

## CXCL1, CCL20, STAT1 was Identified and Validated as a Key Biomarker Related to Immunity in Patients with Ulcerative Colitis

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### Keywords:

Ulcerative colitis; Immune-related gene; WGCAN; Biomarker

### 1. Abstract

**1.1. Background:** Growing evidence suggests a correlation between ulcerative colitis (UC) and immune markers. Pathogenesis of UC was not yet been clearly elucidated, and few researches on immune-related biomarkers published.

**1.2. Method:** We extracted gene expression profiles from GEO database, immune-related genes from the Immport database, and colon adenocarcinoma (COAD) data from TCGA and GTEx databases. Linear models for microarray data (LIMMA), weighted gene co-expression network analysis (WGCNA) and multiple algorithms were used to identify HUB genes. We performed gene expression analysis, principal component analysis (PCA) and receiver operating characteristic (ROC) analysis on the HUB genes to identify diagnostic ability of biomarkers. UC samples were stratified into high and low expression groups, and we conducted Correlation analysis and GSEA analysis between two groups. CIBERSORT algorithm was adopted to analyze the immune infiltration between UC and normal samples.

**1.3. Result:** We identified CXCL1, CCL20, and STAT1 as three key biomarkers related to UC immunity. Compared to normal samples, CXCL1, CCL20 and STAT1 were highly expressed in colon adenocarcinoma (COAD) samples. B cells naive, Plasma cells, T cells CD4 Memory activated, NK cells resting, Macrophages M0, Macrophages M1, Dendritic cells activated, Mast Cells activated, and Neutrophils were significantly higher in UC samples than normal samples. ( $p < 0.05$ ).

**1.4. Conclusion:** We successfully screened the immune-related gene biomarkers of UC, thus provided some innovative thinking for the diagnosis and related immunotherapy of UC patients.

### 2. Introduction

Ulcerative colitis (UC), as a global disease, displays an ascending worldwide incidence [1]. An epidemiological report revealed that incidence rate in some countries had exceeded 0.3% till 2018 and was still increasing [2]. Being a chronic inflammatory disease, UC makes involved the colon in any aspect from mucosal inflammation in the rectum to an extended proximal invasion in a continuous manner, with its characteristically alternating periods of relapse and remitting mucosal inflammation. Typical symptoms present as bloody diarrhoea, abdominal pain, faecal urgency, and tenesmus [3, 4]. The onset of UC peaks between the ages of 30 and 40 [5].

The pathogenesis of UC is multifactorial, including genetic predisposition, epithelial barrier defects, dysregulated immune responses, and environmental factors. Gastrointestinal tract (GI tract) plays a paramount part in maintaining immune homeostasis. The maintenance of homeostasis in the intestinal mucosa requires the stable activity of innate and adaptive immune cells coordinating. Mucosal barrier defect is correlating to UC, once the delicate balance between tolerance and inflammation of the gastrointestinal immune system is broken, a sustained and uninhibited inflammatory response will be triggered by the gut microbiota [6, 7].

Chronic ulcerative colitis exposes individuals to an increased possibility of developing colorectal cancer [8, 9]. As indicated in

some epidemiological data, inflammation, together with distinct arms of the host immune system, contributes greatly to tumorigenesis [10, 11]. Inflammatory environment is of great importance to the pathogenesis of colitis-associated cancer (CAC) patients, and it promotes the growth and development of CAC and affects its metastasis. Recent studies have shown that evading immune destruction, reprogramming of energy metabolism, gene mutation and oncogenic inflammation have become new hallmarks of cancer. Those components of the immune system involved in tumorigenesis and tumour progression have been proved to be key factors for cancer [11, 12].

However, with the pathogenesis of UC not yet been clearly elucidated, and especially, with few researches on immune-related biomarkers published, it emerges as a pressing issue to identify potential tissue biomarkers for the diagnosis or treatment of UC and CAC. In recent years, the rapid progress made in microarray technology and high-throughput sequencing technology has provided a platform for us to identify key genetic factors and biomarkers applied to the diagnosis, treatment and prognosis of diseases [13]. WGCNA has increasingly been used to analyze large, high-dimensional datasets, therefore can be commonly applied in identifying candidate biomarkers or therapeutic targets for diseases [14]. In this study, we worked on WGCNA and the immune-related genes from the ImmPort database using the five microarray datasets (GSE87473 GSE75214, GSE59071, GSE3629, GSE37283) in Gene Expression Omnibus (GEO) database. Furthermore, we analyzed the immune infiltration in UC samples via CIBERSORT algorithm to identify its differential genes and key biomarkers, thus to offer a target benefitting the diagnosis and treatment of UC.

## 2. Material and Methods

### 2.1. Data Sources and Processing

A summary of our flow chart are described (Figure 1). Gene expression profile including GSE87473, GSE75214, GSE59071, GSE3629, GSE37283 (Table 1) were downloaded from the Gene Expression Omnibus (GEO, <https://www.ncbi.nlm.nih.gov/geo/>) database. The data was collected between August 04 and August 30, 2020. GSE87473, GSE75214 were chosen as training datasets. GSE59071 was chosen as validation dataset to verify the results from training datasets. We downloaded platform and annotation files and converted the expression spectrum from the probe level to the corresponding gene symbol according to annotation

files. Batch effects were adjusted for GSE87473 and GSE75214 in training dataset using "SVA" (version 3.34.0) R package [15]. Subsequently, we used "limma" (version, 3.42.2) R package (<http://www.bioconductor.org/packages/release/bioc/html/limma.html>) for overall data correction, and if a gene corresponded to multiple lines, we would take the average. Genes with an expression rate of 0 in samples were deleted [16].

### 2.2 Identification of DEGs

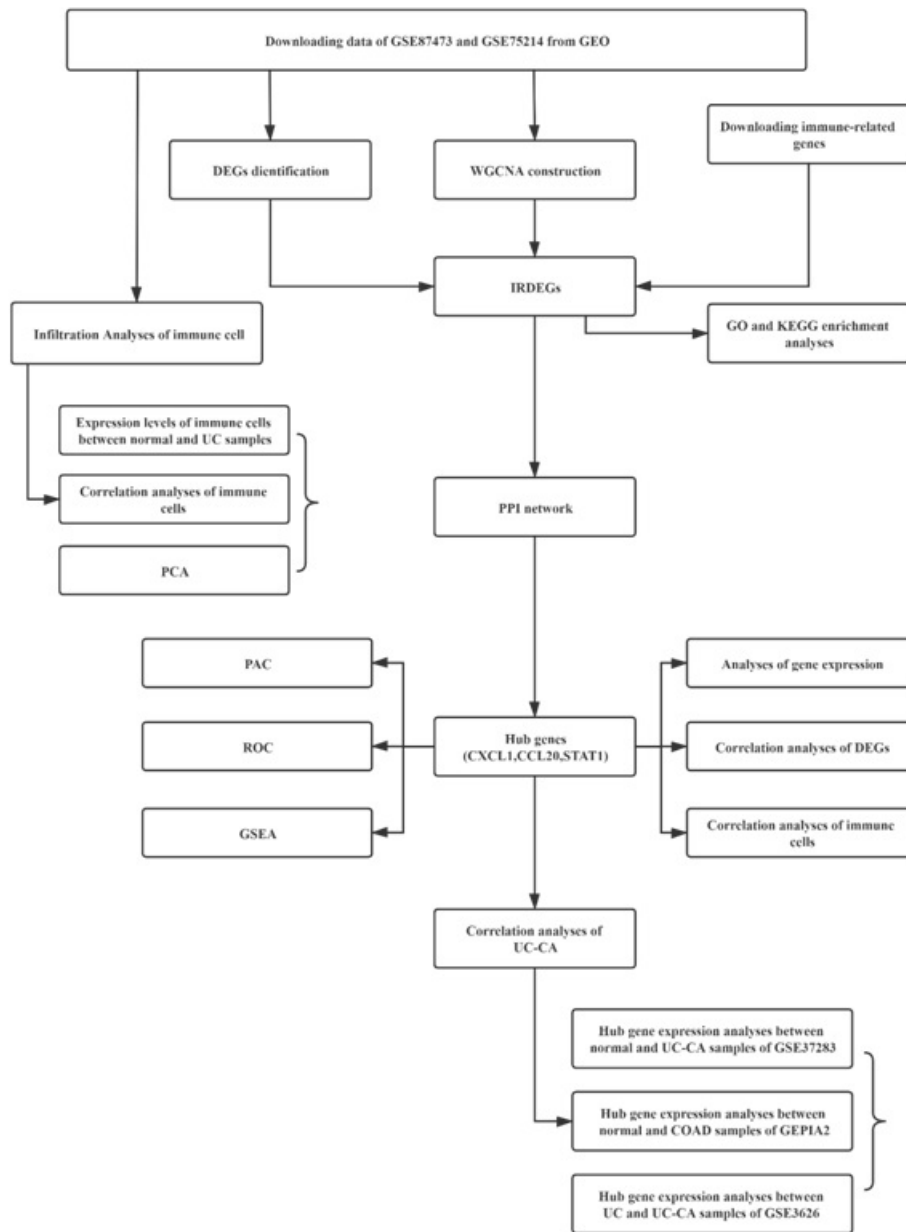
By comparing expression levels between normal colon tissue and UC tissue, DEG was identified using a linear model "limma" (version 3.42.2) R package based on microarray data from Bioconductor. The adjusted  $p < 0.05$  and  $|\log_{2}FC| > 1$  were set as cutoff values, under the premise of which we drew the heatmap and volcano map of DEGs using "pheatmap" (version 1.0.12) and "ggplot2" (version 3.3.2) R software package.

### 2.3. WGCNA Construction

Weighted gene co-expression network analysis (WGCNA) is a systems biology method. It can be used to describe the correlation patterns among genes, identify network modules of highly correlated genes, relate these gene network modules to each other and to external sample traits, and identifying candidate biomarkers or therapeutic targets [14]. In this study, "WGCNA" (version 1.69) R software package was used in constructing the co-expression networks of the training dataset. The analysis process is as follows: (1) Construct a gene co-expression network. Pearson correlation coefficients were calculated for all genes in the training dataset to construct the gene co-expression networks. (2) Select "Soft" thresholds using scale-free topological criteria. Herein, we set  $\beta = 11$  (scale  $R^2 = 0.815$ ) to construct the scale-free networks, emphasizing the strong correlation between genes and penalized the weak [17]. (3) Identify modules. The information on the adjacency between 2 nodes was converted into a topological overlap measure (TOM) that can measure the connectivity of the gene network, and dissimilarity based on TOM. The minimum genome size of the gene treemap was 150, and the genes with similar expression profiles in the training data set were divided into different modules using hierarchical clustering and Dynamic Tree Cut [14]. (4) Module clustering. After the determination of gene modules, feature vectors of each module were calculated in sequence, followed by clustering of the modules. Neighboring modules were merged into new ones, and the height was set to 0.1 [18].

