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## EDITED BY

Fabio Grizzi,  
Humanitas Research Hospital, Italy

## REVIEWED BY

Mingyi Wang,  
Shanghai Jiao Tong University, China  
Lei Wang,  
Hebei Medical University, China

## \*CORRESPONDENCE

Xi Yu  
yuxi316@126.com

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# Signatures and prognostic values of related immune targets in tongue cancer

Xiaofei Lv<sup>1</sup> and Xi Yu<sup>2\*</sup>

<sup>1</sup>Department of Stomatology, The Second Hospital of Tianjin Medical University, Tianjin, China,

<sup>2</sup>Department of Anesthesiology, The Second Hospital of Tianjin Medical University, Tianjin, China

**Background:** Tongue cancer, as one of the most malignant oral cancers, is highly invasive and has a high risk of recurrence. At present, tongue cancer is not obvious and easy to miss the opportunity for early diagnosis when in the advanced stage. It is important to find markers that can predict the occurrence and progression of tongue cancer.

**Methods:** Bioinformatics analysis plays an important role in the acquisition of marker genes. GEO and TCGA data are very important public databases. In addition to expression data, the TCGA database also contains corresponding clinical data. In this study, we screened three GEO data sets that met the standard, which included GSE13601, GSE34105, and GSE34106. These data sets were combined using the SVA package to prepare the data for differential expression analysis, and then the limma package was used to set the standard to  $p < 0.05$  and  $|\log_2(\text{FC})| \geq 1.5$ .

**Results:** A total of 170 differentially expressed genes (DEGs) were identified. In addition, the DESeq package was used for differential expression analysis using the same criteria for samples in the TCGA database. It ended up with 1,589 DEGs (644 upregulated, 945 downregulated). By merging these two sets of DEGs, 5 common upregulated DEGs (*CCL20*, *SCG5*, *SPP1*, *KRT75*, and *FOLR3*) and 15 common downregulated DEGs were obtained.

**Conclusions:** Further functional analysis of the DEGs showed that *CCL20*, *SCG5*, and *SPP1* are closely related to prognosis and may be a therapeutic target of TSCC.

## KEYWORDS

tongue cancer, DEGs, *CCL20*, *SCG5*, *SPP1*

## Introduction

Head and neck tumors are the fifth most common malignancies in the world, and smoking and alcohol consumption are two of the most common risk factors associated with these lesions (1). Oral cancer accounts for 2.1% of all new cancer cases worldwide, and squamous cell carcinoma is a known malignancy, accounting for more than 90% of all oral cancers (2, 3). Tongue squamous cell carcinoma (TSCC) is one of the most common malignancies diagnosed in the oral cavity and is associated with a poor prognosis due to its high regional recurrence rate and lymphatic metastasis (4). It is reported that there are about 500,000 new cases of tongue cancer every year, the global incidence of tongue cancer is increasing year by year, and the onset of tongue cancer is getting younger and younger (5). Numerous lymphatic

vessels of the tongue are abundant in blood circulation, and the tongue is active frequently. These factors promote the early spread of cancer cells to adjacent tissues and organs, such as lymph nodes, the base of the mouth, throat, and neck. Although tongue cancer treatments are improving as technology advances, the 5-year survival rate is still poor (3, 6). TSCC has a lower survival rate than squamous cell carcinoma elsewhere in the mouth. There is currently a lack of TSCC markers, so finding reliable predictive markers is of great interest (7).

