

Original Article

Genetic alteration and prospective signaling pathways of miR-517a-3p in bladder cancer: a study based on miRNA sequencing data and bioinformatics methods

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Abstract: Purpose: To explore the clinicopathological value and prospective function of microRNA-517a-3p (miR-517a-3p) in bladder cancer (BC). Methods: The clinical importance of miR-517a-3p expression and genetic alteration in BC was unraveled by using The Cancer Genome Atlas (TCGA), cBioPortal, Gene Expression Omnibus (GEO) and ArrayExpress. The potential target genes of miR-517a-3p were obtained via the combination of predicted genes and down-regulated genes post miR-517a-3p transfection *in vitro* from microarray (GSE39093). The probable signaling pathways were further evaluated with multiple bioinformatics approaches. Results: MiR-517a-3p expression was significantly higher in the samples of pathologic N stage (N1-N3), pathologic stage (III-IV) and patients with lymphovascular invasion than that of their counterparts ($P < 0.05$) based on data from TCGA. The amplification was the only alteration type which counted for 3% (14/412) in BC as indicated by cBioPortal. A total of 858 genes were gained by prediction from at least two predicting programs. Compared to control cells, there were 4844 genes down-expressed after BC cells (BOY and T24) were transfected with miR-517a-3p. Only "hsa05200: Pathways in cancer" was significantly enriched via Kyoto Encyclopedia of Genes and Genomes (KEGG) pathway analysis ($P < 0.05$). Three significant pathways were discovered in PANTHER pathway analysis ($P < 0.05$). Hub genes, such as CREB1, MAPK1, RPS6KA5, SMAD3 and PPARA, were identified by protein-protein interaction. Conclusion: The results in this study indicate that miR-517a-3p may play a potential role in the occurrence and development of BC, especially its genetic alteration, via various signal pathways. However, the exact mechanism still needs to be ascertained by *in vitro* and *in vivo* experiments.

Keywords: Bladder cancer, miR-517a-3p, amplification, pathways, hub genes

Introduction

Bladder cancer (BC) ranks the second most common urogenital canal malignant tumor. Despite breakthrough advances in treatment, including surgical operation and adjuvant therapies, BC continues to be one of the most common diseases with high mortality and 70% recurrence rate in the world [1]. Among recurrent tumors of BC, 10-15% cases keep developing into muscle invasion and metastasis. The disease is divided into non-muscle-invasive and muscle-invasive cancers according to the status of invasiveness [2-5]. Diagnosis delay

can cause a poor prognosis. Therefore, it is urgent to have a better understanding of the exact mechanism of bladder carcinogenesis, hence to improve the diagnostic strategies of BC. Recently, evidence accumulated through bioinformatics and molecular biology creates the possibility of understanding deeply of BC phenotype, genotype and predicting the risk of cancer, including the application of microRNAs (miRNAs) [6-9].

The finding of miRNAs, which contain ~22 nucleotide RNAs that suppress protein synthesis based a sequence-specific mode has brought

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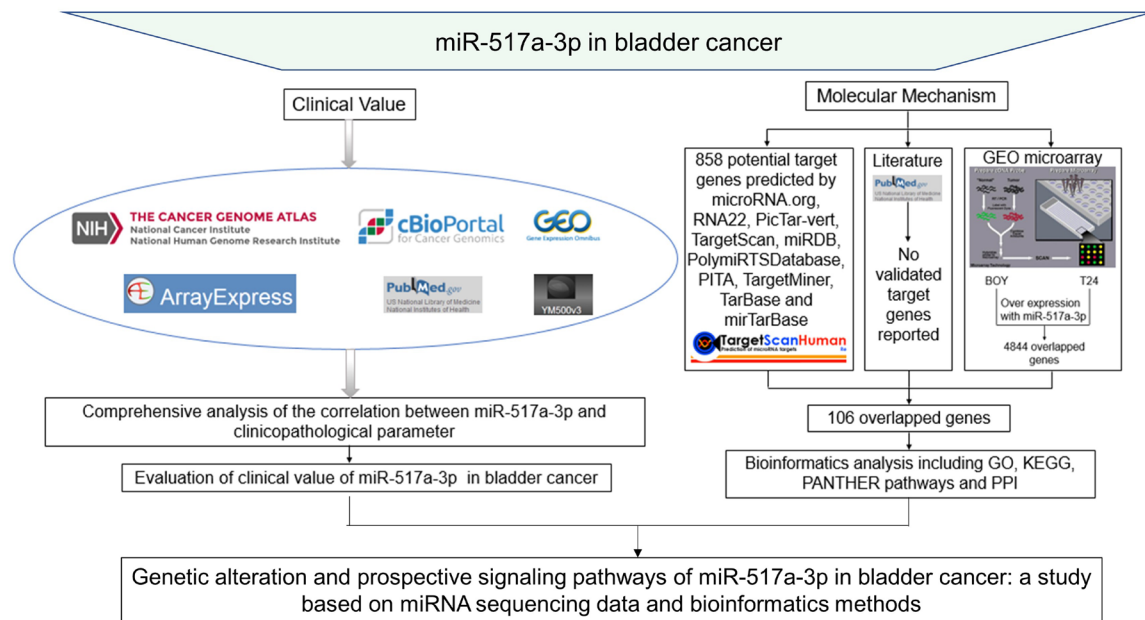


Figure 1. The work flow of the bioinformatical analysis for miR-517a in bladder cancer.

courage for innovative diagnostic and therapeutic strategies for cancers [10-13]. It has been discovered that miRNAs can modulate the expression of oncogenes or tumor suppressive genes involved in the occurrence and progress of malignant tumors, including BC [14-17]. The abnormal expression and genetic alteration of various miRNAs are closely related to BC, such as miR-34, miR-100, miR-146b, miR-9 and miR-193a-3p [18-20].

MiR-517a-3p, located on chromosome 19q-13.42, has been investigated in several cancers, including neuroblastoma [21], colorectal cancer [22], lung cancer [23] and hepatocellular carcinoma [24]. However, only two studies have been carried out so far to explore the function of miR-517a-3p in BC. MiR-517a-3p was identified as one of the hypoxia-regulated miRNAs (HRMs) in BC [25]. But the clinical role, biological function or molecular mechanism of miR-517a-3p in BC was not studied by the research group of Blick et al [25]. MiR-517a-3p was hypothesized to be tumor-suppressive miRNA in BC. The miR-517a-3p (former name as miR-517a) restoration revealed a remarkable suppression of cell growth in two BC cell lines of BOY and T24. Additionally, transfection of miR-517a-3p prominently induced cells apoptosis in BC cells. Moreover, oligo microarray analysis indicated 35 lower and 19 higher

expressed genes after transfection of miR-517a-3p into the BC cells [26]. However, the clinical significance, as well as the potential target genes of miR-517a-3p, was not explored by the group of Yoshitomi et al [26]. Thus, an in-depth analysis is urgently required to define whether miR-517a-3p participates in the occurrence and development of BC, and to comprehensively investigate the prospective target genes and regulation networks of miR-517a-3p in BC.

Therefore, in the current investigation, we first attempted to explore the clinical role of the expression level and genetic alteration of miR-517a-3p in BC with data from the cancer genome atlas (TCGA, <https://cancergenome.nih.gov/>), cBioPortal for Cancer Genomics (<http://www.cbioportal.org/>), Gene Expression Omnibus (GEO, <https://www.ncbi.nlm.nih.gov/geo/>), and YMS00v3 (<http://driverdb.tms.cmu.edu.tw/ym500v3/>). Second, we gathered the potential target genes via predicting platforms and gene profiling post miR-517a-3p overexpression *in vitro*. Further signaling pathway analyses were performed with enrichment of functional annotation and biological pathway analyses to explore the prospective role of miR-517a-3p in the carcinogenesis and progress of BC (Figure 1).

