

Research Article

Open Access, Volume 1

Screening of hub-genes, key pathways, and targeted medications in laryngeal squamous cell carcinoma using bioinformatics analysis

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Received: Oct 03, 2021 Accepted: Nov 08, 2021 Published: Nov 12, 2021 Archived: www.jclinmedimages.org Copyright: © Zhao L (2021).

Abstract

For Identifying the hub-genes and targeted medications for regulating laryngeal squamous cell carcinoma (LSCC). Differently expressed mRNAs (DEMs) in LSCC were acquired from Gene Expression Omnibus (GEO) by GEO2R. Also, the hub-genes of LSCC were calculated with cyto Hubba and validated by The Cancer Genome Atlas (TCGA). Then, functional enrichment analyses, diagnostic and prognostic values, and therapeutic medications of hub-genes were explored. Subsequently, GSE51985, GSE84957, and GSE143224 were screened out from GEO. Accordingly, 515, 1720, and 848 DEMs were filtered from them, respectively. Total 34 up-regulated and 42 down-regulated DEMs, the intersections of the three datasets, were used for identifying the hub-genes. Finally, 10 up- and 10 down-regulated DEMs were defined as hub-genes and verified by TCGA. Followed analyses indicated that the hub-genes participated in the regulations of PI3K-Akt signaling pathway, metabolic pathways, pathways in cancer, and other signaling pathways and molecular functions. Moreover, certain hub-genes (LAMC2 and SPP1) presented potential diagnostic and prognostic values. Even, certain drugs may interact with these hub-genes. Meaningfully, the present study indicated that the hub-genes of LSCC involved in the pathogenesis of LSCC through PI3K-Akt signaling pathway, metabolic pathways, and pathways in cancer. Even, LAMC2 and SPP1 may be employed as the special markers for LSCC diagnosis or prognosis and may act as therapeutic targets for certain drugs (ASK-8007, Ocriplasmin or Calcitonin).

Keywords: laryngeal tumor; hub-gene; target therapy; TCGA; GEO; expression profile.

Citation: Liang Y, Zhao L. Screening of hub-genes, key pathways, and targeted medications in laryngeal squamous cell carcinoma using bioinformatics analysis. Open J Clin Med Images. 2021; 1(1): 1006.

Introduction

Laryngeal cancer is a multiple histological types of malignant tumor and around 98% of the malignancies are laryngeal squamous cell carcinomas (LSCC) [1]. The morbidity of laryngeal cancer is around at 2.76 cases/100,000 populations/year and has increased by 12% for the last three decades [2]. Meanwhile, the mortality of laryngeal cancer is around at 1.66 deaths/100,000 populations/year and has decreased by 5% [2]. Approximately 97% of the laryngeal cancer occurred in males and roughly 71% aged 51~70 years [1]. The five-year relative survival rate of laryngeal cancer is around 63% [3], but over 80% of the laryngeal cancer patients have the chance to survive for more than five years after undergoing radical surgery and systematic treatments [1]. However, the ascending in morbidity and descending in mortality means an increasing prevalence. In 2020, 177,422 new cases of laryngeal cancer are reckoned to occur in worldwide [4]. Furthermore, around 98% of the laryngeal cancer patients are diagnosed in advanced clinical stages (III~IV) [1]. All of these indicate that most of these patients will endure the laryngeal functional changes, even loss.

The heavy burden of laryngeal cancer directs researchers to explore the pathogenesis of LSCC, and to screen specific tumor markers and effective molecular targets. Prior studies have verified that multiple molecules participated in the occurrence and development of LSCC through diverse biological functions and mechanisms, involving genomics [5], transcriptomics [6], proteomics [7], and epigenetics [8]. For instance, circCORO1C, an over-expressed circular RNA in LSCC, accelerates the malignancy progression and the poor prognosis of LSCC patients through regulating the let-7c-5p/PBX3 pathway [9]. And, long non-coding RNA RP11-159K7.2 advances the proliferation and invasion ability of LSCC through up-regulating DNMT3A expression by complementary binding to miR-206, and shows the prognostic value for LSCC patients [10]. Additionally, certain functional proteins, such as FADS1, FOXJ1, and MMP2/3 also participate in the biological processes of LSCC by governing AKT/mTOR, Wnt/ β catenin, and PI3K/AKT-NF-kB pathways, respectively [11-13]. All of above studies suggest that it is feasible and significant to explore the potential biomarkers of LSCC.