## Materials and methods

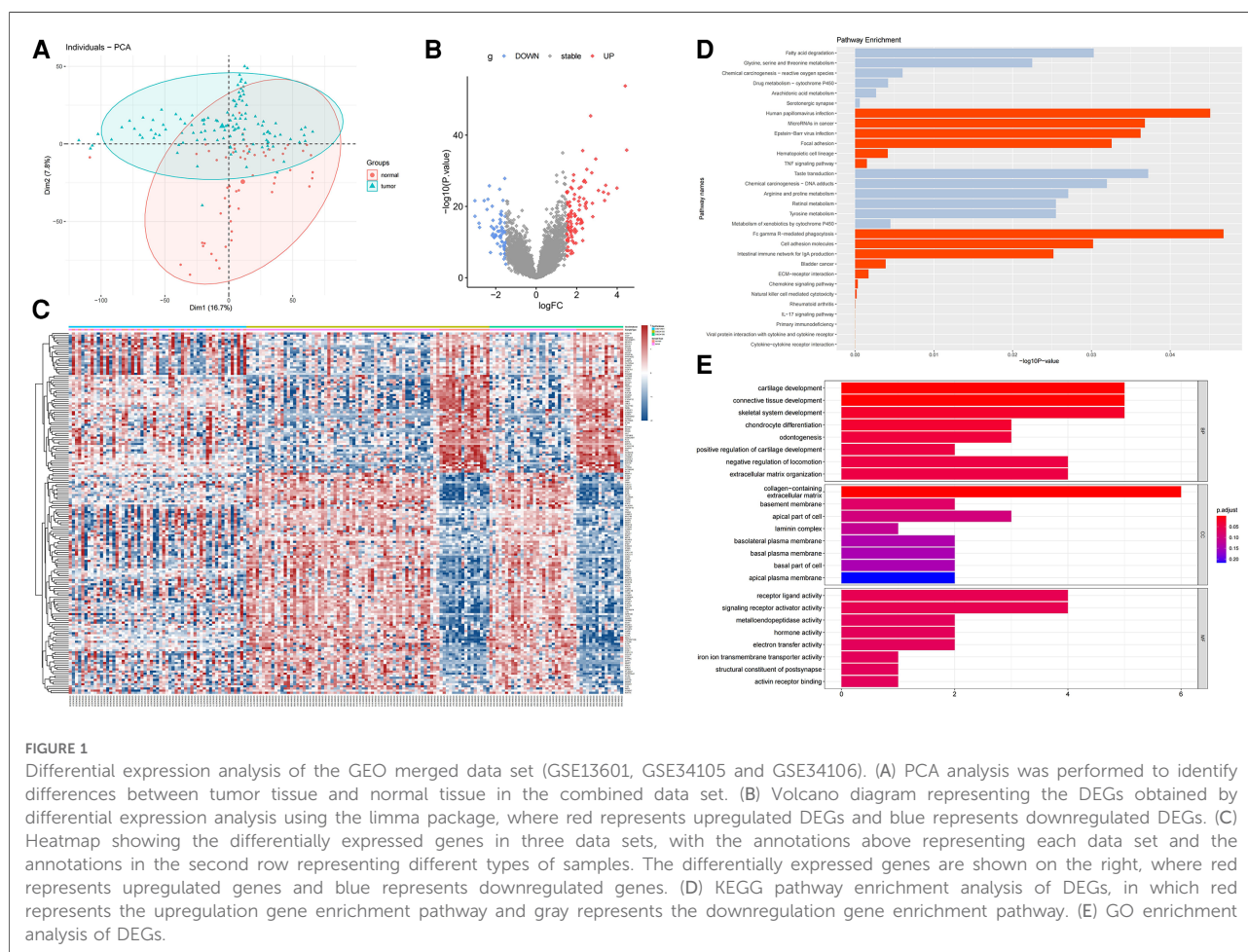
### Data preparation

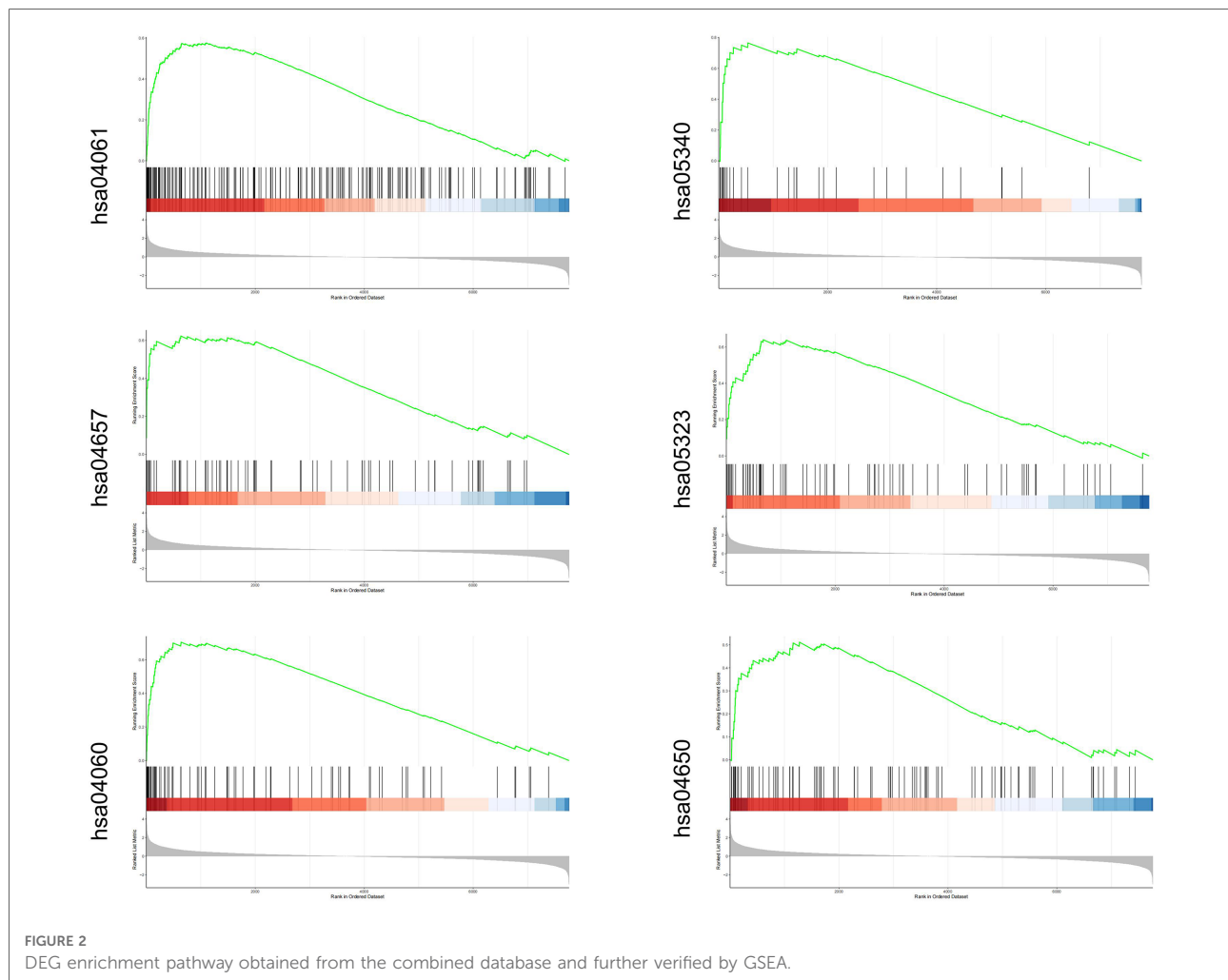
The expression matrix was downloaded from Gene Expression Omnibus (GEO, <http://www.ncbi.nlm.nih.gov/geo/>). To improve the accuracy of the study, we screened three eligible data sets. These data sets included tongue cancer and normal tissues. GSE13601, GSE34105, and GSE34106 contain 57, 78, and 43 samples, respectively. The

SVA software package in R language was used to combine the samples of these three data sets to form a combined data set with 178 samples. Then, we downloaded the expression data of head and neck tumors from the TCGA database and screened the tongue squamous cell carcinoma samples, a total of 147 samples, including 140 tumor samples and 7 normal samples.

### Screening and analysis of differentially expressed genes

The limma package and DESeq package in R language were used for differential expression analysis, and the standard cutoff was set to false discovery rate (FDR) < 0.05 and  $|\log_2(\text{FC})| \geq 1.5$  for both GEO and TCGA, respectively (8, 9). The volcano package and heatmap package in R language were used to visualize DEGs. Kyoto Encyclopedia of Genes and Genomes (KEGG) analysis, Gene Ontology (GO) analysis, and Gene Set Enrichment Analysis (GSEA) were performed for DEGs. Metascape website (<https://metascape.org/>) was used for pathway enrichment analysis of DEGs in TCGA. The *t*-test





was used to compare the expression in the two groups, and ANOVA was used to compare that in multiple groups. We further verified the expression of upregulated DEGs using the GEPIA (<http://gepia.cancer-pku.cn/>).

## Protein interaction network

The interaction between proteins corresponding to each gene was analyzed using String website (<https://string-db.org/>), and then the results were visualized using CytoScope. Genemania website (<http://genemania.org/>) was used for functional enrichment analysis of DEGs.

## Identify the hub gene

The DEGs obtained from combined dataset were crossed with those obtained from TCGA, including 5 up-regulated genes and 15 down-regulated genes.

## Survival analysis

Kaplan–Meier Plotter website (<https://kmplot.com/>) (citation) was used for survival analysis of the screened HUB genes.

