

Screening key IncRNAs and mRNAs for left-sided and right-sided colon adenocarcinoma based on IncRNA-mRNA functional synergistic network

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Background: The difference between right-sided colon adenocarcinoma (RSCOAD) and left-sided colon adenocarcinoma (LSCOAD) patients has been a controversial issue. The purpose of this study was to screen key lncRNAs and mRNAs in RSCOAD and LSCOAD.

Methods: We used The Cancer Genome Atlas (TCGA) data to screen differentially expressed lncRNAs (DElncRNAs) and mRNAs (DEmRNAs). The optimal diagnostic lncRNA biomarkers for RSCOAD and LSCOAD were identified using Boruta algorithm. DEmRNA-DElncRNA interaction analysis was constructed. DEmRNAs co-expressed with DElncRNAs were functionally annotated. The expression of selected DElncRNAs and DEmRNAs were verified by qRT-PCR.

Results: A total of 2,672 DEmRNAs (1,050 down-regulated and 1,622 up-regulated mRNAs) and 453 DElncRNAs (139 down-regulated and 314 up-regulated lncRNAs) between RSCOAD and LSCOAD were identified. We also obtained 31 optimal diagnostic lncRNAs biomarkers in RSCOAD compared to LSCOAD. The AUC of the random forests model was 0.902 and the specificity and sensitivity of this model were 83.5% and 82.1%, respectively. Three DElncRNAs (*HAGLR*, *HOXB-AS3* and *SATB2-AS1*) and three DEmRNAs (*HOXD1*, *HOXB3* and *SATB2*) were identified as key DElncRNAs and DEmRNAs, respectively. Age, residual tumor, stage, and M were independent predictors of survival. The qRT-PCR analysis were consistent with our TCGA integration analysis, generally.

Conclusions: *HOXD1*, *HOXB3* and *SATB2*, *HAGLR*, *HOXB-AS3* and *SATB2-AS1* may be involved in the pathogenesis of RSCOAD and LSCOAD, and may contribute to the understanding of the pathological mechanism of RSCOAD and LSCOAD.

Keywords: Right-sided colon adenocarcinoma (RSCOAD); left-sided colon adenocarcinoma (LSCOAD); The Cancer Genome Atlas (TCGA); differentially expressed mRNAs (DEmRNAs); differentially expressed lncRNAs (DElncRNAs); DElncRNAs-DEmRNAs co-expression

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Introduction

Colon cancer is the fourth most malignant tumor worldwide and the fifth leading cause of cancer-related death (1). A growing body of studies suggests that right-sided colon adenocarcinoma (RSCOAD) and left-sided colon adenocarcinoma (LSCOAD) should be recognized as two distinct categories of cancer (2,3). Recently, the differences between RSCOAD and LSCOAD have attracted people's attention due to their different outcomes, prognoses, and clinical responses to chemotherapy (2). Primary tumor location associates with survival in patients with metastatic COAD (4). Therefore, it has become an urgent tissue to find the key molecular markers of RSCOAD and LSCOAD.

With the development of gene expression profiles, bioinformatics have become most common used strategies to screen key biomarkers in a variety of diseases (5-7). The miRNAs associated with RSCOAD and LSCOAD has been reported in our previous study (8). In recent years, a large number of evidence suggests that abnormal expression of lncRNA contributes to the development of human cancer (9-11). LncRNA plays a vital role in biological processes including cancer cells proliferation, metastasis and apoptosis (12,13). However, research for lncRNA underlying biomarkers in RSCOAD and LSCOAD is rarely. Thence, screening for pivotal lncRNAs is essential for understanding pathological mechanism of RSCOAD and LSCOAD. In this study, we obtained the lncRNA and mRNA expression data of RSCOAD and LSCOAD patients from TCGA, and tried to identify the optimal diagnostic lncRNA biomarkers using Boruta algorithm. The differentially expressed mRNA (DEmRNA)differentially expressed lncRNA (DElncRNA) interaction analysis was performed to uncover the key DElncRNA in RSCOAD and LSCOAD. The qRT-PCR was applied to validate the candidate DEmRNAs and DElncRNAs. To our knowledge, this is the first time to find key lncRNAs in RSCOAD and LSCOAD using random forest model.

Methods

Integrated profiles in The Cancer Genome Atlas (TCGA)

In this study, the lncRNA and mRNA gene expression profiles and clinical data of RSCOAD and LSCOAD was download from TCGA (http://tcga-data.nci.nih.gov/). The inclusion criteria for the present study were: (I) histological type is COAD. (II) Anatomic neoplasm subdivision type includes ascending colon, sigmoid colon, cecum and descending colon.

Identification DElncRNAs and DEmRNAs between RSCOAD and LSCOAD

We filtered and deleted the undetectable lncRNAs and mRNAs (with read count value =0 in more than 20% RSCOAD case or in more than 20% LSCOAD). The DElncRNAs and DEmRNAs between RSCOAD and LSCOAD was calculate using the R-Bioconductor package DESeq2, and the P value was then calculated. Multiple comparisons were performed by the Benjamini and Hochberg approach, and the false discovery rate (FDR) was then obtain the. DElncRNAs and DEmRNAs were defined with the thresholds of FDR <0.01. The R package was used to perform the hierarchical clustering analysis of DElncRNAs and DEmRNAs.

Features selection

Feature selection can readily remove redundant and irrelevant features, thereby further improving the performance of a classifier. Boruta algorithm (https://cran. r-project.org/web/packages/Boruta/) was used to minimize errors of random forest model and further obtain an optimal feature subset. In the algorithm of Boruta, we used the Z-score as measurement criteria.