Hence, the present study aimed to screen out the critical regulatory molecules that involved in the initiation and progression of LSCC through integrated analysis of multiple expression profiles. Consequently, the study identified and validated 10 upand 10 down-regulated hub-genes that affected the evolution of LSCC through PI3K-Akt and metabolic pathways, even other pivotal biological processes. Further analyses indicated the potential diagnostic and prognostic values of LAMC2 and SPP1 for LSCC. In addition, the study also preliminarily explored the therapeutic drugs interact with LAMC2 and SPP1. Significantly, the finding of the present study projected valuable references for the screening of specific tumor markers and effective targets for the diagnosis, prognosis, and target therapy of LSCC. The detailed analyses are as follows.

Materials & methods

Retrieving and filtering of expression profiles: According to the retrieval filters (Study type: Expression profiling by array and Attribute name: tissue) and search terms: LSCC OR "laryngeal squamous cell carcinoma", LSCC related mRNA expression

profiles were retrieved from Gene Expression Ominibus (GEO) DataSets (http://www.ncbi.nlm.nih.gov/geo/), a free repository tool for querying and downloading expression profiles [14]. The retrieved profiles were further filtered according to the screening criteria: (1) mRNA profiles; (2) data deriving from cancerous tissues and paired normal tissues; (3) retrieval period: from initial to May 04, 2020, the retrieval date.

Screening of differential expressed genes: Based on the default false discovery rate (Benjamini & Hochberg) and P<0.05, the differential expressed mRNAs (DEMs) in LSCC were screened with GEO2R (https://www.ncbi.nlm.nih.gov/geo/info/geo2r. html), an interactive software for identifying the ectopic genes in different groups [15]. Followed, the significant DEMs (adjust P<0.05 and log2 (fold change) \leq 1 or \geq -1)) were further screened manually.

Creating of protein-protein interaction networks and identifying of hub-genes: After acquiring the DEMs of each included profile, the intersections of all included profiles were calculated by an online software, Venn Diagrams (http://bioinformatics. psb.ugent.be/beg/tools/venn-diagrams). Based on the intersections, the protein-protein interaction (PPI) networks for up- and down-regulated DEMs were created with Cytoscape (version 3.6.0) [16] and STRING (version 11.0) (https://stringdb.org) [17]. Followed the construction of PPI networks, hubgenes were screened through a Cytoscape plugin cytoHubba [18]. Hub-genes were defined as the top 10 of node scores.

Acquiring of the mRNA profile for verification of hub-genes: For verifying the expression levels of hub-genes, a novel mRNA profile was achieved from The Cancer Genome Atlas (TCGA) (https://www.cancer.gov/tcga) [19], through SangerBox (version 1.0.9) (http://soft.sangerbox.com/), an integrated bioinformatics analysis software, which can be used for data acquisition from TCGA conveniently. Procedure: launch TCGA downloading tool (version 16) by clicking on the icon, double click "Head and Neck Squamous Cell Carcinoma (TCGA-HNSC)" on the left of dialog, select "all transcriptome data" in the pop-up dialog, select "HTSeq-FPKM-UQ (544)" in the drop-down. Use the same procedure to download clinical follow-up data. After acquiring the mRNA profile from TCGA, the expression values of hub-genes were calculated as log2 (TPM+1), (TPM, transcripts per million) [20].

