A long noncoding RNA associated with susceptibility to celiac disease

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Recent studies have implicated long noncoding RNAs (lncRNAs) as regulators of many important biological processes. Here we report on the identification and characterization of a lncRNA, lnc13, that harbors a celiac disease–associated haplotype block and represses expression of certain inflammatory genes under homeostatic conditions. Lnc13 regulates gene expression by binding to hnRNPD, a member of a family of ubiquitously expressed heterogeneous nuclear ribonucleoproteins (hnRNPs). Upon stimulation, lnc13 levels are reduced, thereby allowing increased expression of the repressed genes. Lnc13 levels are significantly decreased in small intestinal biopsy samples from patients with celiac disease, which suggests that down-regulation of lnc13 may contribute to the inflammation seen in this disease. Furthermore, the lnc13 disease-associated variant binds hnRNPD less efficiently than its wild-type counterpart, thus helping to explain how these single-nucleotide polymorphisms contribute to celiac disease.

Roughly 80% of the phenotype-related loci identified by genome-wide association studies (GWAS) of many human diseases map to noncoding genome regions. Long noncoding RNAs (lncRNAs) represent a large portion of noncoding regions across the genome (7); however, the link between the GWAS phenotype–related loci on lncRNA expression or function—and the implications for disease—remain uncharacterized (2, 3). Celiac disease (CeD) is a chronic, immune-mediated intestinal disorder that is caused by intolerance to ingested gluten and develops in genetically susceptible individuals (4, 5). Recent studies have revealed 39 non–human lymphocyte antigen regions associated with a risk of CeD development, including many in noncoding regions (6–8).

Among the 14 CeD-associated intergenic single-nucleotide polymorphisms (SNPs) identified by GWAS (table S1) (9), rs917997 is 1.5 kb apart from the 3′ end of the IL18RAP coding gene in chromosome 2. This region harbors a total of five other CeD-associated SNPs that are transmitted with rs917997 as a haplotype block. No transcript had been mapped to this region in the human genome, although in the positionally equivalent conserved region in mouse, a gene (Ilcl3) encoding a 2.8-kb transcript has been classified as noncoding, which partly sense-overlaps with the Il18rap gene (10) (fig. S1A). Using 5′ and 3′ rapid amplification of cDNA ends, we defined the ends of mouse lnc13, confirming that although the 5′ end of lnc13 overlaps with the 3′ end of Il18rap, the two RNAs are independent (fig. S1B). Poly- merase chain reaction (PCR) products generated using PCR primer pairs located along the Il18rap and lnc13 cDNAs (fig. S1C), as well as Northern blot analysis (fig. S1D), further demonstrate that Il18rap and lnc13 are independent transcripts.

As this region is highly conserved between mice and humans (66.5% identity by TransMap alignment, 59% identity by pairwise alignment) (figs. S1B and S2A), we hypothesized that an equivalent lncRNA might exist in the human genome. Intestinal cell RNA sequencing (RNA-seq), histone modification, chromatin signature, and deoxyribonuclease hypersensitivity site (DHS) data, together with RNA-seq signals in different tissues (11), support the presence of an expressed transcript in this region (fig. S2, A and B). Although the exact ends of the human lncRNA remain to be determined, we confirmed the existence of a DHS, which typically denotes a regulatory region such as an active promoter, close to the predicted 5′ end of the human lncRNA (fig. S3A). DHSes were shown to precede both the IL18RAP gene and the lnc13 gene, supporting their independent expression (fig. S3A).

