Intra- and Inter-individual Variability of microRNA Levels in Human Cerebrospinal Fluid: Critical Implications for Biomarker Discovery

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MicroRNAs are emerging as promising biomarkers for diagnosis of various diseases. Notably, cerebrospinal fluid (CSF) contains microRNAs that may serve as biomarkers for neurological diseases. However, there has been a lack of consistent findings among CSF microRNAs studies. Although such inconsistent results have been attributed to various technical issues, inherent biological variability has not been adequately considered as a confounding factor. To address this critical gap in our understanding of microRNA variability, we evaluated intra-individual variability of microRNAs by measuring their levels in the CSF from healthy individuals at two time points, 0 and 48 hours. Surprisingly, the levels of most microRNAs were stable between the two time points. This suggests that microRNAs in CSF may be a good resource for the identification of biomarkers. However, the levels of 12 microRNAs (miR-19a-3p, miR-19b-3p, miR-23a-3p, miR-25a-3p, miR-99a-5p, miR-101-3p, miR-125b-5p, miR-130a-3p, miR-194-5p, miR-195-5p, miR-223-3p, and miR-451a) were significantly altered during the 48 hours interval. Importantly, microRNAs with variable expression have been identified as biomarkers in previous studies. Our data strongly suggest that these microRNAs may not be reliable biomarkers given their intrinsic variability even within the same individual. Taken together, our results provide a critical baseline resource for future microRNA biomarker studies.

MicroRNAs (miRNAs) are small noncoding RNAs that regulate gene expression by directly binding to their target mRNAs. They have critical roles in development, cellular homeostasis, and the pathogenesis of disease. Certain miRNAs are selectively secreted to extracellular spaces, depending on cellular physiological conditions. Furthermore, secreted miRNAs appear to be protected from degradation in various body biofluids. Therefore, miRNAs in biofluids have been suggested as minimally invasive biomarker candidates for many human diseases. Among the various body biofluids, cerebrospinal fluid (CSF) has attracted great attention in the neurological disease field because it may reflect the pathological condition of brain tissue. Covered by a skull and dura, the brain is unique in that it is one of the most difficult organs to access directly. Because CSF has a direct contact with brain tissues and reflects the changes in the local milieu of the brain cells, the CSF proteome has been studied for the biomarker discovery for many neurological diseases, including Alzheimer disease (AD) and Parkinson disease.

In addition to the growing attention to miRNA biomarkers in the cancer field, several groups have identified differentially regulated miRNAs using CSF samples from patients with various neurological diseases. In particular, AD has been extensively studied among the neurodegenerative diseases. Although several studies have identified the differentially expressed miRNAs in the CSF of AD patients, the miRNA profiling results were not well replicated from one cohort to another. Moreover, some studies reported that putative AD biomarkers lack any overlap or even conflict between different research groups. For example, a couple of studies reported...
that the levels of miR-125b and miR-146a were significantly increased in AD CSF. However, another study demonstrated that the levels of those two miRNAs were significantly decreased in AD CSF. In addition, others reported that the level of miR-125b was increased but the level of miR-146a was decreased in the CSF of AD patients. Moreover, while Lehmann et al. reported that let-7b levels were increased in AD CSF, others could not replicate it. Although one study reported miR-27a-3p as a putative biomarker in AD CSF, this finding has not been replicated in other AD CSF study. Obviously, various technical limitations and demographic diversity between sample cohorts may have contributed, in part, to such conflicting results. In addition, the intrinsic biological variability may also be responsible for the conflicting data.

Intrinsic variability arises from random biochemical reactions of biological molecules over time. Such stochastic dynamics will have pronounced effect on the level of molecules especially when the level of molecule is low. Thus, intrinsic variability in the level of secreted miRNA is a critical variable to consider in the biomarker discovery and development. If the baseline level of a particular miRNA is affected by minor environmental or biochemical changes over a short period of time, the change in miRNA level may reflect not only the disease-related perturbation but also a simple intrinsic noise in miRNA gene expression. While the longitudinal stability of protein biomarkers has been considered as a critical factor for the reliability of biomarkers, intra-individual variability of miRNA level has not been studied yet. To address this critical gap in our understanding of miRNA expression variability, we performed miRNA profiling experiments with CSF samples collected from healthy young adults at two time points and evaluated the intra- and inter-individual variability of miRNA levels.

Results
Experimental design and development of detection assays. To evaluate the intra- and inter-individual variability of miRNA levels, we performed miRNA expression profiling using human CSF samples. A brief experimental scheme is shown in Fig. 1. For our preliminary screening, we designed 217 miRNA detection assays for quantitative real-time polymerase chain reaction (qRT-PCR). We selected miRNA candidates based on the results from previously reported CSF miRNA studies. The total RNAs extracted from 50 randomly selected human CSF samples were pooled and subjected to a qRT-PCR performance test. Based on the technical quality of the qRT-PCR assay performance data, we selected 95 miRNA detection assays based on the following criteria. First, the
average cycle threshold (Ct) value from technical duplication must be lower than 36 (with a fixed fluorescence threshold 0.2). Second, the qRT-PCR product must show only a single melting temperature (Tm) curve to ensure the specificity of assay. Third, no signal from a primer dimer could be observed. Fourth, the standard deviation (SD) between technical replications must be less than 0.35. For most miRNA assays, we used the mature miRNA sequences as our forward primer. When such primers generated unreliable data, we extensively modified the primer sequences according to the designing guidelines listed in the Materials and Methods (Supplementary Table S1).