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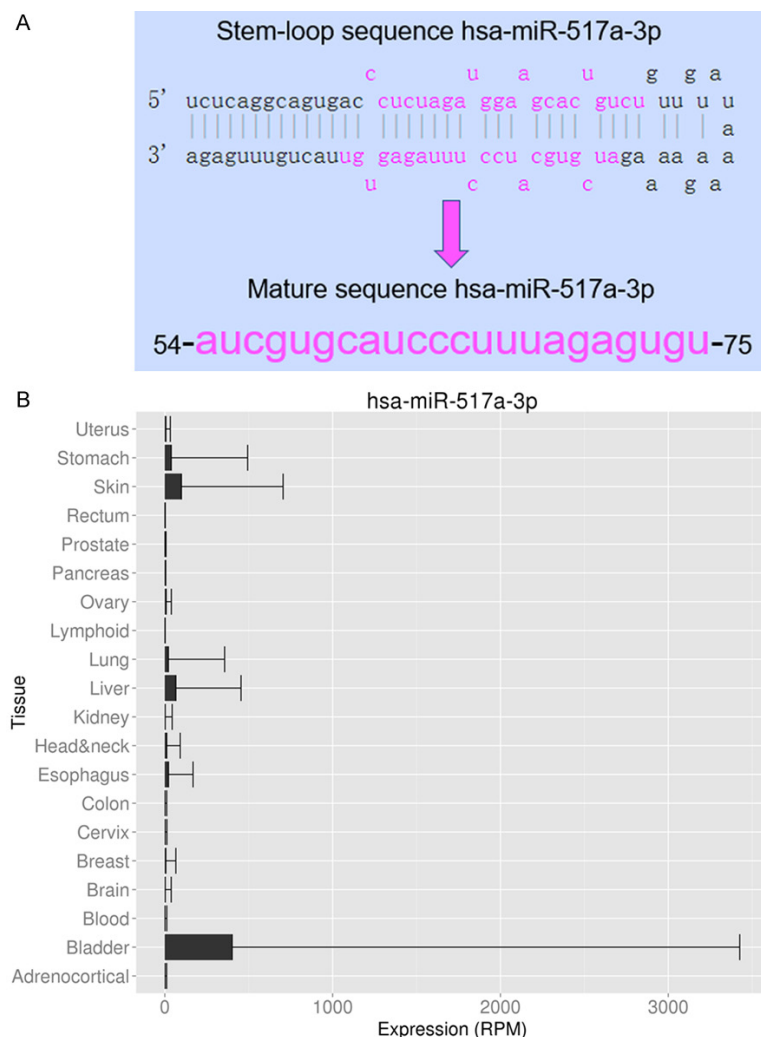


Figure 2. Expression level of miR-517a-3p provided from YM500v3. A. Sequence of hsa-miR-517a-3p (www.mirbase.org); B. Expression level of miR-517a-3p in different cancers (YM500v3, <http://driverdb.tms.cmu.edu.tw/ym500v3/>).

Materials and methods

Data extraction and assessment from TCGA

Since TCGA did not provide the expression data of mature miRNA, we extracted the data of miR-517a and clinical information of BC patients. The dataset contained 429 samples including 410 cases and 19 controls. After the exclusion of those samples whose log₂ scale of miR-517a expression was lower than 1, only 106 cases and no controls were left. The clinical information and follow-up data of these patients, including gender, Body Mass Index (BMI), neoplasm histologic grade, clinical T stage, lymphovascular invasion, pathologic T stage, pathologic N stage, pathologic M stage, pathologic

stage, tobacco smoking history, and primary therapy outcome were also obtained to evaluate the potential relationship between expression levels of miR-517a and clinical parameters. The genetic alteration of miR-517a was downloaded from cBioPortal with 412 BC patients being involved.

MicroRNA microarray searching and data analysis from GEO and ArrayExpress

To further collect the information of miR-517a-3p expression in BC, public microarray data from GEO and ArrayExpress were searched with the following keywords: (bladder OR urothelial OR urinary OR urogenital) AND (cancer OR carcinoma OR tumor OR neoplasm* OR malignant*). Two authors (Xing-Gu Lin and Rong-Quan He) performed the initial blind screening, data extraction and data re-calculation. A third author (Gang Chen) re-examined and ensured the correctness of all steps. The expression data of miR-517a-3p was extracted from BC and relevant controls.

Altogether, 12 microarrays were obtained from both GEO and ArrayExpress, including GSE20414, GSE-20418, GSE31616, GSE31617, GSE36121, GSE39067, GSE39093, GSE40355, GSE48008, GSE50894, GSE81201 and GSE86411. Microarrays without normal tissue controls or expression data were excluded. Finally, only data from GSE39093 could be re-calculated, which led to the failure to perform a meta-analysis.

Prediction of the prospective target genes of miR-517a-3p

The prediction of miR-517a-3p target genes was conducted with different bioinformatics tools, including microRNA.org, RNA22, PicTarvert, TargetScan, miRDB, PolymiRTS Database, PITA, TargetMiner, TarBase and mirTarBase.

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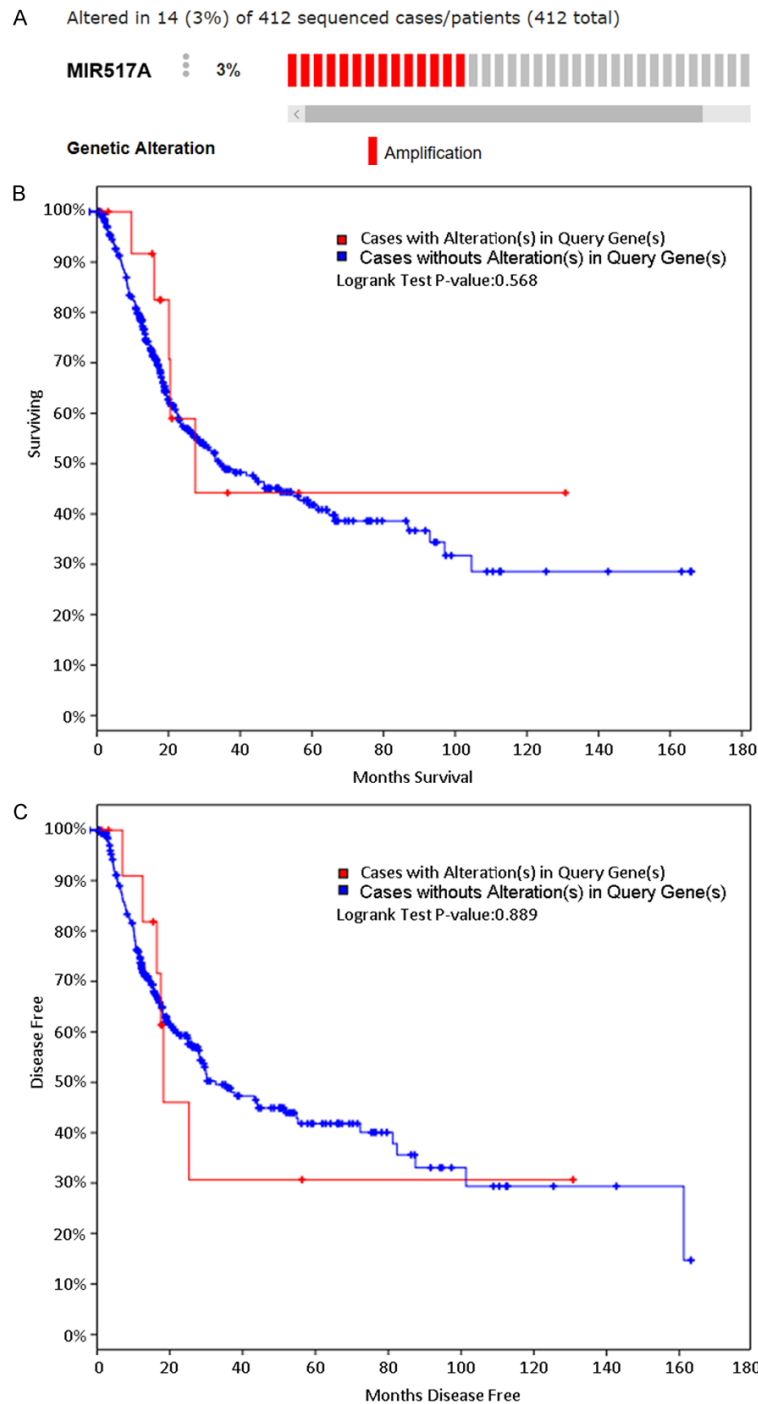


