This is a provisional PDF only. Copyedited and fully formatted version will be made available soon.

ISSN: 0423-104X

e-ISSN: 2299-8306

Screening of potential biomarkers in the occurrence and development of type 1 diabetes mellitus based on transcriptome analysis

Authors: Lishun Yang, Jianhua Kang, Xingya Shen, Shaohua Feng, Deilai Li, Haisheng Yuan

DOI: 10.5603/EP.a2019.0060

Article type: Original Paper

Submitted: 2019-07-22

Accepted: 2019-09-23

Published online: 2019-11-26

This article has been peer reviewed and published immediately upon acceptance. It is an open access article, which means that it can be downloaded, printed, and distributed freely, provided the work is properly cited. Articles in "Endokrynologia Polska" are listed in PubMed. The final version may contain major or minor changes.

Screening of potential biomarkers in the occurrence and development of type 1 diabetes mellitus based on transcriptome analysis Running title: Pathogenesis and progression for T1DM

10.5603/EP.a2019.0060

Jianhua Kang, Xingya Shen, Lishun Yang, Shaohua Feng, Delai Li, Haisheng Yuan

Department of Clinical Laboratory, Tianjin Beichen District Chinese Medicine Hospital, Tianjin, P.R. China

Corresponding author: Lishun Yang, Department of Clinical Laboratory, Tianjin Beichen District Chinese Medicine Hospital, 436 Jing-jinRoad, Beichen District, Tianjin 300400, P.R. China; tel: 86-22-26811615; e-mail: lishunyang01@163.com

Abstract

Introduction: The aim of the study was to reveal the mechanisms for the pathogenesis and progression of type 1 diabetes mellitus (T1DM).

Material and methods: Two mRNA expression profiles and two miRNA expression profiles were downloaded from the Gene Expression Omnibus (GEO) database. The differentially expressed genes (DEGs), differentially expressed miRNAs (DEMs), functional enrichment analyses, pathways, putative targets for DEMs and the miRNA-gene pairs, protein-protein pairs of DEGs, and PPI network were constructed. **Results:** Based on mRNA expression profiles, 37 and 110 DEGs were identified, and named as DEGs-short and DEGs-long, respectively. Based on miRNA expression profiles, 15 and six DEMs were identified, and named as DEMs-short and DEMs-long, respectively. DEGs-short were enriched in six GO terms and four pathways, and DEGs-long enriched in 40 GO terms and 10 pathways. Seventeen miRNA-gene pairs for DEMs-short were screened out; *hisa-miR-181a* and *hisa-miR-181c* were involved

in the most pairs. Twenty pairs for DEMs-long were obtained; *hsa-miR-338-3p* was involved in all the pairs. *KLRD1* was involved in more pairs in the network of DEGs-short. *ACTA2* and *USP9Y* were involved in more pairs in the network of DEGs-long. **Conclusions:** *KLRD1, hisa-miR-181a*, and *hisa-miR-181c* might be pathogenic biomarkers for T1DM, *ACTA2, USP9Y*, and *hsa-miR-338-3p* progressive biomarkers of T1DM.

Key words: type 1 diabetes mellitus (T1DM); pathogenesis; progression; transcriptome analysis

Introduction

Diabetes mellitus (DM) is a group of metabolic disorders in which there are high blood sugar levels over a prolonged period. It is established that 415 million people had DM worldwide in 2015, and the number is predicted to reach more than 642 million by 2040 [1]. Moreover, from 2012 to 2015, approximately 1.5 to 5.0 million deaths each year resulted from DM [2]. DM is divided into three main types: Type 1 DM (T1DM), type 2 DM (T2DM), and gestational diabetes. Type 1 DM results from the pancreas's failure to produce enough insulin and makes up an estimated 5–10% of all diabetes cases [3]. The classical symptoms are frequent urination, increased thirst, increased hunger, and weight loss. At present, the cause of T1DM is still unknown, and genetic susceptibility, a diabetogenic trigger, and high exposure to an antigen are believed to be involved [4]. A meta-analysis involving 2238 T1DM participants showed that individuals had a higher risk for T1DM with the G allele of CTLA-4 +49A/G gene polymorphism [5]. Arroyo-Jousse et al. [6] found that T1DM patients showed a higher TNFa gene promoter methylation compared with control subjects [P=0.00008]. A study of genome-wide gene expression analysis revealed that CD274 up-regulation in T1DM is correlated with the pathogenesis [7]. MicroRNA (miRNAs) are involved in various biological processes and become novel biomarkers in DM. A miRNA expression profile analysis showed that eight circulating miRNAs were dysregulated in T1DM patients (miR-21-5p, miR-146a-5p, miR-148a-3p, miR-181a-5p, miR-210-5p, miR-342-3p, miR-375, and miR-1275), which might be potential circulating biomarkers of this disease [8]. Moreover, a single-nucleotide polymorphism (rs2910164) in the miRNA-146a gene is significantly associated with diabetic nephropathy in T1DM patients [9].

