# Original Article Identification of IncRNA-miRNA-mRNA ceRNA network as biomarkers for acute kidney injury

Chengxiao Hu, Jianfei Li

#### Department of Nephrology, Liuzhou People's Hospital, Liuzhou, Guangxi, China

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Abstract: Objective: Acute kidney injury (AKI) is a global problem due to its high morbidity and mortality. The aim of this study was to identify the key RNAs involved in the ischemia/reperfusion (I/R) or cisplatin (CIS) induced AKI. Methods: Gene Expression Omnibus database was used to download the microarray dataset GSE106993, GSE130814 and GSE98622. Differentially expressed IncRNAs (DE-IncRNAs) and DE-mRNAs were identified in I/R and CIS induced AKI. The target miRNAs of DE IncRNAs were predicted from miRDB, and the miRNA of IncRNA target mRNAs were predicted form StarBase dataset. The ceRNA regulatory networks, GO and KEGG enrichment analysis, and protein-protein interaction (PPI) of I/R and CIS induced AKI specific genes were constructed. The CIBESORT was applied to infer the proportion of 22 immune infiltration cells based on gene expression profiles of I/R and CIS induced AKI. Results: Totally, 2 DE-IncRNAs and 375 DE-mRNAs were identified in I/R and CIS induced AKI. The common ceRNA network was constructed between CIS group and I/R induced AKI group, which contained 2 IncRNAs (Platr7 and Gm15611), 65 mmu-miRNAs and 167 mRNAs. The 167 common mRNAs were enriched in the biological process of transcription regulation, metabolic process, cell proliferation, the cellular component (CC) of extracellular region and space, the molecular function of DNA binding, and transcription regulator activity in CIS and IRI induced AKI. The common 167 mRNAs involved in the MAPK signaling pathway and JAK-STAT signaling pathway were identified. Protein-Protein Interaction (PPI) Network of ceRNAs network expressed gene was constructed, including 81 nodes, which contained 3 upregulated genes and 78 downregulated genes. Among them, mitochondrial apoptosis-related genes Pmaip1 and Nptx1 showed significantly high expression in the GSE98622 and GSE106993 data sets. The investigation to the connection between the gene expression profiles and immune cell infiltration showed considerable differences in immune cell percentage between AKI group and normal group. Conclusion: Novel IncRNAs and mRNAs were identified, which may serve as potential biomarkers to predict the diagnostic and therapeutic targets for AKI patients based on a large-scale sample. More importantly, the ceRNA network of I/R or CIS induced AKI was constructed, which provides valuable information to further explore the molecular mechanism underlying onset and progression of AKI.

Keywords: LncRNAs, ceRNAs, mRNAs, miRNAs, mitochondrial apoptosis, immune infiltration

#### Introduction

Acute kidney injury (AKI) is the most common acute diseases, which is characterized by rapid decline in renal function and eventually leads to acute renal failure and other organ failure [1]. AKI is initiated in various ways, including ischemia/reperfusion (I/R), application of surgical contrast agents, improper administration of drugs, rhabdomyolysis, infection, etc. [2, 3]. In recent years, the incidence of AKI is increasing, the incidence of AKI in hospitalized patients is 1-5%, and the mortality rate is up to 50% [4]. I/R injury is the main cause of AKI in clinic, accounting for 60% of all causes, and is also the primary cause of acquired AKI in domestic hospitals [5]. The mechanism of AKI induced by I/R is very complex, including oxidative stress, cell apoptosis, inflammatory response, and other factors [6]. Cisplatin (CIS) is an effective drug in the treatment of solid tumors. Noteworthy, its serious toxic and side effects limit its clinical application. Nephrotoxicity is the most common side effect, occurring in 25% to 40% of patients receiving CIS therapy [7]. To date, no effective targeted therapies are available to treat AKI. As a result, it is critical to find promising biomarkers and novel therapeutic targets for more precise AKI diagnosis and treatment.