Figure 3. Alteration and prognostic value of miR-517a provided by cBioPortal. A. Genetic alterations of miR-517a in bladder cancer. B. The relationship between amplification of miR-517a and overall survival. C. Disease free survival.

Only genes appearing for over two times among 10 platforms were regarded as potential target genes of miR-517a-3p.

The validated target genes of miR-517a-3p were also obtained from literatures. We searched PubMed, Web of Science, as well as Chinese datasets of CNKI, Wanfang to identify validated target genes of miR-517a-3p up to 1st Feb, 2017. The following terms were used for searching: (bladder OR urothelial OR urinary OR urogenital) AND (cancer OR carcinoma OR tumor OR neoplasm* OR malignant*) AND (MicroRNA517a OR miRNA517a OR miR517a OR miR-517a OR miRNA-517a OR microRNA-517a OR "microRNA517a" OR "miRNA517a" OR "miR517a" OR miR-517a-3p OR miRNA-517a-3p OR microRNA-517a-3p).

Correlative genes of miR-517a-3p in BC as assessed by microarray

Previously, a microarray with correlative genes of post miR-517a-3p transfection *in vitro* was achieved from GEO (GSE-24782) with two BC cell lines of BOY and T24. The down-regulated genes from both two cell lines were gathered and integrated with the predicting genes mentioned above.

Gene ontology (GO) and pathway analysis

To explore the prospective biological effects of miR-517a-3p in BC, target genes of miR-517a-3p were sent for GO, Kyoto Encyclopedia of Genes and Genomes (KEGG) analyses, which were performed via The Database for Annotation, Visualization and Integrated Discovery (DAVID, version 6.8)

and PANTHER analysis. Furthermore, protein-protein interaction (PPI) was conducted to identify the hub genes.

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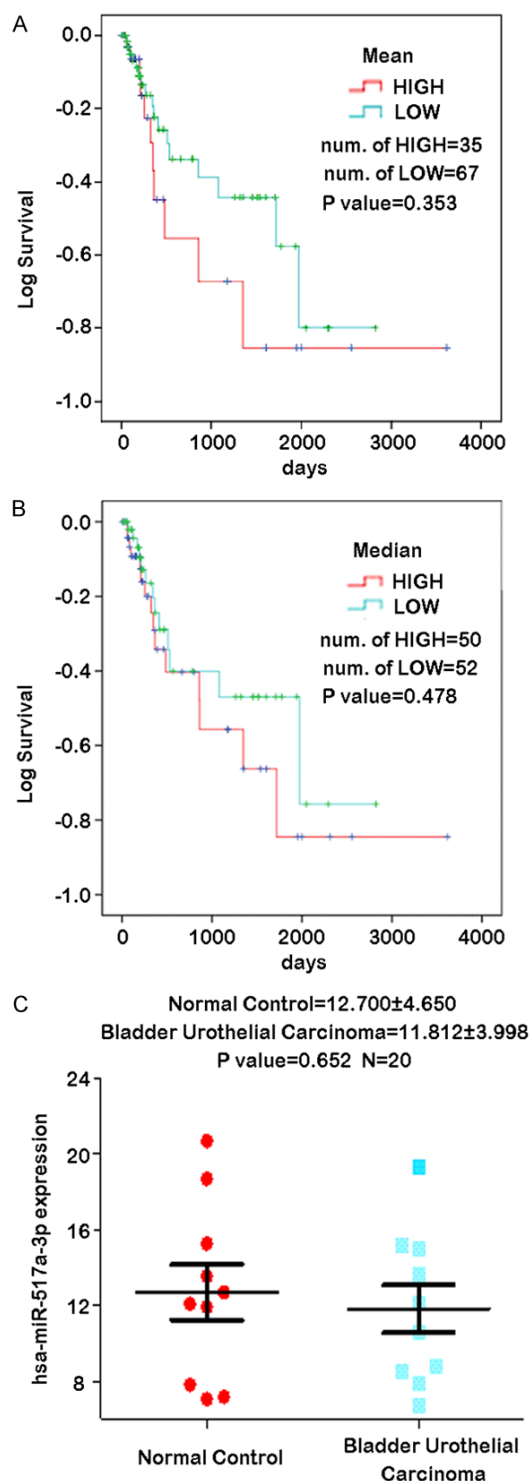


Figure 4. Clinical role of miR-517a-3p expression in bladder cancer based on data from TCGA and GEO. Relationship between miR-517a expression and patient survival based on TCGA data: (A) The groups of high and low were divided based on mean (A) or median (B) of miR-517a-3p level. (C) MiR-517a-3p expression level between normal control and bladder cancer tissues from GSE39093. Note: TCGA, the Cancer Genome Atlas; GEO, Gene Expression Omnibus.

Statistical analysis

Statistical analysis was performed by the software of Statistical Product and Service Solutions (SPSS, IBM Corporation, NY, USA). The data of miR-517a expression were exhibited as mean \pm standard deviation (SD). Student's t-test for independent-samples was used to assess the clinical role of miR-517a. Survival curves were drawn by the Kaplan-Meier (K-M) analysis. *P* value <0.05 was considered significant in the current study.

Results

Clinical role of miR-517a in the data of TCGA

The expression level of miR-517a in different cancers could be obtained from YM500v3 (**Figure 2**) and BC tissues exhibited clearly a high level of miR-517a compared to other cancers. Due to the lack of data in controls, it was not possible to compare the difference of miR-517a level between BC and non-cancerous groups. As for the genetic alterations of miR-517a, 14 among 412 cases were amplified in BC (**Figure 3A**). The amplification was the only one alteration type identified for miR-517a and no mutation, upregulation or downregulation was observed. When concerning the relationship between miR-517a amplification and the outcome of BC patients, no significant relationship was found, including overall survival or disease free survival (**Figure 3B, 3C**). We were also interested in the influence of miR-517a level on the prognosis of BC patients. Patients were divided into high and low group by the mean or median of miR-517a expression data. K-M curves showed that patients with lower level of miR-517a tended to have a slightly better survival as compared to those with higher level; however, both of the *P* values did not reach to be significant ($P_{\text{mean}}=0.353$, **Figure 4A**; $P_{\text{median}}=0.478$, **Figure 4B**). However, remarkable correlations were found between miR-517a expression and three clinical parameters respectively, including lymphovascular invasion ($t=-1.201$, $P=0.023$), pathologic N stage ($t=-2.007$, $P=0.048$) and pathologic stage ($t=-1.993$, $P=0.049$) (**Table 1**).