DEmRNA-DElncRNA interaction analysis

To identify the DEmRNAs near DElncRNAs with cisregulatory effects, DEmRNAs transcribed within a 100 kb window up- or down-stream of DElncRNAs in RSCOAD and LSCOAD were identified. The DEmRNAs co-expressed with DElncRNAs were identified as well. Pairwise Pearson correlation coefficient between DEmRNAs and DElncRNAs were calculated. DElncRNA-DEmRNA pairs with |r|>0.7 and P<0.05 were defined as significant mRNA-lncRNA co-expression pairs. The DEmRNA-DElncRNA interaction network were construct by the Cytoscape software (http://www. cytoscape.org/).

Functional annotation

To uncover the biological functions of the DEmRNA co-expressed with DElncRNA, GO classification and KEGG pathway enrichment analysis were executed using Metascape (http://metascape.org/gp/index.html). A FDR <0.05 was defined as the criteria of statistical significance. 2314

Survival analysis

By using the survival analysis (https://cran.r-project.org/web/ packages/survival/index.html) in R, we analyzed the association

Table 1 Primer sequences used for qRT-PCR

Name	Sequence (5' to 3')
GAPDH-F	GGAGCGAGATCCCTCCAAAAT
GAPDH-R	GGCTGTTGTCATACTTCTCATGG
CYP4F2-F	GAGGGTAGTGCCTGTTTGGAT
CYP4F2-R	CAGGAGGATCTCATGGTGTCTT
HOXB3-F	CCAGTGCCACTAGCAACAG
HOXB3-R	CGTTTGCCTCGACTCTTTCATC
HOXD1-F	CGGGTCTCACGTCCACTAC
HOXD1-R	GATGCGGTCTGGAAAGCAC
UCA1-F	CGGACATGCTTGACACTTGGT
UCA1-R	CAGTCTTCAGCCACTAAGCCG
HOXB-AS3-F	AAGTAGAGCCTCCACGACCC
HOXB-AS3-R	GAGGAAACGGCCGGTCAATC
HAGLR-F	GATTTGGTCCAAGCCCTCACC
HAGLR-R	AGTGTCATTTGCGGCTTAGGG

CDCCCAD TOOLD

between clinical factors and the survival rate of RSCOAD and LSCOAD patients. Univariate Cox regression analysis was performed for each clinical factor. Multivariate Cox regression analysis was conducted for survival factors obtained by univariate Cox regression. P<0.05 was considered statistically significant.

Confirmation by qRT-PCR

Fourteen tissues samples of RSCOAD patients (n=7) and LSCOAD patients (n=7) were obtained. Informed written consent was obtained from all participants. The study was approved by institutional ethics committee of Nankai Hospital of Tianjin [No. NKYY_YXKT(B)_ IRB_2019_101_01].

The qRT-PCR was performed as previously reported (8). The PCR primers used are listed in Table 1.

Results

DEmRNAs and DElncRNAs between RSCOAD and LSCOAD

The clinical data of 156 RSCOAD and 158 LSCOAD patients were shown in Table 2. We obtained the mRNA and lncRNA expression profiles of 156 RSCOAD and 158 LSCOAD patients from TCGA. A total of 2,672

Table 2 Characteristics of RSCOAD vs. LSCOAD patients								
Clinicopathological parameters	RSCOAD [156] LSCOAD [158]		Total [314]	Р				
Age				0.001				
Mean ± SD	69.391±12.473	64.899±12.095	67.131±12.469					
Median	71	66	68					
Gender				0.644				
Female	69	75	144					
Male	87	83	170					
Weight				0.869				
Mean ± SD	81.365±21.508	81.907±19.990	81.608±20.780					
Median	79.6	78.25	78.9					
NA	67	86	153					
Race				0.135				
White	72	66	138					
Black or African American	28	12	40					
ASIAN	4	3	7					
NA	52	77	129					

Table 2 (continued)

Table 2 (continued)

