Analysis of Human Papillomavirus‑Associated Cervical Cancer Differentially Expressed Genes and Identification of Prognostic Factors using Integrated Bioinformatics Approaches

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Abstract

Background: Human papillomavirus (HPV)‑induced cervical cancer progresses through a series of steps. Despite our limited understanding of the mechanisms driving this progression, identifying the key genes involved could significantly improve early detection and treatment.

Materials and Methods: Two gene expression profiles of GSE9750 and GSE6791, which included cervical cancer HPV‑positive and ‑negative samples, were evaluated using the R limma package with established cut-off criteria of P value < 0.05 and $|$ fold change $| \ge 1$. KEGG pathway enrichment was performed to identify potential pathways. Weighted gene co-expression network analysis (WGCNA) was used to discover co‑expressed gene modules and trait–module connections.

Results: Considering the defined criteria, 115 differentially expressed genes (DEGs) were identified. The DEG's KEGG pathway enrichment analysis revealed enrichment in highly relevant pathways to the HPV infection, including cell cycle, viral carcinogenesis, autophagy-animal, Epstein-Barr virus infection, human T-cell leukemia virus 1 infection, and microRNAs in cancer. WGCNA results in 13 co-expression modules, and the magenta module is identified with significant relations to HPV, cervical cancer stage, and metastasis traits. The survival analysis identified *BEX1* and *CDC45* as potential prognostic factors in HPV-associated cervical cancer.

Conclusion: The innovation of our work lies in identifying essential genes associated with the multi‑step process of cervical carcinogenesis. In fact, the current study has the potential to give a distinct viewpoint on the molecular pathways linked to cervical cancer. Considering the potential importance of the hub genes, we recommend conducting in‑depth wet lab research to determine their impact on the biological mechanisms of cervical cancer.

Keywords: *BEX1*, *CDC45*, cell cycle, cervical cancer, gene expression, gene modules, gene networks, HPV

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Introduction

Cervical cancer is the most prevalent kind of gynecological malignancy. Cervical malignant tumor incidence and death rates are fourth globally, behind only breast, colorectal, and lung cancer in females.[1] However, in developing nations, cervical cancer comes in second only to breast cancer in terms of incidence and death.[2] Cervical cancer is one of the

cancers that may be avoided by being screened. Cervical cancer incidence is decreasing year by year as screening becomes conventional. However, since early cervical cancer has no signs, many individuals are detected in the middle or late stages of the disease.[3] Previous research has linked the development of cervical cancer to chronic infection with high-risk human papillomavirus (HPV).^[4] High-risk HPVs infected more than

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99.7% of cervical cancer patients. The most common forms are HPV16 and HPV18 high-risk sub-types.^[5] High-risk HPVs are responsible for the production of the oncoproteins E6 and E7 that target many more cellular factors including p53 and pRb. The E6 protein interacts with p53 protein, inducing p53 degradation and, as a result, interfering with cellular death. The E7 protein binds to pRB, inactivating it and changing cell cycle regulatory pathways. The E6 and E7 oncoproteins collectively have the ability to exert a global change allowing infected cells to alter genetically and epigenetically, causing cancer cells to progress.[6]

Because the most effective screening tests, the Pap test and the HPV test, are extensively utilized in the clinic for cervical cancer detection,[7] most individuals may be detected and treated at an early stage of cervical cancer development. There is currently no operative therapy for advanced or recurring cervical cancer.[8,9] Surgical procedures, radiation, and platinum‑based adjuvant chemotherapy are the primary therapies for cervical cancer. Early‑stage cervical cancer is mostly treated surgically, with a 5‑year survival rate of 88–95%. However, a few treatment options are available for patients in the intermediate and advanced phases, and the therapeutic efficacy of radiation and chemotherapy is inadequate.^[10-12] Consequently, it is essential to identify new molecular biomarkers, therapeutic targets, and prognostic assessment indices for cervical cancer. The widespread use of bioinformatics tools has aided in the development of novel cancer biomarkers.[13-16]