MiR-517a level from GEO and ArrayExpress

The relative expression level of miR-517a-3p was 11.812 ± 3.998 in BC tissues, slightly lower than that in the controls (12.700 ± 4.650 , $P=0.652$). However, only 10 cases of BC patients

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Table 1. Correlation between miR-517a expression and clinicopathological parameters in BC

| Clinicopathological parameters | N | MiR-517a expression | | |
|--------------------------------|----|---------------------|--------|-------|
| | | Mean \pm SD | t | P |
| Gender | | | 0.988 | 0.325 |
| Male | 82 | 3.625 \pm 2.578 | | |
| Female | 24 | 3.059 \pm 2.038 | | |
| BMI | | | 1.786 | 0.077 |
| \leq 25 | 39 | 4.051 \pm 2.772 | | |
| $>$ 25 | 60 | 3.127 \pm 2.337 | | |
| Neoplasm histologic grade | | | 0.190 | 0.850 |
| Low grade | 5 | 3.684 \pm 2.019 | | |
| High grade | 99 | 3.469 \pm 2.485 | | |
| Clinical T stage | | | 0.503 | 0.618 |
| T1-T2 | 36 | 3.062 \pm 2.177 | | |
| T3-T4 | 10 | 2.695 \pm 1.390 | | |
| Lymphovascular invasion | | | -1.201 | 0.023 |
| No | 37 | 3.168 \pm 2.660 | | |
| Yes | 45 | 3.854 \pm 2.501 | | |
| Pathologic T stage | | | -1.139 | 0.258 |
| T0-T2 | 31 | 3.249 \pm 2.180 | | |
| T3-T4 | 64 | 3.881 \pm 2.689 | | |
| Pathologic N stage | | | -2.007 | 0.048 |
| N0 | 57 | 3.140 \pm 2.436 | | |
| N1-N3 | 36 | 4.199 \pm 2.548 | | |
| Pathologic M stage | | | 0.271 | 0.787 |
| M0 | 52 | 3.173 \pm 2.381 | | |
| M1 | 2 | 2.712 \pm 0.024 | | |
| Pathologic stage | | | -1.993 | 0.049 |
| I-II | 33 | 2.787 \pm 1.989 | | |
| III-IV | 71 | 3.803 \pm 2.593 | | |
| Tobacco smoking history | | | -0.446 | 0.657 |
| $<$ 2.46 | 50 | 3.380 \pm 2.475 | | |
| \geq 2.46 | 55 | 3.597 \pm 2.503 | | |
| Primary therapy outcome | | | -0.423 | 0.674 |
| CR+PR+SD | 57 | 3.385 \pm 2.402 | | |
| PD | 10 | 3.746 \pm 2.957 | | |

Abbreviations: BMI, Body Mass Index; CR, Complete Remission/Response; PR, Partial Remission/Response; SD, Stable Disease; PD, Progressive Disease.

and 10 controls were enrolled in this microarray (**Figure 4C**). We also attempted to perform a meta-analysis to study the clinical role of miR-517a in BC with data from literatures. But no sufficient data could be achieved.

Prediction of the potential target genes of miR-517a-3p

Since miRNA regulation depends on the influence upon their target-protein-coding genes,

we screened out the predicted targets of the miR-517a-3p based on multiple platforms. Among the 10 predicting programs, PicTar-vert and PolymiRTS Database provided no results. Thus, based on the results of the leaving eight prediction databases, including TargetScan, microRNA.org, RNA22 tool, miRDB, PITA, TargetMiner, TarBase and mirTarBase, a total of 858 genes, each of which was predicted by at least two databases, were selected for further analysis. Unfortunately, no validated target genes could be found in all literatures by far.

Correlative genes of miR-517a-3p in BC as assessed by microarray

GSE24782 microarray was performed by Agilent whole genome microarrays with several human cancer cell lines (BOY, T24, A498, PC3, DU145, FaDu, SAS, HSC3 and IMC3) transfected with different miRNAs (miR-517a-3p, miR-218, miR-145, miR-1 and miR-874). Among all the cell lines, BOY and T24 are BC cells. Due to the potential inverse relationship between miRNA and target genes, only those down-regulated genes were regarded as prospective target genes of miR-517a-3p. Compared to control cells, there were 4844 genes down-expressed with a fold change (FC) $<$ 0.75 after BOY and T24 cells were transfected with miR-517a-3p. These genes were chosen for further analysis.

GO and Pathway analyses of target genes of miR-517a-3p

Both of the predicted targets of miR-517a-3p and correlative genes by microarray inevitably contain a certain false positivity. To improve the accuracy of the prospective target genes, we further overlapped the genes from prediction and microarray. A number of 106 overlapped genes that were more prone to be the targets of miR-517a-3p were achieved (**Table 2**), and categorized in GO, KEGG and PANTHER analyses. There were 65 pathways in biological process-

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Table 2. A total of 106 overlapped genes from predicted targets of miR-517a-3p and correlative genes by microarray

| | | | | | | | |
|----------|---------|---------|---------|---------|----------|----------|---------|
| TMCC1 | IGF1 | SF3B1 | SP4 | MAGI1 | ETS1 | SMAD3 | TNIP3 |
| SPN | DENND1B | SYNJ2BP | APC | DCX | SPOPL | NTRK3 | PRDM2 |
| KIAA2018 | OPCML | SLTM | SP3 | MAEA | PODXL | ADAMTSL1 | CEP170 |
| CCNT2 | EIF1AX | DBT | NPAT | MAPK1 | RAP2B | CLIP1 | UBE2N |
| SLC4A7 | WASL | SPAG9 | BPTF | RPS6KA5 | CLOCK | GEM | MAP1B |
| TCERG1 | ELF2 | KLF12 | TBXA2R | SEC63 | ZZEF1 | TNS1 | RIF1 |
| PGS1 | SPTLC1 | PCDH11Y | PIK3IP1 | PPM1A | STK4 | CDADC1 | CRX |
| PFKFB4 | FOXP1 | CLIP4 | TROVE2 | CREB1 | CLCC1 | USP6 | SYNE1 |
| TMEM108 | DOCK5 | GPR107 | SACS | DGKE | MAML1 | DISC1 | COX18 |
| USP54 | ZNF440 | MTX3 | BTBD9 | PPARA | ZNF431 | SRGAP1 | BRD2 |
| MPPE1 | IRF2BP2 | ZC3H12C | HAPLN4 | HELZ | SH3BGRL2 | DCP1A | PCF11 |
| HYAL1 | RBM33 | KLF9 | EEA1 | EXOC5 | ATRX | RAD51AP1 | CCDC150 |
| TRAF1 | BCAP29 | LRRC58 | CUL5 | RAD21 | SRCAP | ELAVL2 | NUPL1 |
| FOXK1 | MUC5AC | | | | | | |

