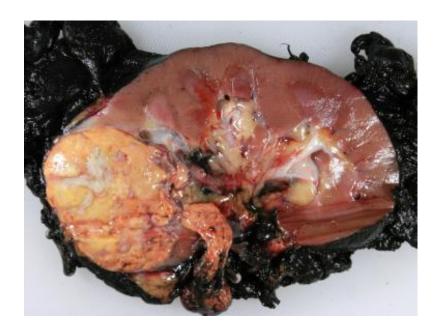


ADAM MICKIEWICZ UNIVERSITY IN POZNAŃ

Faculty of Biology

Diagnostics of ccRCC

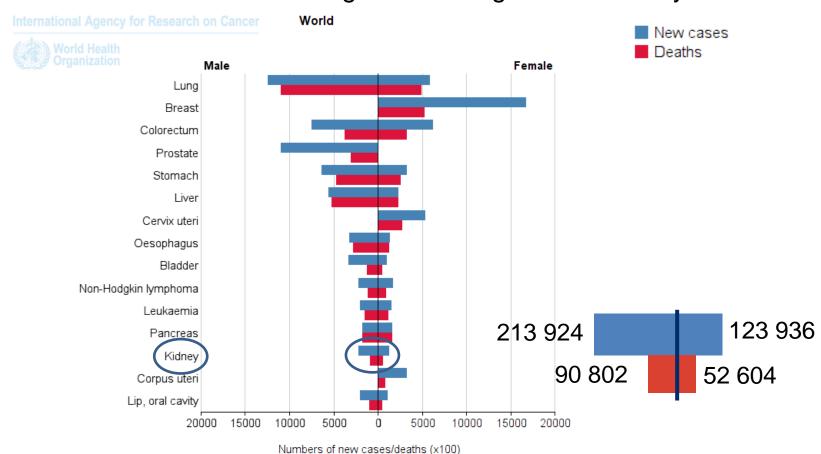


Hans Bluyssen 26-04-2021



Kidney cancer incidence

2-3% of all adult malignancies diagnosed annually

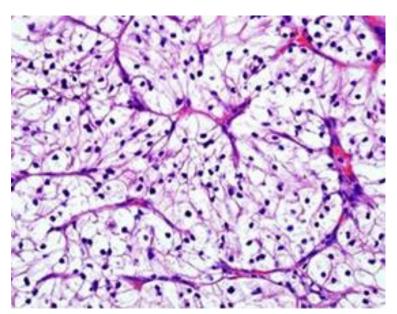


Source: Globocan 2012 (IARC)



Clear Cell Renal Cell Carcinoma (ccRCC)

- the most common form of kidney cancer renal cell carcinoma (RCC)
- ccRCC 70-80% of RCC cases



Tissue section from a clear cell renal cell carcinoma (ccRCC)





Factors increasing the risk of developing kidney cancer







Administration of certain medications:

diuretics and pain-killers



asbestos, cadmium, lead, herbicides or organic solvents

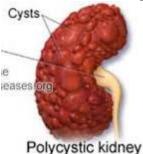
- Acquired cystic disease of the kidney
- Genetic predisposition:

family members with kidney cancer; von Hippel-Lindau syndrom











DIAGNOSIS

Only 10% of patients display the classical triad of symptoms:

- hematuria
- flank pain





weight loss, hypertension, fatigue





Clinical classification: TNM CANCER STAGE

TABLE 3: TNM staging of renal cell carcinoma

Primary tumor (T)

TX Primary tumor cannot be assessed TO No evidence of primary tumor in the kidneys T1 Tumor ≤ 7 cm in greatest dimension, limited to the kidneys T1a Tumor ≤ 4 cm in greatest dimension, limited to the kidneys T₁b Tumor > 4 cm but not > 7 cm in greatest dimension, limited to the kidneys T2 Tumor > 7 cm in greatest dimension, limited to the kidneys T2a Tumor > 7 cm but not > 10 cm in greatest dimension, limited to the kidneys T2b Tumor > 10 cm in greatest dimension, limited to the kidneys T3 Tumor extends into major veins or perinephric issues, but does not invade the adrenal gland or spread beyond Gerota's fascia ТЗа Tumor spreads into renal vein or its muscles or perirenal and/or renal sinus fat, but not beyond Gerota's fascia T3b Tumor grossly extends into vena cava below the diaphragm T3c Tumor grossly extends into the vena cava above the diaphragm or invades the wall of the vena cava T4 Tumor invades beyond Gerota's fascia and extends into the contiguous adrenal gland

Regional lymph nodes (N)

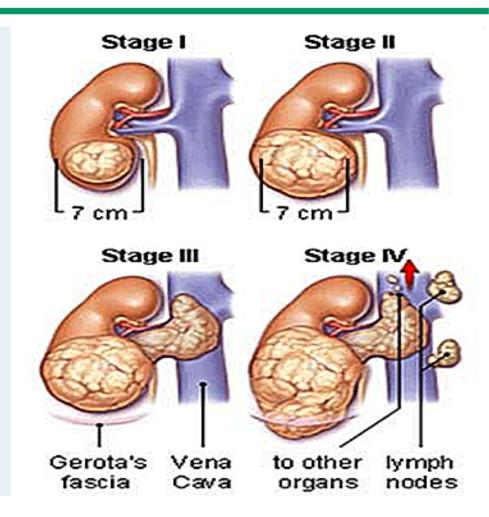
NX Regional lymph nodes cannot be assessed

NO No regional lymph node metastasis

N1 Metastasis to regional nodes

Distant metastasis (M)

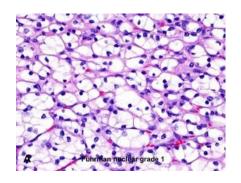
M0 No distant metastasis
M1 Distant metastasis

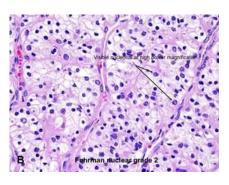


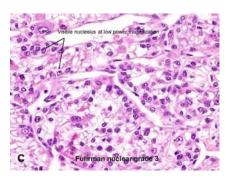


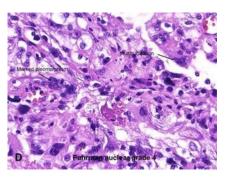
Clinical classification: **FUHRMAN NUCLER GRADE**

	Nuclear Diameter	Nuclear Shape	Nucleoli	
Grade I	Small (10 micrometres)	Round, uniform	Absent, inconspicuous	
Grade II	Larger (15 micrometres)	Irregularities in outline	Visible at 400x	
Grade III	Even larger (20 micrometres)	Obvious irregular outline	Prominent at 100x	
Grade IV	As grade III	As grade III	Bizarre multi-lobed with spindles	









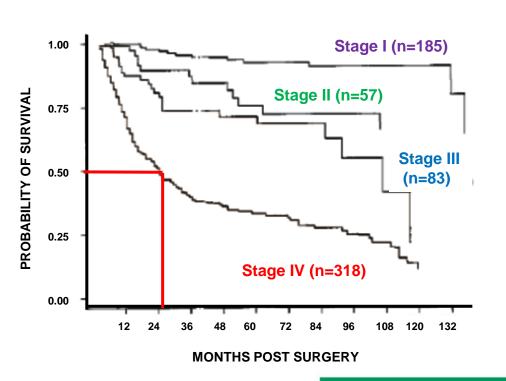
IV



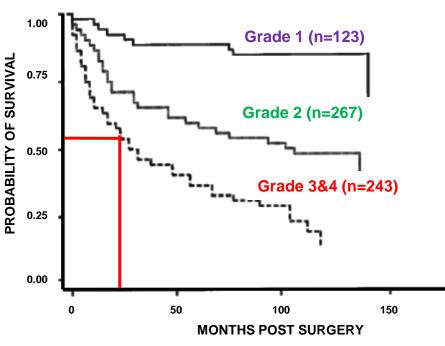
ccRCC - prognosis

Five-year cancer specific survival

tumor TNM stage



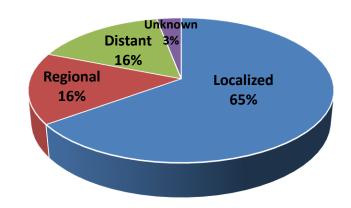
Fuhrman grade





Therapy of ccRCC



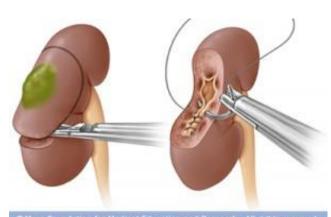


TNM stage IV: nephrectomy + systemic therapy (targeted / immune therapy)

TNM stage I-III: nephrectomy

- •Surgery (radical nephrectomy or partial nephrectomy).
- •Surgery (nephrectomy), before or after radiation therapy.
- •Radiation therapy as palliative therapy to relieve symptoms in patients who cannot have surgery.
- Arterial embolization as palliative therapy.





