



# Bioinformatics analysis of the prognostic biomarkers and predictive accuracy of differentially expressed genes in high-risk multiple myeloma based on Gene Expression Omnibus database mining

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**Background:** Multiple myeloma (MM) is still an intractable disease for modern clinical system, and more researches are necessary for development of more effective therapeutic strategies. This study attempted to screen and validates the biomarkers in the progression of MM via excavating Gene Expression Omnibus (GEO) database. Identification of a biomarker may help not only facilitate early diagnosis and management but also identify individuals at risk for poor prognosis and development of MM.

**Methods:** The mRNA expression profile of the GSE87900 dataset was analyzed by GEO2R. Using the SangerBox online program, differentially expressed genes (DEGs) in high-risk MM samples were screened with the filter criteria of  $P < 0.05$  and  $|\log_{2}FC| > 1$ . The SangerBox online analysis tool was used to analyze the volcano plot. Gene Ontology (GO) and Kyoto Encyclopedia of Genes and Genomes (KEGG) enrichment analysis was performed for DEGs. Twenty patients with high-risk MM and 20 patients with standard-risk MM from Taian City Central Hospital were included. Real-time quantitative polymerase chain reaction (RT-qPCR) was used to verify the selected key genes in MM tissues.

**Results:** A total of 611 DEGs were obtained. GO functional enrichment analysis showed that the DEGs were mainly enriched in the DNA replication process at the biological level, and the top DEGs were CACYBP, PCNA, MCM6, SMC1A, DTL, GINS4, MCM2, CDT1, RRM2, BRCA1, RFC5, MCM4, GINS3, GINS1, MCM10, CDC7, CDAN1, BRIP1, GINS2, CDK1, NFIB, and BARD1. The expression of CDC7 and PCNA was significantly different in high-risk MM and standard-risk MM as determined by RT-qPCR. Receiver operating characteristic (ROC) analysis showed that the areas under the curve predicted by CDC7 and PCNA were 0.900 and 0.8863, respectively, which allowed the identification of CDC7 and PCNA could be a potential biomarker of MM. Kaplan-Meier survival analysis showed that MM patients with high CDC7 and PCNA expression had shorter 2-year overall survival (OS) ( $P < 0.05$ ).

**Conclusions:** CDC7 and PCNA can be used as biomarkers for the prognosis of high-risk MM and evaluate the prognosis of MM patients, which is helpful for guiding the clinical treatment of MM patients.

**Keywords:** Gene Expression Omnibus database (GEO database); multiple myeloma (MM); CDC7; proliferating cell nuclear antigen (PCNA); bioinformatics analysis

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## Introduction

Multiple myeloma (MM) is an abnormal proliferative malignancy originating from plasma cells, accounting for 10–15% of hematological malignancies. MM is characterized by abnormal infiltration of clonal plasma cells in bone marrow, and is the second most common hematological malignancy after non-Hodgkin's lymphoma (1-3). In recent years, the diagnosis and treatment of MM patients have consistently improved. However, about 20–30% of MM patients still have progression-free survival (PFS) less than 1.5 years and overall survival (OS) less than 2–3 years (4). These MM patients have severe clinical manifestations, short survival time, are insensitive to standard treatment, and have poor prognosis, and are considered as high-risk MM (5).

The pathogenesis of MM is complex, and cytogenetic abnormalities play a crucial role in the risk stratification of MM. Several cytogenetic abnormalities, such as t(4;14), del(17/17p), t(14;16), and t(14;20), are closely associated with poor prognosis (5,6). According to the International Myeloma Working Group (IMWG), myeloma cells can be classified as high-risk MM by any of the following cytogenetic abnormalities detected by fluorescence in situ hybridization (FISH): t(4;14), 17p-, t(14;16), 1+q, or 1p- (5,7).

