



Identification of the relationship between single-cell N6-methyladenosine regulators and the infiltrating immune cells in esophageal carcinoma

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ABSTRACT

Background: N6-methyladenosine (m⁶A) RNA methylation plays a crucial role in important genomic processes in a variety of malignancies. However, the characterization of m⁶A with infiltrating immune cells in the tumor microenvironment (TME) in esophageal squamous carcinoma (ESCC) remains unknown.

Methods: The single-cell transcriptome data from five ESCC patients in our hospital were analyzed, and TME clusters associated with prognosis and immune checkpoint genes were investigated. Cell isolation and qPCR were conducted to validate the gene characterization in different cells.

Results: According to distinct biological processes and marker genes, macrophages, T cells, and B cells clustered into three to four different subgroups. In addition, we demonstrated that m⁶A RNA methylation regulators were strongly related to the clinical and biological features of ESCC. Analysis of transcriptome data revealed that m⁶A-mediated TME cell subsets had high predictive value and showed a close relationship with immune checkpoint genes. The validation results from qPCR demonstrated the characteristics of essential genes. CellChat analysis revealed that RNA from TME cells m⁶A methylation-associated cell subtypes had substantial and diversified interactions with cancer cells. Further investigation revealed that MIF- (CD74+CXCR4) and MIF- (CD74⁺CD44) ligand-receptor pairings facilitated communication between m⁶A-associated subtypes of TME cells and cancer cells.

Conclusion: Overall, our study demonstrated for the first time the function of m⁶A methylation-mediated intercellular communication in the microenvironment of tumors in controlling tumor development and anti-tumor immune regulation in ESCC.

1. Introduction

Esophageal cancer (EC), the sixth greatest cause of cancer deaths worldwide (5.3% of all cancer deaths), accounted for an estimated

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508 585 cancer deaths in 2018 [1]. Esophageal squamous carcinoma (ESCC) and esophageal adenocarcinoma (EADC) differ in geographic patterns and etiologies, with ESCC accounting for nearly 90% of EC [2]. The prognosis for ESCC was poor, and the few treatment choices for ESCC were associated with the risk of recurrence following surgical removal [3]. Recent advances in immune therapy, such as checkpoint inhibitors pembrolizumab and nivolumab, outperformed chemotherapy in treating recurrent or metastatic ESCC [4]. Among predictors of immune checkpoint inhibitor (ICI) response, programmed cell death-ligand 1 (PD-L1) [5] and tumor microenvironment (TME) are extremely promising [6,7]. A broader understanding of the molecular processes underlying ESCC may facilitate the development of novel techniques for the prevention and treatment of ESCC.

The modifications of post-transcriptional changes played a critical role in regulating the development and progression of ESCC [8, 9], such as N6-methyladenosine (m^6A), which was the most prevalent internal changes in transcripts, including more than 50% eukaryotic methylation, have been recognized as major epigenetic regulators of mRNA stability, splicing, and translation [10], as well as the production of small, noncoding RNA [11]. Three sorts of m^6A regulators exist: writers, erasers, and readers. The methyltransferase complex (MTC), often known as “writers,” catalyzes m^6A . Demethylase, often known as an “eraser,” eliminates m^6A . The RNA reader protein identifies m^6A , binds the RNA, and carries out the associated tasks [12]. Significantly, m^6A mRNA regulation is involved in carcinogenesis, tumor formation, and metastasis. A previous study found that METTL3, the catalytic subunit of the N6-adenosine-methyltransferase complex, increased ESCC metastasis via activating EGR1/Snail signaling in an m^6A -dependent way, which reflected the role of m^6A in ESCC [13,14].

The tumor microenvironment (TME), which consists of several stromal and tumor cells, was demonstrated to be associated with tumor progressions such as proliferation, invasion, metastasis, and treatment resistance [15,16]. Moreover, single-cell transcriptomics reveals distinct subtypes. TME cells and tumor cells communicate complexly [17–19]. TME cells consist of various cell types besides tumor cells, including tumor-associated macrophages (TAMs) [20,21], T cells, and B cells. Numerous studies have previously discovered that m^6A modifications have a significant role in the evolution of TME variety and complexity [22,23]. However, m^6A modification and subtypes of TME in ESCC need more investigation.

Here, we evaluated single cells from five ESCC tumor samples [24]. Sequencing data investigating the impact of m^6A mRNA methylation on major TME cells, including macrophages, T cells, and B cells, were analyzed. By 23 m^6A Non-negative matrix decomposition (NMF) clusters of RNA methylation regulators, as demonstrated previously [25], m^6A mRNA methylation differences were found in each ERCC TME cell type subgroup. The pattern demonstrated extensive and varied interactions with tumor epithelial cells and distinct immunity correlation between characteristics, transcriptional traits, and prognosis. Our study is the first to demonstrate that m^6A mRNA may drive intercellular communication between TME cells and tumor cells, hence accelerating the progression of ESCC.

2. Materials and methods

2.1. Ethics statement

The study was approved by the Ethics Committee of Zhongshan Hospital, Fudan University (B2021 137R).

