

Of the 44 genes in the GO Axon Extension and GO Regulation of Axonogenesis overlap set (Supplemental Table 7), a number have been implicated in neuropathy, including hereditary neuropathy genes (*MAP1B*<sup>46</sup>, *NGF*<sup>47</sup>, *FXN*<sup>48</sup>), genes with variants or expression signatures associated with diabetic or HIV-induced peripheral neuropathy (*APOE*<sup>49, 50</sup>, *MAPT*<sup>51</sup>, *CDH4*<sup>51</sup>), genes involved in neurological pain pathways (*MT3*<sup>52</sup>, *TRPV2*<sup>53</sup>, *CCR5*<sup>54</sup>, *CXCL12*<sup>55</sup>), and genes involved in response to or repair/prevention of peripheral nerve damage (*RYK*<sup>56</sup>, *SLIT1*<sup>57</sup>, *NTRK3*<sup>58</sup>, *NGF*<sup>59, 60</sup>, *TRPV2*<sup>53</sup>, *NTN1*<sup>61</sup>, *NDEL1*<sup>62</sup>). The majority (38) of these 44 genes fall in the GO term Regulation of Axon Extension (GO 0030516), which is a subset of both GO Regulation of Axonogenesis and GO Axon Extension.

The pathway results are also consistent with gene expression analyses in mouse and human studies of diabetic neuropathy. In a study examining the pathophysiology of diabetes-induced neuropathy the GO Axonogenesis term was identified as an overrepresented pathway in a differential expression analysis in the *db/db* vs *db/+* mouse sciatic nerve<sup>51</sup>. Similarly, the GO Regulation of Axonogenesis term was identified as an overrepresented set in genes up-regulated in sural nerve biopsies from patients with advanced progression of diabetic neuropathy<sup>63</sup>. Although neuron damage is caused by different mechanisms in diabetes and following paclitaxel treatment, these results suggest that susceptibility to sensory peripheral neuropathy is driven by the same sets of genes.

Despite success in estimating heritability for paclitaxel-induced neuropathy and identifying a subset of the genome driving this heritability, some limitations in available methods and data are noted. One of the primary limitations of any pathway or gene set based analysis is the gene set definitions available. All available set definitions are limited by current knowledge about the pathway in question, and well curated sets are restricted to those pathways of interest to researchers. Further, the number of SNPs captured per gene varies, either because of true differences between number of variants or haplotype structure between genes, or because of differences in coverage between genes on the genotyping platform that was used. Such variability in local coverage is known to be a limitation in all commercial genotyping platforms<sup>64</sup>. While imputation of missing SNPs did increase SNP density in each set, heritability estimates with imputed data were close to those with just genotyped data; because of the high imputation quality threshold used ( $r^2 > 0.9$ ), it is likely that additional SNPs are in high LD with genotyped SNPs, adding little additional information. For onset of peripheral neuropathy, no significant signal of heritability was detected in any of the pathways tested, either because genes driving heritability of onset of neuropathy are in a pathway we did not select, or because the use of deviance residuals from the Cox proportional hazards regression rather than a direct proportional hazards regression did not adequately model the data. It is also possible that one or more of the selected pathways is incompletely annotated. Gene Ontology terms are annotated using a combination of experimental evidence and computational analyses, and can be both manually and electronically annotated<sup>32, 65</sup>. The extensive set of sources for term annotation makes Gene Ontology the most comprehensive source of annotated terms available, but also contributes to significant noise (incorrectly assigned genes) being built into the terms. Unfortunately, highly accurate manually annotated gene sets are currently limited, and those that exist reflect the current body of knowledge regarding a given pathway. The Gene

Ontology was the only database that included gene sets for each of the peripheral neuropathy mechanisms of interest. For the GO set Axonogenesis, more restrictive set definitions were investigated, including limiting pathway genes to those annotated to Axonogenesis by experimental evidence and those that were direct associations. The GO Axonogenesis experimental set gave an estimate of heritability significantly lower than that derived from the complete gene set (8% vs 22% for the complete set), suggesting that using a more conservative gene annotation would result in loss of power (Supplemental Table 8).