Recently, researchers paid attention to innate and adaptive immune responses which have a role in modulating AKI recovery and injury to renal tubular cells. Injuries to the kidney are caused by dendritic cells, neutrophils, monocytes/macrophages, T lymphocytes, and B lymphocytes. Due to increased production and slower clearance of cytokines as well as immune cell malfunction, AKI itself increases the chance of contracting an infection. The most common type of cell that AKI renders dysfunctional is neutrophils. On the other hand, M2 macrophages and regulatory T cells are crucial for reducing inflammation and healing tissues after kidney injury [8]. It was reported that the CD4<sup>+</sup> T cell was a major pathogenic factor in ischemic acute renal failure [9]. CD4+ and CD8<sup>+</sup> T cells provide protection against AA-induced acute tubular necrosis [10]. There is growing evidence that the tumor microenvironment contains an imbalance of pro-inflammatory and anti-inflammatory cells which play an important role in the development of malignancies [11]. However, to date, little is known regarding the complex immune microenvironment in AKI.

It is well known that mitochondria are important organelles in cells, which play vital roles in metabolic modulation, adenosine triphosphate (ATP) synthesis, reactive oxygen species (ROS) generation, and cell differentiation and death. Recent studies have shown that mitochondrial dysfunction has been recognized as a contributor in AKI. Renal microvascular loss, oxidative stress, apoptosis, and eventually renal failure are all exacerbated by persistent dysregulation of mitochondrial homeostasis in AKI [12]. Thus, understanding the molecular processes that control mitochondrial activities and the pathophysiology in AKI is crucial to find new therapeutic approaches.

Over the past decades, non-coding RNAs (ncRNA) have been shown to play an important role in a variety of cellular physiological and pathological processes, including cell proliferation, cell death, inflammation, etc. [13]. Long noncoding RNA (LncRNA) is a type of non-coding RNA with a transcript length greater than 200 nt, which is transcribed by RNA polymerase

II. Abnormally expressed IncRNAs often play a role in promoting or inhibiting the development of AKI [14-16]. Recent studies have found that IncRNAs regulate the key microRNAs (miRNAs) in AKI through the mechanism of competing with endogenous RNA (ceRNA), which plays an important role in the occurrence and development of AKI [17]. ceRNA networks, as a new mechanism for regulating genes at the posttranscriptional level with competitive endogenous regulation, can be applied to the systematic study of biological processes and provide a new method for the investigation and treatment of diseases [18]. The potential IncRNAs associated with ceRNA pairs involved in CIS or I/R induced AKI stills remain unclear.

In this study, differentially expressed IncRNAs and mRNAs were explored in I/R and CIS induced AKI. The target miRNAs of DE IncRNAs and the miRNA of IncRNA target mRNAs were predicted. IncRNA-miRNA-mRNA ceRNA network was constructed in I/R and CIS induced AKI. We further analyzed Gene Ontology (GO) functional and Kyoto Encyclopedia of Genes and Genomes (KEGG) pathway of I/R and CISinduced deferentially expressed genes in ceRNA network. A protein-protein interaction (PPI) network of I/R and CIS-induced specific genes in AKI was construct. Finally, the correlation between mRNA and immune cell infiltration in the tumor microenvironment was evaluated based on the CIBERSORT algorithm. Our findings may shed light on a novel mechanism of AKI etiology and provide novel diagnostic or prognostic markers and therapeutic target.

# Materials and methods

Gene expression omnibus dataset

The genes expression profile of AKI was obtained from Gene Expression Omnibus database (http://www.ncbi.nlm.nih.gov/geo). The GSE106993 dataset contains 3 normal group and 3 CIS-induced AKI group samples in mice, and the GSE130814 includes 2 normal group and 6 CIS-induced AKI group samples in mice. The GSE106993 was used to analyze the DE IncRNA, and the GSE130814 was used to analyze the DE mRNA in CIS-induced AKI group and normal group. The GSE98622 dataset, which contains 9 normal group and 31 ischemia reperfusion injury (IRI) induced AKI group sample in mice, was used to analyze DE mRNAs and DE IncRNAs between IRI-induced AKI group and normal group.

#### Identification of DE mRNAs and IncRNAs

After the expression data of normal group and AKI group were normalized, the differentially expressed lncRNAs and mRNAs were analyzed using Limma package in R software based on *P*-value < 0.05 and log2|fold change (FC)|  $\geq$  1. The gene ID was transformed into gene symbol by using the gene annotation file of mice in GENCODE (https://www.gencodegenes.org/). The 'pheatmap' package was used to exhibit the heat map in R software [20].