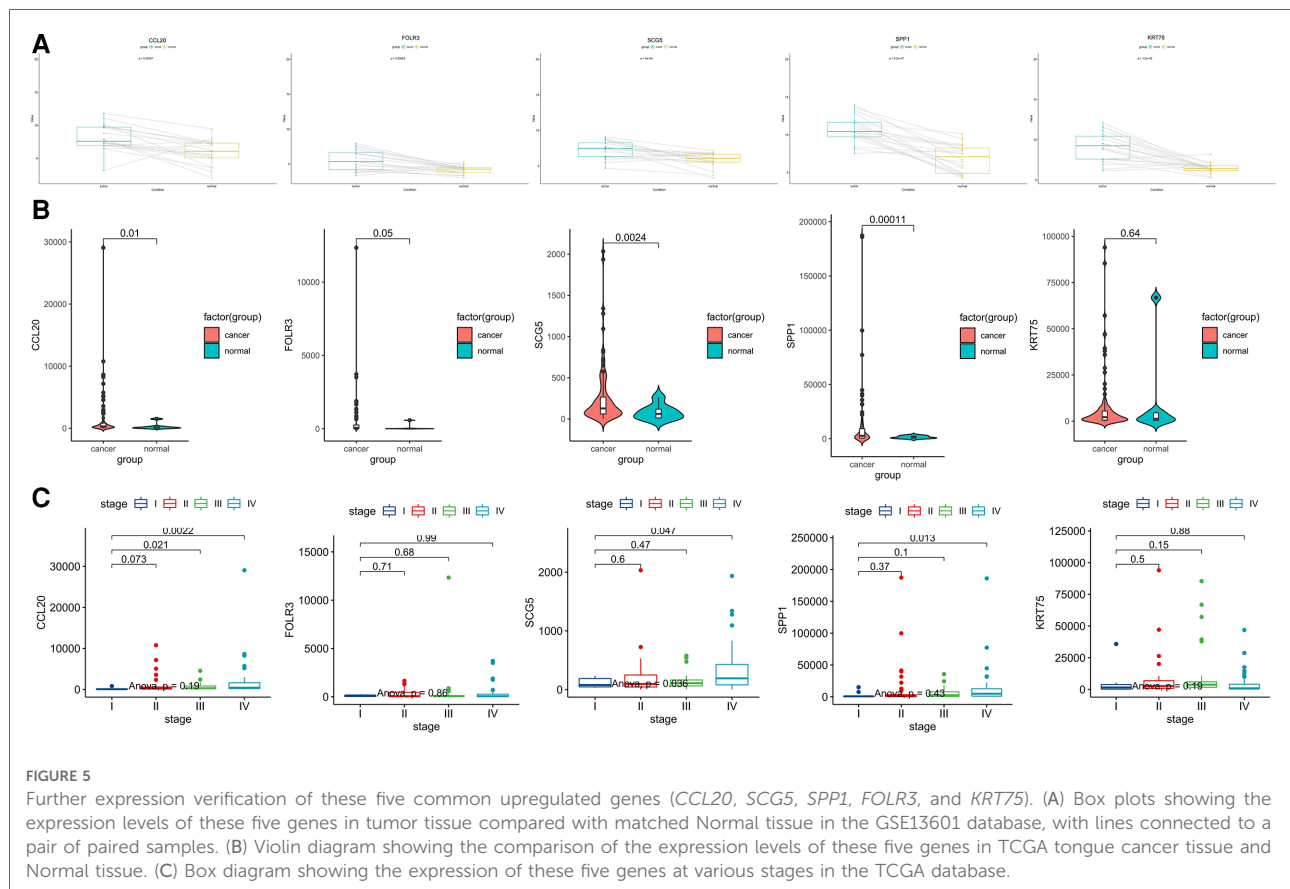
## Results

### Differential expression analysis of the GEO merged data set

We downloaded three data sets GSE13601, GSE34105, and GSE34106 containing tongue squamous cell carcinoma (TSCC) in the GEO database. Each data set contains tumor samples and normal tissue samples. We used the SVA package to merge these data sets and obtain a combined data set. To identify differences between TSCC samples and normal tongue samples, we performed principal component analysis (PCA) and found that the two groups could be







(Figure 5A). The same results can be obtained using the TCGA data set (Figure 5B).

To explore the relationship between the expression of these Hub genes and clinical stage, we used the TCGA database to explore and found that the expression level of *CCL20* was significantly increased in patients with stages III and IV compared with stage I ( $p < 0.05$ ) and the expression of *SPP1* and *SCG5* in stage IV was significantly higher than that in stage I patients ( $p < 0.05$ ) (Figure 5C).

## Multivariate COX regression of TSCC in the TCGA database for each clinical feature and prognosis

To further explore the clinical data of TCGA, multivariate Cox regression was performed using clinical data from the TCGA database (Figure 6). We find that risk increased when T stage  $> 2$ . Similarly, years of smoking also has an impact on the survival of patients; when the smoking time is more than 29 years, the risk is significantly increased. In addition, we found that when the TSCC stage is higher than grade III, age  $> 59$ , N stage  $> 1$ , and the number of cigarettes

smoked per day  $> 2.5$ , the risk is increased; however, the  $P$  value of multivariate Cox analysis did not meet the statistical standards. Kaplan–Meier analysis was performed on clinical data using SPSS software, and we found that patients with a stage higher than III had a significantly worse prognosis than patients with a stage lower than III. AJCC\_pathologic\_T had a poor prognosis when it was higher than T2. Similarly, the AJCC\_pathologic\_N stage higher than N1 and smoking time more than 29 years remained risk factors (Figure 7).

