

# Comparisons of HBV-associated Liver fibrosis with Normal tissue

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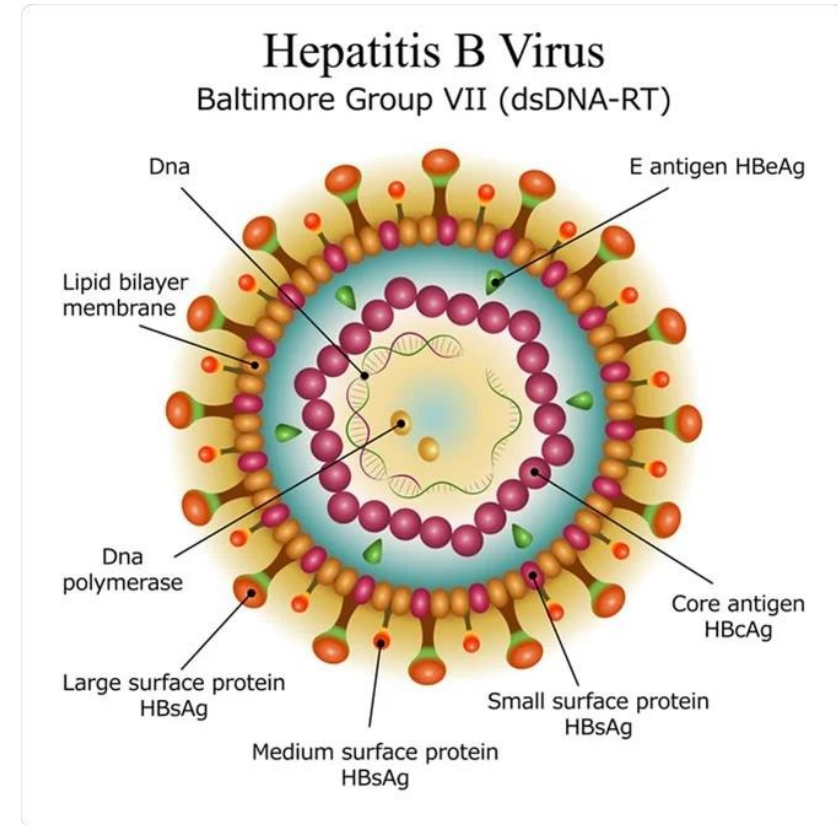
Margery (Yutian) Liu



# Introduction

**Liver fibrosis** is the excessive accumulation of **extracellular matrix proteins (EMP)** including collagen that occurs in most types of chronic liver diseases.

**Hepatitis B virus (HBV)** is a hepatotropic, enveloped, partially double-stranded DNA virus that causes chronic and acute hepatitis B infections in humans.



Ref: Diagram of Hepatitis B virus particle structure. Image Credit: Moonnoon / Shutterstock

## Types of Tissue Used

CXCL6

[Front Med \(Lausanne\)](#). 2021; 8: 683506.

Published online 2021 Jul 14. doi: [10.3389/fmed.2021.683506](https://doi.org/10.3389/fmed.2021.683506)

PMCID: PMC8317578

PMID: [34336890](https://pubmed.ncbi.nlm.nih.gov/34336890/)

### **Hepatic BRD4 Is Upregulated in Liver Fibrosis of Various Etiologies and Positively Correlated to Fibrotic Severity**

[Cichun Wu](#),<sup>1</sup> [Da Cheng](#),<sup>1</sup> [Yanghui Peng](#),<sup>1</sup> [Ying Li](#),<sup>1</sup> [Chunyan Fu](#),<sup>2</sup> [Ying Wang](#),<sup>2</sup> [Lei Fu](#),<sup>1,3,\*</sup> [Shifang Peng](#),<sup>1,3,\*</sup> and [Xin Ni](#)<sup>3,4,\*</sup>

#### Liver Tissues :

**Eight patients who underwent surgical resection for the treatment of HBV-associated liver cancer in the liver fibrosis group (n = 4) or hemangioma in the control group (n = 4)**

Ref: Wu C, Cheng D, Peng Y, et al. Hepatic BRD4 Is Upregulated in Liver Fibrosis of Various Etiologies and Positively Correlated to Fibrotic Severity. [Front Med \(Lausanne\)](#). 2021;8:683506. Published 2021 Jul 14. doi:10.3389/fmed.2021.683506



# Priori Hypothesis

- Inflammation is a major contributor to the pathogenesis of almost all liver diseases.
- Low-molecular-weight proteins called chemokines are the main drivers of liver infiltration by immune cells such as macrophages, neutrophils and others during an inflammatory response.
- CXC- motifs are expected to be upregulated in the liver fibrosis group.