Following the qRT-PCR quality control experiments, CSFs were collected from nine healthy, young participants at two different time points (0 and 48 hours) by lumbar puncture and through a connected cannula. The demographic information of the research participants is summarized in Supplementary Table S2. When determining a time interval between the two time points, we considered two factors that may contribute to the alteration of miRNA levels in CSF: inflammation and circadian rhythm. Inflammation processes have been reported to induce miRNA alteration in serum and CSF39. In addition, the levels of some miRNAs in serum fluctuate daily according to circadian rhythm30. These results suggest that the levels of some miRNAs in CSF might also be affected by circadian rhythm. Therefore, we selected a time interval of 48 hours to minimize any effect of an acute immune response after lumbar puncture procedures and to rule out any effect of circadian rhythm. Furthermore, to control the diets and physical activities of the study participants, all participants stayed in the clinic before and during the CSF collections.

Sample processing can be described briefly as follows. First, we added a polyacryl carrier to the CSF samples to increase the RNA extraction efficiency. To minimize the technical variability during RNA extraction and cDNA synthesis, we spiked a 200 fmol of synthetic Caenorhabditis elegans miRNA (cel-miR-39) into each CSF sample. Because the level of cel-miR-39 detected in qRT-PCR will reflect any technical variability during RNA processing step, it was used as one of the normalization genes. To rule out any plate-to-plate variability, we designed a qRT-PCR layout to compare all CSF samples in one plate with only one miRNA detection assay. All qRT-PCR amplifications were performed with technical duplications. The Ct values used to draw a conclusion were the mean Ct values lower than 36 and had a low SD (<0.25) between technical replications. As a result, we found that 83 miRNAs could be reliably detected in human CSF (Supplementary Table S1).

The selection of an appropriate normalization method was critical for this study because the RNA concentration in CSF was too low to be reliably detected by spectrophotometers. Thus, the raw Ct values acquired from the qRT-PCR were normalized by the spiked-in cel-miR-39 and two endogenous reference genes. The two endogenous references, miR-1246 and miR-374b-5p, were empirically selected based on the NormFinder algorithm (Fig. 2). The NormFinder algorithm considers intra- and inter-group variability to identify the best combination of reference genes52. Here, we assigned two groups to our raw Ct values, the 0-hour and 48-hour groups, according to the time point of CSF collection. Figure 2A shows the SD of miRNA levels calculated by NormFinder algorithm. miR-1246 and miR-374b-5p were identified as the two miRNAs with the lowest variability across all samples without considering the designated groups (Fig. 2B). The same two miRNAs were also identified as the most consistent miRNAs within the designated groups (Fig. 2B). Therefore, we selected both miR-1246 and miR-374b-5p as the best pair of reference genes. Both miRNAs exhibited a similar expression pattern with small Ct differences between 0 and 48 hours (Fig. 2C and D). To determine the variability in a large-scale analysis, we used unique approaches using three different criteria; principal component analysis (PCA), SD of log2 relative quantification values (RQV), and Ct-Ct correlation32–34. Each approach has its own advantages and disadvantages, which are discussed below.

