

A “Candidate-Interactome” Aggregate Analysis of Genome-Wide Association Data in Multiple Sclerosis

Rosella Mechelli¹, Renato Umeton², Claudia Policano, Viviana Annibali, Giulia Coarelli, Vito A. G. Ricigliano, Danila Vittori, Arianna Fornasiero, Maria Chiara Buscarinu, International Multiple Sclerosis Genetics Consortium¹, Wellcome Trust Case Control Consortium², Silvia Romano, Marco Salvetti*, Giovanni Ristori

Centre for Experimental Neurological Therapies, S. Andrea Hospital-site, Department of Neuroscience, Mental Health and Sensory Organs (NESMOS), Faculty of Medicine and Psychology, Sapienza University, Rome, Italy

Abstract

Though difficult, the study of gene-environment interactions in multifactorial diseases is crucial for interpreting the relevance of non-heritable factors and prevents from overlooking genetic associations with small but measurable effects. We propose a “candidate interactome” (i.e. a group of genes whose products are known to physically interact with environmental factors that may be relevant for disease pathogenesis) analysis of genome-wide association data in multiple sclerosis. We looked for statistical enrichment of associations among interactomes that, at the current state of knowledge, may be representative of gene-environment interactions of potential, uncertain or unlikely relevance for multiple sclerosis pathogenesis: Epstein-Barr virus, human immunodeficiency virus, hepatitis B virus, hepatitis C virus, cytomegalovirus, HHV8-Kaposi sarcoma, H1N1-influenza, JC virus, human innate immunity interactome for type I interferon, autoimmune regulator, vitamin D receptor, aryl hydrocarbon receptor and a panel of proteins targeted by 70 innate immune-modulating viral open reading frames from 30 viral species. Interactomes were either obtained from the literature or were manually curated. The P values of all single nucleotide polymorphism mapping to a given interactome were obtained from the last genome-wide association study of the International Multiple Sclerosis Genetics Consortium & the Wellcome Trust Case Control Consortium, 2. The interaction between genotype and Epstein Barr virus emerges as relevant for multiple sclerosis etiology. However, in line with recent data on the coexistence of common and unique strategies used by viruses to perturb the human molecular system, also other viruses have a similar potential, though probably less relevant in epidemiological terms.

Citation: Mechelli R, Umeton R, Policano C, Annibali V, Coarelli G, et al. (2013) A “Candidate-Interactome” Aggregate Analysis of Genome-Wide Association Data in Multiple Sclerosis. PLoS ONE 8(5): e63300. doi:10.1371/journal.pone.0063300

Editor: Luwen Zhang, University of Nebraska - Lincoln, United States of America

Received: December 12, 2012; **Accepted:** March 29, 2013; **Published:** May 16, 2013

Copyright: © 2013 Mechelli et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Funding: This work was funded by Italian Multiple Sclerosis Foundation grants (2007/R/17 and 2011/R/31) to MS. The funders had no role in study design, data collection and analysis, decision to publish or preparation of the manuscript.

Competing Interests: The authors have declared that no competing interests exist.

* E-mail: marco.salvetti@uniroma1.it

† These authors contributed equally to this work.

‡ Membership of the International Multiple Sclerosis Genetics Consortium (IMSGC) and the Wellcome Trust Case Control Consortium² (WTCCC2) is provided in the Acknowledgments.

Introduction

As in other multifactorial diseases, genome-wide association studies (GWAS) are providing important data about disease-associated loci in multiple sclerosis (MS) [1]. In parallel, sero-epidemiological studies are reinforcing the evidence that nonheritable factors such as Epstein-Barr virus (EBV) and vitamin D are associated with disease pathogenesis [2].

However, the effect size of the gene variants identified so far in MS appears small. It is therefore important (but difficult: Sawcer and Wason, 2012) [3] to establish if and in which cases (including those gene variants with small but measurable effect size that do not reach the significance threshold of GWAS) the interaction with nonheritable factors may help understand their true impact on disease pathogenesis [4]. Furthermore, as far as the sero-epidemiological associations are concerned, their causal relevance

and underlying pathogenetic mechanisms become clearer if interpreted in the light of genetic data.

As an attempt to consider, beyond the statistical paradigms of GWAS analysis, which gene-environment interactions may associate with the development of MS, we performed an interrogation of GWAS data [1] through a “candidate interactome” approach, investigating statistical enrichment of associations in genes whose products “interact” with putative environmental risk factors in MS.

We elected to center the analysis on viral interactomes, based on the classical hypothesis of a viral etiology of MS. Importantly, we examined only direct interactions between viral and human proteins as it has recently been shown that these are the interactions that are more likely to be of primary importance for the phenotypic impact of a virus in “virally implicated diseases” [5]. The chosen interactomes reflect the compromise between

informative size and potential relevance for MS. In detail, EBV was chosen as main association to be verified against phylogenetically related or unrelated viruses. Given the profound influence of EBV on the immune response, and the preponderance of (auto)immune-mediated mechanisms in the pathogenesis of the disease, we added two interactomes of immunological relevance, human innate immunity interactome for type I interferon (hu-IFN) and autoimmune regulator (AIRE). Finally, we included the vitamin D receptor (VDR) and the aryl hydrocarbon receptor (AHR) interactomes to evaluate, on the same grounds, also part of the molecular interactions that compose other established or emerging “environmental” associations.

Methods

Seven interactomes were obtained from the literature: EBV [6], Human Immunodeficiency virus (HIV) [7], Hepatitis C virus (HCV) [8], AIRE [9], hu-IFN [10], Influenza A virus (H1N1) [11], Virus Open Reading Frame (VIRORF) [12]. Four interactomes were manually curated: Human Herpesvirus 8 (HHV8), Cytomegalovirus (CMV), JC virus (JCV), Hepatitis B virus (HBV). VDR and AHR interactomes were extracted from BIOGRID (<http://thebiogrid.org>) [13].

As reference to gather gene and single nucleotide polymorphism (SNP) details from their HUGO Gene Nomenclature Committee (HGNC) Ids and rsids, we employed a local copy of the Ensembl Human databases (version 66, databases *core* and *variation*, including SNPs coming from the 1000 Genome project); the annotation adopted for the whole analysis was GRCh37-p6, that includes the release 6 patches (Genome Reference Consortium: human assembly data - GRCh37.p6 - Genome Assembly. <http://www.ncbi.nlm.nih.gov/genome/assembly/304538/>).

The genotypic p-values of association for each tested SNP were obtained from the International Multiple Sclerosis Genetics Consortium & Wellcome Trust Case Control Consortium,2 study. All SNPs which did not pass quality checks in the International Multiple Sclerosis Genetics Consortium & the Wellcome Trust Case Control Consortium,2 study were filtered out from the original data. We used ALIGATOR [14,15] to evaluate how single genes get summed to provide total contribution of candidate interactomes (Table S1). The idea behind ALIGATOR’s strategy is to evaluate gene category significance by means of an empirical approach, comparing each interactome with the null hypothesis, built using random permutations of the data. Such method begins its analyses by evaluating the Gene Ontology (GO) category association in each interactome provided: (i) each SNP with a p-value stronger than the P-CUT parameter is associated to the gene within 20 kb; then the most representative SNP for each gene is selected; (ii) LD filter of SNPs that have an $r^2 \leq 0.2$ and those that are farther than 1000 kb; (iii) count the number of genes significant in each GO category. This is the real observed data.

A non parametric bootstrap approach was used to generate a null hypothesis as follows: (i) build 5000 random interactomes (of the same size of the one under analysis, this procedure is repeated for each interactome); (ii) obtain category-specific p-values by comparing each random interactome with the remaining 4999 built; (iii) elect one of the interactomes in (i) as simulated observed data; (iv) randomly sample interactomes in (i) to generate category-specific p-values; (v) repeat (iv) to simulate 1000 simulated studies. The GO category association distribution in the real observed data is then compared with the null hypothesis: (i) generate an expected number of significant genes in each category, using the simulated studies; (ii) compare the number of significant categories in the real observed data with (i). ALIGATOR parameters that we used are

those of its reference paper [14]. p-value cut-off was taken at 0.05, only the SNPs with marginal p-value less than this cut-off were employed (p-value cut-offs were also taken at 0.005 and 0.03 for the re-analysis of interactomes that resulted associated at 0.05, see results). Furthermore, to limit the uncertainties introduced by combined SNP effects in the MHC extended region (that is the haplotype set with the strongest signal in our analysis), we computed two different statistical evaluations for each interactome, one including and the other one excluding SNPs coming from such region (we considered as belonging to the extended MHC region all those SNPs that participate in at least one of the following haplotypes: H5CHR6_MHC_APD, H5CHR6_MHC_COX, H5CHR6_MHC_DBB, H5CHR6_MHC_MANN, H5CHR6_MHC_MCF, H5CHR6_MHC_QBL, H5CHR6_MHC_SSTO according to GRC data). In both cases we used Ensembl API [16] and BioPerl [17] (version 1.2.3) to gather all SNP information, haplotype participation, genes position and size [18]; such annotated information was then fed into ALIGATOR together with the interactomes.