Table 3. The most strongly enriched pathways of potential target genes of miR-517a-3p in bladder cancer from GO analysis (*P* Value <0.05)

| Term (Biological Process) | Count | <i>P</i> Value |
|---|-------|----------------|
| GO:0006357~regulation of transcription from RNA polymerase II promoter | 17 | 8.49E-06 |
| GO:0045449~regulation of transcription | 33 | 4.25E-05 |
| GO:0045935~positive regulation of nucleobase, nucleoside, nucleotide and nucleic acid metabolic process | 14 | 1.15E-04 |
| GO:0006355~regulation of transcription, DNA-dependent | 25 | 1.35E-04 |
| GO:0051173~positive regulation of nitrogen compound metabolic process | 14 | 1.58E-04 |
| GO:0045893~positive regulation of transcription, DNA-dependent | 12 | 1.70E-04 |
| GO:0045941~positive regulation of transcription | 13 | 1.78E-04 |
| GO:0051254~positive regulation of RNA metabolic process | 12 | 1.82E-04 |
| GO:0010557~positive regulation of macromolecule biosynthetic process | 14 | 1.84E-04 |
| GO:0051252~regulation of RNA metabolic process | 25 | 1.92E-04 |
| GO:0010604~positive regulation of macromolecule metabolic process | 16 | 2.27E-04 |
| GO:0010628~positive regulation of gene expression | 13 | 2.35E-04 |
| GO:0031328~positive regulation of cellular biosynthetic process | 14 | 2.89E-04 |
| GO:0009891~positive regulation of biosynthetic process | 14 | 3.32E-04 |
| GO:0051272~positive regulation of cell motion | 6 | 3.54E-04 |
| GO:0006350~transcription | 26 | 7.08E-04 |
| GO:0051270~regulation of cell motion | 7 | 0.00126068 |
| GO:0032583~regulation of gene-specific transcription | 6 | 0.00146061 |
| GO:0010638~positive regulation of organelle organization | 5 | 0.00175119 |
| GO:0043193~positive regulation of gene-specific transcription | 5 | 0.0020818 |
| GO:0045944~positive regulation of transcription from RNA polymerase II promoter | 9 | 0.00210604 |
| GO:0030335~positive regulation of cell migration | 5 | 0.00226227 |
| GO:0040017~positive regulation of locomotion | 5 | 0.00320887 |
| GO:0030334~regulation of cell migration | 6 | 0.00400028 |
| GO:0006310~DNA recombination | 5 | 0.00410968 |
| GO:0051130~positive regulation of cellular component organization | 6 | 0.00534255 |
| GO:0040012~regulation of locomotion | 6 | 0.00682873 |
| GO:0050678~regulation of epithelial cell proliferation | 4 | 0.0097452 |
| GO:0019827~stem cell maintenance | 3 | 0.01041824 |
| GO:0042981~regulation of apoptosis | 12 | 0.0107028 |
| GO:0045596~negative regulation of cell differentiation | 6 | 0.01103444 |
| GO:0033043~regulation of organelle organization | 6 | 0.01124082 |
| GO:0048864~stem cell development | 3 | 0.01124129 |
| GO:0043067~regulation of programmed cell death | 12 | 0.01147102 |

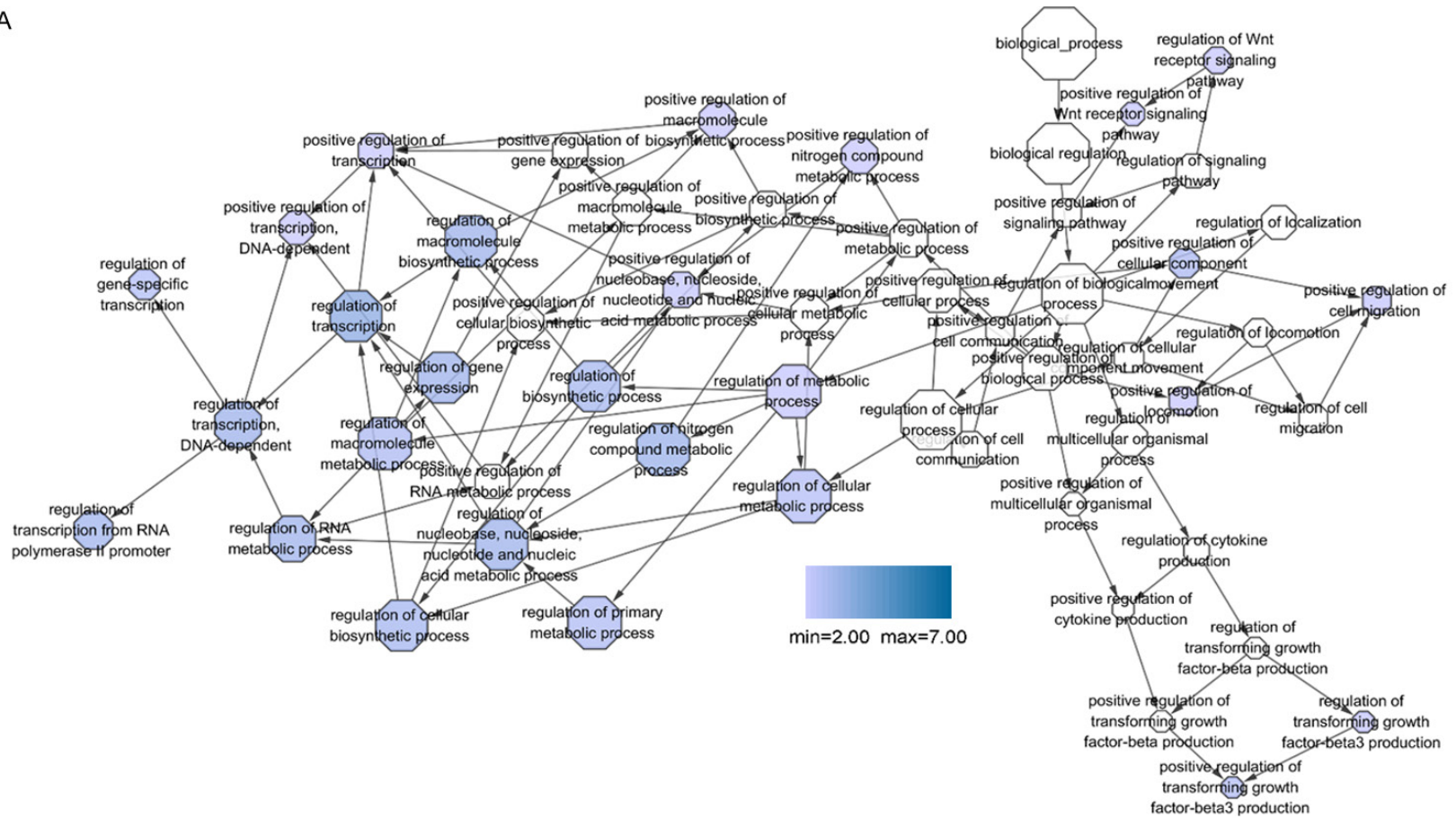
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| | | |
|--|--------------|----------------|
| GO:0010941~regulation of cell death | 12 | 0.01176982 |
| GO:0032916~positive regulation of transforming growth factor-beta3 production | 2 | 0.01238059 |
| GO:0045597~positive regulation of cell differentiation | 6 | 0.01392659 |
| GO:0007346~regulation of mitotic cell cycle | 5 | 0.01476604 |
| GO:0048863~stem cell differentiation | 3 | 0.01674905 |
| GO:0051726~regulation of cell cycle | 7 | 0.01689543 |