Evaluation of miRNA level variability by PCA. PCA converts multiple sets of variables into a decreased dimensional value while retaining most of the information in the original data. Because complex variances in the data sets are transformed into simpler x, y, and z values, PCA is a useful data analysis method to identify common patterns in a large data set by simply comparing the location of the newly generated data points in a graph58. Therefore, we applied the PCA method to visualize any difference or similarity in miRNA expression patterns between miRNAs or individual subjects. An outlier in the PCA plot indicates that a particular individual or miRNA is different from the closely clustered others. We determined the variability of miRNA expression level using PCA plot (Fig. 3). First, we analyzed the miRNA expression pattern of each individual to determine if there was any outlier individual with high inter-individual variability (Fig. 3A). In the PCA plot, each dot represents an individual subject. All individuals were grouped together in the plot, except the subject #5. Because a single variable in the PCA plot represents the data from all profiled miRNAs of an individual, the clustering indicates the similarity of miRNA expression patterns between individuals. Conversely, the distinct separation of the subject #5 from the group indicates that this individual had a different miRNA expression pattern compared to other participants. To further investigate the miRNA expression pattern of each individual, we plotted a 2-D line plot of all miRNAs with their corresponding fold changes during the 48-hour interval in log2 scale (Fig. 3B). Each miRNA was represented as a different colored line and was plotted across all individuals, showing corresponding fold changes in each individual’s miRNA expression levels. As expected from the PCA analysis, the subject #5 showed dramatic variability in the multiple miRNA expression levels compared to the other subjects. We then generated the PCA plots of each miRNA for all participants to identify the miRNAs with variable expression levels (Fig. 3C). In this plot, each data point represented a single miRNA based on its expression variability from all individuals. A relatively tight clustering of miRNA data points was observed in the center of the PCA plot, while approximately 10 miRNAs were dispersed from the cluster. Because the subject #5 was solely responsible for the high variability in miRNA levels, we excluded this participant from the plot to avoid the false-positive variability driven by this #5 outlier individual. As shown in Fig. 3D, removing the subject #5 dramatically decreased the number of outlier miRNAs. Because the subject #5 was a clear outlier (Fig. 3A), we also excluded the data obtained from this subject in our subsequent analyses, unless otherwise stated.
To further evaluate the variability of miRNA expression level, we selected several miRNAs that were clustered closely or dispersed as outliers from Fig. 3D. The selected miRNAs were indicated as “A”–“L” in Fig. 3D, and their respective log2 RQVs were plotted in Fig. 4. The log2 RQVs of the selected miRNAs are the relative expression levels of miRNA at the 48-hour time point compared to 0-hour time point. The alphabet indicators (A–L) shown in Fig. 3D match with the labels in Fig. 4A–L. Figure 4A–F show the log2 RQVs of stable miRNAs randomly selected from the center of the cluster in the Fig. 3D. These miRNAs exhibited very low intra- and inter-individual variability across all individuals during the 48-hour interval. Because the miRNAs “G”–“L” in Fig. 3D were not clustered with the vast majority of miRNAs in the center of the PCA plot, we hypothesized that these outlier miRNAs will have variable expression levels among the subjects. To test this hypothesis, we calculated their log2 RQVs (Fig. 4G–L). The log2 RQVs of miR-223-3p varied among participants with variable effect size and direction. The level of miR-223-3p was increased in the subject #1 and #9, but decreased in the subject #2 (Fig. 4G). These results indicate that miR-223-3p has high intra- and inter-individual variability. miR-451a was also classified as a variable miRNA in the PCA plot (labeled as “H” in the Fig. 3D). Although miR-451a was stably expressed across most individuals, the inter-individual variability of this miRNA in Fig. 3D appeared to be high due to the variability in the subject #7 (Fig. 4H). Conversely, miR-195-5p, miR-125b-5p, miR-101-3p, and miR-19a-3p exhibited a consistent decrease in their levels at the 48-hour time point compared to the 0-hour time point across most individuals (Fig. 4I–L). Therefore, miR-195-5p, miR-125b-5p, miR-101-3p, and miR-19a-3p were identified as highly intra-variable miRNAs. Taken together, our results demonstrate that PCA plot is a useful tool to identify the variable miRNAs and we identified several miRNAs that showed short term intra- or inter-individual variability in their expression levels.

**Determination of miRNA level variability using SD of log2 RQV.** Although PCA clustering is an efficient method to determine the variability among miRNAs and individuals, PCA analysis alone cannot identify all variable miRNAs due to its inherent limitation. High inter-individual variability in miRNA level could not be detected in the PCA analysis if the level of a certain miRNA is increased in some participants while decreased to a similar extent in other participants. In that case, the overall variability of this miRNA level will appear to be less in the PCA plot, because the net effect of each alteration may cancel out each other in the PCA analysis. To overcome this critical
limitation, we calculated the SD of miRNA levels between individuals to identify additional variable miRNAs (Fig. 5). With this method, a miRNA up-regulated in one individual but down-regulated in another individual would be efficiently distinguished due to its high SD of log₂ RQV. While a higher or lower RQV itself depicts the intra-individual variability during the 48-hour interval, the high SD of log₂ RQV reflects the high inter-individual variability. Determining the variable miRNAs using the SD of log₂ RQV alone would fail to identify other variable miRNAs when participants’ miRNA expression levels are all decreased or all increased. Therefore, the combination of PCA plot and SD enables us to determine the intra- and inter-individual variability more effectively.

First, we plotted the SD of log₂ RQV for all individuals (Fig. 5A). Because the subject #5 had a much higher variability in miRNA levels compared to other participants (Fig. 3A), we also analyzed the SDs after excluding the subject #5 (Fig. 5B). The SD reflecting inter-individual variability decreased dramatically when the subject #5 was excluded. We defined variable miRNAs using the cutoff value of the 10th highest percentile of SDs to identify additional miRNAs with high inter-individual variability. The comparison of SDs between the variable miRNAs and stable miRNAs is shown in Fig. 5C. In addition to the variable miRNAs listed in Fig. 4, we found that the expression levels of miR-19b-3p, miR-23a-3p, and miR-99a-5p were also variable by using the SD of log₂ RQV. The log₂ RQV plots of each participant are shown in Fig. 5D–F. As expected, high inter-variability between individuals was observed for those miRNAs. The expression levels of those miRNAs were not altered in some individuals, but they were dramatically decreased in other individuals.

