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Comprehensive RNA-seq analysis of alternative splicing events that distinguishes between metastatic oral cancer of gingiva and tongue

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Abstract

Introduction: Oral cancer (OC) is a multifactorial disease caused due to various genomic changes. Alternative splicing (AS) is a regulatory genetic process through which messenger RNA forms diverse protein variants. This study aims to study the variation in the AS events at tongue and gingiva locations of OC.

Materials and Methods: Forty-five paired end OC RNA-seq data were downloaded from Sequence Read Archive (SRA) data repository. Twenty four paired end OC (tongue 13, gingival 11) RNA sequences passed the stringent inclusion/ exclusion criteria which were analyzed following Tuxedo pipeline. The ClueGO (v2.5.8) tool in Cytoscape app manager (v3.7.1) was used for gene set enrichment analysis keeping false discovery rate (FDR <=0.05).

Results: Eighty-three genes were identified to be significantly alternatively spliced when comparison was made between RNA sequences from normal tissues and tumor tissues from the gingiva region (p<0.05). Similarly, 39 genes were found to be significantly alternatively spliced when comparison was made between normal tissues and tumor tissues from tongue region of OC. Of these, only 4 genes i.e. *AHR*, *AL356488.2*, *KREMEN1*, *SH3TC1* were similar in gingiva and tongue whereas others were unique to their location.

Conclusion: Genome-wide AS events vary considerably in gingival and tongue locations of OC. Hence, these events need to be thoroughly investigated for defining the treatment strategy. Further functional studies are needed to decipher the role of AS in OC.

Keywords: Gingiva cancer, Oral cancer, RNA-seq, Alternative splicing, Tongue cancer

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Introduction

Oral cancer (OC) is the sixth most common type of cancer in the world. As per the Globocan 2020 data, the global new cases diagnosed with this disease accounted for ~3.7 million, of which ~1.7 million died (1). OC encompasses cancer occurring at various locations such as lips, tongue, gingiva, cheeks, the floor of the mouth, hard and soft palate, sinuses, and throat. Oral carcinogenesis is a multi-step process that involves the accumulation of various genomic alterations leading to aberrations in the genetic landscape (2). Knowledge of these variations may help decide the therapeutic strategy for treatment.

The alternative splicing (AS) or differential splicing is a regulatory genetic mechanism of choosing different combinations of splice-sites in an mRNA precursor (pre-mRNA) to form variably spliced mRNAs. These events contribute significantly to the etiopathogenesis of OC. In our previous systematic review, we have highlighted the RNA-seq based studies which depicted the role of AS in Head and Neck cancer (HNC) (3). Through this review, we have noticed that the role of AS events at different locations of OC had not been addressed in the available literature. To fill this research gap, we aim to study the variability in the AS events at two different locations of OC i.e. tongue and gingiva.

Materials and Methods

In order to understand the AS events at different locations of OC, the screening of the RNA-seq data was undertaken on Sequence Read Archive (SRA) data repository on 29th September 2020. Briefly, the search terms "oral cancer [All Fields] AND "Homo sapiens"[orgn] AND ("biomol rna"[Properties] AND "library layout paired" [Properties] AND "platform illumina"[Properties] AND "filetype fastq"[Properties])" were used for screening the data/sequences. The detailed search strategy is illustrated in Figure 1. Briefly, a total of 45 paired-end RNA-seq data were obtained from SRA. Of these, 21 paired-end sequences were on OC cell lines and hence excluded from the study (Table 1). The remaining 24 paired-end OC (tongue 13, gingival 11) sequences were included following the inclusion/exclusion criteria mentioned below. All these sequences were from a study by Bhattacharya et al. (4).

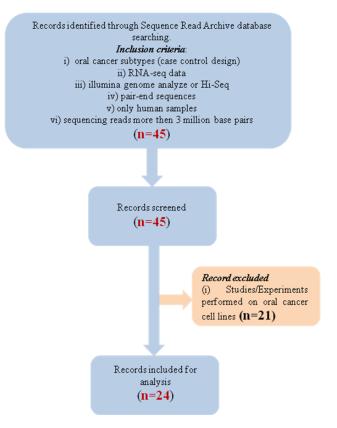


Figure 1. Detailed description of the records being screened.