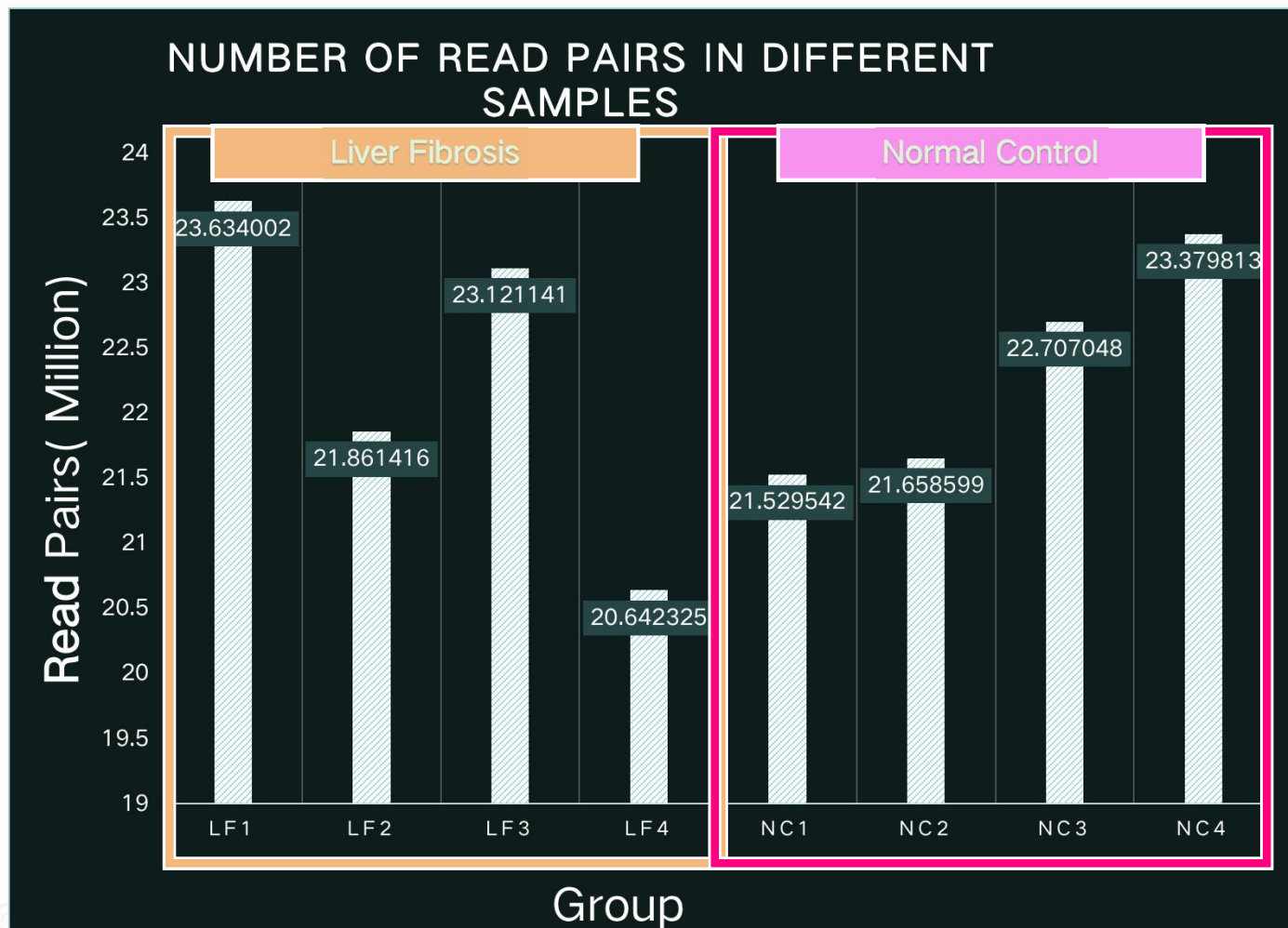
## Sequencing Source

- 8 patients
- Liver Fibrosis Group(n=4): HBV-associated
- Control Group(n=4)
- Sequencing data source: (GEO: GSE171294)
- Sequencing reads: Paired end

- Total RNA Extracted -- the RNeasy Mini Kit
- Generate Sequencing Libraries -- UltraTM RNA Library Prep Kit for Illumina
- 150 bp paired-end reads were generated
- 2 FASTQ files for each sample

Samples	Group	Single or Paired End	SRA
GSM5222239	Normal Control 1	Paired End	SRX10498444
GSM5222240	Normal Control 2	Paired End	SRX10498445
GSM5222241	Normal Control 3	Paired End	SRX10498446
GSM5222242	Normal Control 4	Paired End	SRX10498447
GSM5222243	Llver Fibrosis 1	Paired End	SRX10498448
GSM5222244	Llver Fibrosis 2	Paired End	SRX10498449
GSM5222245	Llver Fibrosis 3	Paired End	SRX10498450
GSM5222246	Llver Fibrosis 4	Paired End	SRX10498451

## ♥ Pre-alignment sequencing metrics



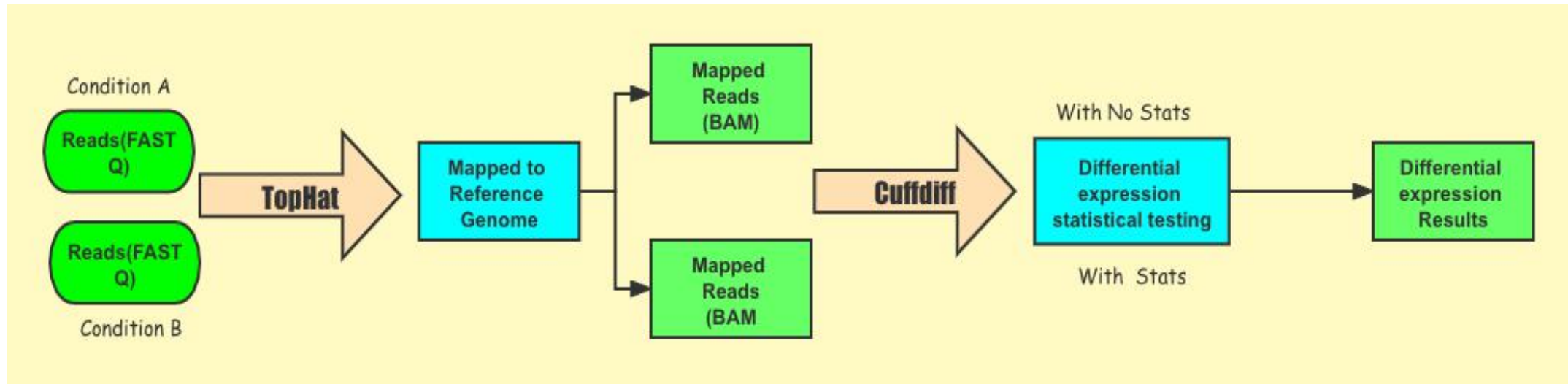
Maximum (M)	LF1	23.634002
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Minimum (M)	LF4	20.642325
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Average (M)		22.31673575
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# Processing Pipeline



Ref:Homo\_sapiens.GRCh38.104.chr.gtf  
ensembl.GRCh38.104.fa



# Processing Pipeline

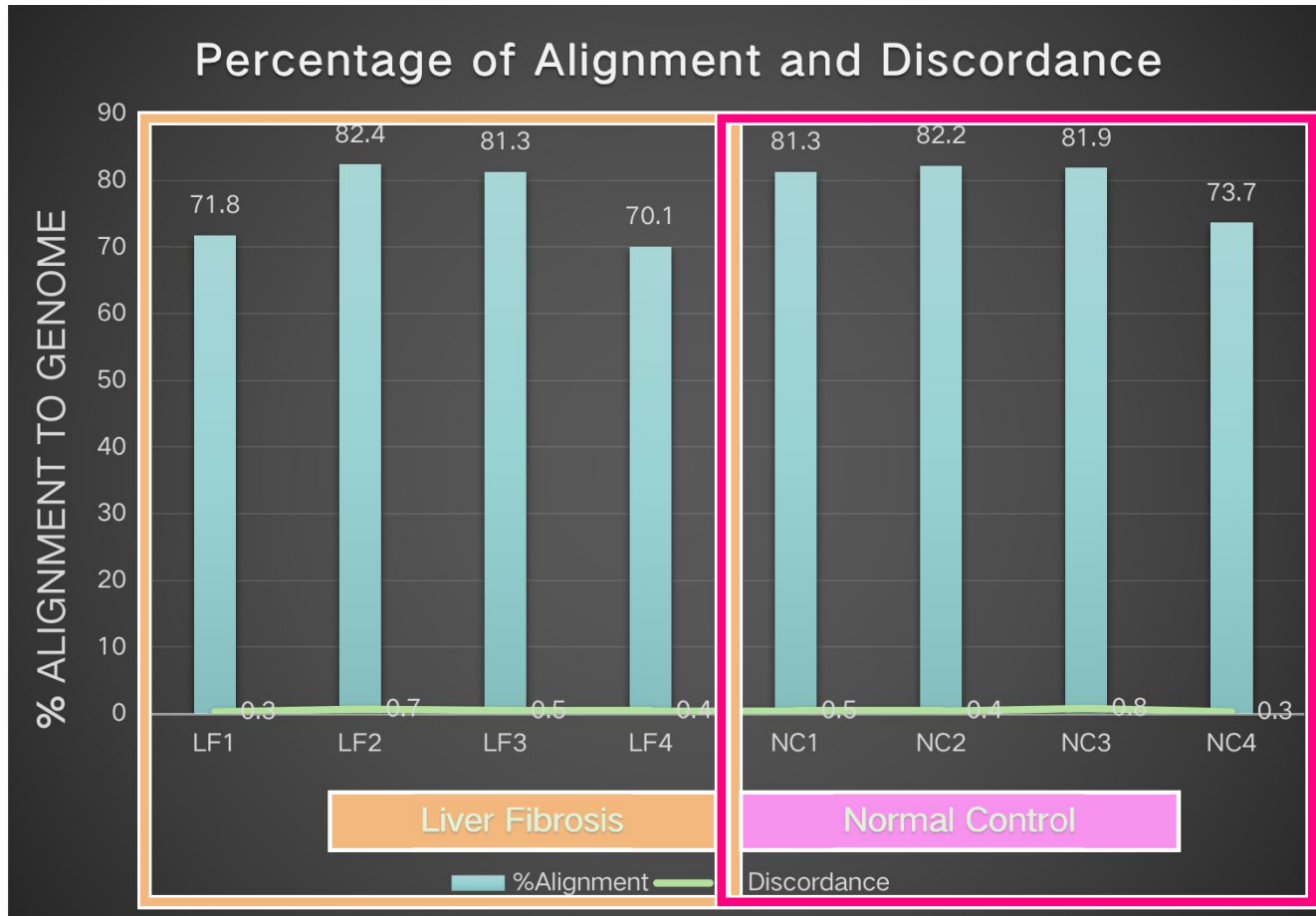
	Alignment	Counting	Differential Gene Expression Analysis
Tool	TopHat 2	Cuffdiff ((No Stats)	Cuffdiff(With Stats)
Input	FASTQ files	BAM from alignment	BAM from alignment
Output	BAM files	genes.fpkm_tracking	gene.exp_diff

