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Integrated bulk and single-cell RNA sequencing identifies an aneuploidy-based gene signature to predict sensitivity of lung adenocarcinoma to traditional chemotherapy drugs and patients' prognosis

Xiaobin Wang<sup>1,\*</sup>, Jiakuan Chen<sup>1,\*</sup>, Chaofan Li<sup>2</sup>, Yufei Liu<sup>2</sup>, Shiqun Chen<sup>3</sup>, Feng Lv<sup>1</sup>, Ke Lan<sup>1</sup>, Wei He<sup>2</sup>, Hongsheng Zhu<sup>4</sup>, Liang Xu<sup>4</sup>, Kaiyuan Ma<sup>4</sup> and Haihua Guo<sup>1</sup>

<sup>1</sup> Department of Thoracic Surgery, Tangdu Hospital, Air Force Military Medical University, Xi'an, China

<sup>2</sup> Department of Thoracic Surgery, The 986 Military Medical Hospital of the Air Force, Xi'an, China

<sup>3</sup> Thoracic Surgery, Weinan Central Hospital, Weinan, China

<sup>4</sup> Thoracic Surgery, Shaanxi Chenggu County Hospital, Chenggu, China

\* These authors contributed equally to this work.

### ABSTRACT

**Background:** Patients with lung adenocarcinoma (LUAD) often develop a poor prognosis. Currently, researches on prognostic and immunotherapeutic capacity of aneuploidy-related genes in LUAD are limited.

**Methods:** Genes related to aneuploidy were screened based on bulk RNA sequencing data from public databases using Spearman method. Next, univariate Cox and Lasso regression analyses were performed to establish an aneuploidy-related riskscore (ARS) model. Results derived from bioinformatics analysis were further validated using cellular experiments. In addition, typical LUAD cells were identified by subtype clustering, followed by SCENIC and intercellular communication analyses. Finally, ESTIMATE, ssGSEA and CIBERSORT algorithms were employed to analyze the potential relationship between ARS and tumor immune environment.

**Results:** A five-gene ARS signature was developed. These genes were abnormally high-expressed in LUAD cell lines, and in particular the high expression of CKS1B promoted the proliferative, migratory and invasive phenotypes of LUAD cell lines. Low ARS group had longer overall survival time, higher degrees of inflammatory infiltration, and could benefit more from receiving immunotherapy. Patients in low ASR group responded more actively to traditional chemotherapy drugs (Erlotinib and Roscovitine). The scRNA-seq analysis annotated 17 cell subpopulations into seven cell clusters. Core transcription factors (TFs) such as CREB3L1 and CEBPD were enriched in high ARS cell group, while TFs such as BCLAF1 and UQCRB were enriched in low ARS cell group. CellChat analysis revealed that high ARS cell groups communicated with immune cells *via* SPP1 (ITGA4-ITGB1) and MK (MDK-NCl) signaling pathways.

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Corresponding author Haihua Guo, guohh369@163.com

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**Conclusion:** In this research, integrative analysis based on the ARS model provided a potential direction for improving the diagnosis and treatment of LUAD.

Subjects Bioinformatics, Molecular Biology, Immunology, OncologyKeywords Aneuploidy, Bulk RNA sequencing, Single-cell RNA-sequencing, Prognostic signature, Immunotherapy, Lung adenocarcinoma

### INTRODUCTION

Lung adenocarcinoma (LUAD), as the main type of lung cancer (*Sung et al., 2021*; *Schabath & Cote, 2019*), has become a major cause of cancer-related mortality globally (*Siegel et al., 2023*). The strong proliferation and invasion ability of LUAD cells is closely related to the poor survival rate of the cancer (*Siegel, Miller & Jemal, 2019*; *Liu et al., 2021*). Currently, chemotherapy remains still one of the primary therapy for LUAD but its efficacy is greatly restricted by patients' resistance (*Zhang et al., 2020*). For this reason, from 2015, the World Health Organization has encouraged to identify molecular markers to help diagnose LUAD (*Nicholson et al., 2022*; *Thai et al., 2021*).

Aneuploidy is a form of abnormality in the number of chromosomes. As massive genetic mutation, aneuploidy enables cells to adjust to changes in internal and external environment, and facilitates tumor occurrence by promoting genetic instability, diversity, and evolution (*Ben-David & Amon, 2020*). Around half of blood cancers and 90% of solid tumors exhibit different forms of aneuploidy, which has been found to be associated with tumor progression and unfavorable prognosis (*Xian et al., 2021*; *Stopsack et al., 2019*). Aneuploidy triggers stress response in tumor cells, initiating or promoting the imbalance of local immune cells to increase the risk of immune escape (*Giam & Rancati, 2015*). Based on aneuploidy-related genes, *Liu et al. (2023b)* identified three molecular subtypes of head and neck squamous cell carcinomas and developed a risk model predictive of the prognosis of the cancer. *Jia et al. (2021)* discovered that a higher aneuploidy score was related to more limited clinical benefits from radiotherapy in non-small cell lung cancer (*Yang et al., 2021*). *Taylor et al. (2018*) disclosed loss of chromosome 3p and gains of chromosome arm1q and 3q using lung cancer dataset. However, using aneuploidy-related gene markers to facilitate the diagnosis or treatment of LUAD have been rarely studied.

High-throughput transcriptomics enabled by bulk RNA determines average gene expression profiles of all the cells in a cluster, and signal-cell RNA sequencing (scRNA-seq) clarifies the heterogeneity of cell types (*Kodous, Balaiah & Ramanathan, 2023*). Recently, scRNA-seq research has been widely applied in many research fields including in the studies of tumor ecosystems (*Yan et al., 2021*; *Hornburg et al., 2021*), immune-related diseases (*Lin et al., 2022*; *Wang et al., 2021*) and neuroscience (*Galiakberova et al., 2023*). Analysis on the variations and regulatory mechanism of cell subpopulation specificity at single-cell level can help better understand the pathological and physiological processes underlying LUAD development.

The use of scRNA-seq technology contributes to the development of cancer diagnosis, personalized therapeutic strategies as well as how to combat treatment resistance (*Kinker et al., 2020*). Thus, in this work, we systematically explored the intra-cancer cell heterogeneity of LUAD samples by integrating bulk and scRNA-seq data. An independent prognostic model was developed based on the foundation of aneuploidy-related prognostic genes from bulk transcriptome data of LUAD. The prognostic significance of the signature was confirmed using separate queues. The regulation of malignant phenotype of LUAD by the model genes was confirmed with cellular experiments. Immunotherapy for different LUAD patients and sensitive traditional chemotherapy drugs were analyzed. A total of seven cell clusters were annotated using scRNA-seq data, and five of them were immunocytes. Based on the aneuploidy-related riskscore (ARS) model, tumor subpopulations were stratified into high and low ARS cell groups. Regulons based on TF-target and communication signaling pathways between cells differed between the two cell groups. In short, the current discoveries provided a novel direction for the diagnosis and treatment of LUAD.

### **MATERIALS AND METHODS**

### Study source and data preprocessing

A pan-cancer genomic aneuploidy score was downloaded from a previous study (*Taylor et al., 2018*). After excluding the aneuploidy score of other cancer samples, The Cancer Genome Atlas Lung Adenocarcinoma (TCGA-LUAD) samples with aneuploidy score were retained for further study (Table S1). Subsequently, the RNA-Seq data of TCGA-LUAD were acquired from the The Cancer Genoma Atlas GDC application programming interface (API) website. For validation, GSE31210 (*Okayama et al., 2012*) and GSE30219 (*Rousseaux et al., 2013*) data were downloaded from the GEO database. For TCGA-LUAD samples, samples with clinical information and survival time >0 days were retained but those without survival status were removed. Finally, a total of 483 LUAD samples were compiled for further analysis (Table S2). For GEO data, samples without survival status were deleted, and mean expression value of the genes was adopted when multiple probes matched to one gene. All the data used in this article were derived from publicly available databases without access restriction and therefore did not require additional ethical approval. Data collection and analysis were performed strictly following the relevant rules and regulations.