2.2. Data preprocessing

We obtained the scRNA-seq and clinical data from patients diagnosed with ESCC and who received surgical treatment in the Department of Thoracic Surgery at Zhongshan Hospital, Fudan University (five ESCC and five corresponding noncancerous samples) (FDZSH). Several centimeters away from the tumor, noncancerous tissue samples were obtained from matched individuals and examined histopathologically to confirm the absence of tumor cells. Other ten ESCC and ten normal samples were chosen for qRT-PCR analysis. ESCC RNA-seq data were obtained from the UCSC Xena Browser and the GEO database (GSE53625) [26]. The preparation of the single-cell suspensions, single-cell RNA-seq data preprocessing, and analysis of 10x scRNA-seq data can be found in previous research [24,27]. The scRNA-seq data analysis was performed using R with cell filtering. The R package DoubletFinder was used to detect doublets [28]. The R package batchelor was used to remove batch effects [29]. The Seurat R package was used to analyze scRNA-seq data, including detecting highly variable genes, principal component analysis (PCA) dimension reduction, t-distributed stochastic neighbor embedding (TSNE) analysis, cell clustering analysis and detecting gene expression markers. Finally, based on the SingleR package, CellMarker dataset and previous reports, we annotated different cell types.

2.3. Non-negative matrix factorization of m^6A mRNA regulators TME cells

We used the NMF R package [30] to analyze the 23 m^6A regulators in all TME cell types and identified different cell subtypes for these cell types depending on the scRNA expression matrix to observe best the effect of m^6A -mediated regulator expression on TME cell types.

2.4. Analysis of marker genes for subtypes of m^6A -related cells in TME cells

Using the Findallmarkers function, we compiled a list of the markers of each NMF cluster in each ERCC cell type. The threshold was set as adjusted p-value <0.01 and fold change > 0.5. We displayed the dominant expressed genes in each NMF cluster. The high-risk genes for ESCC reported in previous research were mentioned [31].

2.5. Functional enrichment analysis

To show the significance of the pathways involved, subclusters of marker genes in different TME cells were subjected to gene ontology (GO) and Kyoto Encyclopedia of Genes and Genomes (KEGG) enrichment analysis using the R package cluster profile. Adjusted p-value < 0.05 and false discovery rate (FDR) < 0.05 established the GO and KEGG analysis threshold.

2.6. Analysis of cell-to-cell communication

We used a previously reported R package, CellChat [32] and CellChatDB, to display the network between the cell-to-cell communication, which comprises ligand-receptor interaction databases that can evaluate intercellular communication networks using scRNA-seq data labeled with distinct cell clusters. The communication networks were shown as follows: (1) CellChat was used to illustrate the important cellular pathways involved in cell clustering. (2) netVisual circle is utilized to depict the network of cell clusters relative to other cell clusters in NMF. (3) The netVisual_bubble was used to display the interactions of ligand-receptor crosstalk among cell clusters.

2.7. Survival analysis

We applied CIBERSORTx [33] and the single-sample gene set enrichment analysis [34] (ssGSEA) tool to analyze the survival characterization in bulk RNA-sequence datasets. Based on the m⁶A-related gene signature matrix we constructed before, we put the expression profiles in the scRNA data. The ssGSEA tool was used to compute these gene signature scores. Based on the median value of ssGSEA m⁶A-related NMF signatures' score, we divided patients in the TCGA database into two groups: high and low expression. We illustrated the overall survival (OS) and recurrence-free survival (RFS) difference using a Kaplan-Meier survival curve generated by the ggplot2 software and set the p-value < 0.05 to show a statistically significant difference. To highlight the significance of differences in prognosis, the Log-rank test and COX analysis were utilized.

2.8. Analysis of immunotherapy transcriptome data

We downloaded the FPKM transcriptome data in 12 cohorts that received immune checkpoint blockade therapy from the public database as follows: MAGE A3 [35], PD1 blockade [36–41], CTLA4 [42], and PD1 blockade + CTLA4 [43,44], adoptive T cell therapy [45], and immune checkpoint inhibition [46]. All patients in these cohorts had the immunological response.

2.9. Statistical examination

R studio (4.1) was adopted to conduct all the statistical analysis. The significance of statistics was set as p-value < 0.05. We used the Wilcoxon test, Kruskal–Wallis test, and Chi-square test for comparing continuous target or category variables in these subgroups of cells. Using Pearson analysis, the association between distinct cell signatures or gene expressions among TME ERCC cell types was determined.

2.10. Single-cell suspension processing

All samples were treated in the following method: Each sample was disrupted and digested in a MACS C Tube containing 200 mL of enzyme H, 25 mL of enzyme A, 100 mL of enzyme R, and 4.7 mL of Dulbecco's Modified Essential Medium for 30 min at 37 °C. Single-cell suspension was filtered using a 40- μ m nylon mesh to eliminate cell aggregates and any remaining big particles. Red Blood Cell Lysis Solution (10 pounds) (Sigma-Aldrich, St. Louis, Missouri, United States) and Dead Cell Removal Kit (Miltenyi Biotec) were then used to extract erythrocytes and dead cells, respectively. CD14⁺ macrophages were sorted using anti-CD14 magnetic beads. Pan T cells and B cells were obtained via related MACS magnetic microbeads (Miltenyi Biotec) according to the manufacturer's instructions.