Mayo Foundation for Medical Education and Research. All rights reserved



Clinical issues

- DIAGNOSIS "classic triad" appears only in 10% of patients
- CLASSIFICATION remains mostly morphology based, prognostic methods have not changed over the past decade
- BIOMARKERS ????
- TREATMENT tumor is resistant to conventional therapies; rate of complete response is low

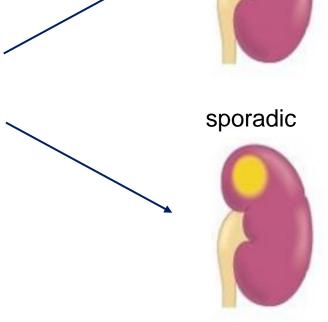


ccRCC - genetic background

von Hippel-Lindau disease - hereditary

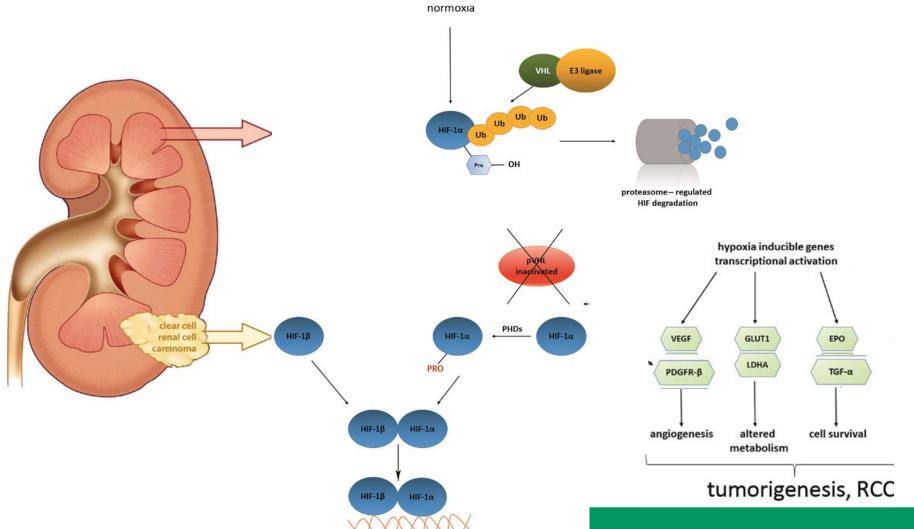
loss of VHL gene inactivated VHL: mutations, promoter hypermethylation

loss of p arm of chromosome 3 harboring VHL gene (70-80%) or loss of heterozygosity (LOH) at 3p



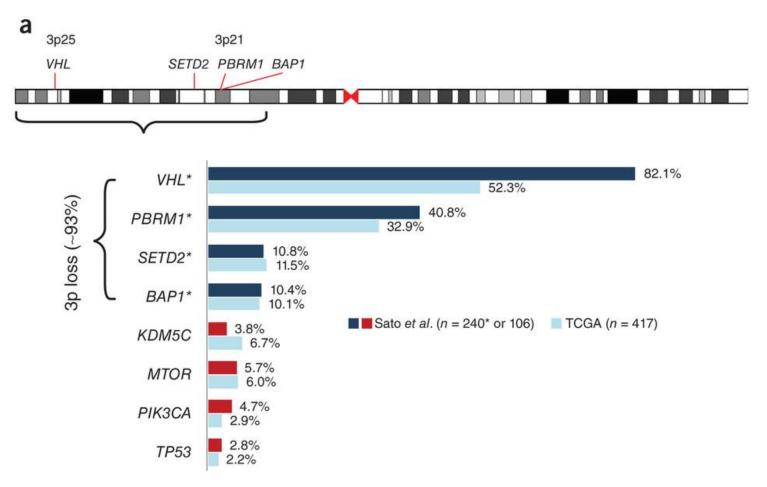


VHL function - response to oxygen concentration



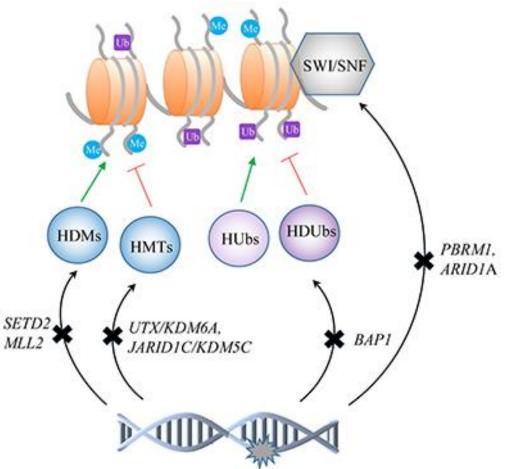


Other genes frequently mutated in ccRCC

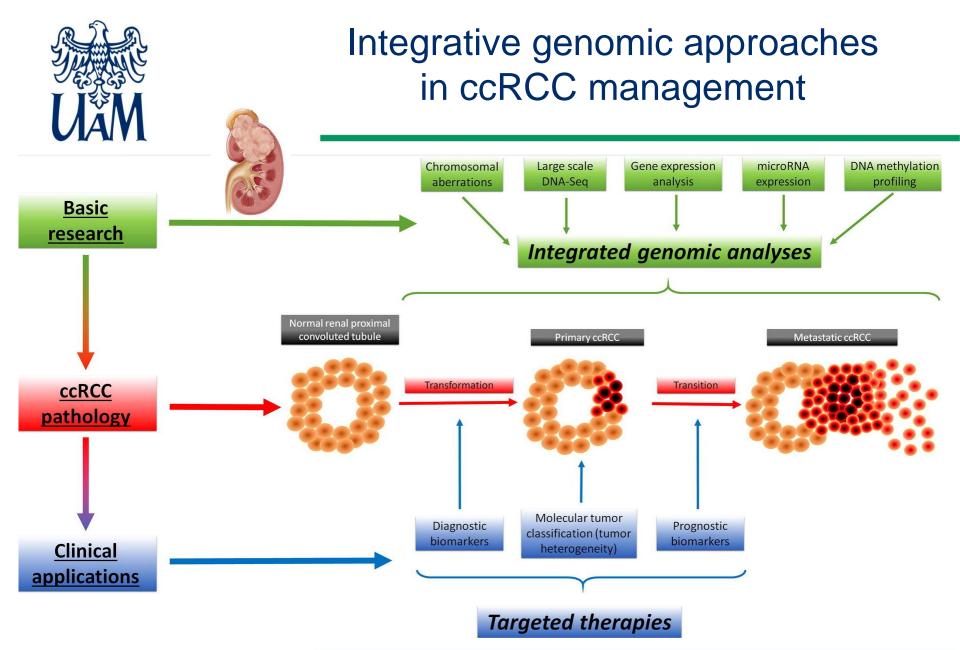




Chromatin remodelling



Histone Modification

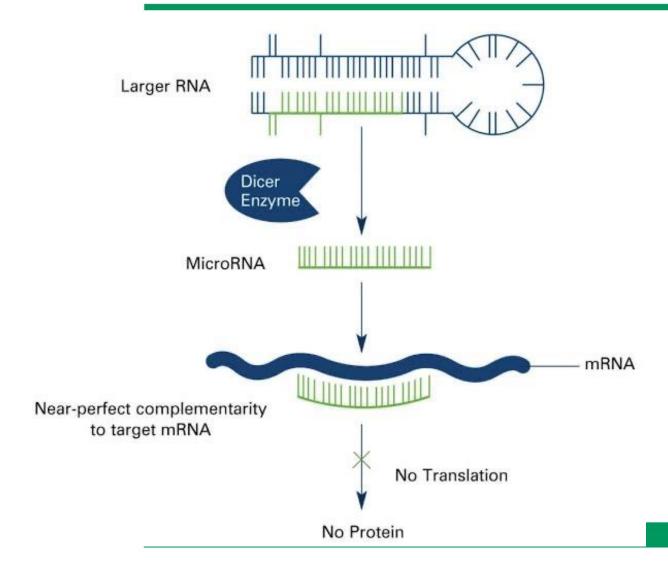




microRNAs?