The standard errors for the whole-genome heritability analyses are high due to the limited sample size. Large sample sizes are difficult to obtain in genomic studies of drug toxicities, since recruitment into these studies is often limited to existing clinical trials. However, by narrowing in on the “causative” SNPs, signals of heritability were obtained even with relatively small sample sizes. In this study, constraints were also imposed by the linear mixed modeling method applied, which requires a continuous or dichotomous phenotype. Although severity of neuropathy is best modeled as an ordinal variable, it is treated as a continuous quantitative variable for the purpose of this study. Likewise, onset of neuropathy is best fit in a survival model but deviance residuals from a survival model were used as a continuous trait in the current analysis. Despite these limitations, the results from the modified phenotype definitions are likely close to those that would be estimated from the application of non-linear phenotype definitions. For example, effect estimates for SNPs in biological pathways from severity of neuropathy modeled as a linear or ordinal variable (Supplemental Figure 3) or onset of neuropathy modeled as a linear phenotype or time-to-event analysis (Supplemental Figure 4) are highly correlated ( $r^2 = 0.91$  and  $0.97$ , respectively). However it is important to note that, because of the constraints on the phenotype definition, we treat heritability estimates obtained from our analyses simply as an indication of association between a certain sets of SNPs and our phenotypes of interest, rather than absolute measures of percent of variance explained by a particular SNP set. Finally, a gene boundary cutoff of 10 kb was selected to ensure that the SNPs are associated with the genes in our pathway (as opposed to a neighboring gene), though at the cost of losing potential causative SNPs in upstream and downstream regulatory regions of a gene. Because most genetic variability appears to be explained by SNPs in or near genes<sup>40</sup> our approach likely captures a significant fraction of the variability explained by the genes in a given set.

In summary, these results suggest that there is a heritable component to the severity and dose to onset of paclitaxel-induced sensory peripheral neuropathy. Further, genes involved in axon outgrowth may modulate the severity of paclitaxel-induced neuropathy. Understanding the mechanisms and pathways involved in susceptibility to paclitaxel-induced sensory peripheral neuropathy will help identify therapies that can mitigate the toxicity and guide future drug development.

## Supplementary Material

Refer to Web version on PubMed Central for supplementary material.

## Acknowledgments

The research for CALGB 60202 and 40101 was supported, in part, by grants from the National Cancer Institute (CA31946) to the Alliance for Clinical Trials in Oncology (Monica M. Bertagnolli, M.D., Chair) and to the Alliance Statistics and Data Center (Daniel J. Sargent, Ph.D., CA33601). The content of this manuscript is solely the responsibility of the authors and does not necessarily represent the official views of the National Cancer Institute.

This work was also supported in part by NIH grants U01 GM61390, U01 GM61393 and U01 HL065962 and the Biobank Japan Project funded by the Japanese Ministry of Education, Culture, Sports, Science and Technology. The genotyping used for this work was generated as part of the NIH Pharmacogenomics Research Network-RIKEN Center for Genomic Medicine Global Alliance. Aparna Chhibber and Megan Li were supported in part by NIH Training Grant T32 GM007175.

