor	3.34E-	0.0294	NRG1,EREG,BTC,EGF,HBEGF,ERBB4
signaling	04		
network(N)			

Interferon	3.05E-	0.0294	SOCS3,RSAD2,BST2,MX1,XAF1,IFITM3,IFITM1	
alpha/beta	04		,IFITM2,IFIT1,IFIT3,IFI6,OASL,OAS2	
signaling(R)				
Malaria(K)	2.75E-	0.0294	CCL2,ICAM1,IL12A,CD36,HBA1,TLR4,TLR2,KL	
	04		RB1,CXCL8,THBS2,THBS1	
Pertussis(K)	2.64E-	0.0294	LY96,C1S,C1R,IL12A,CD14,SERPING1,SFTPA1,	
	04		CALML6,TLR4,C1QB,C1QA,C1QC,NLRP3,CXC	
			L8	
Keratinization(R)	4.16E-	0.0333	DSC2,DSG3,KLK13,LCE1A,PI3,KRT2,SPRR2A,K	
	04		RT23,KRT13,KRT16,KRT6C,KRT6B,KRT6A,KR	
			T77,LOR,KRT73,KRT72	
(R): Reactome, (K): Kyoto Encylopedia of Genes and Genomes, (N): National Cancer Institute				
Pathways Interactions Database, (C): CellMap, (P): Panther, (B) BioCarta.				

ons Database, (C): CellMap, (P): Panuer, (D) procume







Figure S1: Patient characteristics

Representative clinical picture and histopathology of patient with PG.



Figure S1a: Patient with PG with a classic ulcer on the left ankle showing with undermining and violaceous erythema. **Figure S1b**: Hematoxylin and eosin staining (20x) of the perilesional area showing diffuse neutrophilic infiltrate. Scale bar= 29um. **Figure S1c**: MPO staining (20x) confirmed the presence of abundant neutrophils. Scale bar= 29um.







This figure shows the different pathways associated with differentially expressed genes in perilesional dermis and epidermis of PG compared to healthy dermis and healthy epidermis respectively. Most of the overexpressed pathways are in the perilesional dermis of PG lesions. The predominance of immune and inflammatory pathways is evident (in red).

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Supplemental Methods:

Patient selection:

Pyoderma Gangrenosum (PG): Eight patients with ulcerative pyoderma gangrenosum were selected. The diagnosis was based on the Su criteria (2004) and was confirmed by a second dermatologist to avoid possible misdiagnosis. Two skin biopsies were obtained from each patient; one from non-affected skin and one from the perilesional area. All samples were separated into epidermis and dermis before further processing. Thus, each patient provided four samples for the study. All skin biopsies of the perilesional area from PG patients showed mixed inflammatory infiltrate with neutrophils. Immunohistochemistry using myeloperoxidase (MPO) stain highlighted the presence of neutrophils. Additionally, skin biopsies were obtained from healthy controls (HC).

Sample collection, RNA isolation and quantitative real-time PCR methods:

Two 4mm biopsy samples were collected from perilesional and non-lesional skin from the same patient with active PG and HC. As the epidermis constitutes an entirely different cellular compartment than the underlying dermis, these two layers were separated prior to RNA extraction using ammonium thiocyanate. Following the separation of the epidermis from dermis, RNA was extracted from each layer using the Trizol protocol (Life Technologies) according to the manufacturer's recommendations in the Leachman/Cassidy Lab in the Dermatology Research Division. Following RNA purification, sample quality was assessed by gel electrophoresis using a Bioanalyzer® (Agilent Technologies) in the OHSU Gene Profiling Shared Resource.

