

Relationship between mRNA-microRNA interactions and forced vital capacity in patients with idiopathic pulmonary fibrosis

Imre Noth,¹ Janine Roy,² Ramona Schmid,³ Richard Vinisko,⁴ Benjamin Strobel,³ Megan L Neely,^{5,6} Christian Hesslinger,³ John A Belperio,⁷ Kevin R Flaherty,⁸ Margaret L Salisbury,⁹ Justin Oldham,¹⁰ Scott M Palmer,^{5,6} Jamie L Todd,^{5,6} Thomas B Leonard⁴ on behalf of the IPF-PRO™ Registry investigators

¹Division of Pulmonary and Critical Care Medicine, University of Virginia, Charlottesville, Virginia, USA; ²Staburo GmbH, Munich, Germany; ³Boehringer Ingelheim Pharma GmbH & Co. KG, Biberach, Germany; ⁴Boehringer Ingelheim Pharmaceuticals Inc., Ridgefield, Connecticut, USA; ⁵Duke Clinical Research Institute, Durham, North Carolina, USA; ⁶Duke University Medical Center, Durham, North Carolina, USA; ⁷David Geffen School of Medicine at UCLA, Los Angeles, California, USA; ⁸Division of Pulmonary and Critical Care Medicine, University of Michigan, Ann Arbor, Michigan, USA; ⁹Vanderbilt University, Nashville, Tennessee, USA; ¹⁰Department of Internal Medicine, Division of Pulmonary and Critical Care Medicine, University of California at Davis, Sacramento, California, USA.

INTRODUCTION

- Idiopathic pulmonary fibrosis (IPF) is a progressive fibrosing interstitial lung disease characterized by decline in lung function.
- MicroRNAs are small non-coding RNA molecules with functions in gene silencing or post-transcriptional gene regulation. Altered microRNA expression has been implicated in the pathogenesis of IPF.¹
- Further investigation is needed to understand the relationships between messenger RNAs (mRNAs) and microRNAs and progression of IPF.

AIM

- To investigate the relationship between mRNA-microRNA interactions and forced vital capacity (FVC) in patients with IPF.

METHODS

- Subjects**
- The cohort was drawn from the Idiopathic Pulmonary Fibrosis Prospective Outcomes (IPF-PRO) Registry, a multicenter US registry that enrolled patients with IPF that was diagnosed or confirmed at the enrolling center in the past 6 months.²
 - These analyses were based on samples taken at enrollment from 272 subjects who had whole blood mRNA and plasma microRNA sequencing data that met quality control filters.
- Analyses**
- T-tests were used to determine differential mRNA and microRNA expression between subjects with FVC % predicted in the lowest tertile (<63.7% predicted; n=90) and the highest tertile (>76.8% predicted; n=92).
 - We then used Pearson correlation to identify negatively correlated mRNA-microRNA pairs among:
 - mRNA transcripts with an absolute fold change >1 and p≤0.05 for the difference between lowest versus highest tertiles of FVC % predicted.
 - microRNAs with p≤0.05 for the difference between lowest versus highest tertiles of FVC % predicted.
 - Functional and network analyses were used to visualize top mRNA-microRNA connections.
 - mRNA-microRNA interaction analyses were performed in R using miRComb;³ p-values were adjusted for multiple testing.
 - Pathways analysis was performed using Ingenuity Pathway Analysis (QIAGEN Inc.). Databases searched were miRTarbase, microCOSM, mirDB, targetScan, and miWalk2.

CONCLUSIONS

- We identified a number of mRNA-microRNA pairs that were differentially expressed in patients with IPF in the lowest versus the highest tertile of FVC % predicted.
- This supports the idea that microRNA regulation may be related to the progression of IPF.
- Ongoing studies will assess whether circulating microRNAs and their related mRNAs are associated with a greater risk of disease progression in patients with IPF.

