Research Article

Integrated Bioinformatics Analysis for Identification of the Hub Genes Linked with Prognosis of Ovarian Cancer Patients

Xiaofeng Li,1 Qiu Wang,1 Zhicheng Wu,1 Jiantong Zheng,2 and Ling Ji1

1Department of Laboratory Medicine, Peking University Shenzhen Hospital, Shenzhen, China
2Shenzhen Dymind Biotechnology Company Limited, China

Correspondence should be addressed to Ling Ji; jilingpaper2021@126.com

Received 19 September 2021; Revised 22 October 2021; Accepted 17 November 2021; Published 10 January 2022

Academic Editor: Osamah Ibrahim Khalaf

Copyright © 2022 Xiaofeng Li et al. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Background. One of the most usual gynecological state of tumor is ovarian cancer and is a major reason of gynecological tumor-related global mortality rate. There have been multiple risk elements related to ovarian cancer like the background of past cases associated with breast cancer or ovarian cancer, or excessive body weight issues, case history of smoking, and untimely menstruation or menopause. Because of unclear expressions, more than 70% of the ovarian cancer patient cases are determined during the early stage. Material and Methods. GSE38666, GSE40595, and GSE66957 were the three microarray datasets which were analyzed using GEO2R for screening the differentially expressed genes. GO, Kyoto Encyclopedia of Genes, and protein expression studies were performed for analysis of hub genes. Then, survival analysis was performed for all the hub genes. Results. From the dataset, a total of 199 differentially expressed genes (DEGs) were identified. Through the KEGG pathway study, it was noted that the DEGs are mainly linked with the AGE-RAGE signaling pathway, central carbon metabolism, and human papillomavirus infection. The survival analysis showed 4 highly expressed hub genes COL4A1, SDC1, CDKN2A, and TOP2A which correlated with overall survival in ovarian cancer patients. Moreover, the expression of the 4 hub genes was validated by the GEPIA database and the Human Protein Atlas. Conclusion. The results have shown that all 4 hub genes were found to be upregulated in ovarian cancer tissues which predict poor prognosis in patients with ovarian cancer.

1. Introduction

Ovarian cancer is a usual gynecological state of a malignant tumor that leads to gynecological cancer-associated global mortality rate [1, 2]. There is an approximate count of 250,000 fresh cases where 160,000 death cases were reported in 2018 [3]. There are numerous components encompassing a family background of ovarian cancer which involves smoking, untimely menstruation, or even overdue menopause and infertility in birth that are proposed to promote the spread of ovarian cancer [4]. The prime remedy scheme for the ovarian cancer involves surgical process of resection along with chemotherapy. Though, around more than 50% of the cases from ovarian cancer are identified at an overdue period, as the productive diagnosis for the case of ovarian cancer is still restrained [5].

The approach of gene expression is considered to be a powerful procedure which is constructed on a differentially expressed genes (DEGs) and can be shielded in between the suffering as well as the healthy people [6]. The differentially expressed genes can be utilized to investigate the molecular signal pathways in order to examine the gene managing system in multiple disorders which comprises of epithelial ovarian cancer (EOC). In the present time, various differentially expressed genes have been discovered which may be comprised in the formation as well as the advancement of ovarian cancer [7], but the outcomes are unpredictable because of varying tissues, dimensions of the sample, and the varied bioinformatics analysis procedures and the platforms for observation. The investigation of independent experiment involves high uncertainty of bias, along with consolidated analysis of different databases which could enhance the characteristics and the definitiveness of the identification of differentially expressed genes.

The growing count of procedures involved in bioinformatics has been utilized to discover the prognostic
Figure 1: The study procedure.

Figure 2: Identification of common DEGs. Volcano plots of DEGs in (a) GSE38666, (b) GSE40595, and (c) GSE66957 are shown. (d) Venn diagram shows the common DEGs in the datasets.
2. Material and Methods

The GEO database (https://www.ncbi.nlm.nih.gov/gds) was used for downloading microarray dataset which is an open repository. Three datasets were downloaded GSE38666, GSE40595, and GSE66957 for analysis. The research procedure is indicated in Figure 1.

2.1. Enrichment Pathway and Functional Analysis. Enrichment analysis for Gene Ontology and KEGG pathway was done using online program (xiantao: https://www.xiantao.love/), which was built based on R. $P < 0.05$ is the cutoff criteria.

2.2. Differentially Expressed Gene (DEG) Selection. DEG processing used the GEO2R tool (http://www.ncbi.nlm.nih.gov/geo/geo2r/). $|\log_2$ fold change$| > 1.5$ and $P < 0.05$ were set at the cutoff values.