2.11. RNA extraction and quantitative real-time polymerase chain reaction

TRIzol (Tiangen Biotechnology Co., Beijing, China) was used as an RNA extraction reagent. The cDNA template was produced using a PrimeScript RT Reagent Kit (TaKaRa, Tokyo, Japan), and quantitative real-time polymerase chain reaction was performed according to the manufacturer's instructions using SYBR Premix Ex Taq (TaKaRa). Each response was evaluated with the aid of QuantStudio 5 (Thermo Fisher Scientific). The 2-CT technique using GAPDH as the endogenous calibrator was used to objectively measure mRNA. Sangon Biotech provided the sequences for all primers.

3. Results

3.1. The characterization of m⁶A associated with infiltrating immune cells in ESCC

The design of this study can be observed in Fig. 1A. We used a single-cell transcriptome dataset of ESCC from our hospital, as described previously, to study the characterization of m⁶A RNA methylation regulators with infiltrating immune cells (Table S1). This

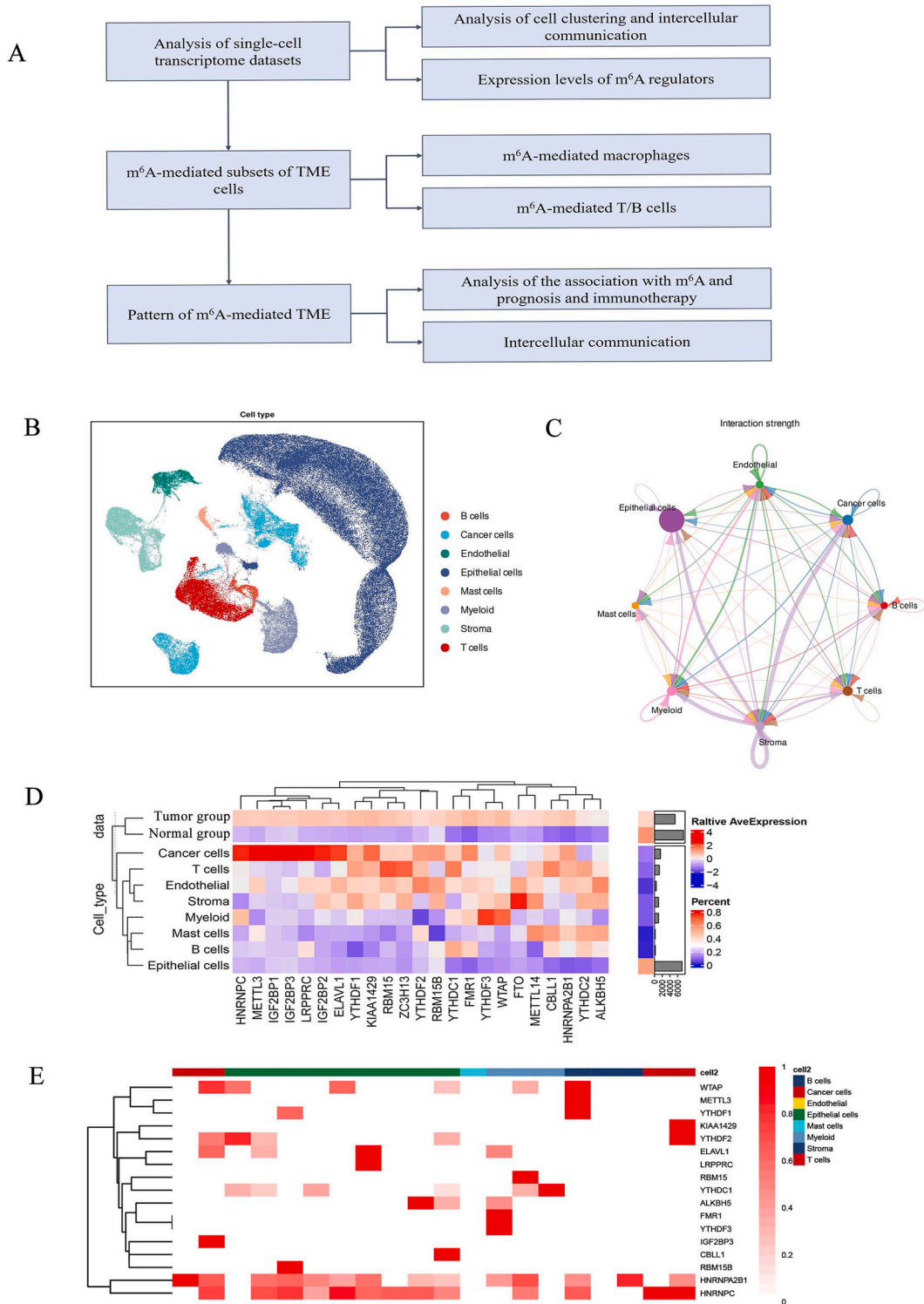


Fig. 1. Landscape single-cell data analysis of m⁶A RNA regulators in ESCC. **A:** The flowchart showed the design of the study; **B:** Seurat t-distributed stochastic neighbor embedding (t-SNE) plot showed the cell distribution type; **C:** The network showed cell and cell interaction among the eight-cell types by Cellchat analysis; **D:** The heatmap displayed the expression level of the m⁶A RNA regulators in tumor and normal groups from ESCC patients. **E:** The heatmap showed the distribution of m⁶A RNA regulators in all eight-cell types.