Recent research has focused on identifying differentially expressed genes(DEGs) while ignoring the complex networks of genes and the clinical symptoms associated with genes.^[17] However, mounting data shows that the emergence of cervical cancer is caused by several aberrantly expressed genes.^[18,19] Weighted gene co-expression network analysis (WGCNA), a high-throughput data mining tool, finds essential biological modules utilizing high-throughput gene expression data.^[20] WGCNA has been widely employed in tumor marker studies in recent years. We used DEG expression profiles from the Gene Expression Omnibus(GEO) public database to establish a co‑expression network to explore HPV‑associated cervical cancer progression-related hub genes. These highlighted hub genes may be used to predict cervical cancer patients' 3‑ and/ or 5‑year survival rates. The potential relevance of these genes as biomarkers has to be investigated further, and it may also give a theoretical foundation for assessing the prognosis of cervical cancer patients.

Materials and Methods

Retrieving microarray data and analysis of DEGs

The GEO database (www.ncbi.nlm.nih.gov/geo) was used to retrieve gene expression profiles of cervical cancer by searching for terms such as "cervical cancer" and "HPV" or "human papillomavirus." GSE9750 (https://www.ncbi.nlm.nih. gov/geo/query/acc.cgi?acc = GSE9750) and GSE6791 (https:// www.ncbi.nlm.nih.gov/geo/query/acc.cgi?acc = GSE6791) were the most eligible results with a sufficient sample size. The datasets are detailed in Table 1. R v4.0.5 (https:// www.r-project.org/) was used to pre-process the raw expression data. The Robust Multi‑Array Average (RMA) technique in Bioconductor's affy package (https://rdrr.io/bioc/affy/ man/rma.html) was used to pre‑process gene expression profile data, which included background correction, quantile normalization, and summarizing. These two datasets were merged, and batch effect removal was performed using the ComBat package (https://rdrr.io/bioc/sva/man/ComBat.html). To eliminate false positives and keep high expression levels of DEGs for downstream analysis, we only kept the expressed probes with the criterion of "present (P)" in more than 50% of all the samples for the datasets, which was found using the mas 5 calls function in the affy package.[21] The Linear Models for Microarray Data (limma) package was used to discover DEGs by comparing expression levels across groups. The cut-off criteria for DEGs were *P* value < 0.05 and | fold change (FC) ≥ 1 .^[22]

Pathway enrichment analysis

The KEGG database is used to study the function and applications of biological systems based on genomics or molecular information.[23] In this investigation, the enrichKEGG functions in the software R package pathfinder were used to perform enrichment analysis and pathway analysis of the DEGs in order to discover the essential KEGG pathways ($P < 0.05$). The pathfindR program in R software was used to identify clustering across pathways based on the shared genes.^[24]

WGCNA network construction

Gene co-expression networks were constructed using WGCNA, a system biology approach that translates co-expression data into connection weight or topological overlap metrics, in order to study the interactions between genes.^[20] Co-expression analysis was often used to determine the association between gene expression levels. Genes with similar expression patterns are related to the same pathway or functional component.[25] As a consequence, constructing a gene co-expression network aids in the identification of genes with similar biological functions.[26] Three thousand DEGs with the most variance in the target datasets were selected for this research and utilized to build weighted co-expression modules in R using the WGCNA package. The pickSoftThreshold function was used to evaluate the mean connectivity and scale independence of networks with varying power levels, which selected as soft thresholding power $β = 4$. Using the minModuleSize function, the minimum number of genes in each module was considered 30.

Survival analysis

Survival analysis was used to assess the association between the expression levels of the hub genes and the prognosis of cervical cancer using Gene Expression Profiling Interactive Analysis (GEPIA). It is a database that uses The Cancer Genome Atlas(TCGA) data to assess gene survival outcomes.

Moreover, the GAPDH gene was utilized to normalize data from targeted genes.