Clinicopathological parameters RSCOAD [156] LSCOAD [158] Total [314] P Lymph node count					
Lymph node count 0.013 Men ± SD 23.660±11.017 22.144±15.642 22.900±13.665 Median 22 18 20 NA 9 6 51 Lymphatic invasion 0.113 78 52 67 119 110 Na 88 75 163 133 111<	Clinicopathological parameters	RSCOAD [156]	LSCOAD [158]	Total [314]	Р
Mean ± SD 23.660±11.017 22.164±15.642 22.90±13.565 Median 22 18 20 NA 9 6 10 Lymphatic invasion 0.113 0.115 Yes 52 67 119 No 88 75 163 NA 16 32 191 No 88 75 163 NA 16 32 191 Na 2.243x5.531 1.914x3.912 2.075x4.766 Median 0 0 0 19 Median 12 7 19 NA 12 7 19 Na 19 14 33 Preoperative pretreatment CEA level 0.290 2.477x1235.197 Mean ± SD 43.619±267.729 52.469±197.436 47.977±235.197 Median 2.8 3.175 2.93 RA 19 116 228 R1 2 0 2	Lymph node count				0.013
Median 22 18 20 NA 9 6 15 Lymphatic invasion 52 67 119 No 88 75 163 NA 16 16 32 Number of positive lymph node 0 0 0 Mean ± SD 2.243±5.531 1.914±3.912 2.075±4.766 Median 0 0 0 0 NA 12 7 1.91 NA 12 7 1.91 Vith tumor 68 86 154 Tumor free 69 58 127 NA 19 14 33 Preoperative pretreatment CEA level 0.92 10 Median 2.8 3.175 2.93 NA 55 60 116 Rid 2.0 2.9 10 Rid 2.6 2.459±197.436 16.9 Rid 2.6 2.16 16 <td>Mean ± SD</td> <td>23.660±11.017</td> <td>22.164±15.642</td> <td>22.900±13.565</td> <td></td>	Mean ± SD	23.660±11.017	22.164±15.642	22.900±13.565	
NA 9 6 15 Lymphatic invasion 52 67 119 Yes 52 67 163 NA 16 16 32 Number of positive lymph node 16 16 32 Man ± SD 2.243±5.531 1.914±3.912 2.075±4.766 Median 0 0 0 No 10 0 0 Na 10 10 0 Na 10 0 0 Na 10 10 0 Na 10 10 0 Na 10 14 33 Tumor free 69 58 127 NA 19 14 34 Tumor free 69 58 127 Mean ± SD 43.619±267.729 52.469±197.436 47.977±263.197 Median 2.8 3.175 2.93 NA 55 60 115 Rid 2.0 2.9 10 Rid 2.6 14 20 Rid 10 6 16 NA 26 22 48 Rid 29 26 55	Median	22	18	20	
Lymphatic invasion 0.113 Yes 52 67 119 No 88 75 163 Na 16 16 32 Number of positive lymph node 0 0 0 Mean ± SD 2.243±5.531 1.914±3.912 2.075±4.766 Median 0 0 0 0 NA 12 7 19 114 Na 12 7 19 114 Na 19 14 33 114 Tumor free 68 86 154 114 Preoperative pretreatment CEA level 52.469±197.436 47.977±235.197 128 Mean ± SD 43.619±267.729 52.469±197.436 47.977±235.197 14 33 Na 2.8 3.175 2.93 14 24 14 24 Redidual tumor 112 116 28 14 14 14 14 14 14 14 14 14 <td>NA</td> <td>9</td> <td>6</td> <td>15</td> <td></td>	NA	9	6	15	
Yes 52 67 119 No 88 75 163 NA 16 16 32 Number of positive lymph node 2.43±5.531 1.914±3.912 2.075±4.766 Median 0 0 0 0 NA 12 7 19 10 Neoplasm cancer status 68 86 154 10 With tumor 68 86 154 10 10 10 NA 12 7 19 10	Lymphatic invasion				0.113
No 88 75 163 NA 16 16 32 Numer of positive lymph node 2.243±5.531 1.914±3.912 2.075±4.766 Mean ± SD 2.243±5.531 1.914±3.912 2.075±4.766 Median 0 0 0 NA 12 7 19 Neoplasm cancer status 0 0 0.114 With tumor 68 86 154 Tumor free 69 58 127 NA 19 14 33 Preoperative pretreatment CEA level 52.469±197.436 47.977±236.197 Mean ± SD 43.619±67.729 52.469±197.436 47.977±236.197 Mean ± SD 43.619±67.729 52.469±197.436 154 NA 55 60 154 Residual tumor 28 163 168 R1 2 0 2 2 R2 6 14 20 4 R2 6 16	Yes	52	67	119	
NA 16 16 32 Number of positive lymph note 0 0.194 Mean ± SD 2.243±5.531 1.914±3.912 2.075±4.766 Median 0 0 0 NA 12 7 19 Neoplasm cancer status 0.112 7 19 With tumor 68 86 154 Tumor free 69 58 127 NA 19 14 33 Preoperative pretreatment CEA level 52.469±197.436 47.977±235.197 Median 2.8 3.175 2.93 NA 55 60 115 Residual tumor 112 116 228 R1 2 0 2 R2 10 6 16 NA 26 22 48 Stage I 29 26 55 Stage II 65 53 118 Stage II 34 49 49 NA 29 26 55 Stage II 65 53 118 Stage II 65 53 189 NA 29 26 49 NA 29 <t< td=""><td>No</td><td>88</td><td>75</td><td>163</td><td></td></t<>	No	88	75	163	
Number of positive lymph node 0.196 Mean ± SD 2.243±5.531 1.914±3.912 2.075±4.766 Median 0 0 0 Nak 12 7 19 Neoplasm cancer status 0.196 0 0 With tumor 68 86 154 114 With tumor 69 58 127 N NA 19 14 33 19 Preoperative pretreatment CEA level 0.293 47.977±235.197 10.293 Median 2.8 3.175 2.93 10.105 Residual tumor 2.8 3.175 2.93 10.105 Ri 2 0 10 10 10 Ri 2 0 2.93 10 10 10 Rix 112 116 2.28 10 10 10 10 10 Rix 26 22 48 10 10 10 10 St	NA	16	16	32	
Mean ± SD 2.243±5.531 1.914±3.912 2.075±4.766 Median 0 0 0 NA 12 7 19 Neoplasm cancer status 0 0 0 With tumor 68 86 154 Tumor free 69 58 127 NA 19 14 33 Preoperative pretreatment CEA level 0.203 47.977±235.197 Median 2.8 3.175 2.93 NA 55 60 115 Residual tumor 2.8 3.175 2.93 R1 2 0 2 R2 6 14 20 R3 10 6 16 NA 26 22 48 Stage I 29 26 55 Stage III 34 49 83 Stage III 34 49 49 NA 21 28 49 NA	Number of positive lymph node				0.196
Median 0 0 0 NA 12 7 19 Neoplasm cancer status 0.114 10 10 Wth tumor 68 86 154 10 Tumor free 69 58 127 14 NA 19 14 33 14 Preoprisive pretreatment CEA level 68 3175 2.93 14 Median 2.5 3175 2.93 16 16 NA 55 60 115 16 16 16 Residual tumor 112 116 228 16 16 17 17 RA 20 2 48 10 16 17 17 Stage I 26 25 51 16 17 17 17 Stage III 65 53 118 18 14 14 14 14 Stage III 34 49 83 14	Mean ± SD	2.243±5.531	1.914±3.912	2.075±4.766	