| GO:0043065~positive regulation of apoptosis | 8 | 0.0173286 |
| GO:0043068~positive regulation of programmed cell death | 8 | 0.01793244 |
| GO:0010942~positive regulation of cell death | 8 | 0.01834319 |
| GO:0032910~regulation of transforming growth factor-beta3 production | 2 | 0.01851396 |
| GO:0010551~regulation of specific transcription from RNA polymerase II promoter | 4 | 0.02065052 |
| GO:0008285~negative regulation of cell proliferation | 7 | 0.0246773 |
| GO:0030098~lymphocyte differentiation | 4 | 0.02618972 |
| GO:0006974~response to DNA damage stimulus | 7 | 0.02837028 |
| GO:0051094~positive regulation of developmental process | 6 | 0.0293097 |
| GO:0051495~positive regulation of cytoskeleton organization | 3 | 0.03174387 |
| GO:0031346~positive regulation of cell projection organization | 3 | 0.03438775 |
| GO:0006351~transcription, DNA-dependent | 6 | 0.0351275 |
| GO:0046649~lymphocyte activation | 5 | 0.03525592 |
| GO:0032774~RNA biosynthetic process | 6 | 0.03691246 |
| GO:0009896~positive regulation of catabolic process | 3 | 0.03711437 |
| GO:0008361~regulation of cell size | 5 | 0.03924512 |
| GO:0043353~enucleate erythrocyte differentiation | 2 | 0.04267335 |
| GO:0042110~T cell activation | 4 | 0.04359366 |
| GO:0051783~regulation of nuclear division | 3 | 0.04727491 |
| GO:0007088~regulation of mitosis | 3 | 0.04727491 |
| GO:0002521~leukocyte differentiation | 4 | 0.04798168 |
| GO:0006917~induction of apoptosis | 6 | 0.0487915 |
| GO:0034330~cell junction organization | 3 | 0.04880096 |
| GO:0010552~positive regulation of specific transcription from RNA polymerase II promoter | 3 | 0.04880096 |
| GO:0012502~induction of programmed cell death | 6 | 0.04933039 |
| Term (Molecular Function) | Count | P Value |
| GO:0016563~transcription activator activity | 11 | 2.24E-04 |
| GO:0008134~transcription factor binding | 11 | 0.001285 |
| GO:0030528~transcription regulator activity | 20 | 0.002025 |
| GO:0003702~RNA polymerase II transcription factor activity | 7 | 0.004154 |
| GO:0003700~transcription factor activity | 14 | 0.007031 |
| GO:0008017~microtubule binding | 4 | 0.010245 |
| GO:0008092~cytoskeletal protein binding | 9 | 0.013126 |
| GO:0016564~transcription repressor activity | 7 | 0.013981 |
| GO:0003690~double-stranded DNA binding | 4 | 0.022675 |
| GO:0015631~tubulin binding | 4 | 0.024542 |
| GO:0003712~transcription cofactor activity | 7 | 0.025716 |
| GO:0003704~specific RNA polymerase II transcription factor activity | 3 | 0.029432 |
| GO:0043565~sequence-specific DNA binding | 9 | 0.035161 |
| GO:0003713~transcription coactivator activity | 5 | 0.044698 |
| GO:0003677~DNA binding | 22 | 0.04643 |
| Term (Cellular Component) | Count | P Value |
| GO:0005654~nucleoplasm | 11 | 0.017607 |
| GO:0031981~nuclear lumen | 15 | 0.018885 |
| GO:0015630~microtubule cytoskeleton | 8 | 0.02622 |
| GO:0043233~organelle lumen | 17 | 0.026996 |
| GO:0044451~nucleoplasm part | 8 | 0.02761 |
| GO:0031974~membrane-enclosed lumen | 17 | 0.031766 |
| GO:0070013~intracellular organelle lumen | 16 | 0.044557 |
| GO:0043228~non-membrane-bounded organelle | 21 | 0.047171 |
| GO:0043232~intracellular non-membrane-bounded organelle | 21 | 0.047171 |

