

Screening of differentially expressed genes of middle cerebral artery occlusion with DNA microarray

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Abstract. – OBJECTIVES: To screen differentially expressed genes of different days after cerebral artery occlusion and drug treatment, and identify related small drug molecules.

MATERIALS AND METHODS: The gene expression profile GSE35338 of cerebral artery occlusion was downloaded from Gene Expression Omnibus database, including a total of 14 samples. 5 samples are 1 day after cerebral artery occlusion (control), 3 samples are 7 days after cerebral artery occlusion and 3 samples are under lipopolysaccharide (LPS) treatment. Differentially expressed genes (DEGs) between different days after cerebral artery occlusion were screened ($p < 0.05$, FDR < 0.05 , $|\logFC| > 1$). The DEGs were then entered into the CMAP database and related small drug molecules were retrieved, followed by calculation of co-expression score of the genes and construction of co-expression-drug network. FuncAssociate software and DAVID were used to obtain the functional clusters of genes with p -value < 0.05 and FDR < 0.05 .

RESULTS: Compared with the control group, 825, 1445, 218 DEGs and 4, 3, 2 most-related small drug molecules were respectively identified from 3, 7 days after cerebral artery occlusion and LPS treated group. Co-expression network was constructed and functional clusters were found to be 161, 146, and 6 in each group.

CONCLUSIONS: Our study provides some underlying biomarkers for cerebral artery occlusion under varied conditions and potential small drug molecules for treatment of cerebral artery occlusion.

Key Words:

Middle cerebral artery occlusion, Differentially expressed genes, Small drug molecule, Co-expression network.

Introduction

Middle cerebral artery occlusion (MCAO) is a common cause of stroke and it carries high mor-

bidity and mortality. There are limited treatment options, so it is one of the focus areas of present biomedical research.

Many complex pathophysiological mechanisms underlie MCAO, such as loss of energy substrates (glucose and oxygen), loss of ATP, depolarization of brain cells and increase of extracellular potassium levels^{1,2}. Neuronal degeneration is an important component of the sequence of events in ischemic cerebrovascular disease³. Many studies have indicated that excitatory transmitter glutamate and free radical⁴⁻⁶ are major mediators involved in neuronal cell death. Besides, acetylcholine and calcium overload are also found to be implicated in apoptosis of neural cell^{6,7}. Recent evidence suggests that progression of MCAO leads to deregulation of genes whose expression promotes ischemic neuronal death and subsequent neurological dysfunction⁸⁻¹⁰. However, the precise mechanisms underlying stroke-induced neuronal death and neurological dysfunction are not fully understood.

Microarray technology is powerful tool to uncover the mechanisms. In present study, gene chip data was analyzed to elucidate the molecular mechanisms of cell death and identify key genes, which will provide new insights into the development of neuro-protective agents for cerebral artery occlusion therapeutics.

Materials and Methods

Microarray Data

Microarray data set GSE35338¹¹ was downloaded from Gene Expression Omnibus (GEO) database. A total of 14 samples were obtained, of which 5 samples were from 1 day after cerebral artery occlusion (control), 3 samples were from 3

days after cerebral artery occlusion, 3 samples were from 7 days after cerebral artery occlusion and 3 samples were from one day after lipopolysaccharide (LPS) treatment).

Screening of Differentially Expressed Genes (DEGs)

The original data were converted into an identifiable expression profile format using the affy package of R, and then the missed part in the data set was completed¹² to further standardize the data set¹³. The differential expression value between samples was calculated using limma method¹⁴ and then p-values were adjusted for multiple comparisons using the false discovery rate (FDR) of Benjamini and Hochberg (BH) method¹⁵. p -value < 0.05 , FDR < 0.05 and $|\logFC| > 1$ were chosen as the threshold for identifying DEGs.

Retrieval of Related Small Molecules

The selected genes were divided into up-regulated and down-regulated sets as the entry of connectivity map (cmap). Related small medicine molecules were screened out through comparing our differentially expressed genes with expression patterns of genes collected in Comparative Mapping (CMAP) database¹⁶. In this study, the l score > 0.5 was considered as the high relationship threshold.