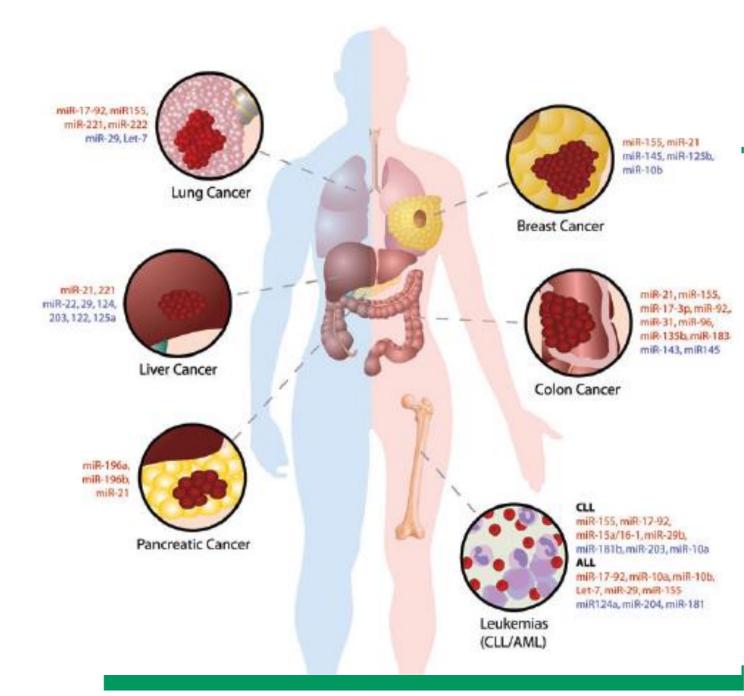


microRNAs

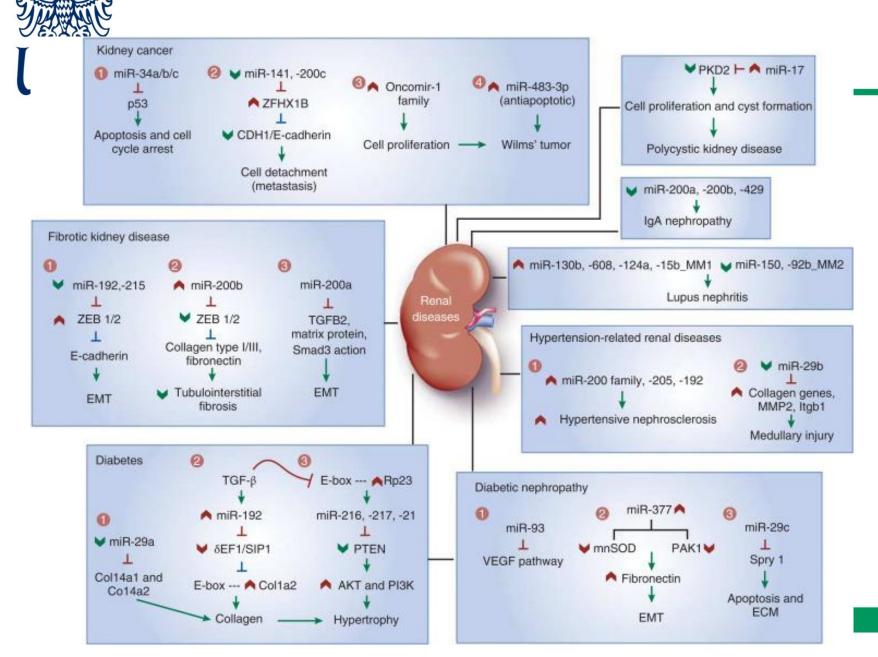




miRNAs in Cancer



miRNAs in ccRCC





Research questions

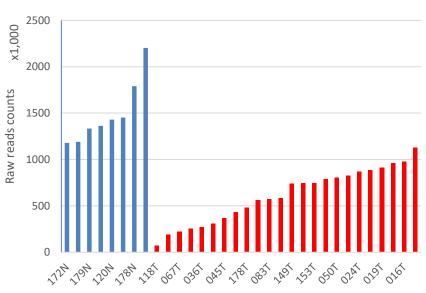


Are miRNAs efficient ccRCC biomarkers?

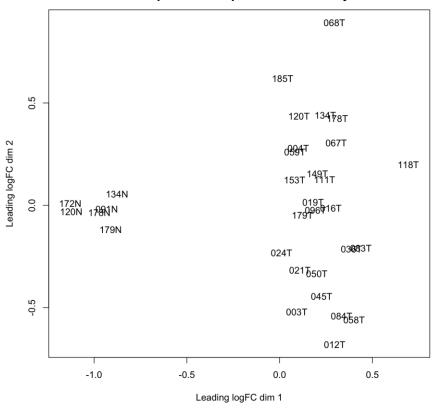
What is the role of miRNAs in ccRCC etiology and/or progression?

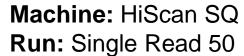


miRNA in polish ccRCC patients









Normal – 6

Tumor – 26

Reads: 100,000 – 2,200,000

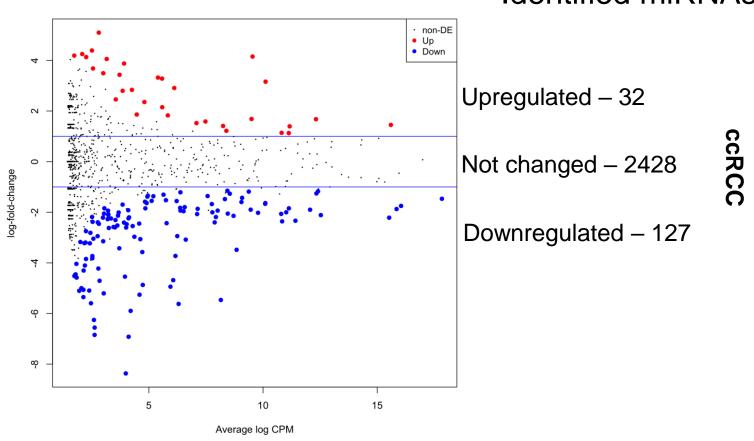




Differential expression of miRNA in ccRCC tumors



Identified miRNAs – 2587





Research question



Which common miRNAs are deregulated in ccRCC?



