

Data in Brief

The effect of radiotherapy on the transcriptional profile of human cell lines

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04/07/2017

Abstract

Specifications

Organism/cell line/tissue	Human, Normal Human Dermal Fibroblasts, Normal Human Epidermal Keratinocytes, Human Pericytes, Human Microvascular Blood Endothelial Cells, Human Lymphatic Endothelial Cells and Adipose Derived Stem Cell
Sex	•
Data format	Unmapped fastq and summarised counts.
Experimental factors	RNA was obtained from each cell line under normal conditions and after being treated with a single dose of radiotherapy. The adipose stem cells and lymphatic endothelial cells were treated with additional fractionated doses of radiotherapy.
Experimental features	
Consent	
Sample source location	Melbourne, Australia

Direct link to deposited data

Introduction

Experimental Design, Materials and Methods

Sample information

The effect radiotherapy has on gene expression was measured in 6 different human cell-lines (Normal Human Dermal Fibroblasts, Normal Human Epidermal Keratinocytes, Human Pericytes, Human Microvascular Blood Endothelial Cells, Human Lymphatic Endothelial Cells and Adipose Derived Stem Cells). Each cell-line was subjected to a single dose of radiotherapy (10Gy) or no radiotherapy (0Gy, control). For the ASC and LEC cell-lines, there was also a fractionated dose (5 x 2Gy over a 48 hour period). Two replicates of each cell-line/treatment combination were available.

RNA-seq sample preparation and sequencing

RNA sequencing (100bp single end) was carried out on an Illumina HiSeq machine at AGRF in Melbourne.

Quality-control and data preprocessing

Sequences were mapped to the *hg19* reference genome using the *Rsubread* program with default settings and gene-level counts were obtained by the *featureCounts* procedure using default settings. Transcripts were annotated using the *org.Hs.eg.db* package. Analysis of the resulting counts matrix was performed using the *edgeR* and *limma* R/Bioconductor packages. First, counts per million (cpm) were computed for each gene to remove differences caused by different library sizes. One sample, PERI1_10Gy, had its libraries split across three sequencing lanes, thus its cpm values were merged together. Genes were retained for further analysis if they had a baseline expression level of 0.5 cpm in at least 2 samples. Counts were normalised using the TMM method.

During exploratory data analysis we performed multidimensional scaling (MDS) on the expression matrix with cpm values. The first and second dimension explain 39 per cent and 27 of the variation in the data, respectively (figure 1). There is a clear separation between the different cell-lines and the replicate number from the MDS plots. We model the heteroscedasticity in gene counts using the *voomWithQualityWeights* procedure using the cell-line specific radiotherapy treatment as a main effect (figure 1). This results in down-weighting genes with systematically higher variation. Furthermore, given the clear difference between replicate samples observed in the MDS plot, the *voomWithQualityWeights* procedure also down-weights samples that are more variable compared to others.

Differential expression analysis

After modelling the heteroscedasticity in the counts matrix, we used empirical Bayes moderation to compute more precise estimates of gene-wise variability and remove the dependence between the variance and mean expression level (figure 2). Differential expression between all contrasts were assessed using moderated t-statistics using a false-discovery rate (FDR) of 5 per cent. Using this criteria, there were 6180 differentially expressed genes in at least one contrast (figure 2).