Inclusion criteria

i) Oral cancer at the selected location (case-control design).

ii) RNA-seq data.

iii) Sequencing performed on Illumina genome analyzer or Hi-Seq.

iv) Pair-end sequencing reads.

Exclusion criteria

i) Sequencing performed on a platform other than Illumina.

ii) Samples other than humans.

iii) Sequencing reads less than 3 million base pairs.

The raw fastq reads were downloaded and accessed for high-quality sequences using the FastQC program. The software Trimmomatic (v0.40) was used for trimming the sequences and removing the adapter content. For trimming, the parameters HEADCROP:12 TRAILING:1 SLIDINGWINDOW:4:20 MINLEN:50 were used. The mapping of the reads with the human genome (GRCh38) was done through Tophat using default parameters, followed by assembly through Cufflinks. The differentially spliced genes were identified through Cuffdiff using Jensen–Shannon divergence test between isoforms. P-value <0.05 was considered to be significant. The ClueGO (v2.5.8) tool

in Cytoscape app manager (v3.7.1) was used for gene set enrichment analysis (GSEA) keeping false discovery rate (FDR <=0.05), two-sided hypergeometric test with Bonferroni step down correction and kappa score 0.4 with other default parameter was used for GO biological process and molecular function.

Table 1. Details of screening and samples being excluded or included.

Sample type	Layout	Inclusion/Exclusion remark	
RNAseq_HSC2_10mM	Paired	Oral cancer cell line HSC2 treated with 10mM metformin. Since the	
	end	study is on cell line it is excluded from the analysis.	
DNAsag USC2 control	Paired	Oral cancer cell line HSC2 without Metformin. Since the study is or	
RNAseq_HSC2_control	end	cell line it is excluded from the analysis.	
DNIA	Paired	Oral cancer cell line Cal27 treated with 10mM metformin. Since the	
RNAseq_Cal27_10mM	end	study is on cell line it is excluded from the analysis.	
	Paired	Oral cancer cell line Cal27 without Metformin. Since the study is on	
RNAseq_Cal27_control	end	cell line it is excluded from the analysis.	
CSM4726150: tongua0, A64024: Home	Paired		
GSM4726150: tongue9-A64034; Homo		Included	
sapiens; RNA-Seq	end		
GSM4726149: tongue8-A64033; Homo	Paired	Included	
sapiens; RNA-Seq	end		
GSM4726148: tongue7-A64032; Homo	Paired	Tu shuda d	
sapiens; RNA-Seq	end	Included	
GSM4726147: tongue6-A64031; Homo	Paired	T 1 1 1	
sapiens; RNA-Seq	end	Included	
GSM4726146: tongue5-A64029; Homo	Paired	T 1 1 1	
sapiens; RNA-Seq	end	Included	
GSM4726145: tongue4-A64028; Homo	Paired	Te also da d	
sapiens; RNA-Seq	end	Included	
GSM4726144: tongue3-A64027; Homo	Paired	Tu shu da d	
sapiens; RNA-Seq	end	Included	
GSM4726143: tongue2-A64025; Homo	Paired	Included	
sapiens; RNA-Seq	end	Included	
GSM4726142: tongue10-A64036;	Paired	Included	
Homo sapiens; RNA-Seq	end	Included	
GSM4726141: tongue1-A64024; Homo	Paired	Included	
sapiens; RNA-Seq	end	Included	
GSM4726140: tcont3-A64037; Homo	Paired	Included	
sapiens; RNA-Seq	end	Included	
GSM4726139: tcont2-A64035; Homo	Paired	Included	
sapiens; RNA-Seq	end	Included	
GSM4726139: tcont2-A64035; Homo	Paired	Included	
sapiens; RNA-Seq	end		
GSM4726137: gingiva9-A64048; Homo	Paired	Included	
sapiens; RNA-Seq	end	included	
GSM4726136: gingiva8-A64047; Homo	Paired	Included	
sapiens; RNA-Seq	end		
GSM4726135: gingiva7-A64046; Homo	Paired	Included	
sapiens; RNA-Seq	end		
GSM4726134: gingiva6-A64045; Homo	Paired	Included	
sapiens; RNA-Seq	end		