Construction of the Co-Expression Network of Small Drug Molecules

String software¹⁷ was used to calculate the coefficient between differentially expressed genes. In this study, interactions with co-expression coefficient > 0.5 were selected to construct co-expression network under small molecular medicine regulation.

Functional Annotation

The up- and down-regulated DEGs were put into the Database for Annotation, Visualization and Integrated Discovery (DAVID)¹⁸ and FuncAssociate¹⁹ software for Gene Ontology (GO) term enrichment analysis. $p < 0.05$ and FDR < 0.05 were set as the threshold in the analysis based upon hypergeometric distribution.

Results

Differentially Expressed Genes

The gene profiles for 3 days, 7 days and LPS treatment were compared with that for 1 day,

and 825, 1445 and 218 DEGs met with the criteria ($p < 0.05$, FDR < 0.05 and $|\logFC| > 1$) were selected out.

Relevant Small Molecule Drugs

DEGs were divided into up-regulated and down-regulated sets as the entry of connectivity map (cmap). Based on the threshold of l score > 0.5 , 4, 3 and 2 closely related with small molecule drugs were identified in each group individually (Table I). It was obvious that MG-262, irinotecan, camptothecin and GW-8510 were the small molecule drugs closely associated with disease status 3 days after occurrence of cerebral artery occlusion; MG-262, quinostatin, and snx26 were small molecule drugs closely associated with disease status 7 days after occurrence of cerebral artery occlusion; MG-262 was present in both of the two disease statuses. These results indicate that these small molecule drugs may be effective for cerebral artery occlusion. Meanwhile, thapsigargin and mycophenolic acid were found to be closely associated with one day post-LPS treatment and the stimulation of LPS was reported to be able to give rise to cerebral inflammation in cerebral artery occlusion.

Co-expression Network

String software was used to calculate the coefficient between DEGs. Together with the 9 related small medicine molecules, we constructed small molecules regulation network. There are respectively 115, 55, and 13 co-expressed gene pairs in three groups (Figure 1).

Table I. The differentially expressed genes related small molecular medicine and their p value.

	cmap name	Score	p
1 day vs. 3 days	MG-262	-0.996	0
	Irinotecan	0.99	0.00002
	camptothecin	0.996	0
	GW-8510	0.998	0
1 day vs. 7 days	MG-262	-0.99	0
	Quinostatin	0.969	0.00167
	SNX26	0.951	0.00807
1 day vs. LPS treatment	Tthapsigargin	-0.953	0.00022
	Mycophenolic acid	0.908	0.00206