**Table 1:** Details about the data sets used in this study.

Patient data	Normal	UC	UC-Ca	Platform	Reference
GSE87473	21	106	-	Affymetrix HT HG-U133+ PM Array Plate	PMID: 29401083
GSE75214	22	97	-	Affymetrix Human Gene 1.0 ST Array	PMID: 28885228
GSE59071	11	97		Affymetrix Human Gene 1.0 ST Array	PMID: 26313692
GSE3629	-	43	10	Affymetrix Human Genome U133 Plus 2.0 Array	PMID: 17255260
GSE37283	5	4	11	Affymetrix HT HG-U133+ PM Array Plate	PMID: 23945234



**Figure 1.** Flow chart of the whole procedures.

## 2.4. Identification and Analysis of Immune-related Differently Expressed Genes (IRDEGs)

Module Eigengene (ME) is reckoned as the uppermost major component in Principal Component Analysis (PCA) of each module, suggesting that within a given module, expression patterns of all genes can be summarized into a single characteristic expression profile. Key modules (green modules) were identified through the correlation between UC and ME, and genes in the green modules all had a high Pearson coefficient (Pearson coefficient = 0.61) [19].

In this study, 1793 immune-related genes were downloaded from ImmPort database (<https://import.niaid.nih.gov/>) for this study. The immune-related genes are comprised of 17 categories, including cytokines, interleukin, interferon, members of tumor necrosis

factor family, transforming growth factor $\beta$  family, chemokines, cytokine receptors, etc. DEGs, WGCNA identified immune-related genes. Key modules in the training dataset were intersected using the VennDiagram (version, 1.6.20) R software package. The ultimately overlapped genes was defined as IRDEGs [20]. In order to understand the relevant biological functions of IRDEGs, we conducted Gene ontological (GO) and Kyoto Encyclopedia of Genes and Genomes (KEGG) enrichment analysis upon the selected IRDEGs through cluster Profiler (version 3.14.3).

## 2.5. Screening of HUB Genes

STRING (<https://string-db.org/>) is a website tool to predict protein-protein interactions through algorithms [21], by the use of which a PPI network associated with IRGDEGs was built (confidence level

0.4). Cytoscape is an open source software project and used to integrate biomolecular interaction networks with high-throughput expression data and other molecular states into a unified conceptual framework [22]. “cytoHubba”, a molecular-complexity-detecting Cytoscape (version 3.7.2) plugin, was applied in screening the core genes of PPI network [23]. We defined HUB genes as the top 3 genes in the PPI network ranked by “degree”.

## 2.6. Analysis and Verification of HUB Genes

To understand whether hub genes differentiate between normal samples and UC samples, we performed Wilcoxon test on each single hub gene in training and validation dataset. The “beeswarm” (version 0.2.3) R package was subsequently used to draw boxplots of difference. According to hub genes’ varied expression levels of the samples in the training dataset were divided into high and low expression groups, and correlation analysis between the two groups was carried out. To study the significant change between the high and low expression groups, we conducted gene set enrichment analysis (GSEA) between the two genomes using GSEA package (version, 4.1.0, <https://www.gsea-msigdb.org/gsea/index.jsp>) [24]. Biological processes involved in this study depended on usage of the MSigDB marker genesets (c2.cp.kegg.v7.0.symbols.gmt).

To verify the correlation between HUB gene and UC, we used R software package “pROC (version : 1.16.2)” to draw receiver operating characteristic (ROC) curve of the verification dataset. If the area under ROC curve (AUC) > 0.7, the very HUB gene can be proved to distinguish between normal samples and UC samples. Principal Components Analysis (PCA) was applied to reduce the false association to the greatest extent while the ability to detect the true association was maximized, thus further proving the capability of HUB genes in securely differentiating the normal sample and the UC sample [25]. We chose COAD data in TCGA and GTEx databases from Gene Expression Profiling Interactive Analysis (GEPIA2) database (<http://gepia2.cancer-pku.cn>) [26], and GSE3629, GSE37283 datasets to testify the HUB genes’ correlation with UC - related colon cancer (UC-CA), as well as it with colorectal cancer.

Immunohistochemical method was used to detect the protein expression of hub gene in normal samples and UC samples. The immunohistochemical procedure is as follows: paraffin section dewaxing. Antigen repair: microwave heating for antigen repair. After hydration, PBS washing removed endogenous peroxidase. Endogenous peroxidase activity was blocked using a blocking solution (Biyuntian Biotechnology Co., Shanghai, China). The primary antibody (dilution ratio: 1:1000) was covered with Parafilm membrane and incubated overnight at 4°C, then washed for 3 times. The secondary antibody (dilution ratio: 1:50) was covered with Parafilm membrane and incubated at room temperature for 20min,

then washed for 3 times. Tri-antibody: Drop 100µL streptavidin labeled with horseradish peroxidase, cover with Parafilm and incubate at room temperature for 20min, then wash for 3 times. The DAB chromogenic solution developed for about 5min. Hematoxylin redyeing, dehydration, film sealing, microscopic examination, photography.

## 2.7. Analysis of immune Cell infiltration

We used CIBERSORT, a popular algorithm for predicting immune cell infiltration of fresh, frozen, and fixed tissues (solid tumors included), to understand infiltration of immune cells in distinct risk populations. CIBERSORT performs deconvolution algorithms on samples, using support vector regression for every cell type [27]. For each sample, CIBERSORT is able to infer the relative proportions of 22 types of infiltrating immune cells, including T cells, B cells, NK cells, eosinophils, plasma cells, macrophages, dendritic cells, neutrophils, etc. The relative proportion of infiltrating immune cells in each sample was calculated using the R package (CIBERSORT R Script version, 1.03). To observe the different abundance of each immune cell type between the normal and UC groups directly, correlation analysis was performed using “Vio-plot” (version 0.3.5) and the results were visualized. Then, correlation analysis was also done to determine what’s going on between hub gene expression level and immune cell content.

## 2.8. Statistical Analysis

All the statistical tests were performed depending on R language software (version 3.6.1, <https://www.r-project.org/>) and SPSS software (SPSS version 22, SPSS). For all the tests,  $p < 0.05$  was considered statistically significant.

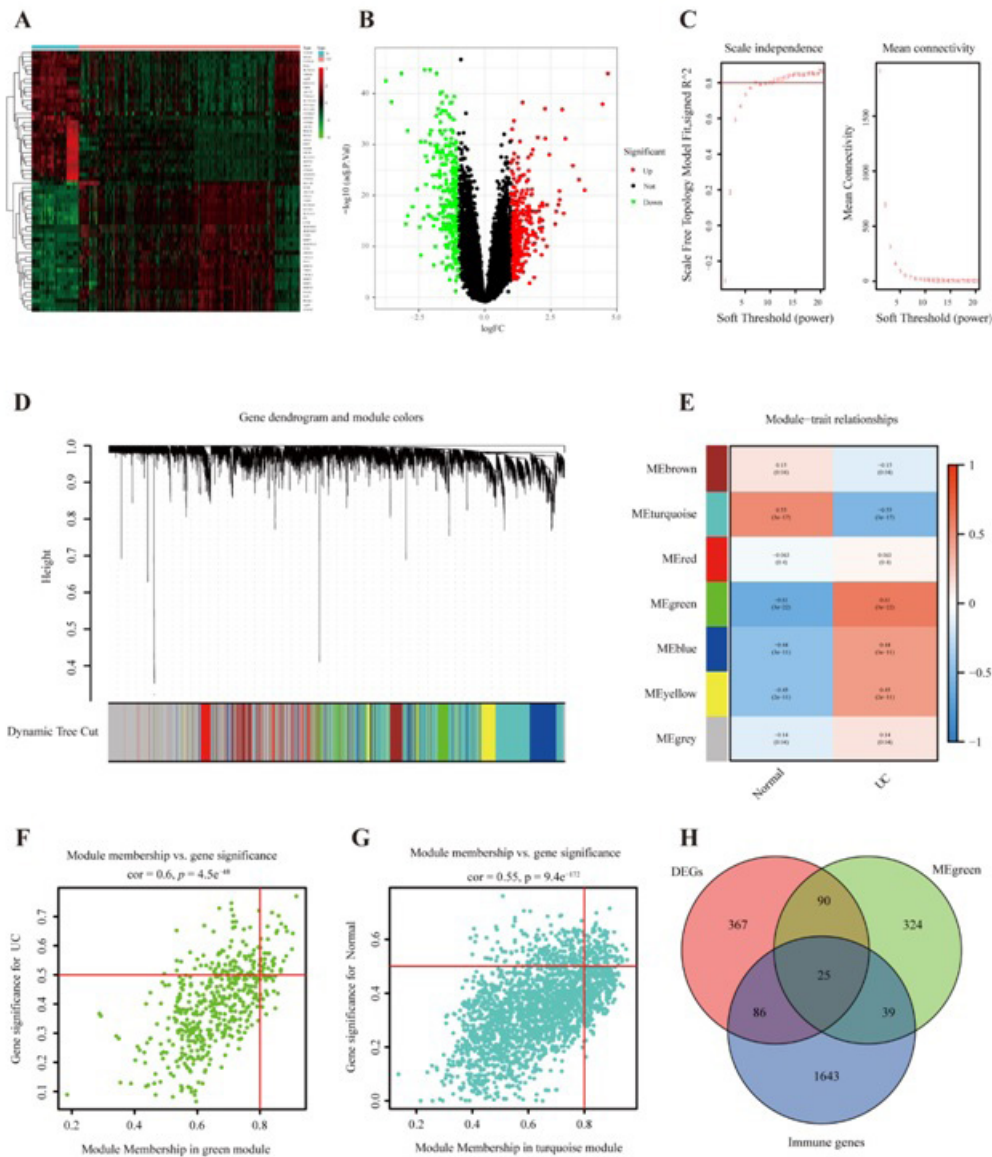
## 3. Results

### 3.1. Identification of DEGs

After data correction, gene annotation, and removal of batch effects of GSE87473 and GSE75214 datasets, we obtained training dataset’s expression matrix, including 243 samples (43 normal samples, 203 UC samples) and 16,158 genes. Finally, 568 DEGs were detected (315 increased, 253 decreased) (Figure 2A,B) for subsequent analysis.

### 3.2. Construction of WGCNA and Identification of Key Modules

We established a WGCNA for the training dataset. A soft threshold  $\beta = 11$  was set to construct a scale-free network (Figure 2C) and gene-level cluster tree (Figure 2D). Then 7 modules were identified and colors were assigned to each module (Figure 2E). The correlation between the green module and UC tissue was higher than that of the other 6 modules ( $r = 0.61$ ,  $p = 3e-22$ ) (Figure 2F,G). All 478 genes in the green module were selected to further analysis.



**Figure 2.** Heatmaps and volcano plots of differentially expressed genes between the normal and UC samples in the training dataset. **(A)** The heatmap of the differentially expressed genes in UC samples (all of the up-regulated and down-regulated genes). **(B)** The volcano plot of the differentially expressed genes in UC samples ( adjusted p-value < 0.05 and | log2FC| > 1 ). The weighted correlation network analysis (WGCNA) based on the training dataset. **(C)** Scale-free fitting index ( $\beta$ ) of soft threshold efficacy ( $\beta = 11$  (scale  $R^2 = 0.815$ )), mean connectivity analysis of soft threshold power based on gene hierarchy cluster tree of 1-TOM matrix. **(D)** Construction of a weighted gene co-expression network module based on dynamic branching shear method for training data sets, **(E)** The heatmap of correlation between module epigenes and clinical features (normal and UC). **(F)** The green modules in the most significant positive correlation with UC samples (the abscissa represents the correlation between genes and modules, and the ordinate represents the clinical correlation between genes and UC samples). **(G)** The blue modules in the most significant positive correlation with normal samples (the abscissa represents the correlation between genes and modules, and the ordinate represents the clinical correlation between genes and normal samples). **(H)** The Venn diagram of DEGs, key modules in the co-expression network and immune-related genes, and there are 25 immune-related differentially expressed genes (IRDEGs) .