- **genes.fpkm\_tracking** : FPKM values for ALL the samples and columns reflect the labels (-L)
- **gene.exp\_diff** : statistical tests for two groups and columns reflect the group labels (-L)





# Alignment Metrics and Statistics



## % Alignment

Maximum (%)	LF2	82.4
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Minimum (%)	LF4	70.1
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Average(%)	78.0875
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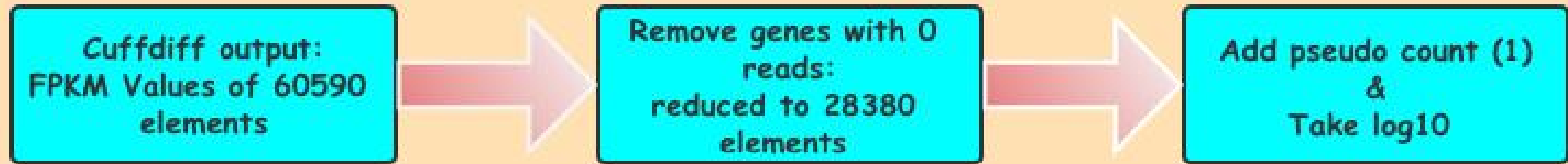
## % Discordance

Maximum %	NC3	0.8
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Minimum %	LF1/NC4	0.3
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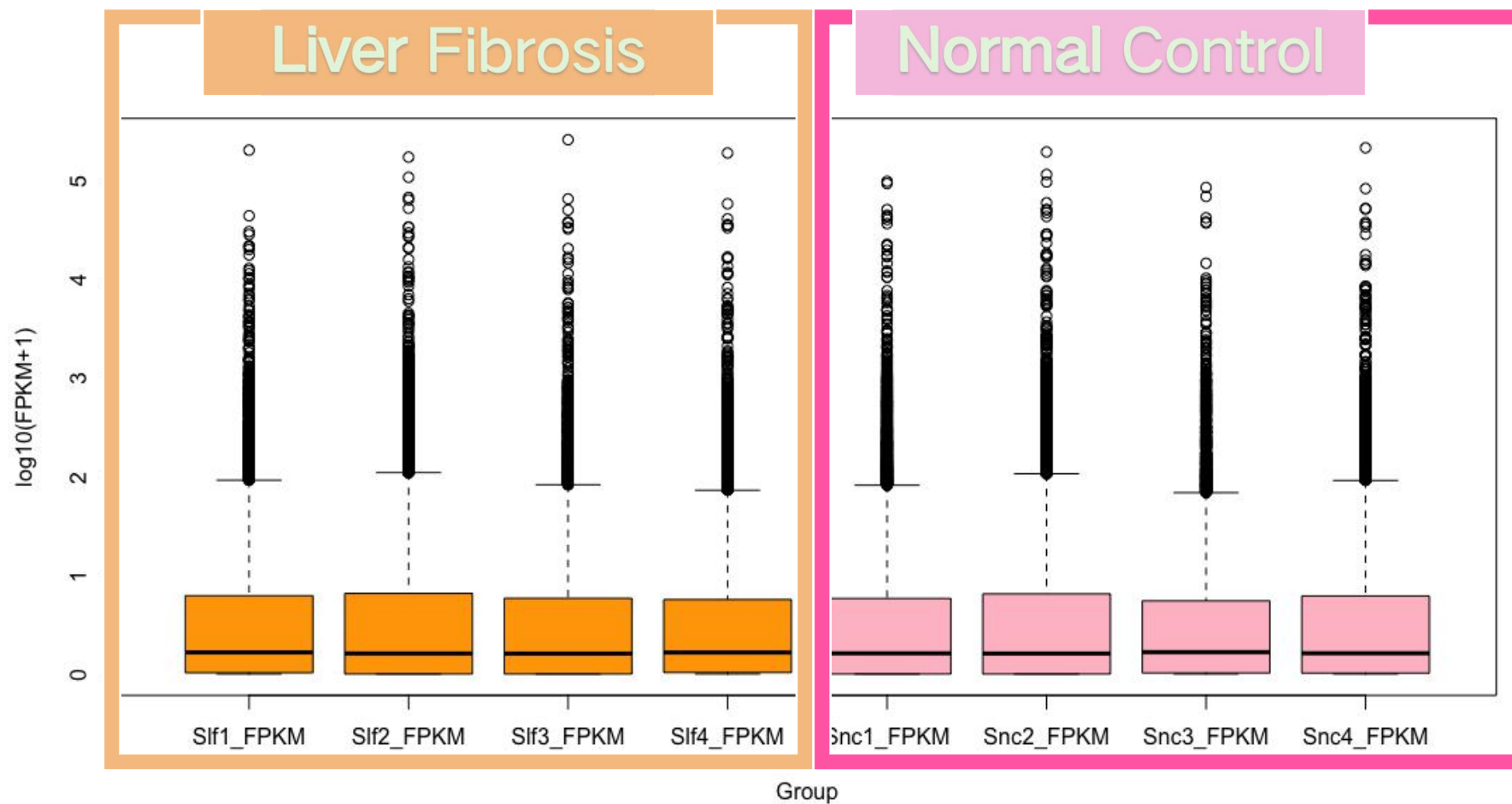
Average	0.4875
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# ♥ Data Pre-Processing



