Differential expression of transient receptor potential cation channel subfamily C member 4 in human endometrial cancer.

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Gynecologic cancers including cancers of the endometrium are a clinical problem¹⁻⁴. We mined published and public microarray data^{5,6} to discover genes associated with endometrial cancers by comparing transcriptomes of the normal endometrium and endometrial tumors from humans. We identified transient receptor potential cation channel subfamily C member 4, encoded by TRPC4, as among the most differentially expressed genes, transcriptome-wide, in cancers of the endometrium. TRPC4 was expressed at significantly lower levels in endometrial tumor tissues as compared to the endometrium. Importantly, in human endometrial cancer, primary tumor expression of TRPC4 was correlated with overall survival in black patients with low mutational burden. TRPC4 may be a molecule of interest in understanding the etiology or progression of human endometrial cancer.

Keywords: endometrial cancer, gynecologic cancers, endometrium, TRPC4, transient receptor potential cation channel subfamily C member 4, systems biology of endometrial cancer, targeted therapeutics in endometrial cancer.

Endometrial cancer is the most common gynecologic cancer in the developed world¹. Over the last three decades, the incidence of endometrial cancer has increased 21%⁴ and the death rate has increased 100%³. We harnessed the power of integrative transcriptome analysis using published and public microarray datasets^{5,6} to determine in an unbiased fashion and at the systems-level genes most differentially expressed in endometrial tumors. We report here the differential and increased expression of the transient receptor potential cation channel subfamily C member 4 (TRPC4) in human endometrial cancer.

Methods

We utilized datasets GSE63678⁵ and GSE39099⁶ for this global differential gene expression analysis of human endometrial cancer in conjunction with GEO2R. GSE63678 was generated using Affymetrix Human Genome U133A 2.0 Array technology with $n=5$ control endometrial tissues (including $n=4$ uterine myomas and $n=1$ benign cyst) and $n=7$ endometrial cancers (including $n=2$ endometrial adenocarcinomas, $n=3$ mixed endometrioid adenocarcinomas, and $n=2$ adenocarcinomas with squamous differentiation); analysis was performed using platform GPL571. GSE39099 was generated using Affymetrix Human Genome U133 Plus 2.0 Array technology with $n=2$ benign endometrial tissues ($n=1$ normal endometrium and $n=1$ atypical endometrium) and $n=2$ endometrial cancers ($n=1$ early stage endometrial cancer and $n=1$ advanced stage endometrial cancer); analysis was performed using platform GPL570. The Benjamini and Hochberg method of p -value adjustment was used for ranking of differential expression but raw p -values were used to assess statistical significance of global differential expression. Log-transformation of data was auto-detected, and the NCBI generated category of platform annotation was used. A statistical test was performed to evaluate whether TRPC4 gene expression was significantly different between control endometrial tissue and endometrial tumor tissue in humans using a two-tailed t-test. For Kaplan-Meier survival analysis, we used the Kaplan-Meier plotter tool⁷ for correlation of TRPC4 mRNA expression levels with overall survival in $n=543$ endometrial cancer patients.

Results

We harnessed the power of blind comparative transcriptome analysis using published and public microarray data^{5,6} to discover in an unbiased fashion genes associated with endometrial cancer in humans.

TRPC4 is differentially expressed in endometrial cancer.

We identified transient receptor potential cation channel subfamily C member 4, encoded by TRPC4, as among the genes most differentially expressed in cancers of the endometrium when compared to benign endometrial tissues (Chart 1). When sorting each of the genes expressed in endometrial tumor tissue based on significance of change in expression as compared to benign endometrial tissue, TRPC4 ranked 82 out of 22273 transcripts, equating to 99.6% differential

expression (Chart 1). Differential expression of TRPC4 in human endometrial cancers was statistically significant (Chart 1; $p=8.57E-03$).

We queried a second microarray data to validate differential expression of TRPC4 in endometrial cancer. Again, we observed differential expression of TRPC4 when comparing endometrial tumor tissue to benign endometrial tissue (Chart 2). When sorting each of the genes expressed in endometrial tumor tissue based on significance of change in expression as compared to benign endometrial tissue, TRPC4 ranked 476 out of 54674 transcripts, equating to 99.1% differential expression (Chart 2). Differential expression of TRPC4 in human endometrial cancers was statistically significant (Chart 2; $p=0.00566$).

TRPC4 is expressed at significantly lower levels in endometrial cancers as compared to benign endometrial tissue.

We obtained exact mRNA expression levels for TRPC4 in endometrial tumor tissues and from benign endometrial tissue to evaluate direction and statistical significance of change in expression of TRPC4 in human endometrial cancer. TRPC4 was expressed at lower levels in endometrial tissue as compared to normal endometrial tissue, and this difference was statistically significant (Figure 1; $p=0.0025$). We calculated a mean fold change of 0.81 in TRPC4 mRNA levels in human endometrial cancer, as TRPC4 was expressed at 7.45 ± 0.55 arbitrary units (A.U.) in control endometrial tissue but at 6.07 ± 0.31 A.U. in endometrial tumor tissue.

TRPC4 expression is correlated with patient survival outcomes in endometrial cancer.