Expression of processed, polyadenylated, and capped human lnc13 was confirmed in the U937 myeloid cell line (fig. S4B), where lnc13 is expressed at a low level of ~10 molecules per cell (fig. S4C), similar to other lncRNAs (12, 13). Moreover, RNA in situ hybridization of intestinal paraffin-embedded sections using RNAsope technology (14) confirmed expression of human lnc13 (fig. 1A). Differential expression of lnc13 in different human tissues indicates a possible tissue-specific role (fig. S3D). As our main focus was the intestinal epithelia, given its role in CeD, we examined the presence of the lnc13 transcript in situ in the lamina propria (fig. 1A) and whole-villi sections of small intestinal biopsy samples (fig. S4A). Biopsies from CeD patients appeared to have substantially lower amounts of lnc13 compared with controls (fig. 1A and fig. S4A). Quantitation of the decrease of lnc13 in intestinal biopsies of patients with CeD revealed that lnc13 was significantly down-regulated in tissues from patients compared with healthy controls (fig. 1B). In contrast, the expression of the overlapping IL18RAP coding gene was increased in patient samples (fig. S4B). Both lamina propria lymphocytes (LPLs) and intraepithelial lymphocytes from the small intestine express lnc13, but the decreased level was observed only in the LPL fraction, pointing to a cell type–specific regulation.

We found that the subcellular localization of lnc13 is primarily nuclear in both mouse and human macrophages (fig. S4, C and D). In situ hybridization on small intestinal biopsies also showed nuclear localization of lnc13 in the mononuclear cells of the lamina propria (fig. S4E). Together, the nuclear localization, the poor Kozak consensus sequence in the predicted open reading frame, and the absence of Pcm domains as assessed by the ATGpr (15) and European Molecular Biology Laboratory–European Bioinformatics Institute InterPro prediction programs (16) strongly suggested that lnc13 is unlikely to encode a protein product.

To further characterize lnc13, we stimulated mouse bone marrow–derived macrophages (BMDMs) with lipopolysaccharide (LPS) to mimic an inflammatory environment, as evidenced by the accompanying increase in interleukin-6 (IL-6) (fig. 1C). Consistent with observations in CeD patients, the level of lnc13 decreased significantly upon LPS stimulation (fig. 1C and fig. S3A), whereas Il18rap levels showed a transient increase (fig. S3A). Similar results were seen in immortalized bone marrow–derived mouse macrophages (iBMMs) and monocyctic cells from the human U937 line (fig. S5, B and C). The LPS-induced decrease of lnc13 is dependent on Myd88 and NF-xB (fig. 1D and fig. S5, D and E), consistent with the observation that NF-xB is constitutively active in the mucosa of patients with CeD (4). The lack of Myd88 did not affect Il18rap induction but does affect IL-12 (fig. 1D and fig. S5F). In the absence of NF-xB signaling (fig. 1D and fig. S5, D and E), we observed an increase in lnc13 expression, which suggests that lnc13 is continuously transcribed as a stable lncRNA (fig. S5G) that is degraded by a pathway dependent on NF-xB signaling.

We compared expression changes of lnc13 with those of 92 protein-coding genes with established inflammatory roles. After LPS stimulation, differentially expressed genes were grouped by their temporal expression pattern (17) (table S2). The expression pattern of the Traf2, Stat1, Stat3, Tnfsf10, Il2ra, Ccl12, Myd88, Csf3, and Il1ra genes inversely correlated with changes in lnc13 (fig. 2A). Expression of four of these genes (TRAP2, STAT1, IL1RA, and MYD88) was significantly increased in biopsies from CeD patients, which suggests that lnc13...
Fig. 1. Lnc13 is an inflammation-dependent lncRNA whose expression is decreased in patients with CeD. (A) Lnc13 expression in human intestinal lamina propria was detected by RNAscope technology. Representative pictures of five samples per condition are shown. Positive control: PPIB; negative control: bacterial dapB. (B) Quantitative expression ($2^{-\Delta \Delta Ct}$) of human lnc13 using a custom TaqMan expression assay in small intestinal biopsies of control and CeD patients. **$P < 0.01$; unpaired two-sample t test. (C) Quantitative expression of mouse lnc13 (top) and a stimulation control (IL-6) (bottom) in response to LPS time-course stimulation in primary macrophages. Results represent average and SE (error bars) of three independent experiments. **$P < 0.01$, +$P < 0.1$; unpaired t test. (D) LPS-induced modulation of lnc13 (left) and IL-12 control (right) levels in WT and Myd88 KO BMDMs extracted from three pairs of mice. Data represent the average and SE of three independent experiments. **$P < 0.01$, +$P < 0.1$; unpaired t test.