# Selection of differentially expressed genes (DEGs) related to aneuploidy and functional annotation

Differential gene analysis between tumor and adjacent tissue samples was conducted using the TCGA-LUAD database. False discovery rate (FDR) <0.05 and |log2FC| > 1 were the screening criteria. At the same time, the correlation between DEGs and an euploidy was analyzed using Spearman method (R > 0.3 and p < 0.05). Finally, the cluster profiler package (*Yu et al., 2012*) was employed to perform Gene Ontology (GO) and Kyoto Encyclopedia of Genes and Genomes (KEGG) enrichment analysis on these aneuploidy-related DEGs.

#### Developing a riskscore model based on aneuploidy-related genes

The TCGA dataset and the GEO dataset served as a training and a validation set, respectively. Prognostic genes for LUAD were screened from all the aneuploidy-related DEGs using univariate Cox analysis, followed by performing Lasso regression to shrink the number of genes in the risk model. The risk score for each patient was calculated using the following Eq. (1):

$$ARS = \sum \beta i \times Expi \tag{1}$$

where Expi represented the expression of prognosis-related gene,  $\beta$  represented the Cox regression coefficient of the corresponding gene.

Samples with ARS score > 0 after zscore transformation were assigned into high-ARS group, while those with ARS score < 0 were assigned into low-ARS group. Survival curves were plotted using Kaplan-Meier for prognosis analysis. Additionally, the log-rank test was used to assess the significance of the differences.

#### Immune landscape analysis

To comprehensively assess the immune cell composition and activity in LUAD, we used two complementary computational approaches (ssGSEA and CIBERSORT). Based on the reference dataset from *Charoentong et al.*'s (2017) study ssGSEA was used to calculate the score of 28 immune cells in each sample. In addition, CIBERSORT is a more precise quantification method that estimates the proportion of 22 immune cells using a predefined set of immune cell-specific marker genes (*Chen et al.*, 2018).

#### Immunotherapy and drug sensitivity evaluation

An immunotherapy cohort (IMvigor210) was included to evaluate the influence of ARS on predicting immunotherapy sensitivity. The IMvigor210 cohort of patients demonstrated different degrees of responses to PD-L1 receptor blockers, including progressive disease (PD), stable disease (SD), partial response (PR), and complete response (CR). In addition, pRRophic package (*Geeleher, Cox & Huang, 2014*) was adopted to estimate potential sensitive chemotherapy drugs between two ARS groups in the TCGA queue. A lower half maximal inhibitory concentration (IC50) value indicated a higher sensitivity to drugs.

#### Single-cell RNA sequencing analysis of LUAD samples

The GSE203360 dataset (*He et al., 2022*) including six LUAD samples was used for scRNA sequencing analysis. The R package Seurat (*Stuart et al., 2019*) (v4.0.4) was adopted for following analysis. Cells were primarily filtered based on the criteria that each gene expressed at least in three cells and each cell contained more than 200 expressed genes. Cells with mitochondrial genes >25% were excluded to delete aging cells with limited biological significance. Subsequently, dimensionality reduction clustering analysis was performed employing principal component analysis (PCA), t-distributed stochastic neighbor embedding (t-SNE), FindNeighbor and FindCluster function. Based on cell markers from the CellMarker2.0 website, initial subpopulations were reclassified according

to high-expressed marker genes. The DEGs in annotated subgroups were screened by FindAllMarkers function, followed by KEGG enrichment analysis.

# Screening of differential regulons and cell communications in tumor cells divided by ARS

Cancer cells were extracted from scRNA-seq data. The ARS score of each cell was calculated using the Eq. (2). Thereafter, these cancer cells were stratified into high and low ARS cell groups under the same grouping criteria used in TCGA-LUAD queue. The human RcisTarget database was downloaded from website (https://resources.aertslab. org/cistarget/). R package "SCENIC" (*Van de Sande et al., 2020*) was employed for the development of TF regulatory networks. A potential TF-target regulatory relationship was established first and then motif analysis was used to eliminate genes indirectly regulated by TF. A regulon is a set of TFs and their directly regulated target genes. The connections among the regulons were analyzed using connection specific indicators (CSI). CellChat software (*Jin et al., 2021*), a free online R package (https://GitHub.com/sqjin/CellChat), was applied to infer intercellular communications and select predominant receptor–ligand pairs.

### Cell culture and transient transfection

Human LUAD cell lines including H1299, A549 and human normal bronchial epithelial cell BEAS-2B were commercially obtained from BNCC (Beijing, China). DMEM F12 with 10% FBS (Gibco, Thermo Fisher, Massachusetts, USA) was used for culturing A549 and BEAS-2B cells in a humidified environment at 37 °C with 5% CO<sub>2</sub>. The H1299, A549 cell lines were transfected with CKS1B siRNA (Dharmacon, Lafayette, CO, USA) utilizing Lipofectamine RNAi Max (Invitrogen, Waltham, MA, USA). The target sequence for CKS1B siRNA was CGCACAAACAAATTTACTATTCG (5'-3').

### **QRT-PCR**

Total RNA was separated using TRIzol (Thermo Fisher, Waltham, MA, USA) reagent. QRT-PCR was conducted on the extracted RNA from each sample (2  $\mu$ g) using FastStart Universal SYBR Green Master on a LightCycler 480 PCR System (Roche, Switzerland, USA). The cDNA consisted of a total reaction volume of 20  $\mu$ l (an appropriate water volume, 0.5  $\mu$ l of forward and reverse primers, 2  $\mu$ l of cDNA template, and 10  $\mu$ l of PCR mixture) and served as a template. PCR reaction was reacted following the cycling conditions that began with initial DNA denaturation phase at 95 °C for 30 s, followed by 45 cycles at 94 °C for 15 s, at 56 °C for 30 s, and at 72 °C for 20 s. Each sample was run in triplicate. Threshold cycle (CT) data were obtained and standardized to the level of GAPDH applying the 2<sup>- $\Delta\Delta$ CT</sup> method. The mRNA expression in both tumor and normal control tissues was compared. The sequences of primer pairs for the genes were listed in Table 1.

### **Transwell assay**

Migration and invasion of H1299 and A549 cell lines were detected by Transwell assays. Briefly, chambers coated (for invasion) or uncoated with Matrigel (BD Biosciences,

Table 1         The sequences of primer pairs for the target genes of LUAD.			
Gene	Forward primer sequence (5'-3')	Reverse primer sequence (5'-3')	
PLK1	GCACAGTGTCAATGCCTCCAAG	GCCGTACTTGTCCGAATAGTCC	
ANLN	CAGACAGTTCCATCCAAGGGAG	CTTGACAACGCTCTCCAAAGCG	
HMMR	GGCTGGGAAAAATGCAGAGGATG	CCTTTAGTGCTGACTTGGTCTGC	
CKS1B	GGAATCTTGGCGTTCAGCAGAG	GAGGCTGAAAAGTAGCTTGCCAG	
UBE2S	CGATGGCATCAAGGTCTTTCCC	CAGCAGGAGTTTCATGCGGAAC	
GAPDH	GTCTCCTCTGACTTCAACAGCG	ACCACCCTGTTGCTGTAGCCAA	

Franklin Lakes, NJ, USA) (for migration) were first inoculated with cells  $(5 \times 10^4)$ . Serum-free medium and complete DMEM medium were added to the upper and lower layer, respectively. After incubation for 24 h, 4% paraformaldehyde was used for fixing migrating or invading cells, followed by cell dyeing using crystalline violet (0.1%).

### **Cell viability**

Cell viability was detected by performing cell counting kit-8 assay (Beyotime, Beijing, China). Specifically, the cells were different treatments were cultured in 96-well plates at a density of  $1 \times 10^3$  cells/well and added with CCK-8 solution at indicated time points. After 2-h incubation at 37 °C, a microplate reader (Thermo Fisher, Waltham, MA, USA) was utilized to measure the O.D 450 values of each well.

### **Statistical analysis**

All analysis were conducted utilizing R package software (version 4). Survival data were summarized using Kaplan–Meier approach, and statistical significance was detected by the log-rank test. The time receiver operating characteristic (ROC) curves were adopted to evaluate the prediction ability of the model. Student t-tests were used to determine statistical significance with a one-way ANOVA used for comparative testing. A p < 0.05 was thought to be statistically significant. SangerBox (http://sangerbox.com/) provided analytical assistance (*Shen et al., 2022*).