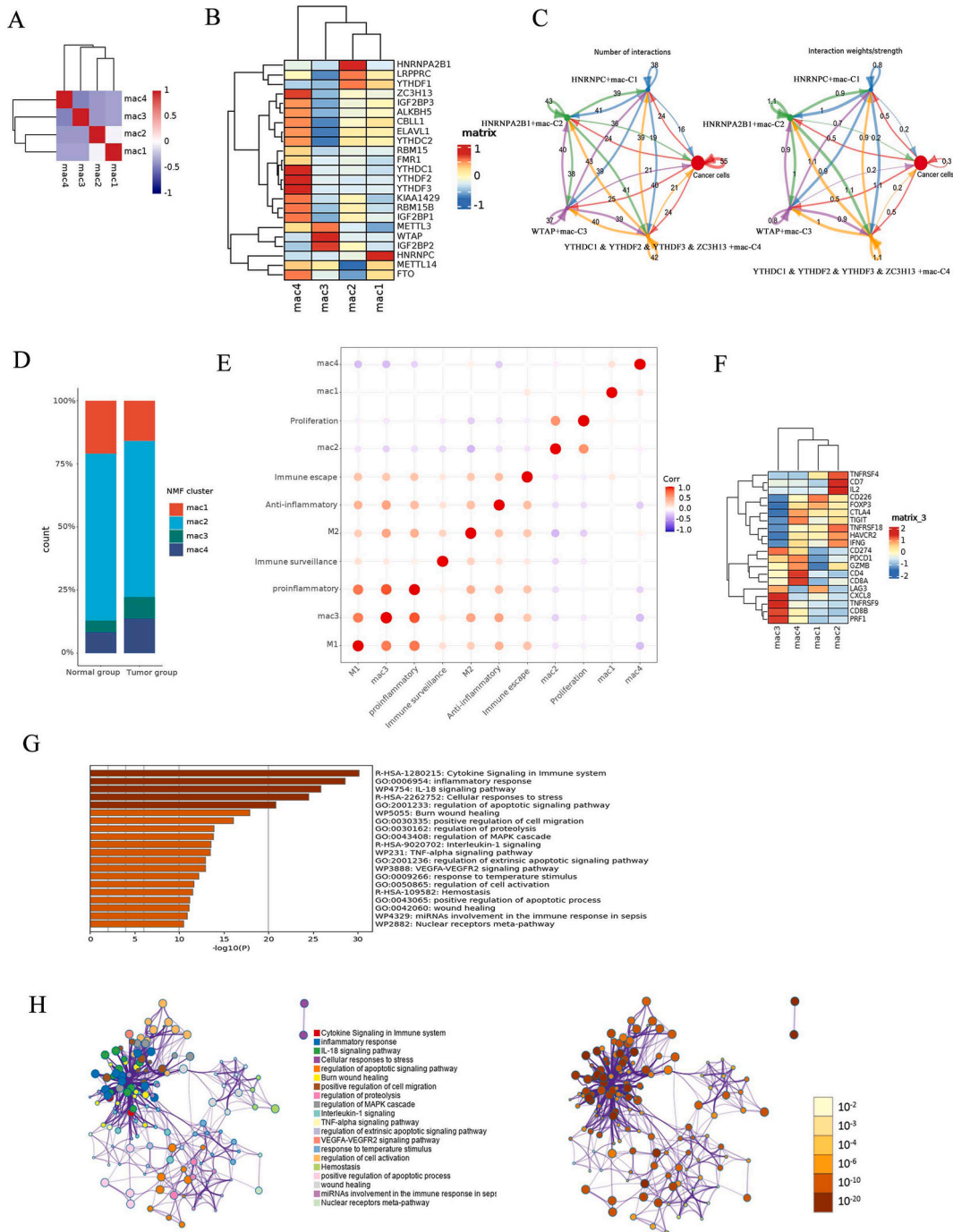
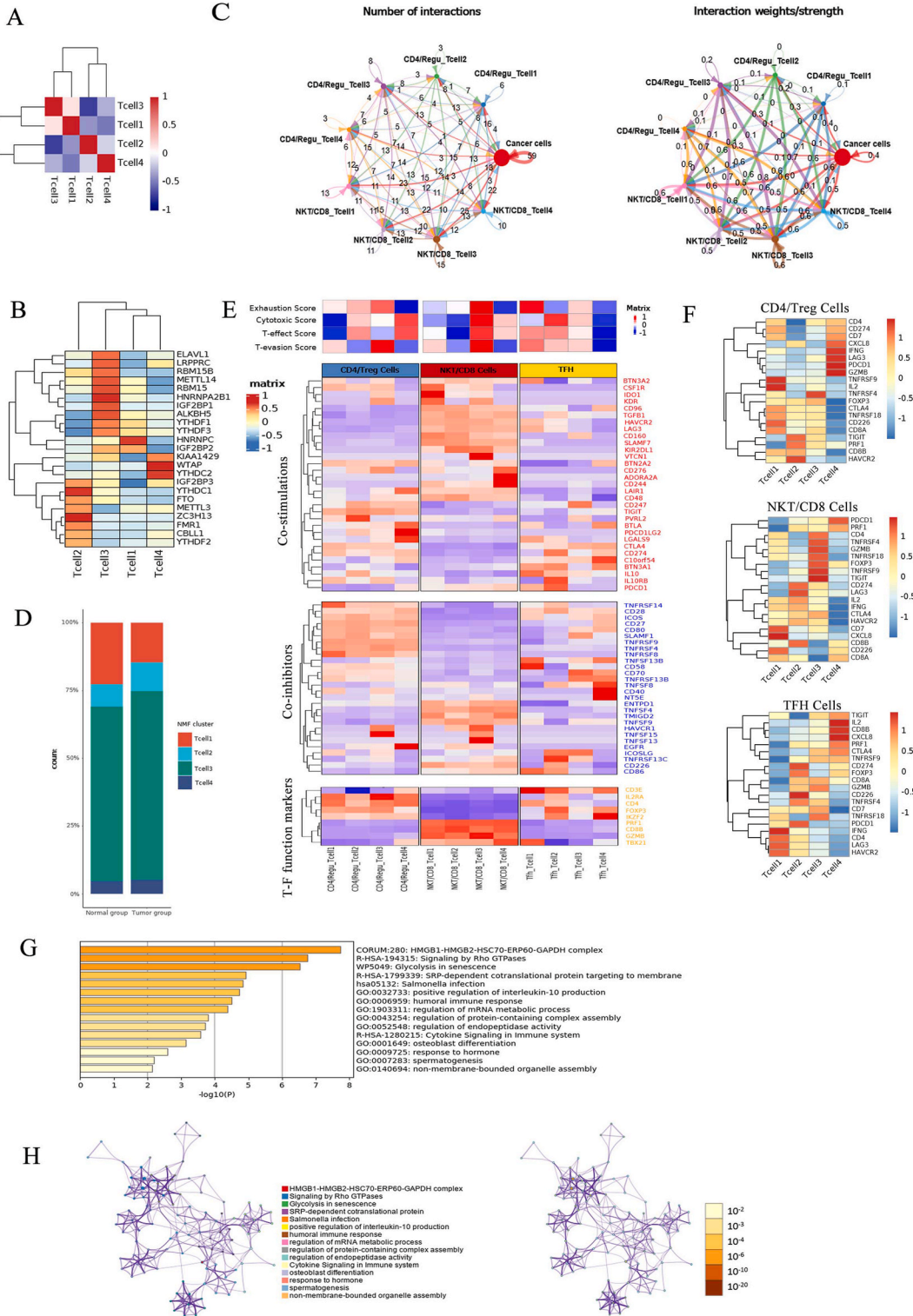


