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DECIPHERING THE ROLE OF CDK1 GENE IN HEAD AND NECK SQUAMOUS CELL CARCINOMA (HNSC) VIA THE MULTIFACETED BIOINFORMATICS APPROACH

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Abstract

This study comprehensively analyzes the expression, promoter methylation, mutational, and survival status of CDK1 in Head and Neck Squamous Cell Carcinoma (HNSC) using various bioinformatics tools. Utilizing the UALCAN database, significant up-regulation of CDK1 expression is observed in HNSC tissues compared to normal controls, suggesting a potential role of CDK1 in HNSC proliferation. Concurrently, promoter methylation analysis reveals hypermethylation of CDK1 in HNSC samples, indicating possible epigenetic dysregulation contributing to oncogenesis. Further investigation stratified by clinical parameters, including cancer stages, patient demographics, and age, unveils diverse relationships between CDK1 expression and these variables, underscoring its complex role in HNSC pathogenesis. Survival analysis utilizing the Km plotter tool demonstrates that higher CDK1 expression is associated with poorer overall survival rates among HNSC patients, indicating its potential as a prognostic biomarker. Additionally, mutational analysis using the cBioPortal platform reveals a low mutation rate in HNSC samples, with observed genetic alterations primarily consisting of amplifications and missense mutations. These findings collectively provide insights into the involvement of CDK1 in HNSC progression, highlighting its potential as a diagnostic and prognostic marker and emphasizing the need for further research to elucidate its exact mechanistic role in HNSC oncogenesis.

Keywords: CDK1, HNSC, Biomarker, prognosis

Introduction

Cancer is characterized by the uncontrolled growth and proliferation of cells, ranking among the leading causes of death worldwide, with approximately one in six deaths attributed to cancer (1-5). In 2021 alone, there were approximately 19.3 million new cases and 10 million deaths due to cancer (1-5). Cancers are classified based on their site of origin, encompassing roughly 100 different types (1-5). Notably, Head and Neck cancer (HNC) ranks as the sixth most common type of cancer, with approximately 440,000 deaths and 870,000 new cases recorded in 2021. Projections suggest a surge to about 1.8 million HNC cases by 2030 (6-8). Head and Neck Squamous Cell Carcinoma (HNSC) represents the most prominent subtype, comprising approximately 90% of cases. HNSC affects areas such as the oropharynx, hypopharynx, larynx, and oral cavity, and is associated with a high mortality rate due to complications such as distorted breathing, speaking, and swallowing. Several risk factors for HNSC have been identified, including Human papillomavirus (HPV) infections, obesity, smoking, and alcohol consumption (9-13).

So, to address this disease, there is a pressing need to develop new diagnostic and therapeutic techniques (14, 15). The cell cycle is tightly regulated by cyclin-dependent kinases (CDKs), with Cyclin-dependent kinase 1 (CDK1) playing a pivotal role in cell cycle regulation and governing processes such as mRNA transcription, DNA repair, replication and segregation, and cell morphogenesis (16-18). Deregulation and oncogenic alterations of CDK1 are intimately linked with cancer. Moreover, CDK1 is consistently upregulated and overexpressed in cancer cells compared to normal cells, correlating with a decreased survival rate (19-21). Dysregulation of CDK1 leads to abnormal cell division, ultimately resulting in cancer development (22, 23). Previous studies have indicated that an increase in mRNA levels of CDK1 is associated with poor overall survival in HNSC (24-26). CDK1 is indeed overexpressed in HNSC, and its overexpression is correlated with genes in G2M, mTORC1, MYC, and P53 pathways (27-31). Therefore, the collective evidence suggests that CDK1 plays a significant role in HNSC. However, further elucidation of this role is warranted through integrated bioinformatics methodology.

In this study, a variety of bioinformatics methods were employed to analyze the role of CDK1 in the progression of HNSC. The Cancer Genome Atlas (TCGA) database, Kaplan-Meier database, and UALCAN databases were utilized to conduct this research.

Materials and methods

Expression analysis of CDK1 in HNSC

The UALCAN database was utilized to analyze the expression levels between normal tissues and cancer tissues (32). Known for its user-friendly interface, UALCAN facilitated the expression analysis of CDK1 in HNSC. Additionally, UALCAN was employed to examine CDK1 expression across different parameters such as patient's age, gender, and race. P-value < 0.05 .