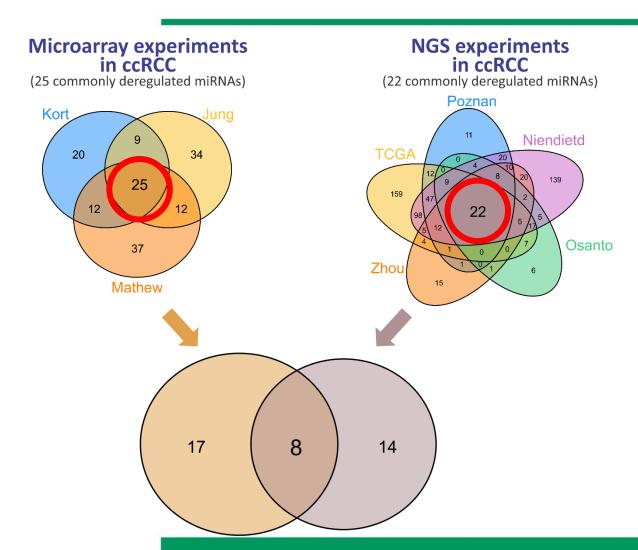
Commonly deregulated miRNAs in ccRCC– experiments in meta-analysis

RCC subtype	Deregulated miRNAs		Samples		Experiment	Ref.	
ncc subtype	Down	Up	Normal	Tumor	Experiment	Nei.	
ccRCC	127	32	6	26	NGS	LHTT, Poznań, Poland	
ccRCC	76	30	10	10	NGS	Zhou L, 2010	
ccRCC	44	42	11	15	NGS	Osanto S, 2012	
ccRCC	243	181	18	18	NGS	Nientiedt M, 2016	
ccRCC	165	233	71	512	NGS	TCGA (dbDEMC2)	
ccRCC	33	33	8	8	Microarray	Kort EJ, 2008 (dbDEMC2)	
ccRCC	32	48	12	12	Microarray	Jung M, 2009 (dbDEMC2)	
ccRCC	49	48	13	13	Microarray	Mathew LK, 2014 (dbDEMC2)	

A. Kajdasz, J.Wesoly, 2020

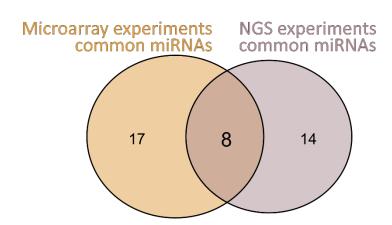


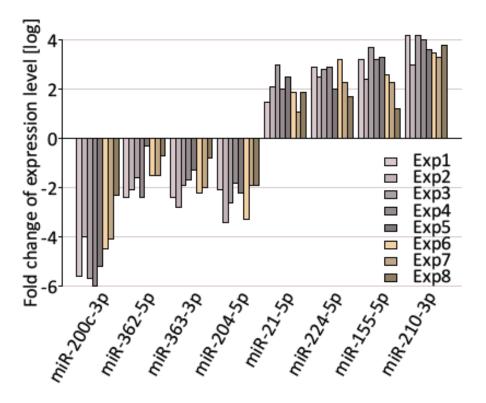
Commonly deregulated miRNAs in ccRCC





Commonly deregulated miRNAs in ccRCC







Commonly deregulated miRNAs in other RCC subtypes – meta-analysis

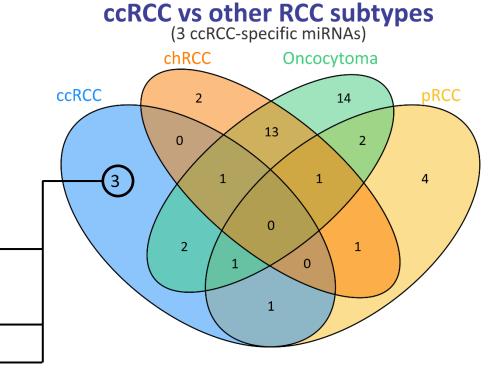
Α	No.	RCC subtype	Deregulated miRNAs		Samples		Experiment	Ref.
			Down	Up	Ctrl	RCC	type	
	Exp1	ccRCC	127	32	6	24	NGS	This work
	Exp2	ccRCC	76	30	10	10	NGS	[25]
	Exp3	ccRCC	44	42	11	15	NGS	[26]
	Exp4	ccRCC	243	181	18	18	NGS	[27]
	Exp5	ccRCC	165	233	71	512	NGS	TCGA (dbDEMC2.0)
	Exp6	ccRCC	33	33	8	8	Microarray	[35]
	Exp7	ccRCC	32	48	12	12	Microarray	[36]
	Exp8	ccRCC	49	48	13	13	Microarray	[37]
	Exp9	pRCC	153	245	34	290	NGS	TCGA (dbDEMC2.0)
	Exp10	pRCC	35	42	4	4	Microarray	[35]
	Exp11	pRCC	17	17	18	7	Microarray	[38]
	Exp12	chRCC	171	180	25	66	NGS	TCGA (dbDEMC2.0)
	Exp13	chRCC	12	6	4	4	Microarray	[35]
	Exp14	onco.	14	20	20	14	Microarray	[35]

- pRCC papillary renal cell carcinoma 15% of RCC
- chRCC chromophobe renal cell carcinoma 5% of RCC
- Oncocytoma 5% of RCC



Specifically deregulated miRNAs in ccRCC vs. other RCC subtypes

miRNA ID	Expression status	log ₂ FC LHTT
miR-200c-3p	DOWN	-5.6
miR-362-5p	DOWN	-2.4
miR-363-3p	DOWN	-2.4
miR-204-5p	DOWN	-2.1
miR-21-5p	UP	1.5
miR-224-5p	UP	2.9
miR-155-5p	UP	3.2
miR-210-3p	UP	4.2





Research question



Are miRNAs efficient ccRCC biomarkers?



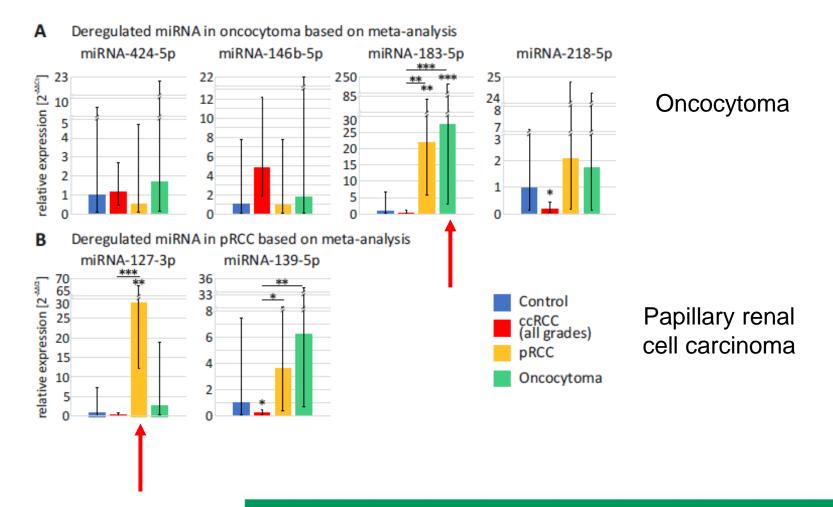
Validation of miRNA deregulation in ccRCC

non-ccRCC - 13

ccRCC - 24



Validation of miRNA deregulation in non-ccRCC tumors





Validation of miRNA deregulation in ccRCC tumors

2

Downregulated miRNA in ccRCC based on meta-analysis miRNA-200c-3p miRNA-362-5p miRNA-363-3p miRNA-204-5p § 3.0⊦ 2.5 2.1 7.0 ** 2.6 2.2 1.0 relative expression [2] 1.2 0.8 0.6 0.0 0.0 0.0 2.1 1.0 8.0 1.0 0.8 0.8 Control 0.6 0.6 ccRCC (all grades) 0.6 0.4 0.4 0.4 pRCC 0.2 0.2 0.2 Oncocytoma Upregulated miRNA in ccRCC based on meta-analysis D miRNA-21-5p miRNA-224-5p miRNA-210-3p miRNA-155-5p 96 162 25 relative expression [2⁻⁴⁰³] 14 34 NS 28 NS 24 22 12 14 16 12 10 12 10 10