### RESULTS

### DEGs related to aneuploidy and functional annotation

Firstly, RNA-seq data of the TCGA-LUAD dataset were used to screen differential genes (FDR < 0.05 and |log2FC| > 1) between tumor and para-cancerous tissue samples and a total of 3,316 DEGs were obtained for subsequent analysis (Fig. 1A). Correlation analysis detected a significant correlation between 182 DEGs and AS, and these 182 DEGs were high-expressed in tumor tissue (Fig. 1B). Further gene functional enrichment analysis showed that these 182 DEGs were enriched mainly in DNA replication and cell cycle-related pathways (Figs. 1C–1F).

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Figure 1 Identification of an euploidy relevant DEGs and functional annotation. (A) DGEs between tumor and normal tissues in the TCGA cohort. (B) The heatmap depicting the expression levels of DEGs related to an euploidy in tumor and normal tissues. (C) KEGG analysis of DEGs related to an euploidy (D–F) GO analysis of DEGs related to an euploidy. Full-size DOI: 10.7717/peerj.17545/fig-1

# Establishment and assessment of the riskscore model based on the aneuploidy-related genes

Univariate Cox analysis identified 125 genes with significant prognostic impact (p < 0.01) (Table S3). Lasso cox regression in R software package glmnet (*Simon et al., 2011*) was used to reduce the gene number. Ten-fold cross validation was applied to develop the model. The model was the optimal when penalty parameter lambda was 0.038 (Figs. 2A and 2B), therefore, five genes at lambda = 0.038 were chosen as key prognostic genes. The coefficient of the corresponding gene was shown in Fig. 2C. Each patient's riskscore was calculated following Eq. (2).

$$ARS = -0.004 \times \text{Exp PLK1} + 0.208 \times \text{Exp ANLN} + 0.059$$
$$\times \text{Exp HMMR} + 0.033 \times \text{Exp CKS1B} + 0.073 \times \text{Exp UBE2S}$$
(2)

Based on Eq. (2), samples in TCGA-LUAD queue were separated into high and low ARS groups. It could be observed that the OS time in low ARS group was longer than that in high-ARS group (p < 0.0001, Fig. 2D). We observed that in the TCGA cohort, the area under the ROC curve (AUC) was 0.68, 0.65, and 0.67 for 1-, 3-, and 5-year OS, respectively (Fig. 2D). The five key genes were all overexpressed in tumor tissues (Fig. 2D). The model was confirmed using GSE31210 and GSE30219 datasets (Figs. 2E and 2F). Specifically, patients in the GSE31210 cohort had AUC values of 0.63, 0.68, and 0.74 for 1-, 3-, and 5-year OS, respectively, while those in the GSE30219 cohort had AUC values of 0.77, 0.74, and 0.75 for 1-, 3-, and 5-year OS, respectively.

### The ARS model was an independent indicator for LUAD prognosis

To verify the applicability of the five-gene ARS signature in clinical setting, COX regression was performed. In the TCGA cohort, staging and risk scores and patients' OS were significantly correlated (p < 0.001) (Fig. S1A). Multivariate analysis showed that staging and risk score were also independent predictors (Fig. S1B). Subsequently, similar results were found in the GSE30219 cohort, and age, staging and risk score were also the independent predictors of LUAD prognosis (p < 0.001) (Figs. S1D, S1E). Importantly, the nomogram all showed the same predictive function (Figs. S1C, S1F). These results suggested that the risk model developed based on these two datasets was a favorable tool for predicting the prognostic outcomes of LUAD patients, and that both staging and risk scores were independent prognostic factors.

# CKS1B was a characteristic gene in the ARS to promote the malignant phenotypes of LUAD

To validate the reliability of the ARS model in predicting the prognosis of LUAD and the correlation between the model genes and LUAD progression, we measured the expression of PLK1, ANLN, HMMR, CKS1B and UBE2S in LUAD cell lines H1299 and A549 and bronchial normal epithelial cells BEAS-2B using PCR. Consistent with the bioinformatics results, the level of PLK1, ANLN, HMMR, CKS1B and UBE2S was elevated in the H1299 and A549 cell lines, in particular CKS1B was significantly upregulated in tumor cell lines (Figs. 3A–3E). Next, changes in migration and invasive of H1299 and A549 after inhibiting

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Figure 2 Construction and evaluation of the ARS model based on aneuploidy related genes. (A and B) Lasso regression analysis. (C) Multi-factor coefficient of five hub genes. (D) Time-ROC, survival curves and gene expression analysis in TCGA testing cohort. (E–F) Time-ROC, survival curves and gene expression analysis in GSE31210 and GSE30219 validating cohorts. Full-size DOI: 10.7717/peerj.17545/fig-2

the expression of CKS1B in the two cell lines were examined. We found that CKS1B expression promoted the development of LUAD, and that the migration and invasion abilities of the two cell lines were significantly suppressed after inhibition of CKS1B (Figs. 3F and 3G). In addition, silencing CKS1B expression affected the viability of H1299 and A549 cell lines relative to controls (Figs. 3H and 3I). The above results demonstrated the reliability of using ARS model to predict the prognostic survival of LUAD, and in particular, the model genes significantly contributed to the malignant phenotype of LUAD.

### Analysis of immune cell infiltration in the two cohorts

As shown in Fig. 4A, most of immune cells including T follicular helper cell, central memory CD4 T cell, immature B cell, activated B cell, immature, activated and plasmacytoid dendritic cell, eosinophil cell, macrophage, type 17 T helper cell, mast cell, monocyte and natural killer cell had higher score in low ARS group (p < 0.05), while few immunocytes such as activated, effector memory CD4 T cell, memory B cell, Type 2 T helper cell, gamma delta T cell, natural killer T cell and neutrophil were enriched in high ARS group. CIBERSORT was used to perform a more detailed assessment on different states of the immune cells. It could be found that low ARS group had obviously a higher proportion of T cells CD4 memory resting, Tregs, dendritic cells resting, and mast cells resting (p < 0.01), whereas that of T cells CD4 memory activated and macrophages at M0 and M1 stage were noticeably reduced (p < 0.0001, Fig. 4B).

# The responsiveness of ARS model to immunotherapy and drug sensibility

Immunotherapy is a treatment that fights against cancer with synergistic survival benefits (*Curran et al., 2010*). Herein, we tested the prognostic significance of ARS model in immunotherapy dataset IMvigor210 cohort. Kaplan-Meier curves displayed that patient with a higher ARS had shorter OS (p < 0.05, Fig. 5A). Among them, SD/PD patients exhibited a higher ARS than CR/PR patients (p < 0.05, Fig. 5B). In high ARS group, the proportion of SD/PD was higher than that in the low ARS group (Fig. 5C). Applying pRRophic package, we further predicted potential sensitive drugs for different patients and found that patients in high ARS group were more sensitive to cosplatin, BI-2536, pyrimethamine and GW843682X, whereas those in low ARS group were more responsive to erlotinib and roscovitine (Figs. 5D and 5E).

### Single-cell landscape of LUAD samples

*He et al.* (2022) generated scRNA-seq count matrix. PCA and t-SNE dimension reduction were performed based on six specimens derived from invasive adenocarcinoma patients. A total of 17 subpopulations were obtained applying FindNeighbor and FindCluster (Dim = 30, Resolution = 0.5) and reclassified according to the expression of cell markers in the subpopulations (Fig. S2). Finally, seven cell types were determined and denoted as alveolar epithelial cell, B cells, cancer cells, mast cells, monocytes/macrophages, myeloid dendritic cells and T cells (Figs. 6A and 6B). By using the FindAllMarkers function under the screening criteria of logfc = 0.5 (multiple of differences) and Minpct = 0.25 (smallest





**Figure 3** Role of ARS characterized genes on the malignant phenotype of LUAD cell lines. (A–E) PCR was performed to detect the expression of PLK1, ANLN, HMMR, CKS1B, and UBE2S in BEAS-2B, H1299, and A549 cell lines, and relative quantification was performed (n = 3). (F and G) Alterations in cell migration and invasive capacity following inhibition of CKS1B expression in H1299 and A549 cell lines and quantification of cell numbers (n = 3). (H and I) Changes in cell viability from 0–36 h after inhibition of CKS1B expression in H1299 and A549 cell lines and quantification of O.D Value (n = 3). \*  $\leq 0.05$ , \*\*  $\leq 0.01$ , \*\*\*\*  $\leq 0.001$ , \*\*\*\*  $\leq 0.001$ . N = 3, The results are presented as mean  $\pm$  SD. Full-size DOI: 10.7717/peerj.17545/fig-3

expression ratio of differential genes), the DEGs in the seven cell types were retained and the top five genes were shown in a heatmap (Fig. 6C). Subsequently, to explore the function of these cell subpopulations, we selected the top five genes for enrichment analysis. Figure 6D showed the enrichment of marker genes in different pathways in different cell types. Among them, monocytes/macrophages were mainly involved in pathways such as phagosome and lysosome. B and T cells were also predominantly enriched in the pathway of protein processing in endoplasmic reticulum. These results may provide insight into the





complex biology within LUAD and offer potential targets for further improve personalized treatment for LUAD patients.

