Research Article

Bioinformatics Analysis of Potential Key Genes in Trastuzumab-Resistant Gastric Cancer

Guangda Yang,1 Liumeng Jian,2 Xiangan Lin,3 Aiyu Zhu,1 and Guohua Wen1

1Department of Cancer Chemotherapy, Zengcheng District People’s Hospital of Guangzhou (Boji-Affiliated Hospital of Sun Yat-sen University), Guangzhou, China
2Department of Neurology, Zengcheng District People's Hospital of Guangzhou (Boji-Affiliated Hospital of Sun Yat-sen University), Guangzhou, China
3Department of Cancer Chemotherapy, Sun Yat-sen Memorial Hospital of Sun Yat-sen University, Guangzhou, China

Correspondence should be addressed to Guangda Yang; yangguangda.123com@163.com

Received 6 July 2019; Revised 3 October 2019; Accepted 9 November 2019; Published 20 December 2019

Academic Editor: Michele Malaguarnera

Copyright © 2019 Guangda Yang 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. This study was performed to identify genes related to acquired trastuzumab resistance in gastric cancer (GC) and to analyze their prognostic value.

Methods. The gene expression profile GSE77346 was downloaded from the Gene Expression Omnibus (GEO) database. Differentially expressed genes (DEGs) were obtained by using GEO2R. Functional and pathway enrichment was analyzed by using Gene Ontology (GO) and Kyoto Encyclopedia of Genes and Genomes (KEGG). Search Tool for the Retrieval of Interacting Genes (STRING), Cytoscape, and MCODE were then used to construct the protein-protein interaction (PPI) network and identify hub genes. Finally, the relationship between hub genes and overall survival (OS) was analyzed by using the online Kaplan-Meier plotter tool.

Results. A total of 327 DEGs were screened and were mainly enriched in terms related to pathways in cancer, signaling pathways regulating stem cell pluripotency, HTLV-I infection, and ECM-receptor interactions. A PPI network was constructed, and 18 hub genes (including one upregulated gene and seventeen downregulated genes) were identified based on the degrees and MCODE scores of the PPI network. Finally, the expression of four hub genes (ERBB2, VIM, EGR1, and PSMB8) was found to be related to the prognosis of HER2-positive (HER2+) gastric cancer. However, the prognostic value of the other hub genes was controversial; interestingly, most of these genes were interferon- (IFN-) stimulated genes (ISGs).

Conclusions. Overall, we propose that the four hub genes may be potential targets in trastuzumab-resistant gastric cancer and that ISGs may play a key role in promoting trastuzumab resistance in GC.

1. Introduction

Gastric cancer is the fifth most commonly diagnosed cancer and the third leading cause of cancer-related deaths [1]. The majority of gastric cancer cases are associated with lifestyle factors [2] and infectious agents, including the bacterium Helicobacter pylori [2, 3] and Epstein-Barr virus (EBV) [4, 5]. Although many biomarkers (including HER2, E-cadherin, fibroblast growth factor receptor, PD-L1, and TP53) have been studied as prognostic markers, the 5-year survival rate of gastric cancer remains low [6].

The human epidermal growth factor receptor-2 (HER-2) gene, a proto-oncogene mapped to chromosome 17 (17q12–q21), is frequently found to be amplified and/or overexpressed in gastric cancer [7]. Additionally, HER2 positivity is often associated with a worse prognosis [8, 9]. A phase III trial (the ToGA trial) confirmed that trastuzumab, a HER-2 monoclonal antibody, markedly improved the outcome of HER-2-positive (HER2+) gastric cancer patients [10]. However, a large proportion of patients developed resistance to trastuzumab after continuous treatment despite the effectiveness of this therapeutic [11]. Thus, there is an urgent need to explore the molecular mechanisms of trastuzumab resistance in gastric cancer and to identify effective biomarkers.

Bioinformatics analysis has been widely used to identify key genes in cancer. Interestingly, Piro et al. obtained the gene expression profiles of trastuzumab-sensitive and
trastuzumab-resistant cell lines and found that fibroblast growth factor receptor 3 (FGFR3) was associated with trastuzumab resistance in gastric cancer [12]. In the present study, we aimed to further screen DEGs and predict their underlying function by utilizing the same data. More importantly, hub genes affecting trastuzumab resistance in GC patients were identified by using protein-protein interaction (PPI) network, PPI network modules, and survival analyses.