**Abbreviation:** UC: Ulcerative Colitis, TOM: Topological Overlap Measure; DEGs: Differentially Expressed Genes

### 3.3. Identification and Functional Annotation of Immune-Related Differently Expressed Genes (IRDEGs)

We took the intersection of the 1,793 immune-related genes downloaded from the ImmPort database, 568 DEGs from the training dataset and 478 genes from the green module identified in WGCNA. Finally, a total of 25 overlapping genes were chosen as (IRDEGs) for subsequent analysis (Table 2) (Figure 2H). GO and KEGG enrichment analyses were conducted on these 25 overlapping genes, thus the cellular components, molecular functions, biological processes, and related biological pathways involved in IRDEGs can be determined. GO functional enrichment analysis showed such IRDEGs related biological processes (BP) as antimicrobial humoral response, humoral immune response, cell reaction to chemokines, antimicrobial peptide-mediated antimicrobial humoral immune response and other processes. The cell composition (CC) involved roughly including zymogen granule, secretory

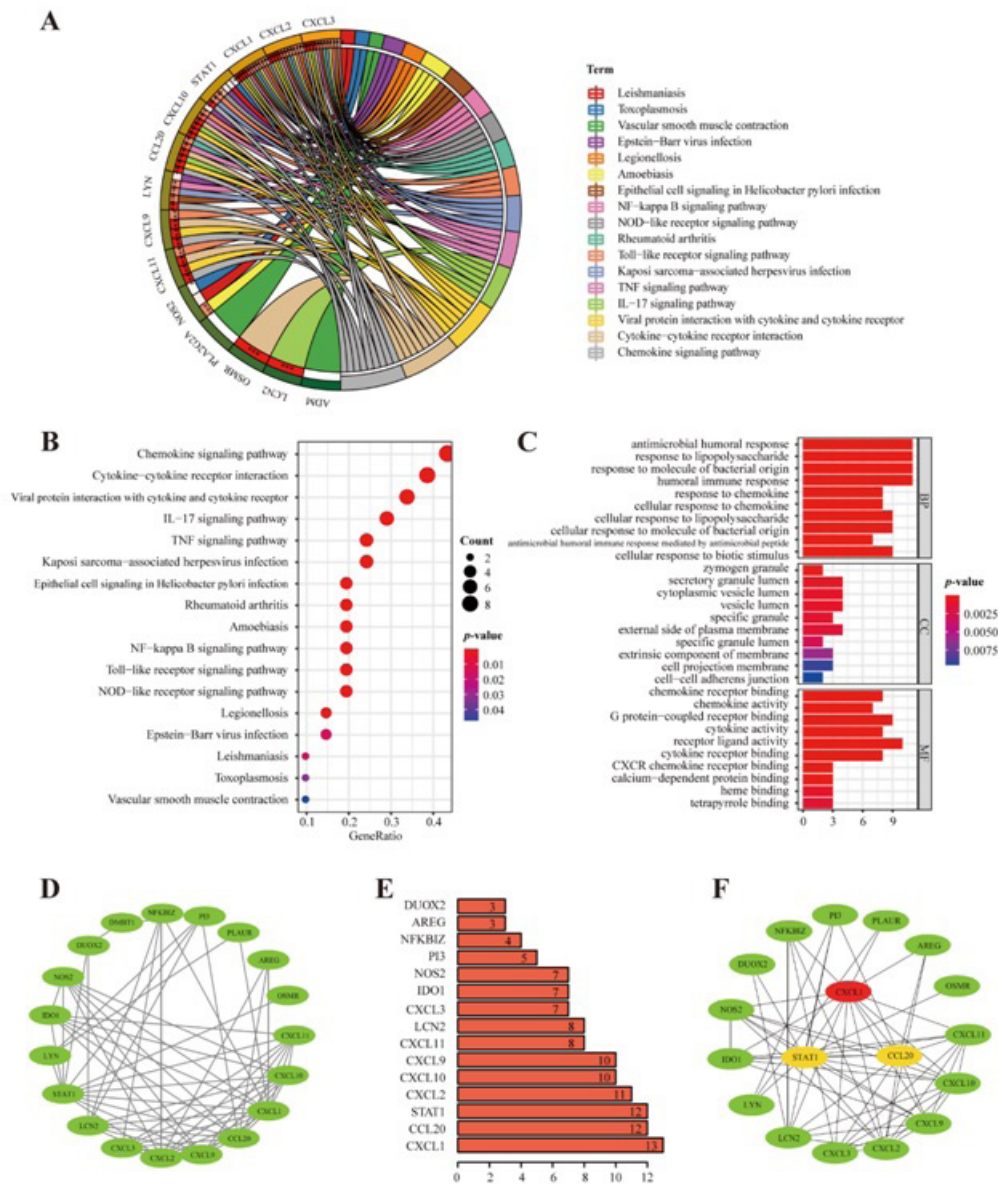
granule cavity, cytoplasmic vesicle cavity, cystic space, etc. The molecular function (MF) involving chemokine receptor binding, chemokine activity, G protein-coupled receptor binding, cytokine activity, etc. (Table S1) (Figure 3C) KEGG pathway showed IRDEGs-related pathways mainly including chemokine signaling pathways, viral protein's interaction with cytokines and cytokine receptors, IL - 17 signaling pathways, cytokine-cytokine- receptor interaction, tumor necrosis factor signaling pathways, etc. (Table S2) (Figure 3A,B)

### 3.4 Screening of HUB genes

PPI network related to the 25 IRDEGs was constructed by STRING (Figure 3D). We obtained the top 15 genes ranked highest in the PPI network from Cytoscape (cytohubba plugin ) (Figure 3E). In this study, the most highly ranked 3 genes in the PPI network were seen as HUB genes (Figure 3F), including chemokine (CXC motif) ligand 1(CXCL1), chemokine (CC motif) ligand 20(CCL20), signal transduction and transcriptional activator 1(STAT1).

**Table 2:** Model information about IRDEGs.

IRDEGs	Full name	Immune processes
DUOX2	C-X-C motif chemokine ligand 11	Antimicrobials
LCN2	lactritin	Cytokines
PI3	placental growth factor	Cytokines
CXCL1	C-C motif chemokine ligand 4 like 2	Antimicrobials
S100A11	ribonuclease A family member 2	Cytokines
S100P	S100 calcium binding protein A6	Cytokines
NFKBIZ	neudesin neurotrophic factor	Cytokines
STAT1	somatostatin	Cytokines
PLAUR	plasminogen activator, urokinase	Cytokines
ADM	adrenomedullin	Cytokines
CXCL2	C-X-C motif chemokine ligand 12	Antimicrobials
LYN	latent transforming growth factor beta binding protein 4	Cytokines
NOS2	cellular communication network factor 3	Cytokines
AREG	amphiregulin	Cytokines
OSMR	endonuclease, poly(U) specific	Cytokines
IDO1	islet amyloid polypeptide	Cytokines
PLA2G2A	placental growth factor	Cytokines
CXCL3	C-X-C motif chemokine ligand 12	Antimicrobials
CXCL11	C-C motif chemokine ligand 4 like 2	Antimicrobials
CCL20	C-C motif chemokine ligand 20	Antimicrobials
CTSE	C-C motif chemokine ligand 4 like 2	Antimicrobials
CXCL9	C-X-C motif chemokine ligand 12	Antimicrobials
DMBT1	C-X-C motif chemokine ligand 11	Antimicrobials
CXCL10	C-C motif chemokine ligand 4 like 2	Antimicrobials
REG1A	regenerating family member 1 alpha	Cytokines



**Figure 3. (A)** Enrichment analysis results of the IRDEGs based on Kyoto Encyclopedia of Genes and Genomes (KEGG). **(B)** Gene ontological (GO) enrichment analysis results of the IRDEGs. **(C)** "GeneRatio" is the percentage of the total number of genes that differ in the given KEGG term. **(D)** The PPI network of IRDEGs using Cytoscape. **(E)** The most highly scored 15 genes in the PPI network of IRDEGs (using the degree algorithm in the cytohubba plugin of Cytoscape). **(F)** The 3 HUB genes in the PPI network of IRDEGs (CXCL1, CCL20, STAT1).

**Abbreviation:** UC: Ulcerative Colitis; IRDE: Immune-Related Differential Gene; GO: Gene Ontology; KEGG: Kyoto Encyclopedia of Genes and Genomics.

### 3.5. Analysis and Verification of CXCL1, CCL20 and STAT1

The expression of HUB genes in UC samples was more significant in both the training and verification dataset. (Figure 4A,B) We divided the training dataset into highly or lowly expressed according to the expression value of every single HUB gene (compared with the normal samples). The correlation analysis of the top 20 genes with the largest intergroup difference was carried out, as shown in (Figure 4C), in which red stands for the positive correlation of the two differential genes, while green represents the negative correlation.

GSEA analysis was performed to explore further KEGG pathway change between high-low expression groups (Table S3). CXCL1 expression were significantly enriched in butanoate metabolism, toll like receptor signaling pathway, cytokine-cytokine receptor interaction, CCL20 expression were significantly enriched in apoptosis, p53 signaling pathway, pathogenic escherichia coli infection, STAT1 expression were significantly enriched in antigen processing and presentation, chemokine signaling pathway, proximal tubule bicarbonate reclamation were those mostly affected. (Figure 5A).

According to the ROC curve plotted upon the validation dataset, HUB genes (CXCL1(AUG=94.4705),CCL20(AUG=92.8772)) and STAT1(AUG=92.3149) can be identified in strongly differentiation between normal samples and UC samples (Figure 5C). Through PCA analysis towards both the training and the validation datasets, it was clear that significant group bias clustering and individual differences were informed between the normal samples and

UC samples regarding HUB gene expression (Figure 5F).

Immunohistochemistry (IHC) was performed to detect the expression of CXCL1, CCL20, and STAT1 proteins in UC tissues and their corresponding surgical margin tissues, and we found that the expression of CXCL1, CCL20, and STAT1 proteins in UC tissues was higher than that in their corresponding surgical margin tissues (Figure 6A).