12

NS



Validation of miRNA deregulation in ccRCC tumors

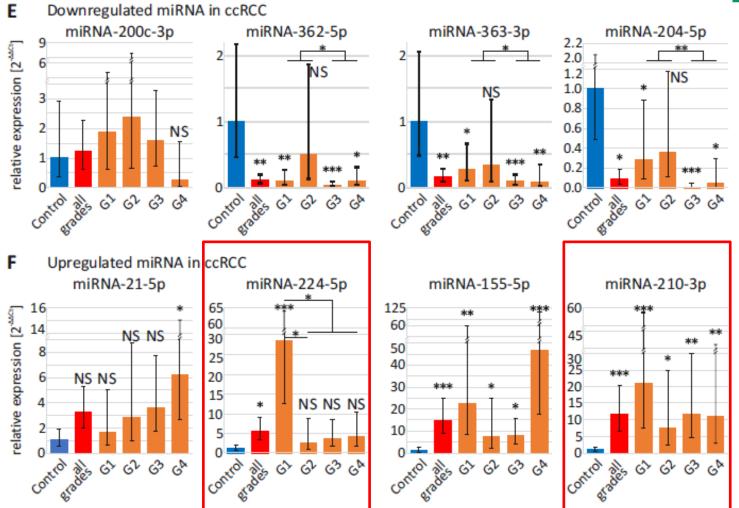
•
$$G2 - 6$$

•
$$G3 - 6$$

•
$$G4 - 5$$

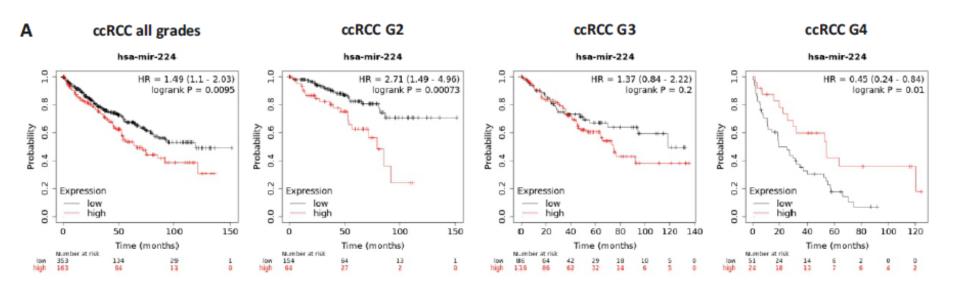


Validation of miRNA deregulation in ccRCC: <u>all patients vs grades</u>





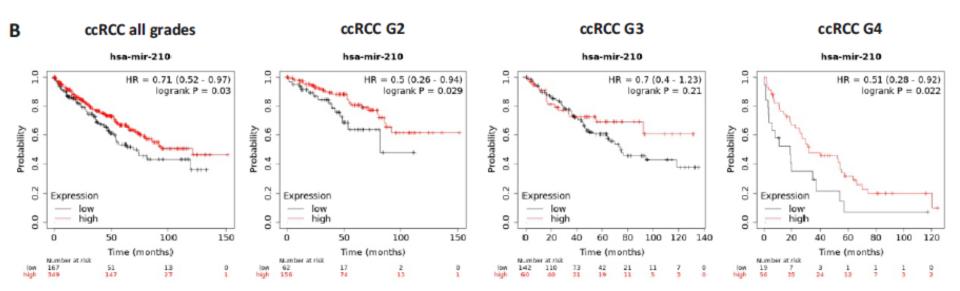
Survival rate analysis of ccRCC patients vs miRNA-224 expression



Patients with high expression (red line) of miRNA-224 in ccRCC tumors have worst hazard ratio (HR) in G2 than in G4.



Survival rate analysis of ccRCC patients vs miRNA-210 expression



Patients with high expression (red line) of miRNA-210 in ccRCC tumors have higher survival rate



miRTarBase: the experimentally validated microRNA-target interactions database

miRTarBase

Home

Search

Browse

Statistics

Help

Download Contact Us

miRTarBase: the experimentally validated microRNA-target interactions database

As a database, miRTarBase has accumulated more than three hundred and sixty thousand miRNA-target interactions (MTIs), which are collected by manually surveying pertinent literature after NLP of the text systematically to filter research articles related to functional studies of miRNAs. Generally, the collected MTIs are validated experimentally by reporter assay, western blot, microarray and next-generation sequencing experiments. While containing the largest amount of validated MTIs, the miRTarBase provides the most updated collection by comparing with other similar, previously developed databases.

Current curation

Release 7.0: Sept. 15, 2017

Number of articles: 8,510

Number of species: 23



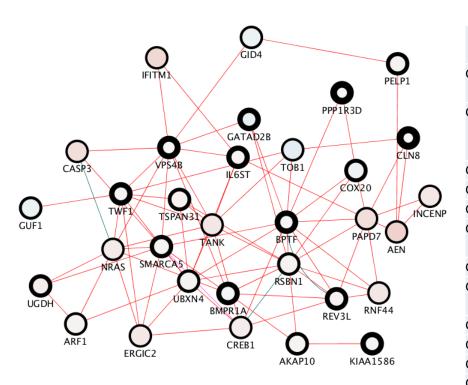
Potential functions of miRNA-363-3p targets



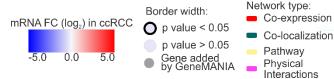
miRNA



targets



GO id	Description	q-value	in Sample	in Genome
GO:0000289	nuclear-transcribed mRNA poly(A) tail shortening	1.6E-06	10	31
GO:0000288	nuclear-transcribed mRNA catabolic process, deadenylation-dependent decay	4.2E-04	10	58
GO:0031124	mRNA 3'-end processing	4.2E-04	12	88
GO:0030014	CCR4-NOT complex	6.2E-04	6	15
GO:0031123	RNA 3'-end processing	8.7E-04	12	101
GO:0000956	nuclear-transcribed mRNA catabolic process	1.1E-02	14	179
GO:0006397	mRNA processing	1.1E-02	18	287
GO:0010608	posttranscriptional regulation of gene expression	1.6E-02	18	298
GO:0006402	mRNA catabolic process	1.7E-02	14	190
GO:0006417	regulation of translation	3.3E-02	12	152
GO:0006401	RNA catabolic process	4.3E-02	14	215
GO:0060211	regulation of nuclear-transcribed mRNA poly(A) tail shortening	4.3E-02	4	11
GO:0060213	positive regulation of nuclear- transcribed mRNA poly(A) tail shortening	4.3E-02	4	11





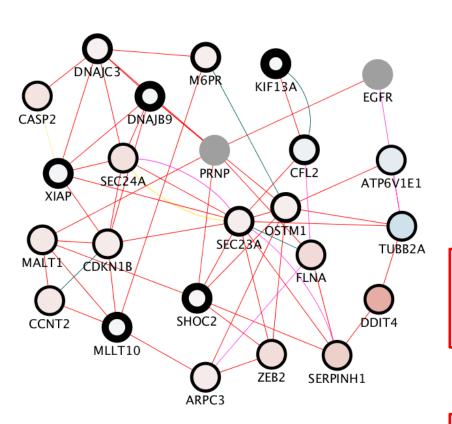
Potential functions of miRNA-200c-3p targets



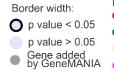
miRNA



targets



GO id	Description	q-value	in Sample	in Genome
GO:0038093	Fc receptor signaling pathway	9.35E-12	23	219
GO:0002768	immune response-regulating cell surface receptor signaling pathway	9.35E-12	26	296
GO:0048011	neurotrophin TRK receptor signaling pathway	8.39E-11	24	274
GO:0038179	neurotrophin signaling pathway	8.39E-11	24	277
GO:0038095	Fc-epsilon receptor signaling pathway	2.68E-10	19	166
GO:0008543	fibroblast growth factor receptor signaling pathway	3.46E-10	19	170
GO:0044344	cellular response to fibroblast growth factor stimulus	9.97E-10	19	183
GO:0071774	response to fibroblast growth factor	9.97E-10	19	183
GO:0048015	phosphatidylinositol-mediated signaling	3.26E-09	18	173
GO:0048017	inositol lipid-mediated signaling	3.26E-09	18	173
GO:0007173	epidermal growth factor receptor signaling pathway	9.96E-08	18	213
GO:0038127	ERBB signaling pathway	1.15E-07	18	216







miRNAs as Biomarkers in ccRCC

SYSTEMATIC REVIEW ARTICLE

Front. Oncol., 04 December 2020 | https://doi.org/10.3389/fonc.2020.543817



Systematic Analysis of microRNA Biomarkers for Diagnosis, Prognosis, and Therapy in Patients With Clear Cell Renal Cell Carcinoma



Cell Signal Transduction Laboratory, Bioinformatics Center, Henan Provincial Engineering Center for Tumor Molecular Medicine, Department of Preventive Medicine, School of Basic Medical Sciences, Institute of Biomedical Informatics, Henan University, Kaifeng, China



miRNAs as Biomarkers in ccRCC

Performed a systematic analysis for ccRCC-related miRNAs as biomarkers by searching keywords in the NCBI PubMed database and found 118 miRNAs as diagnostic biomarkers, 28 miRNAs as prognostic biomarkers, and 80 miRNAs as therapeutic biomarkers in ccRCC.