2. Materials and Methods

2.1. Microarray Data. The microarray data for GSE77346 deposited by Piro et al. into the GEO database were obtained on the GPL10558 platform (Illumina HumanHT-12 v4.0 Expression BeadChip). The expression profiles are provided for five samples, including one sample of a trastuzumab-sensitive cell line (NCI-N87) and four samples of trastuzumab-resistant cell lines (N87-TR1, N87-TR2, N87-TR3, and N87-TR4).

2.2. Identification of DEGs. The web tool GEO2R (https://www.ncbi.nlm.nih.gov/geo/geo2r/) was utilized to screen differentially expressed genes (DEGs) between trastuzumab-resistant and trastuzumab-sensitive gastric cancer cells. These DEGs were identified as important genes that may play an important role in the development of gastric cancer. The cutoff criterion were $|\log \text{fold change (FC)}| > 3.0$ and $P < 0.01$.

2.3. Functional and Pathway Enrichment Analysis. We performed Gene Ontology (GO) and Kyoto Encyclopedia of Genes and Genomes (KEGG) pathway enrichment analyses by using the Database for Annotation, Visualization, and Integrated Discovery (DAVID), which is a comprehensive set of functional annotation tools. A $P$ value of $<0.05$ was set as the cutoff criterion.

2.4. PPI Network and Module Selection. The Search Tool for the Retrieval of Interacting Genes (STRING) database was used to analyze the PPI network of DEGs. Then, the results were visualized by Cytoscape software. The cutoff criterion for the combined score was $>0.4$. Subsequently, the degrees of genes in the PPI network and the MCODE plugin in Cytoscape were used to identify hub genes. Genes with degree $\geq 13$ or MCODE score $\geq 10$ were identified as hub genes. Furthermore, MCODE was used to screen modules in the PPI network.

2.5. mRNA Expression of the Hub Genes. UALCAN (http://ualcan.path.uab.edu/index.html) [13], an interactive web portal, can be used to analyze the relative expression of a query gene across tumor and normal samples. The
expression levels of the 18 hub genes were analyzed in gastric cancer and normal samples. The calculated $P$ value is shown.

2.6. Survival Analysis Based on the Hub Genes. The Kaplan-Meier plotter (KM plotter) tool (http://kmplot.com/analysis/index.php?p=background) was used to predict the prognostic value of the hub genes in gastric cancer patients [14]. The patients were divided into two groups according to the particular gene expression level (high vs. low expression). The OS of the two patient groups was then analyzed based on these categories. The hazard ratios (HRs) with 95% confidence intervals and log rank $P$ values are shown.

3. Results

3.1. Identification of DEGs. After data preprocessing, a total of 327 genes were identified, including 128 upregulated genes and 199 downregulated genes.

3.2. GO and KEGG Pathway Enrichment Analyses. We conducted GO and KEGG pathway enrichment analyses by using DAVID software. The top five GO terms of the DEGs are shown in Table 1. Regarding biological processes, DEGs were significantly involved in the type I interferon signaling pathway, negative regulation of viral genome replication, cell proliferation, positive regulation of the apoptotic process, and extracellular matrix organization. Regarding the cellular component, DEGs were enriched in the extracellular exosome, intermediate filament, cytoplasm, proteinaceous extracellular matrix, and basolateral plasma membrane. For molecular function, DEGs were enriched in structural molecule activity, calcium ion binding, protein homodimerization activity, $2'-5'\text{-}\text{oligoadenylate synthetase activity,}$ and collagen binding. The most enriched KEGG pathways included pathways in cancer, signaling pathways regulating stem cell pluripotency, HTLV-I infection, ECM-receptor interaction, and central carbon metabolism in cancer.
Figure 2: The genes identified by degree (a) and MCODE score (b) in the PPI network.
3.3. Construction of the PPI Network and Module Identification. The PPI network of the DEGs was constructed with 186 nodes and 480 edges by using the STRING database (Figure 1). Degrees $\geq 13$ was set as the cutoff criterion. The top 16 genes were ERBB2, OAS2, OASL, ISG15, OAS1, VIM, IFIT1, IFIT2, IFIT3, MX1, EGR1, IFI27, IFI44L, IFITM3, IFI44, and BST2 (Figure 2(a) and Table 2). Subsequently, a significant module with an MCODE score $\geq 10$ was selected; this module had 16 nodes and 111 edges, and the included genes were PSMB8, OAS2, OASL, ISG15, OAS1, IFIT1, IFIT2, IFIT3, MX1, EGR1, IFI27, IFI44L, IFITM3, IFI44, BST2, and SAMD9 (Figure 2(b) and Table 2). Thus, 18 genes were identified as hub genes.