#### TF-target connection and function analysis

Applying SCENIC algorithm and CSI, key regulons were identified and clustered. As seen in Fig. 7A, regulons with similar CSI were clustered together. Regulons with analogous high CSI may jointly regulate downstream genes and were involved in cell functions. Next, we calculated the regulon specificity score (RSS) for the two ARS cell groups. The horizontal and vertical axes represented the ranking of the regulons and the RSS, respectively. The top five TFs in the ranking were represented by red dots. A higher RSS indicated a closer relationship between the regulons and cell type specificity. As shown in Figs. 7B and 7C, regulons such as CREB3L1, JUN\_extended, CEBPD, FOS\_extended and JUNB\_extended were enriched in high ARS cell group. Nevertheless, the regulons including BCLAF1\_extended, TAF7\_extended, RAD21\_extended, BCLAF1 and UQCRB ranked the top 5 in low ARS cell group.

# CellChat identified communication patterns between immune cells and LUAD cells

Cell communication analysis helps to analyze the interaction between cells, explore the tumor immune microenvironment and dig potential therapeutic targets for diseases (*Jin et al., 2021*). As mentioned above, high and low ARS groups had different infiltration status



Figure 5 The responsiveness of ARS model to immunotherapy and drug sensibility. (A) Kaplan-Meier curves analysis in IMvigor210 immunotherapy database based on ARS model. (B) ARS difference in immunotherapy responses. (C) Immunotherapy difference between high and low ARS groups. (D) Drugs sensitive to high ARS group. (E) Drugs sensitive to low ARS group. \*\*\*\*p < 0.0001. Full-size DOI: 10.7717/peerj.17545/fig-5

of immune cells. Herein, we investigated the communication between immune cells and LUAD cells using scRNA-seq analysis. The results demonstrated that the cancer cells in high ARS group could receive signals from immune cells through the SPP1 signaling pathway *via* ligand receptor pair ITGA4-ITGB1 (Fig. 8A). As shown in Fig. 8B, tumor cells communicated with other immune cells through the MK signaling pathway *via* ligand receptor pair MDK-NCl. Moreover, high ARS group had thicker lines, which indicated stronger interaction signals. Communications through GDF (GDF15-TGFBR2) and ECF (AREG-EGRF) signaling pathway between high and low ARS cell groups were also found (Figs. 8C and 8D). These results demonstrated that ARS helped to detect an enhanced tumor-immune system interplay in LUAD.

### **DISCUSSION**

LUAD is represented by highly inflammatory infiltration (*Luo et al., 2020; Zheng et al., 2023*). The early asymptomatic characteristics of LUAD often leads to a late diagnosis of

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Figure 6 Landscape plots of LUAD scRNA-seq data. (A) Cell marker genes of different cell subpopulations. (B) Annotated cell subpopulations distribution in t-SNE diagram. (C) A heatmap of the top 5 DEGs in each cell subpopulation. (D) KEGG enrichment analysis of top five DEGs in each cell subpopulations. Full-size DOI: 10.7717/peerj.17545/fig-6





Figure 7 The analysis of regulons in high and low ARS cell groups. (A) A cluster graph based on regulon's CSI (the rows and columns both represented regulons). (B) Regulons ranked top five in high ARS cell group. (C) Regulons ranked top five in low ARS cell group. Full-size DOI: 10.7717/peerj.17545/fig-7

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**Figure 8** Overview of the CellChat communications between cancer and immune cells. (A) High ARS cell group received signals from immune cells *via* SPP1-(ITGA4-ITGB1) pathway. (B) Cancer cells sent signals to immune cells *via* the MK-(MDK-NCL) pathway. (C and D) High and low ARS cell groups communicated *via* the GDF (GDF15-TGFBR2) and EGF (AREG-EGFR) pathways. Full-size DOI: 10.7717/peerj.17545/fig-8

most LUAD patients as well as a poor cancer prognosis. With the development of surgical and drug-assisted therapies, novel and effective diagnostic methods for heterogeneous LUAD patients should be created to improve the survival outcomes of LUAD.

In this study, we focused on developing, establishing, and verifying the aneuploidy-related gene signature by integrating bulk and scRNA-seq data to thoroughly analyze the role of an uploidy in the diagnosis and treatment of LUAD. The predictive model utilizing a range of functional genes has emerged as a focal point in directing the prognosis of tumors. Wu et al. (2022) constructed a prognostic model based on necroptosis-related genes and the area of the ROC curve of this model in the training cohort was 0.73, 0.7, and 0.67, respectively. In addition, (Guo & Liu, 2022) obtained the Transient receptor potential channel (TRP) gene set based on the MSigDB database and constructed a related risk model based on TRP. To assess the validity of the model, the results showed that the areas of the ROC curves in the training cohort at 1, 3 and 5 years were 0.747, 0.663 and 0.654, respectively (Guo & Liu, 2022). In this study, we constructed an ARS-related prognostic model in which the AUC values for the training set were 0.68, 0.65, and 0.67, respectively. In this study, we constructed an ARS-related prognostic model in which the AUC values were 0.68, 0.65, and 0.67 for the TCGA cohort and 0.77, 0.74, and 0.75 for the GSE30219 validation cohort. This result suggests that the predictive power of our constructed model is also reliable.

Through differential gene analysis, COX regression, Pearson analysis and Lasso method, five genes (PLK1, ANLN, HMMR, CKS1B and UBE2S) were screened to construct an ARS model. We found that patients in high ARS group displayed shorter OS time, which was in agreement with a previous research (Zhang & Zhao, 2023). At the same time, the risk model was validated and proven to be an independent indicator for the prognosis of LUAD. These five genes were all overexpressed risk factors in tumor tissues in comparison with para-cancerous tissues. Previous researches on these genes mainly have their focuses on the potential to serve as diagnostic biomarkers and the mechanisms of action. Polo-like kinase 1 (PLK1), an evolutionarily conserved Ser/Thr kinase, has the function to regulate cell cycle, and the imbalance of PLK1 could lead to chromosomal instability and aneuploidy (Gheghiani et al., 2021). PLK1 is high-expressed in various cancers and is related to unfavorable prognosis (Galusic et al., 2020). Increasing evidence suggested that PLK1 regulates several critical TFs in cancers and facilitates cell proliferation, metastasis, epithelial mesenchymal transition (Moore, Gheghiani & Fu, 2023; *Iliaki, Beyaert & Afonina, 2021*). These findings indicated that PLK1 may be a promising target for cancer treatment. Currently, many PLK1 inhibitors have been developed for disease treatments. An intriguing observation in our research was that patients in high ARS group were more sensitive to PLK1 inhibitors (BI-2536 and GW843682X). This finding further supported the potential of PLK1 to serve as a diagnostic and therapeutic marker for LUAD. ANLN is an actin-binding protein that is often overexpressed to cause a poor prognosis (Long et al., 2018) and metastasis (Xu et al., 2019) in LUAD, but it could be suppressed by miR-30a-5p (Deng et al., 2021). Hence, ANLN has been frequently selected as a hub gene to build riskscore signature to evaluate the prognosis in LUAD (Luo et al.,

2020; *Zhang & Zhao*, 2023). This suggested that these two genes could promote metastasis and development of LUAD cancer cells.