Fig. 2. The view of the interaction between the four different m⁶A-associated macrophages clusters. **A:** The heatmap showed the correlation of the four m⁶A-associated macrophages by NMF; **B:** The heatmap displayed the interactions between the m⁶A-associated macrophages clusters and the cancer cells; **C:** Cell-to-cell interaction network between the m⁶A-associated macrophages and cancer cells; **D:** The bar-plot revealed the different proportion of m⁶A-associated macrophages clusters in the tumor and normal groups. **E :** The correlation plot showed the relationship between the different gene signatures with the m⁶A-associated macrophage clusters; **F:** The heatmap revealed the relationship between the m⁶A-associated macrophage clusters and the immune checkpoint-associated genes; **G:** G.O. and KEGG functional enrichment analysis of the genes in m⁶A-associated macrophage clusters; **H:** Interactions between the enriched pathways across the genes in m⁶A-associated macrophage clusters. The size of the dots denotes the number of genes in the relevant pathway, and the color indicates the cluster type. The paths for the clustering category are given in the tab on the label. Dots representing the same enrichment route have varied colors based on the p-value given on labels. The deeper the dots, the lower the p-value, and the more statistically significant it is. (For interpretation of the references to color in this figure legend, the reader is referred to the Web version of this article.)



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Fig. 3. The view of the interaction between the four different m⁶A-associated T cell clusters. **A:** The heatmap showed the correlation of the four m⁶A-associated T cells by NMF; **B:** The heatmap displayed the interactions between the m⁶A-associated T cell clusters and the cancer cells; **C:** Cell-to-cell interaction network between the m⁶A-associated T cells and cancer cells; **D:** The bar-plot revealed the different proportion of m⁶A-associated T cell clusters in the tumor and normal groups. **E :** The heatmap showed the difference between the T scores and the three groups, including CD4⁺T/Treg cells, CD8⁺T/NK T cells, and TFH cells by pySCENIC (p < 0.01); **F:** The heatmaps revealed the relationship between the m⁶A-associated T cells clusters and the immune checkpoint associated genes among the three groups; **G:** G.O. and KEGG functional enrichment analysis of the genes in m⁶A-associated T cell clusters; **H:** Interactions between the enriched pathways across the genes in m⁶A-associated T cell clusters. The size of the dots denotes the number of genes in the relevant pathway, and the color indicates the cluster type. The paths for the clustering category are given in the tab on the label. Dots representing the same enrichment route have varied colors based on the p-value given on labels. The deeper the dots, the lower the p-value, and the more statistically significant it is. (For interpretation of the references to color in this figure legend, the reader is referred to the Web version of this article.)