In this paper, we identified highly specific miRNAs in the pathogenesis of ccRCC and explored their potential applications for diagnosis, prognosis, and treatment of ccRCC.





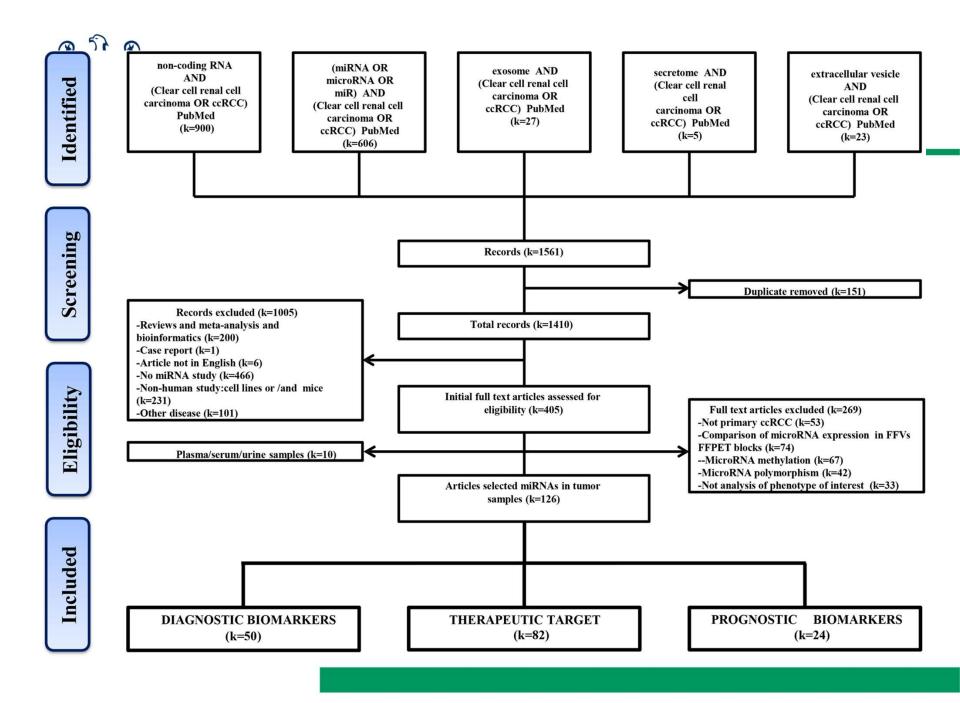
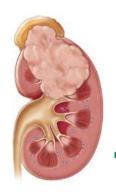




TABLE 1 | miRNAs as diagnostic biomarkers for ccRCC in more than two studies.



Name	Expression Level§	n (ccRCC)	n (Control)	Detection Method	Target	Sample source	PubMed ID
miR-21	Up	104	104	qPT-PCR	TIMP3	Tissue	29131259
	Down	30	10	qPT-PCR	ND	Fresh frozen	24129247
miR-155	Down	30	10	qRT-PCR	ND	Fresh frozen	24129247
a not store the analysis of the second of th	Up	137	77	qRT-PCR	ND	Tissue	23050614
	Up	78	78	qRT-PCR	ND	Fresh frozen	24647573
	Up	30	10	qRT-PCR	ND	Fresh frozen	24129247
	Up	32	132	qRT-PCR	ND	Fresh frozen	25381221
miR-141	Down	30	10	qRT-PCR	ND	FF Fresh frozen	24129247
	Down	78	78	qRT-PCR	EphA2	Fresh frozen	24647573
miR-221	Up	28	28	qRT-PCR	TIMP2	Tissue	26191221
and the second s	Up	24	24	qRT-PCR	ND	Tissue	27427222
miR-122	Up	32	32	qRT-PCR	ND	Fresh frozen	25381221
Secretary Section (Section 1981)	Up	148	60	qRT-PCR	Dicer	Fresh frozen	28921581

[§]Down, significantly downregulated miRNAs in human ccRCC tissues; Up, significantly upregulated miRNAs in human ccRCC tissues; qRT-PCR, quantitative real-time PCR; ND, not determined; CASC2, cancer susceptibility 2; EphA2, erythropoietin-producing hepatocellularA2; TIMP2, TIMP metallopeptidase inhibitor 2.



TABLE 2 | miRNAs as prognostic biomarkers for ccRCC in more than two studies.



Expression Level						
Expression Level	n (ccRCC)	Sample source	Detection Method	Prognosis [§]	Survival	PubMed ID
Up	37	Formalin-fixed paraffin-embedded	qRT-PCR	Unfavorable	CSS	25279769
Up	71	Tissue	qRT-PCR	Unfavorable	OS and DFS	22580180
Down	264	Tissue and Formalin-fixed paraffin-embedded	qRT-PCR	Favorable	OS and DFS	25572155
Down	37	Formalin fixed paraffin embedded	qRT-PCR	Favorable	CSS	25279769
Down	116	Formalin fixed paraffin embedded	qRT-PCR	Favorable	DSS and RFS	30988818
Up	46	Tissue	qRT-PCR	Unfavorable	MFS	30483771
Up	80	Fresh frozen	qRT-PCR	Unfavorable	PFS	28534944
	Up Up Down Down Down Up	Up 37 Up 71 Down 264 Down 37 Down 116 Up 46	Up37Formalin-fixed paraffin-embeddedUp71TissueDown264Tissue and Formalin-fixed paraffin-embeddedDown37Formalin fixed paraffin embeddedDown116Formalin fixed paraffin embeddedUp46Tissue	Up37Formalin-fixed paraffin-embeddedqRT-PCRUp71TissueqRT-PCRDown264Tissue and Formalin-fixed paraffin-embeddedqRT-PCRDown37Formalin fixed paraffin embeddedqRT-PCRDown116Formalin fixed paraffin embeddedqRT-PCRUp46TissueqRT-PCR	Up37Formalin-fixed paraffin-embeddedqRT-PCRUnfavorableUp71TissueqRT-PCRUnfavorableDown264Tissue and Formalin-fixed paraffin-embeddedqRT-PCRFavorableDown37Formalin fixed paraffin embeddedqRT-PCRFavorableDown116Formalin fixed paraffin embeddedqRT-PCRFavorableUp46TissueqRT-PCRUnfavorable	Up37Formalin-fixed paraffin-embeddedqRT-PCRUnfavorableCSSUp71TissueqRT-PCRUnfavorableOS and DFSDown264Tissue and Formalin-fixed paraffin-embeddedqRT-PCRFavorableOS and DFSDown37Formalin fixed paraffin embeddedqRT-PCRFavorableCSSDown116Formalin fixed paraffin embeddedqRT-PCRFavorableDSS and RFSUp46TissueqRT-PCRUnfavorableMFS