Analyzing of functional enrichment for DEMs: For exploring the biological functions and possible mechanisms of DEMs, especially for hub-genes, Gene Ontology (GO) and Kyoto Encyclopedia of Genes and Genomes (KEGG) pathway analyses were completed with The Database for Annotation, Visualization and Integrated Discovery (DAVID) database (version 6.8) (https:// david.ncifcrf.gov), an interactive project [21].

Evaluation of the clinical implications for hub-genes: Receiver operating characteristic (ROC) curve and area under ROC curve (AUC) were employed for evaluating the diagnosis and prognosis potential, respectively. The Drug and Gene Interaction Database (DGIdb) (https://dgidb.genome.wustl.edu/) were used to identify the drugs interacted with some hub-genes [22].

Statistical analysis

Independent sample t-test (normal distribution data) or Mann-Whitney U test (non-normal distribution data) was used for measuring the expression levels of hub-genes. Chi square test was used for overall survival analysis. SPSS 22.0 software (IBM SPSS, USA) and GraphPad Prism 7 software (GraphPad Software Inc., USA) were used for statistical analysis and the visualization of results. P<0.05 indicates a significant difference.

Results

LSCC related mRNA expression profiles in GEO DataSets: According to the retrieval filters and search terms, total seven expression profiles were preliminarily retrieved (Retrieval date May 04, 2020). Of them, GSE88862 (a de facto lung squamous cell carcinoma profile, also abbreviated as LSCC), and GSE148944 (an oral tongue squamous cell carcinoma profile) were firstly removed by browsing the titles. After that, GSE59102 and GSE123986, deriving from unpaired LSCC tissues, were further excluded by learning the research methods. Ultimately, GSE51985, GSE84957, and GSE143224, meeting the screening criteria, were included in the subsequent analyses (Figure 1). Of the above three profiles, GSE51985 with 10 paired LSCC samples, was submitted on November 02, 2013 and updated on August 22, 2019 [23]. GSE84957 with nine paired samples, was submitted on July 28, 2016 and updated on March 30, 2017 [24]. And, GSE143224 with 14 paired samples, was submitted on January 07, 2020 and updated on March 23, 2020 [25].



Distribution of DEMs was not exactly identical in different expression profiles: After screening the qualified expression profiles, the DEMs for each profile was preliminarily screened and downloaded with GEO2R according to the default parameters. Secondly, the DEMs were further selected by manually following the threshold (adjust P<0.05 and log2 (fold change) ≥ 1 or \leq -1). Finally, total 515, 1720, and 854 DEMs were screened out from GSE51985, GSE84957, and GSE143224, respectively. Added, the intersections of the above three profiles were calculated with Venn diagram. Accordingly, total 34 up-regulated and 42 down-regulated DEMs were included in the intersections (Figure 1, 2A~B).

PPI networks showed that the interaction among the hubgenes was complicated: Considering the intersection of the upor the down-regulated DEMs, the PPI networks were constructed with Cytoscape separately. The network diagrams showed that the interactions of the DEMs were complicated, especially for up-regulated DEMs (Figure S1). Further, the top 10 of the node scores were extracted with cytoHubba and defined as the hub-genes. The up-regulated hub-genes were as follows: LAMC2, FOXM1, COL4A2, SNAI2, MMP3, SPP1, PLAUR, IGFBP3, MMP1, and PLAU. The down-regulated hub-genes were as follows: FUT6, EPHX2, ATP6V0A4, CYP2J2, ST6GALNAC1, ST3GAL4, GALNT12, MUC1, GCNT3, and LEPR (Figure 3A~B).



Figure 2: Venn diagrams. A: the intersections of up-regulated differential expressed mRNAs, B: the intersections of down-regulated differential expressed mRNAs.



Figure S1: Protein-protein interaction networks of differential expressed mRNAs. Nodes represent the differential expressed mRNAs and lines represent the interactions among the differential expressed mRNAs. Line thickness indicates the strength of confidence.