Hyaluronan-mediated motility receptor (HMMR) plays an important role in cancer progression. For example, overexpressed HMMR in mouse mammary gland epithelium increases the occurrence of BRCA1-mutant tumors, which is directly related to hereditary breast cancer (*Mateo et al., 2022*), while inhibition on HMMR expression could abrogate peritoneal metastasis of gastric cancer cells (*Yang et al., 2022*). A newly published pan-cancer analysis supported the latent capacity of HMMR as a diagnostic and prognostic indicator of tumor, because HMMR is widely high-expressed in massive tumor cells (*Shang et al., 2022*). A holistic pan-cancer analysis proved that CKS1B is a cancer-promoting factor (*Jia et al., 2021*). In addition, *Wang et al. (2021)* first characterized CKS1B as a potential prognostic marker in LUAD, and this gene was also discovered in our present work. Another pan-cancer analysis on UBE2S (*Bao et al., 2022*) revealed that UBE2S expression is negatively correlated with the prognosis of different human cancers and is noticeably positive related to MDSC and T helper 2 cell (Th2) subsets in most tumors, indicating that UBE2S is an immune-carcinogenic marker. This work highlighted the potential of using UBE2S in immunotherapy for LUAD patients.

To better understand the transcriptional regulatory networks across intracellular cancer cells, we predicted the TF-target regulating networks between high and low ARS cell groups. Different regulons in the two risk cell groups were discovered. In high ARS cell group, regulons CREB3L1 and CEBPD were enriched. Abnormal CREB3L1 expression results in growth, metastasis or migration of malignant tumors (Wang et al., 2021; Mellor et al., 2022). CREB3L1 could facilitate the above biological processes by reshaping the tumor immune microenvironment (Pan et al., 2022; Song et al., 2022). Interestingly, the potential of CREB3L1 to predict immunotherapeutic efficacy is also supported by a previous pan-cancer analysis (Lin et al., 2022). CEBPD is one of the hub genes for triple-negative breast cancer prognosis (Kim et al., 2019). We found that TFs BCLAF1 and UQCRB with over 900 downstream target genes were enriched in low ARS cell group. Studies also confirmed that during tumor development, BCLAF1 acts either as a tumor promoter (Mou et al., 2020) or a suppressor (Li et al., 2018) dependent on the cellular environment and category of tumor (Yu et al., 2022). Some studies uncovered that UQCRB is involved in tumorigenesis by recognizing its genetic mutations or relevant microRNAs in pancreatic ductal adenocarcinoma (Harada et al., 2009) or colorectal cancer (Hong et al., 2020). To the best of our knowledge, these four TFs were first described in LUAD cancer cells, but their mechanism underlying LUAD development required more in-depth investigation.

Aneuploidy is related to lower immune infiltration in many types of tumors (*Davoli* et al., 2017). Consistent with previous findings, high ARS group showed a low degree of immune infiltration, as shown by the results from ssGSEA and CIBERSORT analysis. Subsequent scRNA-seq data concerning CellChat analysis uncovered that high ARS cell group received and sent communication signals *via* SPP1(ITGA4-ITGB1) and MK(MDK-NCl) signaling pathways. Intriguingly, these two pathways help shape a tumor immune barrier (*Liu et al., 2023a*) to develop an immunosuppressive environment in tumor (*Yu* 

*et al.*, *2023*). This finding may explain the apparently poor prognosis and less active response of LUAD patients to immunotherapy at molecular level.

Despite these interesting findings, there are also some limitations to this study. Firstly, the expression of the aneuploidy-related genes should be detected at protein level. In addition, the communication pathways between cancer and immune cells were obtained *via* bioinformatics algorithms and further verification is needed. Moreover, the effect of the prognostic genes in LUAD is required to be confirmed by *in vivo* validation. Finally, as all the data were obtained based on public databases, future work is encouraged to use a larger sample size to confirm the accuracy of the present findings.

### **CONCLUSIONS**

To conclude, we analyzed the bulk and scRNA-seq data related to aneuploidy in LUAD. An independent ARS signature for predicting LUAD patient's prognosis was established. The viability of the ARS model genes to predict the prognosis and progression of LUAD was tested by performing a series of cellular experiments, and the key ARS-related genes contributing to the malignant phenotypes of LUAD were mined. Our study provided a new direction for the biomarker research in LUAD, and confirmed that the ARS model can help improve the current personalized treatment for LUAD patients, especially in the selection of chemotherapeutic agents and immunotherapy strategies.

### **ABBREVIATIONS**

ARS	Aneuploidy related riskscore	
AUC	Area under ROC curve	
CR	Complete response	
CSI	Connection specific indicators	
DEGs	Differentially expressed genes	
FDR	False discovery rate	
GEO	Gene Expression Omnibus	
GO	Gene Ontology	
Lasso	Least Absolute Shrinkage and Selection Operator	
IC50	Half maximal inhibitory concentration	
KEGG	Kyoto Encyclopedia of Genes and Genomes	
LUAD	Lung adenocarcinoma	
MDSC	Myeloid-derived suppressor cell	
NSCLC	Non-small cell lung cancer	
OS	Overall survival	
PCA	Principal Component Analysis	
PD	Progressive disease	
PR	Partial response	
ROC	Receiver operator characteristic	
sc-RNA seq	Single-cell RNA sequencing	
SD	Stable disease	

ssGSEA	Single-sample gene set enrichment analysis
TCGA	The Cancer Genome Atlas
TFs	Transcription factors

t-SNE t-distributed Stochastic Neighbor Embedding

### **ADDITIONAL INFORMATION AND DECLARATIONS**

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The authors received no funding for this work.

### **Competing Interests**

The authors declare that they have no competing interests.

### **Author Contributions**

- Xiaobin Wang conceived and designed the experiments, prepared figures and/or tables, and approved the final draft.
- Jiakuan Chen conceived and designed the experiments, authored or reviewed drafts of the article, and approved the final draft.
- Chaofan Li conceived and designed the experiments, prepared figures and/or tables, and approved the final draft.
- Yufei Liu conceived and designed the experiments, authored or reviewed drafts of the article, and approved the final draft.
- Shiqun Chen performed the experiments, prepared figures and/or tables, and approved the final draft.
- Feng Lv performed the experiments, authored or reviewed drafts of the article, and approved the final draft.
- Ke Lan performed the experiments, prepared figures and/or tables, and approved the final draft.
- Wei He performed the experiments, authored or reviewed drafts of the article, and approved the final draft.
- Hongsheng Zhu analyzed the data, prepared figures and/or tables, and approved the final draft.
- Liang Xu analyzed the data, authored or reviewed drafts of the article, and approved the final draft.
- Kaiyuan Ma analyzed the data, prepared figures and/or tables, and approved the final draft.
- Haihua Guo analyzed the data, authored or reviewed drafts of the article, and approved the final draft.

### **Data Availability**

The following information was supplied regarding data availability:

The data used in this study is available at NCBI GEO: GSE31210, GSE30219, GSE203360.

The raw data is available at GitHub and Zenodo:

- https://GitHub.com/1Guohh/Raw-data.git
- 1Guohh. (2024). 1Guohh/Raw-data: First release of my raw data (v.1.1.0). Zenodo. https://doi.org/10.5281/zenodo.10485770.