dataset contains TME cells from 10 samples from 5 ESCC patients, comprising cancer cells, epithelial cells, endothelial cells, mast cells, myeloid cells, stromal cells, T cells, and B cells (Fig. 1B). Analysis of cell communication revealed relationships between these cell types (Fig. 1C). We compared the expression of m⁶A regulators in tumor and normal groups (Fig. 1D). The dataset showed differences in the expression levels of m⁶A regulators in the eight-cell types (Fig. 1E).

3.2. M⁶A-mediated macrophages contribute to TME in ESCC patients

Cell communication analysis showed that m⁶A-associated macrophages could be divided into four distinct clusters (Fig. 2A), and there were different numbers of ligand-receptor pairs between each cluster and tumor cell cluster (Fig. 2B). We named them as

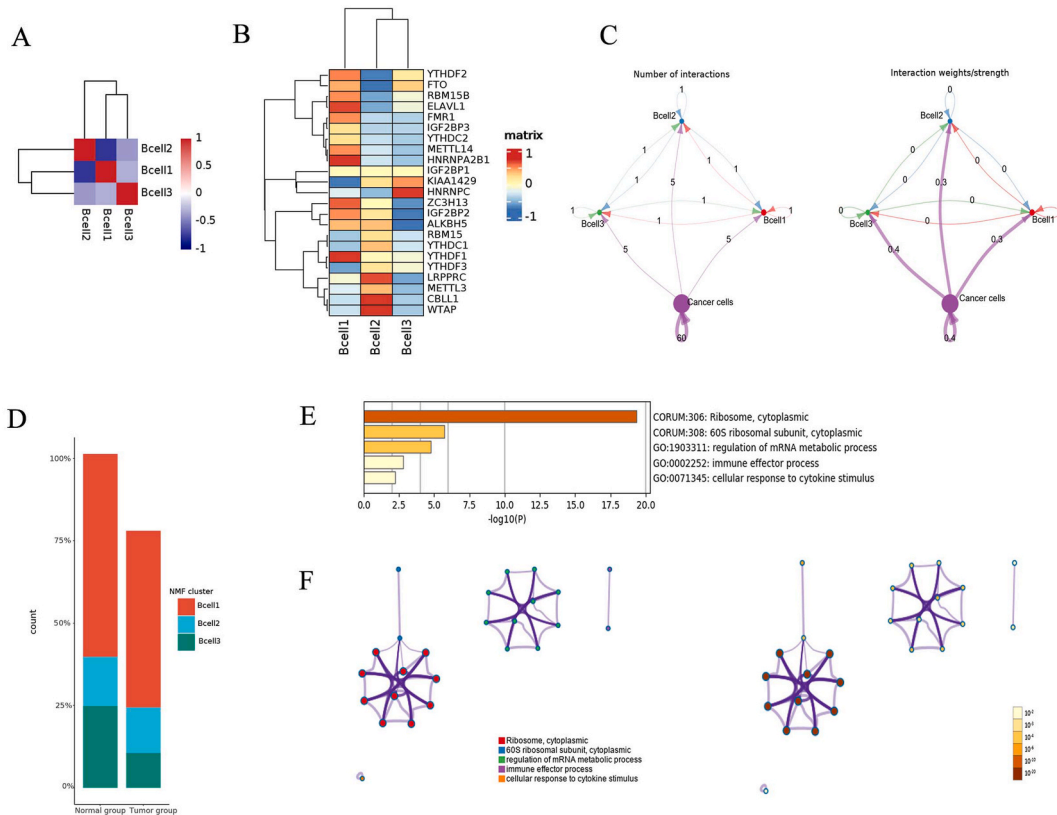


Fig. 4. The view of the interaction between the three different m⁶A-associated B cell clusters. **A:** The heatmap showed the correlation of the three m⁶A-associated B cells by NMF; **B:** The heatmap displayed the interactions between the m⁶A-associated B cell clusters and the cancer cells; **C:** Cell-to-cell interaction network between the m⁶A-associated B cells and cancer cells; **D:** The bar-plot revealed the different proportion of m⁶A-associated B cell clusters in the tumor and normal groups. **E :** G.O. and KEGG functional enrichment analysis of the genes in m⁶A-associated B cell clusters; **F:** Interactions between the enriched pathways across the genes in m⁶A-associated T cell clusters. The size of the dots denotes the number of genes in the relevant pathway, and the color indicates the cluster type. The paths for the clustering category are given in the tab on the label. Dots representing the same enrichment route have varied colors based on the p-value given on labels. The deeper the dots, the lower the p-value, and the more statistically significant it is. (For interpretation of the references to color in this figure legend, the reader is referred to the Web version of this article.)

was done to understand their function. The results showed that B cell clusters were related to regulation of mRNA metabolic process and immune effector process (Fig. 4E–F, Table S5).