Results

Identification of DEGs

This gene expression analysis aimed to find the DEGs with the most significant expression changes. 115 DEGs were discovered based on the given criteria; *P* value < 0.05 and | FC| \geq 1, detailed in Supplementary Table 1. The top ten genes with the most altered expression levels are represented in Table 2. Figure 1 depicts a box plot for gene expression‑related data after normalization to analyze data distribution as well as a volcano plot of DEGs in cervical cancer samples compared to controls.

Pathway enrichment analysis

KEGG pathway analysis showed that six significant

enrichment pathways existed, including "Cell cycle", "Viral carcinogenesis", "Autophagy-animal", "Epstein-Barr virus infection", "Human T-cell leukemia virus 1 infection", and "MicroRNAs in cancer" [Figure 2a]. Clustering between pathways based on shared genes demonstrated notable clustering between the cell cycle, human T‑cell leukemia virus 1 infection, viral carcinogenesis, cellular senescence, P53, and foxO signaling pathways[Figure 2b]. The viral carcinogenesis pathways of viruses including HBV, HCV, EBV, HPV, HTLV-1, and KSHV are illustrated in Figure 3, and the involvement of cell cycle in the HPV carcinogenesis is specified.

Construction of WGCNA and identification of desired modules

The WGCNA package was used in this study to build co‑expression modules on the GSE9750 and GSE6791 expression profiles [Figure 4a]. Graphs of scale

Figure 1: The boxplot of datasets and DEGs' volcano plan. Screening for DEGs was done using a P value \lt 0.05 and | FC| \geq 1

Table 2: Top ten DEGs in HPV‑associated cervical cancer

Figure 2: (a) The bubble chart of the KEGG pathway analysis of DEGs. (b) The clustering between the KEGG pathway enrichments based on the shared genes

Figure 3: Viral carcinogenesis. The cell cycle involvement in the HPV carcinogenesis is demonstrated in the viral carcinogenesis pathways of different viruses

independence and mean connectivity are given in Figure 4b. Thirteen modules were identified, labeled with colors, and depicted in the dendrograms provided in Figure 4c. The clusters found during the clustering

process are shown in different colors. There are color levels below the dendrogram, with the module displaying the integration phase. The gene expression profile's adjacency and correlation matrices were constructed to generate a

Figure 4: WGCNA analysis. (a) Sample clustering dendrogram and identification of outliers (the outliers were removed after identification). (b) The soft threshold selection. Scale-free topology fitting index R2 analysis (left) and mean connectivity for various soft threshold powers (right). The left panel's red line indicates that $R2 = 4$. (c) A clustering diagram of gene modules denoted by distinct colors

Figure 5: (a) Clinical trait heatmap and sample dendrogram. The sample dendrogram's threshold value is set at 100 to remove samples with considerable variability. (b) Module–trait relationship heatmap. Hierarchical clustering of module eigengenes that represent the clustering analysis's modules. The module is represented by the row, while the column represents the trait. The *P* values in the box show the correlation and *P* value. (c) The gene significance across the modules. The magenta module showed significant module–trait relationship among the other modules (*P* value = 4.5e-37). (d). *BEX1*, *CDC45*, and FAM107A identified the magenta module gene–gene interaction as the module hub genes

Figure 6: The relationship between the magenta module hub‑gene expression and the clinical outcome in cervical cancer patients. The lower expression of *BEX1* (Logrank *P* = 0.01) and *CDC45* (Logrank *P* = 0.00049) exhibited significantly worse overall survival. The *GAPDH* gene was utilized to normalize data from targeted genes

topological overlap matrix (TOM), and the TOM type was considered as "unsigned".

Relating consensus modules to cervical cancer and identification of hub genes

The tables of module–trait relationships indicated the relationship between the clinical traits (HPV‑positive or ‑negative, age, cervical cancer stages, metastasis, and batch in Figure 5a) and the consensus modules in each data set. Five relationship tables exhibit some degree of similarity. To explain further, the magenta module showed significant relations to HPV, cervical cancer stage, and metastasis. The magenta modules included 22 genes. The magenta module's hub genes were identified, including brain‑expressed X‑linked 1 (*BEX1*), Family with Sequence Similarity 107 Member A (*FAM107A*), and cell division cycle 45 (*CDC45*) [Figure 5b-d]. In addition, the *BEX1* and *FAM107A* expression levels decreased, and the *CDC45* expression level increased.