RNA sequencing, differential gene expression analysis methods:

The skin was processed at the Massively Parallel Sequencing Shared Resource (MSSPR) at Oregon Health and Science University (OHSU). Based on our previous experiments, the RNA concentration from skin samples was adequate to prepare the RNA-seq libraries using an Illumina TruSeq total RNA-seq Library protocol. For DE analysis, gene-level differential expression analysis was performed in open-source software R (R Core Team). Gene-level raw counts were filtered to remove genes with extremely low counts in many samples following the published guidelines (Chen et al., 2016), normalized using the trimmed mean of M-values method (TMM) (Robinson and Oshlack, 2010), and transformed to log-counts per million with associated sample wise quality weight and observational precision weights using voom (Law et al., 2014) method. Gene-wise linear models containing design factors and adjusting for sequencing batch and within-subject correlation (when comparing dermis perilesional of PG (DPPG) to dermis non-lesional of PG (DNPG), were employed for differential expression analyses using limma with empirical Bayes moderation and false discovery rate (FDR) adjustment (Benjamini et al., 1995). Using this approach, discovery tests comparing epidermis and dermis from PG and HC were performed.

Quantitative RT-PCR methods:

Total RNA was extracted from epidermis and dermis from skin biopsies with RNeasy Kit (Qiagen). RNA was reverse transcribed with High-Capacity RNA-to-cDNATM Kit (ThermoFisher). All experiments were done in duplicate using SYBR Green PCR Master Mix (ThermoFisher). Human *IL-1A, TNFSF-18, CCL-20 and CXCL-2* mRNA were measured by qRT-PCR using the following primers: CXCL2-H-F: CTCAAGAATGGGCAGAAAGC; CXCL2-H-R: AAACACATTAGGCGCAATCC; CCL20-H-F:

ATGTGCTGTACCAAGAGTTTGC; CCL20-H-R: CCAATTCCATTCCAGAAAAGCC; IL-1A-H-F: CATTGGCGTTTGAGTCAGCA; IL-1A-H-R: CATGGAGTGGGCCATAGCTT; TNFSF18-H-F: GGAGCCCTGTATGGCTAAGT; TNFSF18-H-R:

CAGCTTCCAGTCAGACACCTT. Gene expression data were collected using a 7900HT thermocycler (Applied Biosystems). The levels of these cytokine mRNAs were normalized to *GAPDH*.

Pathway analysis methods:

Cytoscape with 2019 Reactome FI Plugin was used for this analysis (Shannon et al., 2003; Fabregat et al., 2018; ReactomeFIVIz, 2018). Significantly differentially expressed genes were defined as genes with fold change (FC) >4 or <-4 and FDR p<0.05. Differentially expressed genes were entered into Cytoscape. Linker genes were used to construct the initial network and pathway analysis was performed without using linker genes (to avoid biasing of results). Differentially expressed pathways were defined as having FDR <0.05.

Immgen analysis methods:

We compared the 8 DPPG samples versus 8 dermis of HC samples. All genes with a FC > 2 and FDR p< 0.05 were included. This included 2826 genes, of which 2588 matched genes in the Immgen database. Immgen data were accessed using the ToppGene Suite (https://toppgene.cchmc.org/).

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SUPPLEMENTARY FIGURE TITLES & LEGENDS

Figure S1: Patient characteristics

Representative clinical picture and histopathology of patient with PG. **Figure S1a**: Patient with PG with a classic ulcer on the left ankle showing with undermining and violaceous erythema. **Figure S1b**: Hematoxylin and eosin staining (20x) of the perilesional area showing diffuse neutrophilic infiltrate. Scale bar= 29um. **Figure S1c**: MPO staining (20x) confirmed the presence of abundant neutrophils. Scale bar= 29um.

Figure S2: Pathway analysis in the dermis and epidermis of perilesional PG samples versus <u>healthy controls</u>

This figure shows the different pathways associated with differentially expressed genes in perilesional dermis and epidermis of PG compared to healthy dermis and healthy epidermis respectively. Most of the overexpressed pathways are in the perilesional dermis of PG lesions. The predominance of immune and inflammatory pathways is evident (in red).