3.4. mRNA Expression and Survival Analysis. UALCAN database was used to analyze the expression levels of the 18 hub genes. Compared with normal samples, primary gastric cancer samples had higher expression of ERBB2, PSMB8, IFI44, IFI44L, IFIT2, IFIT3, ISG15, OAS1, BST2, IFIT1, IFIT3, MX1, EGR1, IFI27, IFI44L, IFITM3, IFI44, and BST2, and SAMD9 (Table 2). However, no significant difference in VIM, OASL, SAMD9, or IFI27 expression was observed between primary gastric cancer samples and normal samples (Figure S1).

Kaplan-Meier plotter was used to predict the prognostic value of the 18 hub genes. For all gastric cancer cases, our results showed that high ERBB2 expression was associated with the worse overall survival of GC patients, VIM, IFI44, IFIT2, and MX1 showed similar associations ($P < 0.05$) (Figures 3(a) and 3(c) and Table 3). Additionally, low EGR1 expression was associated with the poorer overall survival of GC patients, and similar associations were found for PSMB8, ASMD9, BST2, IFI27, and IFIT1 ($P < 0.05$) (Figures 4(a) and 4(c) and Table 3). For HER2-gastric cancer, the high expression of ERBB2, VIM, or IFI44 was associated with worse overall survival ($P < 0.05$) (Table 3). In addition, the low expression of PSMB8, IFI44L, IFIT3, ISG15, OAS1, SAMD9, BST2, IFI27, IFIT1, or OAS2 was associated with the poorer overall survival of HER2-GC patients ($P < 0.05$) (Table 3). However, the expression of EGR1, IFIT2, OASL, IFITM3, and MX1 was not associated with the overall survival of HER2-GC patients. For HER2+ gastric cancer, the high expression of VIM, IFI44, IFI44L, IFIT2, IFIT3, ISG15, OAS1, or OASL was associated with worse overall survival ($P < 0.05$) (Figure 3(d) and Table 3). In addition, the low expression of ERBB2, EGR1, or PSMB8 was associated with the poorer overall survival of HER2+ GC patients ($P < 0.05$) (Figures 3(b), 4(b), and 4(d) and Table 3). However, the expression of ASMD9, BST2, IFIT1, IFITM3, MX1, and OAS2 was not associated with the overall survival of HER2+ GC patients (Table 3).

We also analyzed the prognostic value of the expression of the 18 hub genes in gastric cancer with different clinicopathological characteristics, including gender, stage, differentiation, and treatment. As shown in Table S1, not all the hub genes had the prognostic value in gastric cancer with different parameters, but some had prognostic value in gastric cancer with specific clinicopathological characteristics. For example, the expression of VIM had prognostic value in almost all categories of gastric cancer. The expression of PSMB8, IFIT2, and IFIT1 had prognostic value in gastric cancer at different stages.

4. Discussion

In this study, a total of 327 DEGs were screened, including 128 upregulated genes and 199 downregulated genes. Eighteen genes were identified as hub genes, including one upregulated gene (VIM) and seventeen downregulated genes (ERBB2, PSMB8, OAS2, OASL, ISG15, OAS1, IFIT1, IFIT2, IFIT3, MX1, EGR1, IFI27, IFI44L, IFITM3, IFI44, BST2, and SAMD9). However, survival analysis based on the expression of these genes indicated that only one overexpressed gene (VIM) and three downregulated genes (ERBB2, EGR1, and PSMB8) were significantly associated with the poorer overall survival of HER2+ GC patients.