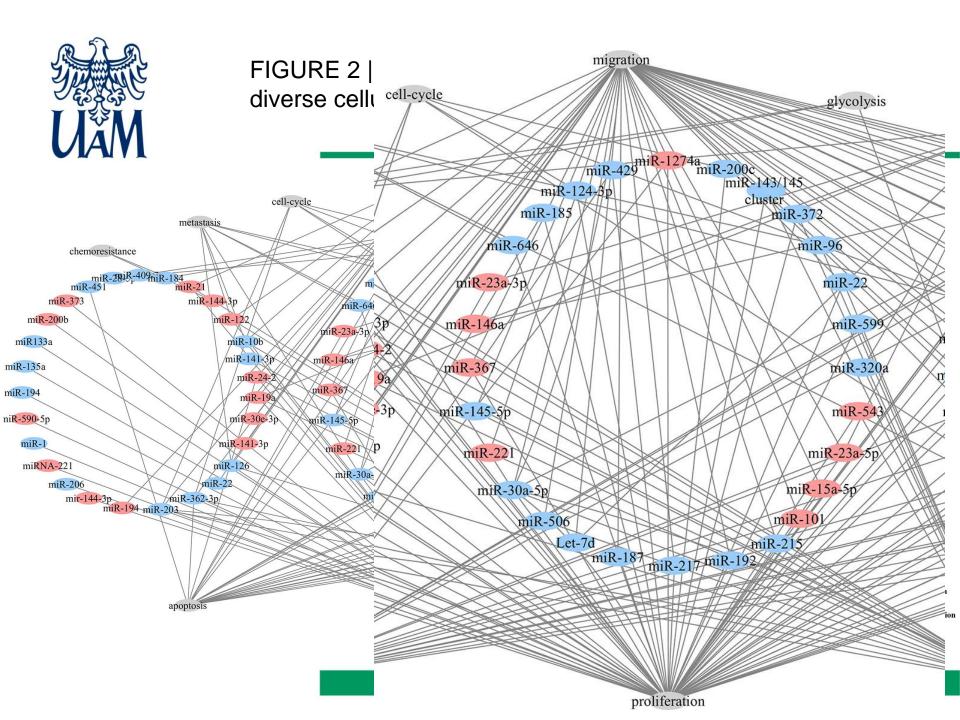
[§]CSS, cancer specific survival; OS, overall survival; DFS, disease free survival; DSS, disease specific survival; RFS, recurrence free survival; MFS, metastasis free survival; PFS, progression free survival.



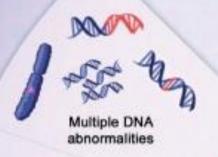
TABLE 5 | Metastasis-related miRNAs as prognostic biomarkers for ccRCC.



Name	Expression Level	n (ccRCC)	Target	Sample source	PubMed ID
miR-122	UP	148	Dicer	Fresh frozen	28921581
	UP	46	FOXO3	Tissue	30483771
miR-30a	Down	90	DLL	Tissue	23826258



Event	Cancer screening	Localized cancer	Metastatic cancer	Refractory cancer
Treatment Strategy	Early intervention	Risk of dissemination and detection of recurrence	Treatment selection and monitoring response	Mechanism of resistance and new treatment





RNA expression and fusion transcripts



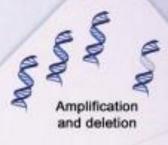
Protein expression and phosphorylation



Circulating Tumor Cell [cell number]



Circulating Tumor DNA [number of mutant molecules]



DOOD

Translocation



Point mutations



Chromosomal abnormalities



In vitro / in vivo culture



Early diagnosis and prognosis

Liquid Biopsies



Molecular profiling



Tumor evolution monitoring



Treatment selection



Therapy response



Detection of residual disease

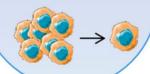




TABLE 3 | Circulating miRNAs as diagnostic biomarkers for ccRCC.



Name	Expression Level	n(ccRCC)	n(control)	Sample source	PubMed ID
miR-210	Up	82	80	Serum exosomes	28753793
	Up	34	23	Serum	24212760
miR-1233	Up	82	80	Serum exosomes	28753793
	Up	30	15	Serum	28336290
miR-508-3p	Down	85	10	Serum	31661117
miR-885-5p	Up	85	10	Serum	31661117
miR-34a	Down	30	15	Serum	28336290
miR-141	Down	30	15	Serum	28336290
miR-144-3p	Up	106	123	Plasma	27633984
miR-625-3p	Down	50	74	Serum	31737199
miR-210-3p	Up	38	10	Urine	29050224



TABLE 4 | Circulating miRNAs as prognostic biomarkers for ccRCC.



Name	Expression Level	n (ccRCC)	Prognostic value	Survival event	Sample source	PubMed ID
miR-122-5p	Down	68	Unfavorable	PFS, CSS, and OS	Serum	29410711
miR-206	Down	68	Unfavorable	PFS, CSS, and OS	Serum	29410711
miR-150	Down	94	Favorable	RCC-specific survival	Plasma	28639257
miR-224	Up	108	Unfavorable	PFS	Serum exosomes	29299115

[§]CSS, cancer specific survival; OS, overall survival; DFS, disease free survival; DSS, disease specific survival; RFS, recurrence free survival; MFS, metastasis free survival; PFS, progression free survival.



FIGURE 3 | Verified downstream target genes and involved signaling pathways associated with miR-21 in the tumorigenesis of ccRCC.

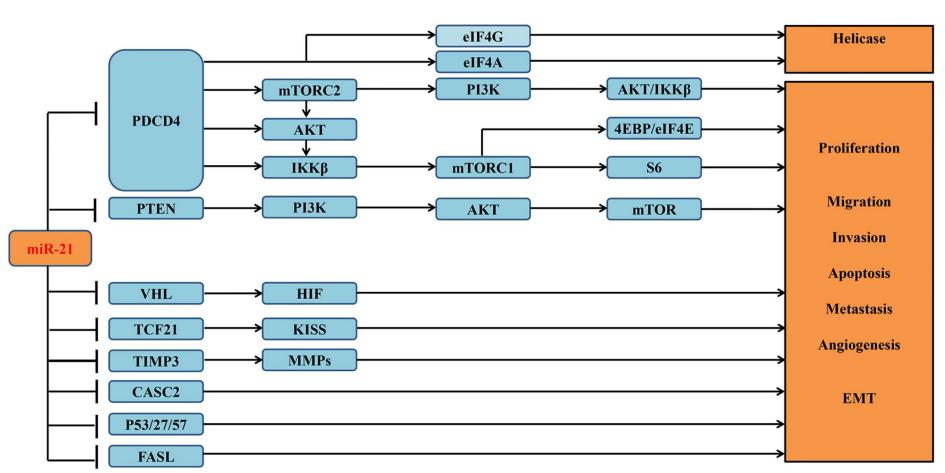




FIGURE 4 | Venn diagrams of potential target genes for five miRNAs including mir-21, miR-221, miR-141, miR-155, and miR-126 from three predicting tools.

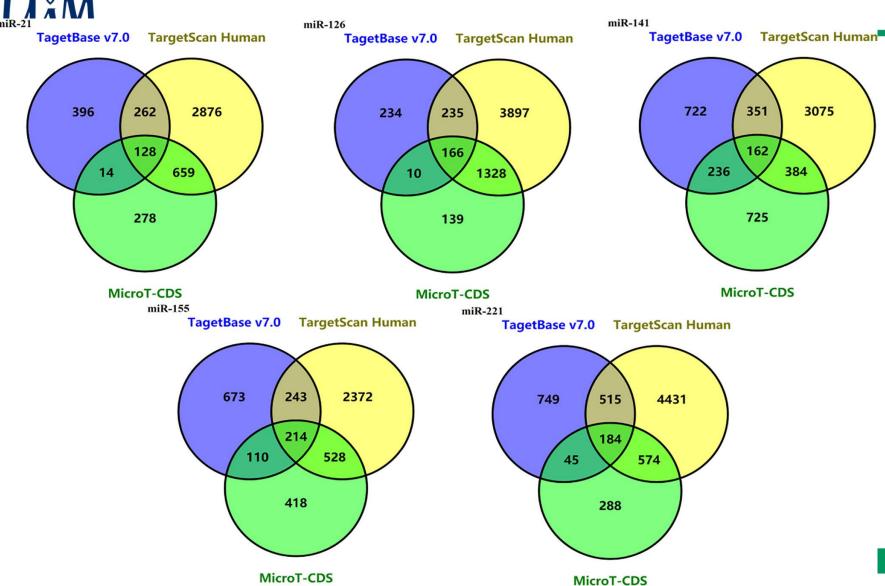




FIGURE 5 | Functional enrichment analysis of the potential target genes of miRNA-21 (A). Chart of the GO and KEGG enriched pathways (B); Network of GO and KEGG enriched terms colored by clusters.