## Hub genes analysis in HNSCC

These upregulated hub genes were further verified by GEPIA, and the results showed that the expression of these five upregulated genes in head and neck squamous cell carcinoma (HNSCC) was also higher than that in normal tissues (Figure 8). Kaplan–Meier Plotter website was used to analyze the relationship between the expression of these genes and prognosis, and the results showed that high expression of these genes was strongly associated with poor prognosis in HNSCC ( $p < 0.05$ ) (Figure 9).

### Multivariate COX regression forest map

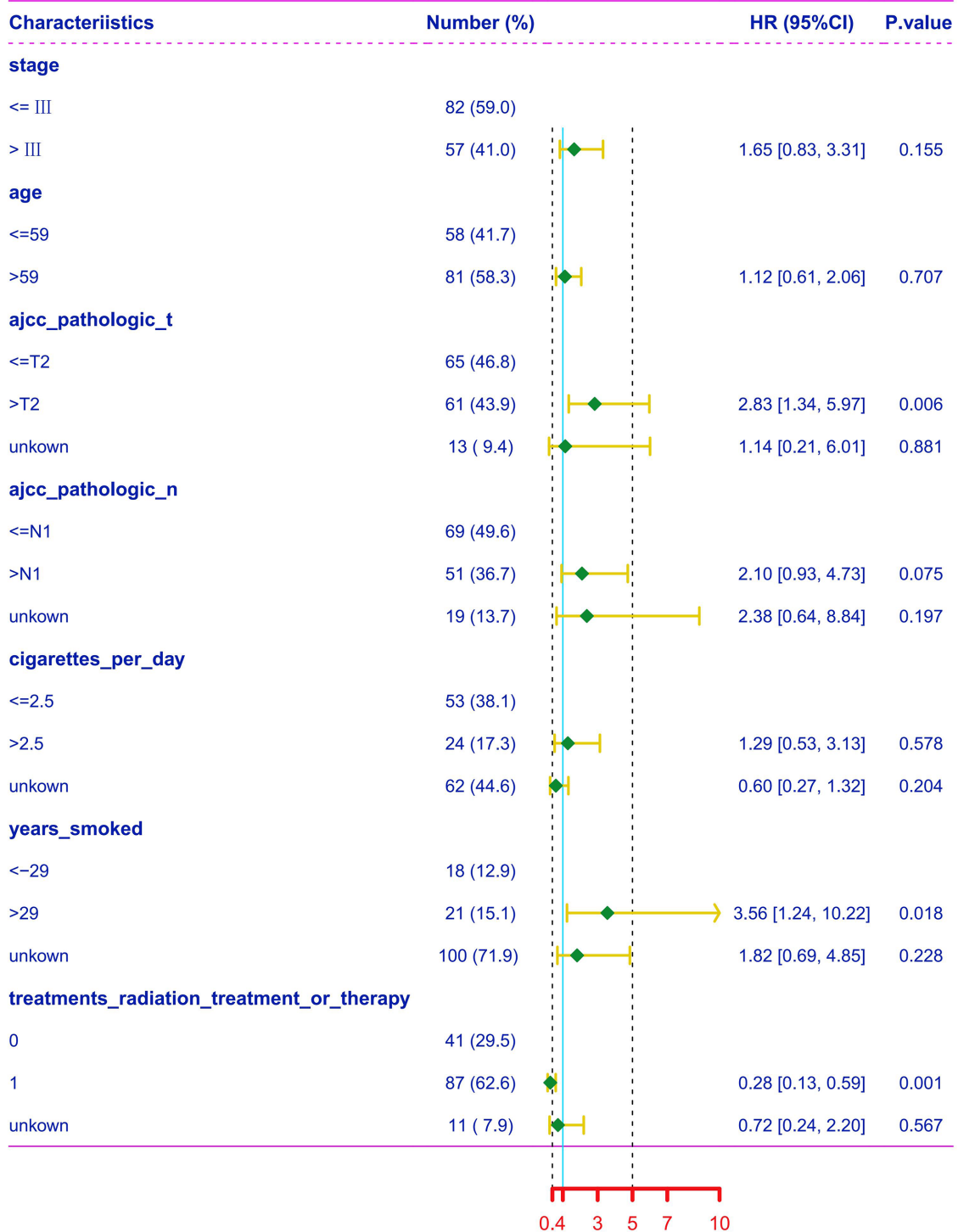
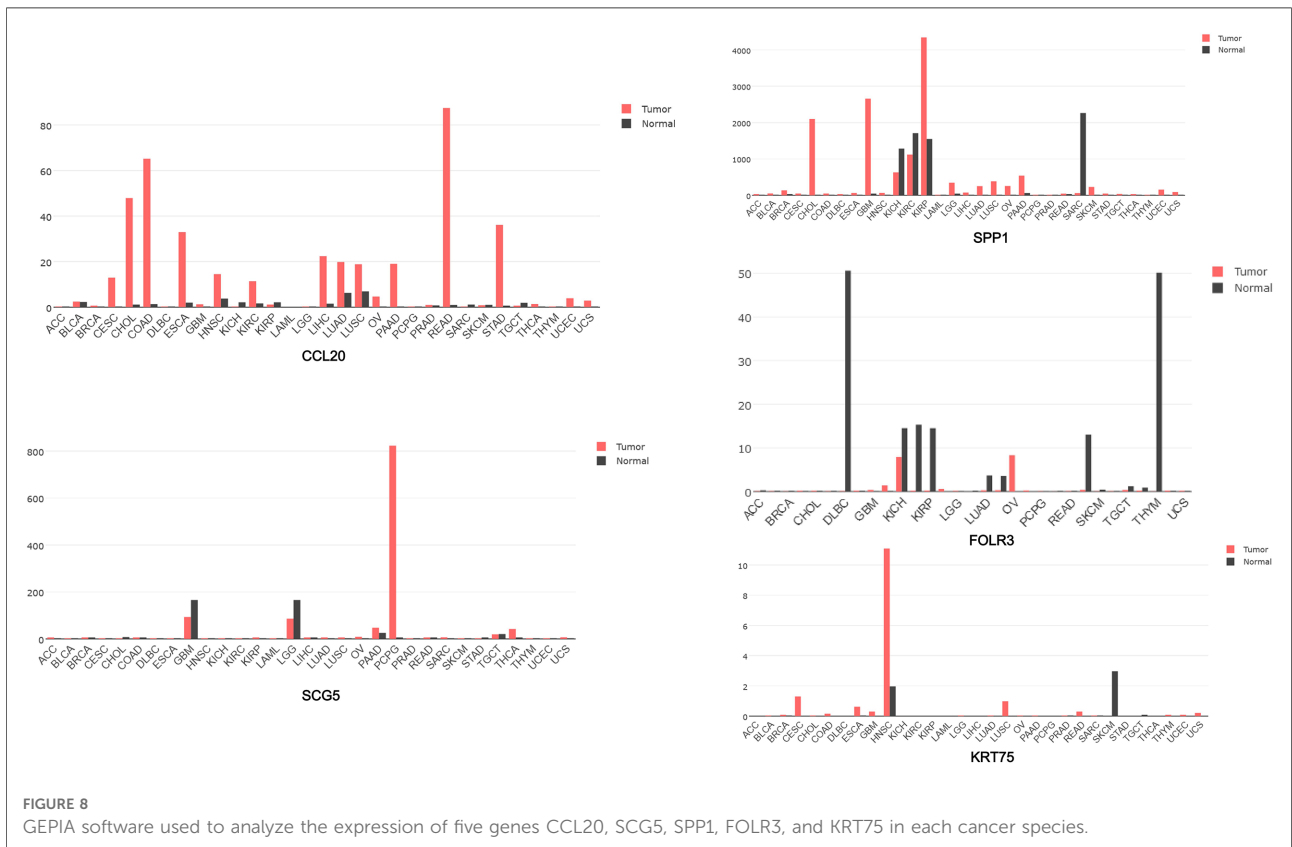
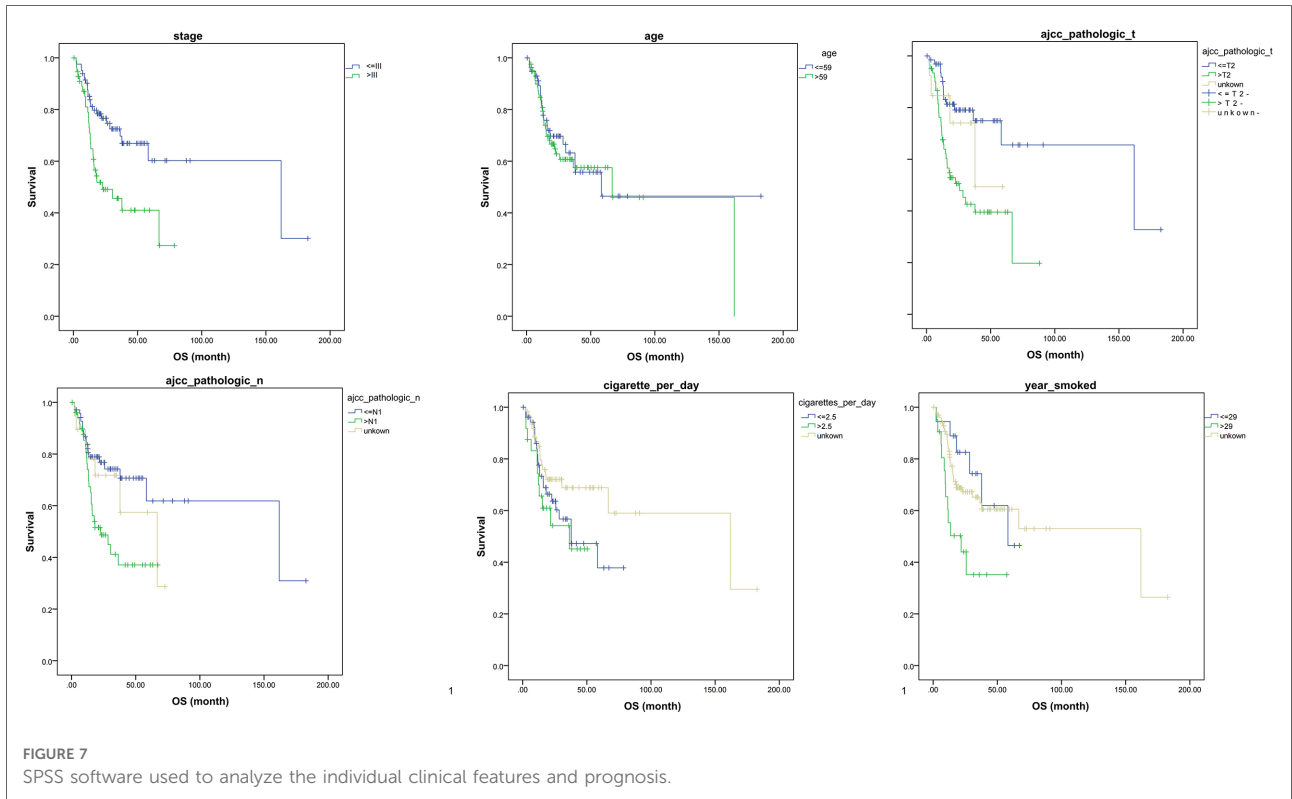
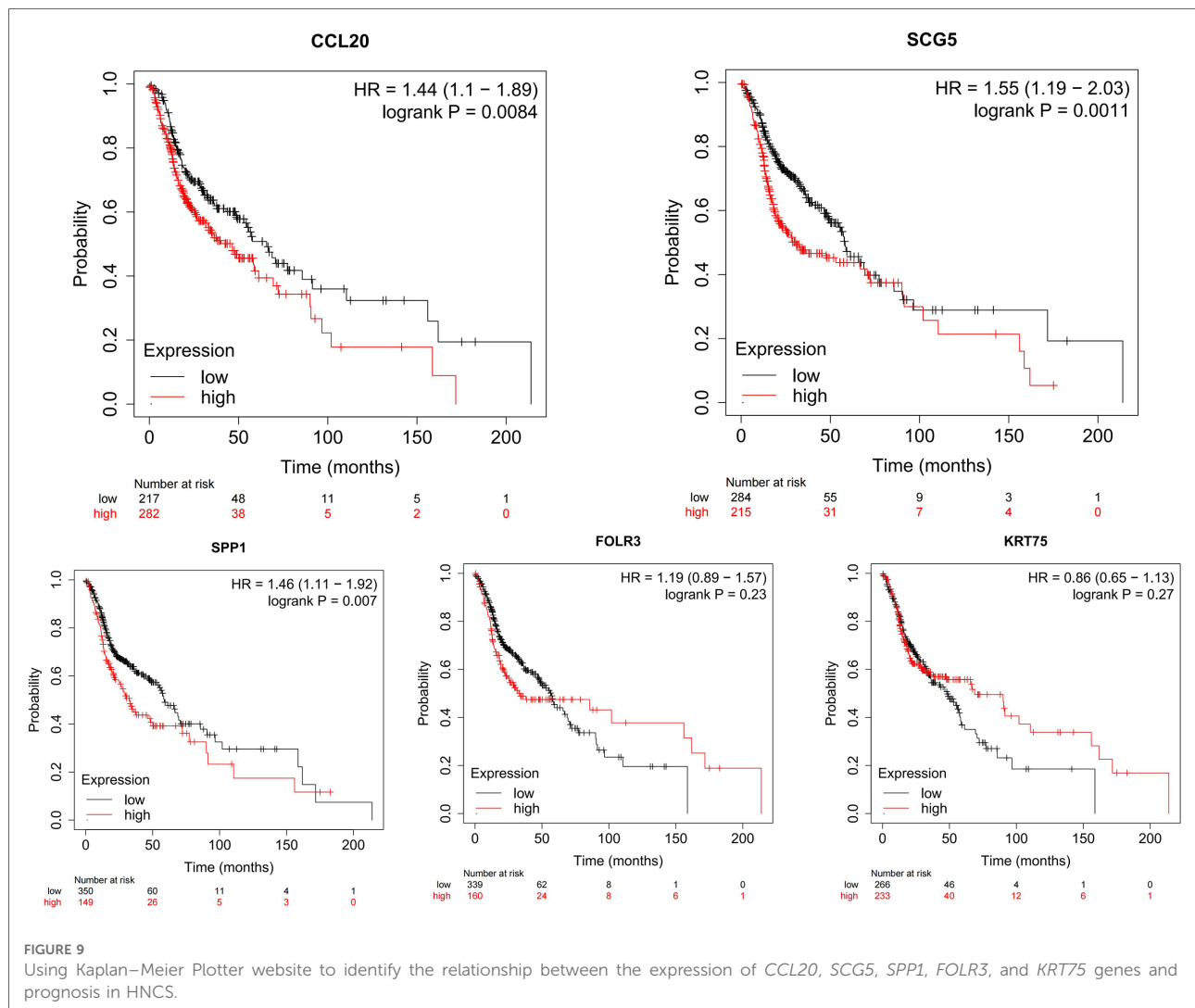