Ingenuity Pathway Analysis (IPA) was employed twice: (i) before the ALIGATOR statistics, to characterize the composition of our interactomes (Table S2), and (ii) on the genes with nominally significant evidence of association [1] that ALIGATOR took as representative of each interactome-SNP relation (Table S3). In both cases we performed the IPA-“core analysis”, and we restricted the settings to show only molecular and functional associations. Afterwards, we used IPA-“comparative analysis” to produce the p-value of association between each functional class and all our interactomes. IPA knowledge base (ie, the input data used by IPA) was set to the following criteria in every analyses: consider only molecules and/or relationships where the species in object was human (or it was a chemical), and the datum was experimentally observed. Since IPA-“comparative analysis” provides p-value ranges associated to functional classes, we took as reference the value used by IPA to fill its reports, namely the best p-value for that class.

Results

We performed a “candidate interactome” (i.e. a group of genes whose products are known to physically interact with environmental factors that may be relevant for disease pathogenesis) analysis of genome-wide association data in multiple sclerosis.

We obtained 13 interactomes, 7 from the literature (as such) and 6 by manually selecting those interactions that were reported by two independent sources or were confirmed by the same source with distinct experimental approaches. In all cases we considered only physical-direct interactions (Table S2, Table 1).

Preliminarily to the enrichment of association analysis, we used IPA to obtain a sense of the cellular signaling pathways that are targeted by each interactome. A classification for molecular and cellular functions showed a comparable distribution of components in most interactomes except for VDR, HBV, VIRORF and hu-IFN where a relative enrichment of some functional pathways (cell signaling, cellular growth and proliferation, cellular development, cell cycle, cell death and survival, protein synthesis, RNA post-transcriptional modification, gene expression) was present (Figure 1).

We investigated statistical enrichment of associations within each one of the above interactomes (Table 1). The analyses were performed with and without considering SNPs falling in the MHC extended region. In both cases the interactomes of EBV, HIV and HBV reached significance. To verify the sensitivity of our results

Table 1. Statistical enrichment of MS-associated genes within each interactome.

| Interactome | Size | Source | p-value with MHC | p-value without MHC |
|-------------|------|------------------------|------------------|---------------------|
| VIRORF | 579 | Experimental data [12] | 0.0610 | 0.0632 |
| HIV | 446 | Experimental data [7] | 0.0026 | 0.0034 |
| HCV | 202 | Experimental data [8] | 0.4244 | 0.4424 |
| hu-IFN | 113 | Experimental data [10] | 0.2176 | 0.1838 |
| EBV | 110 | Experimental data [6] | 0.0140 | 0.0446 |
| H1N1 | 87 | Experimental data [11] | 0.9572 | 0.9648 |
| AIRE | 45 | Experimental data [9] | 0.4322 | 0.4012 |
| HBV | 85 | manually curated | 0.0124 | 0.0236 |
| CMV | 41 | manually curated | 0.1156 | 0.3322 |
| HHV8 | 40 | manually curated | 0.1132 | 0.0920 |
| JCV | 10 | manually curated | 1.0000 | 1.0000 |
| VDR | 78 | BioGRID | 0.1848 | 0.1802 |
| AHR | 30 | BioGRID | 0.8752 | 0.8522 |

ALIGATOR-obtained interactome p-values (overall contribution given by SNP p-values to each interactome, with and without SNPs falling in the MHC region). The SNPs with marginal p-value less than 0.05 were employed.

MS = multiple sclerosis; ALIGATOR = Association List Go AnnoTator; SNP = single nucleotide polymorphism; MHC = Major histocompatibility complex; BioGRID = Biological General Repository for Interaction Datasets; VIRORF = Virus Open Reading Frame; HIV = Human Immunodeficiency virus; HCV = Hepatitis C virus; hu-IFN = human innate immunity interactome for type I interferon; EBV = Epstein Barr virus; H1N1 = Influenza A virus; HBV = Hepatitis B virus; VDR = vitamin D receptor; AIRE = autoimmune regulator; CMV = Cytomegalovirus; HHV8 = Human Herpesvirus 8; JCV = JC virus; AHR = Aryl hydrocarbon receptor.
doi:10.1371/journal.pone.0063300.t001

with respect to a choice (SNPs p-value cut-off at 0.05) that is not obvious based on the literature published so far, we evaluated different cut-offs ($p < 0.005$ and $p < 0.03$) on the three interactomes that were MS-associated at $p < 0.05$. These analyses supported the consistency of the results (Table S4).

We then performed the same IPA classification as in Figure 1 (Figure 2) on the MS-associated genes within the EBV, HIV and HBV interactomes (Table S3). The aim was to verify whether the associations emerging from the three interactomes implied new and MS-specific perturbations and whether these perturbations are virus-specific or shared by the three pathogens. The comparison between pre- and post-match distribution of the functional classes (Figure 3) showed that the MS-associated interactomes did not reflect a clear cut involvement of specific pathways though, in the case of EBV, an enrichment of some biological functions (cellular function and maintenance, cell morphology, cellular assembly and organization, energy production) was present. On the other hand the most frequent changes for HBV and HIV could be in accord with the post-match reduction of the interactome sizes.

Discussion

Of the 13 interactomes, 3 show a statistical enrichment of associations. In line with the epidemiological and immunological literature, the EBV interactome is among these. The lack of significant associations with the hu-IFN and AIRE interactomes suggests, though does not exclude, that the result is not an effect of the immunological connotation of the EBV interactome. The absence of associations with the interactomes of phylogenetically related viruses (CMV and HHV8, both herpesviruses with the latter that shares the same site of latency as EBV and belongs to the same subfamily of gamma-herpesviridae) reinforces the specificity of the EBV result. The fact that a portion of the genetic predisposition to MS may be attributable to variants in genes that interact with EBV may be complementary to another our finding showing that EBV genomic variants significantly

associate with MS (unpublished data): the two results suggest a model of genetic jigsaw puzzle, whereby both host and virus polymorphisms affect MS susceptibility and, through complex epistatic interactions, eventually lead to disease development.

The associations with the HBV and HIV interactomes were unexpected. Overall, epidemiological data do not support a role of these viruses in the pathogenesis of MS though some controversy still holds concerning the safety of HBV vaccination [19–23]. Interestingly, Gregory et al. (2012) [24] demonstrated that in the TNFRSF1A gene, which is part of the HBV interactome, the MS-associated variant directs increased expression of a soluble tumor necrosis factor receptor 1.

Concerning HIV, the lack of epidemiological association seems more established. However, demyelination is a feature of HIV encephalomyelopathy [25] and cases of difficult differential diagnoses or association between the two conditions are described in the literature [26,27]. All this considered, it might not be surprising that some molecular interactions that take place between HIV and host may predispose to demyelination. Other viruses, sharing homology with HIV may possess better paraphernalia and be more prone to cause MS. The HERV-W family has long been associated with MS [28] and HERV-W/Env, whose expression is associated with MS [29], is able to complement an env-defective HIV strain [30] suggesting a certain degree of functional kinship.

Apart from any conjectures about the data on HBV and HIV interactomes, it remains true, as recently demonstrated by Pichlmair and colleagues (2012) [12], that viruses use unique but also common strategies to perturb the human molecular network. Our pathway analyses do not suggest, in fact, any specific cellular signaling target for the three viruses in MS, perhaps with some exceptions as far as the EBV interactome is concerned. Though preliminary, this acquisition may be in accord with the largely accepted view that, alongside the risk associated with EBV infection, there can be a more general risk of developing MS linked to a variety of other infections [31,32].