SUPPLEMENTARY TABLE TITLES & LEGENDS

Table S1: List of cytokines previously implicated in PG pathogenesis

We included genes for both cytokines/chemokines and associated receptors. 59 genes were entered and 55 were used (4 were not present in our dataset, including IL2, IL17A, IL23R, and IFNG). These genes were *a priori* selected genes known to be important in PG pathogenesis and treatment.

Table S2: PG patient characteristics

<u>Table S3: Pathways associated with differentially expressed genes in the dermis of perilesional PG vs dermis of HC</u>

Significant genes were defined as having an FC >4 and an FDR p-value of <0.05. 2907 differentially expressed genes were identified and entered into Cytoscape. 92 pathways were significantly enriched (FDR <0.05).

<u>Table S4: Pathways associated with differentially expressed genes in the dermis of perilesional PG vs dermis of non-lesional PG</u>

Significant genes were defined as having an FC >4 and an FDR p-value of <0.05. 405 differentially expressed genes were identified and entered into Cytoscape. 25 pathways were significantly enriched (FDR <0.05).

Table S5: Pathways associated with differentially expressed genes in the epidermis of perilesional PG vs epidermis of HC

Significant genes were defined as having an FC >4 or < -4 and an FDR p-value of <0.05. 1780 differentially expressed genes were identified and entered into Cytoscape. 16 pathways were significantly enriched with an (FDR <0.05).

<u>Table S6: Pathways associated with differentially expressed genes in the epidermis of perilesional PG vs epidermis of nonlesional PG</u>

Significant genes were defined as having a FC >4 and an FDR p-value of <0.05. 1917 differentially expressed genes were identified and entered into Cytoscape. 11 pathways were significantly enriched with an (FDR <0.05).

Molecular and cellular characterization of pyoderma gangrenosum: Implications for the

use of gene expression

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SHORT TITLE: "Molecular and cellular characterization of pyoderma gangrenosum" Abbreviations Used: PG: pyoderma gangrenosum, EPPG: epidermis perilesional pyoderma gangrenosum, ENPG: epidermis non-lesional pyoderma gangrenosum, DPPG: dermis perilesional pyoderma gangrenosum, DNPG: dermis non-lesional pyoderma gangrenosum, HC: healthy control, FDR: false discovery rate, FC: fold change, JAK: Janus kinase, IFN: interferon, DC: dendritic cells, GN: granulocytes, MF: macrophages, Mo: monocytes. To the Editor

Pyoderma gangrenosum (PG) is characterized by painful ulcers typically affecting the lower extremities. PG pathogenesis and triggers are poorly understood (Ortega-Loayza AG et al., 2018). Treatments target systemic inflammation, but clinical response and outcomes remain unpredictable. Further investigations are necessary to understand PG pathobiology; however, little is known about gene expression in PG, including whether important changes localize to the dermis or epidermis and whether non-lesional skin from PG patients shows subclinical signs of disease. Thus, we analyzed gene expression signatures of perilesional and non-lesional skin biopsies from patients with PG to characterize the immunologic and cellular response. This study was approved by Oregon Health and Science University's Institutional Review Board.

We collected paired biopsies of perilesional and non-lesional skin from eight patients with PG and eight healthy controls (HC) (**Supplementary methods**); all patients provided written informed consent. Skin samples were collected while ulcers were clinically active (**Supplementary Figure S1**). Each biopsy specimen was incubated in a solution of aqueous 3.8% ammonium thiocyanate to separate epidermis from dermis. RNA was prepared from each tissue for RNA-sequencing (RNA-Seq) (Clemmensen A et al., 2009) (GenBank: PRJNA590986). After generating alignments and gene counts using STAR (Dobin A et al., 2013), gene-wise linear models were employed for differential expression analyses using limma with empirical Bayes moderation (Ritchie ME et al., 2015) and false discovery rate (FDR) adjustment (Benjamin Y et al., 1995). Discovery tests compared perilesional and non-lesional dermis and epidermis from PG to HC. Pathway analysis (Cytoscape using the Reactome F1 plugin) was performed using genes with a four-fold expression difference and FDR p<0.05 (**Supplementary Tables S3, S4, S5, and S6**) (Shannon P et al., 2003). Unregulated genes with fold change (FC) >2 and FDR p<0.05 were analyzed with Immgen software to correlate gene expression with likely cell types present in perilesional dermis of PG (DPPG) (Heng TSP et al, 2008).