Figure 3. Intra- and inter-individual variability of miRNAs determined by PCA. (A) PCA plot showing each individual participant. The variable representing subject #5 is dispersed from the cluster of other eight participants. (B) A 2-D line plot depicts each individual on the x-axis and the log₂ RQV of each miRNA is displayed on the y-axis. (C, D) PCA plots showing each miRNA before (C) and after (D) the exclusion of subject #5. Excluding subject #5 decreased the number and distance of miRNAs that were outside of the central cluster. The labels (‘A’–‘I’) shown in Fig. 3D correspond to miRNAs listed in Fig. 4A–L. The PC scores in Fig. 3A,C, and D are PC1 = 73.92%, PC2 = 88.68% for Fig. 3A; PC1 = 73.92%, PC2 = 88.68% for Fig. 3C; PC1 = 82.23%, PC2 = 89.81% for Fig. 3D, respectively. Log₂ RQV; log₂ relative quantification value, PCA; principal component analysis.
Assessment of miRNA level variability by Ct-Ct correlation. To determine whether there was any correlation between the Ct values at the two time points, we plotted the linear regression curves with a 95% confidence interval (CI) (Fig. 6A). The extent of the correlations was compared between the two time points within the same individual and between individuals. The $R^2$ values from subject #1 to #9 were 0.98, 0.98, 0.99, 0.99, 0.91, 0.98, 0.97, 0.99, and 0.99, respectively. We defined a miRNA to be variable when it fell outside of the 95% interval. For example, the numbers of variable miRNAs commonly found in four participants (subject #6 to #9).
are listed in Fig. 6B. Because of the high variability in multiple miRNAs, subject #5 was excluded from further analysis. Based on the 95% CI criteria, we identified multiple miRNAs that had significantly variable expression in more than four individuals (Fig. 6C). Interestingly, there were no miRNA whose expression level was variable across all 8 individuals. By using this Ct-Ct correlation analysis, miR-25-3p, miR-130a-3p, and miR-194-5p were additionally identified as intra-individually variable miRNAs. Their mean Ct values are shown for the time point 0 and 48 hours (Fig. 6D–F).

**Validation of technical reliability in miRNA measurement.** When determining the inherent biological variability of gene expression, it is important to validate that the high variability of a particular miRNA was not simply due to our technical mistake. To address this critical concern in quality control, two different
individuals repeated the qRT-PCR assays with technical duplication. During initial miRNA expression profiling, miR-125b-5p and miR-101-3p showed dramatically variable expression patterns (Fig. 7A and B). When the experiments were later repeated, we reproduced almost identical data (Fig. 7C and D). In particular, the high

![Figure 6.](image-url)

**Figure 6.** The correlation of Ct values between two time points identifies the intra- and inter-individually variable miRNAs. (A) Correlation curves of Ct values at time points 0 and 48 hours. The best fit line with linear regression is shown in black. Each data point represents a single miRNA. miRNAs outside of the 95% confidence interval were defined to be variable. (B) The Venn diagram shows the number of variable miRNAs observed commonly among subject #6, #7, #8, and #9. (C) A list of highly variable miRNAs commonly observed in the multiple individuals. The miRNAs on the right column were found to be variable in the number of participants shown in the left column. (D–F) The average Ct value of the variable miRNAs was plotted for each individual at time points 0 and 48 hours. The analysis based on the correlation of Ct values identified three additional variably expressed miRNAs. Ct, cycle threshold.
variability seen in subject #5 was replicated well during the validation study (Fig. 7C and D). The linear regression analysis indicated that the initial screening and the validated qRT-PCR data were significantly correlated (Fig. 7E and F). To additionally validate our variability data, we expanded the replication experiments to 12 miRNAs with highly variable or stable expression. Using the same linear regression analysis method, we found that there was a strong correlation between the two independent replication experiments (Fig. 7G). Therefore, these results demonstrate that the variability of miRNA levels was not due to any experimental artifact or our technical error.

Even without any technical mistake, any qRT-PCR assay with low signal intensity is likely to generate variable results. Therefore, we analyzed whether there was any correlation between weak qRT-PCR signals and high variability. A Ct value of 30 was used as a cut off for a weak detection signal. No significant correlation was found between the Ct values and the miRNA variability, when variability was assessed by the SD of log, RQV (Fig. 7H).

In conclusion, we found that the levels of most miRNAs in CSF were not variable during a 48-hour window. This result suggests that miRNAs in CSF may be a reliable resource to find biomarkers for neurological diseases. However, we identified 12 miRNAs that had high intra- or inter-individual variability. Table 1 summarizes all variable miRNAs found by three different approaches, PCA, high SD, or Ct-Ct correlation.

**Discussion**

Although the expression profiles of circulating miRNAs have been extensively studied under various disease conditions, it is noteworthy that there has been a lack of consistent finding and even conflicting data among miRNA biomarker studies[15,20–22]. Such discrepancies have been largely attributed to technical issues, such as a difference in the sample processing and analytical approach. In addition to the technical limitations, inherent physiological characteristics, such as noise in miRNA gene expression over a short period, may also be responsible for such conflicting results. However, the biological variability in miRNA levels has not been thoroughly investigated.

A few miRNAs were reported to fluctuate during circadian rhythms[23] or exercise[24]. Likewise, only a few studies investigated whether miRNA levels fluctuated under certain physiological conditions. However, the intra-individual variability in CSF miRNA levels has not been addressed in the previous studies. This may be largely due to a difficulty of collecting longitudinal CSF samples within a short interval from healthy volunteers. The extent of intra-individual variability in miRNA levels is a critical question that must be answered before establishing any clinically useful biomarkers because miRNAs with intrinsically noisy expression levels are unlikely to be reliable biomarkers.