Subjects

Baseline characteristics of subjects in the highest and lowest tertiles of FVC % predicted

	Tertile 1: FVC <63.7% predicted (n=90)	Tertile 3: FVC >76.8% predicted (n=92)
Age, years	69.5 (64.0, 73.0)	71.0 (65.0, 75.5)
Male	70 (78%)	64 (70%)
White	83 (92%)	87 (95%)
Smoking		
Past	58 (64%)	64 (70%)
Never	32 (36%)	27 (29%)
Current	0	1 (1%)

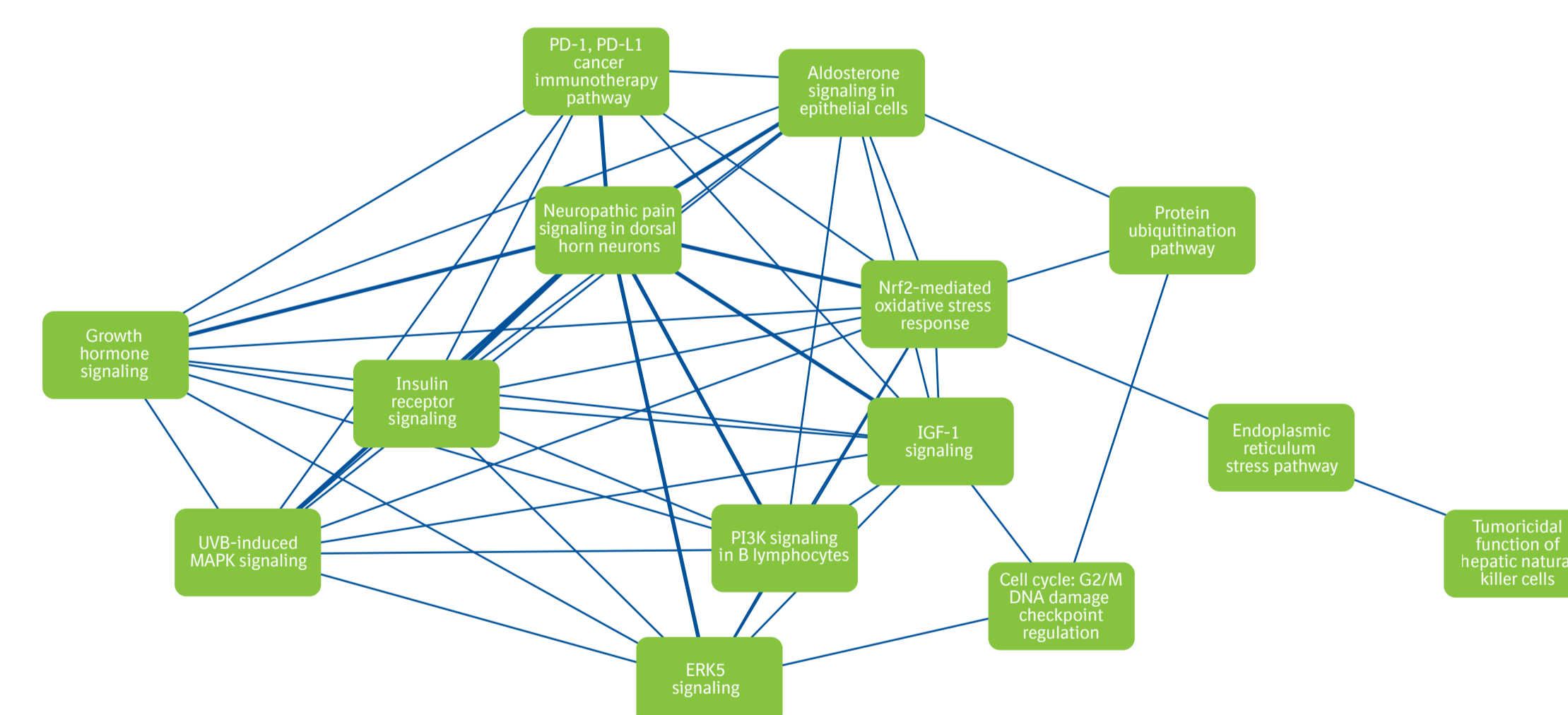
Values are median (Q1, Q3) or n (%).

Differential expression of mRNAs and microRNAs

- Of 35628 mRNAs and 2576 microRNAs sequenced, 2441 and 214, respectively, met the criteria for differential expression between subjects in the lowest versus the highest tertile of FVC % predicted.
- A cluster heatmap showed sub-clusters of expression among the top mRNA-microRNA pairs from the differentially expressed mRNAs and microRNAs.