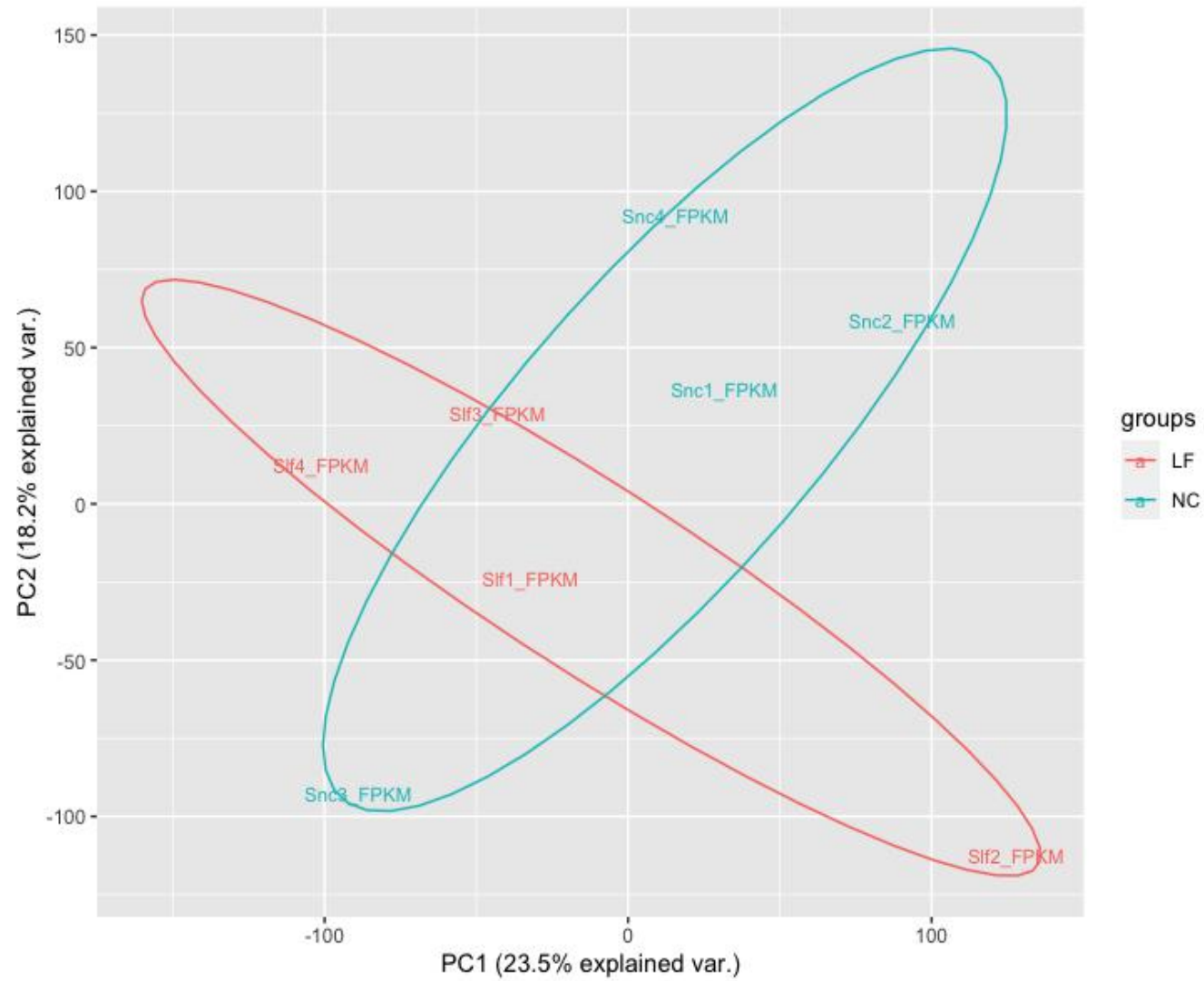


## Box Plot : Filter Samples(28380 elements)





## PCA Plot : Filter Samples(28380 elements)



# DIFFERENTIAL EXPRESSION GENES SELECTION

$\text{ABS}(\text{Log2Fold Difference}) \geq 1.5$

A light green downward-pointing arrow indicating the flow from the first criterion to the second.

$\text{P-Value} \leq 0.01$

A light green downward-pointing arrow indicating the flow from the second criterion to the final result.