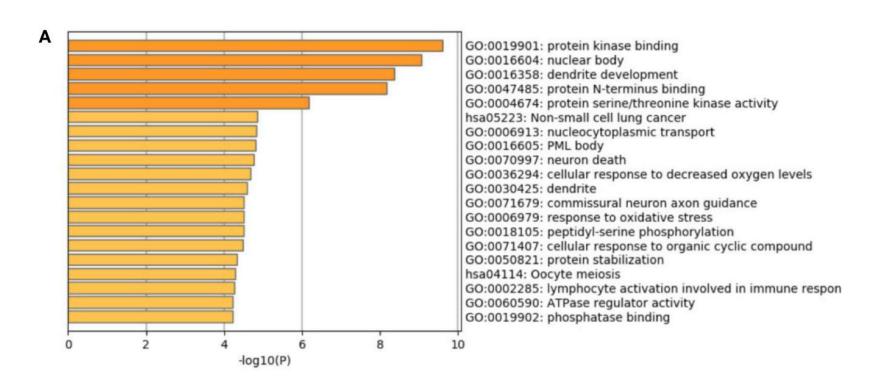
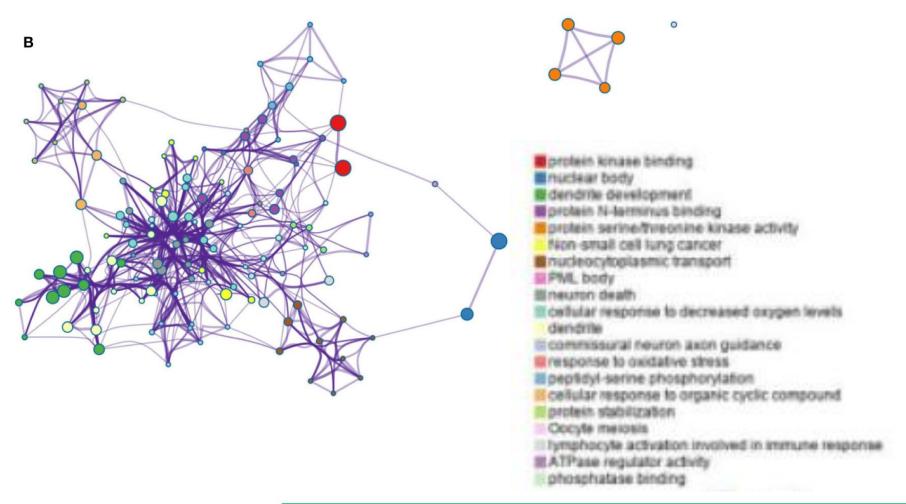


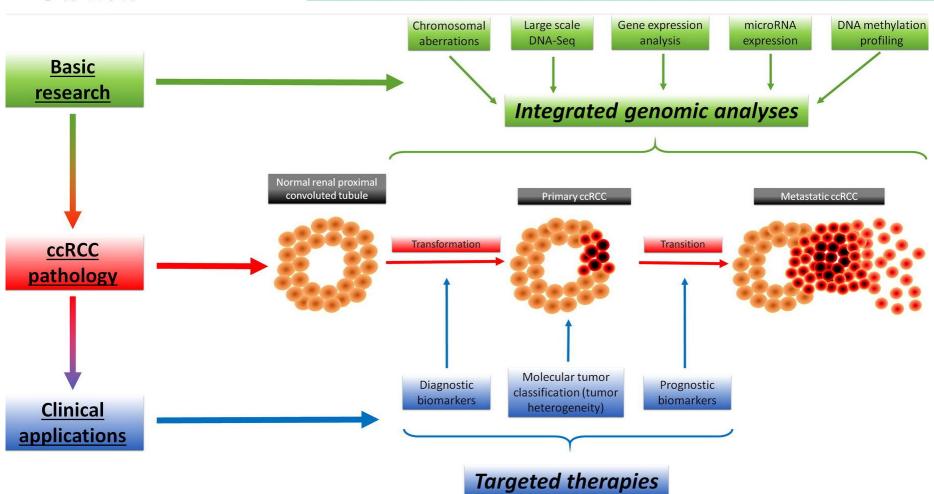


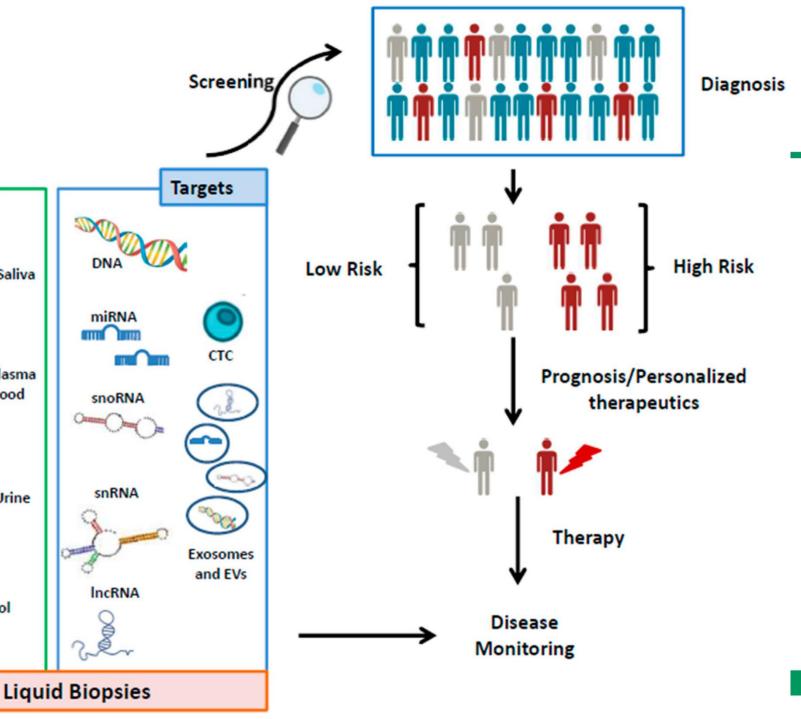
FIGURE 5 | Functional enrichment analysis of the potential target genes of miRNA-21 (A). Chart of the GO and KEGG enriched pathways (B); Network of GO and KEGG enriched terms colored by clusters.





Integrative genomic approaches in ccRCC management





Biofluids

₹

Saliva

Serum/plasma from Blood

Urine

Stool



Acknowledgements

UAM, IMBB Lab. HMG

Dr. Katarzyna Kluzek

Dr. Mahdi Eskandarian

Boroujeni

Hanna Nowicka

Anna Piaszyk-Borychowska

Agata Michalska

Martyna Plens Gałąska

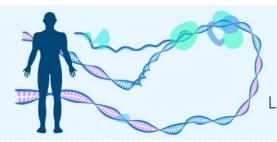
Aleksandra Antonczyk

Sanaz Hassani

Katarzyna Blaszczyk



Lab of HTT
Prof J. Wesoly
Dr Natalia Derebecka
Dr Arkadiusz Kajdasz



Department of Human Molecular Genetics

Laboratory of High Throughput Technologies



Acknowledgements



Polish Ministry
Of Science and
Higher Education



Polish Science Foundation



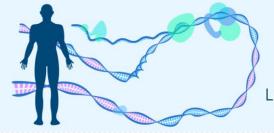












Department of Human Molecular Genetics

Laboratory of High Throughput Technologies