5,762 genes were significantly differentially expressed in DPPG compared to HC, and 5,235 genes were differentially expressed in DPPG compared to dermis of non-lesional PG (DNPG) (FC >2, FDR p<0.05) (Figure 1a). Perilesional epidermis also had significantly differentially expressed genes, most of which were downregulated. DNPG and epidermis of nonlesional PG (ENPG) had few differentially expressed genes. Our pathway analysis revealed that differentially expressed genes in DPPG compared to dermis of HC were associated with signaling of neutrophil degranulation, cytokine-cytokine receptor interactions, the expression of complement cascade, and cell adhesion pathways. Pathway analysis comparing DPPG and DNPG revealed signaling within similar pathways. Pathways associated with perilesional dermis revealed more clinically meaningful inflammatory pathways than pathways associated with perilesional epidermis, although epidermal gene expression was also associated with interferon (IFN) alpha/beta, cytokine receptors, and adhesion molecule pathways (Figure 1b and Supplementary Figure S2). Immgen analysis showed that differentially expressed genes in PG were associated predominantly with myeloid cells; mainly dendritic cells (DC), but also granulocytes (GN), macrophages (MF), and monocytes (Mo) (Figure 1c).

This was followed by targeted analyses of an *a priori* list of selected genes previously implicated in PG pathogenesis (**Supplementary Table S1**). Figure 2a displays cell types associated with these genes. Targeted analysis of cytokine gene expression revealed that DPPG had a cytokine gene expression signature that distinguished it from dermis of HC, while DNPG did not (Figure 2b). Interestingly, the cytokine signature of epidermis of perilesional of PG

(EPPG) and ENPG were not significantly different from epidermis of HC (**Figure 2c**). Based on pathway analysis results, select genes were validated using qPCR (**Figure 2d**) with statistically significant differences for CCL-20 and CXCL-2 (Th17 pathway downstream cytokines).

Based on the results of our study, we corroborate the role of Th17 inflammatory cytokines in the pathogenesis of PG (Ortega-Loayza AG et al., 2018; Wang EA et al., 2018). The relevance of these cytokines is confirmed by successful treatments with biologics; however, not all patients respond to these medications, which suggests other pathways might be involved. Our analysis also revealed differential expression of Janus kinase (JAK) and IFN signaling genes (e.g., JAK3, STAT4), which is consistent with the described therapeutic effectiveness of JAK inhibitors in PG (Orfaly VE et al., 2021). JAK inhibitors effectively treat inflammatory bowel disease and inflammatory arthritis suggesting that these agents can also target PG-associated diseases.

Formed PG ulcers show nonspecific epidermal and superficial necrosis with mixed inflammatory infiltrate. However, early lesions in PG localize to the dermis with intradermal abscess formation (Weedon D, 2010). Our results show that inflammatory gene expression changes occur primarily in the dermis of PG, supporting this pathogenic model of PG. Thus, identifying the cellular profile within this dermal inflammatory response in patients with PG is of utmost importance; single cell RNA sequencing is the next logical step to deepen our understanding of PG pathogenesis. While PG is a neutrophilic dermatosis, our results reveal a strong association between differentially expressed genes and dendritic cell signatures, suggesting that the interactions of neutrophils and dendritic cells may be key drivers of this disease. Interestingly, biologic therapeutic interventions in PG are also proven to interfere with dendritic cell activation (Chung-Chung C et al., 2011).