Fig. 2. Lnc13 regulates a subset of CeD-related inflammatory genes. (A) Heat map of the differential expression of a cluster of NF-$\kappa$B–regulated genes that exhibit expression kinetics highly correlated with lnc13 expression kinetics in response to LPS stimulation (correlation coefficient $R > 0.8$) of BMDMs. (B) Celiac disease patients present significantly higher levels of the coexpressed genes indicated in (A), as measured by reverse transcription (RT)–QPCR. Horizontal lines represent average values; white rectangles span the 25th and 75th percentile in each group. **$P < 0.01$, +$P < 0.05$, +$P = 0.05$; unpaired t test. (C) Immortalized macrophage cell line stably overexpressing lnc13 by a retroviral pBabe-puro vector shows decreased expression of target genes. Data represent the average and SE of four independent experiments. **$P < 0.01$, *$P < 0.05$, +$P < 0.1$; unpaired t test. (D) Immortalized macrophages show lower levels of lnc13 after transfection of custom small interfering RNAs, using the HiPerfect reagent. Lower lnc13 levels result in increased expression of the target genes. Data represent the average and SE of four independent experiments. **$P < 0.01$, *$P < 0.05$, +$P < 0.1$; unpaired t test.
levels affect this subset of inflammatory genes (Fig. 2B). Increased levels of lnc13 reduced the expression of the predicted targets, as listed above (Fig. 2C), whereas reduction of lnc13 had the opposite effect (Fig. 2D and fig. S5, H and I), demonstrating a link between lnc13 and the target genes. IL-15 and Il6srap (Fig. 2, C and D, and fig. S5, I and J), which have been associated with CeD pathogenesis (28, 19), did not show significant expression changes upon alteration of lnc13 levels, suggesting that lnc13 affects the expression of a certain subset, but not all the genes that have been implicated in CeD pathogenesis.