Pathways analysis

mRNA-microRNA pairs with a confirmed connection in ≥1 database searched

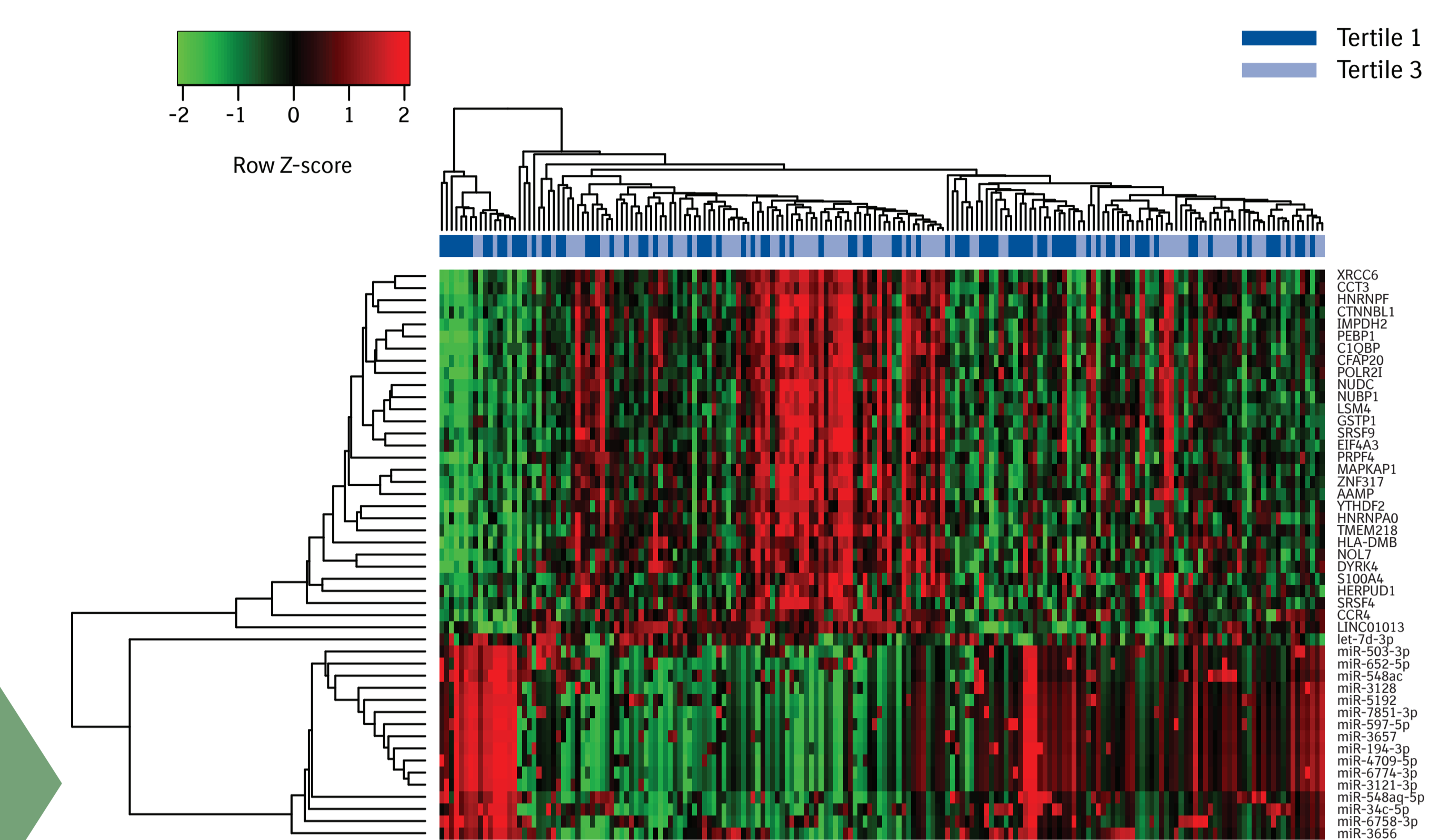


Pathways analysis suggested alterations in pathways previously associated with the pathogenesis of IPF or lung injury: aldosterone signaling,⁴ Nrf2-mediated antioxidant response,⁵ and IGF-1 signaling⁶

IGF-1, insulin-like growth factor 1; Nrf2, nuclear factor E2-related factor 2.