In this study, we performed miRNA profiling experiments using longitudinal CSF samples from young healthy participants to evaluate the intra- and inter-individual variability in miRNA levels. To minimize any possible confounding environmental factors, such as the participants’ physical activities and diets, we asked all participants to stay in the clinic during the CSF collection time period. Therefore, our CSF sample collection procedure was well designed to evaluate a biological variability in miRNA levels.

We detected a relatively smaller number of miRNAs in CSF, compared to other miRNA profiling studies[15,20–22]. This result appears to be due to the use of antemortem CSF samples in our experiments. It has been reported that more miRNAs can be detected in postmortem CSF, because CSF can be contaminated by miRNAs released from degenerated brain tissues[15,23]. Because we collected CSF from young, healthy participants, our CSF samples are likely to reflect a more physiological condition than postmortem CSF samples. Although we measured only 95 miRNAs, we believe that those selected 95 miRNA assays will cover most miRNAs reliably detectable in human antemortem CSF. Because miRNAs have strong tissue-specific expression patterns, only approximately 300 miRNAs out of ~2,500 total human miRNAs were detected in human brain tissues, and about 100 miRNAs account for most miRNAs in the brain[15,23,30]. Therefore, we designed and optimized the miRNA detection assays based on the previous miRNA profiling studies using CSF. Surprisingly, the vast majority of miRNAs were very stable at the 0-hour and 48-hour time points in our study. This finding suggests that miRNAs in CSF can be reliable biomarker candidates, because the constant expression level of a biomarker is critical for its high reliability and sensitivity.

While most miRNAs were very stable, we also identified 12 miRNAs with a high variability in human CSF (Table 1). The intra- and inter-individual variability observed in our profiling experiments may be associated with extrinsic environmental factors or unknown disease conditions. Previous CSF miRNA profiling studies demonstrated that certain conditions may affect the expression levels of miRNAs in the CSF. For example, Wan et al. recently reported that 16 miRNAs were significantly up- or down-regulated in the CSF of patients with major depressive disorder compared to healthy controls[31]. Among the down-regulated miRNAs in the patients, miR-451a was significantly decreased, with a fold change of 8.7. Although we identified miR-451a as a variable miRNA in our PCA analysis, this result was mainly caused by the intra-variability of a single participant. In our study, miR-451a exhibited a 16-fold decrease only in subject #7 during our 48-hour study, while the level of miR-451a in other participants remained stable (Fig. 4H). Because we happened to measure 4 other miRNAs among the 16 miRNA biomarkers reported by Wan et al. (miR-30a-5p, miR-33a-5p, miR-139-5p, and miR-451a), we further examined the levels of these miRNAs in subject #7. Interestingly, all 4 miRNAs showed the same up- or down-regulation expression pattern as reported by Wan et al. Therefore, it is tempting to speculate whether emotional status of subject #7 affected the miRNA expression level in CSF.

More importantly, our results indicate that the intrinsic variability in miRNA levels may explain the conflicting results from other biomarker studies. The level of miR-125b was reported to be significantly increased[15], decreased[13,14], or not altered[15] in the CSF of AD patients. In our experiments, the levels of miR-125b were highly variable even within the same individual during the 48-hour interval in almost 90% of tested participants (Fig. 4I). Such data suggests that the discrepancy between studies may be due to the intrinsic variability of miR-125b itself. In addition, miR-19b-3p in CSF has been reported as a putative diagnostic marker for glioma and primary central nervous system lymphoma[32]. However, our variability analysis indicated that miR-19b-3p levels can be variable within the same individual even within a short 48-hour interval (Fig. 5D). Furthermore, a recent CSF miRNA profiling study reported that nine miRNAs were significantly decreased in patients with fibromyalgia compared
Figure 7. Validation of technical reliability in miRNA measurement. (A,B) The individual expression levels of miR-125b-5p and miR-101-3p that were identified as highly variable during the initial screening. (C,D) The levels of variably expressed miRNAs shown in A and B were measured again by an independent researcher. (E,F) The correlation curve between the initial screening and the replication experiments for miR-125b-5p (E) and miR-101-3p (F) measurements. Log₂ RQVs from two independent qRT-PCR assays are significantly correlated. (G) Summary of the correlation between the initial screening results and the validation qRT-PCR assay results of 12 highly variable or stable miRNAs. Log₂ RQVs from two independent qRT-PCR assays are strongly correlated. (H) Correlation curve between the Ct values and the SD of log₂ RQV for miRNAs with Ct values higher than 30. The linear regression curves indicate that there is no correlation between the Ct value and the SD of log₂ RQV. Ct; cycle threshold, log₂ RQV; log₂ relative quantification value, qRT-PCR; quantitative real-time polymerase chain reaction, SD; standard deviation.
Among the miRNA biomarkers identified in this study, miR-223-3p, miR-195-5p, and miR-125b-5p were found to be highly variable in our study. Taken together, our data suggests that the discrepancy between CSF biomarker studies may be in part due to the intrinsic variability of miRNA itself.