Figure 3: Protein-protein interaction networks of hub-genes. A: the up-regulated hub-genes, B: the down-regulated hub-genes. Nodes represent the hub-genes and lines represent the interactions among hub-genes.





Figure 5: Diagnostic and prognostic values of hub-genes. A: the diagnosis analyses of hub-genes, B: the prognosis analyses of hub-genes. ROC: receiver operating characteristic, AUC: area under ROC curve, CI: 95% confidence interval, HR: hazard ratio (log-rank). High and low expression groups were divided according to the median expression level. X-axis means the overall survival times.

Evaluating of the expression values for the hub-genes in TCGA: For verifying the expression tendency of the hub-genes, a novel mRNA expression profile associated with head and neck squamous cell carcinoma was downloaded from TCGA by SangerBox, consisting of 500 cancerous samples and 44 normal samples (Retrieval date May 06, 2020). For improving the accuracy and pertinence of the analyses, the data related to LSCC was further selected manually, consisting of 111 cancerous samples and 12 normal samples. All of the hub-genes expression levels in TCGA were consistent with that in GEO profiles (Figure 4A~B).

Hub-genes participated in plenty of biological processes and pathways of LSCC: For analyzing the biological functions of DEMs, especially for hub-genes, GO analysis showed that hubgenes were involved in various biological processes (extracellular matrix disassembly/organization, O-glycan processing, or protein glycosylation) and multiple molecular functions (serinetype endopeptidase activity, metalloendopeptidase activity, or toxic substance binding) as diverse cellular components (extracellular region/matrix/space, extracellular exosome, or apical plasma membrane) (Retrieval date May 06, 2020) (Table 1~2). KEGG pathway analyses presented that hub-genes participated in multiple pathways (PI3K-Akt pathway, Pathways in cancer, or Metabolic pathways) (Retrieval date May 06, 2020) (Table 1~2).

Diagnosis and prognosis values of hub-genes associated with PI3K-Akt signaling pathway: Prior researches have demonstrated that PI3K-Akt pathway effects on the initiation and progression of LSCC [13,26-28]. Based on the previous findings, the present study further analyzed the potential clinical values of COL4A2, LAMC2, and SPP1, which enriched in PI3K-Akt signaling pathway. ROC curve analyses demonstrated that COL4A2, LAMC2, and SPP1 presented potential diagnostic values with 0.993, 0.911, and 0.951 AUC (P<0.001), respectively (Figure 5A). Unfortunately, the overall survival analyses showed no significant correlations between the expression levels of CO-L4A2, LAMC2, and SPP1 and the overall survival times (P>0.05) (Figure 5B). Nevertheless, patients showing high expression values of LAMC2 or SPP1 seemingly survived shorter than patients showing low values based on the present data.

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Therapeutic medications interacted with COL4A2, LAMC2, and SPP1: For identifying the therapeutic values of COL4A2, LAMC2, and SPP1, the three hub-genes were submitted into DGIdb. The results presented that some drugs may interacted with the above-mentioned three hub-genes (Retrieval data Dec. 10, 2020) (Table 3).

Discussion

As a common malignant tumor of head and neck, the researches on LSCC have obtained remarkable achievements, covering laboratory and clinical researches [6,7,29,30]. However, the pathogenesis of LSCC has not been well elucidated. The specific tumor markers and effective molecular targets are still deficient. Considering the above-mentioned, the present study screened out the hub-genes that exerted pivotal molecular functions in the initiation and progression of LSCC through bioinformatics analyses. The detailed analyses demonstrated that plentiful aberrantly expressed mRNAs consisted in LSCC. The DEMs, especially the hub-genes, independently or synergistically participated in the occurrence and development of LSCC, through diversity molecular functions and signaling pathways. For instance, the functional enrichment analyses and PPI networks showed that the up-regulated hub-genes, COL4A2 and LAMC2, were synergistically involved in the regulation of PI3K-Akt pathway, Pathways in cancer, and ECM-receptor interaction. Even, COL4A2 and LAMC2 presented significant diagnostic values and potential prognostic values.