#### Prediction of targets

The ceRNA network of AKI was then developed step-by-step according to the following procedures. First, the file of potential interactions of DE IncRNA-miRNA was downloaded from miRDB (http://mirdb.org) [21]. Next, the highly reliable online miRNA reference databases, StarBase dataset (http://starbase.sysu.edu. cn/) [22] were used to retrieve experimentallyvalidated or predictive miRNA targeted mRNAs. The targeted mRNAs were further compared with differentially expressed RNAs identified between normal group and AKI group, and the intersected mRNAs were retained to develop the ceRNA network.

# Construction of IncRNA-miRNA-mRNA ceRNA network

The CIS-specific IncRNA-miRNA-mRNA ceRNA network, IRI induced AKI-specific IncRNAmiRNA-mRNA ceRNA network and common ceRNA network were constructed. Cytoscape software (San Diego, CA, USA) was used to visually display.

# GO and KEGG analysis

GO functional and KEGG pathway enrichment analyses of CIS-induced specific genes, IRIinduced specific genes, and common genes in ceRNA network were enriched by using DAVID database (https://david.ncifcrf.gov/) [23]. The cellular component (CC), molecular function (MF), and biological process (BP) were analyzed. GO terms with *p* values less than 0.05 were considered significantly enriched.

#### Protein-protein interaction (PPI) network construction

PPI network of CIS-induced specific genes, IRIinduced specific genes and common genes in AKI was constructed with the STRING database (https://string-db.org/) and visualized using Cytoscape software [24]. STRING database is a functional protein association network, assembling all known and predicted proteins. Multiple protein names were put into the list box, with one name per line. PPI network interaction file with medium confidence scores  $\geq 0.4$  was downloaded.

#### Immune infiltration analysis

Normalized gene expression data were uploaded to TIMER2.0 (http://timer.cistrome.org/), a website that provides comprehensive evaluation and analysis of tumor-infiltrating immune cells, to calculate the proportion of the 22 immune cells in each sample based on the CIBERSORT algorithm. The Wilcoxon rank-sum test was used to assess the variations in immune cell infiltration between the IR/CISinduced group and normal group.

### Statistical analysis

*P*-value < 0.05 was considered statistically significant. Data processing and analysis were performed using Microsoft Excel and R software (R software, version 3.5.1).

# Results

#### Identification of differentially expressed (DE) IncRNAs and mRNAs in AKI

To explore the difference of RNA expression in AKI tissue and normal kidney tissues, DE-IncRNAs and DE-mRNAs were screened out by microarray data analysis. P-value < 0.05 and fold change  $\geq 1$  was used as the threshold of screening DE-IncRNAs and DE-mRNAs. It was reported that CIS induced AKI to change IncRNAs and mRNA expression level. As shown in the Volcano plot (Figure 1A and 1B), a total of 26 DE-IncRNAs were identified between normal group and CIS group from GSE106993 and a total of 1627 DE-RNAs were identified between normal group and CIS group from GSE130814: red indicates upregulated IncRNA and mRNA, and blue indicates downregulated IncRNA and mRNA. The heatmap (Figure 1C and **1D**) shows the DE-IncRNA expression level



**Figure 1.** Identification of DE-IncRNAs and DE-mRNAs in CIS induced AKI. A. Volcano map of DE-IncRNAs in GSE106993. B. Volcano map of DE-mRNAs in GSE130814. Blue represents downregulated genes, and red represents upregulated genes. C. The heatmap shows the expression level of DE-IncRNAs in normal group and CIS group. D. The heatmap shows the expression level of DE-mRNAs in normal group. AKI, acute kidney injury.

in 3 normal group and 3 CIS-induced AKI group samples and the DE-mRNA expression level in 2 normal group and 6 CIS-induced AKI group samples in mice.

In IRI induced AKI, the Volcano plot shows that a total of 321 DE-IncRNAs (**Figure 2A**) and 2635 DE-mRNA (**Figure 2B**) were identified between normal group and IRI induced group. Next, the heatmap shows the DE-IncRNAs expression level (**Figure 2C**) and DE-mRNAs expression level (**Figure 2D**) in 9 normal group and 31 IRI induced AKI group samples. Subsequently, we performed Venn analysis to obtain more credible DE-IncRNAs and DE-mRNAs. Next, Venn diagram shows that there were 2 common DE-IncRNAs in the GSE98622 of CIS group and GSE106993 of IRI group (Figure 3A). We further found that there were 375 common DE-mRNAs in the GSE98622 of CIS group and GSE106993 of IRI group (Figure 3B).