We observed that de novo transcription and protein synthesis are involved in the reduction of lnc13 observed in LPS-treated macrophages and CeD biopsies (fig. S6A). The high stability of lnc13 RNAs and normalized to the full-length WT lnc13. Data represent the average and SE of three independent experiments. (B) Dcp2 binds Dcp2 significantly more effectively than the other scripts are known to be essential for Dcp2 targeting and selective for the proposed mechanism of other characterized lncRNAs such as lnc-COX2 or HOTAIR (23, 24). The recently described RNA antisense purification (RAP) approach (25), followed by quantitative PCR (qPCR) of specific regions, confirmed the binding of lnc13 to the transcriptional start sites (TSSs) of lnc13-bound proteins were pulled down and subjected to mass spectrometry analysis (fig. S7, B and C, and table S3). One of the major lnc13-binding proteins was an hnRNP (also known as AUFI). Mice lacking hnRNPd develop an inflammatory skin disease (27), and hnRNPd is able to regulate gene expression through different mechanisms, including interacting with members of the nucleosome-remodeling complex, NuRD, to regulate the epigenetic state of chromatin (28). BMDMs from hnRNPd KO mice did not show any effect on lnc13 down-regulation kinetics (fig. S7D), but expression of lnc13-affected genes in unstimulated and LPS-stimulated cells was increased (Fig. 4C). Human U937 cells also showed increased target gene expression when hnRNPd was knocked down (fig. S7E). Although hnRNPd is expressed as four different isoforms, we found that the p42 isoform bound most efficiently to lnc13. The p42 isoform is also known to be localized to chromatin (29). Chromatin immunoprecipitation (ChIP)–qPCR analysis revealed that hnRNPd binds to the same regions of chromatin as lnc13, but the bound hnRNPd is lost after LPS-stimulated lnc13 degradation (fig. S7F). The chromatin localization of both lnc13 and hnRNPd (Fig. 4A and fig. S7G), together with the enrichment of both factors in the TSSs of the target genes, further supports the hypothesis that the lnc13-hnRNPd complex functions as a regulator of expression of a subset of inflammatory genes. Interestingly, Hdac1, which is a component of the NuRD remodeling complex, was detected in the hnRNPd p42-lnc13 complex (fig. S7H). Lnc13 was seen to com immunoprecipitate with Hdac1 in nuclear extracts from mouse and human macrophages (Fig. 4D and fig. S7I). Consistently, ChIP analysis showed enrichment of Hdac1 in the TSSs of lnc13-regulated genes in the steady state, as well as loss of Hdac1 binding after LPS stimulation when lnc13 levels were reduced (fig. S7J). Hdac1 is less efficiently bound to the lnc13 target promoters in cells lacking hnRNPd versus WT cells (Fig. 4E), suggesting that hnRNPd is necessary for Hdac1 to bind the lnc13-regulated promoters. hnRNPd and Hdac1 showed decreased enrichment in the TSSs of the target genes in lnc13 knocked-down (kd) cells compared with those with normal lnc13 levels (Fig. 4F and fig. S7K). The lnc13 kd cells showed higher levels of the target gene expression but no differences in hnRNPd expression (fig. S5J). Taken together, these data suggest that, as described for the binding of H3Xist lncRNA (30), lnc13 acts as a link between hnRNPd, Hdac1, and

**Fig. 3.** The Dcp2 decapping enzyme regulates lnc13 levels. (A) Dcp2 expression was measured by RT-qPCR in response to LPS stimulation in iBMMs. Data represent the average and SE of three independent experiments. (B) Dcp2 protein levels are increased in the nucleus in response to LPS stimulation of iBMMs. (C) Celiac patients show higher levels of Dcp2 expression, as measured by RT-qPCR. Horizontal lines represent average values; white rectangles span the 25th and 75th percentile in each group. *P < 0.05, **P < 0.1; unpaired t test. (D) Localization of Dcp2 is mostly nuclear in fractions of intestinal biopsies of patients with CeD compared with healthy controls. This representative figure shows a blot performed on three samples per condition. cyt, cytoplasmic fraction; nuc, nuclear fraction. (E) Lnc13 expression pattern after LPS stimulation of WT (black bars) and Dcp2 KO (white bars) iBMMs. Data represent the average and SE of three independent experiments. *P < 0.05, **P < 0.1; unpaired t test. (F) WT or 5′ mutant forms of lnc13 were incubated with lysates from cells expressing a known vector (ev) or FLAG-tagged Dcp2. Dcp2 was immunoprecipitated with an antibody to FLAG, and lnc13 levels were quantified by RT-qPCR. The amount of lnc13 in the pulldown is relative to the input of the lnc13 RNAs and normalized to the full-length WT lnc13. Data represent the average and SE of three independent experiments, **P < 0.01, *P < 0.05; paired t test.**
chromatin to regulate expression of certain inflammatory genes (fig. S9).

The direct interaction between lnc13 and hnRNPD led us to ask whether the CeD-associated SNP block within lnc13 alters this binding. In fact, the lncRNA structure is predicted to be substantially altered based on the SNP genotype (fig. S8A). Consistent with such a prediction, in vitro-transcribed (IVT) forms of WT and the CeD allele-containing lnc13 reveal dramatically different mobilities on a native agarose gel (fig. S8B). We evaluated the influence of the disease-associated SNPs in the binding between lnc13 and hnRNPD (p42) in human cell lines homozygous for different allelic variants of lnc13: “CC” (WT) and “TT”...
(disease-associated). Whereas hnRNPD was able to retrieve both forms of Inc13, disease-associated Inc13 was significantly less efficiently bound to the protein in all of the analyzed cell lines (Fig. 4G and fig. S8C). We made the same observation when IVT alleles of Inc13 were used for the pulldown (avoiding the background genomic variation of the different cell lines) (fig. S8D). Experiments using heterozygous cell lines for rs917997 and expressing both alleles confirmed the preferential binding of the C allele (Fig. 4H and fig. S8E). This observation strongly suggests a functional importance for the risk-associated Inc13 haplotype.