Promoter methylation analysis of CDK1

We conducted an analysis of the promoter methylation level of CDK1 in HNSC using the UALCAN database. UALCAN is commonly used to assess data related to viral infection, DNA

methylation, RNA expression, and clinical features of cancer patients (33). Furthermore, we investigated the promoter methylation level of CDK1 across various clinical parameters such as patient's age, gender, and race. P-value < 0.05.

Survival analysis of CDK1

Kaplan-Meier (KM) analysis is an optimal tool for assessing patient survival rates and determining the role of specific genes in overall survival (OS) of cancer patients (34, 35). In our study, we utilized the Kaplan-Meier (KM) plotter to analyze the impact of CDK1 on OS in HNSC patients. Additionally, we conducted an analysis to assess the role of CDK1 in OS of HNSC patients stratified based on different parameters. P-value < 0.05.

Mutational analysis of CDK1

The cBioPortal is a user-friendly database that enables researchers to analyze clinical pathways and genetic alterations across various cancers, making it a vital resource in cancer genomic research (23, 36). In our current study, we utilized cBioPortal to conduct a mutational analysis of CDK1 in HNSC. P-value < 0.05 .

Results

Expression analysis of CDK1 in HNSC and normal control samples

Initially, we assessed the expression of CDK1 in HNSC and normal control samples using the UALCAN database (Figure 1). Our analysis unveiled a significant up-regulation of CDK1 expression in HNSC tissues compared to the control normal samples. This notable up-regulation suggests a potential correlation between CDK1 expression and the proliferation of HNSC cells. Consequently, these findings strongly suggest that CDK1 may play a pivotal role in driving the proliferation of HNSC.

Figure 1: This graph depicts the expression of CDK1 in HNSC and normal samples via the UALCAN database. P-value < 0.05 .

Expression analysis of CDK1 in HNSC samples divided based on different parameters

Simultaneously, we conducted an analysis of CDK1 expression in HNSC samples with various parameters, including individual cancer stages, patient's age, gender, and race (Figure 2). Initially, examining CDK1 expression at different cancer stages revealed a significant overexpression at various stages compared to normal tissues (Figure 2A). Subsequently, analyzing CDK1 expression in HNSC patients of multiple racial origins showed remarkable overexpression across samples of different races compared to normal samples (Figure 2B). Further, setting gender as a parameter to

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explore CDK1 expression in HNSC patients revealed considerable up-regulation in both male and female HNSC samples (Figure 2C). Finally, analyzing CDK1 expression based on patient's age showed significant up-regulation across various age groups of HNSC patients (Figure 2D). Through a comprehensive analysis, we thoroughly investigated the up-regulation in CDK1 expression in HNSC samples across the observed parameters, revealing a considerable role of CDK1 in the proliferation of HNSC.

Figure 2: This graph depicts the expression of CDK1 in HNSC samples of different clinical variables and normal samples via the UALCAN database. P-value < 0.05.

Promoter methylation of CDK1 in HNSC and normal control samples

Prior investigations have elucidated the pivotal role of promoter methylation in regulating gene expression (37, 38). Consequently, we utilized the UALCAN database to examine the analysis of promoter methylation levels in HNSC and normal control samples. Our analysis revealed that CDK1 is hyper-methylated in HNSC samples compared to normal control samples (Figure 3). This analysis suggests potential epigenetic dysregulation of CDK1 and its association with HNSC development.

Figure 3: This graph depicts the promoter methylation level of CDK1 in HNSC and normal samples via the UALCAN database. P-value < 0.05.

Promoter methylation of CDK1 in HNSC samples divided based on different parameters

Concurrently, we investigated promotor methylation level of CDK1 in HNSC samples divided base on different parameters (Figure 4). Primarily, we examine promoter methylation level of CDK1 in HNSC patients across different stages. We found variation in Promotor methylation level but mostly hyper-methylation at various stages (Figure 4A). Subsequently, we set different races as our parameter to examine Promoter methylation of CDK1 in HNSC samples, observing hypermethylation in CDK1 (Figure 4B). Furthermore, we investigated CDK1 promoter methylation in HNSC samples taking into account different genders. It revealed variation in promotor methylation in both male and female samples (Figure 4C). Moreover, we analyzed promotor methylation considering patient's age, revealing hyper-methylation in CDK1 at various age group in patients with HNSC (Figure 4D). These comprehensive analysis revealed diverse relationship in promotor methylation of CDK1 and various parameters that explains heterogeneous mechanism in CDK1 expression to regulate HNSC oncogenesis.