Transcriptomics technologies are the techniques used to study an organism's transcriptome, the sum of all of its RNA transcripts. Among them, mRNA conveys genetic information from DNA to the ribosome, and miRNA functions in RNA silencing and post-transcriptional regulation of gene expression [10]. Transcriptomic analysis can study gene expression changes in different organisms, which contribute to the understanding of human disease [11]. In this study, the transcriptomic analyses were performed on new-onset and long-term T1DM patients in order to reveal the mechanisms for the pathogenesis and progression of this disease.

Material and methods

Expression profiles

The expression profiles of GSE55098 [12], GSE72492, GSE55099, and GSE97123 [13] were downloaded from the Gene Expression Omnibus (GEO) database (www.ncbi.nlm.nih.gov/geo/). The mRNA expression profile of GSE55098 contained 22 peripheral blood mononuclear cell (PBMC) samples from 12 newly diagnosed T1DM patients and 10 normal controls, and it was detected using the platform of [HG-U133 Plus 2] Affymetrix Human Genome U133 Plus 2.0 Array. The mRNA expression profile of GSE72492 included 17 pancreas tissue samples from T1DM patients and seven healthy humans, and these patients had been suffering from T1DM for at least five years. Agilent-028004 SurePrint G3 Human GE 8x60K Microarray was used to conduct the detection for GSE72492. Twelve PBMC samples from newly diagnosed T1DM patients and 10 PBMC samples from normal controls were contained in the miRNA expression profile of GSE55099, and they were sequenced with the platform of miRNA-1 Affymetrix Multispecies miRNA-1 Array. Twenty-four plasma-derived exosomes from 12 T1DM patients and 12 healthy patients were

concluded in the miRNA expression profile of GSE97123, and these patients had suffered from T1DM for at least 25 years. The detection platform for GSE97123 was Counter Human miRNA Expression Assay.

Data processing

For GSE55098 and GSE55099, background correction, standardisation, and expression value calculation for the raw data were conducted with the affy V1.48.0 package (http://www.bioconductor.org/packages/3.2/bioc/html/affy.html). The hgu133plus2.db package V3.2.2

(http://www.bioconductor.org/packages/3.2/data/annotation/html/hgu133plus2.db.htm l) was used to annotate, and the non-annotated probes were removed. For GSE72492, standardisation and logarithm calculation of expression values were performed with preprocessCore V1.32.0

(http://www.bioconductor.org/packages/3.2/bioc/html/preprocessCore.html). For GSE97123, the downloaded raw data had been normalised, and logarithm calculation was directly conducted.

Differentially expressed analysis

Based on the mRNA and miRNA profiles of GSE55098 and GSE55099, the differentially expressed genes (DEGs) and the differentially expressed miRNAs (DEMs) were separately identified in samples from newly diagnosed T1DM patients compared with those from normal controls with limma V3.32.2 (http://www.bioconductor.org/packages/3.5/bioc/html/limma.html), which were named as DEGs-short and DEMs-short, respectively. Furthermore, the DEGs and the DEMs were separately identified in samples from longstanding T1DM patients compared with those from healthy people in GSE72492 and GSE97123, and named as DEGs-long and DEMs-long, respectively. The threshold criteria was |log (fold change)| > 1 and P < 0.05.

Functional and pathway enrichment analyses of DEGs

The functional enrichment analyses of the DEGs-short and DEGs-long were performed via the Database for Annotation, Visualisation, and Integrated Discovery (DAVID) V6.8 (http://david.abcc.ncifcrf.gov/). The enriched pathway terms were screened out with the Kyoto Encyclopaedia of Genes and Genomes (KEGG) PATHWAY (http://www.genome.jp/kegg), and Reactome (http://www.reactome.org). The threshold was $P < 0.05$.