3.4. The correlation between the m⁶A-mediated TME and the prognosis and immunotherapy of ESCC

We investigated the correlation between the different m⁶A-associated cell clusters, including macrophages, T cells, and B cells, with the risk levels of overall survival (OS) or recurrence-free survival (RFS) in pan-cancer. The plot showed that different m⁶A-associated cell clusters predicting different prognosis in different cancers (Fig. 5A–B). Low-grade glioma (LGG), Kidney renal clear cell carcinoma (KIRC), and Pancreatic adenocarcinoma (PAAD) were closely related to the m⁶A-associated cell clusters. We used logistic regression analysis to investigate the m⁶A-associated regulator’s clusters and the immune therapy response for patients in 13 public datasets, including melanoma, and urothelial cancer. As the result showed (Fig. 5C), all the cell clusters showed relationships with different immune therapy, which showed promising targets for predicting the effects of immune therapy in different cancers.

3.5. The m⁶A-mediated cell clusters promoted cell-to-cell communication

Intercellular communication ligand-receptor pairs, including MIF- (CD74+CXCR4) and MIF- (CD74+CD44) ligand-receptor from m⁶A-associated cell clusters to cancer cells identified by cell-to-cell communication analysis. We found that the m⁶A-mediated TME cells prompted the communication between the tumor cells and infiltrating immune cells, which were consistent with the different cell subclusters that were responsible for the development of many malignancies that had significant prognoses (Fig. 5D).

3.6. Experimental validation of genes associated with macrophages, T cells, and B cells

The ten patients with ESCC whose genetic testing was completed were provided to us by our hospital. From the normal paracancerous tissues of the patients, the tumor group, we collected tissue RNA. In macrophages, genes YTHDC1, YTHDC2, YTHDC3, and ZC3H13 exhibited higher expression in the tumor group, according to the results of the analysis above. Also, HNRNPA2B1 was expressed higher in the tumor group of T cells, and gene HNRNPC was expressed higher in the tumor group of B cells (Fig. 6).

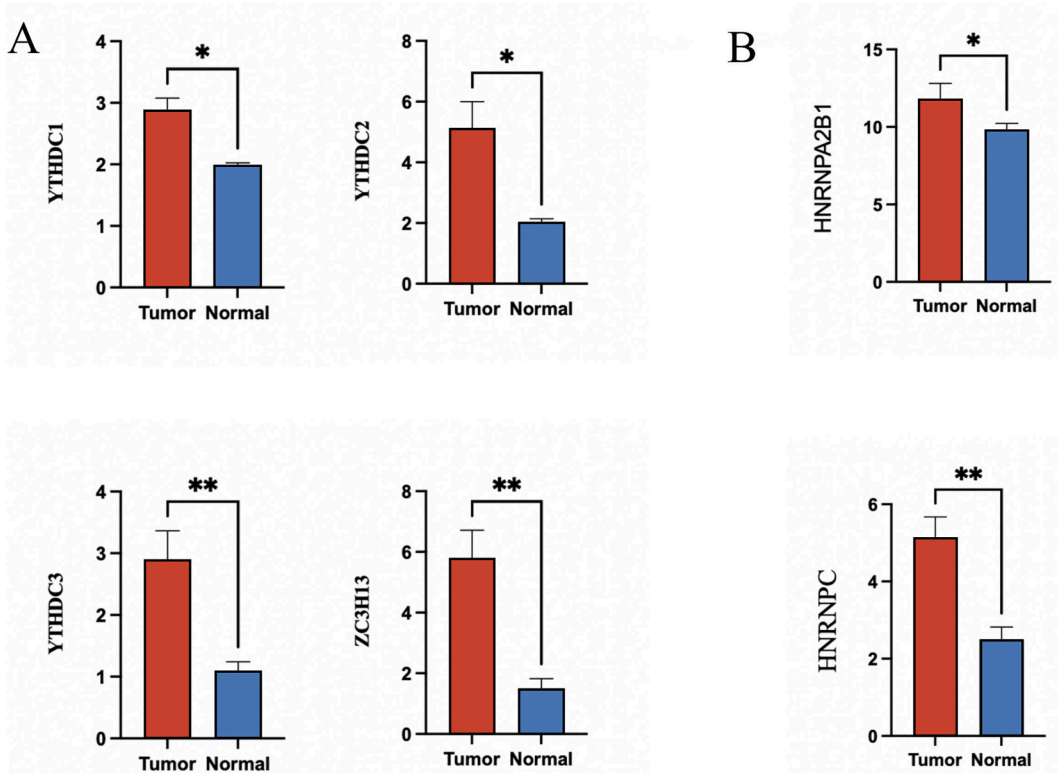


Fig. 6. A Quantitative RT-PCR verifying the expression of YTHDC1, YTHDC2, YTHDC3, and ZC3H13 in macrophages of tumor group and normal paracancerous tissues. *, p < 0.05; **, p < 0.01; ***, p < 0.001; ****, p < 0.0001. B Quantitative RT-PCR verifying the expression of HNRNPA2B1 in T cells and HNRNPC in B cells of tumor group and normal paracancerous tissues. *, p < 0.05; **, p < 0.01; ***, p < 0.001; ****, p < 0.0001.