Genetic alterations and tumor-microenvironment interaction play crucial roles in the occurrence and development of MM (3,8,9). The occurrence and development of MM is accompanied by a variety of specific changes in the number or structure of related genes at the cytogenetic level. In addition, accumulating studies have revealed that disordered epigenetic gene mutations play an important role in the pathogenesis of MM (6,10,11). Genetic testing techniques suggest that high-risk MM patients often have more severe clinical symptoms. The study of differentially expressed genes (DEGs) in high-risk MM patients and standard-risk MM patients has deepened our understanding of cytogenetic abnormalities in MM, and helped to identify important biomarkers and rapidly explore effective molecular targets (6,7). For all the prognostic gene signatures having been developed to predict the clinical outcome in patients with MM, however, serious concerns regarding these signatures have diminished their utility in clinical practice. The most striking deficiency of the previous signatures is non-reproducibility in external datasets. In light of the limitations of the current staging system, it is necessary to identify novel biomarkers

and establish a prognostic model based on cytogenetic characterization to distinguish good prognosis from poor prognosis patients, thereby improving patients' final prognosis.

In this study, we downloaded the microarray data of high-risk MM and standard-risk MM from the Gene Expression Omnibus (GEO) database, and obtained the DEGs with significant differences in high-risk MM. Moreover, the genes that might be involved in the development of high-risk MM were screened out, which provides a basis for exploring the pathogenesis, diagnosis, and treatment of high-risk MM. We present the following article in accordance with the STROBE reporting checklist (available at <https://atm.amegroups.com/article/view/10.21037/atm-22-2656/rc>).

## Methods

### *Microarray datasets*

The GEO database (<https://www.ncbi.nlm.nih.gov/geo/>) in NCBI was used to search the gene expression profiles with the filter criteria of 'Multiple myeloma, Homo'. After screening, the gene chip GSE87900, which was submitted by Sonneveld *et al.* (5) and based on GPL570 [HG-U133\_plus\_2], was downloaded from the GEO database. A total of 180 samples were collected from the gene expression profile, including 24 high-risk MM samples and 156 standard-risk MM samples.

### *Analysis of DEGs*

DEGs of high-risk MM were analyzed using online analytical tools GEO2 R (<http://www.ncbi.nlm.nih.gov/geo/geo2r/>), which is based on GEOquery (12), and limma (13). With the filter criteria of ' $P < 0.05$  and  $|\log_2FC| > 1$ ', DEGs in the GSE87900 chip were screened.

### *Functional enrichment analysis and regulatory pathway analysis of DEGs in MM*

Gene Ontology (GO) functional annotation and Kyoto Encyclopedia of Genes and Genomes (KEGG) signaling pathway analysis were performed for DEGs ( $P < 0.05$ ) using SangerBox (<http://sangerbox.com/>), which is based on the R software package clusterProfiler (14). GO functional annotation included cell composition (CC), biological

process (BP), and molecular function (MF).

### **Heatmap analysis of DEGs in key pathways**

The SangerBox online analysis tool (<http://sangerbox.com/>) was used for heatmap clustering analysis.

### **Patient information**

A total of 40 MM patients diagnosed in the Hematology Department of Taian City Central Hospital from January 2017 to July 2019 were included in this study. All patients had de novo MM, had not received any radiotherapy or chemotherapy before sampling. These MM patients were graded according to the Revised International Staging System (R-ISS) and SMART risk stratification (15), and were divided into groups of 20 high-risk MM and 20 standard-risk MM patients. After marrow puncture, the bone marrow samples were transferred to liquid nitrogen immediately, and stored in a refrigerator at  $-80^{\circ}\text{C}$  for subsequent detection and analysis. The included MM patients were followed up for 24 months (median follow-up time was 17 months) by outpatient department visits and telephone to calculate the OS of MM patients. The study was conducted in accordance with the Declaration of Helsinki (as revised in 2013). The study was approved by ethics board of The Second Affiliated Hospital of Tianjin Medical University (No. 2021-06-65). Written informed consent was taken from all the patients.

### **RNA extraction and RT-qPCR detection**

Total RNA was extracted from MM tissues with Trizol reagent (Invitrogen, USA). After extraction, the concentration and purity of total RNA were determined by the NanoDrop Lite spectrophotometer (Thermo Scientific, USA). Then, the RNA was reversely transcribed into cDNA with a special reverse transcription kit (Vazyme, China). A fluorescence quantitative reagent (Vazyme, China) was used for RT-qPCR detection. GAPDH was used as the internal reference gene. The  $2^{-\Delta\Delta\text{CT}}$  method was used to calculate the relative gene expression levels.