GSM4726133: gingiva5-A64044; Homo sapiens; RNA-Seq	Paired end	Included
GSM4726132: gingiva4-A64043; Homo	Paired	
sapiens; RNA-Seq	end	Included
GSM4726131: gingiva3-A64041; Homo	Paired	x , , , ,
sapiens; RNA-Seq	end	Included
GSM4726130: gingiva2-A64040; Homo	Paired	Included
sapiens; RNA-Seq	end	Included
GSM4726129: gingiva1-A64039; Homo	Paired	Included
sapiens; RNA-Seq	end	included
GSM4726128: gcont2-A64042; Homo	Paired	Included
sapiens; RNA-Seq	end	
GSM4726127: gcont1-A64038; Homo	Paired	Included
sapiens; RNA-Seq	end	O 1
GSM4550990: TW2.6; Homo sapiens;	Paired	Oral cancer cell line TW2. Since the study is on cell line it is excluded from the analysis
RNA-Seq GSM4550989: OEC-M1; Homo	end Paired	Oral cancer cell line OEC-M1. Since the study is on cell line it is
sapiens; RNA-Seq	end	excluded from the analysis
GSM4550988: OC3; Homo sapiens;	Paired	Oral cancer cell line OC3. Since the study is on cell line it is excluded
RNA-Seq	end	from the analysis
GSM4550987: CGHNC9; Homo	Paired	Oral cancer cell line CGHNC9. Since the study is on cell line it is
sapiens; RNA-Seq	end	excluded from the analysis
GSM4550986: CGHNC8; Homo	Paired	Oral cancer cell line CGHNC9. Since the study is on cell line it is
sapiens; RNA-Seq	end	excluded from the analysis
GSM4550985: CGHNK6; Homo	Paired	Oral Keratinocyte cell line CGHNK6. Since the study is on cell line it
sapiens; RNA-Seq	end	is excluded from the analysis
GSM4550984: CGHNK2; Homo	Paired	Oral Keratinocyte cell line CGHNK2. Since the study is on cell line it
sapiens; RNA-Seq	end	is excluded from the analysis
RNA-Seq_SAS_control	Paired	Human tongue squamous cell carcinoma cell line control. Since the
Rivi Seq_5/15_control	end	study is on cell line it is excluded from the analysis
I	Paired	Human tongue squamous cell carcinoma cell line case treated with
RNA-Seq_SAS_HGK	end	Hydroxygenkwanin drug. Since the study is on cell line it is excluded
	D 1	from the analysis
RNA-Seq_OECM_control	Paired end	Human gingival squamous carcinoma cell line control. Since the study
	enu	is on cell line it is excluded from the analysis Human gingival squamous carcinoma cell line treated with
RNA-Seq_OECM_HGK	Paired	Hydroxygenkwanin drug. Since the study is on cell line it is excluded
RNA-Seq_OECM_HGK	end	from the analysis
		Oral cancer cell line transfected with gene HuR-CP1 (HuR cleavage
HuR-CP1 (HuR cleavage product-	Paired	product-1). Since the study is on cell line it is excluded from the
1)+134; Homo sapiens; RNA-Seq	end	analysis
	D ' 1	Oral cancer cell line transfected with gene HuR-D226A (asp-aln
HuR-D226A (asp-aln mutant)_133; Homo sapiens; RNA-Seq	Paired end	mutant)_133. Since the study is on cell line it is excluded from the
Homo sapiens, KNA-Seq	enu	analysis
HUR FL (full-length HuR)_132; Homo	Paired	Oral cancer cell line transfected with gene HUR FL (full-length
	end	HuR)_132. Since the study is on cell line it is excluded from the
		analysis
GFP control_131; Homo sapiens; RNA-	Paired	Oral cancer cell line control (GFP control). Since the study is on cell
Seq	end	line it is excluded from the analysis
CELF1 KD replicate 1; Homo sapiens;	Paired	Si CELF1 treated tongue suqamous cell carcinoma cell line. Since the
RNA-Seq	end Doired	study is on cell line it is excluded from the analysis
WT replicate 1; Homo sapiens; RNA-	Paired	Tongue squamous cell carcinoma cell line control. Since the study is
Seq	end	on cell line it is excluded from the analysis