The data showed that the overexpression of ERBB2 (or HER2) was associated with the worse overall survival of GC patients. Some studies have confirmed that ERBB2 positivity is correlated with a worse prognosis [8, 9], but others have found no relationship between ERBB2 status and prognosis [15, 16]. Therefore, the relationship between ERBB2 status and the prognosis of GC patients remains controversial. However, ERBB2 was found to be downregulated in trastuzumab-resistant cells in the present study, and low ERBB2 expression was associated with a poorer prognosis of HER2+ GC patients. Interestingly, HER2 loss was observed in GC patients treated with trastuzumab in the clinic [17]. This phenomenon indicates that ERBB2 may play an important role in promoting resistance to trastuzumab. The present study found that the overexpression of VIM (vimentin) was correlated with a poorer prognosis of all GC patients, including HER2-GC patients and HER2+ GC patients.
ERBB2 (210930_s_at)  
HR = 1.37 (1.14 − 1.65) 
logrank $P = 0.00088$

Expression  
- Low  
- High

Number at risk  
Low 655 240 36 0  
High 221 58 12 1  

(a)

ERBB2 (210930_s_at)  
HR = 0.73 (0.55 − 0.97)  
logrank $P = 0.027$

Expression  
- Low  
- High

Number at risk  
Low 91 16 3 0  
High 253 77 12 1  

(b)

Figure 3: Continued.
patients. Importantly, high VIM expression was associated with a poorer prognosis of almost all categories of GC patients. VIM expression is required for epithelial-mesenchymal transition (EMT) [18]. Some studies have indicated that VIM overexpression is associated with a poorer prognosis among GC patients [19, 20]; this finding is consistent with our results and indicates that VIM may be involved in the development of trastuzumab resistance. The roles of
mediate the antiviral action of interferon. The interferon-are interferon- (IFN-) stimulated genes (ISGs) [29], which
trial con
contuzumab [26], have been investigated. In addition, the ToGA
ERBB2, including lapatinib [24], trastuzumab [25], and per-
investigated. More importantly, many drugs that target
in trastuzumab-resistant gastric cancer need to be further
patients [22, 23]. Therefore, the roles of PSMB8 and EGR1
with the depth of invasion and poorer survival of GC
VIM, and PSMB8 may be e
and lymphoproliferative disorders [28]. Together, ERBB2,
treatment of leukemia, lung cancer, tobacco use disorder,
has been evaluated in trials studying the prevention and
models of multiple myeloma [27]. Phenethyl isothiocyanate
fi
gated. Car
inhibitors of PSMB8 [27] or VIM [28] have been investi-
outcome of HER2+ gastric cancer patients [10]. Moreover,
proteasome subunit beta type-8 (PSMB8) and EGR1 in
trastuzumab-resistant gastric cancer are controversial. We
are needed.
but more experimental investigations and clinical trials
were identi
fi
Table 3: Overall survival analysis based on the expression of the hub genes.