### **Statistical analysis**

The data was presented as mean  $\pm$  SD. The *t*-test was used to compare differences between the 2 groups. The gene expression level was taken as the index to be measured, and

the R-ISS and SMART scoring systems were used as the gold standard for MM diagnosis. The receiver operating characteristic (ROC) curve for predicting the expression level of genes in high-risk MM was plotted to determine the optimal cut-off value and calculate the sensitivity and specificity. According to the optimal critical value determined by the ROC curve, MM patients were divided into a high gene expression group and low gene expression group. The influence of gene expression level on the OS of MM patients was observed after 2 years of follow-up. The survival curve was calculated in each dataset and survival was compared between the two distinguished groups using Kaplan-Meier analysis and the logrank test at a P value of less than  $<0.05$ . All statistical analyses were performed using GraphPad Prism 8 software. When  $P < 0.05$ , the difference was considered statistically significant.

## **Results**

### **Screening of DEGs in high-risk MM**

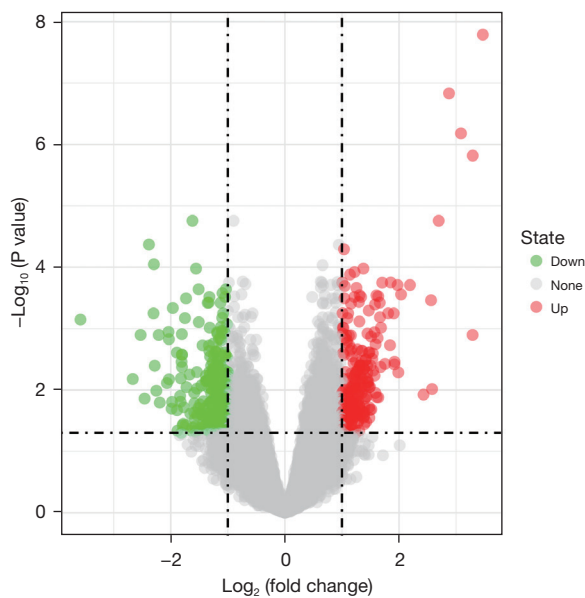
According to the screening conditions, there were 611 DEGs between high-risk and standard-risk MM in the GSE87900 chip, including 251 up-regulated genes and 360 down-regulated genes. According to the differences in  $|\log\text{FC}|$ , the top 3 up-regulated genes were cancer/testis antigen 1 (*CTAG1*), cancer/testis antigen 2 (*CTAG2*), and fibroblast growth factor receptor 3 (*FGFR3*), and the top 3 down-regulated genes were G1/S-specific cyclin-D1 (*CCND1*), CCN family member 2 (*CTGF*), and cannabinoid receptor 1 (*CNR1*) (*Figure 1*).

### **Enrichment analysis of DEGs in high-risk MM**

Enrichment analysis showed that the DEGs mainly regulated DNA replication, nuclear division, organelle fission, chromosome segregation, and other processes at the biological level. The changes of DNA replication were the most significant (*Figure 2*).

### **The variation of DEGs during DNA replication in enrichment analysis**

In the DNA replication pathway, there were 21 DEGs in the high-risk MM group compared with the standard-risk MM group. According to the differences in multiples  $|\log\text{FC}|$  size sorting, the up-regulated genes were *GINS1*, *RRM2*, *BRCA1*, *CDT1*, *PCNA*, *GINS3*, *MCM10*, *RFC5*,



**Figure 1** Volcano plot of DEGs in high-risk and standard-risk MM. DEGs, differentially expressed genes; MM, multiple myeloma.

*CDC7*, *GINS4*, *MCM4*, *BRIP1*, *CDK1*, *MCM2*, *GINS2*, *DTL*, *SMC1*, *BARD1*, and *MCM6*, and the down-regulated genes were *NFIB* and *CDAN1* (Figure 3).