Survival analysis of CDK1

We utilized the Kaplan-Meier (KM) plotter to analyze overall survival (OS) in relation to CDK1 expression in patients with HNSC. The analysis revealed that higher expression of CDK1 was associated with a poor OS rate of HNSC patients, with a hazard ratio (HR) of 1.4 and p-value < 0.5 (Figure 5).

Figure 5: KM survival curve of the CDK1 in HNSC patients. P-value < 0.05.

Mutational analysis of CDK1 in HNSC

We utilized the cBioPortal platform to examine the mutational analysis of CDK1 in HNSC. Our analysis indicated a mutation rate of 1% in HNSC samples. The observed genetic alterations predominantly included amplifications and missense mutations (Figure 6). Therefore, our findings suggest that genetic variations have a nominal impact on the dysregulation of CDK1 in HNSC, but further exploration is required.

Discussion

The present analysis focused on elucidating the role of CDK1 in HNSC, encompassing its expression, promoter methylation, and prognostic implications. Through this comprehensive examination, we uncovered several constructive findings. To validate our results and enhance their robustness, we rigorously compared and computed our findings against existing data. This rigorous approach ensures the reliability and significance of our conclusions, contributing to the advancement of our understanding of the role of CDK1 in HNSC pathogenesis.

In our study, we initially investigated the expression profile of CDK1 in HNSC and normal control samples using the UALCAN database. Our analysis revealed a significant up-regulation of CDK1 expression in cancerous cells compared to normal cells, with a statistical significance of <1E-12.

These findings underscore the potential decisive role of CDK1 in HNSC progression. Interestingly, our results align with previous studies demonstrating that CDK1 expression is up-regulated in various cancers such as breast cancer, colon cancer, and lung cancer, and is associated with genes in the p53 pathway. Furthermore, we expanded our analysis by evaluating CDK1 expression in HNSC across different parameters including individual cancer stages, patient age, gender, and race. Our investigation revealed variations in expression across these parameters, but predominantly indicated up-regulation. These findings emphasize that CDK1 plays a vital role in the proliferation of HNSC and underscores its potential as a research subject.

Promoter methylation levels are recognized to play a pivotal role in cancer-related gene expression (42). Thus, we conducted an analysis of CDK1 promoter methylation in HNSC samples compared to controlled normal samples and found hyper-methylation in HNSC samples. Additionally, we investigated the promoter methylation level of CDK1 in HNSC based on different parameters and evaluated the extent of hyper-methylation. The observation of CDK1 exhibiting both hypermethylation and up-regulation in expression suggests its abnormal behavior in HNSC, further emphasizing its potential role in the pathogenesis of the disease.

Furthermore, we investigated the significant correlation between the expression of CDK1 and prognosis in HNSC patients. Our analysis revealed that higher CDK1 expression was associated with lower overall survival (OS) rates. These findings underscore the potential of CDK1 as a prognostic indicator in cancer. Continuing our research, we utilized cBioPortal to perform mutational analysis. Our examination identified 1% genetic variation, primarily consisting of amplifications and missense mutations. While these mutations have a marginal effect on the dysregulation of CDK1 in HNSC, further analysis is essential for a more comprehensive understanding.

Furthermore, we investigated the significant correlation between the expression of CDK1 and prognosis in HNSC patients. Our analysis revealed that higher CDK1 expression was associated with lower overall survival (OS) rates. These findings underscore the potential of CDK1 as a prognostic indicator in cancer. Continuing our research, we utilized cBioPortal to perform mutational analysis. Our examination identified 1% genetic variation, primarily consisting of amplifications and missense mutations. While these mutations have a marginal effect on the dysregulation of CDK1 in HNSC, further analysis is essential for a more comprehensive understanding.

Conclusion

In conclusion, our study provides a comprehensive analysis of CDK1 in HNSC, shedding light on its expression patterns, promoter methylation status, and prognostic implications. These findings contribute valuable insights into the potential role of CDK1 as a biomarker and therapeutic target in HNSC. Further experimental validations are warranted to strengthen the robustness of these observations and pave the way for potential clinical applications.

Conflict of interest

None

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None

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