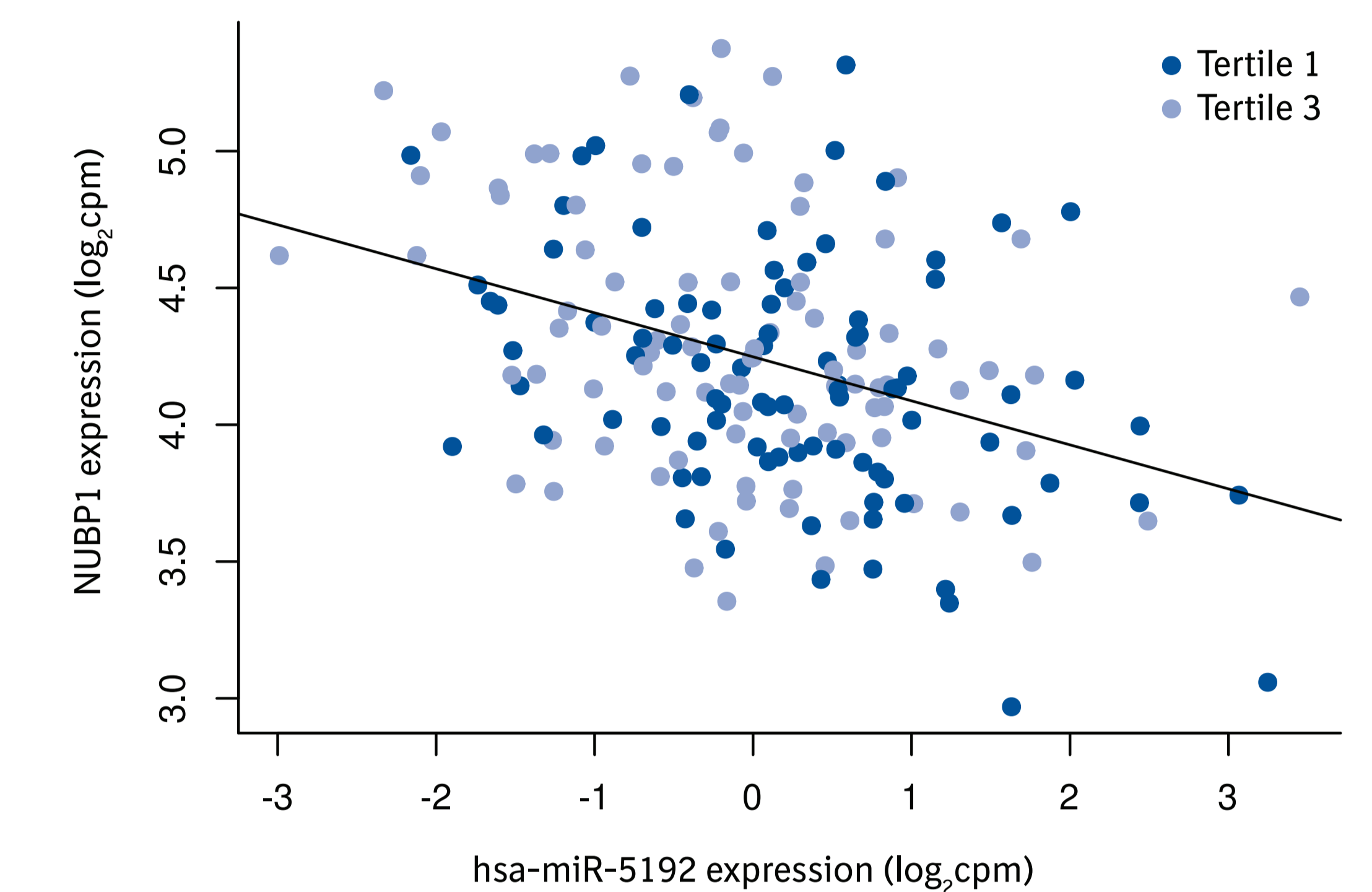
RESULTS

Top mRNA-microRNA pairs from the mRNAs and microRNAs differentially expressed between subjects in the highest and lowest tertiles of FVC % predicted