#### Validation of key predictive genes in the DNA replication pathway

Bone marrow tissues collected from 20 high-risk MM patients and 20 standard-risk MM patients were further analyzed by RT-qPCR (the clinical characteristics of MM patients are listed in supplemental document Table S1). According to the differences in multiples  $|\log_{2}FC|$  size sorting, the levels of the top 10 DEGs were verified by RT-qPCR (the primer sequences are listed in supplemental document Table S2). The results showed that only the relative expression levels of *CDC7* and *PCNA* were significantly different between the high-risk MM group and the standard-risk MM group (Figure 4).

#### Value analysis of *CDC7* and *PCNA* in high-risk MM

The area under the curve predicted by *CDC7* in high-risk MM was 0.825 ( $P=0.0004$ ), the optimal cut-off value was 1.145, the sensitivity was 95%, and the specificity was 75%. The area under the curve predicted by *PCNA* in high-risk MM was 0.8488 ( $P=0.0002$ ), the optimal cut-off value was

1.305, the sensitivity was 85%, and the specificity was 80% (Figure 5).

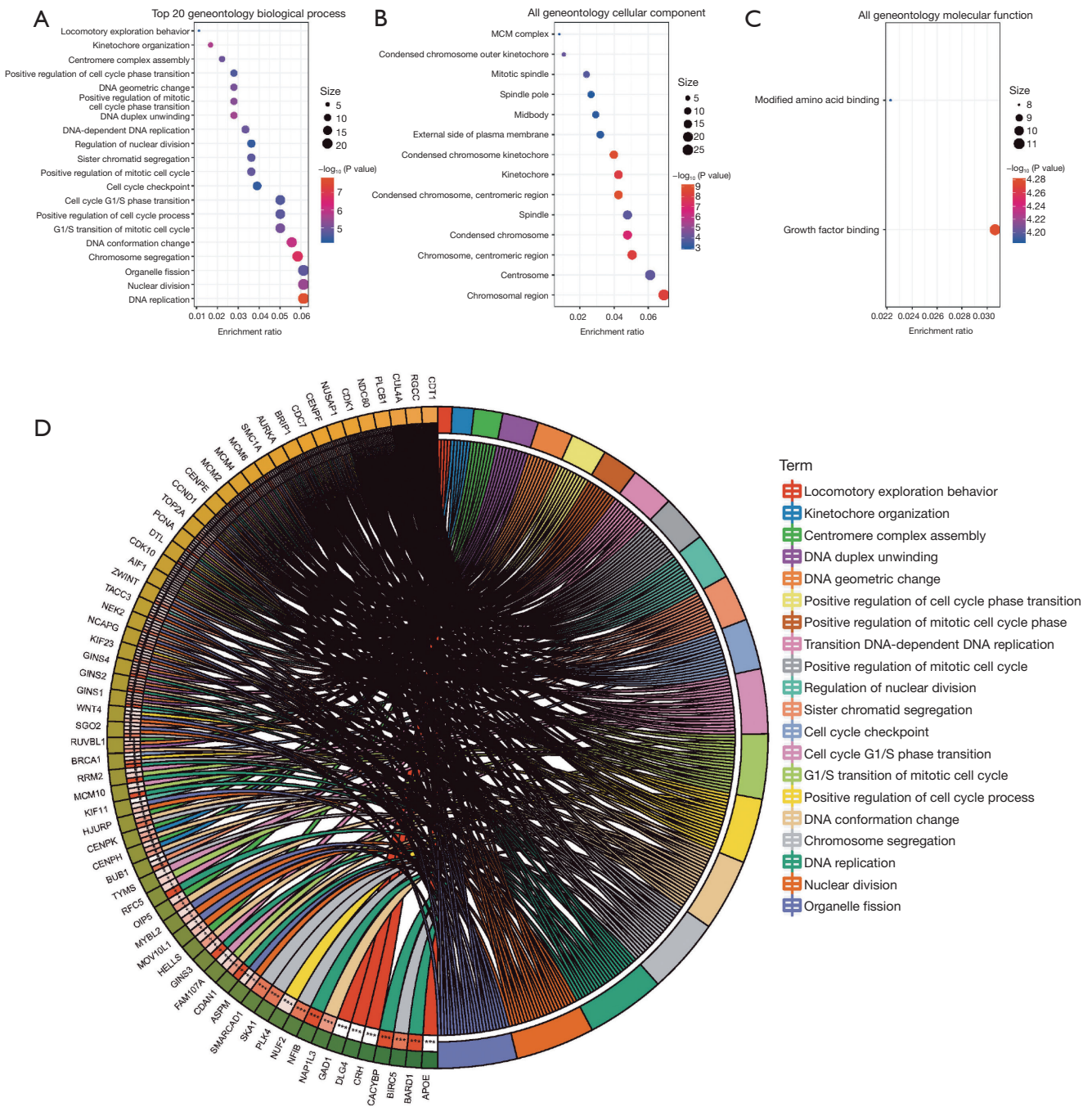
#### Survival relative to *CDC7* and *PCNA* in MM patients