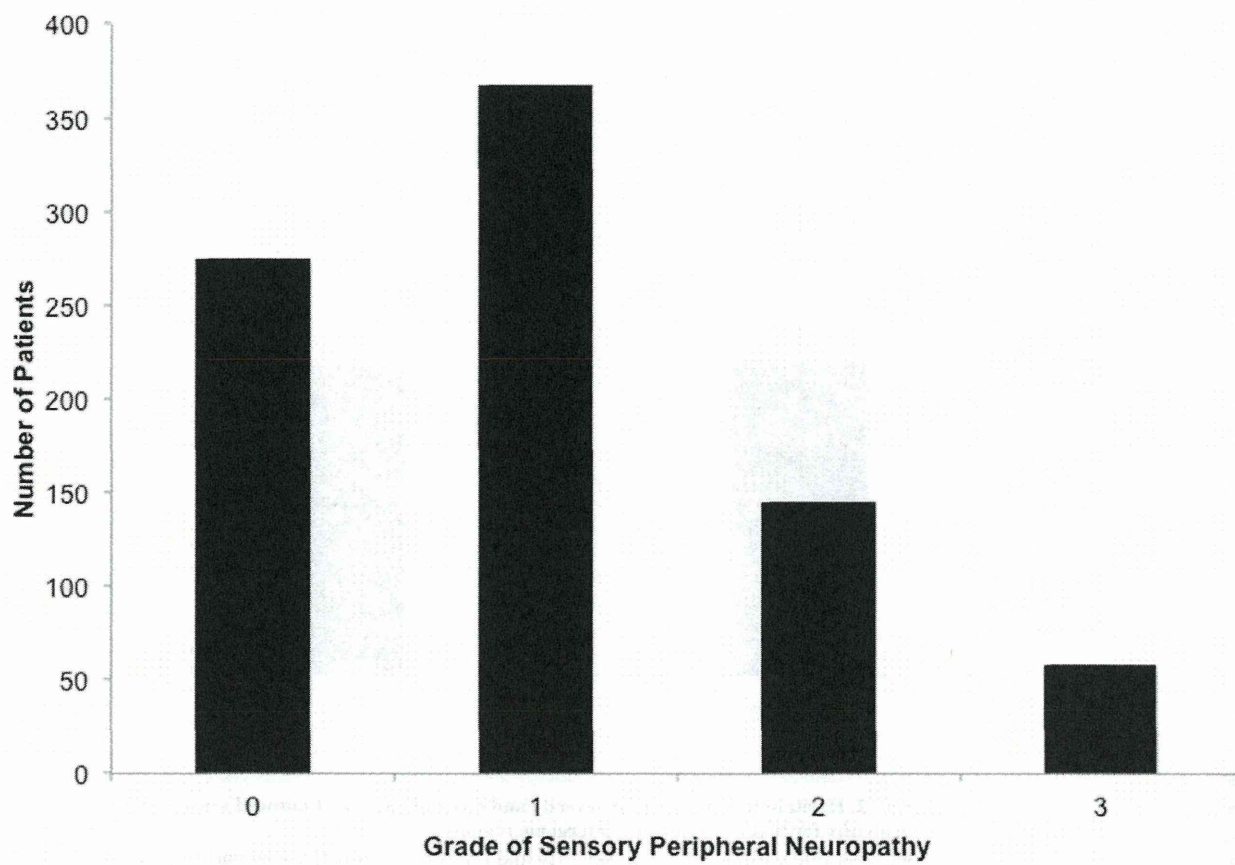
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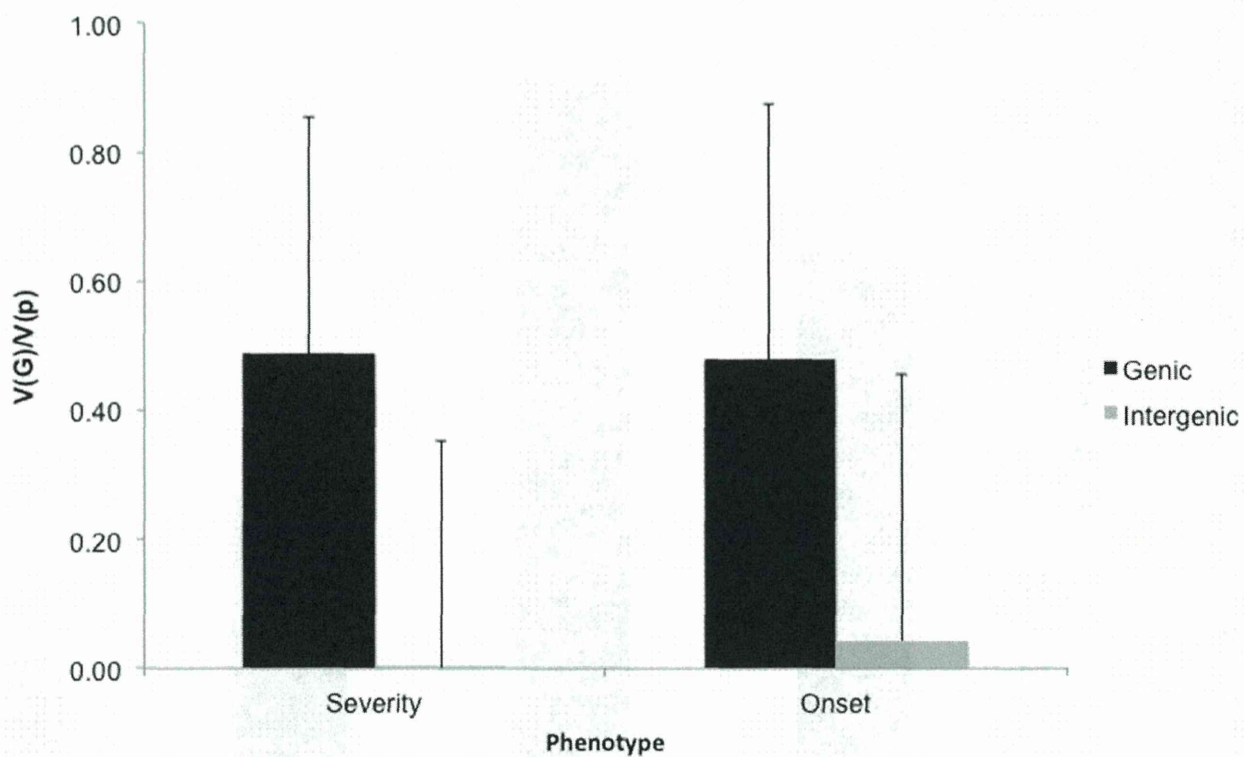
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**Figure 1. Distribution of sensory peripheral neuropathy in the study population**