- The mRNA-microRNA pair with the strongest negative correlation was the nucleotide binding protein 1 (NUBP1) transcript and the microRNA hsa-mir-5192 (r=-0.37; p=1.03e-07):

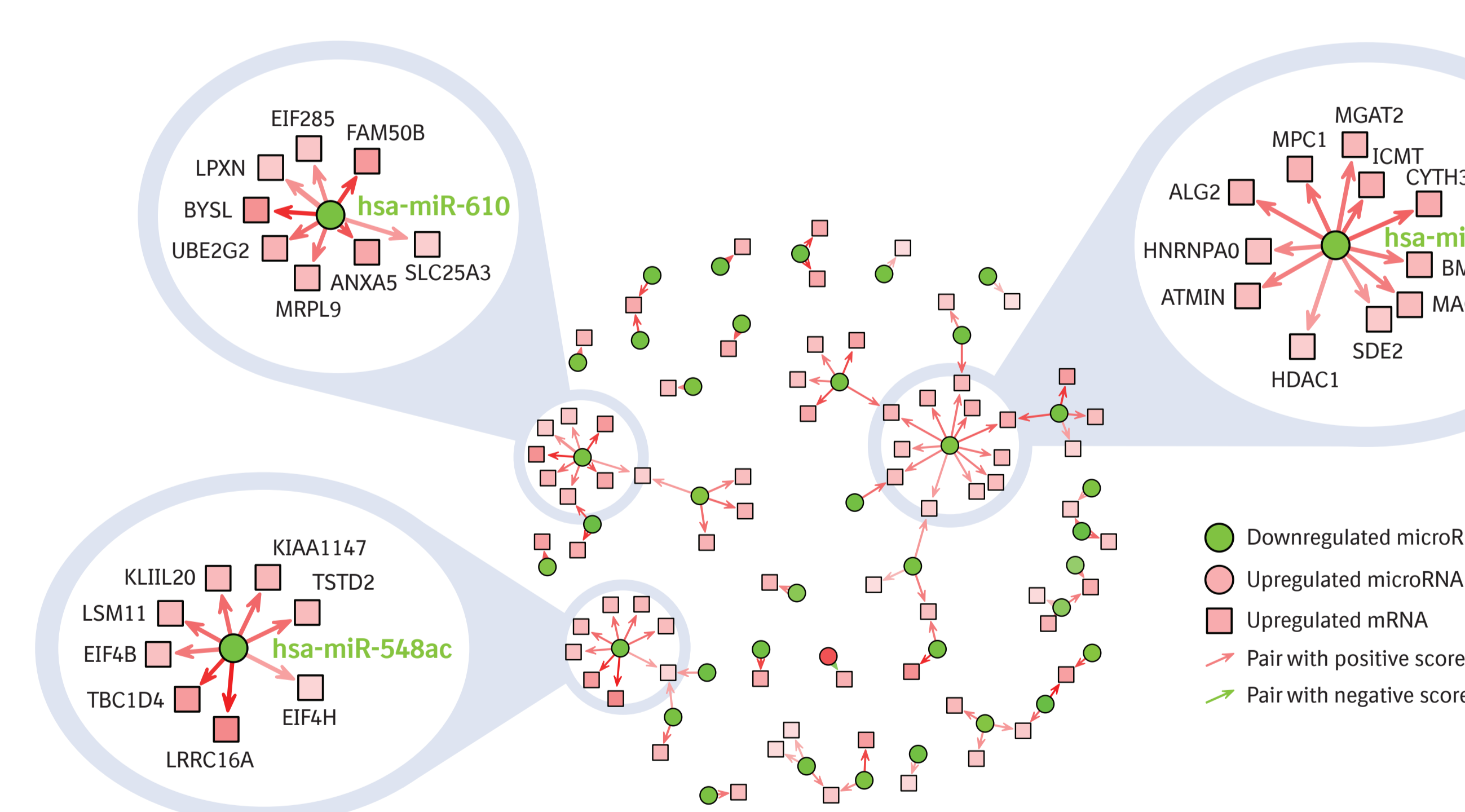
mRNA-microRNA pair with the strongest negative correlation



cpm, counts per million.