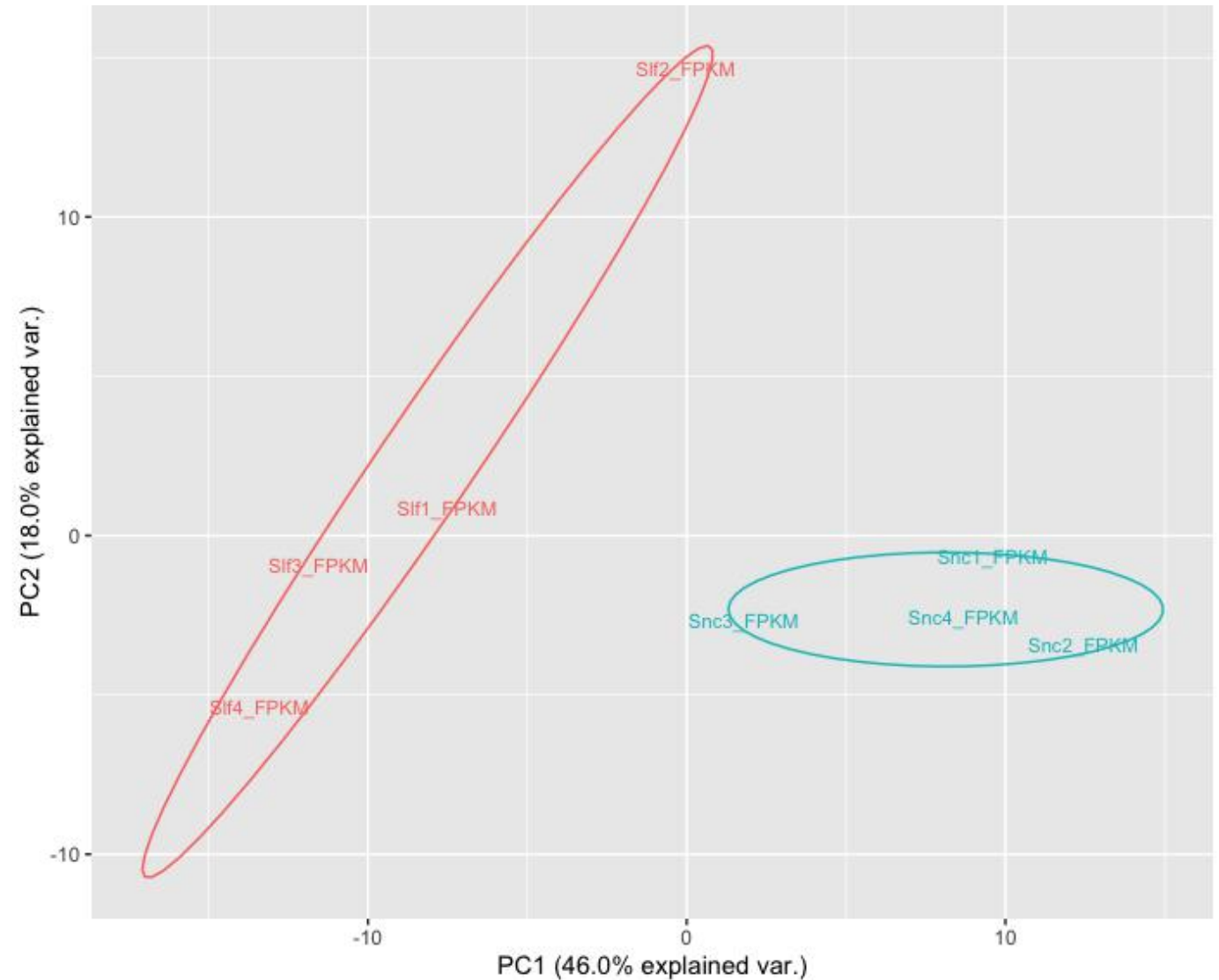
Result: 216 filtered genes

- 125 upregulated, 91 downregulated



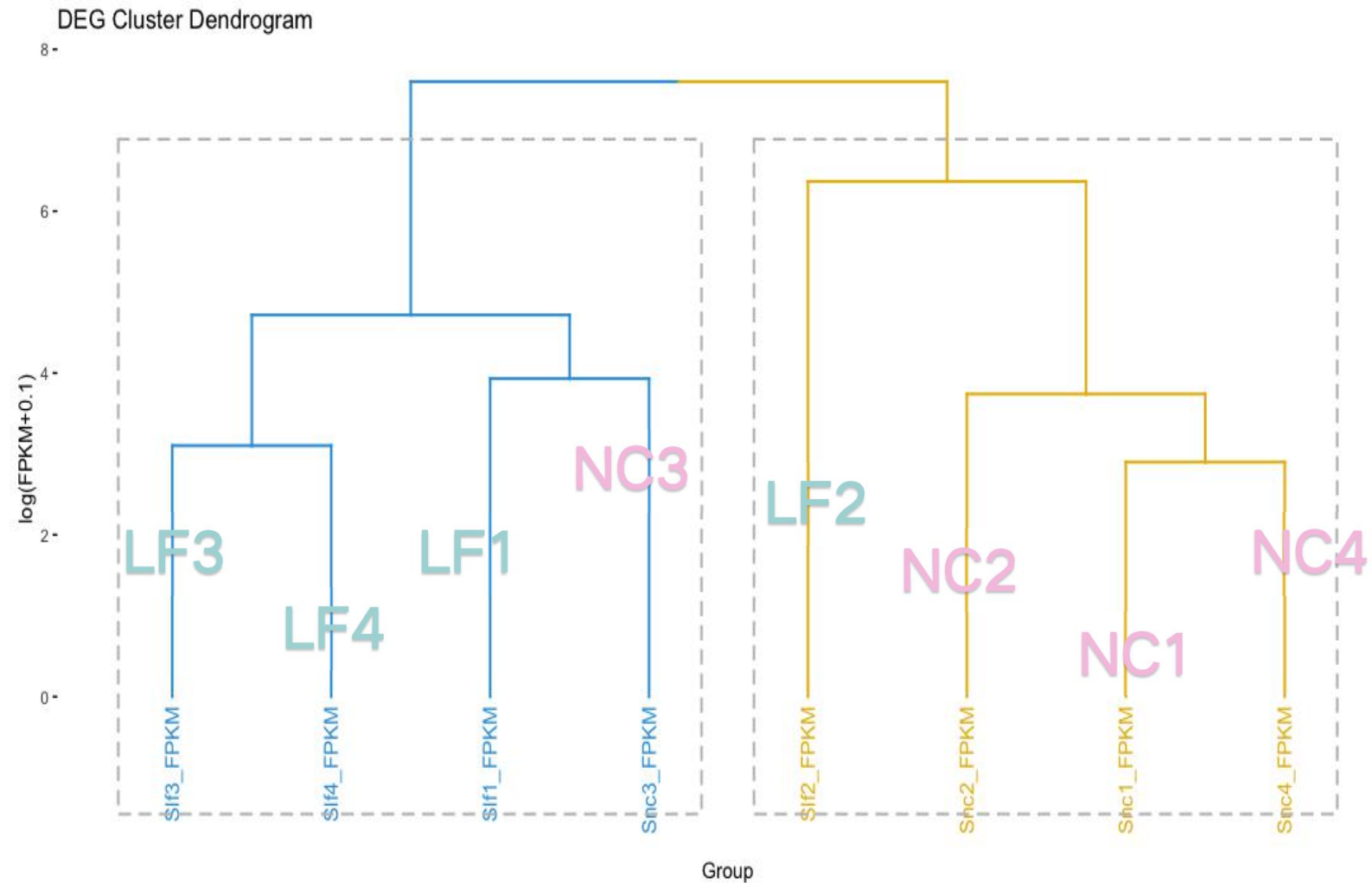


# PCA Plot : Differential Expressed Genes (DEG : 216 filtered genes)

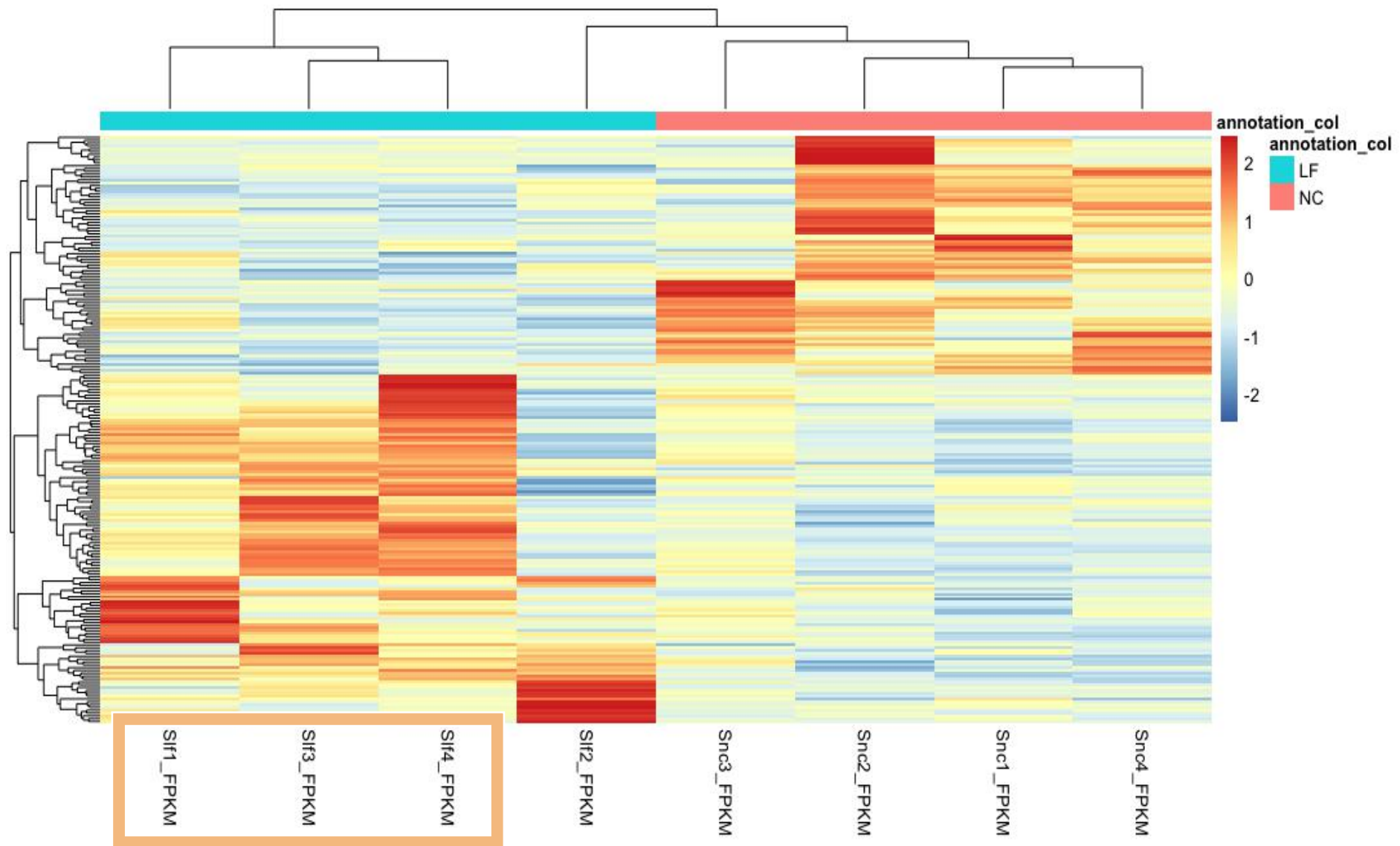




# Cluster Dendrogram: Differential Expressed Genes (DEG : 216 filtered genes)



HeatMap : Differential Expressed Genes  
(DEG : 216 filtered genes)





# IPA PATHWAY ANALYSIS

Differential Expressed Genes(DEGs):

pvalue  $\leq 0.5$  & abs(log2foldchange  $\geq 1.5$ )

216DEGs: 125 upregulated,  
91 downregulated

## Upregulated Pathway

Disease of Functions Annotation	P-Value	Molecules
Inflammation of Organ	0.00037	CD79A,CRP,CXCL10,CXCL13,CXCL6,CXCL9,CXCR3,CXCR4,DUSP2,FAM153A/FAM153B,IGHG1,IGKC,IL32,PDCD1,PLA2G2A,SOCS1,UBD
Consistent with the priori hypothesis CXC- motifs are expected to be upregulated in the liver fibrosis group		

CXCR3 is the associated  
Receptor of CXCL9 &  
CXCL10&CXCL11

The anti-fibrotic and anti-angiogenic  
CXCR3 is the key receptor on T cells,  
NK cells and possibly HSCs, with  