Expression profile analyses were extensively applied to the researches on diversity cancers, including nasopharyngeal carcinoma [31], hepatocellular carcinoma [32], osteosarcoma [33], cholangiocarcinoma [34], and LSCC [35,36]. In addition to the original researches, the re-analyses of expression profiles also presented significant roles in tumor related studies [37-39]. For instance, TCGA database was adopted to discern the relationship between cellular heterogeneity and the prognosis of LSCC patients [40]. Added, TCGA combined with bioinformatics analyses proposed the significant prognostic value of long non-coding RNAs for LSCC [41] and speculated the possibility of the homeobox A cluster gene family as specific targets of LSCC targeted therapy [42]. Furthermore, a weighted gene co-expression analysis of GEO profile distinguished the hub-genes participating in the evolution of LSCC [43].

In view of previous research methods and achievements, the present study proceeded from screening the DEMs of LSCC through mining expression profiles of LSCC in GEO Data Sets. For improving the reliability and veracity of present analysis, the current study extracted the DEMs from three independent profiles and brought the intersections of the three groups of DEMs into subsequent analyses. The DEMs, simultaneously altered in certain cancerous tissues, may exert synergistic or antagonistic effects on the cellular biological processes [44, 45]. Consistently, PPI networks and functional enrichment analyses of the present study demonstrated that multiple up-regulated or down-regulated DEMs, especially the hub-genes, enriched in the identical pathway or GO term. For instance, 14 up-regulated DEMs, including seven hub-genes, concurrently enriched in the common GO term, extracellular region (GO: 0005576). Mean-

 Table 1: Functional enrichment analysis of up-regulated miRNAs.

		1		
Category	Count	P-value	Genes	
GOTERM-CC				
GO:0005576~extracellular region	14	1.33×10 ⁻⁶	COL4A2, COL4A1, STC2, FST, MMP3, MMP1, MMP11, PTHLH, LAMB3, TGFBI, LAMC2, IGFBP3, PLAU, SPP1	
GO:0031012~extracellular matrix	5	0.001714	COL4A2, COL4A1, TGFBI, MMP1, MMP11	
GO:0005615~extracellular space	9	0.001848	PTHLH, STC2, TGFBI, LAMC2, MMP3, IGFBP3, SERPINH1, PLAU, SPP1	
GO:0048471~perinuclear region of cytoplasm	6	0.004246	LAMP3, STC2, MYO1B, CLIC4, LAMC2, SPP1	
GO:0005788~endoplasmic reticulum lumen	4	0.004561	COL4A2, COL4A1, SERPINH1, PLAUR	
GO:0005587~collagen type IV trimer	2	0.010491	COL4A2, COL4A1	
GO:0005578~proteinaceous extracellular matrix	4	0.011387	TGFBI, MMP3, MMP1, MMP11	
GO:0070062~extracellular exosome	11	0.018709	WARS, COL4A2, KRT17, MYO1B, CLIC4, TGFBI, IGFBP3, SERPINH1, PLAU, SPP1, PLAUR	
GOTERM-MF				
GO:0004252~serine-type endopeptidase activity	4	0.010235	MMP3, MMP1, PLAU, MMP11	
GO:0004222~metalloendopeptidase activity	3	0.017098	MMP3, MMP1, MMP11	
GO:0050840~extracellular matrix binding	2	0.045227	TGFBI, SPP1	
GOTERM-BP				
GO:0022617~extracellular matrix disassembly	6	2.17×10 ⁻⁷	LAMB3, LAMC2, MMP3, MMP1, SPP1, MMP11	
GO:0030574~collagen catabolic process	5	4.88×10 ⁻⁶	COL4A2, COL4A1, MMP3, MMP1, MMP11	
GO:0030198~extracellular matrix organization	6	2.31×10 ⁻⁵	COL4A2, LAMB3, COL4A1, TGFBI, LAMC2, SPP1	
GO:0008544~epidermis development	4	4.60×10 ⁻⁴	PTHLH, LAMB3, KRT17, LAMC2	
GO:0001525~angiogenesis	4	0.007203	WARS, COL4A2, CLIC4, TGFBI	
GO:0051798~positive regulation of hair follicle devel- opment	2	0.010673	KRT17, FST	
GO:0038063~collagen-activated tyrosine kinase receptor signaling pathway	2	0.010673	COL4A2, COL4A1	
GO:0071711~basement membrane organization	2	0.014206	COL4A1, MMP11	
GO:0001649~osteoblast differentiation	3	0.014762	SNAI2, IGFBP3, SPP1	
GO:0044267~cellular protein metabolic process	3	0.018735	TGFBI, IGFBP3, MMP1	
KEGG PATHWAY				
hsa04512:ECM-receptor interaction	5	3.87×10 ⁻⁵	COL4A2, LAMB3, COL4A1, LAMC2, SPP1	
hsa05222:Small cell lung cancer	4	9.08×10 ⁻⁴	COL4A2, LAMB3, COL4A1, LAMC2	
hsa04510:Focal adhesion	5	0.001071	COL4A2, LAMB3, COL4A1, LAMC2, SPP1	
hsa05146: Amoebiasis	4	0.001721	COL4A2, LAMB3, COL4A1, LAMC2	
hsa04151:PI3K-Akt signaling pathway	5	0.006998	COL4A2, LAMB3, COL4A1, LAMC2, SPP1	
hsa05200:Pathways in cancer	5	0.011028	COL4A2, LAMB3, COL4A1, LAMC2, MMP1	