Targets prediction for DEMs

Potential targets for DEMs-short and DEMs-long were predicted by > 5 bioinformatics algorithms among the 10 algorithms in the miRWalk database: miRWalk V2.0 (www.ma.uni-heidelberg.de/apps/zmf/mirwalk/mirwalk), RNAhybrid V2.1 (www.ma.uni-heidelberg.de/apps/zmf/mirwalk/rnahybrid), DIANAmT V4.0 (www.ma.uni-heidelberg.de/apps/zmf/mirwalk/diana-microt), miRanda -rel2010 (www.ma.uni-heidelberg.de/apps/zmf/mirwalk/miranada), miRDB V4.0 (www.ma.uni-heidelberg.de/apps/zmf/mirwalk/mirdb), PICTAR4 (www.ma.uni-heidelberg.de/apps/zmf/mirwalk/pictar4), PICTAR5 (www.ma.uni-heidelberg.de/apps/zmf/mirwalk/pictar5), PITA (www.ma.uni-heidelberg.de/apps/zmf/mirwalk/pipa), RNA22 V2 (www.ma.uni-heidelberg.de/apps/zmf/mirwalk/rna22), and Targetscan V6.2 (www.ma.uni-heidelberg.de/apps/zmf/mirwalk/targetscan). Moreover, the negative regulated miRNA-gene pairs were selected out.

The PPI network construction

5 The Search Tool for the Retrieval of Interacting Genes/Proteins (STRING) is a biological database and web resource of known and predicted protein-protein interactions (PPI). The protein-protein pairs of DEMs-short and DEMs-long were identified via STRING v10.5 (https://string-db.org/) with more than 500 scores. Afterwards, the PPI networks for DEGs-short and DEGs-long were constructed and visualised by Cytoscape V3.5.1 software (http://www.cytoscape.org/download.php).

Results

DEGs and DEMs

After differentially expressed analysis, 37 (25 up- and 12 down-regulated) and 110 (58 up- and 52 down-regulated) DEGs were identified in sets of DEGs-short and DEGs-long, respectively; and 15 (two up- and 13 down-regulated) and six (one upand five down-regulated) DEMs were identified in sets of DEMs-short and DEMs-long, respectively. Furthermore, the top 30 most significant DEGs of DEGs-short and DEGs-long are separately shown in Table 1A and Table 1B, and all the DEMs of DEMs-short and DEMs-long are shown separately in Table 2A and Table 2B. Also, the overlaps of DEGs-short and DEGs-long were EIF1AY, LTF, and DDX3Y, and there was no overlap between DEMs-short and DEMs-long.

The enriched gene ontology (GO) terms and pathways

DEGs-short and DEGs-long were separately enriched in six and 40 GO terms, and all the GO terms of DEGs-short and the top 10 most significant terms of DEGs-long are shown in Table 3A and Table 3B, respectively. Moreover, DEGs-short were enriched in four pathway terms, namely "graft-versus-host disease", "antigen processing and presentation", "natural killer cell mediated cytotoxicity", and "signalling in immune system". DEGs-long were enriched in 10 pathways; namely, "smooth muscle contraction", "vascular smooth muscle contraction", "regulation of insulin-like growth factor (IGF) transport and uptake by insulin-like growth factor binding proteins (IGFBPs)", "cGMP-PKG signalling pathway", "RHO GTPases activate PAKs", "platelet degranulation", "insulin processing", "chemical carcinogenesis", "antagonism of activin by follistatin", and "insulin secretion".

The miRNA-gene pairs

A total of 17 miRNA-gene pairs were screened out for DEMs-short, and they are

shown in Table IVA, including nine negatively regulated pairs. Moreover, hisa-miR-181a and hisa-miR-181c were involved in the most pairs. Twenty miRNA-gene pairs in total were screened out for DEMs-long (Tab. IVB), including 11 negatively regulated pairs. Also, hsa-miR-338-3p was involved in all the above 20 miRNA-gene pairs.

The PPI network

After STRING screening, 19 and 89 protein-protein pairs of DEGs-short and DEGs-long were separately obtained, and the PPI networks of them are shown in Figure 1 and 2, respectively. The above pairs were a clustered different functional group in the networks, and KLRD1 (dark red) was involved in more pairs in a functional group of Figure 1, and ACTA2 and USP9Y (dark red) were involved in more pairs in different functional groups of Figure 2.