FIGURE 6 Multivariate COX regression of TSCC in the TCGA database for each clinical feature and prognosis.







## Conclusion

Key molecular alterations need to be confirmed to identify effective therapeutic targets (10–14). To explore the genes related to the occurrence and progression of tongue cancer, we used GEO and TCGA databases for screening. By increasing the sample size, we used the SVA package in R language for GSE13601, GSE34105, and GSE34106. The three data sets were combined to obtain a data set containing 178 samples (121 TSCC and 57 normal samples). By using the limma package for DEG analysis ( $|\log_2FC| > 1.5$ ,  $p < 0.05$ ), 104 upregulated genes and 66 downregulated genes were screened. Then, the DEGs were obtained by using the DEseq package in R language, and the cut-off value was set the same as before. The DEGs obtained from GEO and TCGA data sets were crossed, obtaining 5 upregulated and 15 downregulated DEGs. The upregulated DEGs are *CCL20*, *SCG5*, *SPP1*, *FOLR3*, and *KET75*.

Chemokine (C–C motif) Ligand 20 (CCL20) is a substance involved in tissue validation and homeostasis with a specific receptor C–C chemokine receptor 6 (CCR6) (15). It is expressed in various tissues and immune cells in human body, and the CCL20–CCR6 axis is closely associated with inflammation and infectious diseases. The CCL20–CCR6 axis is closely related to a variety of cancers, which can directly promote the progress of cancer by enhancing the migration and proliferation of cancer cells and can also regulate the tumor microenvironment by immune cells (16).

CCL20 has been reported to indirectly promote tumor progression by recruiting Treg, Th17, and Th22 cells to maintain the development and immunosuppressive microenvironment (16). Studies have shown that TSCC cells produce CCL20 after interacting with macrophages, and the cells can express CCR6 in the TSCC microenvironment. The CCL20–CCR6 axis may be associated with OSCC progression by inducing CD163 expression in macrophages (17). SPP1 is

secreted glycoprophosphoprotein, which is involved in a variety of functions, including cell adhesion, migration and invasion (18–21). *FOLR3* is highly overexpressed on several tumor cells, including ovarian, nonsmall cell lung, kidney, brain, endometrial, colorectal, breast, pancreatic, gastric, prostate, testicular, and bladder cancer; thus, it is known as therapeutic target for cancer treatment (22–24). It has been reported that the genes are correlated with the progression of a variety of tumors. In addition, according to the results of survival analysis, we found that *CCL20*, *SPPI*, and *SCG5* are closely related to the prognosis of TSCC and HCSN. We have reason to believe that these genes can be developed into prognostic indicators and are expected to be therapeutic targets of TSCC.

## Data availability statement

The original contributions presented in the study are included in the article/**Supplementary Material**, further inquiries can be directed to the corresponding author/s.

## Author contributions

Conceptualization, XY, XL; material preparation, XY; writing—original draft preparation, XY, XL; data analysis and interpretation, XY, XL; and writing—editing and review, all

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authors. All authors contributed to the article and approved the submitted version.

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## Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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