4. Discussion

Until now, there have been evidence studies explaining the role of RNA m⁶A methylation modification and the development and development of ESCC [13,14]. However, few studies have demonstrated the role of m⁶A-regulated single cells on TME. Our study revealed the main cell clusters of m⁶A modification regulators in the TME and explored their expression levels, and their relationship with cancer cells, further investigated the pathway connections between cells and cell clusters and their predictive role in prognosis and immunotherapy response, and comprehensively elucidated the role of m⁶A RNA methylation and TME in esophageal cancer.

The tumor microenvironment (TME) is an essential factor in carcinogenesis, and immune evasion is a vital step in tumor development, progression, and treatment resistance [47–49]. Macrophages, T cells, and B cells were reported to have a close relationship with ESCC cells. Zhou. et al. [50] reported that M2 macrophages promoted migration and invasion of ESCC. A previous study showed several m⁶A-associated regulators modulate the immune effects in TME, like ALKBH5 regulating the anti-PD-1 therapy [51]. The interaction among the m⁶A-associated regulators in TME and the cancer cells in ESCC analyzed by single-cell sequence level showed significant effects. Previous studies showed that m⁶A may functioned in ESCC through long non-coding RNA (LncRNA) [27,52]. Increasing research has revealed the significance of RNA m⁶A methylation in regulating and modulating immune cells [53–56]. A previous study showed that KIF2C expression was significantly tumor-associated macrophages (TAMs), which were involved in m⁶A modification [57]. Also, studies have demonstrated that C1q + TAMs are controlled by the m⁶A program and regulate tumor-infiltrating CD8⁺ T cells via the expression of numerous immunomodulatory ligands [55]. Our analysis showed that HNRNPA2B1+mac-C3 was significantly related to SPP1+ and C1q + macrophages and were significantly related to immune pathways. We also found that m⁶A-associated T cells, including CD8⁺, CD4⁺, and Treg cells, showed close correlation with cancer cells in ESCC, and the main T cells clusters showed different T cell characteristics, which indicated the crucial role of m⁶A RNA methylation in TME of ESCC.

Our research found that genes YTHDC1, YTHDC2, YTHDC3, and ZC3H13 exhibited higher expression in the tumor group among macrophages, and HNRNPA2B1 was expressed higher in the tumor group of T cells, and gene HNRNPC was expressed higher in the tumor group of B cells. Previous studies showed that YTHDC1 and YTHDC2 [58] were positively related to macrophages [59]. As for other crucial genes, YTHDC2 and ZC3H13 might be associated with the progression of ESCC [60,61], which were corresponded with our results. HNRNPA2B1 was reported to play promoting roles in ESCC progression which was related to p53 mutation [62] and HNRNPC was a key mediator of PD-L1 expression in ESCC [63]. Combining the previous studies and our results, we found that the crucial genes related to m⁶A regulator were positively correlated to ESCC.

Considering the complicated intrinsic patterns of RNA m⁶A methylation in TME cells, we exhaustively summarized the associations between the scores of various cell clusters and prognosis and response to immunotherapy from the public bulk RNA-seq datasets. Also, ligand-receptor pairs MIF- (CD74+CXCR4) and MIF- (CD74⁺CD44) revealed the communication between m⁶A-associated subtypes of TME cells and cancer cells. Patients with differing levels of m⁶A regulators in the TME cells exhibited different ERCC prognostic prediction and immunological responses to ICB treatment, particularly for the macrophages, indicating that TME m⁶A played a crucial role in ERCC patients.

This study still has several limitations. First, We only analyzed five ESCC patient samples from our institution. Validation should be performed in larger sample sizes in the GEO database. Besides, the expression levels of the main m⁶A-associated cell clusters have been validated in qPCR and due to the limitation of the samples from our patients, we failed to validate the results in experiments like Western blot experiments and immunohistochemistry. Also, the interaction between the signaling pathways and cell-to-cell communication deserves more investigation and further explanation. Finally, the English usage of the article needs to be further polished.

Declarations

Ethics approval and participant consent

All participants signed an Informed Consent form by the Helsinki Declaration's ethical criteria. Ethics authorized by the Zhongshan Hospital's ethical committees (B2021 137R).

Author contribution statement

Yunyi Bian: Conceived and designed the experiments; Performed the experiments; Analyzed and interpreted the data; Wrote the paper.

Guoshu Bi: Guangyao Shan: Performed the experiments.

Jiaqi Liang: Qihai Sui: Zhencong Chen: Analyzed and interpreted the data.

Guangyu Yao: Zhengyang Hu: Contributed reagents, materials, analysis tools or data.

Cheng Zhan: Qun Wang: Conceived and designed the experiments.

Data availability statement

Data associated with this study has been deposited at <https://www.ncbi.nlm.nih.gov/geo/query/acc.cgi?acc=GSE53625>.

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Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.heliyon.2023.e18132>.

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