**Table 3:** GO analysis.

term.id	ontology	term.name	p.adjust
GO:0019730	BP	antimicrobial humoral response	2.45E-15
GO:0032496	BP	response to lipopolysaccharide	6.74E-11
GO:0002237	BP	response to molecule of bacterial origin	6.74E-11
GO:0006959	BP	humoral immune response	6.74E-11
GO:1990868	BP	response to chemokine	6.74E-11
GO:1990869	BP	cellular response to chemokine	6.74E-11
GO:0071222	BP	cellular response to lipopolysaccharide	4.96E-10
GO:0071219	BP	cellular response to molecule of bacterial origin	5.34E-10
GO:0061844	BP	antimicrobial humoral immune response mediated by antimicrobial peptide	5.34E-10
GO:0071216	BP	cellular response to biotic stimulus	1.23E-09
GO:0070098	BP	chemokine-mediated signaling pathway	1.68E-09
GO:0030593	BP	neutrophil chemotaxis	5.08E-09
GO:1990266	BP	neutrophil migration	1.15E-08
GO:0071621	BP	granulocyte chemotaxis	1.39E-08
GO:0097529	BP	myeloid leukocyte migration	1.39E-08
GO:0030595	BP	leukocyte chemotaxis	2.18E-08
GO:0097530	BP	granulocyte migration	3.09E-08
GO:0060326	BP	cell chemotaxis	2.16E-07
GO:0050900	BP	leukocyte migration	9.54E-06
GO:0009615	BP	response to virus	1.84E-04
GO:0051279	BP	regulation of release of sequestered calcium ion into cytosol	1.97E-04
GO:0010522	BP	regulation of calcium ion transport into cytosol	4.49E-04
GO:0019932	BP	second-messenger-mediated signaling	8.55E-04
GO:0051281	BP	positive regulation of release of sequestered calcium ion into cytosol	8.55E-04
GO:0051209	BP	release of sequestered calcium ion into cytosol	8.55E-04
GO:0051283	BP	negative regulation of sequestering of calcium ion	8.76E-04
GO:0051282	BP	regulation of sequestering of calcium ion	8.97E-04
GO:0051208	BP	sequestering of calcium ion	9.48E-04
GO:0055074	BP	calcium ion homeostasis	1.03E-03
GO:0007189	BP	adenylate cyclase-activating G protein-coupled receptor signaling pathway	1.10E-03
GO:0097553	BP	calcium ion transmembrane import into cytosol	1.10E-03
GO:0050727	BP	regulation of inflammatory response	1.10E-03
GO:1903169	BP	regulation of calcium ion transmembrane transport	1.40E-03
GO:0050729	BP	positive regulation of inflammatory response	1.43E-03
GO:0010524	BP	positive regulation of calcium ion transport into cytosol	1.46E-03
GO:0060402	BP	calcium ion transport into cytosol	1.53E-03
GO:0007204	BP	positive regulation of cytosolic calcium ion concentration	1.55E-03
GO:0032103	BP	positive regulation of response to external stimulus	1.61E-03
GO:0042742	BP	defense response to bacterium	1.69E-03
GO:0051235	BP	maintenance of location	1.69E-03



GO:0060401	BP	cytosolic calcium ion transport	1.83E-03
GO:0048247	BP	lymphocyte chemotaxis	2.03E-03
GO:0002548	BP	monocyte chemotaxis	2.03E-03
GO:0072678	BP	T cell migration	2.03E-03
GO:0051480	BP	regulation of cytosolic calcium ion concentration	2.18E-03
GO:0019933	BP	cAMP-mediated signaling	2.31E-03
GO:1904427	BP	positive regulation of calcium ion transmembrane transport	2.47E-03
GO:0002532	BP	production of molecular mediator involved in inflammatory response	2.52E-03
GO:0019935	BP	cyclic-nucleotide-mediated signaling	3.71E-03
GO:0007188	BP	adenylate cyclase-modulating G protein-coupled receptor signaling pathway	4.04E-03
GO:0071674	BP	mononuclear cell migration	4.60E-03
GO:0043434	BP	response to peptide hormone	4.79E-03
GO:0051607	BP	defense response to virus	5.06E-03
GO:0051591	BP	response to cAMP	5.41E-03
GO:0006874	BP	cellular calcium ion homeostasis	5.68E-03
GO:0051924	BP	regulation of calcium ion transport	6.13E-03
GO:0007187	BP	G protein-coupled receptor signaling pathway, coupled to cyclic nucleotide second messenger	6.21E-03
GO:1901739	BP	regulation of myoblast fusion	6.23E-03
GO:0043312	BP	neutrophil degranulation	6.89E-03
GO:0002283	BP	neutrophil activation involved in immune response	6.97E-03
GO:0072676	BP	lymphocyte migration	7.07E-03
GO:0072503	BP	cellular divalent inorganic cation homeostasis	7.07E-03
GO:0042119	BP	neutrophil activation	7.13E-03
GO:0002446	BP	neutrophil mediated immunity	7.13E-03
GO:0031667	BP	response to nutrient levels	7.13E-03
GO:0002507	BP	tolerance induction	7.68E-03
GO:0090025	BP	regulation of monocyte chemotaxis	7.68E-03
GO:0051928	BP	positive regulation of calcium ion transport	8.63E-03
GO:0010818	BP	T cell chemotaxis	9.24E-03
GO:2000108	BP	positive regulation of leukocyte apoptotic process	9.24E-03
GO:0060142	BP	regulation of syncytium formation by plasma membrane fusion	9.78E-03
GO:0046683	BP	response to organophosphorus	1.05E-02
GO:0070588	BP	calcium ion transmembrane transport	1.06E-02
GO:2000406	BP	positive regulation of T cell migration	1.07E-02
GO:1904064	BP	positive regulation of cation transmembrane transport	1.24E-02
GO:0042542	BP	response to hydrogen peroxide	1.27E-02
GO:0061041	BP	regulation of wound healing	1.30E-02
GO:0014074	BP	response to purine-containing compound	1.31E-02
GO:1904062	BP	regulation of cation transmembrane transport	1.32E-02
GO:0010742	BP	macrophage derived foam cell differentiation	1.32E-02
GO:0090077	BP	foam cell differentiation	1.32E-02
GO:2000403	BP	positive regulation of lymphocyte migration	1.38E-02
GO:0034767	BP	positive regulation of ion transmembrane transport	1.41E-02
GO:0007520	BP	myoblast fusion	1.65E-02
GO:2000404	BP	regulation of T cell migration	1.88E-02
GO:0032309	BP	icosanoid secretion	1.94E-02
GO:1903034	BP	regulation of response to wounding	1.96E-02
GO:0071675	BP	regulation of mononuclear cell migration	1.96E-02
GO:0071346	BP	cellular response to interferon-gamma	1.96E-02

GO:0010959	BP	regulation of metal ion transport	1.96E-02
GO:0045646	BP	regulation of erythrocyte differentiation	2.00E-02
GO:0002534	BP	cytokine production involved in inflammatory response	2.11E-02
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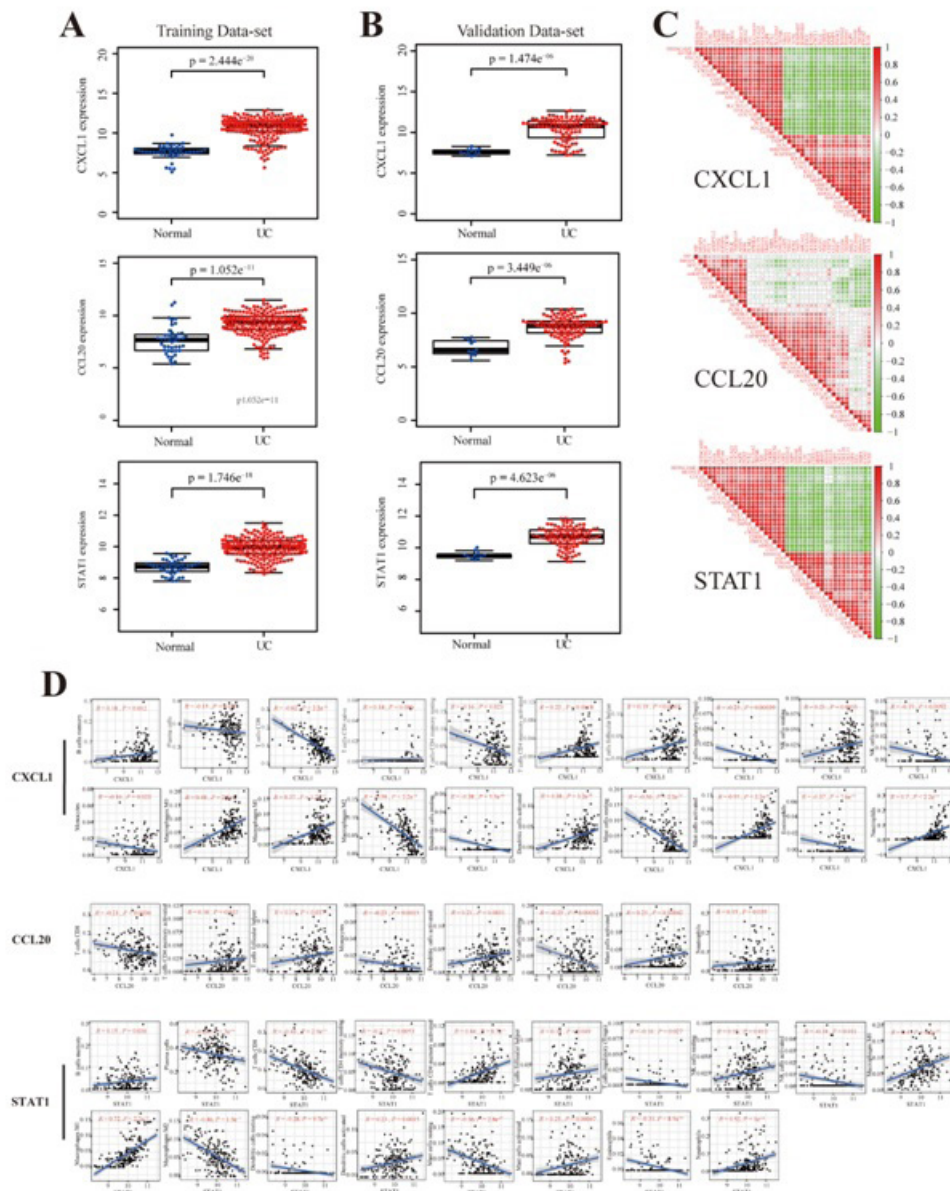
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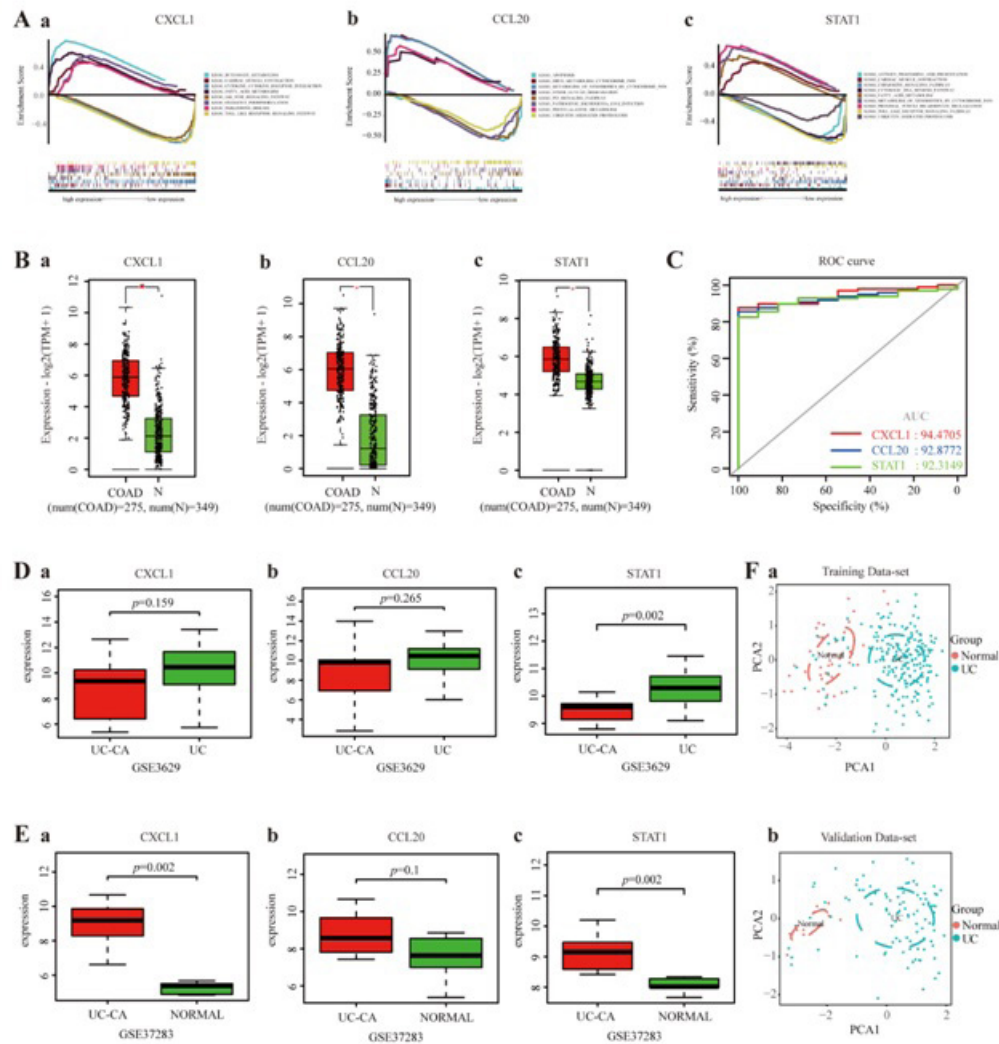
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GO:0090218	BP	positive regulation of lipid kinase activity	1.08E-01
GO:2000516	BP	positive regulation of CD4-positive, alpha-beta T cell activation	1.08E-01
GO:0010466	BP	negative regulation of peptidase activity	1.09E-01
GO:0033280	BP	response to vitamin D	1.10E-01
GO:0038083	BP	peptidyl-tyrosine autophosphorylation	1.10E-01
GO:0043114	BP	regulation of vascular permeability	1.10E-01
GO:0050691	BP	regulation of defense response to virus by host	1.10E-01
GO:0031668	BP	cellular response to extracellular stimulus	1.11E-01
GO:0010831	BP	positive regulation of myotube differentiation	1.11E-01
GO:0032350	BP	regulation of hormone metabolic process	1.11E-01
GO:0060416	BP	response to growth hormone	1.11E-01
GO:1903523	BP	negative regulation of blood circulation	1.11E-01
GO:0042588	CC	zymogen granule	1.35E-02
GO:0034774	CC	secretory granule lumen	1.98E-02
GO:0060205	CC	cytoplasmic vesicle lumen	1.98E-02
GO:0031983	CC	vesicle lumen	1.98E-02
GO:0042581	CC	specific granule	2.05E-02
GO:0009897	CC	external side of plasma membrane	2.28E-02
GO:0035580	CC	specific granule lumen	3.86E-02
GO:0019898	CC	extrinsic component of membrane	7.25E-02
GO:0031253	CC	cell projection membrane	9.29E-02
GO:0005913	CC	cell-cell adherens junction	9.29E-02
GO:0042589	CC	zymogen granule membrane	1.13E-01
GO:0031252	CC	cell leading edge	1.13E-01
GO:0043020	CC	NADPH oxidase complex	1.39E-01
GO:0071437	CC	invadopodium	1.39E-01
GO:0099091	CC	postsynaptic specialization, intracellular component	1.64E-01
GO:0042629	CC	mast cell granule	1.64E-01
GO:0031528	CC	microvillus membrane	1.64E-01
GO:0032809	CC	neuronal cell body membrane	1.78E-01
GO:0044298	CC	cell body membrane	1.78E-01
GO:0008305	CC	integrin complex	1.87E-01
GO:0098636	CC	protein complex involved in cell adhesion	1.95E-01
GO:0032590	CC	dendrite membrane	2.17E-01
GO:0042379	MF	chemokine receptor binding	2.75E-12
GO:0008009	MF	chemokine activity	2.05E-11
GO:0001664	MF	G protein-coupled receptor binding	3.31E-09
GO:0005125	MF	cytokine activity	1.03E-08
GO:0048018	MF	receptor ligand activity	1.03E-08
GO:0005126	MF	cytokine receptor binding	6.65E-08
GO:0045236	MF	CXCR chemokine receptor binding	6.47E-06
GO:0048306	MF	calcium-dependent protein binding	1.18E-03
GO:0020037	MF	heme binding	1.09E-02
GO:0046906	MF	tetrapyrrole binding	1.21E-02