2.3. PPI Network and Module Analyses. The STRING database (http://string-db.org) was composed of upregulated and downregulated DEGs that was built, with a cutoff score more than 0.4. Using the clusterone add-in of Cytoscape v3.9.0 to pick the significant modules from the PPI network (https://cytoscape.org/) with $P < 0.01$ showed statistical importance. The degree was executed by two add-ins Cen-tiScaPe and Molecular Complex Detection (MCODE) in Cytoscape to illuminate the modules and most significant nodes in the network.

2.4. Validation and Expression of Hub Gene in Ovarian Cancer. The expression levels of hub genes are shown in GEPIA (based on TCGA data) (http://gepia.cancer-pku
$P < 0.05$ was viewed to show a statistically important difference in these analyses.

2.5. Survival Analysis. The survival analysis of DEGs was performed using the Kaplan–Meier plotter (KM plotter, http://www.kmplot.com). The hazard ratio (HR) with 95% confidence intervals and log-rank $P$ value were calculated and displayed on the webpage.

2.6. Expression Analysis. The expressions of the hub genes were further confirmed in the GEPIA database. The protein expression of the hub genes was validated in the Human Protein Atlas (http://www.proteinatlas.org/).

2.7. Availability of Data and Materials. The datasets analyzed for this study can be found in the GEO datasets.
3. Results

3.1. DEG Screening and Analysis. We used the GEO2R tool to analyze the DEGs, and the DEGs were shown using volcano plots (Figures 2(a)–2(c)). A total of 4033, 822, and 6095 genes were identified in the GSE38666, GSE40595, and GSE66957, respectively. A total of 199 common DEGs were identified by using the Venn diagram (Figure 2(d)).

3.2. GO and KEGG Enrichment Analysis. A total of 199 genes were identified by enrichment analysis, with $P$ (by less than 0.05) statistical significance used to be determined. Figure 2 displays GO-BP, CC, MF, and KEGG pathway results. The top 3 GO terms are significantly enriched in “extracellular structure organization,” “extracellular matrix organization,” “epithelial tube morphogenesis,” “extracellular matrix component,” “collagen trimer,” “collagen-containing extracellular matrix,” “platelet-derived growth factor binding,” “extracellular matrix structural constituent conferring tensile strength,” and “extracellular matrix structural constituent.” The KEGG pathways of DEGs were

Figure 5: The correlation analysis between hub genes and OS of ovarian cancer patients. The association between the expression levels of (a) COL4A1, (b) SDC1, (c) CDKN2A, and (d) TOP2A and the OS of ovarian cancer patients was analyzed by the KM plotter. Abbreviation: HR: hazard ratio.
primarily enriched in “human papillomavirus infection,” "central carbon metabolism in cancer,” and “AGE-RAGE signaling pathway in diabetic complications” (Figure 3).

3.3. Protein Interaction Network and Hub Gene Analysis. To study common genes’ relationship between modules, protein interaction networks were built by using Cytoscape software (V3.9.0) that was based on the STRING database results (Figure 4(a)). Further, the k-core analysis was executed to discover the hub genes and cardinal clusters of PPI networks. By Cytoscape-MCODE analysis, by using the cytoHubba module, the top 20 genes with the highest scores were identified from the PPI network (Figure 4(b)). At last, the genes that were identified both in cytoHubba and MCODE analysis were defined by hub genes, and a total of 18 hub genes were chosen for further survival analysis.

3.4. Survival Analysis of Hub Genes. The overall survival rate (OS) role of hub genes in ovarian cancer was analyzed by the online database (https://kmplot.com/analysis/index.php?p=service). As shown in Figure 5, 1,656 ovarian cancer patients were contained in the OS analysis. We found high expression of COL4A1 (Figure 5(a)), SDC1 (Figure 5(b)), CDKN2A (Figure 5(c)), and TOP2A (Figure 5(d)) significantly associated with shorter OS of the patients with ovarian cancer. However, the other hub genes had no significant association with OS of the patients (data not shown).

3.5. Expression of Hub Gene in Ovarian Cancer. We used TCGA data of ovarian cancer to validate the four hub gene expression with the online tool of GEPIA. All of the four hub genes are expressed differentially in cancer and normal tissues of the ovary by the criterion of $|\log FC| > 1$ and $P < 0.01$ (Figure 6). Moreover, the protein expression of hub genes including COL4A1 (Figure 7(a)), CDKN2A (Figure 7(b)), SDC1 (Figure 7(c)), and TOP2A (Figure 7(d)) was analyzed by using the Human Protein Atlas, and the protein expression levels of these genes were significantly higher in the
ovarian cancer tissues than that in the normal ovarian tissues.