A total of 40 MM patients were divided into a high gene expression group and low gene expression group by the ROC cut-off value. The Kaplan-Meier survival curve showed that patients with high expression of *CDC7* had a lower 2-year OS ( $P<0.05$ , Figure 6A). Similarly, patients with high *PCNA* expression had a lower 2-year OS ( $P<0.05$ , Figure 6B).

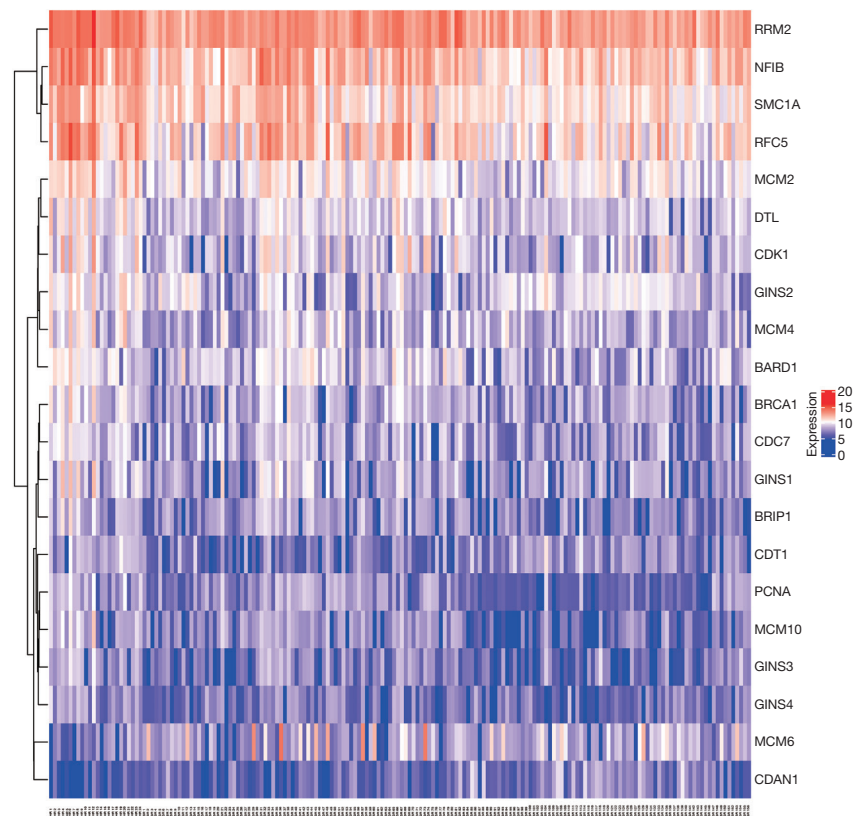
#### Discussion

In this study, 611 DEGs were screened from the GEO dataset of high-risk MM. Through GO and KEGG pathway enrichment analysis, these differential genes were significantly enriched in DNA replication-related functions and pathways. Moreover, *CDC7* and *PCNA* were screened out by RT-qPCR. These 2 key genes are involved in the regulation of DNA replication and other mechanisms, and may be involved in the regulation of cytogenetic abnormalities in the occurrence and development of MM. ROC analysis and Kaplan-Meier survival curve analysis demonstrated that *CDC7* and *PCNA* have guiding significance in the diagnosis and evaluation of the OS of high-risk MM patients.