Survival analysis

The patient's overall survival rate and median survival time with altered expression of *BEX1*, *FAM107A*, and *CDC45* demonstrated that *BEX1* (Logrank *P* = 0.01) and *CDC45* (Logrank $P = 0.00049$) are associated with poor prognosis and overall survival of cervical cancer $(P < 0.05)$ [Figure 6]. GEPIA is able to provide predictions on the survival rates of genes by using the RNA‑seq data in TCGA.

Discussion

The infection of high-risk HPV is strongly linked to the development and progression of cervical cancer.^[4,5] Additionally, growing data suggest that many DEGs are expressed by cancer cells.^[27] In cancer cells, abnormal gene expression levels might potentially contribute to the dysregulation of cell signaling pathways by either blocking or activating the pathways.[28] Additionally, growing data suggest that many DEGs are expressed by cancer cells.^[29] In cancer cells, abnormal gene expression levels might potentially contribute to the dysregulation of cell signaling pathways by either blocking or activating the pathways.[30] Notably, in the present study, 115 DEGs from both datasets are retrieved according to the given criterion. KEGG pathway enrichment analysis was used further to study these DEGs' relevance in HPV-associated cervical cancer. "Cell cycle," "Viral carcinogenesis," "Autophagy-animal," "Epstein-Barr virus infection," "Human T-cell leukemia virus 1 infection," and "MicroRNAs in cancer" were among the main pathways enriched by the majority of the DEGs. As is widely known, HPVs propagate by interfering with normal cell cycle regulation processes and increasing cell proliferation.[31] HPV also causes cell senescence in cervical cancer cells. Continuous proliferation and senescence cause DNA damage, resulting in neoplastic changes in the cervix.[32,33] Malignant transformation is also intricately tied to these processes, and the carcinogenic potential of papillomaviruses probably rests in their capacity to modify cell cycle checkpoints, resulting in the accumulation and propagation of genetic abnormalities.^[34] In this regard, HPV and EBV are linked to 38% of all virus‑associated malignancies.[35] De Lima *et al*.'s[36] latest meta‑analysis indicated a 29% HPV/EBV co-infection rate in cervical cancer. They also discovered a link between EBV load and lesion grade (from CIN 1 to CIN 3 and invasive carcinoma), indicating that EBV may have a role in the development and progression of cervical cancer. The presence of EBV in the cervix may also hasten the integration of the HPV genome into the genome of the cervical cell, increasing the genomic instability of the infected cervical cells.[37]

Autophagy, a cellular process that removes damaged or dysfunctional components, plays a complex role in cervical cancer development. On one hand, autophagy functions as a defense mechanism by clearing infected cells and preventing malignant transformation. However, autophagy can also promote HPV replication and survival, facilitating cancer cell progression and drug resistance while suppressing immune responses.[38] Of note, HPV infection upregulates several autophagy-related proteins in cervical cancer cells. For instance, the E6 and E7 oncoproteins produced by HPV infection are known to increase the expression of Beclin1, a critical regulator of autophagy initiation.^[39] Therefore, modulating autophagy may hold promise as a potential therapeutic approach for cervical cancer, but it requires careful consideration of both its beneficial and harmful effects.[38] To clarify, targeting ATG9B and LAMP1, two genes that are overexpressed in HPV‑associated cervical cancer, is a promising therapeutic strategy. Several inhibitors that block the function of these genes are currently being studied as potential treatments for HPV-induced cervical cancer.^[40] Furthermore, the functions of miRNAs in HPV-associated cervical cancer are well understood.[41] In 2020, Babion *et al*. [42] evaluated the miRNA expression profile linked with HPV infection in eight distinct passages of HPV-transformed keratinocytes, reflecting various phases of cell transformation produced by HPV infection using micro‑arrays. The most typical miRNAs verified by RT‑qPCR were *miR‑15b‑5p*, *miR‑100‑5p*, *miR‑103a‑3p*, and *miR‑125b‑5p*, which were all shown to be elevated, whereas only *miR‑221‑5p* was found to be down‑regulated. Another research linked the severity of HPV‑16‑infected women's intra‑epithelial lesions to the expression of four miRNAs including *miR‑16*, *miR‑21*, *miR‑34a*, and *miR‑143*. Remarkably, compared to the HPV-negative group, $miR-21$ expression rose dramatically, while $miR-143$ expression declined.^[43] It should be noted that the clustering between the crucial pathways based on the shared genes indicates that most of the genes are similar, which points to the significance of these DEGs in HPV‑associated cervical cancer.