Abbreviations: GO, Gene Ontology.

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A



Genetic alteration and signaling pathways of miR-517a-3p in bladder cancer

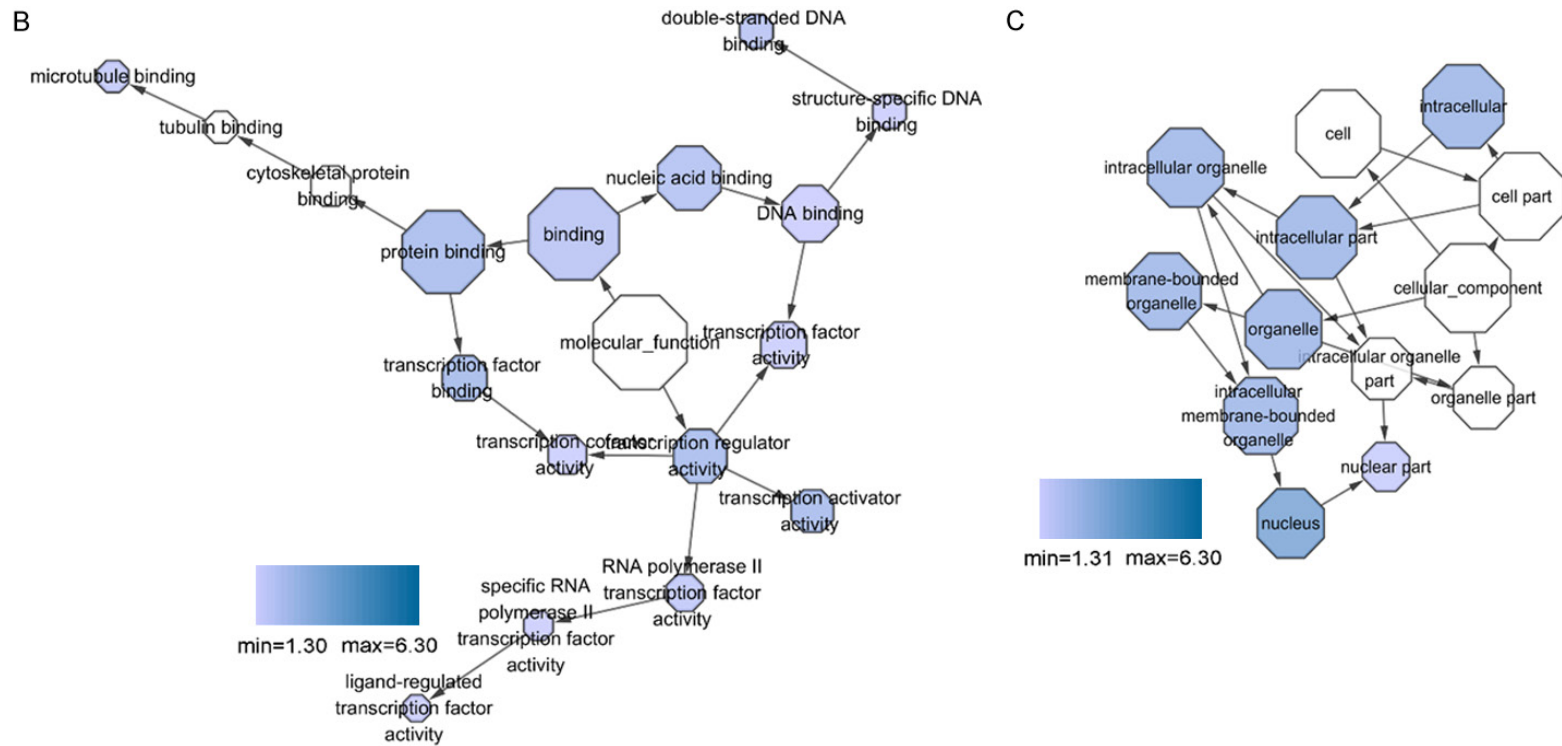


Figure 5. Gene network analysis with the overlapped target genes of miR-517a-3p for GO analysis. Cytoscape was used to picture the network. The octagons represented various terms of BP (A), MF (B) and CC (C). Arrows displayed the correlation among terms. The color gradient of octagons exhibited the significance of relative terms. (A) Terms of BP were selected with the remarkable value of 0.01 for the current DAG, which possessed 54 nodes and 98 edges. (B) Members of MF were picked with the notable level of 0.05 for the DAG with 18 nodes and 19 edges. (C) Components of CC were gathered with the standard of 0.05 for the DAG containing 13 nodes and 20 edges. Note: GO, Gene Ontology; BP, biological processes; MF, molecular function; CC, cellular component; DAG, Direct Acyclic Graph.

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Table 4. The top 3 KEGG pathways of potential target genes of miR-517a-3p in bladder cancer

| Term | Count | P Value | Bonferroni | Benjamini | FDR | Genes |
|------------------------------|-------|---------|-------------|-------------|----------|--|
| hsa05200: Pathways in cancer | 7 | 0.01494 | 0.681486221 | 0.681486221 | 14.65014 | TRAF1, MAPK1, ETS1, SMAD3, IGF1, STK4, APC |
| hsa04520: Adherens junction | 3 | 0.08387 | 0.998715456 | 0.964159462 | 60.21901 | MAPK1, SMAD3, WASL |
| hsa05210: Colorectal cancer | 3 | 0.09728 | 0.999581167 | 0.925180689 | 65.93677 | MAPK1, SMAD3, APC |

Abbreviations: KEGG, Kyoto Encyclopedia of Genes and Genomes.

Table 5. The top 3 PANTHER pathways of potential target genes of miR-517a-3p in bladder cancer

| Term | Count | P Value | Bonferroni | Benjamini | FDR | Genes |
|--|-------|-------------|-------------|-------------|----------|--|
| P00047: PDGF signaling pathway | 6 | 0.006854584 | 0.213951248 | 0.213951248 | 5.910559 | RPS6KA5, MAPK1, TCERG1, ELF2, ETS1, SRGAP1 |
| P00052: TGF-beta signaling pathway | 5 | 0.01955633 | 0.499052004 | 0.292223202 | 16.04916 | MAPK1, FOXK1, DCP1A, SMAD3, FOXP1 |
| P00032: Insulin/IGF pathway-mitogen activated protein kinase kinase/MAP kinase cascade | 3 | 0.041699544 | 0.774804702 | 0.391603875 | 31.42765 | RPS6KA5, MAPK1, IGF1 |

es (BPs) ($P < 0.05$), such as regulation of transcription from RNA polymerase II promoter, regulation of transcription. In addition, 15 pathways of molecular functions (MFs) and nine pathways in cellular component (CC) were also noted ($P < 0.05$) (Table 3; Figure 5). Via the KEGG pathway analysis, we discovered that only “hsa05200: Pathways in cancer” was significantly enriched ($P < 0.05$) (Table 4). We also discovered three significant pathways, including platelet derived growth factor (PDGF) signaling pathway; transforming growth factor (TGF)-beta signaling pathway; Insulin/IGF pathway-mitogen activated protein kinase kinase/MAP kinase cascade in PANTHER pathway analysis ($P < 0.05$) (Table 5). Furthermore, PPI was conducted to identify the hub genes, including CAMP responsive element binding protein 1 (CREB1), Mitogen-activated protein kinase 1 (MAPK1), Ribosomal protein S6 kinase alpha-5 (RPS6KA5), SMAD family member 3 (SMAD3) and peroxisome proliferator activated receptor alpha (PPARA) (Figure 6).

Discussion

In the current study, the clinical significance of miR-517a-3p in BC was first investigated based on data from miRNA sequencing (TCGA, cBioPortal and YM5003v). Gene amplification was the only genetic alteration of miR-517a-3p in BC. Furthermore, pathway analyses revealed that miR-517a-3p could play its roles via targeting multiple pathways and “hsa05200: Pathways in cancer” was the most significant one as defined by KEGG with contained several genes: TNF receptor associated factor 1 (TRAF1),

MAPK1, ETS proto-oncogene 1 (ETS1), SMAD3, insulin like growth factor 1 (IGF1), serine/threonine kinase 4 (STK4) and APC, WNT signaling pathway regulator (APC), among which, MAPK1 and SMAD3 were also identified as hub genes of miR-517a-3p in BC.

It has been well documented that miRNA expression levels could become favorable markers for diagnosis, prognosis, and treatment outcome prediction in cancers. MiR-517a-3p is one of the attention-grabbing cancer-relevant miRNAs which has been involved in different cancers. A prominently lower expression of miR-517a-3p was detected in seminomas than that in non-seminomas, in both tissue and serum samples, which pointed out that miR-517a-3p could serve as a prospective biomarker for the testicular germ cell tumor [27]. MiR-517a-3p expression was identified to be remarkably up-regulated in colorectal cancer tissues than that in adjacent non-tumor tissues. Up-regulation of miR-517a-3p was also closely related to poorer prognosis of colorectal cancer patients. Furthermore, miR-517a-3p can act as an independent prognostic biomarker for colorectal cancer patients [22]. Two groups investigated the clinical role of miR-517a-3p in hepatocellular carcinoma (HCC) and inconsistent discoveries were reported. Liu et al [24] disclosed that miR-517a-3p was down-regulated in HCC samples. On the contrary, Toffanin et al [28] documented that miR-517a-3p was an oncogenic miRNA and could assist tumor progression. Thus, miR-517a-3p could play different roles in various cancers. By far, only two studies have mentioned miR-517a-3p