<table>
<thead>
<tr>
<th>Gene name</th>
<th>ID</th>
<th>OS (all)</th>
<th>P value</th>
<th>OS (HER2-)</th>
<th>P value</th>
<th>OS (HER2+)</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>ERBB2</td>
<td>210930_s_at</td>
<td>1.37 (1.14-1.65)</td>
<td>0.00088</td>
<td>1.33 (1.06-1.66)</td>
<td>0.013</td>
<td>0.73 (0.55-0.97)</td>
<td>0.027</td>
</tr>
<tr>
<td>VIM</td>
<td>201426_s_at</td>
<td>1.29 (1.09-1.53)</td>
<td>0.0031</td>
<td>1.52 (1.21-1.9)</td>
<td>0.00027</td>
<td>1.4 (1.01-1.92)</td>
<td>0.04</td>
</tr>
<tr>
<td>EGR1</td>
<td>201694_s_at</td>
<td>0.63 (0.52-0.76)</td>
<td>8.5E − 07</td>
<td>0.78 (0.61-1)</td>
<td>0.052</td>
<td>0.6 (0.46-0.79)</td>
<td>0.00023</td>
</tr>
<tr>
<td>PSMB8</td>
<td>209040_s_at</td>
<td>0.45 (0.37-0.56)</td>
<td>6.6E − 14</td>
<td>0.39 (0.3-0.5)</td>
<td>1.7E − 13</td>
<td>0.62 (0.46-0.85)</td>
<td>0.0024</td>
</tr>
<tr>
<td>IFI44</td>
<td>214059_at</td>
<td>1.46 (1.22-1.74)</td>
<td>0.000028</td>
<td>1.39 (1.1-1.75)</td>
<td>0.056</td>
<td>1.67 (1.28-2.19)</td>
<td>0.00015</td>
</tr>
<tr>
<td>IFI44L</td>
<td>204439_at</td>
<td>0.85 (0.71-1.03)</td>
<td>0.1</td>
<td>0.75 (0.58-0.98)</td>
<td>0.037</td>
<td>1.59 (1.16-2.19)</td>
<td>0.0037</td>
</tr>
<tr>
<td>IFIT2</td>
<td>217502_at</td>
<td>1.26 (1.04-1.53)</td>
<td>0.018</td>
<td>0.84 (0.67-1.05)</td>
<td>0.12</td>
<td>1.7 (1.24-2.33)</td>
<td>0.00075</td>
</tr>
<tr>
<td>IFIT3</td>
<td>204477_at</td>
<td>1.14 (0.95-1.36)</td>
<td>0.16</td>
<td>0.75 (0.59-0.95)</td>
<td>0.017</td>
<td>1.54 (1.15-2.07)</td>
<td>0.0037</td>
</tr>
<tr>
<td>ISG15</td>
<td>205483_s_at</td>
<td>0.86 (0.71-1.03)</td>
<td>0.094</td>
<td>0.73 (0.56-0.93)</td>
<td>0.012</td>
<td>1.5 (1.1-2.05)</td>
<td>0.01</td>
</tr>
<tr>
<td>OAS1</td>
<td>202869_at</td>
<td>1.15 (0.97-1.37)</td>
<td>0.1</td>
<td>0.79 (0.63-0.99)</td>
<td>0.039</td>
<td>1.39 (1.07-1.8)</td>
<td>0.013</td>
</tr>
<tr>
<td>OASL</td>
<td>210797_s_at</td>
<td>1.16 (0.98-1.37)</td>
<td>0.09</td>
<td>0.84 (0.67-1.05)</td>
<td>0.12</td>
<td>1.41 (1.04-1.92)</td>
<td>0.028</td>
</tr>
<tr>
<td>SAMD9</td>
<td>219691_at</td>
<td>0.73 (0.61-0.88)</td>
<td>0.00065</td>
<td>0.57 (0.44-0.74)</td>
<td>0.00002</td>
<td>1.23 (0.94-1.6)</td>
<td>0.14</td>
</tr>
<tr>
<td>BST2</td>
<td>201641_at</td>
<td>0.7 (0.58-0.85)</td>
<td>0.00027</td>
<td>0.55 (0.42-0.7)</td>
<td>1.9E − 06</td>
<td>1.28 (0.94-1.73)</td>
<td>0.12</td>
</tr>
<tr>
<td>IFI27</td>
<td>202411_at</td>
<td>0.7 (0.59-0.84)</td>
<td>0.000096</td>
<td>0.58 (0.46-0.73)</td>
<td>1.8E − 06</td>
<td>0.85 (0.63-1.13)</td>
<td>0.26</td>
</tr>
<tr>
<td>IFIT1</td>
<td>203153_at</td>
<td>0.73 (0.61-0.87)</td>
<td>0.00061</td>
<td>0.63 (0.49-0.81)</td>
<td>0.00025</td>
<td>1.23 (0.95-1.6)</td>
<td>0.12</td>
</tr>
<tr>
<td>IFITM3</td>
<td>212203x_at</td>
<td>1.09 (0.91-1.29)</td>
<td>0.36</td>
<td>0.89 (0.71-1.12)</td>
<td>0.32</td>
<td>1.27 (0.96-1.69)</td>
<td>0.096</td>
</tr>
<tr>
<td>MX1</td>
<td>202086_at</td>
<td>1.27 (1.05-1.54)</td>
<td>0.015</td>
<td>1.15 (0.9-1.47)</td>
<td>0.26</td>
<td>1.32 (0.99-1.76)</td>
<td>0.056</td>
</tr>
<tr>
<td>OAS2</td>
<td>204972_at</td>
<td>0.91 (0.77-1.08)</td>
<td>0.3</td>
<td>0.77 (0.61-0.96)</td>
<td>0.021</td>
<td>1.25 (0.93-1.67)</td>
<td>0.13</td>
</tr>
</tbody>
</table>