NA 12 7 19 Neoplasm cancer status 0.114 With tumor 68 86 154 Tumor free 69 58 127 NA 19 14 33 Preoperative pretreatment CEA level 0 43.619±267.729 52.469±197.436 47.077±235.197 Median 2.8 3.175 2.93 10 10 Redian 2.8 3.175 2.93 10 Redian 2.8 116 228 10 R1 2 0 2 10 10 R2 6 14 20 11 10 Stage I 29 26 55 53 118 Stage IV 21 28 49 49 M0 111	Median	0	0	0	
Neoplasm cancer status 0.114 With tumor 68 86 154 Tumor free 69 58 127 NA 19 14 33 Preoperative pretreatment CEA lavel 24.69±197.436 47.977±255.197 2.433 Median 2.8 3.175 2.93 14 Redian 2.8 3.175 2.93 14 Redian 2.8 3.175 2.93 14 15 Redian 2.8 3.175 2.93 14 15 16 Rediant tumor 6.0 115 16 <td< td=""><td>NA</td><td>12</td><td>7</td><td>19</td><td></td></td<>	NA	12	7	19	
With tumor 68 86 154 Tumor free 69 58 127 NA 19 14 33 Preoperative pretreatment CEA level 0.290 43.619±267.729 52.469±197.436 47.977±235.197 Median 2.8 3.175 2.93 115 Residual tumor 2.8 3.175 2.93 100 R0 112 116 228 100 100 R1 2 0 2 100 110 <td< td=""><td>Neoplasm cancer status</td><td></td><td></td><td></td><td>0.114</td></td<>	Neoplasm cancer status				0.114
Tumor free 69 58 127 NA 19 14 33 Preoperative pretreatment CEA level 0.290 Mean ± SD 43.619±267.729 52.469±197.436 47.977±235.197 Median 2.8 3.175 2.93 NA 55 60 115 Residual tumor 0.105 2.00 2 R1 2 0 2 0 R2 6 14 20 0 RX 10 6 16 0 NA 26 22 48 0 0 Stage I 29 26 55 0 0 0 Stage II 34 49 83 0 0 0 0 NA 7 2 9 0 0 0 0 0 0 Stage IV 21 28 49 0 0 0 0 0 0 0 <t< td=""><td>With tumor</td><td>68</td><td>86</td><td>154</td><td></td></t<>	With tumor	68	86	154	
NA 19 14 33 Preoperative pretreatment CEA level 0.200 Mean ± SD 43.619±267.729 52.469±197.436 47.977±235.197 Median 2.8 3.175 2.93 NA 55 60 115 Residual tumor 0.102 116 228 R1 2 0 2 R2 6 14 20 R4 10 6 16 NA 26 22 48 Stage 29 26 55 Stage II 34 49 83 Stage II 34 49 83 Stage II 34 49 83 NA 7 2 9 MA 7 2 9 MA 71 118 229 MO 111 118 229 M1 21 28 49 MX 20 11 31	Tumor free	69	58	127	
Preoperative pretreatment CEA level 0.290 Mean ± SD 43.619±267.729 52.469±197.436 47.977±235.197 Median 2.8 3.175 2.93 NA 55 60 115 Residual tumor 0.105 0.105 0.105 R0 112 116 228 0.105 R1 2 0 2 0 2 0 2 R2 6 14 20 0 2 0 <t< td=""><td>NA</td><td>19</td><td>14</td><td>33</td><td></td></t<>	NA	19	14	33	
Mean ± SD 43.619±267.729 52.469±197.436 47.977±235.197 Median 2.8 3.175 2.93 NA 55 60 115 Residual tumor 0.105 0.105 R0 112 116 228 R1 2 0 2 R2 6 14 20 RX 10 6 16 NA 26 22 48 Stage I 29 26 55 Stage III 34 49 83 Stage IV 21 28 49 NA 7 2 9 M 7 2 9 M 7 2 9 M 71 118 229 M1 111 118 229 M1 21 28 49 M2 20 11 31	Preoperative pretreatment CEA level				0.290
Median 2.8 3.175 2.93 NA 55 60 115 Residual tumor 0.102 0.103 R0 112 116 228 R1 2 0 2 R2 6 14 20 RX 10 6 16 NA 26 22 48 Stage I 29 26 55 Stage II 65 53 118 Stage III 34 49 63 NA 7 2 9 M 7 2 9 M 7 2 9 M 7 2 9 M 111 118 229 M1 21 28 49 M2 12 28 49 M2 20 11 31	Mean ± SD	43.619±267.729	52.469±197.436	47.977±235.197	
NA 55 60 115 Residual tumor 0.102 0.00 R0 112 116 228 R1 2 0 2 R2 6 14 20 RX 10 6 16 NA 26 22 48 Stage 29 26 55 Stage II 65 53 118 Stage IV 21 28 49 NA 7 2 9 M 7 2 9 M1 118 229 M1 21 28 49 M2 21 28 49 M2 21 28 49 M2 21 28 49 M2 20 </td <td>Median</td> <td>2.8</td> <td>3.175</td> <td>2.93</td> <td></td>	Median	2.8	3.175	2.93	
Residual tumor 0.102 R0 112 116 228 R1 2 0 2 R2 6 14 20 RX 10 6 16 NA 26 22 48 Stage 29 26 55 Stage II 65 53 118 Stage IV 21 28 49 NA 7 2 9 M 71 118 229 M1 21 28 49 MX 20 11 31	NA	55	60	115	
R0 112 116 228 R1 2 0 2 R2 6 14 20 RX 10 6 16 NA 26 22 48 Stage I 29 26 55 Stage II 65 53 118 Stage IV 21 28 49 NA 7 2 9 M0 111 118 229 M1 20 11 31	Residual tumor				0.105
R1 2 0 2 R2 6 14 20 RX 10 6 16 NA 26 22 48 Stage I 29 26 55 Stage II 65 53 118 Stage IV 21 28 49 NA 7 2 9 M0 111 118 229 M1 20 11 31	R0	112	116	228	
R2 6 14 20 RX 10 6 16 NA 26 22 48 Stage I 29 26 55 Stage II 65 53 118 Stage IV 21 28 49 NA 7 2 9 M0 111 118 229 M1 20 11 31	R1	2	0	2	
RX 10 6 16 NA 26 22 48 Stage 29 26 55 Stage II 65 53 118 Stage III 34 49 83 Stage IV 21 28 49 NA 7 2 9 MO 111 118 229 M1 20 11 31	R2	6	14	20	
NA 26 22 48 Stage 0.176 Stage I 29 26 55 Stage II 65 53 118 Stage III 34 49 83 Stage IV 21 28 49 NA 7 2 9 MO 111 118 229 M1 20 11 31	RX	10	6	16	
Stage I 29 26 55 Stage II 65 53 118 Stage III 34 49 83 Stage IV 21 28 49 NA 7 2 9 MO 111 118 229 M1 20 11 31	NA	26	22	48	
Stage I 29 26 55 Stage II 65 53 118 Stage III 34 49 83 Stage IV 21 28 49 NA 7 2 9 MO 111 118 229 M1 28 49 11 MX 20 11 31	Stage				0.176
Stage II 65 53 118 Stage III 34 49 83 Stage IV 21 28 49 NA 7 2 9 M 50 111 118 229 M1 21 28 49 11 M2 21 118 229 11 M3 21 21 31 11	Stage I	29	26	55	
Stage III 34 49 83 Stage IV 21 28 49 NA 7 2 9 M 111 118 229 M1 21 28 49 MX 20 11 31	Stage II	65	53	118	
Stage IV 21 28 49 NA 7 2 9 M	Stage III	34	49	83	
NA 7 2 9 M 0.154 M0 111 118 229 M1 21 28 49 MX 20 11 31	Stage IV	21	28	49	
M 0.154 M0 111 118 229 M1 21 28 49 MX 20 11 31	NA	7	2	9	
M0111118229M1212849MX201131	Μ				0.154
M1 21 28 49 MX 20 11 31	M0	111	118	229	
MX 20 11 31	M1	21	28	49	
	MX	20	11	31	
NA 4 1 5	NA	4	1	5	

