MICROBIOME meets miRNA: New Regulators of PD & HD



TWORK-BASED INVESTIGATION OF MIRNA AND MICROBIOME A SYSTEMS BIOLOGY APPROACH

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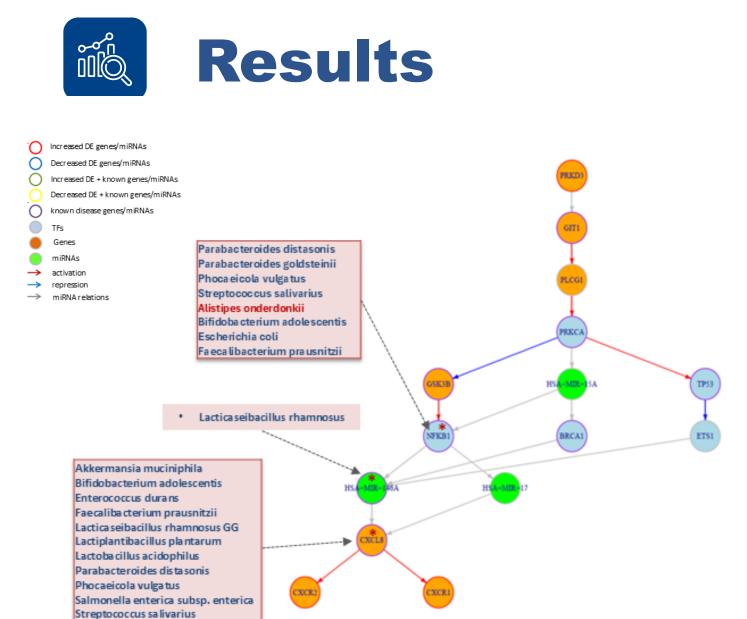
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Background

Parkinson's disease (PD) and Huntington's disease (HD) are complex neurodegenerative disorders with high societal and clinical burden. Pathogenesis involves both genetic dysregulation (transcriptional and post-transcriptional) and environmental influences, including the gut microbiome. miRNAs act as key post-transcriptional regulators of neuronal homeostasis, synaptic plasticity, and immune responses.

Gut microbiota can modulate host gene expression through immune and metabolic pathways, shaping neuroinflammatory and neurodegenerative processes. Yet, integrative network-based approaches that combine miRNA, transcription factor, gene expression, and microbiome-host interactions are scarce. A systems biology framework is therefore needed to uncover hidden regulatory modules and novel therapeutic targets.



Result 1:

- NFKB1 hub is differentially modulated by microbiota: Faecalibacterium, Bifidobacterium, Parabacteroides inhibit → anti-inflammatory; *Alistipes* activates → pro-inflammatory.
- miR-146a, a negative regulator of NF-κB signaling, is inhibited by Lacticaseibacillus rhamnosus, linking microbial signals to loss of immune control in HD.
- CXCL8 (IL-8) pathway is broadly inhibited by beneficial taxa (Akkermansia, Lactobacillus, Faecalibacterium), but activated by Clostridium, suggesting microbial balance dictates neuroinflammatory tone.



Result 2:

- miR-155, a pro-inflammatory miRNA regulating NF-κB and apoptosis, is activated by Lacticaseibacillus rhamnosus.
 - While not differentially expressed in PD data, its presence in the integrated network suggests a potential novel PD-related regulator.
- CDX2, a master regulator of intestinal epithelial genes, connects to INS → AKT1/GSK3B.
 - Although not validated in PD datasets, its appearance in the PD network highlights a possible gut-metabolicinflammatory link to PD.
- IBD patients show increased PD risk, while anti-TNF therapy reduces PD incidence, supporting the hypothesis that intestinal inflammation and NF-κB/miR-155 signaling contribute to PD.

Method

Step 1: Directed PPI Regulatory Network Construction SIGNOR (SIGnaling Network Open Resource) Interactions: 12447 | Nodes: 4731

Step 2: Extension of Directed PPI Network

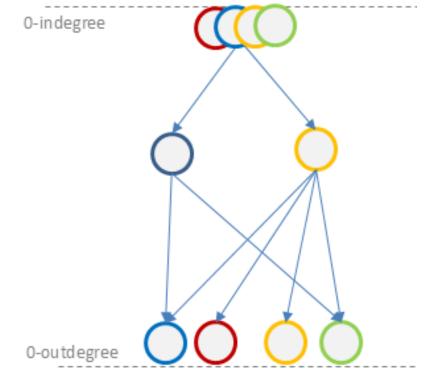
Databases	Main Feature
TransmiR	the experimentally validated TF- microRNA interactions database
miRTarBase	the experimentally validated microRNA-target interactions database
miRecords	manually curated database of experimentally validated miRNA- target interactions
TarBase	manually curated collection of experimentally tested miRNA -

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	Main Featu	ıre				
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Step 3: Disease Related Regulatory Network Construction

Prefrontal Cortex Samples		49 neurologically		29 PD patients 33 neurologically normal control		Step 5: Discovering Important Regulatory Pathways				
	Huntin	gton Disease (HD)	Parkinson Disea	ase (PD)	0-indegree	$\overline{\mathbb{Q}}$				
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Step 4: Subnetwork Construction 3rd degree neighbors of nodes → Subgraph: 4474/14605



Root and Leaf nodes are determined All directed acyclic pathways are identified →Shortest path algorithm CR-value (coverage rate) is calculated ND: #of disease related known nodes NT: length of the path

Louvain clustering to detect functional modules FDR-value < 0.2 → important regulatory pathways



Summary/ Highlights

Databases Main Feature

- In HD, the TP53—ETS1—miR-146a axis and CXCL8—CXCR1/2 signaling highlight neuroinflammation and demyelination as key processes. Microbiome taxa differentially modulating these nodes suggest that **gut-immune interactions** may represent a clinically relevant bridge to HD pathology.
- miR-155 and CDX2 may represent novel PD-related regulatory elements, linking microbiome signals (e.g., Lacticaseibacillus rhamnosus for miR-155, intestinal regulation for CDX2) to NF-κB/apoptosis and metabolic cascades.
- Patients with inflammatory bowel disease (IBD) show increased PD risk, while anti-TNF therapy reduces PD incidence by ~78%, supporting a mechanistic bridge between intestinal inflammation, NF-κB/miR-155 signaling, and PD.

References

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