CXCL9 , CXCL10, CXCL11 as its  
ligands in the liver

**Table 1 List of chemokines and their receptors in the liver**

From: [Regulation and functional roles of chemokines in liver diseases](#)

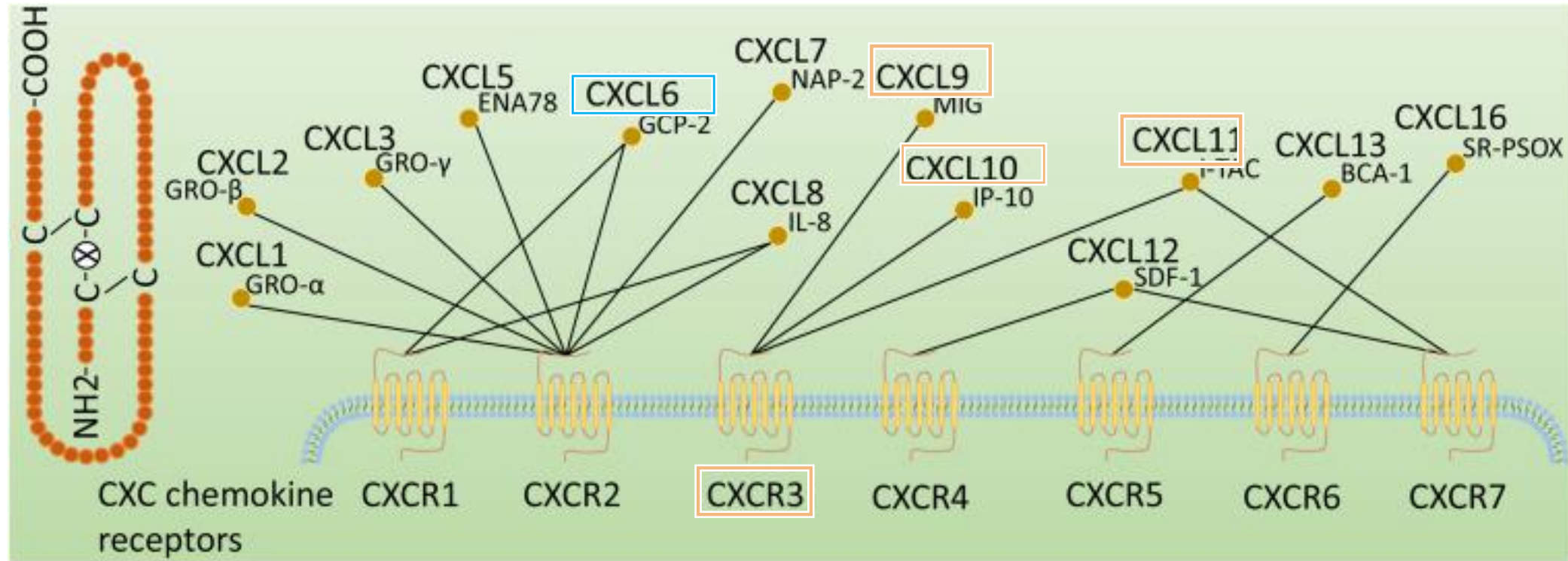
Standard name of chemokine ligand	Alternate name	Associated receptor	Key immunoregulatory functions
<b>CXC</b>			
CXCL1	Human: GRO $\alpha$ , MGSA Mouse: KC	CXCR2	Neutrophil trafficking
CXCL2	Human: GRO $\beta$ , MIP2 $\alpha$ Mouse: MIP2	CXCR2	Neutrophil trafficking and transendothelial migration
CXCL5	Human: ENA78 Mouse: LIX	CXCR2	Neutrophil trafficking
CXCL6	GCP2	CXCR1 and CXCR2	Neutrophil–monocyte trafficking
CXCL8	IL-8	CXCR1 and CXCR2	Neutrophil–monocyte trafficking
CXCL9	MIG	CXCR3	T <sub>H</sub> 1 immune response
CXCL10	IP-10	CXCR3	T <sub>H</sub> 1 immune response
CXCL11	ITAC	CXCR3	T <sub>H</sub> 1 immune response
CXCL12	SDF1	CXCR4 and CXCR7	Hepatic stellate cells, liver sinusoidal endothelial cells, hepatocellular carcinomas
CXCL13	BLC, BCA1	CXCR5	B cells
CXCL16	SRPSOX	CXCR6	Natural killer T cells