Results

A total of 83 genes were found to be significantly alternatively spliced when a comparison was made between normal tissues and tumor tissue samples obtained from the gingiva region (p<0.05). Similarly, 39 genes were found to be significantly alternatively spliced when a comparison was made between normal tissues and tumor tissue samples obtained from the tongue region (Table 2).

Of these, only 4 genes i.e. *AHR*, *AL356488.2*, *KREMEN1*, *SH3TC1* were found to be commonly alternatively spliced in gingiva as well as tongue whereas others were unique to the location, that is, either gingiva or tongue (Figure 2).

Table 2. Details of differentially spliced genes in samples obtained from gingiva and tongue region of oral cancer.

Gingiva	Tongue
AC010323.1, NDUFA7	ABR
AHR	AHR
AL049629.2	AKR1C2
AL356488.2	AL356488.2
ANKRD11	AP1S1
ASCC2	ATP6V1E1
ASDURF, ASNSD1	ATP9B
ATF5	ATXN1
ATP13A2	BAZ1B
ATP5F1B	CDC37, MIR1181
BID	COL4A5
CCT5	COL5A1
COL12A1	DIS3L2
COL7A1	EGLN1
CORO2A	FBLIM1
CPSF1	GAMT
CTU2	GNB1
E2F3	IFI16
EMP3	JUP
ERAP1	KREMEN1
EXOC4	LIMK2
FBLN2	LMF2
FEZ1	MED14
FMNL2	NAPRT
GFOD1	NFATC3
GPD2	NRBF2
GTF3C1	NSUN5
HJURP	PIGP
HMBS	PLEKHG5
HP1BP3	S100A13
HSPBP1	SH3TC1
IK,MIR3655	SLC38A7

INF2	SPP1
INPP4A	TAB3
ISOC2	TENM4
KCTD15	TRIB2
KIAA1217	TYK2
KREMEN1	USP22
LMTK2	VWA1
LPXN	
MARF1	
MCM3AP	
MGAT4B	
NDRG1	
NMD3	
NOL7	
PAFAH1B1	
PDCD11	
PIP5K1C	
PLCD3	
PNKP	
POLA1	
PPP1CC	
PPP1R14B-AS1	
PRRC2A	
PSMD2	
SACM1L	
SEC14L1	
SH3TC1	
SIJCI SLC3A2	
SNIP1	
STARD3NL	
SUN1	
TAF13	
TASP1	
TBC1D23	
TDRD7	
TGFA	
TJP2	
TMEM131L	
TMEM138	
TMEM177	
TNFRSF10A	
TNRC6B	
TPM1	
TTC38	
TXNIP	
UGP2	
VPS18	
YBX3	
ZC3HAV1	
ZFAND6	
ZMIZ1	

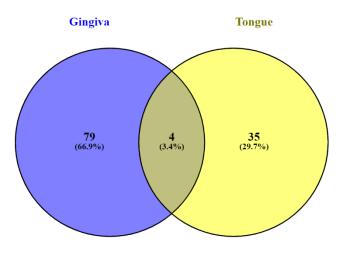


Figure 2. Details of differentially spliced genes in samples obtained from gingiva and tongue region of oral cancer.

Gene set enrichment analysis

Gingiva: The GSEA of AS genes revealed their significant association with cell death cycles, vesicle targeting, and tethering processes, inositol phosphate metabolism process, Charcot-Marie-Tooth disease, and cerebral cortex radial glia guided migration signaling (Figure 3a).

Tongue: The GSEA of the genes AS in the tongue revealed their role in prostaglandin signaling, formation of collagen trimers, poly-pyrimidine binding, and regulation of neuron projection regeneration (Figure 3b).