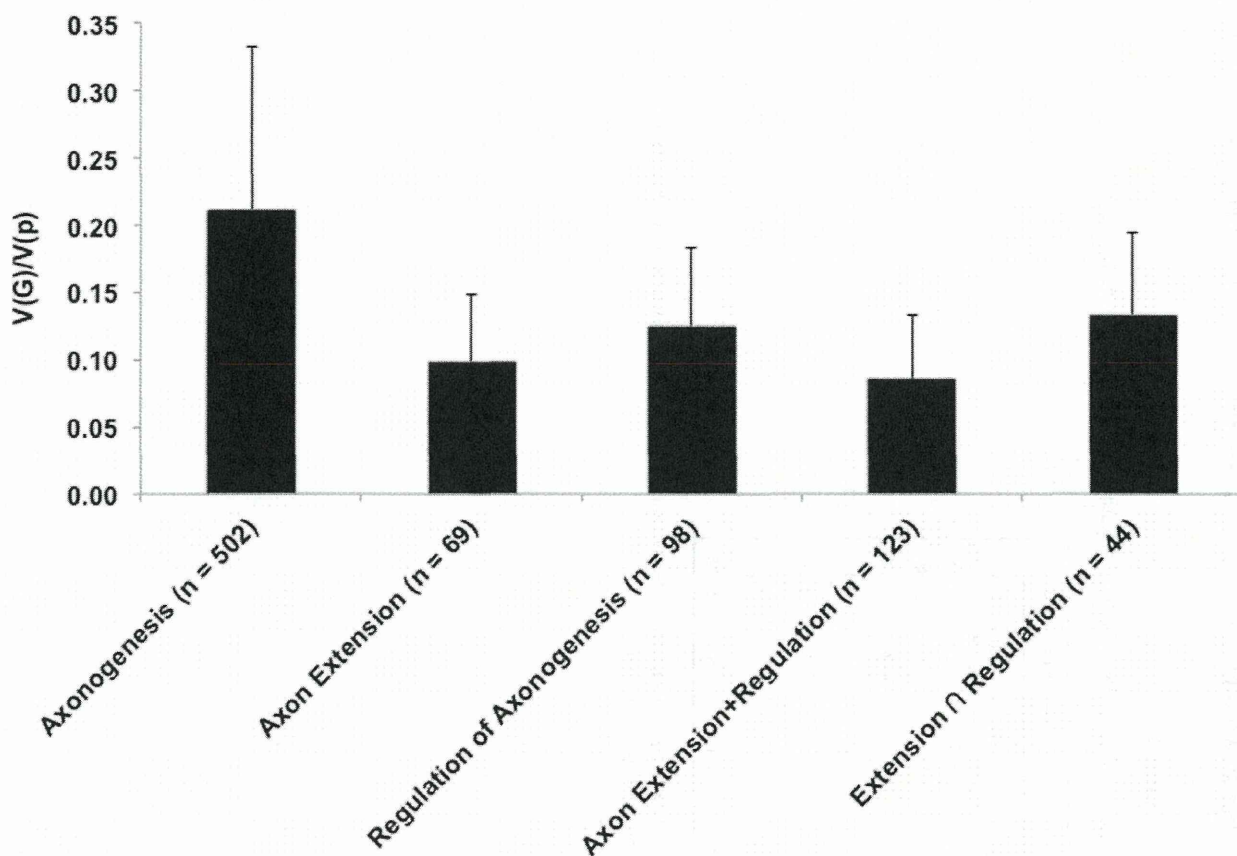
The distribution of the highest reported grade of sensory peripheral neuropathy is shown for 849 unrelated genetic Europeans from the paclitaxel arm of CALGB 40101. Toxicity is measured using the NCI-CTCAE Scale v2.



