

Bioinformatics insights in etiopathogenesis, diagnosis and therapy of Cutaneous T-cell lymphoma

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Introduction

The pathogenesis of Cutaneous T-cell lymphoma (CTCL) remains poorly understood and the early diagnosis of CTCL is difficult. The histologic diagnosis of early MF is one of the most vexing problems in dermatopathology [1,2]. Importantly, several significant and/or benign conditions such as atopic dermatitis and psoriasis may mimic MF histologically and result in misdiagnosis [2].

Although many studies have focused on the understanding of the molecular mechanisms underlying CTCL, the field is still unclear and under elucidation. Bioinformatics can give extra insights in the etiopathogenesis, diagnosis and possible therapy of the disease through omics analytics and pathway analysis.

Our aim was to apply state-of-the-art bioinformatic tools in order to unravel the mechanisms of MF pathobiology, to address new therapeutic possibilities as well as to identify potential biomarkers.

Materials & Methods

Our bioinformatics analysis detected:

1. A list of DEGs in MF which are associated with increased cell proliferation, decreased apoptosis, increased Th2 differentiation and immune activation leading to generation of malignant CD4+ T-cells clones, propagating the disease.





Figure 1: Top 20 Over Expressed Genes

Figure 2: Top 20 Under Expressed Genes

2. A list of DEMs in MF. A more restricted set of overexpressed miRNAs (miR-26a, miR-92a, miR-106b, miR-142, miR-146a, miR-155, miR-181a, miR-222 and miR-494) were selected using miRTargetLink and could be therefore used as biomarkers. The aforementioned miRs present strong experimentally validated interactions with genes in crucial signaling pathways for CTCL pathogenesis (MAPK/ERK, PI3K/AKT and

Results

Bioinformatic tools and database were used in a multitask project targeting at differentially expressed genes in MF, implicated pathways involved in the development of MF as well as in the differential expression of miRNAs (miRs).

- Selection: 1. Datasets searched **GEO** we the (http://www.ncbi.nlm.nih.gov/geo/) for gene (GSE143382) [3] and miRNA (GSE109421) [4] expression datasets containing early-stage MF samples and reactive skin lesions (inflammatory dermatosis) as control.
- Differential expression data analysis: was performed in R programming language using the LIMMA R package [5]. Differentially expressed genes (DEGs) were selected by applying selection thresholds of adjusted p-value < 0.05 and absolute $(\log 2FC) >= 1$ (i.e. FC>=2 or FC<=0.5). For the case of differentially expressed miRNAs (DEMs) we used as selection criteria the p-value < 0.05 and the FC ≥ 1.2 for the over expressed miRNAs and FC≤0.83 for the under expressed ones. Focusing more on the over-expressed miRNAs, we further filtered out by keeping the ones with strong experimentally validated interactions with genes known to be implicated in CTCL, using miRTargetLink [6] which offers detailed information on human microRNA-mRNA interactions.
- Pathway Enrichment Analysis using DEGs: was performed 3. using the Enrichr, a web-based tool for analysing gene sets that returns any enrichment of common annotated biological features (https://maayanlab.cloud/Enrichr/) [7].
- Pathway Enrichment Analysis using DEMs: was performed using the DIANA-mirPath [8] which is a miRNA pathway analysis web-server, which can utilize experimentally validated miRNA interactions derived from DIANA-TarBase v6.0.

The enrichment was obtained using information from KEGG Human and the most significantly enriched pathways were selected based on the p-value <0.05.

Conclusion

• Bioinformatics were used as a stepping-stone in a combined approach highlighting differentially expressed genes and miRNAs as well as the implicated pathways involved in MF development. • These findings formed a resource of genes and miRNAs that will be further tested in vitro and in vivo in order to identify the etiopathogenesis of the disease, discover biomarkers for diagnosis and highlight new therapeutic targets.





Figure 3: Top 20 Over Expressed miRNAs





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155, miR-181a, miR-222 and miR-494

3. A number of pathways that have been extracted from the genes and miRNAs implicated in pathogenesis of MF and can enlighten its etiopathogenesis. Fourteen percent (14%) of the pathways were common in both analyses.



Figure 6: Selected pathways extracted from the genes and miRNAs implicated in pathogenesis of CTCL