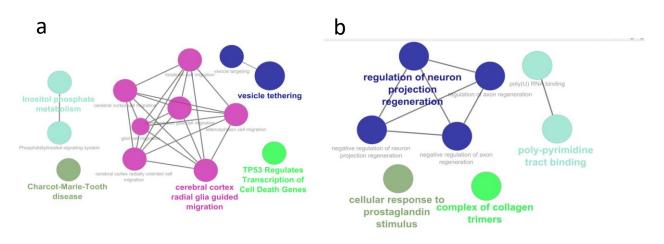


Figure 3. Depiction of gene set enrichment analysis for biological processes and cellular signals associated with differentially spliced genes in tongue (a) and gingiva (b).

Discussion

The result of this study suggests that variability in the AS events exists at the location level in OC. Hence, to understand the etiology of OC at the genetic level, the location from where the samples are obtained is an important parameter that needs to be considered. Understanding the signature of AS events, at the gene level, at different locations of OC may help us in developing molecular target/s for early prediction/diagnosis of OC. Moreover, it may also be useful in deciding the best therapeutic option from the available ones, for the management/treatment of OC.

The gene set enrichment analysis (GSEA) of the alternatively spliced genes revealed various genes whose role in cancer development has already been well defined, for instance, the genes that code for INPP4A, and PLCD3 were found to be alternatively spliced, play a significant role in inositol phosphate metabolism. The suppressed *INPP4A* gene leads to enhanced PIP3 level which promotes AKT1-dependent tumor growth and subsequent metastasis (5). The phospholipase C delta 3, i.e. PLCD3 is anti apoptosis molecule that plays a significant role in cancer cell proliferation and migration. The other gene CCT5 chaperonin has been found to be upregulated in p53-mutated tumors (6) and has been suggested as a

potential cancer biomarker (7). The ZC3HAV1 regulates KRAS and acts as metastasis-promoting factor in pancreatic cancer (8). Another gene EXOC4 and VPS18 play an imperative role in vesicles docking involved in exocytosis. The gene prostaglandin E2 (PGE2) acts as a stimulator for tumor progression (9). High expression of the prostaglandin receptors has been observed in squamous cell carcinomas. The genes coding for AKR1C2 and GNB1 proteins were found to be differentially spliced which are linked with prostaglandin stimulus. We also noticed differential splicing in mRNA of genes coding for COL4A5 and COL5A1 in tongue and COL12A1 and COL7A1 in gingival cancerous tissue, which is responsible for the formation of collagen trimers and the formation of larger collagen molecules. Finally higher expression of Ataxin-1 (ATXN1), a proto-oncogene, has been reported in cervical cancer and considered as a potent tumor genetic factor (10). Cancer-causing genes show differential splicing which projects the roles of different isoforms for tumorigenesis and maintaining the mRNA expression to a threshold tumorigenic stage. Overall, the genes related to carcinogenesis, cancer progression, and metastasis show AS which points toward the role of different isoforms to establish the cancer cells.

The functional validation of the AS genes is needed to confirm the findings. However, we report the genes whose role in other cancers is already well defined. Further, studies at other locations of OC such as lips, floor of the mouth, etc are needed to decipher the role of AS events in metastatic OC. We were unable to segregate the data based on nodal status in metastatic OC as directed in the study by Bhattacharya et el.,⁴. Studying AS in OC in relation to the nodal status will be helpful to understand the association between its genetic and clinical features. We have performed analysis on 24 paired-end OC samples that were freely available in the data repositories. However, due to the limited sample size, there is a possibility that some genes might be alternatively spliced but have been missed as they did not reach the significant statistical cutoff. A more profound analysis of a larger dataset is required to critically analyze and understand the role of AS events in OC.

Conclusion

Genome-wide AS events at different locations of OC vary which needs thorough investigation for defining the treatment strategy.

Author contributions

VS and **SG** designed the study, **VS** and **DK** collected the information and analyzed the data, and wrote the first draft of the manuscript. **HS** reviewed the manuscript. **SG** led the group, reviewed, and wrote the final draft.

Conflict of interest

The authors declare that they have no competing interests.

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