**Figure 2. Heritability estimates for severity and onset of paclitaxel-induced sensory peripheral neuropathy for SNPs in genic and intergenic regions**

Total genomic variance for both severity and onset of neuropathy was partitioned onto genic and intergenic regions. The error bars denote the SE for the heritability estimates.





**Figure 3. Heritability estimates for severity of paclitaxel-induced sensory peripheral neuropathy for SNPs in selected GO biological pathways**

Heritability was estimated for sets of SNPs within all pathways contained within the GO Axonogenesis pathway. Results are shown (heritability  $\pm$  SE) for those pathways with significant ( $P < 0.05$ ) heritability signals. The heritability estimates for the intersection between and union of the Axon Extension and Regulation of Axonogenesis are also shown.

**Table 1**

Heritability estimates for severity of paclitaxel-induced sensory neuropathy using SNPs in biological pathways implicated in the toxicity

Pathway	Heritability Estimates					Pathway Characteristics		
	V(G)/V(p) <sup>1</sup>	SE	p <sup>2</sup>	Padj <sup>3</sup>	Empirical P <sup>4</sup>	# Genes	Size (Mb)	#SNPs
GO Axonogenesis	0.213	0.120	0.040	0.28	0.011	502	78.0	17,581
GO Impulse Transmission	0.000	0.122	0.500	1	0.999	746	106	22,886
GO Myelination	0.029	0.035	0.200	1	0.255	75	6.86	1,336
Congenital Peripheral Neuropathy	0.000	0.030	0.500	1	0.999	40	4.03	947
Paclitaxel Pharmacokinetics/ Pharmacodynamics	0.011	0.017	0.300	1	0.221	10	1.20	402
GO Mitochondrial Transport and Organization	0.012	0.055	0.400	1	0.545	274	19.7	3,668
GO Microtubule Related Processes	0.000	0.072	0.500	1	0.999	34	3.55	5,775

<sup>1</sup> Heritability was estimated for sets of SNPs within  $\pm 10$  kb of genes in biological pathways implicated in the pathophysiology of paclitaxel-induced sensory peripheral neuropathy. The congenital neuropathy and paclitaxel pharmacokinetics/pharmacodynamics pathways were manually constructed from the literature.

<sup>2</sup> P-value from GCTA. Software upper limit for p-value is 0.5; maximal values are noted as 1.

<sup>3</sup> P-value corrected for seven observations.

<sup>4</sup> P-value from permutation analysis.