Network analyses

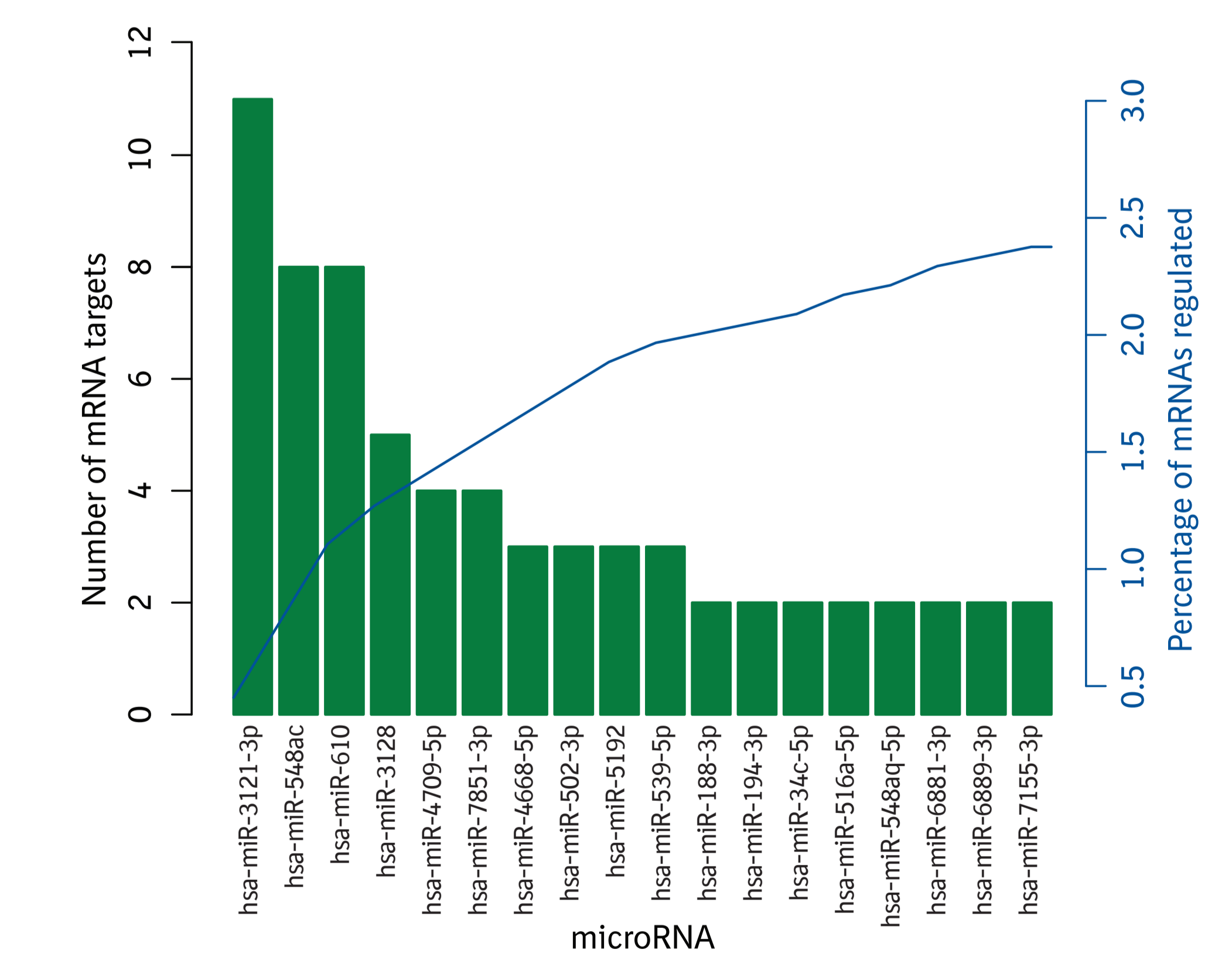
Network of mRNA-microRNA interactions with adjusted p≤0.05



Darker shades in squares or circles indicate stronger up- or downregulation. Darker shades of arrows indicate connections were found in a greater number of the databases searched.