GO:0008083	MF	growth factor activity	1.53E-02
GO:0048020	MF	CCR chemokine receptor binding	1.54E-02
GO:0005539	MF	glycosaminoglycan binding	3.40E-02
GO:0050839	MF	cell adhesion molecule binding	3.91E-02
GO:0016651	MF	oxidoreductase activity, acting on NAD(P)H	7.34E-02
GO:0045296	MF	cadherin binding	7.63E-02
GO:0070851	MF	growth factor receptor binding	8.79E-02
GO:0050786	MF	RAGE receptor binding	8.79E-02
GO:0019903	MF	protein phosphatase binding	8.79E-02
GO:0016175	MF	superoxide-generating NADPH oxidase activity	8.79E-02
GO:0016653	MF	oxidoreductase activity, acting on NAD(P)H, heme protein as acceptor	8.79E-02
GO:0005161	MF	platelet-derived growth factor receptor binding	8.79E-02
GO:0044548	MF	S100 protein binding	8.79E-02
GO:0070492	MF	oligosaccharide binding	8.79E-02
GO:0010181	MF	FMN binding	8.79E-02
GO:0030280	MF	structural constituent of epidermis	8.79E-02
GO:0047498	MF	calcium-dependent phospholipase A2 activity	8.79E-02
GO:0008201	MF	heparin binding	8.79E-02
GO:0042834	MF	peptidoglycan binding	8.79E-02
GO:0050664	MF	oxidoreductase activity, acting on NAD(P)H, oxygen as acceptor	8.79E-02
GO:0098641	MF	cadherin binding involved in cell-cell adhesion	9.28E-02
GO:0019902	MF	phosphatase binding	9.28E-02
GO:0008329	MF	signaling pattern recognition receptor activity	9.28E-02
GO:0038187	MF	pattern recognition receptor activity	9.28E-02
GO:0051861	MF	glycolipid binding	9.28E-02
GO:0046625	MF	sphingolipid binding	9.67E-02
GO:0004190	MF	aspartic-type endopeptidase activity	9.67E-02
GO:0102567	MF	phospholipase A2 activity (consuming 1,2-dipalmitoylphosphatidylcholine)	9.67E-02
GO:0102568	MF	phospholipase A2 activity consuming 1,2-dioleoylphosphatidylethanolamine)	9.67E-02
GO:0043015	MF	gamma-tubulin binding	9.67E-02
GO:0070001	MF	aspartic-type peptidase activity	9.67E-02
GO:0016702	MF	oxidoreductase activity, acting on single donors with incorporation of molecular oxygen, incorporation of two atoms of oxygen	9.67E-02
GO:0046875	MF	ephrin receptor binding	9.67E-02
GO:0016701	MF	oxidoreductase activity, acting on single donors with incorporation of molecular oxygen	9.80E-02
GO:0035035	MF	histone acetyltransferase binding	9.92E-02
GO:0005164	MF	tumor necrosis factor receptor binding	1.03E-01
GO:0051721	MF	protein phosphatase 2A binding	1.03E-01
GO:0004623	MF	phospholipase A2 activity	1.03E-01
GO:0005154	MF	epidermal growth factor receptor binding	1.03E-01
GO:0000979	MF	RNA polymerase II core promoter sequence-specific DNA binding	1.04E-01
GO:1901681	MF	sulfur compound binding	1.05E-01



**Figure 4.** (A) The expression of HUB genes in the training dataset showed that CXCL1( $p = 2.44e-20$ ), CCL20( $p = 1.052e-11$ ), and STAT1( $p = 1.746e-18$ ) were all highly expressed in UC samples. (B) The expression of HUB genes in the validation dataset showed that CXCL1( $p = 1.474e-06$ ), CCL20( $p = 3.449e-06$ ), and STAT1( $p = 4.623e-06$ ) were all highly expressed in UC samples. (C) Correlation analysis of the top 20 DEGs in UC samples of both high and low expression groups in the training dataset. Red represents positive correlation of the DEGs, while green represents negative correlation of the DEGs. (D) positively correlated with immune cells ;  $R < 0$ , gene expression being negatively correlated with immune cells).

**Abbreviation:** UC: Ulcerative Colitis; DEGs: Differentially Expressed Genes



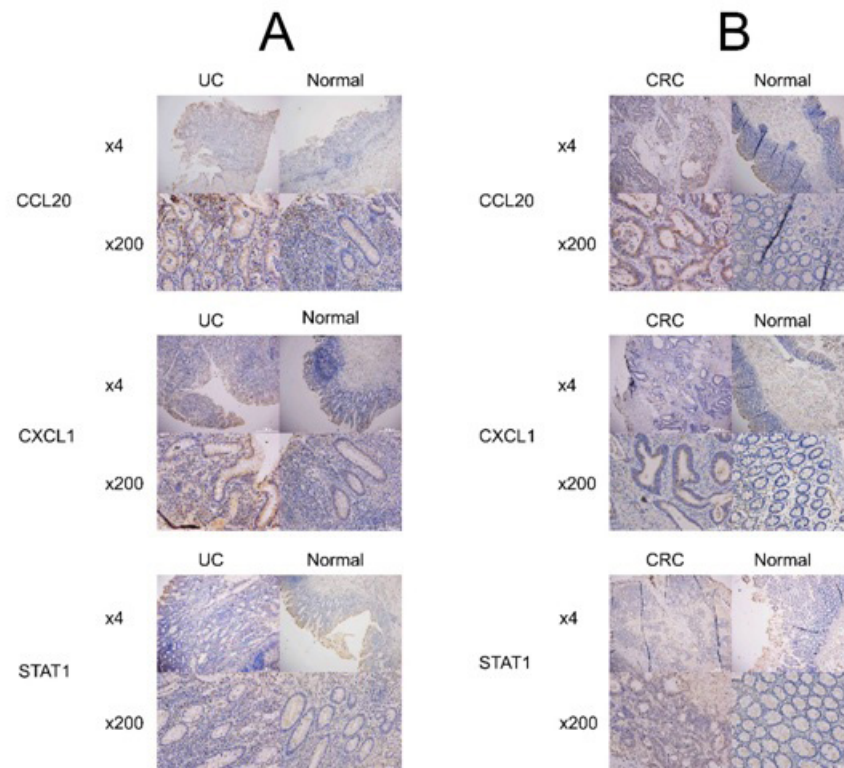
**Figure 5.** (A) GSEA analysis of the high and low expression groups in UC samples from the training dataset. (B) When compared to the normal samples, CXCL1, CCL20 and STAT1 all displayed a higher expression level in the COAD samples. (C) ROC curves drawn for the validation dataset based on the expression levels of CXCL1, CCL20 and STAT1 (CXCL1(AUG=94.4705), CCL20(AUG=92.8772), STAT1(AUG=92.3149)). (D) The expression difference of HUB genes in UC and UC-CA samples of the GSE3629 dataset, and expression of CXCL1 ( $p = 0.159$ ) and CCL20 ( $P = 0.265$ ) showed no statistical significance in UC and UC-CA samples, STAT1 ( $P = 0.002$ ) was highly expressed in UC samples. (E) The expression difference of HUB genes in UC and normal samples of the GSE37283 dataset: CXCL1 ( $P = 0.002$ ) and STAT1 ( $P = 0.002$ ) were highly expressed in UC-CA samples, no statistical significance was detected in the expression of CCL20 ( $P = 0.1$ ) in both UC-CA and normal samples. (F) PCA analysis of the training dataset and the validation dataset.