Abbreviation: OS: overall survival; HER2-: human epidermal growth factor receptor-2 negative; HER2+: human epidermal growth factor receptor-2 positive.
**Figure 4: Continued.**

(a) **EGR1 (201694_s_at)**

<table>
<thead>
<tr>
<th>Expression</th>
<th>Low</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number at risk</td>
<td>218</td>
<td>51</td>
</tr>
</tbody>
</table>

HR = 0.63 (0.52 − 0.76)  
logrank P = 8.5e−07

(b) **EGR1 (201694_s_at)**

<table>
<thead>
<tr>
<th>Expression</th>
<th>Low</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number at risk</td>
<td>104</td>
<td>17</td>
</tr>
</tbody>
</table>

HR = 0.6 (0.46 − 0.79)  
logrank P = 0.00023
EBV plays an important role in gastric carcinogenesis [4, 5]. EBV latent membrane protein (LMP1) and latent membrane protein 2A (LMP2A) regulate the expression of the hub gene EGR1 [43, 44]. LMP2A has been found to suppress the expression of HER2 via the TWIST/YB-1 axis in EBV-associated gastric carcinoma [45]. Importantly, EBV and HER2 may exhibit crosstalk during human gastric carcinogenesis [46]. Interestingly, LMP1 can establish an

![Graphs showing Kaplan-Meier curves depicting the overall survival of all patients with gastric cancer (GC) (a) or HER2-positive (HER2+) gastric cancer (b) with high or low expression of EGR1 or PSMB8 ((c) GC, (d) HER2+ GC).](image)

**Figure 4:** Kaplan-Meier curves depicting the overall survival of all patients with gastric cancer (GC) (a) or HER2-positive (HER2+) gastric cancer (b) with high or low expression of EGR1 or PSMB8 ((c) GC, (d) HER2+ GC).
antiviral state via the induction of ISGs, including OAS [47]. The EBV microRNA BART16 suppresses type I IFN signaling [48]. Thus, EBV may play a key role in gastric carcinoma, including in trastuzumab-acquired resistance, by regulating some of the identified hub genes or ISGs.

5. Conclusions

In summary, the current study identified genes related to acquired trastuzumab resistance in gastric cancer and analyzed their prognostic value. We found that four hub genes, including ERBB2, VIM, EGR1, and PSMB8, may participate in the development of chemoresistance to trastuzumab. However, the data in the present study were obtained by bioinformatics analysis, and the findings remain to be confirmed by further investigations. Therefore, more experiments are required to ascertain the clinical value of the identified genes as biomarkers and the underlying mechanism.

Data Availability

The data used to support the findings of this study are included within the article and the supplementary information files.

Conflicts of Interest

The authors declare no potential conflicts of interest.

Authors’ Contributions

Guangda Yang, Liumeng Jian, and Xiangan Lin contributed equally to this work.

Acknowledgments

We thank all the doctors in our department for their help with patient care so that we had sufficient time to conduct this study.

Supplementary Materials

Figure S1: the expression levels of ERBB2 (a), VIM (b), EGR1 (c), PSMB8 (d), IFI44 (e), IFI44L (f), IFIT2 (g), IFIT3 (h), ISG15 (i), OAS1 (j), OASL (k), SAMD9 (l), BST2 (m), IFI27 (n), IFIT1 (o), IFITM3 (p), MX1 (q), and OAS2 (r) in gastric cancer (UALCAN database). Red represents primary gastric cancer and blue represents normal samples. Table S1: survival analyses of the hub genes in gastric cancer with different parameters. (Supplementary Materials)

References


J. Lv, L. Wang, H. Shen, and X. Wang, "Regulatory roles of OAS1 in lung cancer cell sensitivity to *Actinidia chinensis* planch root extract (acRoots)," *Cell Biology & Toxicology*, vol. 34, no. 3, pp. 207–218, 2018.


Submit your manuscripts at www.hindawi.com