In summary, we demonstrated that miRNAs in CSF are reliably detectable and very stable between 0- and 48-hour time points in most healthy individuals. To our knowledge, our large-scale study is the first to provide strong evidence that the basal levels of most miRNAs in CSF are not variable under normal physiological conditions. This finding suggests that miRNAs in CSF can be reliable biomarker candidates for neurological diseases. In addition, we identified a few highly variable miRNAs that may need to be excluded or carefully re-evaluated in future biomarker discovery studies. Furthermore, we provided the list of stable and variable miRNAs in CSF along with the custom-designed qRT-PCR assay details (Supplementary Table S1). Our experimentally validated miRNA detection assays will also help the research community increase the rigor and reproducibility of their studies.

Materials and Methods

Ethics. All analyses were performed with de-identified samples. All subjects gave informed consent to participate in this study, which was approved by the ethics committee at Washington University in St. Louis. All experiments were performed in accordance with relevant guidelines and regulations.

Subjects information and CSF collection. CSF samples were extracted from 9 healthy individuals by lumbar puncture in the L3-L5 intervertebral space at two different time points, 0 and 48 hours, resulting in a total of 18 samples. Subjects stayed in the clinic before and during the CSF collection. All participants received the same diet and food was given in proportion to body weight. The cannula for the CSF collection remained connected during the 48 hour study period to minimize the stress and acute inflammation caused by the lumbar puncture procedures. The collected CSF samples were centrifuged at 2,000 g at 4 °C for 10 minutes, and the supernatants were divided into aliquots and stored at −80 °C until used in the study. The demographic information of the research participants is summarized in Supplementary Table S2.

Primer design. We designed forward primers for miRNA qRT-PCR assays according to the following guidelines. For most miRNA assays, we used mature miRNA sequences as our forward primer. However, we modified the primer sequences when the miRNA sequence had a too high or low Tm, or if the sequences highly overlapped with other miRNAs at 3’ end region or with any mRNAs. Our optimal Tm was 58.8 °C with ± 5 °C range. When the Tm of the mature miRNA sequence was lower than the optimal range, we added up to a maximum of 6 Adenines to the 3’ end of primer or added Guanine or Cytosine residues to the 5’ end of primer to increase Tm. When the Tm of the mature miRNA sequence was higher than the optimal range, we removed bases from the 5’ end of primer to decrease Tm. The primer should have ideally at least an 18-mer match to the target miRNA sequences and be less than 30-mer in total length.

RNA extraction and qRT-PCR. Total RNA was extracted from 200 µL CSF per sample using RNAzol RT (Molecular Research Center, Inc.) spiked in with synthetic cel-miR-39 mimics (Insight Genomics) and a polyacryl carrier (Molecular Research Center, Inc). RNAs were reverse transcribed using the Mir-X miRNA First-Strand Synthesis Kit (Clontech) according to the manufacturer’s instructions. qRT-PCR was performed with StepOnePlus Real-Time PCR systems (Thermo Fisher Scientific) using Fast SYBR Green Master Mix (Thermo Fisher Scientific) under the default thermal cycling program. A total of 96 miRNAs including cel-miR-39 were measured from the CSF samples with technical duplicates.
Normalization of miRNA expression level and downstream data analysis. NormFinder algorithm in the GenEx 5.3.2 software (MultiD Analyses AB) was used to identify the reference genes that had the lowest variability across all samples. To ensure that we performed the NormFinder analysis with only reliable miRNA expression data, we prefiltered the input miRNA list by removing the miRNAs with high SD in the upper second quartile. Then we recalculated the variability with the filtered reference gene candidates using NormFinder algorithm. The samples were divided into two groups, the samples collected at time point 0 and the samples collected after 48 hours. The best combination of two normalization genes was selected, with and without considering the group differences. When group differences were considered, the statistical method evaluated the variability of miRNA levels under the assumption that traits from one group could be different from those of another group. Whereas, when the group differences were not considered, the other statistical approach evaluated the variability with the assumption that all values were from one homogeneous group. The raw Ct values were normalized by spiked-in cel-miR-39 and then two endogenous reference genes selected based on the NormFinder algorithm. After the normalization, we used GenEx 5.3.2 software to calculate the RQV at the 48-hour time point compared to 0-hour time point and presented the RQV as log2 fold changes. miRNA stability was determined by the clustering in PCA and by using the SD of log2 RQV. The PCA was drawn using GenEx 5.3.2 software. The datasets generated during the current study are available from the corresponding author on reasonable request.

Statistics. Linear regression, Student t test, and 1-way analysis of variance were performed as indicated. All data were analyzed using GraphPad Prism 6.0 for Windows (GraphPad Software, Inc) with the following values considered significant: *P < 0.05, **P < 0.01, ***P < 0.001. All data are shown as mean ± SEM.