Table 2 (continued)

14010 = ((000000000)				
Clinicopathological parameters	RSCOAD [156]	RSCOAD [156] LSCOAD [158]		Р
Ν				0.011
N0	101	84	185	
N1	25	48	73	
N2	30	26	56	
Т				0.687
T1	5	4	9	
T2	28	31	59	
Т3	103	109	212	
T4	20	14	34	

 Table 2 (continued)

RSCOAD, right-sided colon adenocarcinoma; LSCOAD, left-sided colon adenocarcinoma; CEA, carcinoembryonic antigen.



Figure 1 Hierarchical clustering analysis of top 100 DElncRNAs and DEmRNAs between RSCOAD and LSCOAD. (A) DElncRNAs; (B) DEmRNAs. Row and column represented DElncRNAs/DEmRNAs and tissue samples, respectively. Orange and light blue color mean the RSCOAD and LSCOAD, respectively. The color scale represented the expression levels. Red color represents the relative expression level of genes was higher than mean, and green color represents the relative expression of genes was lower than mean. DElncRNAs, differentially expressed lncRNAs; RSCOAD, right-sided colon adenocarcinoma; LSCOAD, left-sided colon adenocarcinoma.

DEmRNAs (1,050 down-regulated and 1,622 up-regulated mRNAs) and 453 DElncRNAs (139 down-regulated and 314 up-regulated lncRNAs) between RSCOAD and LSCOAD were identified with an FDR <0.01. Hierarchical clustering analysis of the top 100 DElncRNAs and DEmRNAs are displayed in *Figure 1*, respectively.

Features selection

We obtained 31 DElncRNAs using algorithms of Boruta (*Table 3*). Hierarchical clustering analysis of these 31 DElncRNAs between RSCOAD and LSCOAD are shown in *Figure 2A*. The 10-fold cross-validation result demonstrated that the AUC of the random forests model

was 0.902, and the specificity and sensitivity of this model were 83.5% and 82.1%, respectively (*Figure 2B*).