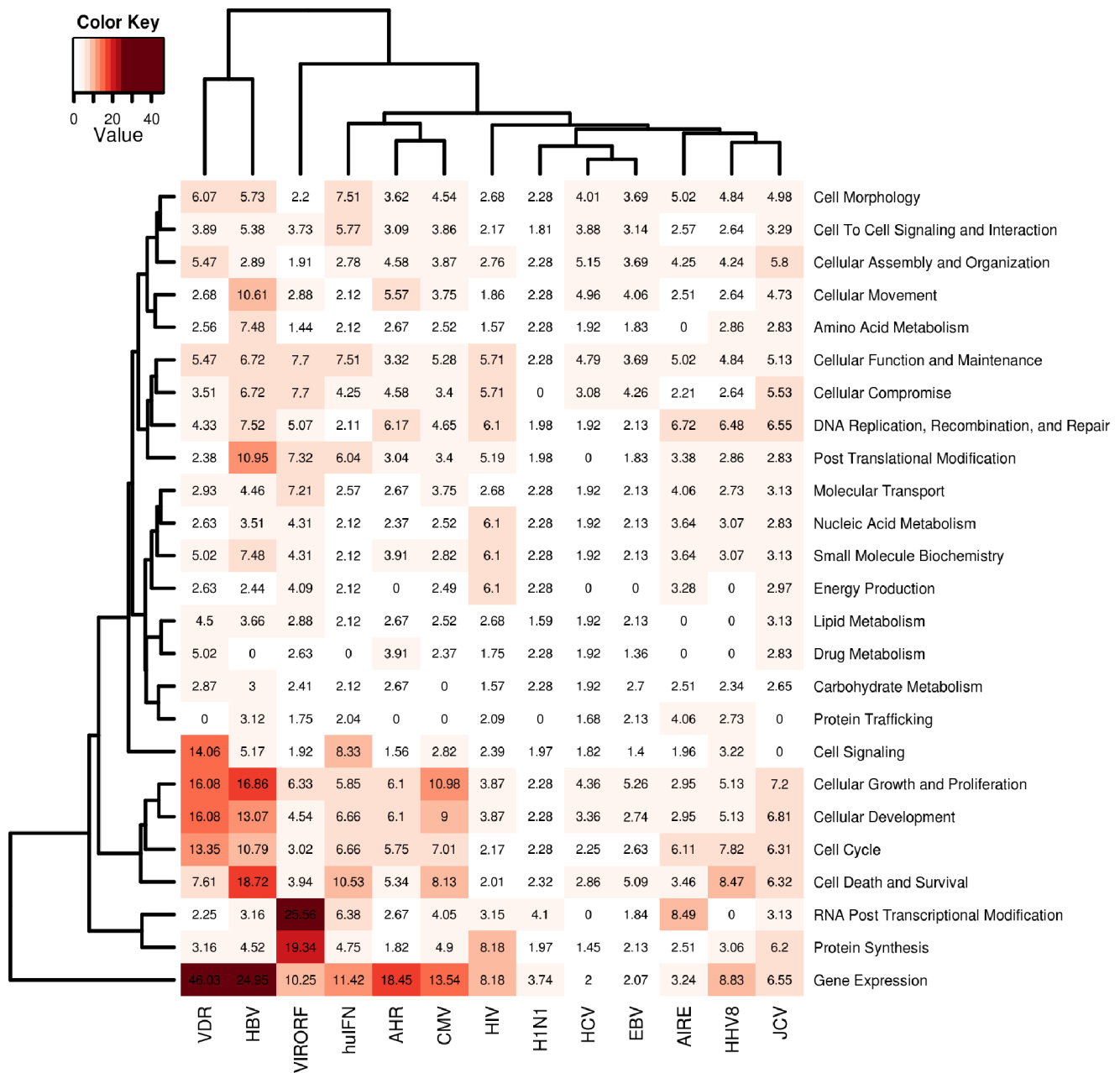


Figure 1. Heatmap from Ingenuity Pathway Analysis of each interactome. Statistical significance (in $-\log[p\text{-value}] > 1.3$) of the functional components in each interactome, as obtained through a Comparative Core-Analysis in IPA (Ingenuity Pathway Analysis). The functional components identified at the molecular and cellular level are presented row-wise (right); the interactomes are presented column-wise (bottom). Each cell in position (i,j) contains a number that represents in $-\log$ notation the strength of the association between the functional class i and the interactome j ; this information is also color-matched with a color gradient that moves from white ($-\log[p]=0.0, p=1$) to crimson ($-\log[p]=50, p<10^{-50}$). Two hierarchical cluster analyses were employed to group functional classes that share similar patterns of associations across all interactomes (left-side clustering), and to group interactomes that share similar functional compositions (top-chart clustering).
doi:10.1371/journal.pone.0063300.g001

The VDR interactome does not show significant enrichment of associations. The result does by no means diminishes the importance of the epidemiological association between vitamin D and MS: its causal relevance is already supported by data that are starting to explain the molecular basis of this association, upstream [33–35,1] and downstream the interactions between the VDR and its protein cofactors [36,37].

Current approaches for gene set analysis are in their early stage of development and there are still potential sources of bias or discrepancy among different methods, including those used in our study. As the reproducibility of the techniques increases, and new facilities [38] and methods become available to identify interactions that still escape detection, new lists will become available for matching with GWAS data. In parallel, also the assessment of human genetic variation will become more comprehensive [39].