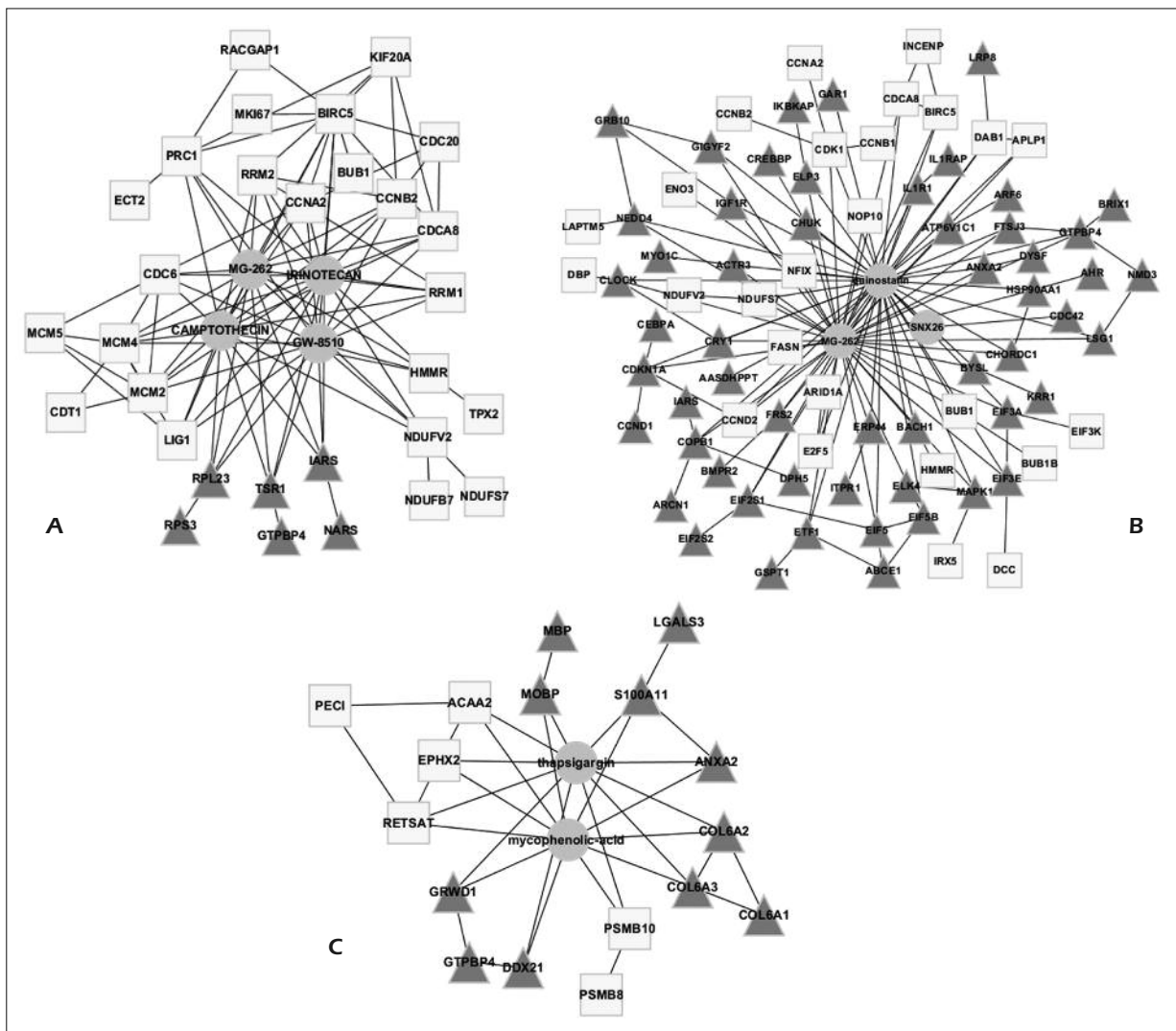


Figure 1. Small molecular medicines regulation network. The blue triangles represent the down-regulated DEGs, the yellow squares represent up-regulated DEGs, and the grey circles represent the selected small molecules.

Function Annotation Results

FuncAssociate is a web-based tool that receives a list of gene as input and returns a list of GO features that are over- or under-represented among the genes in input list. After the multiple hypothesis tests, only those representations that are significantly over- or under- represented are reported. In this study, we kept the functional annotation records of $p < 0.05$ and $FDR < 0.05$. The DEGs data were uploaded with co-expression relationship into the FuncAssociate software, and there were 137, 136 and 5 functional clusters from three networks. In the meantime, there were 66, 18 and 3 functional clusters from three networks using DAVID software. All in all, there were 161, 146 and 6 function clusters

from 1 day vs. 3 days, 1 day vs. 7 days and 1 day vs. PLS treatment networks. The significantly enriched function in the three groups were cell cycle (GO: 0007049), condensed chromosome outer kinetochore (GO: 0000940) and structural constituent of myelin sheath (GO: 0019911).

Discussion

In present study, DEGs were screened out by comparing gene expression profiles from different time points after MCAO. There were 825, 1445 and 218 DEGs for 1 day vs. 3 days, 1 day vs. 7 days and 1 day vs. LPS treatment. It sug-

gests that active mechanisms initiate during the acute phase after experimental stroke and last for several days. Some of the DEGs have been reported to be de-regulated in stroke, such as p21 protein (Cdc42/Rac)-activated kinase 1 (PAK1) and Matrix metalloproteinase 11 (MMP11) while some are not. These genes reflect the molecular changes in stroke and may be therapeutic targets.