In addition, the differentially expressed mitochondrial apoptosis-related genes in the two datasets are shown in **Figure 4A** and **4B**. Among them, mitochondrial apoptosis-related genes Pmaip1 and Nptx1 showed signifi-



**Figure 2.** Identification of DE-IncRNAs and DE-mRNAs in IRI induced AKI. Volcano map of DE-IncRNAs (A) and DE-mRNAs (B) in GSE98622. (C) The heatmap shows the expression level of DE-IncRNAs (C) and DE-mRNAs (D) in normal group and IR group. AKI, acute kidney injury.

cantly high expression in the GSE98622 and GSE106993 datasets as shown in the expression box plot (Figure 4C and 4D). This result indicates that mitochondrial apoptosis and abnormal expression of related genes may play an important role in AKI.

# Construction of IncRNA-miRNA-mRNA ceRNA network

miRanda was used to predict the target miRNA of DE-IncRNA, and StarBase dataset was used to predict the target mRNA of miRNA. In CIS induced AKI group, the CIS-specific ceRNA network contained 18 IncRNA (Figure 5A). In IRI induced AKI group, the IRI-specific ceRNA network contained 15 IncRNA (Figure 5B). Next, the common ceRNA network was constructed between CIS group and IRI group, which contained 2 IncRNA, 65 miRNAs and 167 mRNAs (Figure 5C). Previous analysis found that many mitochondrial apoptosis-related genes were abnormally expressed. Among them, the fold difference of Pmaip1 and Nptx1 was the two most significant. Therefore, in order to explore its mechanism of action on AKI, we constructed a ceRNA regulatory network map for Pmaip1 and Nptx1 (Figure 5D).



Figure 3. The common DE-IncRNAs and DE-mRNAs in CIS and IRI induced AKI. A. Venn diagram of the 2 common DE-IncRNAs in GSE98622 and GSE106993. B. Venn diagram of the 375 common DE-mRNAs in GSE98622 and GSE130814. AKI, acute kidney injury.



Figure 4. Mitochondrial apoptosis-related DEGs in CIS and IRI induced AKI. The heatmap shows the expression level of mitochondrial apoptosis related DEGs in GSE98622 (A) and GSE130814 (B). The expression pattern of Nptx1/Pmaip1 in GSE98622 (C) and GSE130814 (D). AKI, acute kidney injury.



A



**Figure 5.** The construction of ceRNAs network. A. ceRNA network in CIS induced AKI. B. ceRNA network in IRI induced AKI. C. The common DE-IncRNAs ceRNA network in CIS and IRI induced AKI. D. Mitochondrial apoptosis-related ceRNA network in CIS induced AKI. AKI, acute kidney injury.

# GO functional and KEGG pathway analyses of DE mRNAs

To understand the underlying biological functions of CIS-induced specific genes, IRI-induced specific genes, and common genes in ceRNAs network, GO functional and KEGG pathway analyses were performed. As shown in **Figure 6A**, the CIS-induced specific genes were involved in biological process (BP) of cell prolif-

# Key RNAs in acute kidney injury



**Figure 6.** The GO and KEGG pathway enrichment of all mRNAs involved in ceRNA network. A. The GO analysis of CIS-induced specific genes. B. The KEGG pathway enrichment of CIS-induced specific genes. C. The GO analysis of IRI-induced specific genes. D. The KEGG pathway enrichment of IRI-induced specific genes. E. The GO analysis of common genes in CIS and IRI induced AKI. F. The KEGG pathway enrichment of common genes in CIS and IRI induced AKI. F. The KEGG pathway enrichment of common genes in CIS and IRI induced AKI. AKI, acute kidney injury.

eration, cell death, cell component (CC) analysis of membrane-enclosed lumen, organelle lumen, and molecular function (MF) category of guanyl nucleotide binding, GTP binding and