Overall, we report herein the following observations: 1) Perilesional dermis of PG shows a cytokine gene expression signature consistent with the disease, while perilesional epidermis shows few inflammatory genes/pathways, and non-lesional skin of PG is similar to HC (**Figure 1**). This finding confirms that most inflammatory events occur within the dermis rather than the epidermis. 2) Our pathway analysis implicates several pathways, including complement cascade and trafficking pathways (integrin, cell adhesion molecules), which suggest alternative therapies for PG. 3) Myeloid cells are the predominant cell type in PG and are responsible for the changes of gene expression in perilesional skin of PG.

Limitations of this study include the small sample size and, thus, the inability to control for variables such as age, sex, associated diseases, medications, or disease duration. Future directions will include comparing neutrophil-rich dermatoses to demonstrate that the differences in gene expression are not solely due to the presence of certain immune cell types in PG.

DATA AVAILABILITY STATEMENT: Datasets related to this article can be found at https://www.ncbi.nlm.nih.gov/sra/PRJNA590986, Pyoderma Gangrenosum Study (PyGaS) hosted at Oregon Health and Science University

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FIGURE LEGENDS

Figure 1: Pathway analysis and cell types associated with differentially expressed genes in the DPPG and EPPG versus HC.

Figure 1a: Number of differentially expressed transcripts with a fold change > 2 and false discovery rate p<0.05. *Comparisons were selected for pathway analysis. **Figure 1b:** Inflammatory pathways associated with differentially expressed genes in perilesional dermis and epidermis compared to healthy dermis and healthy epidermis. Note the increased number of immune pathways found in the perilesional dermis in comparison to the perilesional epidermis suggesting most of the inflammatory events occur in the dermis. **Figure 1c:** Cell types associated with differentially upregulated genes (FC >2, FDR p <0.05) in the perilesional dermis and epidermis of PG compared to HC (Heng TSP et al., 2008); myeloid cells are the most commonly represented (dendritic cells, granulocytes, macrophages, and monocytes). (PG= pyoderma gangrenosum, EPPG= epidermis perilesional pyoderma gangrenosum, ENPG= epidermis non-lesional pyoderma gangrenosum, HC= healthy controls, DC= dendritic cell, GN= granulocyte, MF=macrophage, Mo=monocyte).

Figure 2: Cytokine gene expression comparison of DPPG and EPPG versus HC using 55 *a priori* selected genes.

Figure 2a: This table shows the cell types associated with *a priori* selected genes implicated in the pathogenesis of PG (GeneCards). **Figure 2b:** Heatmap of selected cytokine, chemokine, and cytokine signaling genes in the perilesional dermis of eight patients with PG. Overexpressed transcripts include genes implicated in Th17 induction/regulation (IL2RA, IL2RB, C5AR1,

CXCL8, CSF3, CD40LG), differentiation (IL1B, IL6, IL23A) and biological effects (JAK, STAT, TYK2, IFN, TNF, IL17RA, IL36G, MMPs). Non-lesional dermis of PG and dermis of HC are indistinguishable. **Figure 2c:** Heatmap of selected cytokine, chemokine, and cytokine signaling in the perilesional and non-lesional epidermis of four patients with PG compared to epidermis of HC. Gene expression Z-scores were calculated using the overall mean and standard deviation of each gene. Expression values used were normalized expression values on the log2 scale with batch effect removed. **Figure 2d:** RT-PCR validation of the main chemokine genes found in the RNA-Seq analyses. These graphs show statistically significant overexpression of CCL-20 and CXCL-2 in perilesional dermis of PG in comparison to non-lesional dermis of PG and healthy controls by one-way analysis of variance (ANOVA). (PG= pyoderma gangrenosum, EPPG= epidermis perilesional pyoderma gangrenosum, DNPG= dermis non-lesional pyoderma gangrenosum, HC= dermis of healthy controls (Figure 1b) or epidermis of healthy controls (Figure 1c- 3 subjects); four subjects per group except where noted).