4. Discussion

A lot of researches have been established for ovarian cancer where the prognosis of patients is still very poor. Therefore, for identification of potential biomarkers, a lot of detailed study including treatment options, pathways, mechanisms, and prognosis has to be studied [13–15]. Recent growth in bioinformatical analysis sector includes data sequencing, microarray analysis, bioinformatical analysis, and studying of genetic alterations for understating the pathophysiology of ovarian cancer [16–18]. In this study, we have analyzed differentially expressed genes from three GEO datasets (GSE38666, GSE40595, and GSE66957). It was found that 199 common DEG regulated genes. Further analysis of GO and KEGG pathways were also performed.

The KEGG pathway has shown that the differentially expressed gene was mostly related to the “human papillomavirus infection,” “central carbon metabolism in cancer,” and “AGE-RAGE signaling pathway in diabetic complications.” Also, the results have given clear idea that analysis of molecular interactions is insightful in case of ovarian cancer. Further studies on survival analysis were done where four hub genes were highly expressed COL4A1, SDC1, CDKN2A, and TOP2A. These were showing correlation with ovarian cancer patients. The dysregulation of these hub genes are linked with the genesis and progression of ovarian cancer.

Collagen IV is the most abundant constituents of basement membranes of ECM [19]; COL4A1 encode collagen IV alpha 1 chain, together with COL4A2 to assemble into

![Figure 7: Analysis of protein expression of four hub genes. The protein expression of (a) COL4A1, (b) CDKN2A, (c) SDC1, and (d) TOP2A in normal ovarian tissues and ovarian cancer tissues was obtained from the Human Protein Atlas.](image-url)
\(\alpha 1\alpha 2\) heterodimers (Col IV), then secreted into extracellular matrix [20]. Increased COL4A1 promotes tumor invasion via induction of tumor budding in bladder cancer cells [21]. Upregulated COL4A1 contributes to the proliferation and migration of breast cancer cells [22]. However, the detailed mechanisms of COL4A1 in ovarian cancer have not been elucidated.

Overexpression of SDC1 in many types of cancers contributes to cell proliferation, cell migration, and cell-matrix interactions via its receptor for extracellular matrix proteins [23–25]. In case of ovarian cancer, SDC1 promotes the adhesion and migration of epithelial cells. Thus, SDC1 promotes the transformation in malignancy of ovarian cancer [26, 27]. Our results have also shown that upregulated SDC1 in the tissues of ovarian cancer and increased expression of SDC1 are correlational to the bad prognosis in patients of ovarian cancer which was analyzed by our bioinformatical study.

The role of TOP2A is to encode DNA topoisomerase [28]; it also plays a strong role in regulation of transcription, replication, and repair of DNA [29, 30]. A lot of studies also suggest that involvement of carcinogenesis in various cancers (lung, liver, and breast cancer) is due to highly expressed TOP2A thereby causing slow prognosis in patients [31–33]. TOP2A also promotes tumorigenesis in ovarian cancer which regulates the TGF-\(\beta\)/Smad pathway; the expression of TOP2A was also found to correlate with poor survival of ovarian cancer patients and platinum resistance [34, 35]. Our results have shown that upregulation of TOP2A in tissues of ovarian cancer is linked with poor prognosis.

The current study shows that a total of 199 DEGs were identified in our integrated bioinformatical analysis. A total of 4 hub genes, namely, COL4A1, SDC1, CDKN2A, and TOP2A were found to be upregulated in ovarian cancer tissues which were also responsible for the poor prognosis in patients. More studies must be performed for investigating the mechanism of all these hub genes in ovarian cancer.

**Data Availability**

The data used to support this study are available from the corresponding author upon request.

**Conflicts of Interest**

The authors declare that they have no conflicts of interest.

**Authors’ Contributions**

Xiaofeng Li and Qiu Wang contributed equally to this work.

**Acknowledgments**

The study was supported in part by the National Natural Science Foundation of China (81801517) to L.X. F, the Shenzhen Project of Science and Technology (Grant No. JCYJ20190809094407602) to L.X. F, the Scientific Research Foundation of Peking University Shenzhen Hospital (KYQD2021104) to L.X. F, and the fund of “San-ming” Project of Medicine in Shenzhen (No. SZSM201812088).