GTPase activity. Most of these functions are involved in AKI cell death process through regulating protein binding and enzyme activity. In addition, the KEGG pathway analysis indicated that CIS-induced specific genes were involved the neuroactive ligand receptor interaction, sphingolipid metabolism, glycosphingolipid biosynthesis, etc. (Figure 6B). As shown in Figure 6C, the IRI induced specific genes were enriched in the BP of cell adhesion, cell cycle, and cell death, the CC of plasma membrane, extracellular region, and cytoskeleton, the MF of ion binding, and nucleotide binding. The KEGG pathway analysis was involved in MAPK signaling pathway, cell cycle, extracellular matrix (ECM)-receptor interaction (Figure 6D). The 167 common mRNAs were enriched in the BP of regulation of transcription, metabolic process, cell proliferation, the CC of extracellular region and space, and the MF of DNA binding, transcription regulator activity, sequence-specific DNA binding and protein dimerization activity in CIS and IRI induced AKI (Figure 6E). The 167 common mRNAs were involved in the MAPK signaling pathway and JAK-STAT signaling pathway etc. (Figure 6F).

### PPI network construction and analysis

The PPI network shows 292 nodes and 728 edges. There were 62 upregulated genes and 230 downregulated genes in CIS induced AKI (Figure 7A). In IRI induced AKI, the PPI network shows 391 nodes and 1885 edges. There were 362 upregulated gens and 29 downregulated genes (Figure 7B). Besides, a total of 81 node, which contained 3 upregulated genes and 78 downregulated gens in CIS group and IRI group (Figure 7C), including Jun, Btg2, Fosb, CCI9, etc.

# The landscape of immune infiltration in AKI

We first disclosed the landscape of 22 immune cell infiltrating subpopulations in CIS/IRI in order to explore the landscape of immune infiltration in AKI. Then, using the CIBERSORT algorithm, we looked at the differences between the CIS/IRI group and the normal group. The findings demonstrated that there were significant differences in immune cell fractions across the groups (**Figure 8A**). In addition, compared with normal group, the CIS/IR group contained a great number of NK cells and CD8<sup>+</sup> T cells, while CD4<sup>+</sup> T cells were relatively lower (Figure 8B). Moreover, CD8<sup>+</sup> T cells and CD4<sup>+</sup> T cells showed the strongest positive correlation (P < 0.001, r > 0.5), while B cells and macrophages showed the strongest negative correlation (P < 0.001, r < -0.5) in GSE130814 (Figure 8C). Altogether, these results reveal that the immune responses in AKI act as an intricate network and proceed in a tightly regulated way.

# Discussion

AKI is an immediate syndrome characterized by a sudden drop-in glomerular filtration rate, a rapid increase in serum creatinine (SCr), and decreased urine volume, with high morbidity and mortality rate. Due to the high incidence, high mortality rate and high medical treatment cost, AKI has become a global public health problem. At present, the pathogenesis and treatment of AKI is the focus of research, which has important clinical and social significance. Recent studies have indicated a potential link between CIS induced AKI, IRI induced AKI and circRNA, IncRNA, mRNA [25, 26]. For example, 368 DE-circRNAs, 618 mRNAs and 98 Inc-RNAs were identified between CIS group and normal group [27]. The expression levels of IncRNAs (PRNCR1 and OIP5-AS1) were significantly decreased in CIS-induced AKI mice [28, 29]. Neat1 was upregulated in IRI induced AKI [30]. In this study, we found that a total of 26 DE-IncRNAs and 1627 DE-RNAs were identified between normal group and CIS-induced AKI group, while a total of 321 DE-IncRNAs and 2635 DE-mRNA were identified between normal group and IRI-induced AKI group. The 2 common DE-IncRNAs and 375 common DE-mRNAs were identified in the CIS- and IRIinduced AKI. Previous analysis found that many mitochondrial apoptosis-related genes were abnormally expressed. Among them, the fold difference of Pmaip1 and Nptx1 was the two most significant. Pmaip1 belongs to a proapoptotic subfamily within the BCL-2 protein family, also referred as the BCL-2 homology domain 3 (BH3)-only subfamily, which determines whether a cell commits to apoptosis. In response to death-inducing stimuli, BH3-only members inhibit the anti-apoptotic BCL-2 family members, which keep the multi-BH domain proteins BAX and BAK under steady-state conditions, in an inactive state. As a downstream target of the AKT pathway, NPTX1 inhibits pro-







Figure 7. PPI network construction of ceRNA network expressed genes. A. The PPI network construction of CIS-induced specific genes. B. The PPI network construction of IRI induced specific genes. C. The PPI network construction of common mRNAs in ceRNA network. Red nodes indicate high-expressed mRNAs, and blue nodes indicate low-expressed mRNAs. PPI, protein-protein interaction.