Results

Discussion

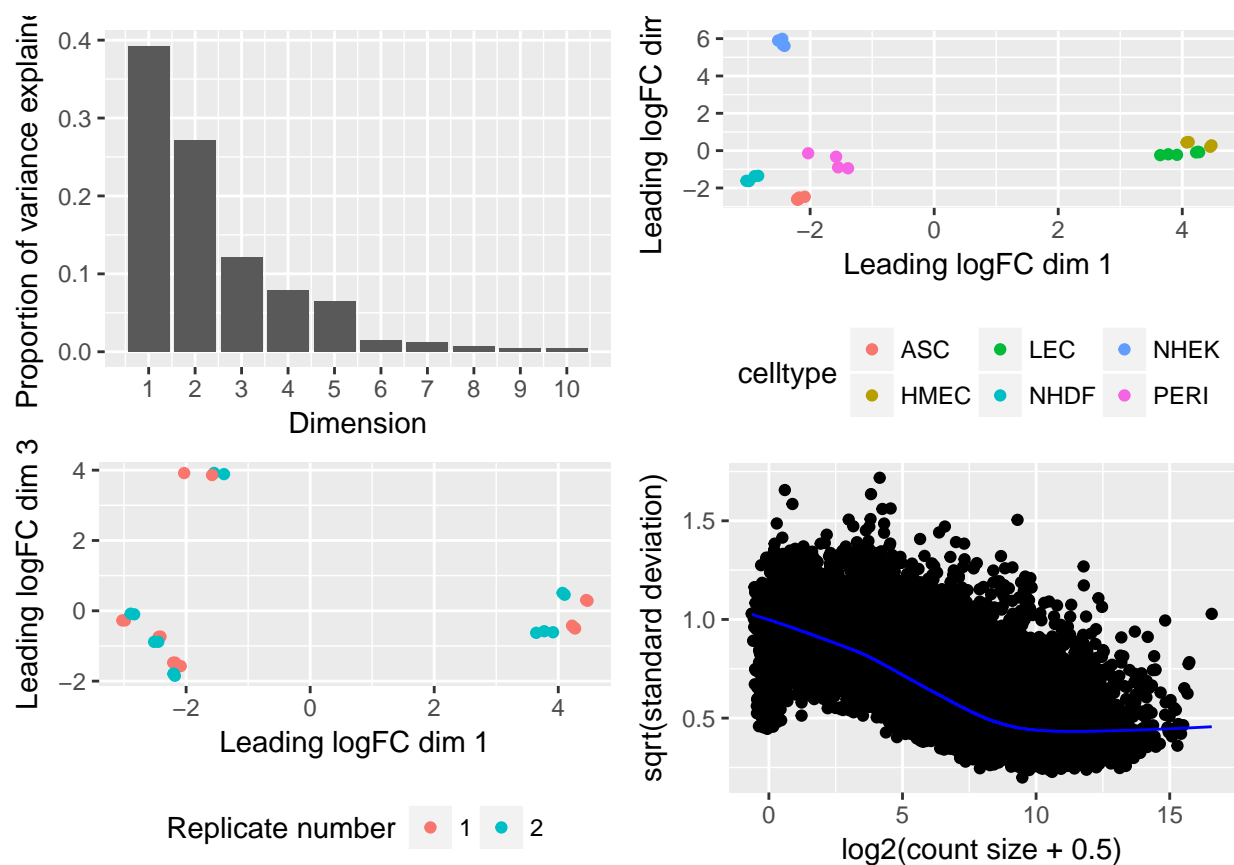


Figure 1: **A** The variance explained by each dimension from the eigenvalues of the multidimensional scaling. **B** MDS plot coloured by cell-line. **C** MDS plot coloured by treatment. **D** Mean-variance trend in expression.

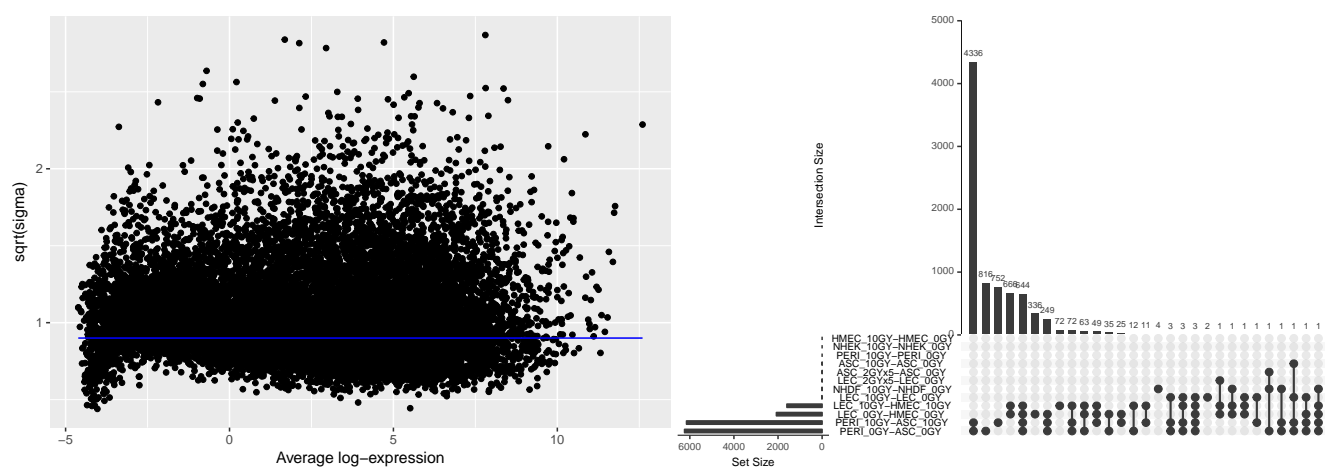


Figure 2: **A** The corrected mean-variance plot. **B** Common DE genes counts between and within contrasts.