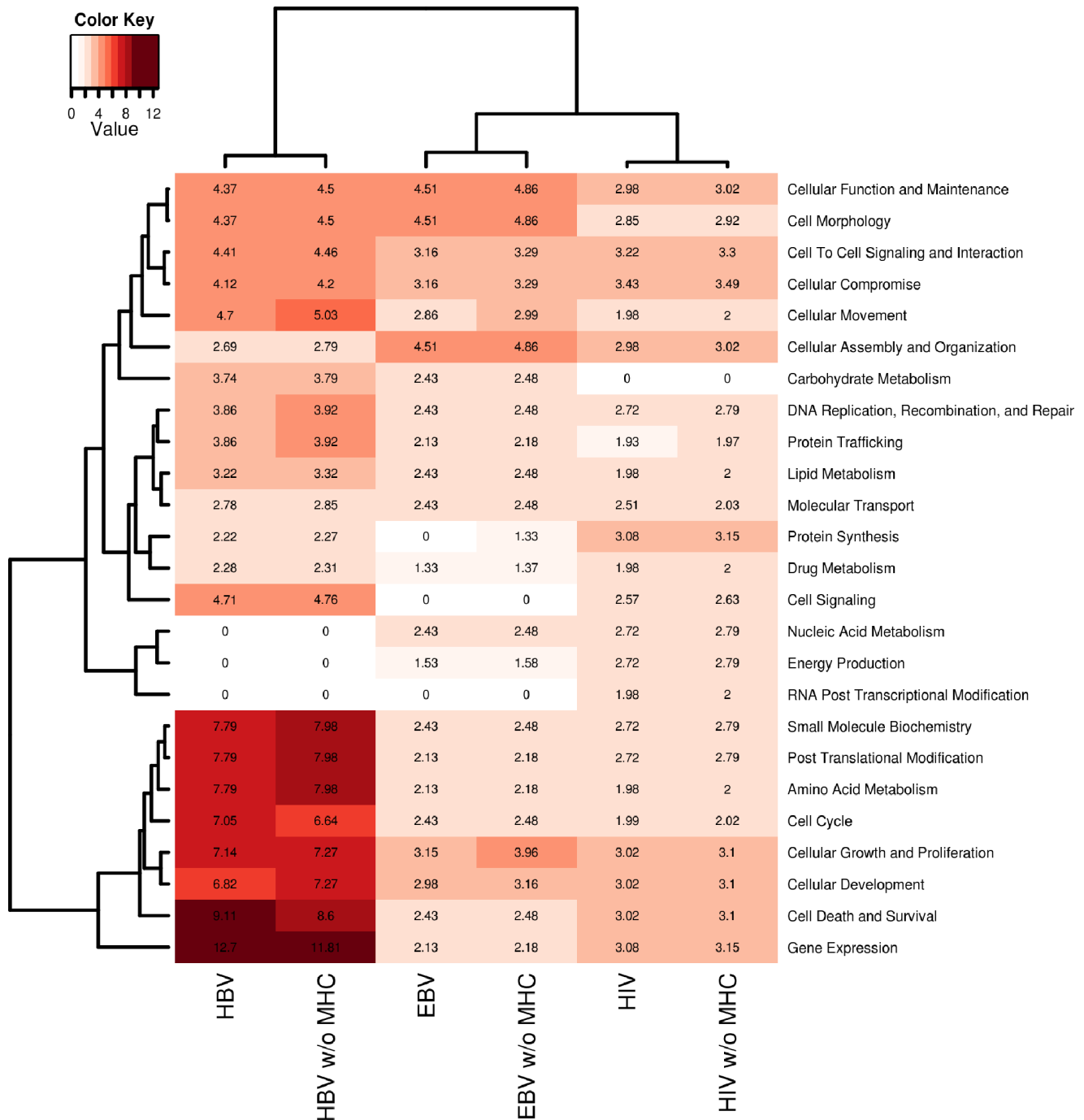


Figure 2. Heatmap from Ingenuity Pathway Analysis of MS-associated interactomes. Statistical significance (in $-\log[p\text{-value}]$ notation, where $p < 0.05$ corresponds to a $-\log[p] > 1.3$) of the functional components in each one of the three MS-associated interactomes (Table S3) computed by ALIGATOR (Association List Go AnnoTator) first flow process. These p-values were obtained through a Comparative Core-Analysis in IPA (Ingenuity Pathway Analysis). The functional components identified at the molecular and cellular level are presented row-wise; the interactome sub-sets are presented column-wise. Each cell in position (i,j) contains a number that represents in $-\log$ notation the strength of the association between the functional class i and the interactome; this information is also color-matched with a color gradient that moves from white ($-\log[p] = 0.0$, $p = 1$) to crimson ($-\log[p] = 14$, $p < 10^{-14}$). Two hierarchical cluster analyses were employed to group functional classes that share similar patterns of associations across all interactome sub-sets (left-side clustering), and to group interactome sub-sets that share similar functional compositions (top-chart clustering).
doi:10.1371/journal.pone.0063300.g002

Hence, the "candidate interactome" approach may become an increasingly meaningful strategy to interpret genetic data in the light of acquisitions from epidemiology and pathophysiology. Notably, this approach appears to be complementary to other

studies, which look for statistical enrichment of associations in an unbiased way, and may disclose unexpected pathways in MS susceptibility [40].

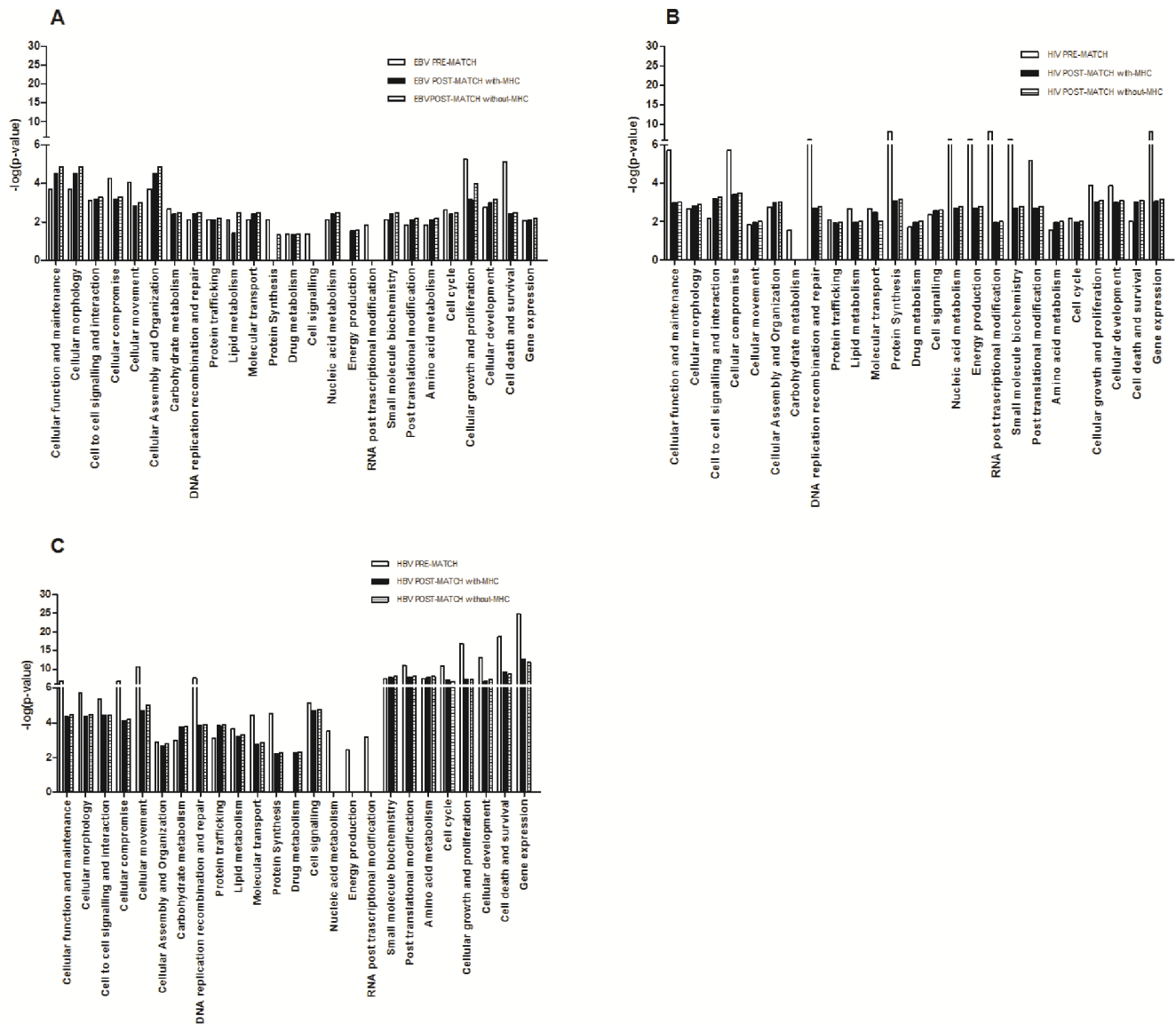


Figure 3. Histograms of functional class distribution of MS-associated interactomes. The histograms show the strength of the association between each IPA functional class and the 3 MS-associated interactomes (EBV [A], HIV [B] and HBV [C]). For each functional class 3 values were derived according to its distribution before (Figure 1) and after (Figure 2, with and without MHC [Major histocompatibility complex]) the ALIGATOR (Association List Go AnnoTator) statistical analysis of association. doi:10.1371/journal.pone.0063300.g003

At present, our results support a causal role of the interaction between EBV and the products of MS-associated gene variants. Other viruses may be involved, through common and unique mechanisms of molecular perturbation.

Supporting Information

Table S1 ALIGATOR settings. (XLS)

Table S2 Composition of all the interactomes. Lists of genes of each interactome as obtained from the literature. VIRORF = Virus Open Reading Frame; HIV = Human Immunodeficiency virus; HCV = Hepatitis C virus; hu-IFN = human innate immunity interactome for type I interferon; EBV = Epstein Barr virus; H1N1 = Influenza A virus; HBV = Hepatitis B virus; VDR = vitamin D receptor; AIRE = autoim-

mune regulator; CMV = Cytomegalovirus; HHV8 = Human Herpesvirus 8; JCV = JC virus; AHR = Aryl hydrocarbon receptor. (DOC)

Table S3 List of genes within molecular and functional classes in the three MS-associated interactomes (p-value cut-off < 0.05). MS = multiple sclerosis; HIV = Human Immunodeficiency virus; EBV = Epstein Barr virus; HBV = Hepatitis B virus; MHC = Major histocompatibility complex (XLS)

Table S4 Statistical enrichment of MS-associated interactomes (p-value cut-off < 0.005; 0.03). ALIGATOR-obtained interactome p-values (overall contribution given by SNP p-values to each interactome, with and without SNPs falling in the MHC region). MS = multiple sclerosis; ALIGATOR = Associa-

tion L1st Go AnnoTatOR; SNP = single nucleotide polymorphism; MHC = Major histocompatibility complex; HIV = Human Immunodeficiency virus; EBV = Epstein Barr virus; HBV = Hepatitis B virus. (DOC)

Acknowledgments

We thank Dr. Eliana Coccia (Istituto Superiore di Sanità, Rome, Italy) for her helpful contribution to obtain the interactomes.