#### **Supplemental Information**

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### REFERENCES

- Bao H, Luo Y, Ding G, Fu Z. 2022. A pan-cancer analysis of UBE2S in tumorigenesis, prognosis, pathway, immune infiltration and evasion, and therapy response from an immune-oncology perspective. *Journal of Oncology* 2022:3982539 DOI 10.1155/2022/3982539.
- Ben-David U, Amon A. 2020. Context is everything: an euploidy in cancer. *Nature Reviews Genetics* 21(1):44–62 DOI 10.1038/s41576-019-0171-x.
- Charoentong P, Finotello F, Angelova M, Mayer C, Efremova M, Rieder D, Hackl H, Trajanoski Z. 2017. Pan-cancer immunogenomic analyses reveal genotype-immunophenotype relationships and predictors of response to checkpoint blockade. *Cell Reports* 18(1):248–262 DOI 10.1016/j.celrep.2016.12.019.
- Chen B, Khodadoust MS, Liu CL, Newman AM, Alizadeh AA. 2018. Profiling tumor infiltrating immune cells with CIBERSORT. *Methods in Molecular Biology* 1711:243–259 DOI 10.1007/978-1-4939-7493-1\_12.
- **Curran MA, Montalvo W, Yagita H, Allison JP. 2010.** PD-1 and CTLA-4 combination blockade expands infiltrating T cells and reduces regulatory T and myeloid cells within B16 melanoma tumors. *Proceedings of the National Academy of Sciences* **107(9)**:4275–4280 DOI 10.1073/pnas.0915174107.
- **Davoli T, Uno H, Wooten EC, Elledge SJ. 2017.** Tumor aneuploidy correlates with markers of immune evasion and with reduced response to immunotherapy. *Science* **355(6322)**:355–6322 DOI 10.1126/science.aaf8399.
- Deng F, Xu Z, Zhou J, Zhang R, Gong X, Huang T. 2021. ANLN regulated by miR-30a-5p mediates malignant progression of lung adenocarcinoma. *Computational and Mathematical Methods in Medicine* 2021:9549287 DOI 10.1155/2021/9549287.
- Galiakberova AA, Brovkina OI, Kondratyev NV, Artyuhov AS, Momotyuk ED,
  Kulmukhametova ON, Lagunin AA, Shilov BV, Zadorozhny AD, Zakharov IS,
  Okorokova LS, Golimbet VE, Dashinimaev EB. 2023. Different iPSC-derived neural stem cells shows various spectrums of spontaneous differentiation during long term cultivation. *Frontiers in Molecular Neuroscience* 16:1037902 DOI 10.3389/fnmol.2023.1037902.
- Galusic D, Lucijanic M, Livun A, Radman M, Blaslov V, Vicelic Cutura L, Petric M, Miljak A, Lucijanic J, Drmic Hofman I, Kusec R. 2020. Higher AURKA and PLK1 expression are associated with inferior overall survival in patients with myelofibrosis. *Blood Cells, Molecules, and Diseases* 81:102396 DOI 10.1016/j.bcmd.2019.102396.
- Geeleher P, Cox N, Huang RS. 2014. pRRophetic: an R package for prediction of clinical chemotherapeutic response from tumor gene expression levels. *PLOS ONE* 9(9):e107468 DOI 10.1371/journal.pone.0107468.
- Gheghiani L, Wang L, Zhang Y, Moore XTR, Zhang J, Smith SC, Tian Y, Wang L, Turner K, Jackson-Cook CK, Mukhopadhyay ND, Fu Z. 2021. PLK1 induces chromosomal instability

and overrides cell-cycle checkpoints to drive tumorigenesis. *Cancer Research* **81(5)**:1293–1307 DOI 10.1158/0008-5472.CAN-20-1377.

- Giam M, Rancati G. 2015. Aneuploidy and chromosomal instability in cancer: a jackpot to chaos. *Cell Division* 10(1):3 DOI 10.1186/s13008-015-0009-7.
- **Guo Y, Liu N. 2022.** Systematic analysis and identification of molecular subtypes of TRP-Related genes and prognosis prediction in lung adenocarcinoma. *Journal of Oncology* **2022(4)**:5388283 DOI 10.1155/2022/5388283.
- Harada T, Chelala C, Crnogorac-Jurcevic T, Lemoine NR. 2009. Genome-wide analysis of pancreatic cancer using microarray-based techniques. *Pancreatology* 9(1–2):13–24 DOI 10.1159/000178871.
- He Y, Yu F, Tian Y, Hu Q, Wang B, Wang L, Hu Y, Tao Y, Chen X, Peng M. 2022. Single-Cell RNA sequencing unravels distinct tumor microenvironment of different components of lung adenocarcinoma featured as mixed ground-glass opacity. *Frontiers in Immunology* 13:903513 DOI 10.3389/fimmu.2022.903513.
- Hong JW, Kim JM, Kim JE, Cho H, Kim D, Kim W, Oh J-W, Kwon HJ. 2020. MiR-4435 is an UQCRB-related circulating miRNA in human colorectal cancer. *Scientific Reports* 10(1):2833 DOI 10.1038/s41598-020-59610-2.
- Hornburg M, Desbois M, Lu S, Guan Y, Lo AA, Kaufman S, Elrod A, Lotstein A,
  DesRochers TM, Munoz-Rodriguez JL, Wang X, Giltnane J, Mayba O, Turley SJ, Bourgon R,
  Daemen A, Wang Y. 2021. Single-cell dissection of cellular components and interactions shaping the tumor immune phenotypes in ovarian cancer. *Cancer Cell* 39(7):928–944
  DOI 10.1016/j.ccell.2021.04.004.
- Iliaki S, Beyaert R, Afonina IS. 2021. Polo-like kinase 1 (PLK1) signaling in cancer and beyond. *Biochemical Pharmacology* 193(11):114747 DOI 10.1016/j.bcp.2021.114747.
- Jia Y, Tian Q, Yang K, Liu Y, Liu Y. 2021. A pan-cancer analysis of clinical prognosis and immune infiltration of CKS1B in human tumors. *BioMed Research International* 2021:5862941 DOI 10.1155/2021/5862941.
- Jin S, Guerrero-Juarez CF, Zhang L, Chang I, Ramos R, Kuan C-H, Myung P, Plikus MV, Nie Q. 2021. Inference and analysis of cell-cell communication using CellChat. *Nature Communications* 12(1):1088 DOI 10.1038/s41467-021-21246-9.
- Kim E-K, Park AK, Ko E, Park W-Y, Lee K-M, Noh D-Y, Han W. 2019. Risk stratification of triple-negative breast cancer with core gene signatures associated with chemoresponse and prognosis. *Breast Cancer Research and Treatment* 178(1):185–197 DOI 10.1007/s10549-019-05366-x.
- Kinker GS, Greenwald AC, Tal R, Orlova Z, Cuoco MS, McFarland JM, Warren A, Rodman C, Roth JA, Bender SA, Kumar B, Rocco JW, Fernandes PACM, Mader CC, Keren-Shaul H, Plotnikov A, Barr H, Tsherniak A, Rozenblatt-Rosen O, Krizhanovsky V, Puram SV, Regev A, Tirosh I. 2020. Pan-cancer single-cell RNA-seq identifies recurring programs of cellular heterogeneity. *Nature Genetics* 52(11):1208–1218 DOI 10.1038/s41588-020-00726-6.
- Kodous AS, Balaiah M, Ramanathan P. 2023. Single cell RNA sequencing-a valuable tool for cancer immunotherapy: a mini review. Oncologie 25(6):635–639 DOI 10.1515/oncologie-2023-0244.
- Li X, He Z, Cheng B, Fang Q, Ma D, Lu T, Wei D, Kuang X, Tang S, Xiong J, Wang J. 2018. Effect of BCLAF1 on HDAC inhibitor LMK-235-mediated apoptosis of diffuse large B cell lymphoma cells and its mechanism. *Cancer Biology & Therapy* **19(9)**:825–834 DOI 10.1080/15384047.2018.1472188.