The studies presented here identify Inc13 as a previously unrecognized lncRNA that harbors CeD-associated SNPs; demonstrate that Inc13 is degraded by Dcp2 after NF-κB activation; and, most importantly, show that Inc13 is able to regulate the expression of a subset of CeD-associated inflammatory genes through interaction with chromatin and the multifunctional protein hnRNPD (fig. S9). We believe that Inc13 plays a role in the maintenance of intestinal mucosal immune homeostasis and that dysregulation of Inc13 expression and function—as a result of decapping and genetic polymorphisms, respectively—contributes to inflammation in autoimmune disorders such as CeD. Fully deciphering the mechanisms by which Inc13 contributes to the promotion of inflammation may shed light on the mechanisms regulating gene expression and might also reveal previously unidentified targets for use in the diagnosis or treatment of inflammatory diseases such as CeD.

**REFERENCES AND NOTES**


Mammalian oocytes are only cells that can develop into a mammalian embryo, but during the normal life cycle, only a small number of mature oocytes are produced. Efforts to generate functional oocytes from pluripotent stem cells or from somatic cells have met with limited success (1). As a result, oocytes represent the limiting component of many genetic, biotechnological, and assisted reproductive procedures. Gaining a deeper understanding of normal oocyte development might reveal processes needed to support early embryogenesis and could provide a rational framework for increasing the supply of functional, high-quality oocytes.

Oocytes differentiate in diverse species by receiving organelles and cytoplasm while joined together with sister germ cells. In many insects and lower vertebrates, synchronous mitotic divisions of precursor germ cells generate germline cysts connected by intercellular bridges known as ring canals (2, 3). In *Drosophila*, organelles and RNAs move into one of the 16 cyst cells along stable microtubules that span the ring canals. The single downstream cell receiving these organelles accumulates an aggregate known as a Balbiani body and becomes an oocyte (4). After further growth, the other 15 cells, known as nurse cells, actively dump most of their remaining cytoplasm into the oocyte before undergoing atypical programmed cell death (5). In nematodes and several other insect groups, early female germ cells form a syncytium through which organelles and cytoplasm are transferred into a subset of cells that become oocytes (2). In hydra, early oocytes acquire extra cytoplasm by fusing with neighboring nurse cells (2, 6). Genetic studies in *Drosophila* show that intercellular cytoplasmic transport is microtubule-dependent and essential for oocyte production (7).

Whether mammalian oocytes acquire organelles from sister cells and how this process might occur have not been decisively established (Fig. 1A). After migration to the gonad at embryonic day 10.5 (E10.5), all mouse primordial germ cells form interconnected cysts of up to 30 germ cells.
Editor's Summary

Long noncoding RNAs in inflammation

Growing evidence suggests that long noncoding RNAs (lncRNAs) are important modulators of gene expression. Castellanos-Rubio et al. identified a lncRNA, lnc13, that suppresses inflammatory gene expression in macrophages (see the Perspective by Huarte). Lnc13 interacts with proteins that regulate chromatin accessibility. Stimulating macrophages with a cell wall component from bacteria decreased expression of lnc13 and increased the expression of several inflammatory genes. Decreased levels of lnc13 in intestinal tissue from individuals with celiac disease hint that lnc13 may also play a role in the pathogenesis of immune-mediated diseases.

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