The members of the International Multiple Sclerosis Genetics Consortium (IMSGC) and Wellcome Trust Case Control Consortium,2 (WTCCC2) are: Stephen Sawcer,¹ Garrett Hellenthal,² Matti Pirinen,² Chris C.A. Spencer,^{2,*} Nikolaos A. Patsopoulos,^{3,5} Loukas Moutsianas,⁶ Alexander Dilthey,⁶ Zhan Su,² Colin Freeman,² Sarah E. Hunt,⁷ Sarah Edkins,⁷ Emma Gray,⁷ David R. Booth,⁸ Simon C. Potter,⁷ An Goris,⁹ Gavin Band,² Annette Bang Oturai,¹⁰ Amy Strange,² Janna Saarela,¹¹ Céline Bellenguez,² Bertrand Fontaine,¹² Matthew Gillman,⁷ Bernhard Hemmer,¹³ Rhian Gwilliam,⁷ Frauke Zipp,^{14,15} Alagurevathi Jayakumar,⁷ Roland Martin,¹⁶ Stephen Leslie,¹⁷ Stanley Hawkins,¹⁸ Eleni Giannoulatou,² Sandra D'Alfonso,¹⁹ Hannah Blackburn,⁷ Filippo Martinelli Boneschi,²⁰ Jennifer Liddle,⁷ Hanne F. Harbo,^{21,22} Marc L. Perez,⁷ Anne Spurkland,²³ Matthew J. Waller,⁷ Marcin P. Mycko,²⁴ Michelle Ricketts,⁷ Manuel Comabella,²⁵ Naomi Hammond,⁷ Ingrid Kockum,²⁶ Owen T. McCann,⁷ Maria Ban,¹ Pamela Whittaker,⁷ Anu Kemppinen,¹ Paul Weston,⁷ Clive Hawkins,²⁷ Sara Widaa,⁷ John Zajicek,²⁸ Serge Dronov,⁷ Neil Robertson,²⁹ Suzannah J. Bumpstead,⁷ Lisa F. Barcellos,^{30,31} Rathi Ravindrarajah,⁷ Roby Abraham,²⁷ Lars Alfredsson,³² Kristin Ardlie,⁴ Cristin Aubin,⁴ Amie Baker,¹ Katharine Baker,²⁹ Sergio E. Baranzini,³³ Laura Bergamaschi,¹⁹ Roberto Bergamaschi,³⁴ Allan Bernstein,³¹ Achim Berthele,¹³ Mike Boggild,³⁵ Jonathan P. Bradfield,³⁶ David Brassat,³⁷ Simon A. Broadley,³⁸ Dorothea Buck,¹³ Helmut Butzkueven,^{39,42} Ruggero Capra,⁴³ William M. Carroll,⁴⁴ Paola Cavalla,⁴⁵ Elisabeth G. Célius,²¹ Sabine Cepok,¹³ Rosetta Chiavacci,³⁶ Françoise Clerget-Darpoux,⁴⁶ Kathleen Clysters,⁹ Giancarlo Comi,²⁰ Mark Cossburn,²⁹ Isabelle Cournu-Rebeix,¹² Mathew B. Cox,⁴⁷ Wendy Cozen,⁴⁸ Bruce A.C. Cree,³³ Anne H. Cross,⁴⁹ Daniele Cusi,⁵⁰ Mark J. Daly,^{4,51,52} Emma Davis,⁵³ Paul I.W. de Bakker,^{3,4,54,55} Marc Debouverie,⁵⁶ Marie Beatrice D'hooghe,⁵⁷ Katherine Dixon,⁵³ Rita Dobosi,⁹ Bénédicte Dubois,⁹ David Ellinghaus,⁵⁸ Irina Elovaara,^{59,60} Federica Esposito,²⁰ Claire Fontenille,¹² Simon Foote,⁶¹ Andre Franke,⁵⁸ Daniela Galimberti,⁶² Angelo Ghezzi,⁶³ Joseph Glessner,³⁶ Refujia Gomez,³³ Olivier Gout,⁶⁴ Colin Graham,⁶⁵ Struan F.A. Grant,^{36,66,67} Franca Rosa Guerini,⁶⁸ Hakon Hakonarson,^{36,66,67} Per Hall,⁶⁹ Anders Hamsten,⁷⁰ Hans-Peter Hartung,⁷¹ Rob N. Heard,⁸ Simon Heath,⁷² Jeremy Hobart,²⁸ Muna Hoshi,¹³ Carmen Infante-Duarte,⁷³ Gillian Ingram,²⁹ Wendy Ingram,²⁸ Talat Islam,⁴⁸ Maja Jagodic,²⁶ Michael Kabesch,⁷⁴ Allan G. Kermodie,⁴⁴ Trevor J. Kilpatrick,^{39,40,75} Cecilia Kim,³⁶ Norman Klopp,⁷⁶ Keijo Koivisto,⁷⁷ Malin Larsson,⁷⁰ Mark Lathrop,⁷² Jeannette S. Lechner-Scott,⁷⁸ Maurizio A. Leone,⁷⁹ Virpi Leppä,^{11,80} Ulrika Liljedahl,⁸¹ Izaura Lima Bomfim,²⁶ Robin R. Lincoln,³³ Jenny Link,²⁶ Jianjun Liu,⁸² Åslaug R. Lorentzen,^{22,83} Sara Lupoli,^{50,84} Fabio Macciardi,^{50,85} Thomas Mack,⁴⁸ Mark Marriott,^{39,40} Vittorio Martinelli,²⁰ Deborah Mason,⁸⁶ Jacob L. McCauley,⁸⁷ Frank Mentch,³⁶ Inger-Lise Mero,^{21,83} Tania Mihalova,²⁷ Xavier Montalban,²⁵ John Mottershead,^{88,89} Kjell-Morten Myhr,^{90,91} Paola Naldi,⁷⁹ William Ollier,⁵³ Alison Page,⁹² Aarno Palotie,^{7,11,93,94} Jean Pelletier,⁹⁵ Laura Piccio,⁴⁹ Trevor Pickersgill,²⁹ Fredrik Piehl,²⁶ Susan Pobywajlo,⁵ Hong L. Quach,³⁰ Patricia P. Ramsay,³⁰ Mauri Reunanen,⁹⁶ Richard Reynolds,⁹⁷ John D. Rioux,⁹⁸ Mariaemma Rodegher,²⁰ Sabine Roesner,¹⁶ Justin P. Rubio,³⁹ Ina-Maria Rückert,⁷⁶ Erika Salvi,^{50,100} Adam Santaniello,³³ Catherine A. Schaefer,³¹ Stefan Schreiber,^{58,101} Christian Schulze,¹⁰² Rodney J. Scott,⁴⁷ Finn Sellebjerg,¹⁰ Krzysztof W. Selmaj,²⁴ David Sexton,¹⁰³ Ling Shen,³¹ Bridgid Simms-Acuna,³¹ Sheila Skidmore,¹ Patrick M.A. Sleiman,^{36,66} Cathrine Smestad,²¹ Per Soelberg Sørensen,¹⁰ Helle Bach Sondergaard,¹⁰ Jim Stankovich,⁶¹ Richard C. Strange,²⁷ Anna-Maija Sulonen,¹⁰⁰ Emilie Sundqvist,²⁶ Ann-Christine Syvänen,⁸¹ Francesca Taddeo,¹⁰⁰ Bruce Taylor,⁶¹ Jenefer M. Blackwell,^{104,105} Pentti Tienari,¹⁰⁶ Elvira Bramon,¹⁰⁷ Ayman Tourbah,¹⁰⁸ Matthew A. Brown,¹⁰⁹ Ewa Tronczynska,²⁴ Juan P. Casas,¹¹⁰ Niall Tubridy,^{40,111} Aiden Corvin,¹¹² Jane Vickery,²⁸ Janusz Jankowski,¹¹³ Pablo Villoslada,¹¹⁴ Hugh S. Markus,¹¹⁵ Kai Wang,^{36,66} Christopher G. Mathew,¹¹⁶ James Wason,¹¹⁷ Colin N.A. Palmer,¹¹⁸ H-Erich Wich-

mann,^{76,119,120} Robert Plomin,¹²¹ Ernest Willoughby,¹²² Anna Rautanen,² Juliane Winkelmann,^{13,123,124} Michael Wittig,^{58,125} Richard C. Trembath,¹¹⁶ Jacqueline Yaouanq,¹²⁶ Ananth C. Viswanathan,¹²⁷ Haitao Zhang,^{36,66} Nicholas W. Wood,¹²⁸ Rebecca Zuvich,¹⁰³ Panos Deloukas,⁷ Cordelia Langford,⁷ Audrey Duncanson,¹²⁹ Jorge R. Oksenberg,³³ Margaret A. Pericak-Vance,⁸⁷ Jonathan L. Haines,¹⁰³ Tomas Olsson,²⁶ Jan Hillert,²⁶ Adrian J. Ivinson,^{51,130} Philip L. De Jager,^{4,5,51} Leena Peltonen,^{7,11,80,93,94} Graeme J. Stewart,⁸ David A. Hafler,^{4,131} Stephen L. Hauser,³³ Gil McVean,² Peter Donnelly,^{2,6} and Alastair Compston¹