Ref: Cao, S., Liu, M., Sehrawat, T.S. et al. Regulation and functional roles of chemokines in liver diseases. Nat Rev Gastroenterol Hepatol 18, 630 – 647 (2021).  
<https://doi.org/10.1038/s41575-021-00444-2>





# Classification of CXC chemokine receptors



Ref: Wang S, Gao S, Li Y, Qian X, Luan J, Lv X. Emerging Importance of Chemokine Receptor CXCR4 and Its Ligand in Liver Disease. Front Cell Dev Biol. 2021;9:716842. Published 2021 Jul 27. doi:10.3389/fcell.2021.716842



## Cuffdiff Results of CXCL11,CXCL10, CXCL9&CXCR3

Gene	Sample 1	Sample 2	Status	Value1	Value2	log2(FoldC hange)	P-Value
CXCL10	Liver Fibrosis	Normal Control	OK	68.3166	7.70311	-3.14872	0.00005
CXCL9	Liver Fibrosis	Normal Control	OK	56.4557	5.66805	-3.31619	0.00115
CXCR3	Liver Fibrosis	Normal Control	OK	1.91006	0.543254	-1.81392	0.00845
CXCL11	Liver Fibrosis	Normal Control	OK	2.55493	0.584771	-2.12734	0.2626



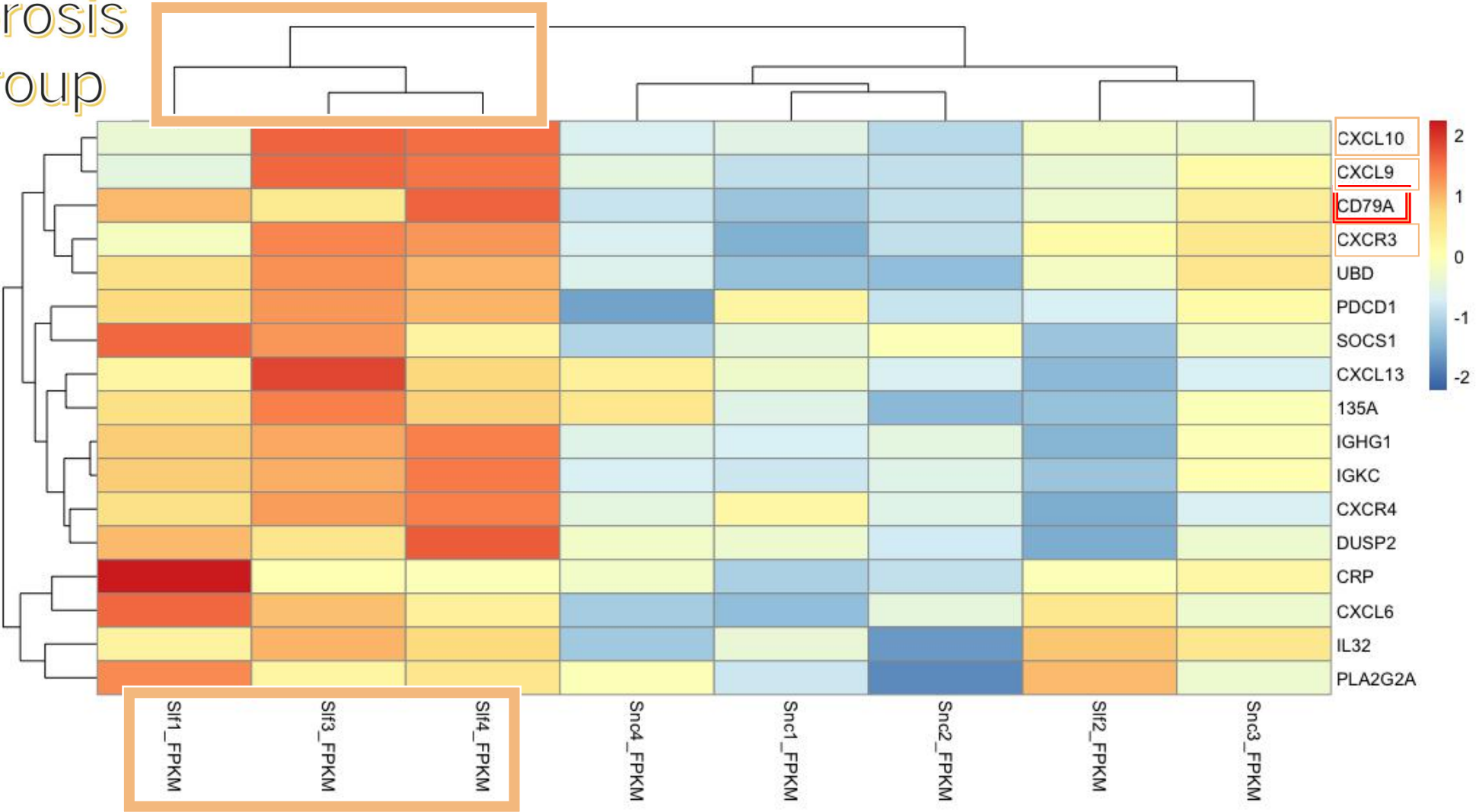
# Funtion of CXCL9/10/11 in HBV

- CXCL9, CXCL10, and CXCL11 are induced by HBV-positive hepatocytes with coexisting NK cells and pDCs, which synergistically produce IFN- $\alpha$  and IFN- $\gamma$  in response to HBV.
- CXCL9 is induced by IFN- $\gamma$  but not by IFN- $\alpha/\beta$ . CXCL10 is strongly induced by IFN- $\gamma$  as well as IFN- $\alpha/\beta$ . CXCL11 is induced by IFN- $\gamma$  and IFN- $\beta$ , and weakly by IFN- $\alpha$ .
- CXCL9, CXCL10, and CXCL11 Chemokines can be regarded as Predictors of Liver Fibrosis.

Ref : Yoshio S, Mano Y, Doi H, et al.  
Cytokine and chemokine signatures  
associated with hepatitis B surface antigen  
loss in hepatitis B patients. JCI Insight.  
2018;3(20):e122268. Published 2018 Oct  
18. doi:10.1172/jci.insight.122268

# HeatMap of Pathway : Inflammation of Organ

Liver  
Fibrosis  
Group





## Cuffdiff and FPKM Results of CD79A

Gene	LF1_FPK M	LF2_FPK M	LF3_FPK M	LF4_FPK M	NC1_FPK M	NC2_FPK M	NC3_FPK M	NC4_FPK M
CD79A	10.423	2.98631	6.06395	19.2448	1.29646	1.72012	5.60079	1.76409

Gene	Sample1	Sample2	Status	Value1	Value2	log2(FoldC hange)	P-Value
CD79A	Liver Fibrosis	Normal Control	OK	10.0787	2.96656	-1.76445	0.00025