Functional analyses

MicroRNAs with ≥2 mRNA targets with adjusted p≤0.05, and cumulative percentage of 2441 differentially expressed mRNAs regulated by each microRNA



- REFERENCES**
- Miao C, et al. *Exp Lung Res* 2018;44:178-90.
 - O'Brien EC, et al. *BMI Open Respir Res* 2016;3:000108.
 - Vila-Casadesús M, et al. *PLoS One* 2016;11:e0151127.
 - Imai Y, et al. *Nature* 2005;436:112-6.
 - Walters DM, et al. *Antioxid Redox Signal* 2008;10:321-32.
 - Krein PM and Winston BW. *Chest* 2002;122(6 Suppl):289S-93S.

ACKNOWLEDGEMENTS

The IPF-PRO™ Registry is funded by Boehringer Ingelheim Pharmaceuticals, Inc. (BIPI) and coordinated by the Duke Clinical Research Institute. Editorial and formatting assistance was provided by Elizabeth Ng and Wendy Morris of FleishmanHillard Fishburn, which was contracted and funded by BIPI. The authors meet criteria for authorship as recommended by the International Committee of Medical Journal Editors (ICMJE), received no direct compensation for the development of the poster, were fully responsible for all content and editorial decisions, were involved at all stages of development and have approved the final version. BI was given the opportunity to review the poster for medical and scientific accuracy as well as intellectual property considerations. Imre Noth reports personal fees from Boehringer Ingelheim, Genentech and ImmuneWorks. Thomas B Leonard is an employee of BIPI.

INTERACTIVE

<https://www.usccomms.com/respiratory/ATS2020/noth>

IPF-PRO™ Registry enrolling centers: Albany Medical Center, Albany, NY; Baylor College of Medicine, Houston, TX; Baylor University Medical Center at Dallas, Dallas, TX; Cleveland Clinic, Cleveland, OH; Columbia University Medical Center/New York Presbyterian Hospital, New York, NY; Duke University Medical Center, Durham, NC; Froedtert & The Medical College of Wisconsin Community Physicians, Milwaukee, WI; Houston Methodist Lung Center, Houston, TX; Lahey Clinic, Burlington, MA; Loyola University Health System, Maywood, IL; Lynchburg Pulmonary Associates, Lynchburg, VA; Medical University of South Carolina, Charleston, SC; National Jewish Health, Denver, CO; NYU Medical Center, New York, NY; Piedmont Healthcare, Austell, GA; Pulmonary Associates of Stamford, Stamford, CT; Pulmonix LLC, Greensboro, NC; Renovo Clinical Research, The Woodlands, TX; Salem Chest and Southeastern Clinical Research Center, Winston Salem, NC; South Miami Hospital, South Miami, FL; St. Joseph's Hospital, Phoenix, AZ; Stanford University, Stanford, CA; Temple University, Philadelphia, PA; The Oregon Clinic, Portland, OR; Tulane University, New Orleans, LA; UNC Chapel Hill, Chapel Hill, NC; University of Alabama at Birmingham, Birmingham, AL; University of California, Davis, Sacramento, CA; University of California Los Angeles, Los Angeles, CA; University of Chicago, Chicago, IL; University of Cincinnati Medical Center, Cincinnati, OH; University of Louisville, Louisville, KY; University of Miami, Miami, FL; University of Michigan, Ann Arbor, MI; University of Minnesota, Minneapolis, MN; University of Pennsylvania, Philadelphia, PA; University of Pittsburgh, Pittsburgh, PA; University of Virginia, Charlottesville, VA; UT Southwestern Medical Center, Dallas, TX; Vanderbilt University Medical Center, Nashville, TN; Vermont Lung Center, Colchester, VT; Wake Forest University, Winston Salem, NC; Washington University, St. Louis, MO; Weill Cornell Medical College, New York, NY; Wilmington Health and PMG Research, Wilmington, NC; Yale School of Medicine, New Haven, CT.