**References**

[1] L. G. Kahn, C. Philippi, S. F. Nakayama, R. Slama, and L. Trasande, “Endocrine-disrupting chemicals: implications for human health,” *The Lancet Diabetes & Endocrinology*, vol. 8, no. 8, pp. 703–718, 2020.

[2] C. Sessa, D. T. Schneider, F. Planchamp et al., “ESGO-SIOPE guidelines for the management of adolescents and young adults with non-epithelial ovarian cancers,” *The Lancet Oncology*, vol. 21, no. 7, pp. e360–e368, 2020.

[3] S. Lheureux, C. Gourley, I. Vergote, and A. M. Oza, “Epithelial ovarian cancer,” *Lancet*, vol. 393, no. 10177, pp. 1240–1253, 2019.

[4] G. C. Jayson, E. C. Kohn, H. C. Kitchener, and J. A. Ledermann, “Ovarian cancer,” *Lancet*, vol. 384, no. 9951, pp. 1376–1388, 2014.

[5] V. Rojas, K. Hirshfield, S. Ganesan, and L. Rodriguez-Rodiguez, “Molecular characterization of epithelial ovarian cancer: implications for diagnosis and treatment,” *International Journal of Molecular Sciences*, vol. 17, no. 12, p. 2113, 2016.

[6] L. Zhao, Y. Li, Z. Zhang et al., “Meta-analysis based gene expression profiling reveals functional genes in ovarian cancer,” *Bioscience Reports*, vol. 40, no. 11, 2020.

[7] B. G. Bitler, K. M. Aird, A. Garipov et al., “Synthetic lethality by targeting EZH2 methyltransferase activity in ARID1A-mutated cancers,” *Nature Medicine*, vol. 21, no. 3, pp. 231–238, 2015.

[8] U. Kumar, T. Kumar, R. Siva, C. G. P. Doss, and H. Zayed, “Integrative bioinformatics approaches to map potential novel genes and pathways involved in ovarian cancer,” *Frontiers in Bioengineering and Biotechnology*, vol. 7, no. 391, pp. 1–15, 2019.

[9] A. Deo, S. Mukherjee, B. Rekhi, and P. Ray, “Subtype specific biomarkers associated with chemoresistance in epithelial ovarian cancer,” *Indian Journal of Pathology and Microbiology*, vol. 63, no. 5, p. 64, 2020.

[10] H. Yang, W. Cui, and L. Wang, “Epigenetic synthetic lethality approaches in cancer therapy,” *Clinical Epigenetics*, vol. 11, no. 1, p. 136, 2019.

[11] V. Zelli, C. Compagnoni, K. Cannita et al., “Applications of next generation sequencing to the analysis of familial breast/ovarian cancer,” *High-Throughput*, vol. 9, no. 1, p. 1, 2020.

[12] B. M. Norquist, M. I. Harrell, M. F. Brady et al., “Inherited mutations in women with ovarian carcinoma,” *JAMA Oncology*, vol. 2, no. 4, pp. 482–490, 2016.

[13] I. Shapira, M. Oswald, J. Lovecchio et al., “Circulating biomarkers for detection of ovarian cancer and predicting cancer outcomes,” *British Journal of Cancer*, vol. 110, no. 4, pp. 976–983, 2014.

[14] C. M. Coticchia, J. Yang, and M. A. Moses, “Ovarian cancer biomarkers: current options and future promise,” *Journal of the National Comprehensive Cancer Network*, vol. 6, no. 8, pp. 795–802, 2008.

[15] P. Paliwal, H. Ranade, D. Desai, and M. Datta, “Emerging protein biomarkers in epithelial ovarian cancer prognosis: an aid for multivariate indexing,” *Current Protein and Peptide Science*, vol. 22, no. 7, pp. 505–513, 2021.

[16] H. Feng, Z.-Y. Gu, Q. Li, Q.-H. Liu, X.-Y. Yang, and J.-J. Zhang, “Identification of significant genes with poor prognosis in ovarian cancer via bioinformatical analysis,” *Journal of Ovarian Research*, vol. 12, no. 1, 2019.
[17] A. B. Ramirez and P. D. Lampe, "Discovery and validation of ovarian cancer biomarkers utilizing high density antibody microarrays," Cancer Biomarkers, vol. 8, no. 4-5, pp. 293–307, 2010.

[18] J. D. Krimmel, M. W. Schmitt, M. I. Harrell et al., "Ultra-deep sequencing detects ovarian cancer cells in peritoneal fluid and reveals somatic TP53 mutations in noncancerous tissues," Proceedings of the National Academy of Sciences of the United States of America, vol. 113, no. 21, pp. 6005–6010, 2016.