WGCNA is a co-expression network technique that is commonly utilized in cancer marker research. Although prior research studies used WGCNA to identify numerous prognostic indicators in cervical cancer, they primarily focused on DEGs across groups (HPV-positive and HPV-negative).^[17] Despite this, the clinical profile of patients has not been considered. Furthermore, we investigated clinical indications that may be associated with cervical cancer patients. As a result, in this work, we first screened DEGs between normal and tumor tissues and then performed WGCNA while taking five clinical/ technical aspects of the cervical cancer patient samples into account, including HPV positivity or negativity, age, cervical cancer stage, metastasis, and batch. Finally, a total of 13 modules were associated with these clinical traits. The magenta module is significantly related to HPV, cervical cancer stage, and metastasis. Only after a long‑term infection may HPV cause low‑ and/or high‑grade CIN, which can progress to cervical cancer.^[44-46] The most frequent high-risk HPV strains are HPV16 and HPV18, which cause around 70% of cervical malignancies (50% HPV16, 20% HPV18).[47,48] Furthermore,

Okonogi *et al*. [49] discovered that HPV genotype influenced the 5‑year distant metastatic risk in cervical cancer, although research on HPV and cervical cancer metastasis is restricted.

On the other hand, the magenta module's hub genes were identified, including *BEX1*, *FAM107A* with decreased expression, and *CDC45* with increased expression. *FAM107A*, commonly referred to as down‑regulated renal cell carcinoma gene 1 (*DRR1*), was identified by Tohoku University cDNA clone A on chromosome 3 (*TU3A*).[50,51] *FAM107A* is a protein‑coding gene that produces a nuclear protein composed of 144 amino acids and a coiled-coil domain. As a result, through interacting with DNA and/or other proteins, *FAM107A* may influence gene expression. The expression of *FAM107A* is decreased in a number of different cancers, including neuroblastoma,[50] renal cell carcinoma,[51] lung cancer,[52] and laryngeal tumors. Furthermore, FAM107A has an important role in promoting tumor cell proliferation.[53] In this regard, our results demonstrated that *FAM107A* expression levels also decreased in cervical cancer, although *FAM107A* survival analysis results were not associated with any significant outcome.

In addition, the overall survival rate and median survival time of the patients with altered expression of *BEX1* and *CDC45* demonstrated that *BEX1* (Logrank *P* = 0.01) and *CDC45* (Logrank $P = 0.00049$) are associated with poor prognosis and overall survival of cervical cancer patients (*P* < 0.05). The human *BEX* family proteins are essential proteins in neuronal development and comprise five proteins (*BEX1‑5*).[54] The first indication of *BEX1*, an intra‑cellular signal transducer or regulator, was a reduction in expression in retinoic acid‑treated F9 teratoma cells. *BEX1* has a role in axon regeneration,^[55] and it also interacts with the p75 neurotrophing receptor(NTR) and helps to regulate the cell cycle.^[56] Previous research has shown that proteins belonging to the BEX family are linked to a variety of different human cancers. Over-expression of BEX1 in breast cancer leads to a suppression of tumor cell apoptosis.[57,58] Additionally, it has been shown that the level of *BEX1* mRNA is elevated during the process of hepatocyte dedifferentiation. *BEX1* is regarded as a marker for the processes of hepatocyte differentiation and dedifferentiation as well as tumor development.^[59] *BEX1* expression in hepatocellular carcinoma cell lines was substantially higher than in normal hepatocyte cell lines, enhancing cell proliferation.[60] Additionally, *BEX1* serves as a chemotherapy resistance marker.^[61] It has been shown that over‑expressed *BEX1* has a role in the development of neuroendocrine‑specific malignancies.[62] Conversely, the expression of *BEX1* was inhibited in malignant glioma, both in glioma cell lines and in primary patient samples.^[63] Therefore, *BEX1* may regulate the biological processes of neoplasms in two distinct ways.