DElncRNA-DEmRNA co-expression analysis

A total of 343 DElncRNA-DEmRNA co-expression pairs including 13 DElncRNAs and 230 DEmRNAs were identified with absolute value of the Pearson correlation coefficient |r|>0.7 and P<0.05. The co-expressed DElncRNA-DEmRNA network (*Figure 3*) was consisted of 243 nodes and 343 edges. Among which, *SNHG11* (degree =161), *RP1-101A2.1* (degree =95), *RP5-881L22.5* (degree =20) and *HAGLR* (degree =1) were top 10 DElncRNA. We also performed the functional annotation of 230 DEmRNAs

Table 3 Thirty-one lncRNAs screened by Boruta

Symbol	baseMean	log2 (fold change)	P value	FDR	Up/down
UNC5B-AS1	1.470E+01	1.467E+00	3.186E-17	1.151E-13	Up
SNHG11	4.832E+02	-5.342E-01	2.056E-14	1.857E-11	Down
HAGLR	3.513E+02	1.078E+00	1.830E-14	1.857E-11	Up
AC005256.1	1.320E+01	1.400E+00	1.890E-14	1.857E-11	Up
RP11-9E17.1	5.870E+01	8.566E-01	1.165E-13	8.417E-11	Up
RP5-881L22.5	3.003E+02	-8.667E-01	7.642E-13	3.945E-10	Down
RP1-101A2.1	3.533E+01	-6.150E-01	2.196E-12	8.818E-10	Down
TFAP2A-AS1	2.585E+01	1.104E+00	6.223E-12	2.045E-09	Up
LINC01315	1.737E+02	-6.322E-01	2.334E-11	5.658E-09	Down
FEZF1-AS1	1.406E+02	1.228E+00	1.215E-10	1.996E-08	Up
ZNF528-AS1	3.894E+01	-8.155E-01	2.007E-10	2.790E-08	Down
RP4-647C14.2	1.232E+01	7.463E-01	2.709E-09	2.577E-07	Up
RP11-431J24.2	1.508E+02	-1.141E+00	1.663E-08	1.279E-06	Down
RP11-473M20.9	1.007E+02	-8.270E-01	2.060E-08	1.520E-06	Down
B3GALT5-AS1	2.111E+01	-1.098E+00	2.158E-08	1.549E-06	Down
LA16c-313D11.12	6.570E+01	5.271E-01	6.377E-08	3.906E-06	Up
RP11-680F8.1	6.675E+01	-9.165E-01	8.883E-08	4.864E-06	Down
AC007277.3	4.094E+01	1.015E+00	1.637E-07	7.994E-06	Up
RP11-395B7.2	3.198E+02	-6.241E-01	1.891E-07	8.759E-06	Down
AC106876.2	1.899E+02	-5.087E-01	3.051E-07	1.253E-05	Down
SATB2-AS1	4.174E+02	-6.758E-01	2.507E-06	7.025E-05	Down
HOXB-AS3	2.991E+02	6.179E–01	2.759E-06	7.612E-05	Up
RP11-834C11.4	3.131E+01	5.172E-01	1.428E-05	2.837E-04	Up
AC022182.3	1.469E+01	7.504E-01	1.777E-05	3.399E-04	Up
LINC01558	1.053E+02	-5.200E-01	5.458E-05	8.496E-04	Down
UCA1	9.408E+02	-6.980E-01	6.137E-05	9.280E-04	Down
AP003774.1	3.259E+02	-6.402E-01	6.305E-05	9.456E-04	Down
AC011298.2	4.616E+01	-6.174E-01	1.141E-04	1.516E-03	Down
DIO3OS	5.232E+02	-5.439E-01	1.341E-04	1.730E-03	Down
CRAT8	5.560E+01	-4.839E-01	5.627E-04	5.438E-03	Down
LINC01485	1.901E+01	-5.874E-01	1.014E-03	8.525E-03	Down

The bold mark is top 10 up/down. FDR, false discovery rate.

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Figure 2 Identification of optimal lncRNA biomarkers between RSCOAD and LSCOAD. (A) Hierarchical clustering analysis of 31 DElncRNAs. Row and column represented DElncRNAs and tissue samples, respectively. The color scale represented the expression levels; (B) the ROC results of these 31 diagnostic lncRNA biomarker based on random forest model. DElncRNAs, differentially expressed lncRNAs; RSCOAD, right-sided colon adenocarcinoma; LSCOAD, left-sided colon adenocarcinoma.



Figure 3 The co-expressed DElncRNAs-DEmRNAs network. The ellipses and rhombuses were represented the DEmRNAs and DElncRNAs, respectively. Red and blue color represented up- and down-regulation, respectively. The blue and black border indicates top10 Up and Down, respectively. DElncRNAs, differentially expressed lncRNAs; DEmRNAs, differentially expressed mRNAs.



Figure 4 The enrichment GO terms and KEGG pathways of DEmRNAs between RSCOAD and LSCOAD. The X-axis shows –log FDR and Y-axis shows GO terms and KEGG pathways. (A) GO terms; (B) KEGG pathways. DEmRNAs, differentially expressed mRNAs; RSCOAD, right-sided colon adenocarcinoma; LSCOAD, left-sided colon adenocarcinoma; FDR, false discovery rate.

co-expressed with DElncRNAs. The GO enrichment and KEGG enrichment results are shown in *Figure 4*.

DElncRNAs-nearby DEmRNAs interaction network

Considering that the functions of most lncRNAs have been unknown. We speculated that the lncRNAs may play roles by regulating their nearby genes. A total of 39 DElncRNAsnearby target DEmRNAs pairs were obtained which were consisted of 21 DElncRNAs and 40 DEmRNAs (*Figure 5*). After overlapped DElncRNAs-DEmRNAs co-expression network with DElncRNAs-nearby DEmRNAs interaction network, we obtained a total of 16 DElncRNA-DEmRNA pairs including 11 DElncRNAs and 16 DEmRNAs (*Figure 6*).

qRT-PCR confirmation

We performed the confirmation of candidate DEmRNAs

(*CYP4F2*, *HOXB3* and *HOXD1*) and DElncRNAs (*UCA1*, *HOXB-AS3* and *HAGLR*) using qRT-PCR. Based on TCGA, *CYP4F2* and *UCA1* were down-regulated while the other four DEmRNAs or DElncRNAs (*HOXB3*, *HOXD1*, *HOXB-AS3* and *HAGLR*) were up-regulated in RSCOAD compared to LSCOAD. According to the qRT-PCR results, except for *HOXD1*, *CYP4F2* and *UCA1* were downregulated and *HOXB3*, *HOXB-AS3* and *HAGLR* were upregulated which were consistent with the results of TCGA, generally (*Figure 7*).