¹University of Cambridge, Department of Clinical Neurosciences, Addenbrooke's Hospital, Cambridge, UK

²Wellcome Trust Centre for Human Genetics, Roosevelt Drive, Oxford, UK

³Division of Genetics, Department of Medicine, Brigham and Women's Hospital, Harvard Medical School, Boston, MA, USA

⁴Broad Institute of Harvard University and Massachusetts Institute of Technology, Cambridge, MA, USA

⁵Center for Neurologic Diseases, Department of Neurology, Brigham & Women's Hospital, Boston, MA, USA

⁶Dept Statistics, University of Oxford, Oxford, UK

⁷Wellcome Trust Sanger Institute, Wellcome Trust Genome Campus, Hinxton, Cambridge, UK

⁸Westmead Millennium Institute, University of Sydney, Australia

⁹Laboratory for Neuroimmunology, Section of Experimental Neurology, Katholieke Universiteit Leuven, Leuven, Belgium

¹⁰Danish Multiple Sclerosis Center, Department of Neurology, Copenhagen University Hospital, Rigshospitalet, Copenhagen, Denmark

¹¹Institute for Molecular Medicine Finland (FIMM), University of Helsinki, Helsinki, Finland

¹²INSERM UMR S 975 CRICM, UPMC, Département de neurologie Pitié-Salpêtrière, AP-HP, Paris, France

¹³Department of Neurology, Klinikum Rechts der Isar der Technischen Universität, Munich, Germany

¹⁴Department of Neurology, University Medicine Mainz, Johannes Gutenberg University Mainz, Mainz, Germany

¹⁵Max Delbrueck Center for Molecular Medicine, Berlin, Germany

¹⁶Institute for Neuroimmunology and Clinical MS Research (inims), Centre for Molecular Neurobiology, Hamburg, Germany

¹⁷Department of Clinical Pharmacology, University of Oxford, Old Road Campus Research Building, Oxford, UK

¹⁸Queen's University Belfast, University Road, Belfast, Northern Ireland, UK

¹⁹Department of Medical Sciences and Interdisciplinary Research Center of Autoimmune Diseases (IRCAD), University of Eastern Piedmont, Novara, Italy

²⁰Department of Neurology, Institute of Experimental Neurology (INSPE), Division of Neuroscience, San Raffaele Scientific Institute, Milan, Italy

²¹Department of Neurology, Oslo University Hospital, Oslo, Norway

²²Department of Neurology, University of Oslo, Oslo, Norway

²³Institute of Basal Medical Sciences, University of Oslo, Oslo, Norway

²⁴Department of Neurology, Laboratory of Neuroimmunology, Medical University of Lodz, Lodz, Poland

²⁵Clinical Neuroimmunology Unit, Multiple Sclerosis Center of Catalonia (CEM-Cat), Vall d'Hebron University Hospital, Barcelona, Spain

²⁶Department of Clinical Neurosciences, Centre for Molecular Medicine CMM, Karolinska Institutet, Karolinska Hospital, Stockholm, Sweden

²⁷Keele University Medical School, Stoke-on-Trent, UK

²⁸Peninsula College of Medicine and Dentistry, Universities of Exeter and Plymouth, Clinical Neurology Research Group, Tamar Science Park, Plymouth, UK

²⁹Department of Neurology, University Hospital of Wales, Heath Park, Cardiff, UK

³⁰Genetic Epidemiology and Genomics Laboratory, Division of Epidemiology, School of Public Health, University of California, Berkeley, USA