On the other hand, *CDC45* is one of the proteins that are necessary for the initiation, development, and regulation of the DNA replication process. It has been discovered that *CDC45*, mini‑chromosome maintenance protein complex (MCM), and Go-Ichi-Ni-San (GINS) create a "super complex" that is the major component of eukaryotic replicons and contains helicase activity.^[64] Throughout the DNA replication process, it attaches to DNA molecules and unfolds double‑stranded DNA to generate a replication fork formation.^[65] According to earlier research, *CDC45* may be an antigen involved in the proliferation process and may also contribute to the advancement of malignant tumors.^[66] Furthermore, studies have discovered that CDC45 is one of the myc gene's target genes, and that it plays a key role in myc-dependent DNA replication stress as well as regulating the replication origin activation rate.[67,68] In particular, the "recapitulates all c‑myc‑induced replication and damage phenotypes" may be seen as a result of the over-expression of *CDC45*.^[69] These considerations indicate a significant function for *CDC45* in carcinogenesis. In this regard, He *et al*. [70] revealed that *CDC45* expression increased and may be a possible biomarker related to cervical cancer prognosis. Similarly, our results demonstrated over‑expression of *CDC45* in cervical cancer, and based on the survival analysis, *CDC45* was identified as a prognostic factor in cervical cancer.

Limitations

Our study has two limitations: It exclusively examines publicly available databases, which might not provide a thorough comprehension of the subject of investigation and lacks direct experimental validation, potentially impacting the generalizability and applicability of the results. Nevertheless, the study still offers valuable perspectives by utilizing the abundance of data in publicly available databases. This methodology allows for the exploration of extensive datasets and the detection of intricate patterns that are not readily noticeable through smaller experiments. To point out, bioinformatics analyses offer a comprehensive and impartial perspective on the molecular alterations associated with cancer, generating large-scale datasets and enabling the identification of complex patterns and connections that may not be readily discerned through traditional laboratory experiments alone. Traditional laboratory experiments can be labor-intensive and expensive and require specialized equipment. However, bioinformatics analyses leverage openly available datasets and software, making it more accessible and cost-effective. Furthermore, the ability to efficiently analyze extensive datasets and conduct intricate statistical analyses using bioinformatics tools allows for the rapid discovery of novel perspectives and hypotheses, thereby facilitating advancements in cancer research. Considering the potential importance of the detected hub genes, we recommend conducting additional in‑depth wet lab research to determine their impact on biological mechanisms of papillomavirus‑associated cervical cancer. We foresee that ongoing research in this field will provide valuable knowledge about the fundamental mechanisms of cervical cancer and guide future approaches to effective treatment.

Conclusion

In conclusion, the innovation of our work lies in the identification of essential genes associated with the multi-step process of cervical carcinogenesis. To enumerate, we identified the DEGs related to HPV‑associated cervical cancer. We enriched the DEGs to discover the pathways these genes potentially affected. Notably, pathway clustering revealed the pathways with the highest shared DEGs, which are beneficial trajectories in HPV‑associated cervical cancer. The magenta module had the most robust relationship with cervical cancer phenotypes, according to the WGCNA study. In addition, the potential of *BEX1* and *CDC45* magenta module hub genes as the prognostic factors in cervical cancer was identified, and their direct relationship with the patient's survival was assessed.

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Conflicts of interest

There are no conflicts of interest.

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