**Abbreviation:** UC: Ulcerative Colitis; UC-CA: UC-Related Cancer

### 3.6. Correlation of CXCL1, CCL20 and STAT1 Expression with Colorectal Cancer

Based on correlation analysis in the GEPIA2 database, CXCL1, CCL20 and STAT1 were all highly expressed in COAD samples compared to normal tissues (Figure 5B). We then further explore HUB genes expression in UC and UC-CA samples. The expression of CXCL1, CCL20 and STAT1 was analyzed in the GSE3629 dataset (Figure 5D), which turned out except for the high expression of STAT1 in the UC sample, and no statistical difference showed in the expression of CXCL1 and CCL20 in UC and UC-CA (Ulcerative colitis associated cancer samples. However, when

regarded to the GSE37283 dataset, as was shown in Figure 5E the expression of HUB genes in normal and UC-CA samples, CXCL1 and STAT1 were both highly expressed in UC-CA samples ( $P = 0.002$ ), while CCL20 expression displayed no significant difference between normal and UC-CA samples. ( $p = 0.1$ ) Immunohistochemistry (IHC) was performed to detect the expression of CXCL1, CCL20, and STAT1 proteins in CRC tissues and their corresponding surgical margin tissues, and we found that the expression of CXCL1, CCL20, and STAT1 proteins in CRC tissues was higher than that in their corresponding surgical margin tissues (Figure 6B).

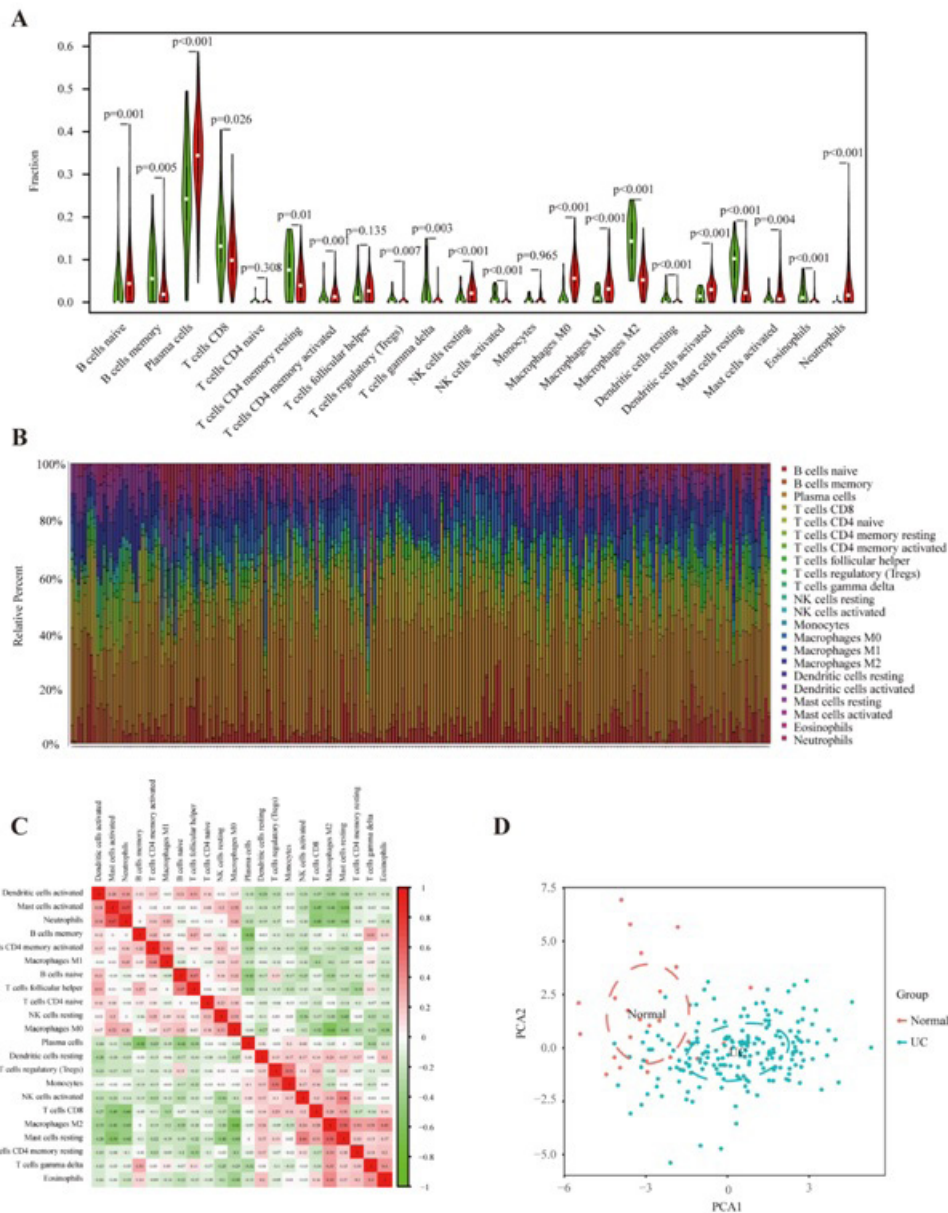


**Figure 6.**(A) Immunohistochemistry in UC tissues and their corresponding surgical margin tissues. (B) Immunohistochemistry in CRC tissues and their corresponding surgical margin tissues.

### 3.7. Analysis of Immune Infiltration

According to recent immunological reports, CIBERSORT, an estimate immune cell subsets through deconvolution algorithm performed on solid tumor samples, has been applied in relevant studies of cancer microenvironment [28, 29]. In our study, CIBERSORT was applied to assess the relative proportions of 22 different immune cells in the training dataset of every sample. Figure 7A,B summarized the abundance of immune cells in normal samples and UC samples using CIBERSORT, and the expression levels of infiltrated immune cells in two groups were presented as different. The followings processed a higher expression level in UC samples: B cells naive ( $p < 0.001$ ), Plasma cells ( $p < 0.001$ ), T cells CD4 memory activated ( $p = 0.001$ ), NK cells resting ( $p < 0.001$ ), Macrophages M0 ( $p < 0.001$ ), Macrophages M1 ( $p < 0.001$ ), Dendritic cells activated ( $p < 0.001$ ), Mast cells activated ( $p = 0.004$ ), Neutrophils ( $p < 0.001$ ), whereas B cells memory ( $p = 0.005$ ), T cells CD8 ( $p =$

$0.005$ ), T cells CD4 memory resting ( $p = 0.01$ ), T cells regulatory (Tregs) ( $p = 0.007$ ), T cells gamma delta ( $p = 0.003$ ), NK cells activated ( $p < 0.001$ ), Macrophages M2 ( $p < 0.001$ ), Dendritic cells resting ( $p < 0.001$ ), Mast cells resting ( $p < 0.001$ ), Eosinophils ( $p < 0.001$ ) were highly expressed in normal samples. And T cells helper ( $p = 0.135$ ), T cells CD4 naïve ( $p = 0.308$ ), and Monocytes ( $p = 0.965$ ) were not statistically different from each other. Correlation analysis of the immune cells was shown in (Figure 7C), where the positive correlation was shown in red while the negative correlation in green. From PCA, the proportion of immune cells between the normal and UC samples in the training dataset showed significant group bias clustering and individual differences. Correlation tests on HUB genes' immune cells were conducted so information can be obtained on how expression levels of HUB genes and immune cell content relate to each other. (Figure 7D) (Table S4).



**Figure 7.**(A) Differences in immune infiltration between the UC and normal samples of the training dataset (the normal samples as green, the UC samples as red, and  $p < 0.05$  was considered statistically significant). (B) Relative abundance of the 22 immune cell subsets from the 246 samples in the training dataset. (C) Correlation analysis of the immune cells (red for positive correlation and green for negative correlation). (D) PCA analysis of the 246 samples in the training dataset.

**Table 4:** KEGG analysis.

term.id	term.name	p.adjust
hsa04062	Chemokine signaling pathway	3.27E-08
hsa04061	Viral protein interaction with cytokine and cytokine receptor	1.47E-07
hsa04657	IL-17 signaling pathway	2.68E-06
hsa04060	Cytokine-cytokine receptor interaction	7.65E-06
hsa04668	TNF signaling pathway	1.28E-04
hsa05120	Epithelial cell signaling in Helicobacter pylori infection	3.70E-04
hsa05323	Rheumatoid arthritis	9.55E-04
hsa05167	Kaposi sarcoma-associated herpesvirus infection	9.55E-04
hsa05146	Amoebiasis	9.55E-04
hsa04064	NF-kappa B signaling pathway	9.55E-04

hsa04620	Toll-like receptor signaling pathway	9.55E-04
hsa05134	Legionellosis	2.69E-03
hsa04621	NOD-like receptor signaling pathway	6.67E-03
hsa05169	Epstein-Barr virus infection	8.38E-02
hsa05140	Leishmaniasis	8.88E-02
hsa05145	Toxoplasmosis	1.68E-01
hsa04270	Vascular smooth muscle contraction	2.21E-01

Table 5-1: GSEA (CXCL1).