[19] R. Kalluri, "Basement membranes: structure, assembly and role in tumour angiogenesis," Nature Reviews Cancer, vol. 3, no. 6, pp. 422–433, 2003.

[20] D. S. Kuo, C. Labelle-Dumais, and D. B. Gould, "COL4A1 and COL4A2 mutations and disease: insights into pathogenic mechanisms and potential therapeutic targets," Human Molecular Genetics, vol. 21, no. R1, pp. R97–R110, 2012.

[21] M. Miyake, S. Hori, Y. Morizawa et al., "Collagen type IV alpha 1 (COL4A1) and collagen type XIII alpha 1 (COL13A1) produced in cancer cells promote tumor budding at the invasion front in human urothelial carcinoma of the bladder," Oncotarget, vol. 8, no. 22, pp. 36099–36114, 2017.

[22] R. Jin, J. Shen, T. Zhang et al., "The highly expressed COL4A1 genes contributes to the proliferation and migration of the invasive ductal carcinomas," Oncotarget, vol. 8, no. 35, pp. 58172–58183, 2017.

[23] D. Beauvais, B. J. Burbach, and A. C. Rapraeger, "The syndecan-1 ectodomain regulates αvβ3 integrin activity in human mammary carcinoma cells," Journal of Cell Biology, vol. 167, no. 1, pp. 171–181, 2004.

[24] S. Ponandai-Srinivasan, M. Saare, N. R. Boggavarapu et al., "Syndecan-1 modulates the invasive potential of endometrioma via TGF-β signalling in a subgroup of women with endometriosis," Human Reproduction, vol. 35, no. 10, pp. 2280–2293, 2020.

[25] D. M. Beauvais and A. C. Rapraeger, "Syndecan-1-mediated cell spreading requires signaling by αvβ3 integrins in human breast carcinoma cells," Experimental Cell Research, vol. 286, no. 2, pp. 219–232, 2003.

[26] J. E. Davies, F. H. Blackhall, J. H. Shanks et al., "Distribution and clinical significance of heparan sulfate proteoglycans in ovarian cancer," Clinical Cancer Research, vol. 10, no. 15, pp. 5178–5186, 2004.

[27] T. Kusumoto, J. Kodama, N. Seki, K. Nakamura, A. Hongo, and Y. Hiramatsu, "Clinical significance of syndecan-1 and versican expression in human epithelial ovarian cancer," Oncology Reports, vol. 23, no. 4, pp. 917–925, 2010.

[28] M. Abu Saleh, M. Solayman, M. M. Hoque, M. A. K. Khan, M. G. Sarwar, and M. A. Halim, "Inhibition of DNA topoisomerase type IIα (TOP2A) by mitoxantrone and its halogenated derivatives: a combined density functional and molecular docking study," BioMed Research International, vol. 2016, 12 pages, 2016.

[29] B. Ejertsen, M. Jensen, K. V. Nielsen et al., "TOP2A, TIMP-1 and responsiveness to adjuvant anthracycline containing chemotherapy in high risk breast cancer patients," Cancer Research, vol. 69, no. 6, 2009.

[30] A. Pipier, M. Bossaert, J. F. Riou et al., "Transcription-associated topoisomerase activities control DNA-breaks production by G-quadruplex ligands," 2020.

[31] W. Ma, B. Wang, Y. Zhang et al., "Prognostic significance of TOP2A in non-small cell lung cancer revealed by bioinformatic analysis," Cancer Cell International, vol. 19, no. 1, p. 239, 2019.

[32] H. Cai, B. Shao, Y. Zhou, and Z. Chen, "High expression of TOP2A in hepatocellular carcinoma is associated with disease progression and poor prognosis," Oncology Letters, vol. 20, no. 5, p. 232, 2020.

[33] J. Wang, B. Xu, P. Yuan et al., "TOP2A amplification in breast cancer is a predictive marker of anthracycline-based neoadjuvant chemotherapy efficacy," Breast Cancer Research and Treatment, vol. 135, no. 2, pp. 531–537, 2012.

[34] Y. Gao, H. Zhao, M. Ren et al., "TOP2A promotes tumorigenesis of high-grade serous ovarian cancer by regulating the TGF-β/Smad pathway," Journal of Cancer, vol. 11, no. 14, pp. 4181–4192, 2020.

[35] Y. Zhao, J. Pi, L. Liu, W. Yan, S. Ma, and L. Hong, "Identification of the hub genes associated with the prognosis of ovarian cancer patients via integrated bioinformatics analysis and experimental validation," Cancer Management and Research, vol. 13, pp. 707–721, 2021.