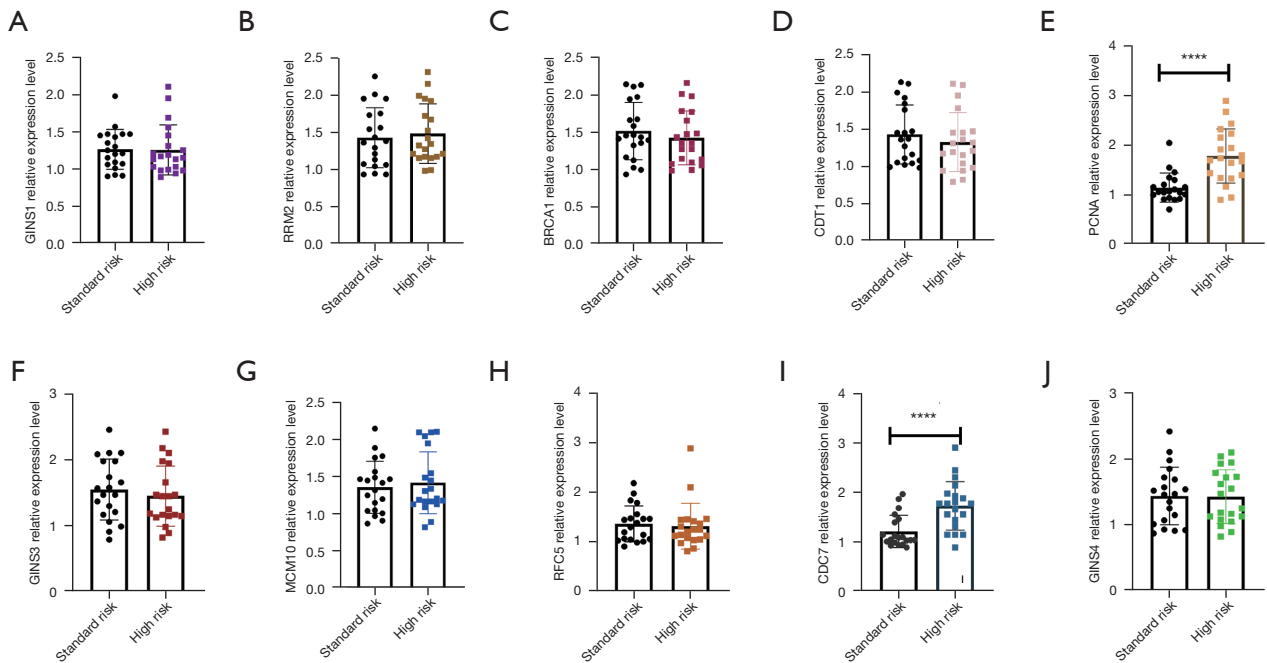
The main mechanism of MM involves cyclin D, an important mediator of cell cycle regulation. Cyclin D leads to direct or indirect loss of control, such as malignant behaviors, through non-random primary translocation involving IgH/L sites (16). In this process, the cyclin-dependent kinases family (CDKs) plays an important biological role. Cell division cycle 7 (*CDC7*) protein is an important S phase kinase, and is a member of the cell division cycle protein family. Overactivation of CDKs during G1 phase can drive cells into S phase and initiate DNA replication from multiple sources throughout chromosomes (17). *CDC7* is directly involved in the activation of replicating DNA helicase, the minichromosome maintenance (MCM) complex, and the formation of active replication forks (18). Previous studies have confirmed that inhibition of *CDC7* expression can induce reversible cell cycle arrest in normal cells, and induce p53-independent apoptosis in various cancer cells (19,20). Therefore, abnormal *CDC7* expression has an important effect on the stability of cell cycle regulation mechanisms.