- Lin C-W, Septyaningtrias DE, Chao H-W, Konda M, Atarashi K, Takeshita K, Tamada K, Nomura J, Sasagawa Y, Tanaka K, Nikaido I, Honda K, McHugh TJ, Takumi T. 2022. A common epigenetic mechanism across different cellular origins underlies systemic immune dysregulation in an idiopathic autism mouse model. *Molecular Psychiatry* 27(8):3343–3354 DOI 10.1038/s41380-022-01566-y.
- Lin Z, Wu Y, Xiao XG, Zhang X, Wan J, Zheng T, Chen H, Liu T, Tang X. 2022. Pan-cancer analysis of CREB3L1 as biomarker in the prediction of prognosis and immunotherapeutic efficacy. *Frontiers in Genetics* 13:938510 DOI 10.3389/fgene.2022.938510.
- Liu J, Gu M, Xue Y, Wang Q, Ren Y, Huang W. 2021. Clinical significance of PD-L1 expression and CD8-positive tumor-infiltrating lymphocytes in patients with cavitary lung adenocarcinoma. *Oncologie* 23(3):439–452 DOI 10.32604/oncologie.2021.017220.
- Liu Y, Xun Z, Ma K, Liang S, Li X, Zhou S, Sun L, Liu Y, Du Y, Guo X, Cui T, Zhou H, Wang J, Yin D, Song R, Zhang S, Cai W, Meng F, Guo H, Zhang B, Yang D, Bao R, Hu Q, Wang J, Ye Y, Liu L. 2023a. Identification of a tumour immune barrier in the HCC microenvironment that determines the efficacy of immunotherapy. *Journal of Hepatology* 78(4):770–782 DOI 10.1016/j.jhep.2023.01.011.
- Liu Y, Yuan Y, Chen T, Xiao H, Zhang X, Zhang F. 2023b. Identification of aneuploidy-related gene signature to predict survival in head and neck squamous cell carcinomas. *Aging* 15(22):13100–13117 DOI 10.18632/aging.205221.
- Long X, Zhou W, Wang Y, Liu S. 2018. Prognostic significance of ANLN in lung adenocarcinoma. *Oncology Letters* 16(2):1835–1840 DOI 10.3892/ol.2018.8858.
- Luo C, Lei M, Zhang Y, Zhang Q, Li L, Lian J, Liu S, Wang L, Pi G, Zhang Y. 2020. Systematic construction and validation of an immune prognostic model for lung adenocarcinoma. *Journal of Cellular and Molecular Medicine* 24(2):1233–1244 DOI 10.1111/jcmm.14719.
- Mateo F, He Z, Mei L, de Garibay GR, Herranz C, García N, Lorentzian A, Baiges A, Blommaert E, Gómez A, Mirallas O, Garrido-Utrilla A, Palomero L, Espín R, Extremera AI, Soler-Monsó MT, Petit A, Li R, Brunet J, Chen K, Tan S, Eaves CJ, McCloskey C, Hakem R, Khokha R, Lange PF, Lázaro C, Maxwell CA, Pujana MA. 2022. Modification of BRCA1associated breast cancer risk by HMMR overexpression. *Nature Communications* 13(1):1895 DOI 10.1038/s41467-022-29335-z.
- Mellor P, Kendall S, Smith S, Saxena A, Anderson DH. 2022. Reduced CREB3L1 expression in triple negative and luminal a breast cancer cells contributes to enhanced cell migration, anchorage-independent growth and metastasis. *PLOS ONE* 17(7):e0271090 DOI 10.1371/journal.pone.0271090.
- Moore XTR, Gheghiani L, Fu Z. 2023. The role of polo-like kinase 1 in regulating the forkhead box family transcription factors. *Cells* **12(9)**:1344 DOI 10.3390/cells12091344.
- Mou S-J, Yang P-F, Liu Y-P, Xu N, Jiang W-W, Yue W-J. 2020. BCLAF1 promotes cell proliferation, invasion and drug-resistance though targeting lncRNA NEAT1 in hepatocellular carcinoma. *Life Sciences* 242(1):117177 DOI 10.1016/j.lfs.2019.117177.
- Nicholson AG, Tsao MS, Beasley MB, Borczuk AC, Brambilla E, Cooper WA, Dacic S, Jain D, Kerr KM, Lantuejoul S, Noguchi M, Papotti M, Rekhtman N, Scagliotti G, van Schil P, Sholl L, Yatabe Y, Yoshida A, Travis WD. 2022. The 2021 WHO classification of lung tumors: impact of advances since 2015. *Journal of Thoracic Oncology* 17(3):362–387 DOI 10.1016/j.jtho.2021.11.003.
- Okayama H, Kohno T, Ishii Y, Shimada Y, Shiraishi K, Iwakawa R, Furuta K, Tsuta K, Shibata T, Yamamoto S, Watanabe S-I, Sakamoto H, Kumamoto K, Takenoshita S, Gotoh N, Mizuno H, Sarai A, Kawano S, Yamaguchi R, Miyano S, Yokota J. 2012. Identification of

genes upregulated in ALK-positive and EGFR/KRAS/ALK-negative lung adenocarcinomas. *Cancer Research* **72(1)**:100–111 DOI 10.1158/0008-5472.CAN-11-1403.

- Pan Z, Xu T, Bao L, Hu X, Jin T, Chen J, Chen J, Qian Y, Lu X, Li L, Zheng G, Zhang Y, Zou X, Song F, Zhang C, Jiang L, Wang J, Tan Z, Huang P, Ge M. 2022. CREB3L1 promotes tumor growth and metastasis of anaplastic thyroid carcinoma by remodeling the tumor microenvironment. *Molecular Cancer* 21(1):190 DOI 10.1186/s12943-022-01658-x.
- Rousseaux S, Debernardi A, Jacquiau B, Vitte A-L, Vesin A, Nagy-Mignotte H, Moro-Sibilot D, Brichon P-Y, Lantuejoul S, Hainaut P, Laffaire J, de Reyniès A, Beer DG, Timsit J-F, Brambilla C, Brambilla E, Khochbin S. 2013. Ectopic activation of germline and placental genes identifies aggressive metastasis-prone lung cancers. *Science Translational Medicine* 5(186):186ra66 DOI 10.1126/scitranslmed.3005723.
- Schabath MB, Cote ML. 2019. Cancer progress and priorities: lung cancer. Cancer Epidemiology, Biomarkers & Prevention 28(10):1563–1579 DOI 10.1158/1055-9965.EPI-19-0221.
- Shang J, Zhang X, Hou G, Qi Y. 2022. HMMR potential as a diagnostic and prognostic biomarker of cancer-speculation based on a pan-cancer analysis. *Frontiers in Surgery* 9:998598 DOI 10.3389/fsurg.2022.998598.
- Shen W, Song Z, Zhong X, Huang M, Shen D, Gao P, Qian X, Wang M, He X, Wang T, Li S, Song X. 2022. Sangerbox: a comprehensive, interaction-friendly clinical bioinformatics analysis platform. *iMeta* 1(3):e36 DOI 10.1002/imt2.36.
- Siegel RL, Miller KD, Jemal A. 2019. Cancer statistics, 2019. CA: A Cancer Journal for Clinicians 69(1):7–34 DOI 10.3322/caac.21551.
- Siegel RL, Miller KD, Wagle NS, Jemal A. 2023. Cancer statistics, 2023. CA: A Cancer Journal for Clinicians 73(1):17–48 DOI 10.3322/caac.21763.
- Simon N, Friedman J, Hastie T, Tibshirani R. 2011. Regularization paths for cox's proportional hazards model via coordinate descent. *Journal of Statistical Software* 39(5):1–13 DOI 10.18637/jss.v039.i05.
- Song G, Shi Y, Meng L, Ma J, Huang S, Zhang J, Wu Y, Li J, Lin Y, Yang S, Rao D, Cheng Y, Lin J, Ji S, Liu Y, Jiang S, Wang X, Zhang S, Ke A, Wang X, Cao Y, Ji Y, Zhou J, Fan J, Zhang X, Xi R, Gao Q. 2022. Single-cell transcriptomic analysis suggests two molecularly subtypes of intrahepatic cholangiocarcinoma. *Nature Communications* 13:1642 DOI 10.1038/s41467-022-29164-0.
- Stopsack KH, Whittaker CA, Gerke TA, Loda M, Kantoff PW, Mucci LA, Amon A. 2019. Aneuploidy drives lethal progression in prostate cancer. *Proceedings of the National Academy of Sciences* 116(23):11390–11395 DOI 10.1073/pnas.1902645116.
- Stuart T, Butler A, Hoffman P, Hafemeister C, Papalexi E, Mauck WM, Hao Y, Stoeckius M, Smibert P, Satija R. 2019. Comprehensive integration of single-cell data. *Cell* 177(7):1888–1902.e21 DOI 10.1016/j.cell.2019.05.031.
- Sung H, Ferlay J, Siegel RL, Laversanne M, Soerjomataram I, Jemal A, Bray F. 2021. Global cancer statistics 2020: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries. CA: A Cancer Journal for Clinicians 71(3):209–249 DOI 10.3322/caac.21660.
- Taylor AM, Shih J, Ha G, Gao GF, Zhang X, Berger AC, Schumacher SE, Wang C, Hu H, Liu J, Lazar AJ, Cherniack AD, Beroukhim R, Meyerson M, Caesar-Johnson SJ, Demchok JA, Felau I, Kasapi M, Ferguson ML, Hutter CM, Sofia HJ, Tarnuzzer R, Wang Z, Yang L, Zenklusen JC, Zhang J, Chudamani S, Liu J, Lolla L, Naresh R, Pihl T, Sun Q, Wan Y, Wu Y, Cho J, DeFreitas T, Frazer S, Gehlenborg N, Getz G, Heiman DI, Kim J, Lawrence MS, Lin P, Meier S, Noble MS, Saksena G, Voet D, Zhang H, Bernard B, Chambwe N, Dhankani V,