pathway	NES	NOM p-val
KEGG TOLL LIKE RECEPTOR SIGNALING PATHWAY	-1.73E+00	0.00E+00
KEGG JAK STAT SIGNALING PATHWAY	-1.70E+00	0.00E+00
KEGG PANCREATIC CANCER	-1.65E+00	0.00E+00
KEGG PROXIMAL TUBULE BICARBONATE RECLAMATION	1.61E+00	0.00E+00
KEGG HEMATOPOIETIC CELL LINEAGE	-1.64E+00	1.95E-03
KEGG OXIDATIVE PHOSPHORYLATION	2.07E+00	1.96E-03
KEGG CYTOKINE CYTOKINE RECEPTOR INTERACTION	-1.68E+00	1.96E-03
KEGG LEISHMANIA INFECTION	-1.65E+00	1.97E-03
KEGG CHRONIC MYELOID LEUKEMIA	-1.74E+00	1.98E-03
KEGG TYPE I DIABETES MELLITUS	-1.64E+00	2.01E-03
KEGG SMALL CELL LUNG CANCER	-1.63E+00	2.01E-03
KEGG EPITHELIAL_CELL_SIGNALING_IN_HELICOBACTER_PYLORI_INFECTION	-1.83E+00	2.02E-03
KEGG BUTANOATE METABOLISM	1.75E+00	2.04E-03
KEGG PATHWAYS IN CANCER	-1.59E+00	2.05E-03
KEGG CYTOSOLIC DNA SENSING PATHWAY	-1.69E+00	3.85E-03
KEGG CARDIAC MUSCLE CONTRACTION	1.76E+00	3.97E-03
KEGG AUTOIMMUNE THYROID DISEASE	-1.77E+00	4.03E-03
KEGG CHEMOKINE SIGNALING PATHWAY	-1.67E+00	5.74E-03
KEGG COMPLEMENT AND COAGULATION CASCADES	-1.59E+00	5.88E-03
KEGG VIRAL MYOCARDITIS	-1.78E+00	5.94E-03
KEGG GRAFT VERSUS HOST DISEASE	-1.59E+00	6.02E-03
KEGG FC GAMMA R MEDIATED PHAGOCYTOSIS	-1.66E+00	7.94E-03
KEGG CITRATE CYCLE TCA CYCLE	1.82E+00	8.06E-03
KEGG FOCAL ADHESION	-1.62E+00	1.00E-02
KEGG NATURAL KILLER CELL MEDIATED CYTOTOXICITY	-1.69E+00	1.01E-02
KEGG FATTY ACID METABOLISM	1.66E+00	1.02E-02
KEGG GLYCOLYSIS GLUCONEOGENESIS	1.66E+00	1.02E-02
KEGG RENAL CELL CARCINOMA	-1.65E+00	1.04E-02
KEGG NOD LIKE RECEPTOR SIGNALING PATHWAY	-1.64E+00	1.19E-02
KEGG INTESTINAL IMMUNE NETWORK FOR IGA PRODUCTION	-1.61E+00	1.20E-02
KEGG ACUTE MYELOID LEUKEMIA	-1.64E+00	1.40E-02
KEGG PROPANOATE METABOLISM	1.76E+00	1.41E-02
KEGG APOPTOSIS	-1.58E+00	1.47E-02
KEGG METABOLISM OF XENOBIOTICS BY CYTOCHROME P450	1.59E+00	1.58E-02
KEGG ALLOGRAFT REJECTION	-1.62E+00	1.59E-02
KEGG GLYCOSAMINOGLYCAN DEGRADATION	-1.66E+00	1.78E-02
KEGG TYROSINE METABOLISM	1.62E+00	1.78E-02
KEGG ECM RECEPTOR INTERACTION	-1.62E+00	1.79E-02
KEGG LEUKOCYTE TRANSENDOTHELIAL MIGRATION	-1.55E+00	1.83E-02
KEGG TERPENOID BACKBONE BIOSYNTHESIS	1.53E+00	1.94E-02
KEGG MATURITY ONSET DIABETES OF THE YOUNG	1.49E+00	1.95E-02
KEGG PATHOGENIC ESCHERICHIA COLI INFECTION	-1.59E+00	2.18E-02
KEGG NITROGEN METABOLISM	1.50E+00	2.34E-02
KEGG FC EPSILON RI SIGNALING PATHWAY	-1.57E+00	2.35E-02
KEGG PPAR SIGNALING PATHWAY	1.47E+00	2.35E-02
KEGG RIG I LIKE RECEPTOR SIGNALING PATHWAY	-1.60E+00	2.43E-02
KEGG CELL ADHESION MOLECULES CAMS	-1.56E+00	2.57E-02
KEGG PORPHYRIN AND CHLOROPHYLL METABOLISM	1.56E+00	2.58E-02
KEGG ANTIGEN PROCESSING AND PRESENTATION	-1.68E+00	2.79E-02
KEGG DRUG METABOLISM CYTOCHROME P450	1.53E+00	2.85E-02
KEGG PARKINSONS DISEASE	1.81E+00	3.17E-02
KEGG RETINOL METABOLISM	1.53E+00	3.23E-02

KEGG UBIQUITIN MEDIATED PROTEOLYSIS	-1.60E+00	3.25E-02
KEGG BETA ALANINE METABOLISM	1.57E+00	3.54E-02
KEGG GLIOMA	-1.49E+00	3.56E-02
KEGG PYRUVATE METABOLISM	1.64E+00	3.64E-02
KEGG VALINE LEUCINE AND ISOLEUCINE_DEGRADATION	1.61E+00	3.85E-02
KEGG MTOR SIGNALING PATHWAY	-1.41E+00	4.03E-02
KEGG ENDOCYTOSIS	-1.38E+00	4.11E-02
KEGG HYPERTROPHIC CARDIOMYOPATHY HCM	-1.45E+00	4.39E-02
KEGG B CELL RECEPTOR SIGNALING PATHWAY	-1.59E+00	4.44E-02
KEGG COLORECTAL CANCER	-1.52E+00	4.46E-02
KEGG PRIMARY BILE ACID BIOSYNTHESIS	1.42E+00	4.53E-02
KEGG GLYCOSAMINOGLYCAN BIOSYNTHESIS CHONDROITIN SULFATE	-1.52E+00	4.55E-02
KEGG GLYCOSYLPHOSPHATIDYLINOSITOL GPI ANCHOR BIOSYNTHESIS	1.60E+00	4.64E-02

Table 5-2: GSEA (CCL20)

pathway	NES	NOM p-val
KEGG APOPTOSIS	-1.69E+00	0.00E+00
KEGG UBIQUITIN MEDIATED PROTEOLYSIS	-1.84E+00	1.97E-03
KEGG P53 SIGNALING PATHWAY	-1.67E+00	3.91E-03
KEGG PATHOGENIC ESCHERICHIA COLI INFECTION	-1.60E+00	9.71E-03
KEGG GLYCOSAMINOGLYCAN BIOSYNTHESIS KERATAN SULFATE	-1.54E+00	1.55E-02
KEGG TYPE I DIABETES MELLITUS	-1.54E+00	2.52E-02
KEGG_EPITHELIAL_CELL_SIGNALING_IN_HELICOBACTER_PYLORI_INFECTION	-1.54E+00	2.61E-02
KEGG AMYOTROPHIC LATERAL SCLEROSIS ALS	-1.38E+00	2.74E-02
KEGG NOD LIKE RECEPTOR SIGNALING PATHWAY	-1.56E+00	3.01E-02
KEGG TYPE II DIABETES MELLITUS	-1.43E+00	3.01E-02
KEGG VIBRIO CHOLERAEE INFECTION	-1.55E+00	3.05E-02
KEGG GRAFT VERSUS HOST DISEASE	-1.48E+00	4.09E-02
KEGG PYRIMIDINE METABOLISM	-1.58E+00	4.24E-02
KEGG_GLYCOPHINGOLIPID_BIOSYNTHESIS_LACTO_AND_NEOLACTO_SERIES	-1.46E+00	4.37E-02
KEGG OOCYTE MEIOSIS	-1.49E+00	4.54E-02
KEGG GLYCOPHINGOLIPID BIOSYNTHESIS GANGLIO SERIES	-1.50E+00	4.82E-02
KEGG PROTEASOME	-1.66E+00	4.87E-02
KEGG TAURINE AND HYPOTAURINE METABOLISM	1.63E+00	1.31E-02
KEGG METABOLISM OF XENOBIOTICS BY CYTOCHROME P450	1.48E+00	2.52E-02
KEGG OTHER GLYCAN DEGRADATION	1.57E+00	2.70E-02
KEGG DRUG METABOLISM CYTOCHROME P450	1.45E+00	3.44E-02
KEGG PHENYLALANINE METABOLISM	1.45E+00	4.60E-02

Table 5-3: GSEA (STAT1)

pathway	NES	NOM p-val
KEGG RETINOL METABOLISM	1.59E+00	6.15E-03
KEGG PROXIMAL TUBULE BICARBONATE RECLAMATION	1.60E+00	8.28E-03
KEGG CARDIAC MUSCLE CONTRACTION	1.73E+00	9.84E-03
KEGG FATTY ACID METABOLISM	1.59E+00	2.03E-02
KEGG METABOLISM OF XENOBIOTICS BY CYTOCHROME P450	1.54E+00	2.07E-02
KEGG OXIDATIVE PHOSPHORYLATION	1.83E+00	2.20E-02
KEGG NITROGEN METABOLISM	1.53E+00	2.50E-02
KEGG DRUG METABOLISM CYTOCHROME P450	1.51E+00	2.51E-02
KEGG PPAR SIGNALING PATHWAY	1.40E+00	3.74E-02
KEGG MATURITY ONSET DIABETES OF THE YOUNG	1.49E+00	4.60E-02
KEGG ANTIGEN PROCESSING AND PRESENTATION	-1.90E+00	0.00E+00
KEGG_EPITHELIAL_CELL_SIGNALING_IN_HELICOBACTER_PYLORI_INFECTION	-1.81E+00	0.00E+00
KEGG VIRAL MYOCARDITIS	-1.79E+00	0.00E+00
KEGG PROTEASOME	-1.79E+00	0.00E+00
KEGG AUTOIMMUNE THYROID DISEASE	-1.73E+00	0.00E+00
KEGG LEISHMANIA INFECTION	-1.71E+00	0.00E+00
KEGG TOLL LIKE RECEPTOR SIGNALING PATHWAY	-1.81E+00	2.01E-03
KEGG CYTOKINE CYTOKINE RECEPTOR INTERACTION	-1.67E+00	2.04E-03



KEGG INTESTINAL IMMUNE NETWORK FOR IGA PRODUCTION	-1.67E+00	2.04E-03
KEGG CYTOSOLIC DNA SENSING PATHWAY	-1.77E+00	2.05E-03
KEGG CHEMOKINE SIGNALING PATHWAY	-1.76E+00	2.05E-03
KEGG TRYPTOPHAN METABOLISM	-1.58E+00	3.85E-03
KEGG FC GAMMA R MEDIATED PHAGOCYTOSIS	-1.78E+00	3.94E-03
KEGG CELL ADHESION MOLECULES CAMS	-1.63E+00	4.03E-03
KEGG HEMATOPOIETIC CELL LINEAGE	-1.58E+00	4.07E-03
KEGG JAK STAT SIGNALING PATHWAY	-1.67E+00	4.10E-03
KEGG NATURAL KILLER CELL MEDIATED CYTOTOXICITY	-1.71E+00	4.11E-03
KEGG NOD LIKE RECEPTOR SIGNALING PATHWAY	-1.77E+00	4.12E-03
KEGG UBIQUITIN MEDIATED PROTEOLYSIS	-1.75E+00	5.94E-03
KEGG PANCREATIC CANCER	-1.60E+00	6.07E-03
KEGG ASTHMA	-1.65E+00	7.86E-03
KEGG SMALL CELL LUNG CANCER	-1.56E+00	8.13E-03
KEGG PRION DISEASES	-1.60E+00	8.16E-03
KEGG GRAFT VERSUS HOST DISEASE	-1.58E+00	8.18E-03
KEGG COMPLEMENT AND COAGULATION CASCADES	-1.58E+00	8.21E-03
KEGG APOPTOSIS	-1.63E+00	9.80E-03
KEGG B CELL RECEPTOR SIGNALING PATHWAY	-1.70E+00	1.02E-02
KEGG T CELL RECEPTOR SIGNALING PATHWAY	-1.74E+00	1.02E-02
KEGG TYPE I DIABETES MELLITUS	-1.63E+00	1.05E-02
KEGG P53 SIGNALING PATHWAY	-1.56E+00	1.40E-02
KEGG LEUKOCYTE TRANSENDOTHELIAL MIGRATION	-1.57E+00	1.42E-02
KEGG PATHWAYS IN CANCER	-1.48E+00	1.46E-02
KEGG FC EPSILON RI SIGNALING PATHWAY	-1.61E+00	1.60E-02
KEGG PRIMARY IMMUNODEFICIENCY	-1.61E+00	1.63E-02
KEGG ALLOGRAFT REJECTION	-1.61E+00	1.67E-02
KEGG CELL CYCLE	-1.73E+00	1.80E-02
KEGG RIG I LIKE RECEPTOR SIGNALING PATHWAY	-1.69E+00	1.83E-02
KEGG CHRONIC MYELOID LEUKEMIA	-1.57E+00	1.87E-02
KEGG PATHOGENIC ESCHERICHIA COLI INFECTION	-1.61E+00	1.97E-02
KEGG FOCAL ADHESION	-1.53E+00	2.45E-02
KEGG ECM RECEPTOR INTERACTION	-1.50E+00	4.81E-02