Regression Analysis of univariate Cox and multivariate Cox

A univariate Cox regression analysis showed that age, lymphatic invasion, neoplasm status, carcinoembryonic antigen (CEA) level, residual tumor, stage and M were associated with survival (*Table 4*). The survival curves results of age, neoplasm status, CEA level, residual tumor and M

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Figure 5 DElncRNAs-nearby DEmRNAs interaction network. The ellipses and inverted triangles were represented the DEmRNAs and DElncRNAs, respectively. Red and blue color represented up- and down-regulation, respectively. The blue and black border indicates top 10 up and down, respectively. DElncRNAs, differentially expressed lncRNAs; DEmRNAs, differentially expressed mRNAs.

had a significant prognostic value (*Figure 8A,B,C,D,E*). As shown in *Figure 8F*, the overall prognosis of RSCOAD was worse than that of LSCOAD, but there is no significant difference. We also performed the multivariate Cox regression analysis, and results showed that age, residual tumor, stage, and M were independent predictors of survival (*Table 5*).

Discussion

The distinction between RSCOAD and LSCOAD has been a serious dispute for a long time. Therefore, a comprehensive and detailed study is crucial to reveal the differences between RSCOAD and LSCOAD. In this study, the lncRNA and mRNA gene expression profiles were obtained in patients with RSCOAD and LSCOAD from TCGA. A total of 2,672 DEmRNAs (1,050 down-regulated and 1,622 up-regulated mRNAs) and 453 DElncRNAs (139 down-regulated and 314 up-regulated lncRNAs) between RSCOAD and LSCOAD were identified. Additionally, 31 DElncRNAs between RSCOAD and LSCOAD were identified by the algorithms of Boruta. Moreover, we build the DElncRNA-DEmRNA interaction network to find pivotal DEmRNAs and DElncRNAs, and also performed the survival analysis. Finally, the expression of selected DEmRNAs and DElncRNAs were verified using qRT-PCR. *HAGLR* acts as a *microRNA-143-5p* sponge to modulate epithelial-mesenchymal transition and metastatic potential



Figure 6 Interaction network showing the overlap of DElncRNAs-DEmRNAs co-expression network with DElncRNAs-nearby DEmRNAs interaction network. The ellipses and inverted triangles were represented the DEmRNAs and DElncRNAs, respectively. Red and blue color represented up- and down-regulation, respectively. The blue and black border indicates top 10 up and down, respectively. DElncRNAs, differentially expressed lncRNAs; DEmRNAs, differentially expressed mRNAs.



Figure 7 Validation DEmRNAs and DElncRNAs by qRT-PCR. All of the assays were performed three times independently at least. The X-axis shows DEmRNAs or DElncRNAs and Y-axis shows log2 (fold change). The log2 (fold change) >0 and log2 (fold change) <0 indicates up-regulation and down-regulation, respectively. DElncRNAs, differentially expressed lncRNAs; DEmRNAs, differentially expressed mRNAs.

in esophageal cancer through modulating *LAMP3* (14). *HAGLR* inhibited cell proliferation of lung cancer by epigenetically silencing *E2F1* (15). *HAGLR* is up-regulated in osteosarcoma and non-small cell lung cancer, and it is involved in the development and poor prognosis of these cancers (16,17). In the current study, *HAGLR* was downregulated in both TCGA integration analysis and qRT-PCR validation, indicating the TCGA integration analysis data were reliable. Results of DElncRNA-DEmRNA coexpression analysis showed that *HAGLR* was co-expressed with *HOXD1*. Therefore, we speculated that *HOXD1* might associated with the progression of RSCOAD and LSCOAD by regulating *HAGLR*.

Huang *et al.* reported that *HOXB-AS3* (HOXB cluster antisense RNA 3) encodes a conserved 53-aa peptide, and the peptide plays crucial role in colon cancer growth (18).

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Table 4 Results of univariate Cox regression analysis

Parameters	coef	exp(coef)	Lower 0.95	Upper 0.95	se(coef)	Z	Pr(> z)
Tumor position	2.860E-01	1.331E+00	6.848E-01	2.587E+00	3.391E-01	8.433E-01	3.990E-01
Age	3.135E-02	1.032E+00	1.004E+00	1.061E+00	1.414E-02	2.217E+00	2.659E-02
Male	-4.265E-01	6.528E-01	3.314E-01	1.286E+00	3.458E-01	-1.233E+00	2.174E-01
Weight	-1.731E-02	9.828E-01	9.506E-01	1.016E+00	1.702E-02	-1.017E+00	3.089E-01
Race	-1.681E-01	8.453E-01	2.869E-01	2.491E+00	5.513E-01	-3.048E-01	7.605E-01
Lymph node count	-2.751E-02	9.729E-01	9.407E-01	1.006E+00	1.717E-02	-1.602E+00	1.091E-01
Number of positive lymph node	1.801E-02	1.018E+00	9.743E-01	1.064E+00	2.247E-02	8.017E-01	4.227E-01
Lymphatic invasion	-8.312E-01	4.355E-01	2.114E-01	8.973E-01	3.688E-01	-2.254E+00	2.420E-02
Neoplasm cancer status	2.682E+00	1.461E+01	4.313E+00	4.949E+01	6.225E-01	4.308E+00	1.648E-05
CEA level	8.261E-04	1.001E+00	1.000E+00	1.002E+00	4.174E-04	1.979E+00	4.778E-02
Residual tumor	1.703E+00	5.489E+00	2.004E+00	1.503E+01	5.140E-01	3.313E+00	9.242E-04
Stage	8.785E-01	2.407E+00	1.194E+00	4.853E+00	3.577E-01	2.456E+00	1.406E-02
Μ	9.741E-01	2.649E+00	1.329E+00	5.279E+00	3.518E-01	2.769E+00	5.626E-03
Ν	6.513E-01	1.918E+00	9.925E-01	3.706E+00	3.361E-01	1.938E+00	5.266E-02
Т	3.300E-01	1.391E+00	4.851E-01	3.988E+00	5.374E-01	6.141E-01	5.392E-01