³¹Kaiser Permanente Northern California Division of Research, CA, USA

³²Institute of Environmental Medicine, Karolinska Institutet, Stockholm, Sweden

- ³³Department of Neurology, University of California San Francisco, San Francisco, CA, USA
- ³⁴Neurological Institute C. Mondino, IRCCS, Pavia, Italy
- ³⁵The Walton Centre for Neurology and Neurosurgery, Liverpool, UK
- ³⁶Center for Applied Genomics, The Children's Hospital of Philadelphia, Philadelphia, PA, USA
- ³⁷INSERM U 563 et Pôle Neurosciences, Hôpital Purpan, Toulouse, France
- ³⁸School of Medicine, Griffith University, Australia
- ³⁹Florey Neuroscience Institutes, University of Melbourne, Victoria, Australia
- ⁴⁰Royal Melbourne Hospital, Parkville, Victoria, Australia
- ⁴¹Box Hill Hospital, Box Hill, Australia
- ⁴²Department of Medicine, RMH Cluster, University of Melbourne, Victoria, Australia
- ⁴³Multiple Sclerosis Centre, Department of Neurology, Ospedali Civili di Brescia, Brescia, Italy
- ⁴⁴Centre for Neuromuscular and Neurological Disorders, University of Western Australia, Perth, Australia
- ⁴⁵Department of Neurosciences, University of Turin, A.O.U. San Giovanni Battista, Turin, Italy
- ⁴⁶INSERM U535, Univ Paris-Sud, Villejuif, France
- ⁴⁷University of Newcastle, University Drive, Callaghan NSW, Australia
- ⁴⁸Department of Preventive Medicine, Keck School of Medicine, University of Southern California, Los Angeles, CA, USA
- ⁴⁹Department of Neurology, Washington University, St Louis MO, USA
- ⁵⁰University of Milan, Department of Medicine, Surgery and Dentistry, AO San Paolo, University of Milan, c/o Filarete Foundation - Milano, Italy
- ⁵¹Harvard Medical School, Boston, MA, USA
- ⁵²Center for Human Genetic Research, Massachusetts General Hospital, Boston, MA, USA
- ⁵³The UK DNA Banking Network, Centre for Integrated Genomic Medical Research, University of Manchester, UK
- ⁵⁴Department of Medical Genetics, Division of Biomedical Genetics, University Medical Center Utrecht, Utrecht, The Netherlands
- ⁵⁵Julius Center for Health Sciences and Primary Care, University Medical Center Utrecht, Utrecht, The Netherlands
- ⁵⁶Service de Neurologie, Hôpital Central, Nancy, France
- ⁵⁷National Multiple Sclerosis Center, Melsbroek, Belgium
- ⁵⁸Institute for Clinical Molecular Biology, Christian-Albrechts-University, Kiel, Germany
- ⁵⁹Department of Neurology, Tampere University Hospital, Tampere, Finland
- ⁶⁰University of Tampere, Medical School, Tampere, Finland
- ⁶¹Menzies Research Institute, Hobart, Tasmania, Australia
- ⁶²Department of Neurological Sciences, Centro Dino Ferrari, University of Milan, Fondazione Cà Granda, Ospedale Maggiore Policlinico, Milan, Italy
- ⁶³Centro Studi Sclerosi Multipla, Ospedale di Gallarate, Gallarate (VA), Italy
- ⁶⁴Service de Neurologie, Fondation Ophthalmologique Adolphe de Rothschild, Paris, France
- ⁶⁵Belfast Health and Social Care Trust, City Hospital, Belfast, Northern Ireland, UK
- ⁶⁶Division of Genetics, The Children's Hospital of Philadelphia, Philadelphia, PA, USA
- ⁶⁷Department of Pediatrics, University of Pennsylvania School of Medicine, Philadelphia, PA, USA
- ⁶⁸Laboratory of Molecular Medicine and Biotechnology, Don C. Gnocchi Foundation IRCCS, S. Maria Nascente, Milan, Italy
- ⁶⁹Department of Medical Epidemiology and Biostatistics, Karolinska Institute, Stockholm, Sweden
- ⁷⁰Atherosclerosis Research Unit, Department of Medicine Solna, Karolinska Institutet, Center for Molecular Medicine, Karolinska University Hospital Solna, Stockholm, Sweden
- ⁷¹Department of Neurology, Heinrich-Heine-University, Düsseldorf, Germany
- ⁷²Centre National de Genotypage, Evry Cedex, France
- ⁷³Experimental and Clinical Research Center, Charité – Universitätsmedizin Berlin and Max Delbrueck Center for Molecular Medicine, Berlin, Germany
- ⁷⁴Clinic for Paediatric Pneumology, Allergology and Neonatology, Hannover Medical School, Germany
- ⁷⁵Centre for Neuroscience, University of Melbourne, Victoria, Australia
- ⁷⁶Institute of Epidemiology, Helmholtz Zentrum München, German Research Center for Environmental Health, Neuherberg, Munich, Germany
- ⁷⁷Seinäjäki Central Hospital, Seinäjoki, Finland
- ⁷⁸Hunter Medical Research Institute, John Hunter Hospital, Lookout Road, New Lambton NSW, Australia
- ⁷⁹SCDU Neurology, Maggiore della Carità Hospital, Novara, Italy
- ⁸⁰Unit of Public Health Genomics, National Institute for Health and Welfare, Helsinki, Finland
- ⁸¹Molecular Medicine, Department of Medical Sciences, Uppsala University, Entrance 70, 3rd Floor, Res Dept 2, University Hospital, Uppsala, Sweden
- ⁸²Human Genetics and Cancer Biology, Genome Institute of Singapore, Singapore
- ⁸³Institute of Immunology, Oslo University Hospital, Oslo, Norway
- ⁸⁴Institute of Experimental Neurology (INSPE), San Raffaele Scientific Institute, Milan, Italy
- ⁸⁵Dept of Psychiatry and Human Behavior, University of California, Irvine (UCI), Irvine CA, USA
- ⁸⁶Christchurch School of Medicine, University of Otago, Christchurch, New Zealand
- ⁸⁷John P. Hussman Institute for Human Genomics and The Dr. John T Macdonald Foundation Department of Human Genetics, University of Miami, Miller School of Medicine, Miami, USA
- ⁸⁸Greater Manchester Centre for Clinical Neurosciences, Hope Hospital, Salford, UK
- ⁸⁹The Department of Neurology, Dunedin Public Hospital, Otago, NZ
- ⁹⁰The Multiple Sclerosis National Competence Centre, Department of Neurology, Haukeland University Hospital, Bergen, Norway
- ⁹¹Department of Clinical Medicine, University of Bergen, Bergen, Norway
- ⁹²Plymouth Hospitals NHS Trust, Department of Neurology, Derriford Hospital, Plymouth, UK
- ⁹³Department of Medical Genetics, University of Helsinki and University Central Hospital, Helsinki, Finland
- ⁹⁴Program in Medical and Population Genetics and Genetic Analysis Platform, The Broad Institute of MIT and Harvard, Cambridge, MA, USA
- ⁹⁵Pôle Neurosciences Cliniques, Service de Neurologie, Hôpital de la Timone, Marseille, France
- ⁹⁶Department Neurology, Oulu University Hospital, Oulu, Finland
- ⁹⁷UK MS Tissue Bank, Wolfson Neuroscience Laboratories, Imperial College London, Hammersmith Hospital, London, UK
- ⁹⁸Université de Montréal & Montreal Heart Institute, Research Center, Montreal, Quebec, Canada
- ¹⁰⁰KOS Genetic Srl, Milan - Italy
- ¹⁰¹Department of General Internal Medicine, University Hospital, Schleswig-Holstein, Christian-Albrechts-University, Kiel, Germany
- ¹⁰²Systems Biology and Protein-Protein Interaction, Center for Molecular Neurobiology, Hamburg, Germany
- ¹⁰³Center for Human Genetics Research, Vanderbilt University Medical Center, Nashville, USA
- ¹⁰⁴Telethon Institute for Child Health Research, Centre for Child Health Research, University of Western Australia, Australia
- ¹⁰⁵Cambridge Institute for Medical Research, University of Cambridge School of Clinical Medicine, Cambridge, UK
- ¹⁰⁶Department of Neurology, Helsinki University Central Hospital and Molecular Neurology Programme, Biomedicum, University of Helsinki, Helsinki, Finland
- ¹⁰⁷Division of Psychological Medicine and Psychiatry, Biomedical Research Centre for Mental Health at the Institute of Psychiatry, King's College London and The South London and Maudsley NHS Foundation Trust, Denmark Hill, London, UK
- ¹⁰⁸Service de Neurologie et Faculté de Médecine de Reims, Université de Reims Champagne-Ardenne, Reims, France
- ¹⁰⁹University of Queensland Diamantina Institute, Princess Alexandra Hospital, Brisbane, Australia
- ¹¹⁰Dept Epidemiology and Population Health, London School of Hygiene and Tropical Medicine, London, UK
- ¹¹¹St. Vincent's University Hospital, Dublin, Ireland
- ¹¹²Neuropsychiatric Genetics Research Group, Institute of Molecular Medicine, Trinity College Dublin, Dublin, Ireland

¹¹³Centre for Gastroenterology, Bart's and the London School of Medicine and Dentistry, London, UK
¹¹⁴Department of Neurosciences, Institute of Biomedical Research August Pi Sunyer (IDIBAPS), Hospital Clinic of Barcelona, Barcelona, Spain
¹¹⁵Clinical Neurosciences, St George's University of London, London, UK
¹¹⁶Dept Medical and Molecular Genetics, King's College London School of Medicine, Guy's Hospital, London, UK
¹¹⁷Medical Research Council Biostatistics Unit, Robinson Way, Cambridge, UK
¹¹⁸Biomedical Research Institute, University of Dundee, Ninewells Hospital and Medical School, Dundee, UK
¹¹⁹Institute of Medical Informatics, Biometry and Epidemiology, Ludwig-Maximilians-Universität, Munich, Germany
¹²⁰Klinikum Grosshadern, Munich, Germany
¹²¹King's College London, Social, Genetic and Developmental Psychiatry Centre, Institute of Psychiatry, Denmark Hill, London, UK
¹²²Department of Neurology, Auckland City Hospital, Grafton Road, Auckland, New Zealand
¹²³Institut für Humangenetik, Technische Universität München, Germany

¹²⁴Institut für Humangenetik, Helmholtz Zentrum München, Germany
¹²⁵Popgen Biobank, Christian-Albrechts University Kiel, Kiel, Germany
¹²⁶Pôle Recherche et Santé Publique, CHU Pontchaillou, Rennes, France
¹²⁷NIHR Biomedical Research Centre for Ophthalmology, Moorfields Eye Hospital NHS Foundation Trust and UCL Institute of Ophthalmology, London, UK
¹²⁸Dept Molecular Neuroscience, Institute of Neurology, Queen Square, London, UK
¹²⁹Molecular and Physiological Sciences, The Wellcome Trust, London, UK
¹³⁰Harvard NeuroDiscovery Center, Harvard Medical School, Boston, MA, USA
¹³¹Department of Neurology & Immunology, Yale University Medical School, New Haven, CT, USA

Author Contributions

Conceived and designed the experiments: RM RU GR MS. Performed the experiments: RM RU IMSGC WTCCC CP GC. Analyzed the data: RM RU CP GC VA. Contributed reagents/materials/analysis tools: VAGR AF SR DV MCB. Wrote the paper: RM RU GR MS.