**Table 6:** Immune cell correlation.

Immune cell	p-value		
	CXCL1	CCL20	STAT1
B cells memory	1.23E-02	-	3.63E-02
Plasma cells	3.70E-02	-	7.00E-04
T cells CD8	3.47E-22	3.61E-03	2.88E-10
T cells CD4 naive	4.65E-02	-	-
T cells CD4 memory resting	2.29E-02	-	5.34E-03
T cells CD4 memory activated	1.85E-03	1.16E-02	8.71E-11
T cells follicular helper	6.51E-03	1.16E-02	4.91E-02
T cells regulatory (Tregs)	3.95E-04	-	2.67E-02
NK cells resting	3.47E-03	-	1.33E-02
NK cells activated	9.22E-03	-	1.06E-02
Monocytes	2.30E-02	1.51E-03	-
Macrophages M0	2.58E-12	-	6.18E-09
Macrophages M1	1.18E-07	-	6.90E-32
Macrophages M2	6.94E-19	-	1.93E-11
Dendritic cells resting	5.50E-08	-	9.73E-05
Dendritic cells activated	3.25E-08	3.11E-03	1.53E-03
Mast cells resting	2.45E-17	5.16E-04	2.81E-07
Mast cells activated	1.21E-16	4.24E-04	4.69E-04
Eosinophils	7.59E-08	-	8.88E-06
Neutrophils	2.37E-30	3.86E-02	1.02E-14

#### 4. Discussion

It has long been recognized that the pathogenesis of UC is closely linked to immune response. However, no relevant analysis and research on UC's immune-related genes from the perspective of bioinformatics [7]. Although recent findings of biomarkers has made great contribution to improve UC-related diagnosis and treatment [30-32], such as immunologic factors and the complexity of biology into account, the poor prognosis of UC calls for an urgent need to further understand the mechanism of UC and find strong biomarkers for providing a new method for the diagnosis and treatment of UC.

25 overlapping genes were chosen as IRDEGs from three database. GO and KEGG analysis demonstrated IRDEGs' main participation in antimicrobial humoral response, zymogen granule, chemokine signaling pathway, etc. Associated studies indicate that biological functions and pathways concerning IRDEGs are related to the diagnosis and treatment of UC [33-36]. HUB genes (CXCL1, CCL20, STAT1) were identified by STRING and Cytoscape for next-step verification. CXCL1 is an antimicrobial gene that encodes a protein that belongs to the CXC subfamily of chemokines, and this very protein being a secretory growth factor. Abnormal expression of this protein is connected the growth and development of certain tumors [37]. CCL20 is an antimicrobial gene and a member of the Small Inducible Cytokine Subfamily A (Cys-Cys). Cytokines are a family of secretory proteins involved in immune regulation and inflammatory processes [38]. STAT1 encodes a protein that is a member of the STAT protein family and functions to mediate cellular responses to cytokines and growth factors. This protein mediates the expression of a set of genes and is thought to be crucial for cell survival under different cell stimuli and pathogen stimuli [39]. CXCL1, CCL20 and STAT1 were highly expressed in the UC samples of the training dataset and the validation dataset. What's more, ROC curve showed that HUB genes showed good power to diagnose UC. And in in corresponding to ROC, PCA showed HUB gene can distinguish UC samples from normal samples. Therefore, all the before-mentioned evidence makes it possible for HUB gene to become a key biomarker for UC diagnosis. According to the results of GEPIA2 database, HUB genes were highly expressed in CRC samples in contrast with the normal samples. This was consistent with the expression results of CXCL1 and STAT1 in GSE37283 dataset. Nevertheless, no significant intergroup statistical difference was shown for the CCL20 expression in datasets, which may due to the small sample size, thus requesting verification by expanding the sample size in the follow-up research.

Previous studies has showed that CXCL1 play a role by binding specifically to C-X-C Motif Chemokine Receptor 2 (CXCR2) [40]. The CXCL1 / CXCR2 signaling pathway not only regulates inflammatory responses, but also induces tumor proliferation, angiogenesis and lymphoangiogenesis; additionally, it accelerates

tumor invasion and vascular metastasis. In sum, CXCL1 / CXCR2, through chemokine signaling pathway and inflammatory response, may play a key role in the development of UC [32, 41]. Overexpression of CCL20 and its receptor CCR6 was observed in active inflammatory bowel disease whilst both could be found in epithelium and infiltrating immune cells in lamina propria. Apart from that, a study showed CCL20 may prolong the inflammatory response to ulcerative colitis [42, 43]. Moreover, there were interactions between CCL20 and CCR6 observed to play a physiologically important role in colonic mucosa. It has been reported the chemokine receptor CCR6 is expressed in colorectal cancer and several other cancer types, and stimulation by its physiological chemokine ligand CCL20 has been reported to promote cancer cell proliferation and migration in vitro [44]. Furthermore, a previous study has suggested that CCL20 and its receptor, CCR6, were significantly correlated with the development of multiple colorectal malignancies [45]. Lei et al. indicated an activated colonic renin-angiotensin system (RAS) in colitis, which can promote the activation of TH17 via JAK2/STAT pathway [46]. An earlier study showed that ulcerative colitis remarkably heightens the expression and activation of STAT1. Therefore, STAT1 may be crucial to the pathophysiology of colonic inflammation [47]. Kaler et al. confirmed that silencing of STAT1 in tumor cells cuts off its crosstalk with fibroblasts, suggesting STAT1 is a novel link between intestinal inflammation and colon cancer [48].

After the monogenic GSEA analysis performed on HUB genes, we concluded that the significantly changed pathways between the high-low expression groups are mainly concentrated in chemokine signaling pathway, JAK/STAT signaling pathway, cell apoptosis, toll-like receptor signaling pathway, etc. MicroRNA 15A and 16-1 activate signaling pathways that mediate immune regulation of B-cell's chemotaxis to colorectal tumors [49]. Obesity exacerbates colitis-associated cancer via IL-6-regulated macrophage polarisation and CCL-20/CCR-6-mediated lymphocyte recruitment [50]. Genetic variation in the JAK/STAT/SOCS-signaling pathway appears to be associated with both colon and rectal cancer risk. This impact on cancer goes beyond effects components of the pathway cast respectively on risk, and encompasses additional risk associated with interaction of genetic and lifestyle factors [51]. p53-up-regulated modulator of apoptosis (PUMA)-mediated intestinal epithelial apoptosis contributes to ulcerative colitis in humans and mice [52]. Raf kinase inhibitor proteins mediate human and mouse intestinal epithelial cells' apoptosis and promote IBDs [53]. Toll-like receptors (TLRs), who is actually an innate immune sensors family, play an important part in defending against pathogens and take part in of IBD pathogenesis [54]. The pathways mentioned above have been proved to be closely related to the pathogenesis of UC and UC-CRC in previous studies. And these studies has obtained the overlapping results of CXCL1, CCL20 and STAT1 in the bioinformatic level of our study, indicating that CXCL1,

CCL20 and STAT1 may have great statistical efficiency and biological function concerning UC tissues, providing some new thinking for the immunotherapy of UC.

According to the analysis of immune infiltration, Naive B cells, Plasma cells, T cells CD4 memory activated, NK cells, Macrophages M0, Macrophages M1, Dendritic cells activated, Mast cells activated, and Neutrophils expressed highly in UC samples in comparison with normal samples. The potential link between immune cells and UC has been suggested in prior studies: Percentages of naive B cells were reported to be increased in Crohn's disease and ulcerative colitis [55]. Mucosal CXCR4+ IgG plasma cells promoted the pathogenic process of UC by FcγR-mediated activation of CD14 macrophages [56]. IBD patients infiltrated with T cell in their intestine were shown consisting of increased percentages of CD4+ T cells, Tregs, and TCM (Central Memory T cell) [57]. The colonic lamina propria of inflammatory bowel disease patients was shown to have increased proportion of CD16(+) NK cells [58]. Macrophages are thought to have important functions in gut homeostasis with their effective ability to eliminate bacteria, foreign matter, and apoptotic cells. Under inflammatory conditions, they can release cytokines in response to TLR stimulation, thereby promoting the inflammatory response [59]. Intestinal DCs strongly express microbial receptors, and this causes rapid inflammatory responses, and the components involved in their activation/maturation and differentiation can be used as potential candidates for valuable therapeutic targets in IBD [60]. Mast cells participate in the activation of ulcerative colitis [61, 62]. Inappropriate mucosal immune responses to normal intestinal components presents as a distinguishing feature of the pathogenesis regarding inflammatory bowel disease, which always leads to local pro-inflammatory and anti-inflammatory cytokine imbalances followed by influx of neutrophils and monocytes and secretion of oxygen free radicals and enzymes, at last resulting in tissue damage [63]. These results improve the pathogenesis of UC from the perspective of bioinformatics and are consistent with the conclusions of previous studies, indicating that HUB gene can be used as a reliable biomarker for the diagnosis of UC patients. Nevertheless, there are certain limitations in the study should be acknowledged. First, a retrospective analysis was what's been adopted in this study, where fresh frozen samples were included in samples from the training and the validation datasets. Consequently, the samples stability and validity remain to be verified, which will demand prospective cohort studies to be performed on our results. Second, the gene expression features involved in our study must have been affected by biological heterogeneity and statistical bias. Although we used the GEO dataset with a large sample size, more datasets with varied sample attributes are still needed for broader validation. Finally, the gene expression profile of prognostic markers constructed in this study was brought out based on microarray platform, which is proved difficult for wider ever day clinical practice considering its expen-

siveness, long transformation cycle and excessive requirements to bioinformatic expertise [64].

## 5. Conclusion

To conclude, a total of 25 IRDGEs and 3 HUB genes (CXCL1, CCL20, STAT1) were identified in our study. And further biological function analysis has brought us a better understanding of HUB genes' part played in the pathogenesis and progression of UC, which refers not only to their diagnostic value as biomarkers, but also to a more detailed molecular mechanism underlying the development and carcinogenesis of UC. There's a chance in the future CXCL1, CCL20 and STAT1 set up new ideas for the diagnosis and immune-related treatment of ulcerative colitis.

## 6. Abbreviation:

UC: Ulcerative Colitis; TOM: Topological Overlap Measure; DEGs: Differentially Expressed Genes.

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