References
1. Eacker, S. M., Dawson, T. M. & Dawson, V. L. The interplay of microRNA and neuronal activity in health and disease. Front Cell Neurosci 7, 136, https://doi.org/10.3389/fncel.2013.00136 (2013).
2. Cao, D. D., Li, L. & Chan, W. Y. MicroRNAs: Key Regulators in the Central Nervous System and Their Implication in Neurological Diseases. Int J Mol Sci 17, https://doi.org/10.3390/ijms17060842 (2016).
3. Weber, J. A. et al. The microRNA spectrum in 12 body fluids. Clin Chem 56, 1733–1741, https://doi.org/10.1373/clinchem.2010.147405 (2010).
4. Thomou, T. et al. Adipose-derived circulating miRNAs regulate gene expression in other tissues. Nature 542, 450–455, https://doi.org/10.1038/nature21365 (2017).
5. Arroyo, J. D. et al. Argonaut2 complexes carry a population of circulating microRNAs independent of vesicles in human plasma. Proc Natl Acad Sci USA 108, 5003–5008, https://doi.org/10.1073/pnas.1005510108 (2011).
6. Koberle, V. et al. Differential stability of cell-free circulating microRNAs: implications for their utilization as biomarkers. PLoS One 8, e51814, https://doi.org/10.1371/journal.pone.0051814 (2013).
7. Mitchell, P. S. et al. Circulating microRNAs as stable blood-based markers for cancer detection. Proc Natl Acad Sci USA 105, 10513–10518, https://doi.org/10.1073/pnas.0804594105 (2008).
8. Matsuzaki, J. & Ochiya, T. Circulating microRNAs and extracellular vesicles as potential cancer biomarkers: a systematic review. Int J Clin Oncol 22, 413–420, https://doi.org/10.1007/s10147-017-1104-3 (2017).
9. Wu, H. Z. et al. Circulating microRNAs as Biomarkers of Alzheimer's Disease: A Systematic Review. J Alzheimers Dis 49, 755–766, https://doi.org/10.3233/JAD-150619 (2016).
10. Kumar, S. & Reddy, P. H. Are circulating microRNAs peripheral biomarkers for Alzheimer's disease? Biochem Biophys Acta 1862, 1617–1627, https://doi.org/10.1016/j.bbadis.2016.06.001 (2016).
11. Alexandrow, P. N. et al. microRNA (miRNA) speciation in Alzheimer's disease (AD) cerebrospinal fluid (CSF) and extracellular fluid (ECF). Int J Biochem Mol Biol 3, 365–373 (2012).
12. Denk, J. et al. MicroRNA Profiling of CSF Reveals Potential Biomarkers to Detect Alzheimer's Disease. PLoS One 10, e0126423, https://doi.org/10.1371/journal.pone.0126423 (2015).
13. Kiko, T. et al. MicroRNAs in plasma and cerebrospinal fluid as potential markers for Alzheimer's disease. J Alzheimers Dis 39, 253–259, https://doi.org/10.3233/JAD-130932 (2014).
14. Galimberti, D. et al. Circulating miRNAs as potential biomarkers in Alzheimer's disease. J Alzheimers Dis 42, 1261–1267, https://doi.org/10.3233/JAD-140756 (2014).
15. Muller, M. et al. MicroRNA-29a is a Candidate Biomarker for Alzheimer's Disease in Cell-Free Cerebrospinal Fluid. Mol Neurobiol, https://doi.org/10.1007/s12035-015-9156-8 (2015).
16. Muller, M. et al. Validation of microRNAs in Cerebrospinal Fluid as Biomarkers for Different Forms of Dementia in a Multicenter Study. J Alzheimers Dis 52, 1321–1333, https://doi.org/10.3233/JAD-160038 (2016).
17. Lehmann, S. M. et al. An unconventional role for miRNA: let-7 activates Toll-like receptor 7 and causes neurodegeneration. Nat Neurosci 15, 827–835, https://doi.org/10.1038/nn.3113 (2012).
18. Cheng, L., Quek, C. Y., Sun, X., Bellingham, S. A. & Hill, A. F. The detection of microRNA associated with Alzheimer's disease in biological fluids using next-generation sequencing technologies. Front Genet 4, 150, https://doi.org/10.3389/fgene.2013.00150 (2013).
19. Sala Frigerio, C. et al. Reduced expression of hsa-mir-27a-3p in CSF of patients with Alzheimer disease. Neurology 81, 2103–2106, https://doi.org/10.1212/01.wnl.0000437306.37850.22 (2013).
20. Pritchard, C. C., Cheng, H. H. & Tewari, M. MicroRNA profiling: approaches and considerations. Nat Rev Genet 13, 358–369, https://doi.org/10.1038/nrg3198 (2012).
21. Moldovan, L. et al. Methodological challenges in utilizing miRNAs as circulating biomarkers. J Cell Mol Med 18, 371–390, https://doi.org/10.1111/jcm.12236 (2014).
22. van Harten, A. C., Mulders, J., Scheltens, P., van der Flier, W. M. & Oudejans, C. B. Differential Expression of microRNA in Cerebrospinal Fluid as a Potential Novel Biomarker for Alzheimer's Disease. J Alzheimers Dis 47, 243–252, https://doi.org/10.3233/JAD-140075 (2015).
23. Raj, A. & van Oudenaarden, A. Nature, nurture, or chance: stochastic gene expression and its consequences. Cell 135, 216–226, https://doi.org/10.1016/j.cell.2008.09.050 (2008).
24. Toni, T. & Tudor, B. Combined model of intrinsic and extrinsic variability for computational network design with application to synthetic biology. PLoS Comput Biol 9, e1002960, https://doi.org/10.1371/journal.pcbi.1002960 (2013).