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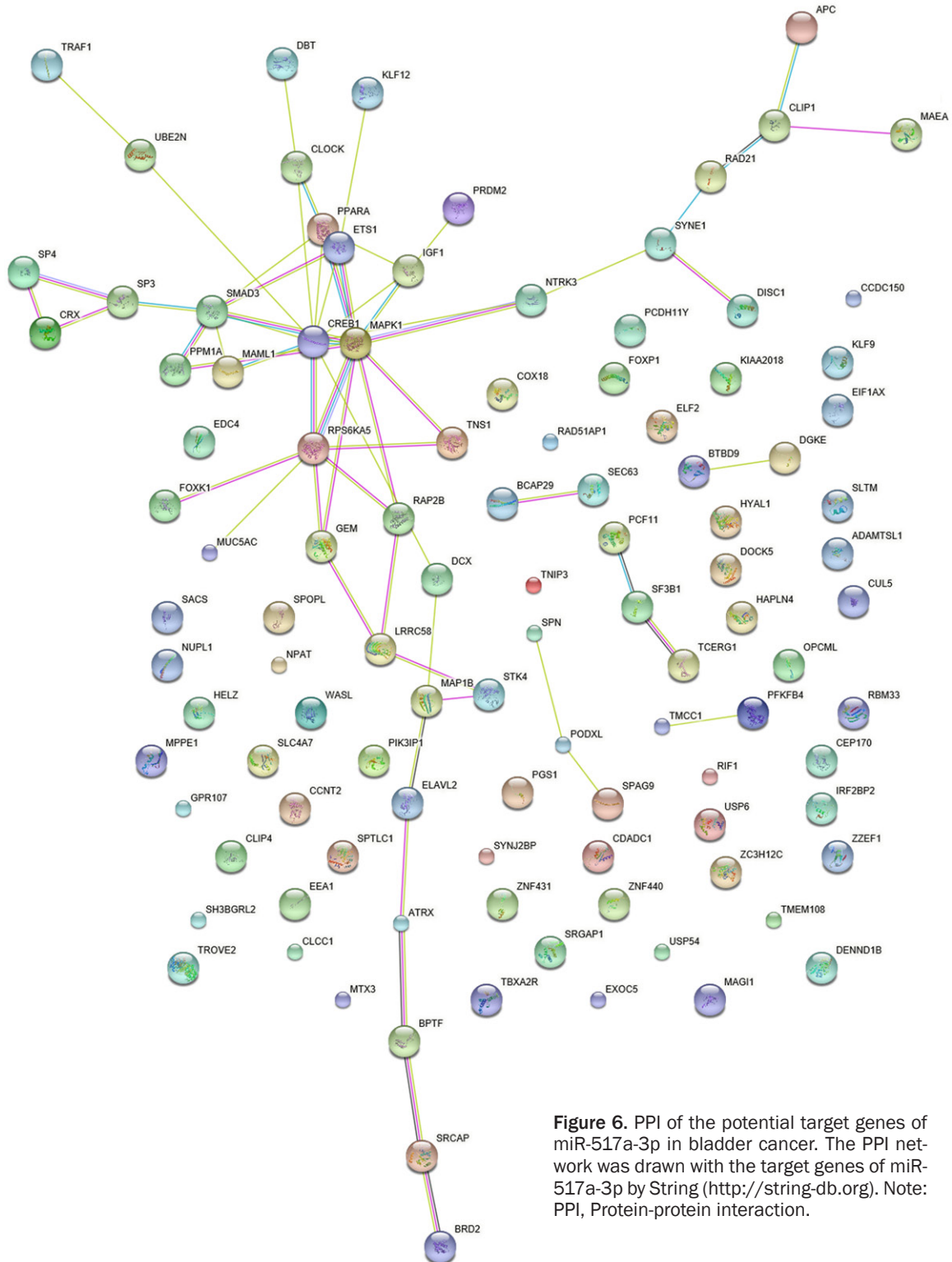


Figure 6. PPI of the potential target genes of miR-517a-3p in bladder cancer. The PPI network was drawn with the target genes of miR-517a-3p by String (<http://string-db.org>). Note: PPI, Protein-protein interaction.

in BC. MiR-517a-3p was proposed as one of the hypoxia-regulated miRNAs (HRMs) in BC [25]. Furthermore, miR-517a-3p was hypothesized to act as a tumor-suppressor miRNA in BC. The

miR-517a-3p overexpression led to an obvious inhibition of cell growth in two BC cell lines of BOY and T24. Additionally, transfection of miR-517a-3p clearly induced cells apoptosis in BC

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cells. But the clinical role of miR-517a-3p in BC was not studied by the above two studies [25, 26]. In the current study, we attempted to analyze the clinical role of miR-517a-3p based on the high throughput miRNA sequencing data. However, due to the lack of data of the non-tumorous controls, we could not assess the alteration of miR-517-3p expression between BC and non-cancerous bladder tissues with data from TCGA. The only data we could evaluate was from a GEO microarray (GSE39093), which indicated a slightly lower level of miR-517a-3p in BC tissues versus normal controls. However, the sample size was too small to draw any convincing conclusions. Moreover, no significant correlation between miR-517a-3p and clinical prognostic features was observed based on data from TCGA. Hence, the clinicopathological value of miR-517a-3p remains to be investigated with larger sample size in the future. Interestingly, we found the gene amplification was the only type of genetic alterations of miR-517a-3p in BC tissues. However, the clinical relevance of this amplification in BC also requires in-depth exploration.

When concerning the molecular mechanism of miR-517a-3p in diseases, only several studies have reported its possible target genes. Forkhead box J3 (FOXJ3) has been confirmed to be a target of miR-517a-3p both in colorectal cancer [22] and lung cancer [23], and miR-517a-3p could directly modulate FOXJ3 expression by binding to FOXJ3 promoter. Pyk2 was verified to a target of miR-517a-3p in HCC [24]. Moreover, clear inverse correlation of miR-517a-3p with CDKN2A was exhibited in glioblastoma multiforme [29]. Additionally, miR-517a-3p could induce the expression of endogenous NF- κ B targets and stimulate the nuclear localization of p65 and the degradation of I κ B. TNFAIP3 interacting protein 1 (TNIP1) was demonstrated as a target and characterized a functional SNP in the miR-517a-3p binding site [30]. To the best of our knowledge, only one study has investigated the probable mechanism of miR-517a-3p in BC. After transfection of miR-517a-3p into BC cells, oligo microarray analysis indicated 35 down-regulated genes and 19 up-regulated genes [26]. Among these genes, amphiregulin (AREG) and BCL2-associated transcription factor 1, transcript variant 1 (BCLAF1) were highlighted by the authors, but no validating experiments were performed to ensure whether these two genes were direct targets of miR-517a-3p in BC [26].

In the current study, the putative target genes of miR-517a-3p were unveiled using the combination of publicly available predicting databases and microarray data after miR-517a-3p mimic transfection. Altogether, 858 genes were predicted by various online platforms. We also re-assessed the data from GSE24782 which covered a large range of correlative genes of miR-517a-3p in BC cells and achieved 4844 down-expressed genes with a fold change (FC) <0.75 from both BOY and T24 cells. Eventually 106 overlapped genes were achieved, which were more prone to be the target genes of miR-517a-3p in BC. Next, functional analyses revealed that these genes were enriched in different pathways involved in the tumorigenesis and worsening of BC. The most significant pathway indicated in biological process (BP) was the pathway of regulation of transcription from RNA polymerase II promoter. And the pathway of nucleoplasm was the top one in CC, while the pathway of transcription activator activity ranked the first in MF. PDGF signaling pathway was identified to be the most substantial pathway by PANTHER analysis. Most importantly, “hsa-05200: Pathways in cancer” was the most enriched pathway as defined by KEGG analysis, which contained seven genes. They were TRAF1, MAPK1, ETS1, SMAD3, IGF1, STK4 and APC. Among these seven target genes, MAPK1 and SMAD3 were also presented as hub genes of miR-517a-3p in BC. Since both of MAPK1 [31, 32] and SMAD3 [33] have been well documented as pivotal genes in the tumorigenesis and progression of BC, it could be hypothesized that miR-517a-3p exerts its function via direct targeting MAPK1 and SMAD3 in BC. However, this hypothesis needs further confirmation with *in vitro* and *in vivo* experiments.

Collectively, miR-517a-3p may play critical roles in the occurrence and progression of BC; however, the clinical function of miR-517a-3p in BC needs to be validated. Furthermore, we predict several key pathways for miR-517a-3p in BC with *in silico* investigation. But further functional experiments and well-designed translational studies are requisite to unveil the molecular mechanism of miR-517a-3p in BC.

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Disclosure of conflict of interest

None.

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