 Table 2: Functional enrichment analysis of down-regulated miRNAs.

Category	Count	P-value	Genes
GOTERM-CC			
GO:0070062~extracellular exosome	20	1.07×10 ⁻⁶	MUC1, C7, GCNT3, CAPN5, CAB39L, CYP2J2, FUT6, FAM3B, IL1RN, EPHX2, UBL3, GPD1L, GGT6, COL14A1, ST3GAL4, NUCB2, SH3B- GRL2, NDRG2, ATP6V0A4, CFD

GO:0016324~apical plasma membrane	4	0.024118	MUC1, SORBS2, STK39, ATP6V0A4	
GO:0005794~Golgi apparatus	6	0.035755	ST3GAL4, FUT6, HSPB8, NUCB2, NDRG2, ST6GALNAC1	
GO:0000139~Golgi membrane	5	0.036767	GCNT3, ST3GAL4, FUT6, GALNT12, ST6GAL- NAC1	
GOTERM-MF				
GO:0015643~toxic substance binding	2	0.023911	EPHX2, CYP4B1	
GO:0008373~sialyltransferase activity	2	0.037602	ST3GAL4, ST6GALNAC1	
GO:0005125~cytokine activity	3	0.048769	FAM3D, FAM3B, IL1RN	
GOTERM-BP				
GO:0016266~O-glycan processing	4	2.62×10 ⁻⁴	MUC1, GCNT3, ST3GAL4, GALNT12	
GO:0006486~protein glycosylation	3	0.023113	ST3GAL4, FUT6, ST6GALNAC1	
GO:0006957~complement activation, alternative pathway	2	0.026769	C7, CFD	
GO:0019373~epoxygenase P450 pathway	2	0.036879	CYP2J2, EPHX2	
GO:0001574~ganglioside biosynthetic process	2	0.036879	ST3GAL4, ST6GALNAC1	
GO:0097503~sialylation	2	0.040894	ST3GAL4, ST6GALNAC1	
KEGG PATHWAY				
hsa00512:Mucin type O-Glycan biosynthesis	3	0.003550	GCNT3, GALNT12, ST6GALNAC1	
hsa01100:Metabolic pathways	10	0.004317	GCNT3, GGT6, CYP2J2, ST3GAL4, FUT6, EPHX2, ATP6V0A4, GALNT12, ST6GALNAC1, ACOX3	

GO: gene ontology, CC: cellular components, MF: molecular functions, BP: biological processes, KEGG: Kyoto Encyclopedia of Genes and Genomes. The red indicates the hub-genes.