CEA, carcinoembryonic antigen.



Figure 8 Survival curves by univariate Cox and multivariate Cox regression analysis. (A) Age; (B) neoplasm cancer status; (C) CEA level; (D) residual tumor; (E) M; (F) LSCOAD and RSCOAD. CEA, carcinoembryonic antigen; RSCOAD, right-sided colon adenocarcinoma; LSCOAD, left-sided colon adenocarcinoma.

Table 5 Results of multivariate Cox regression analysis

Parameters	coef	exp(coef)	Lower 0.95	Upper 0.95	se(coef)	Z	Pr(> z)		
Age	1.780E-01	1.195E+00	1.017E+00	1.403E+00	8.206E-02	2.169E+00	3.006E-02		
Lymphatic invasion	9.473E-01	2.579E+00	2.562E-01	2.595E+01	1.178E+00	8.041E-01	4.213E-01		
Neoplasm cancer status	2.052E+01	8.172E+08	0.000E+00	Inf	3.828E+03	5.361E-03	9.957E-01		
CEA level	1.280E-03	1.001E+00	9.992E-01	1.003E+00	1.071E-03	1.196E+00	2.319E-01		
Residual tumor	2.684E+00	1.464E+01	1.242E+00	1.726E+02	1.259E+00	2.132E+00	3.301E-02		
Stage	5.794E+00	3.284E+02	4.955E+00	2.177E+04	2.140E+00	2.708E+00	6.771E-03		
Μ	-4.528E+00	1.081E-02	1.546E-04	7.553E-01	2.167E+00	-2.089E+00	3.667E-02		

CEA, carcinoembryonic antigen.

In this study, HOXB-AS3 was co-expressed with HOXB6, HOXB5, HOXB4, HOXB3 and HOXB8. HOXB6 might involve in the development of colorectal cancer (19). The risk score of HOXB3 gene expression may be helpful for stratification of prognostic risk in high-grade serous ovarian cancer patients, and provides a basis for prospective verification (20). MiR-375 suppresses cancer stem cell phenotype and tamoxifen resistance via degrading HOXB3 in human ER-positive breast cancer (21). HOXB3 is involved in regulating colon cancer cell proliferation and invasion, and HOXB3 is a potential target for colon cancer therapy (22). Herein, HOXB3 was up-regulated in our TCGA integration analysis and qRT-PCR validation, which was consistent with reports in other cancer suggesting the results were convincing. Therefore, we further hypothesized that HOXB-AS3 might play key roles in RSCOAD and LSCOAD by regulating HOXB3.

SATB2, a transcription factor involved in chromatin remodeling, has been identified as a novel immunohistochemistry marker with relatively high sensitivity for colorectal carcinoma (23). SATB2 is a specific immunohistochemistry marker that can be used to diagnose metastatic and primary signet ring cell carcinomas of lower gastrointestinal origin (24). LncRNA SATB2-AS1 suppresses tumor metastasis of colorectal cancer and regulates the microenvironment of tumor immune cells through regulating SATB2 (25). In this study, we found that SATB2 was down-regulated in both TCGA integration analysis. Results of DElncRNA-DEmRNA co-expression analysis showed that SATB2-AS1 was co-expressed with SATB2. Therefore, we speculated that SATB2-AS1 might involve in the progression of RSCOAD and LSCOAD by regulating SATB2.

RSCOAD patients have a poor survival than LSCOAD

patients (26). In the study, cox regression analysis showed that the overall prognosis of RSCOAD was worse than that of LSCOAD, which was consistent with other researcher reports, suggesting our TCGA integration results were reliable.

In conclusion, we obtained 2,672 DEmRNAs and 45 DElncRNAs in RSCOAD compared to LSCOAD. The Boruta algorithm was to identify 31 optimal diagnostic lncRNAs biomarkers between RSCOAD and LSCOAD. Among them, three DElncRNAs (*HAGLR*, *HOXB-AS3* and *SATB2-AS1*) and three DEmRNAs (*HOXD1*, *HOXB3* and *SATB2*) were identified pivotal DElncRNAs and DEmRNAs between RSCOAD and LSCOAD. Some limitations of our study should be mentioned. More samples are needed to validate expression of pivotal DElncRNAs and DEmRNAs. In addition, *in vivo* and *in vitro* experiments are necessary to uncover the biological functions of key DElncRNAs and DEmRNAs in RSCOAD and LSCOAD in future study.

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Footnote

Conflicts of Interest: All authors have completed the ICMJE uniform disclosure form (available at http://dx.doi. org/10.21037/tcr.2020.03.29). The authors have no conflicts of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. The study was approved by institutional ethics committee of Nankai Hospital of Tianjin [No. NKYY_YXKT(B)_IRB_2019_101_01]. Informed written consent was obtained from all participants.

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