Knijnenburg T, Kramer R, Leinonen K, Liu Y, Miller M, Reynolds S, Shmulevich I, Thorsson V, Zhang W, Akbani R, Broom BM, Hegde AM, Ju Z, Kanchi RS, Korkut A, Li J, Liang H, Ling S, Liu W, Lu Y, Mills GB, Ng K-S, Rao A, Ryan M, Wang J, Weinstein JN, Zhang J, Abeshouse A, Armenia J, Chakravarty D, Chatila WK, de Bruijn I, Gao J, Gross BE, Heins ZJ, Kundra R, La K, Ladanyi M, Luna A, Nissan MG, Ochoa A, Phillips SM, Reznik E, Sanchez-Vega F, Sander C, Schultz N, Sheridan R, Sumer SO, Sun Y, Taylor BS, Wang J, Zhang H, Anur P, Peto M, Spellman P, Benz C, Stuart JM, Wong CK, Yau C, Hayes DN, Parker JS, Wilkerson MD, Ally A, Balasundaram M, Bowlby R, Brooks D, Carlsen R, Chuah E, Dhalla N, Holt R, Jones SJM, Kasaian K, Lee D, Ma Y, Marra MA, Mayo M, Moore RA, Mungall AJ, Mungall K, Robertson AG, Sadeghi S, Schein JE, Sipahimalani P, Tam A, Thiessen N, Tse K, Wong T, Berger AC, Beroukhim R, Cherniack AD, Cibulskis C, Gabriel SB, Gao GF, Ha G, Meyerson M, Schumacher SE, Shih J, Kucherlapati MH, Kucherlapati RS, Baylin S, Cope L, Danilova L, Bootwalla MS, Lai PH, Maglinte DT, Van Den Berg DJ, Weisenberger DJ, Auman JT, Balu S, Bodenheimer T, Fan C, Hoadley KA, Hoyle AP, Jefferys SR, Jones CD, Meng S, Mieczkowski PA, Mose LE, Perou AH, Perou CM, Roach J, Shi Y, Simons JV, Skelly T, Soloway MG, Tan D, Veluvolu U, Fan H, Hinoue T, Laird PW, Shen H, Zhou W, Bellair M, Chang K, Covington K, Creighton CJ, Dinh H, Doddapaneni HV, Donehower LA, Drummond J, Gibbs RA, Glenn R, Hale W, Han Y, Hu J, Korchina V, Lee S, Lewis L, Li W. 2018. Genomic and functional approaches to understanding cancer aneuploidy. Cancer Cell 33(4):676-689.e3 DOI 10.1016/j.ccell.2018.03.007.

- Thai AA, Solomon BJ, Sequist LV, Gainor JF, Heist RS. 2021. Lung cancer. *Lancet* 398(10299):535–554 DOI 10.1016/S0140-6736(21)00312-3.
- Van de Sande B, Flerin C, Davie K, De Waegeneer M, Hulselmans G, Aibar S, Seurinck R, Saelens W, Cannoodt R, Rouchon Q, Verbeiren T, De Maeyer D, Reumers J, Saeys Y, Aerts S. 2020. A scalable SCENIC workflow for single-cell gene regulatory network analysis. *Nature Protocols* 15(7):2247–2276 DOI 10.1038/s41596-020-0336-2.
- Wang J, Farkas C, Benyoucef A, Carmichael C, Haigh K, Wong N, Huylebroeck D, Stemmler MP, Brabletz S, Brabletz T, Nefzger CM, Goossens S, Berx G, Polo JM, Haigh JJ, Eaves CJ. 2021. Interplay between the EMT transcription factors ZEB1 and ZEB2 regulates hematopoietic stem and progenitor cell differentiation and hematopoietic lineage fidelity. *PLOS Biology* 19(9):e3001394 DOI 10.1371/journal.pbio.3001394.
- Wang K, Zhang M, Wang J, Sun P, Luo J, Jin H, Li R, Pan C, Lu L. 2021. A systematic analysis identifies key regulators involved in cell proliferation and potential drugs for the treatment of human lung adenocarcinoma. *Frontiers in Oncology* 11:737152 DOI 10.3389/fonc.2021.737152.
- Wu G, Feng D, Zhang Z, Zhang G, Zhang W. 2022. Establishment of lung adenocarcinoma classification and risk model based on necroptosis-related genes. *Frontiers in Genetics* 13:1037011 DOI 10.3389/fgene.2022.1037011.
- Xian S, Dosset M, Almanza G, Searles S, Sahani P, Waller TC, Jepsen K, Carter H, Zanetti M.
   2021. The unfolded protein response links tumor aneuploidy to local immune dysregulation.
   *EMBO Reports* 22(12):e52509 DOI 10.15252/embr.202152509.
- Xu J, Zheng H, Yuan S, Zhou B, Zhao W, Pan Y, Qi D. 2019. Overexpression of ANLN in lung adenocarcinoma is associated with metastasis. *Thoracic Cancer* 10(8):1702–1709 DOI 10.1111/1759-7714.13135.
- Yan T, Qiu W, Weng H, Fan Y, Zhou G, Yang Z. 2021. Single-cell transcriptomic analysis of ecosystems in papillary thyroid carcinoma progression. *Frontiers in Endocrinology* 12:729565 DOI 10.3389/fendo.2021.729565.

- Yang M, Chen B, Kong L, Chen X, Ouyang Y, Bai J, Yu D, Zhang H, Li X, Zhang D. 2022. HMMR promotes peritoneal implantation of gastric cancer by increasing cell-cell interactions. *Discover Oncology* 13(1):81 DOI 10.1007/s12672-022-00543-9.
- Yang W, Yin Y, Bi L, Wang Y, Yao J, Xu L, Jiao L. 2021. MiR-182-5p promotes the metastasis and epithelial-mesenchymal transition in non-small cell lung cancer by targeting EPAS1. *Journal of Cancer* 12(23):7120–7129 DOI 10.7150/jca.60419.
- Yu G, Wang L-G, Han Y, He Q-Y. 2012. clusterProfiler: an R package for comparing biological themes among gene clusters. *Omics a Journal of Integrative Biology* 16(5):284–287 DOI 10.1089/omi.2011.0118.
- Yu X, Xie L, Ge J, Li H, Zhong S, Liu X. 2023. Integrating single-cell RNA-seq and spatial transcriptomics reveals MDK-NCL dependent immunosuppressive environment in endometrial carcinoma. *Frontiers in Immunology* 14:1145300 DOI 10.3389/fimmu.2023.1145300.
- Yu Z, Zhu J, Wang H, Li H, Jin X. 2022. Function of BCLAF1 in human disease. *Oncology Letters* 23(2):58 DOI 10.3892/ol.2021.13176.
- Zhang Y, Du H, Li Y, Yuan Y, Chen B, Sun S. 2020. Elevated TRIM23 expression predicts cisplatin resistance in lung adenocarcinoma. *Cancer Science* 111(2):637–646 DOI 10.1111/cas.14226.
- Zhang D, Zhao Y. 2023. Identification of natural killer cell associated subtyping and gene signature to predict prognosis and drug sensitivity of lung adenocarcinoma. *Frontiers in Genetics* 14:1156230 DOI 10.3389/fgene.2023.1156230.
- Zheng Y, Su Y, Ruan L, He Q, Gong L, Li J. 2023. Screening and biomarker assessment of ferroptosis genes FLT3 and ALOX5 in lung adenocarcinoma. *Oncologie* 25(3):281–289 DOI 10.1515/oncologie-2023-0090.