25. Blennow, K. et al. Longitudinal stability of CSF biomarkers in Alzheimer’s disease. Neurosci Lett 419, 18–22, https://doi.org/10.1016/j.neulet.2007.03.064 (2007).
26. Htaghikia, A. et al. Regulated microRNAs in the CSF of patients with multiple sclerosis: a case-control study. Neurology 79, 2166–2170, https://doi.org/10.1212/WNL.0b013e3187259621 (2012).
27. Burgos, K. L. et al. Identification of extracellular microRNA in human cerebrospinal fluid by next-generation sequencing. RNA 19, 712–722, https://doi.org/10.1261/rna.036863.112 (2013).
28. Cogswell, J. P. et al. Identification of miRNA changes in Alzheimer’s disease brain and CSF yields putative biomarkers and insights into disease pathways. J Alzheimers Dis 14, 27–41 (2008).
29. Pegtel, D. M., Peferoen, L. & Amor, S. Extracellular vesicles as modulators of cell-to-cell communication in the healthy and diseased brain. Philos Trans R Soc Lond B Biol Sci 369, https://doi.org/10.1098/rstb.2013.0516 (2014).
30. Figueredo Dde, S., Gaita, D. L. & Andrade, T. G. Daily variations in the expression of miR-16 and miR-181a in human leukocytes. Blood Cells Mol Dis 54, 364–368, https://doi.org/10.1016/j.bcmd.2015.01.004 (2015).
31. Andersen, C. L., Jensen, J. L. & Orntoft, T. F. Normalization of real-time quantitative reverse transcription-PCR data: a model-based variance estimation approach to identify genes suited for normalization, applied to bladder and colon cancer data sets. Cancer Res 64, 5245–5250, https://doi.org/10.1158/0008-5472.CAN-04-0496 (2004).
32. Park, J., et al. Exosome Classification by Pattern Analysis of Surface-Enhanced Raman Spectroscopy Data for Lung Cancer Diagnosis. Anal Chem 89, 6695–6701, https://doi.org/10.1021/acs.analchem.7b09111 (2017).
33. Zhu, S., Wang, D., Yu, K., Li, T. & Gao, Y. Feature selection for gene expression using model-based entropy. IEEE/ACM Trans Comput Biol Bioinform 7, 25–36, https://doi.org/10.1109/TCBB.2008.35 (2010).
34. Rekker, K., Saare, M., Roost, A. M., Salumets, A. & Peters, M. Circulating microRNA Profile throughout the menstrual cycle. PLoS One 8, e81166, https://doi.org/10.1371/journal.pone.0081166 (2013).
35. de Gonzalo-Calvo, D. et al. Circulating inflammatory miRNA signature in response to different doses of aerobic exercise. J Appl Physiol (1985) 119, 124–134, https://doi.org/10.1152/japplphysiol.00077.2015 (2015).
36. Barbato, C. Alzheimer’s R: MicroRNAs in Alzheimer’s Disease. Journal of Cytology & Histology 05, https://doi.org/10.4172/2157-7099.1000e113 (2014).
37. Shin, C. et al. Expanding the microRNA targeting code: functional sites with centered pairing. Mol Cell 38, 789–802, https://doi.org/10.1016/j.molcel.2010.06.005 (2010).
38. Hu, H. Y. et al. MicroRNA expression and regulation in human, chimpanzee, and macaque brains. PLoS Genet 7, e1002327, https://doi.org/10.1371/journal.pgen.1002327 (2011).
39. Lan, Y. et al. Identification of differential microRNAs in cerebrospinal fluid and serum of patients with major depressive disorder. PLoS One 10, e0121975, https://doi.org/10.1371/journal.pone.0121975 (2015).
40. Baraniskin, A. et al. MicroRNAs in cerebrospinal fluid as biomarker for disease course monitoring in primary central nervous system lymphoma. J Neurooncol 109, 239–244, https://doi.org/10.1007/s11060-012-0908-2 (2012).
41. Bjerbing, J. L., Lundborg, C., Bokarewa, M. I. & Mannerkorpi, K. Profile of cerebrospinal microRNAs in fibromyalgia. PLoS One 8, e78762, https://doi.org/10.1371/journal.pone.0078762 (2013).
42. Bjersing, J. L., Lundborg, C., Bokarewa, M. I. & Mannerkorpi, K. Profile of cerebrospinal microRNAs in fibromyalgia. PLoS One 8, e78762, https://doi.org/10.1371/journal.pone.0078762 (2013).
43. Şiylı, S. S. et al. miRNA expression profiling of cerebrospinal fluid in patients with aneurysmal subarachnoid hemorrhage. J Neurosurg 126, 1131–1139, https://doi.org/10.3171/2016.1.JNS151454 (2017).
44. Marques, T. M. et al. MicroRNAs in Cerebrospinal Fluid as Potential Biomarkers for Parkinson’s Disease and Multiple System Atrophy. Mol Neurobiol. https://doi.org/10.1007/s12035-016-0253-0 (2016).

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Author Contributions
H.Y. designed the study, performed preliminary screening, analyzed the data, and drafted the manuscript. K.B. performed miRNA screening and edited the manuscript. R.B. and T.K. collected CSF samples and critically revised the manuscript. J.K. designed and supervised the study and edited the manuscript.

Additional Information
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