# CD79A

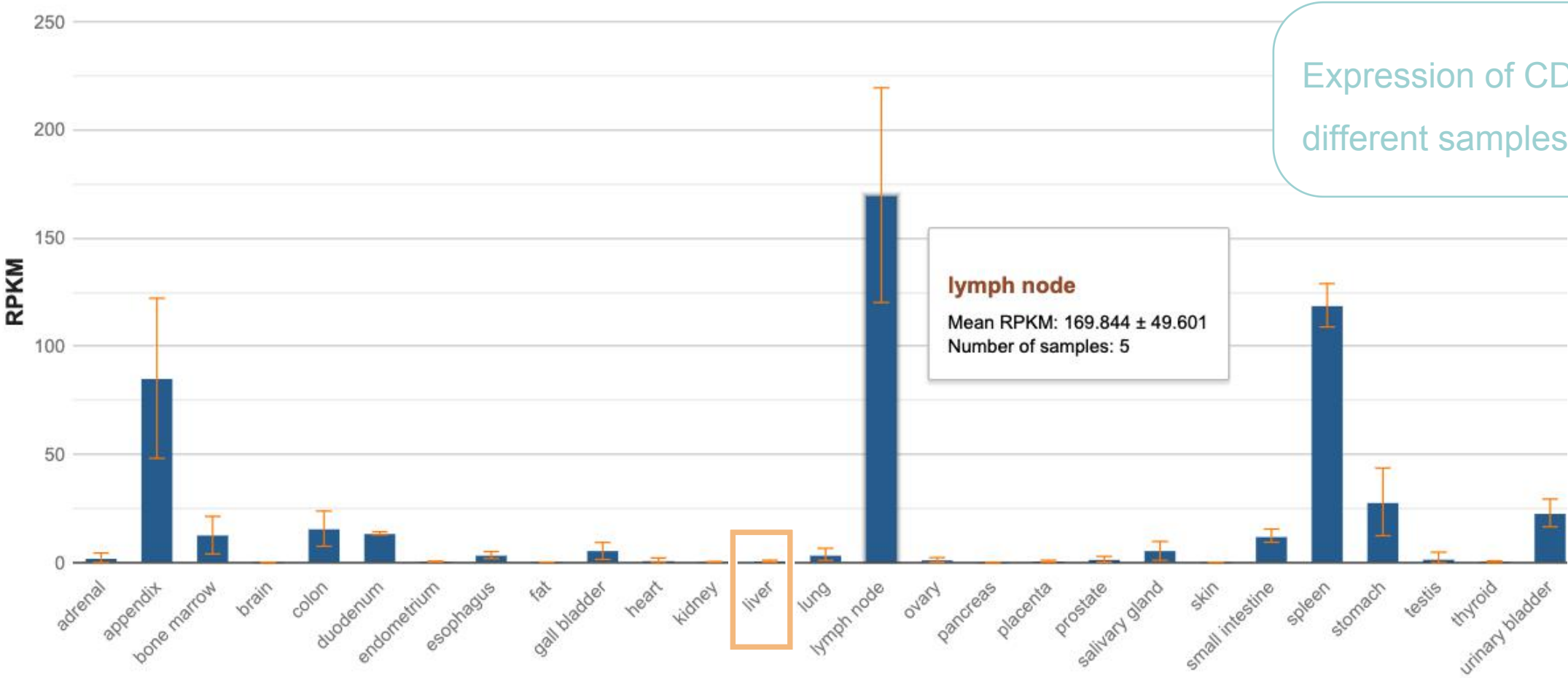
The B lymphocyte antigen receptor is a multimeric complex that includes the antigen-specific component, surface immunoglobulin (Ig). Surface Ig non-covalently associates with two other proteins, Ig-alpha and Ig-beta, which are necessary for expression and function of the B-cell antigen receptor. This gene encodes the **Ig-alpha protein of the B-cell antigen component**. [provided by RefSeq, Jul 2008]

## New Hypothesis

CD79A maybe also correlated with liver fibrosis and can possibly be as predictors for HBV



- Project title: HPA RNA-seq normal tissues
- Description: RNA-seq was performed of tissue samples from 95 human individuals representing 27 different tissues in order to determine tissue-specificity of all protein-coding genes
- BioProject: [PRJEB4337](#)
- Publication: [PMID 24309898](#)
- Analysis date: Wed Apr 4 07:08:55 2018



Ref:<https://www.ncbi.nlm.nih.gov/gene/973#gene-expression>

# Functions of Lymph nodes in Liver Fibrosis

- Lymph nodes are well known to exist in the hepatoduodenal ligament.
- In ultrasound study, enlarged lymph nodes could be demonstrated in the hilus hepatis of almost all patients with CHB or CHC.
- Enlarged lymph nodes can be a good indicator of inflammatory activity by the liver in CHB, especially those wider than 5 mm, suggested chronic HBV or HCV infection.
- Several effective medications are available to inhibit HBV replication with liver fibrosis regression by reducing liver inflammation and cellular damage in most patients with chronic hepatitis B (CHB).
- The assessment of liver necroinflammatory activity and fibrosis for patients with CHB is helpful for determining prognosis and treatment strategy.

The expression of CD79A might used to evaluated the degree of liver fibrosis

Ref:Shu J, Zhao JN, Han FG, et al. Chronic hepatitis B: Enlarged perihepatic lymph nodes correlated with hepatic histopathology. World J Radiol. 2013;5(5):208-214. doi:10.4329/wjr.v5.i5.208



# Summary

- The IPA analysis results show that many pathways related to inflammation are up-regulated.
- In the Inflammation of Organ pathway , CXCL9, CXCL10, CXCL11 and CXCR3 are up-regulated which is consistent with previous studies.
- In the Inflammation of Organ pathway , CXCL6, PLA2G2A and IL32 are up-regulated which is consistent with previous studies<sup>[1][2][3]</sup>.
- CD79A in the in the Inflammation of Organ pathway is up-regulated similarly as CXCL9, CXCL10, CXCL11 and CXCR3 . It maybe also correlated with liver fibrosis which could be useful for evaluating the degree of patients with liver fibrosis.

Protein analysis CD79A  
Ig-alpha protein of the B-cell  
antigen component  
Immunoassay

[1]Wu C, Cheng D, Peng Y, et al. Hepatic BRD4 Is Upregulated in Liver Fibrosis of Various Etiologies and Positively Correlated to Fibrotic Severity. Front Med (Lausanne). 2021;8:683506. Published 2021 Jul 14. doi:10.3389/fmed.2021.683506

[2]Zhu C, Song H, Shen B, Wu L, Liu F, Liu X. Promoting effect of hepatitis B virus on the expressoin of phospholipase A2 group IIA. Lipids Health Dis. 2017 Jan 11;16(1):5. doi: 10.1186/s12944-016-0400-7. PMID: 28077172; PMCID: PMC5225502.

[3]Xu Q, Pan X, Shu X, Cao H, Li X, Zhang K, Lu J, Zou Y, Li X, Liu H, Zhang Y, Yang D, Ning Q, Shen G, Li G. Increased interleukin-32 expression in chronic hepatitis B virus-infected liver. J Infect. 2012 Oct;65(4):336-42. doi: 10.1016/j.jinf.2012.05.009. Epub 2012 Jun 8. PMID: 22687868.

THANK YOU