Table 3: Drugs interacted with COL4A2, LAMC2, and SPP1.							
Gene	Drug	Interaction types	Sources	Interaction score	PubMed ID		
COL4A2	Collagenase Clos- tridium Histolyti- cum	N/A	ChemblInteractions	0.68	None found		
COL4A2	Navoximod	N/A	TTD	6.31	None found		
COL4A2	Ocriplasmin	N/A	ChemblInteractions	0.49	None found		
LAMC2	Ocriplasmin	N/A	ChemblInteractions	1.46	None found		
SPP1	ASK-8007	Inhibitor	ChemblInteractions	9.47	None found		
SPP1	Calcitonin	N/A	NCI	3.16	8013390		
SPP1	Alteplase	N/A	NCI	0.9	12009309		
SPP1	Wortmannin	N/A	NCI	0.51	14703434		
SPP1	Gentamicin	N/A	NCI	0.82	11274264		
SPP1	Tacrolimus	N/A	NCI	0.56	16103732		

ChemblInteractions: The ChEMBL Bioactivity Database, TTD: Therapeutic Target Database, NCI: NCI Cancer Gene Index.

while, the analysis also indicated that 10 down-regulated DEMs, including eight hub-genes, simultaneously enriched in the metabolic pathways (has 01100). The above-mentioned phenomena suggested that the hub-genes, concurrently located in the same GO term or pathway, exerted similar or opposite effects on the identical biological behavior.

Remarkably, of the enriched pathways, PI3K-Akt pathway, a pivotal pathway regulating epithelial-mesenchymal transition [13,46], covered three hub-genes (COL4A2, LAMC2, SPP1). Consequently, the present study speculated that the three hub-genes may affect the initiation and progression of LSCC. The further analyses suggested that all of the three hub-genes presented significant diagnostic values with more than 0.9 AUC. Moreover, the prognostic analyses suggested that the patients showing low expression values of LAMC2 or SPP1 apparently presented the better prognosis, though the statistic difference was not significant. In addition, the present analyses also explored the therapeutic agents, such as Navoximod, Ocriplasmin, and ASK-8007, which may interact with COL4A2, LAMC2 or SPP1. The above finding furnished a valuable reference for subsequent research.

Herein, the present study screened 34 up- and 42 downregulated DEMs through mining expression profiles. Of the DEMs, 10 up- and 10 down-regulated hub-genes were defined through a series of bioinformatics analyses. Furthermore, detailed analyses suggested that the hub-genes playing pivotal roles in the initiation and progression of LSCC through PI3K-Akt pathway, pathways in cancer, and metabolic pathways. Even, as the members of PI3K-Akt pathway, the hub-genes, LAMC2 and SPP1, presented the significant diagnostic values and potential prognostic values. In addition, some drugs, ASK-8007, Ocriplasmin or Calcitonin may interact with LAMC2 or SPP1. The present study furnished significant references for the further researches on exploring the pathogenesis and targeted therapy of LSCC.

Declarations

Author contributions: Conceptualization, Data curation, Methodology, and Validation, YUAN LIANG and LEI ZHAO; Writing-original draft, YUAN LIANG; Writing - review & editing and Project administration, LEI ZHAO.

Ethical compliance: Not applicable.

Conflicts of Interest: There are no conflicts to declare.

Acknowledgements: All of the analyses benefited from the free public databases, as follows: GEO, TCGA, Cytoscape, STRING, DIVID and DGIdb. This study was funded by Hebei Medical Science Research Program [NO. 20200575]; Medical Science Foundation of Hebei University [NO. 2021B16]; Foundation Project of Affiliated Hospital of Hebei University [NO. 2019Q029].

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