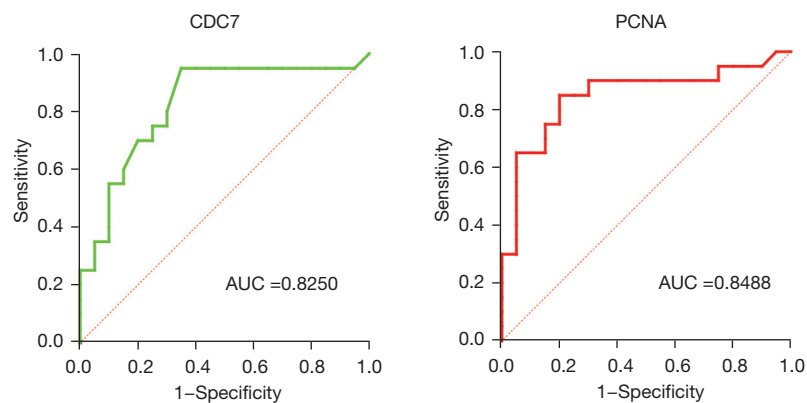
**Figure 2** Bubble and circle plots of GO biofunctional analysis. (A) The GO biological process of the genes; (B) the GO cellular component; (C) the GO molecular function; (D) chord diagram of GO. According to the rule on the figure, it shows how many kinds of term genes are enriched. The more terms, the fewer stars. \*\*\* indicates a single term. GO, Gene Ontology.



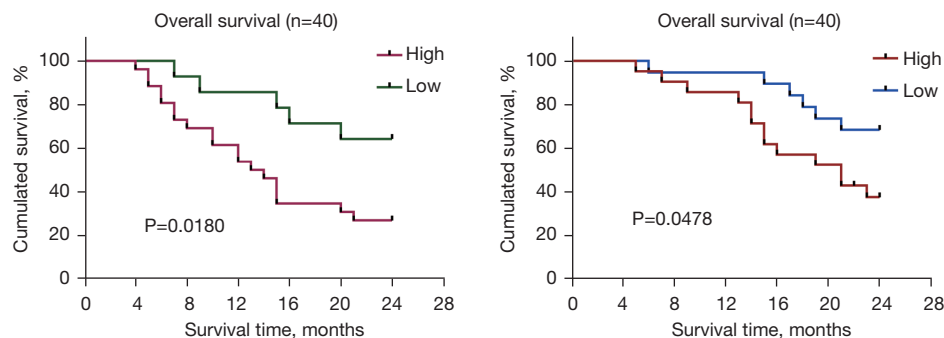
**Figure 3** Heatmap of DEGs in the DNA replication pathway. DEGs, differentially expressed genes.



**Figure 4** The relative expression levels of the top 10 DEGs. (A-J) The relative expression levels of *GINS1*, *RRM2*, *BRCA1*, *CDT1*, *PCNA*, *GINS3*, *MCM10*, *RFC5*, *CDC7*, and *GINS4*. \*\*\*\*,  $P < 0.01$ . DEGs, differentially expressed genes.



**Figure 5** ROC curve of CDC7 and PCNA for the diagnosis of high-risk MM. AUC, area under the curve; ROC, receiver operating characteristic; MM, multiple myeloma.



**Figure 6** Survival curves of MM patients. (A) CDC7 expression was associated with 2-year overall survival in MM patients. (B) PCNA expression was associated with 2-year overall survival in MM patients. MM, multiple myeloma.

In our study, the expression level of CDC7 was significantly correlated with the disease stage and the clinical prognosis of MM. Patients with high expression of CDC7 often had severe clinical symptoms and poor prognosis.

Proliferating cell nuclear antigen (PCNA) was first discovered and named by Matsumoto *et al.* in the serum of patients with systemic lupus erythematosus (SLE) in 1987 (21). In the mid-1980s, PCNA was thought to be involved in DNA replication based on its staining patterns throughout the cell cycle (22). PCNA, an important participant in DNA replication and repair, forms a homotrimeric ring that embraces and slides along DNA to anchor DNA polymerase and other DNA editing enzymes (23). Moreover, PCNA interacts with regulatory proteins through PCNA interacting protein box (PIP-box) (24). Previous studies have confirmed that PCNA is closely related to the occurrence, development, staging,

and prognosis of tumors. Silencing PCNA can inhibit the proliferation and induce apoptosis of various cancer cells, such as osteosarcoma, cervical cancer, laryngeal cancer, and non-small cell lung cancer cells. Overexpression of PCNA can promote the proliferation of tumor cells and indicates the degree of malignancy of tumors (25). In addition, studies found that the higher the expression level of PCNA, the worse the prognosis of patients. PCNA plays its role by regulating the cell cycle and DNA replication (26-28). Our study revealed that PCNA was highly expressed in high-risk MM patients and was closely associated with poor prognosis in MM patients.