PAK1 is a downstream Rac effector²⁰ and a major cyclin-dependent kinase 5 (Cdk5) substrate and target that co-localizes with p35/Cdk5 at neuronal peripheries²¹. P35/Cdk5 causes PAK1 hyperphosphorylation and thus affects neuronal morphology through reorganization of the actin cytoskeleton. Another study²² also points out that FOXO proteins and Pak1 are components of a cell-intrinsic transcriptional pathway that orchestrates neuronal polarity. Rashidian et al²³ demonstrate a potential role of Cdk5/p35 in the response to ischaemic injury. Mitsios et al²⁴ further report that PAK1 is up-regulated in human and rat brain samples with RT-PCR, Western blotting and immunohistochemistry.

MMP11, first isolated as a breast cancer-associated protease, is not expressed in the majority of normal adult organs but is expressed during a number of pathological processes, including wound healing and atherosclerotic lesions²⁵. Lijnen et al²⁶ report that neointima formation is accelerated in mice with MMP-11 gene inactivation. It has been reported that its mRNA level and protein level are also up-regulated in human and rat brain following stroke²⁴, which is in accordance with our findings.

INI1 (SMARCB1) is a tumor suppressor gene and is thought to exert its function by mediating cell cycle arrest²⁷. It is part of a complex that relieves repressive chromatin structures²⁸, allowing the transcriptional machinery to access its targets more effectively, for example HIV-1 integrase. Adler et al²⁹ also reported an association of the human SNF5/INI1 protein with growth arrest and DNA damage-inducible protein 34 (GADD34) that mediates growth arrest and apoptosis in response to stress signals. Accordingly, cell cycle was enriched in the functional annotation, indicating that cell cycle is an important link in the progression of MCAO.

E2F transcription factor 5 (E2F5) also plays a crucial role in the control of cell cycle³⁰ and action of tumor suppressor proteins. And it is slightly up-regulated in 7 days compared with 1 day, indicating the control of cell cycle starts at

this time point. Di Giovanni et al³¹ consider that the cycle-related genes are involved in neuronal damage and subsequent cell death and the up-regulation of E2F5 is observed in both mRNA and protein levels.

Modulations on apoptosis and cell cycle may be two strategies to treat stroke or decrease adverse consequences^{32,33}. Wu et al³⁴ find that netrin-1 can protect infarct tissue from p53-mediated apoptosis. Adibhatla and Hatcher report the protection by D609 through cell-cycle regulation after stroke³⁵. Therefore, those DEGs associated with these two functions are potential drug targets.

In addition to DEGs, several small molecules were retrieved, which may be related with stroke. Previous study³⁶ has indicated that proteasome inhibition could be an effective stroke therapy, while MG-262 is a reversible proteasome inhibitor. Considering ubiquitin-proteasome system plays an important role in apoptosis, the inhibitor may help to reduce the adverse effect. Conversely, thapsigargin induces apoptosis³⁷ through inhibits calcium-ATPase. Schreihöfer and Redmond³⁸ find that soy phytoestrogens are neuroprotective against stroke-like injury *in vitro*, which can inhibit thapsigargin. These small molecules are valuable guides for further drug developments.

Here, we have provided substantial evidence that, although the available animal models of MCAO may well be suitable to study the pathophysiological changes following the occlusion of a cerebral vessel, they may not entirely reflect the pathophysiological process through which stroke evolves in humans. The species difference is one of the main reasons accounting for the lack of success of bench to bedside translation in the stroke area. Limit of our study includes the fact that early acute phase changes in gene expression may have been missed since genes induced and returning to normal during the first 48 hours post-ischaemia in man could not have been detected. Moreover, since we analyzed pooled RNA samples, small changes in gene expression occurring in a minority of the samples may have been missed. However, there was only a small overlap of our results with prior studies in experimental stroke involving brain tissue, and the successful identification of novel ischaemia-related genes reported here suggests that performing a further study using whole genome microarrays would be valuable.

Conclusions

The DEGs identified in present study provide good research directions, which may advance our understandings about MCAO. And the relevant small molecules are beneficial in guiding future drug discovery.

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