We performed Kaplan-Meier survival analysis to evaluate correlation between TRPC4 primary tumor expression and survival outcomes in 543 patients with endometrial cancer. We observed a correlation between primary tumor expression of TRPC4 and overall survival in patients with endometrial cancer, in black patients with low mutational burden (Figure 2). TRPC4 primary tumor mRNA levels were a negative prognostic indicator in black endometrial cancer patients with low mutational burden. Black patients with low mutational burden whose primary tumors expressed low levels of TRPC4 possessed median OS of 41.63 months, while black patients with low mutational burden whose tumors expressed high levels of TRPC4 possessed median OS of 22.3 months. This difference in OS based on TRPC4 tumor expression in black patients with endometrial cancer with low mutational burden approached statistical significance (Figure 2, Chart 3; logrank p -value: 0.091; hazard ratio: 2.58 (0.83-8.03)). TRPC4 primary endometrial tumor expression was not correlated with overall survival in black patients with high mutational burden (Figure 2, Chart 3; logrank p -value: 0.91; hazard ratio: 1.09 (0.22-5.42)), nor in white patients with high ((Figure 2, Chart 3; logrank p -value: 0.31; hazard ratio: 1.5 (0.68-3.31)) or low mutational burden (Figure 2, Chart 3; logrank p -value: 0.77; hazard ratio: 1.1 (0.57-2.15)).

Thus, by mining published and public microarray data^{5,6} in an unbiased and systematic fashion, we identified transient receptor potential cation channel subfamily C member 4, encoded by TRPC4, as among the genes whose expression was most different, transcriptome-wide, in the endometrial tumor tissue of patients with endometrial cancer when compared to benign endometrial tissue; we observed significantly decreased expression of TRPC4 in endometrial tumor tissue as compared to benign endometrial tissue. Further, we found a correlation between TRPC4 expression and patient survival outcomes in human endometrial cancer, as overall survival was inferior in patients whose tumors expressed higher levels of TRPC4 as compared to patients whose tumors expressed lower levels of TRPC4, in black patients with low mutational burden, but not in black patients with high mutational burden, nor in white patients with high or low mutational burden.

Discussion

We provided evidence here that transient receptor potential cation channel subfamily C member 4 is among the genes most differentially expressed in human endometrial cancer, that mRNA for TRPC4 is present at significantly decreased quantity in endometrial tumor tissue as compared to benign endometrium, and that TRPC4 primary tumor expression is correlated with overall survival in black endometrial cancer patients with low mutational burden. These data suggest TRPC4 may be of importance to fundamental biological processes that underlie the initiation, progression or maintenance of human endometrial cancer.

References

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Rank: 82
Probe ID: 220818_s_at
p-value: 8.57E-03
t: 2.682705
B: -2.85514
Gene: TRPC4
Gene name: transient receptor potential cation channel subfamily C member 4

Chart 1: TRPC4 is differentially expressed in endometrial cancer when comparing primary endometrial tumors to benign endometrial tissue.

The rank of global differential expression, probe/transcript ID, the *p*-value with respect to differential expression transcriptome-wide, *t*, a moderated *t*-statistic, *B*, the log-odds of differential expression between the groups compared, the gene and gene name are listed in this chart.

Rank: 476
probe ID: 220818_s_at
p-value: 0.00566
t: 4.9320347
B: -2.49
Gene: TRPC4
Gene name: transient receptor potential cation channel subfamily C member 4

Chart 2: TRPC4 is differentially expressed in endometrial cancer when comparing primary endometrial tumors to benign endometrial tissue.

The rank of global differential expression, probe/transcript ID, the *p*-value with respect to differential expression transcriptome-wide, *t*, a moderated *t*-statistic, *B*, the log-odds of differential expression between the groups compared, the gene and gene name are listed in this chart.

Figure 1: TRPC4 is expressed at significantly lower levels in the endometrial tumors of patients with endometrial cancer when compared to benign endometrium.

The mRNA expression level of TRPC4 in benign endometrial tissue (left) and in primary tumors of the endometrium (right) is graphically depicted; the result of a statistical test evaluating significance of difference in TRPC4 expression between benign endometrial tissue and primary tumors of the endometrial tissue is $p=0.0025$.

Figure 2: Correlation between TRPC4 primary tumor expression and overall survival in endometrial cancer, in black patients with low mutational burden.

Depicted in this Kaplan-Meier plot is the probability of overall survival for $n=543$ total endometrial cancer patients stratified into two groups, based on low or high expression of TRPC4 in patient primary tumors, in black patients with high mutational burden (top left), black patients with low mutational burden (top right), white patients with high mutational burden (bottom left), and white patients with low mutational burden (bottom right). The log rank p -value denoting statistical significance of difference in overall survival when comparing the two groups, as well as hazard ratio for this comparison is listed above. Listed below is the number of patients at risk (number of patients alive) per interval, after stratification based on TRPC4 expression; in the first interval, number at risk is number of patients alive; in each subsequent interval, number at risk is the number at risk less those who have expired or are censored.

Low TRPC4 expression: 41.63 months

High TRPC4 expression: 22.3 months

Chart 3: Median overall survival is superior in endometrial cancer patients with low primary tumor expression of TRPC4, in black patients with low mutational burden.

The median OS (overall survival) of black endometrial cancer patients with low mutational burden, with low primary tumor expression of TRPC4 and high primary tumor expression of TRPC4 is listed in this chart.