## Conclusions

In our study, DEGs between high-risk MM patients and standard-risk MM patients were analyzed by bioinformatics

technology. DNA replication was found to play an important role in the occurrence and development of high-risk MM. In addition, 2 key genes related to DNA replication, CDC7 and PCNA, can be used as biomarkers for diagnostic and prognostic assessments of MM patients.

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### Footnote

*Reporting Checklist:* The authors have completed the STROBE reporting checklist. Available at <https://atm.amegroups.com/article/view/10.21037/atm-22-2656/rc>

*Data Sharing Statement:* Available at <https://atm.amegroups.com/article/view/10.21037/atm-22-2656/dss>

*Conflicts of Interest:* All authors have completed the ICMJE uniform disclosure form (available at <https://atm.amegroups.com/article/view/10.21037/atm-22-2656/coif>). 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 conducted in accordance with the Declaration of Helsinki (as revised in 2013). The study was approved by ethics board of The Second Affiliated Hospital of Tianjin Medical University (No. 2021-06-65). Written informed consent was taken from all the patients.

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**Table S1** The clinical characteristics of MM patients

Clinical characteristics	High risk, [n (%)]	Standard risk, [n (%)]	P value
	(Total=20)	(Total=20)	
Age (year)			0.757
<65	9 (45)	8 (40)	
≥65	11 (55)	12 (60)	
Sex			0.503
Male	13 (65)	15 (75)	
Female	7 (35)	5 (25)	
Hemoglobin (g/L)			0.003
<100	16 (80)	7 (35)	
≥100	4 (20)	13 (65)	
Albumin (g/L)			0.0001
<35	17 (85)	5 (25)	
≥35	3 (15)	15 (75)	
β2-microglobulin (mmol/L)			0.119
<5.5	8 (40)	13 (65)	
≥5.5	12 (60)	7 (35)	
Creatinine (mmol/L)			0.52
<177	12 (60)	14 (70)	
≥177	8 (40)	6 (30)	
R-ISS stage			0.001
I	2 (10)	7 (35)	
II	8 (40)	12 (60)	
III	10 (50)	1 (5)	

**Table S2** The primer sequences of the top 10 DEGs

Genes	Forward primer	Reverse primer
<i>GINS1</i>	ACGAGGATGGACTCAGACAAG	TGCAGCGTCGATTTCTTAACA
<i>RRM2</i>	CACGGAGCCGAAAATAAAGC	TCTGCCTTCTTATACATCTGCCA
<i>BRCA1</i>	ACCTTGGAAGTGTGAGAACTCT	ACCTTGGAAGTGTGAGAACTCT
<i>CDT1</i>	GACATGATGCGTAGGCGTTTT	GAGCTGGTAATCTGACCTCCT
<i>PCNA</i>	ACACTAAGGGCCGAAGATAACG	ACAGCATCTCCAATATGGCTGA
<i>GINS3</i>	ACTTTTATCGGACGTTTTCGCC	TCTCCATCTCGTCTAGCCTGG
<i>MCM10</i>	CCCCTACAGACGATTTCTCGG	CAGATGGGTTGAGTCGTTTCC
<i>RFC5</i>	GAAGCAGACGCCATGACTCAG	GACCGAACCGAAACCTCGT
<i>CDC7</i>	GAGGCGTCTTTGGGGATTGAG	GGTCTACTTGTAAGTGTGCTG
<i>GINS4</i>	AGTTGGCCTTTGCCAGAGAG	GAACTGCCCCGAAAGAGGTCC