References

- International Multiple Sclerosis Genetics Consortium & Wellcome Trust Case Control Consortium,2. (2011) Genetic risk and a primary role for cell-mediated immune mechanisms in multiple sclerosis. *Nature* 476: 214–19.
- Kakalacheva K, Lünemann JD (2011) Environmental triggers of multiple sclerosis. *FEBS Lett* 585: 3724–29.
- Sawcer S, Wason J (2012) Risk in complex genetics: "All models are wrong but some are useful" *Ann Neurol* 72: 502–9.
- Vischer PM, Hill WG, Wray NR (2008) Heritability in the genomics era - concepts and misconceptions. *Nat Rev Genet* 9: 255–266.
- Gulbahce N, Yan H, Dricot A, Padi M, Byrdsong D, et al. (2012) Viral perturbations of host networks reflect disease etiology. *PLoS Comput Biol* 8: e1002531.
- Calderwood MA, Venkatesan K, Xing L, Chase MR, Vazquez A, et al. (2007) Epstein-Barr virus and virus human protein interaction maps. *Proc Natl Acad Sci USA* 104: 7606–11.
- Jäger S, Cimermancic P, Gulbahce N, Johnson JR, McGovern KE, et al. (2011) Global landscape of HIV-human protein complexes. *Nature* 481: 365–70.
- de Chasse B, Navratil V, Tafforeau L, Hiet MS, Aublin-Gex A, et al. (2008) Hepatitis C virus infection protein network. *Mol Syst Biol* 4: 230.
- Abramson J, Giraud M, Benoist C, Mathis D (2010) AIRE's partners in the molecular control of immunological tolerance. *Cell* 140: 123–35.
- Li S, Wang L, Berman M, Kong YY, Dorf ME (2011) Mapping a dynamic innate immunity protein interaction. *Immunity* 35: 426–40.
- Shapira SD, Gat-Viks I, Shum BO, Dricot A, de Grace MM, et al. (2009) A physical and regulatory map of host-influenza interactions reveals pathways in H1N1 infection. *Cell* 139: 1255–67.
- Pichlmair A, Kandasamy K, Alvisi G, Mulhern G, Sacco R, et al. (2012) Viral immune modulators perturb the human molecular network by common and unique strategies. *Nature* 487: 486–90.
- Stark C, Breitkreutz BJ, Chatr-Aryamontri A, Boucher L, Oughtred R, et al. (2011) The BioGRID Interaction Database: 2011 update. *Nucleic Acids Res* 39: D698–704.
- Holmans P, Green EK, Pahwa JS, Ferreira MA, Purcell SM, et al. (2009) Gene ontology analysis of GWA study data sets provides insights into the biology of bipolar disorder. *Am J Hum Genet* 85: 13–24.
- Houlston RS, Cheadle J, Dobbins SE, Tenesa A, Jones AM, et al. (2010) Meta-analysis of three genome-wide association studies identifies susceptibility loci for colorectal cancer at 1q41, 3q26.2, 12q13.13 and 20q13.33. *Nat Genet* 42: 973–77.
- Rios D, McLaren WM, Chen Y, Birney E, Stabenau A, et al. (2010) A database and API for variation, dense genotyping and resequencing data. *BMC Bioinformatics* 11: 238.
- Stajich JE (2007) An Introduction to BioPerl. *Methods Mol Biol* 406: 535–48.
- Pesole G (2008) What is a gene? An updated operational definition. *Gene* 417: 1–4.
- Confavreux C, Suissa S, Sandler P, Bourdès V, Vukusic S (2001) Vaccines in multiple sclerosis study group. Vaccinations and risk of relapses in multiple sclerosis. *N Engl J Med*; 344: 319–26.
- Ascherio A, Zhang SM, Heman MA, Olek MJ, Coplan PM, et al. (2001) Hepatitis B vaccination and the risk of multiple sclerosis *N Engl J Med* 344: 327–32.
- Hernán MA, Jick SS, Olek MJ, Jick H (2004) Recombinant hepatitis B vaccine and the risk of multiple sclerosis: a prospective study. *Neurology* 63: 838–42.
- Mikaelloff Y, Caridade G, Suissa S, Tardieu M (2009) Hepatitis B vaccine and the risk of CNS inflammatory demyelination in childhood. *Neurology* 72: 873–80.
- Loebermann M, Winkelmann A, Hartung HP, Hengel H, Reisinger EC, et al. (2012) Vaccination against infection in patients with multiple sclerosis. *Nat Rev Neurol* 8: 143–51.
- Gregory AP, Dendrou CA, Atfield KE, Haghikia A, Xifara DK, et al. (2012) TNF receptor 1 genetic risk mirrors outcome of anti-TNF therapy in multiple sclerosis. *Nature* 488: 508–11.
- Johnson RT (1994) The virology of demyelinating diseases. *Ann Neurol* 36 Suppl: S54–60.
- Berger JR, Sheremata WA, Resnick L, Atherton S, Fletcher MA, et al. (1989) Multiple sclerosis-like illness occurring with human immunodeficiency virus infection. *Neurology* 39: 324–29.
- González-Duarte A, Ramirez C, Pinales R, Sierra-Madero J (2011) Multiple sclerosis typical clinical and MRI findings in a patient with HIV infection. *J Neurovirol* 17: 504–08.
- Perron H, Garson JA, Bedin F, Beseme F, Paranhos-Baccala G, et al. (1997) Molecular identification of a novel retrovirus repeatedly isolated from patients with multiple sclerosis. The Collaborative Research Group on Multiple Sclerosis. *Proc Natl Acad Sci USA* 94: 7583–88.
- Perron H, Germe R, Bernard C, Garcia-Montojo M, Deluen C, et al. (2012) Human endogenous retrovirus type W envelope expression in blood and brain cells provides new insights into multiple sclerosis disease. *Mult Scler* Mar 30 [Epub ahead of print].
- An DS, Xie YM, Chen IS (2001) Envelope gene of the human endogenous retrovirus HERV-W encodes a functional retrovirus envelope. *J Virol* 75: 3488–89.
- Ristori G, Cannoni S, Stazi MA, Vanacore N, Cotichini R, et al. (2006) Multiple sclerosis in twins from continental Italy and Sardinia: a nationwide study. *Ann Neurol* 59: 27–34.
- Ascherio A, Munger KL (2007) Environmental risk factors for multiple sclerosis. Part I: the role of infection. *Ann Neurol* 61: 288–99.
- Torkildsen OD, Knappskog PM, Nyland HI, Myhr KM (2008) Vitamin D-dependent rickets as a possible risk factor for multiple sclerosis. *Arch Neurol* 65: 809–11.
- Australia and New Zealand Multiple Sclerosis Genetics Consortium (ANZgene). (2009) Genome-wide association study identifies new multiple sclerosis susceptibility loci on chromosomes 12 and 20. *Nat Genet* 41: 824–28.
- Ramagopalan SV, Dymment DA, Calder MZ, Morrison KM, Disanto G, et al. (2011) Rare variants in the CYP27B1 gene are associated with multiple sclerosis. *Ann Neurol* 70: 881–86.
- Ramagopalan SV, Heger A, Berlanga AJ, Maugeri NJ, Lincoln MR, et al. (2010) A ChIP-seq defined genome-wide map of vitamin D receptor binding: associations with disease and evolution. *Genome Res* 20: 1352–60.
- Disanto G, Sandve GK, Berlanga-Taylor AJ, Ragnedda G, Morahan JM, et al. (2012) Vitamin D receptor binding, chromatin states and association with multiple sclerosis. *Hum Mol Genet* 21: 3575–86.
- Orozco LD, Bennett BJ, Farber CR, Ghazalpour A, Pan C, et al. (2012) Unraveling inflammatory responses using systems genetics and gene-environment interactions in macrophages. *Cell* 151: 658–670.
- Ecker JR, Bickmore WA, Barroso I, Pritchard JK, Gilad Y, et al. (2012) Genomics: ENCODE explained. *Nature* 489: 52–5.
- Baranzini SE, Galwey NW, Wang J, Khankhanian P, Lindberg R, et al. (2009) Pathway and network-based analysis of genome-wide association studies in multiple sclerosis. *Hum Mol Genet* 18: 2078–90.

Enter a Title, ISSN, or search term to find journals or other periodicals:

1932-6203



[▶ Advanced Search](#)



Search My Library's Catalog: [ISSN Search](#) | [Title Search](#)

[Search Results](#)

PL o S One

Title Details



Lists

[Marked Titles](#) (0)

Search History

1932-6203 - (1)

| Save to List Email Download Print Corrections Expand All Collapse All | |
|---|---|
| ▼ Basic Description | |
| Title | PL o S One |
| ISSN | 1932-6203 |
| Publisher | Public Library of Science |
| Country | United States |
| Status | Active |
| Start Year | 2006 |
| Frequency | Irregular |
| Language of Text | Text in: English |
| Refereed | Yes |
| Abstracted / Indexed | Yes |
| Open Access | Yes http://www.plosone.org/home.action |
| Serial Type | Journal |
| Content Type | Academic / Scholarly |
| Format | Online |
| Explanation of Title Acronym | Public Library of Science |
| Website | http://www.plosone.org/home.action |
| Description | Covers primary research from all disciplines within science and medicine. |
| ▶ Subject Classifications | |
| ▶ Additional Title Details | |
| ▶ Publisher & Ordering Details | |
| ▶ Abstracting & Indexing | |
| ▶ Demographics | |
| Save to List Email Download Print Corrections Expand All Collapse All | |