# Key RNAs in acute kidney injury



Figure 8. Immune infiltration analysis. A. The landscape of immune infiltration in AKI and difference of immune infiltration between AKI group and normal group in GSE98622 and GSE130814. B. Violin plot visualizing the differentially infiltrated immune cells. C. Correlation heatmap depicting correlations between infiltrated immune cells in AKI. AKI, acute kidney injury.

liferation and promotes apoptosis in hepatocellular carcinoma [31]. As a downstream target of the AKT pathway, NPTX1 inhibits proliferation and promotes apoptosis in hepatocellular carcinoma. NPTX1 inhibits pancreatic cancer cell proliferation and migration and enhances chemotherapy sensitivity by targeting RBM10. However, the underlying mechanism of AKT and NPTX1 involved in apoptosis still need to be explored.

The potential IncRNAs - ceRNA pairs involved in CIS/IRI-induced AKI still remain unclear. CeRNA networks, as a new mechanism for regulating genes at the post-transcriptional level with competitive endogenous regulation, can be applied to the systematic study of biological processes and provide a new method for the study and treatment of diseases [13]. Previous studies found that IncRNA HCG18 as a ceRNA inhibited miR-16-5p and increased Bcl-2 to alleviate AKI in mice with IRI [32]. IncRNA can play a role in AKI through the ceRNA mechanism [33]. Here, we found that the common ceRNA network was constructed between CIS group and IRI group, which contained 2 IncRNAs, 65 mmu-miRNAs and 167 mRNAs. The hub IncRNAs (Platr7 and Gm15611) might act as the novel therapeutic targets for AKI patients.

Many signaling pathways play important regulatory roles in inflammation, apoptosis, cell death, oxidative stress, cell cycle and metabolism in the processes of AKI [34, 35]. IncRNA regulated AKI related signaling pathways through the mechanism of ceRNA [19]. For example, IncRNA H19 promoted kidney fibrosis by regulating Wnt/ $\beta$ -catenin signaling pathway [36]. The downregulated Panx1 improved IRI-induced AKI by attenuating MAPK/ ERK activation [37]. Previous studies found that the inhibition of JAK/STAT signaling pathway could protect against CIS-induced AKI [38]. GO and KEGG analysis were enriched in the BP of regulation of transcription, metabolic process, cell proliferation, the CC of extracellular region and space, and the MF of DNA binding, transcription regulator activity, sequencespecific DNA binding and protein dimerization activity of ceRNA network genes in CIS- and IRI-induced AKI. The 167 common mRNAs in ceRNA network were involved in the MAPK signaling pathway and JAK-STAT signaling pathway, etc.

There are still some limitations in the current investigation. First, this is a bioinformatic study without animal experiment verification. Furthermore, it is unknown how the two mitochondrial apoptosis-related genes play a role in AKI. In addition, the biological functions and specific molecular mechanisms of DE-IncRNAs in the pathogenesis of AKI warrant further exploration. At last, the findings in this study should be verified by experiments.

In conclusion, by means of comprehensive analysis of mRNA, IncRNA and miRNA expression profiles of AKI in GEO database, we screened out DE-IncRNAs and DE-mRNAs in AKI patients and identified I/R and CIS induced AKI-specific IncRNAs and miRNAs, which might be involved in the onset, progression and prognosis of AKI. More importantly, the ceRNA network was successfully constructed and enriched in MAPK signaling pathway and JAK-STAT signaling pathway. Our data might lay a foundation for further functional research of IncRNAs in AKI and suggest that specific IncRNAs and miRNAs could be valuable for diagnosis and treatment of AKI.

# Disclosure of conflict of interest

# None.

Address correspondence to: Jianfei Li, Department of Nephrology, Liuzhou People's Hospital, No. 8 Wenchang Road, Chengzhong District, Liuzhou, Guangxi, China. Tel: +86-13633060108; E-mail: lijianfei25223@163.com

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