Discussion

7 Many genes and miRNAs have been indicated to be involved in the occurrence and development of T1DM. In this study, we parallelly identified and analysed the differential expressions for newly diagnosed and long-standing T1DM patients. Afterwards, hisa-miR-181a and hisa-miR-181c were found to be involved in the most miRNA-gene pairs of DEMs-short (Tab. IVA), and the node of KLRD1 was involved in the most pairs in the PPI network of DEGs-short (Fig. 1). A meta-analysis showed that the hsa-miR-181 family are involved in the inhibition of IL-2 expression, and hisa-miR-181a and hisa-miR-181c contribute to T cell tolerance, which is very important in the pathogenesis and treatment of T1DM [14, 15]. Also, the meta-analysis also proved that hsa-miR-181c was differentially expressed in the three types of diabetes (T1DM, T2DM, and gestational diabetes). Another study found that hsa-miR-181c was down-regulated in a diabetic-like environment and up-regulated after the addition of calcitriol [16]. Endothelial dysfunction played an important role in the occurrence and development of DM, and hisa-miR-181c could attenuate nitration stress through regulating FoxO1 expression and affecting endothelial cell function [17]. It might be one of the mechanisms of hisa-miR-181c in the occurrence and development of DM. Killer cell lectin-like receptor subfamily D, member 1 (KLRD1), encoded by KLRD1 gene, is an antigen preferentially expressed on NK cells, and also known as cluster of differentiation 94 (CD94). Nakata et al. [18] reported that the expression of KLRD1 was reduced in NK-enriched cells in fulminant T1DM. Goodier et al. [19] reported that there was a significant reduction in the proportion of CD94 (+) cells responding to lipopolysaccharide in T1DM compared to the non-diabetic twin ($p = 0.025$), which might be associated with the cause of T1DM. Therefore, we suspected that KLRD1, hisa-miR-181a, and hisa-miR-181c were novel biomarkers in the pathogenesis of T1DM. Also, this article identified some targets for hisa-miR-181a and hisa-miR-181c, such as KCNJ2, DDX3Y, KLRF1, IFNG, etc. (Tab. IVA).

Furthermore, our results showed that hsa-miR-338-3p was involved in all the miRNA-gene pairs of DEMs-long (Tab. IVB). The PPI network of DEGs-long was clustered different functional groups, and ACTA2 and USP9Y were involved in more pairs in different functional groups (Fig. 2). Jacovetti et al. [20] found in rodents that β cell mass expansion during pregnancy and obesity is associated with the expression change of hsa-miR-338-3p; they also revealed a major role for hsa-miR-338-3p in compensatory β cell mass expansion occurring under different insulin resistance states. Subsequently, Nesca et al. [21] reported that the expression hsa-miR-338-3p displayed changes occurring before the onset of diabetes, which were positive effects on β cell activities and mass; in contrast, modification in the level of hsa-miR-338-3p primarily occurred in diabetic mice and resulted in increased β cell apoptosis. These results indicate that the expression change of hsa-miR-338-3p participates in the progression of diabetes. Alpha-actin-2 (α -SMA) is a protein encoded by the ACTA2 gene, which is commonly used as a marker of myofibroblast formation [22]. ACTA2 is the human aortic smooth muscle actin gene and is involved in cell motility, structure, and integrity [23]. Moreover, DEGs-long was enriched in GO terms of "contractile fibre",

"smooth muscle contractile fibre", "actomyosin structure organisation", "myofibril", and "cardiac muscle tissue development" (Tab. IIIB), and ACTA2 played very important roles in the above GO terms. Although few reports revealed the relationship between ACTA2 and T1DM, our results suggest that ACTA2 is associated with the progression of this disease. USP9Y gene encodes the enzyme of ubiquitin specific peptidase 9, Y-linked (USP9Y), which locates on the Y chromosome. Mutations in this gene are associated with Sertoli cell-only syndrome (SCO) and male infertility. The gene fusion TTTY15-USP9Y score was statistically significantly higher in prostate cancer men with positive biopsy outcome than in men with negative biopsy outcome ($p < 0.001$), and thus TTTY15-USP9Y could be used to predict biopsy outcome [24]. USP9Y presents only in black people of African origin and attributes a favourable lipoprotein pattern, which is very important in the development of diabetes [25]. Previously, there was no direct evidence that USP9Y is associated with TIDM. Here, our article found that USP9Y occupied a critical position in the PPI network of DEGs-long, which suggested that USP9Y might play a role in the development of T1DM.

Conclusion

In conclusion, our study suggested that KLRD1, hisa-miR-181a, and hisa-miR-181c were involved in the onset of T1DM, and that ACTA2, USP9Y, and hsa-miR-338-3p played some important roles in its development. They are potential biomarkers in the pathogenesis or progression of T1DM, which provides further insights for T1DM.

Funding

This work was supported by the program of Beichen District Science and Technology Commission, Tianjin (grant 2016-SHGY-13).

Availability of data and material

Not applicable.

Acknowledgements

We would like to thank all the members of our research group for their enthusiastic participation in this study.

Competing interests

The authors declare that they have no competing interests.

Consent for publication

Not applicable.

Ethics approval and consent to participate

Not applicable.

References

1. Iwahashi H, Imagawa A. Type 2 diabetes mellitus prevention strategy: Target and goal in Japanese men. J Diabetes Investig. 2016; 7(3): 283–285, doi: [10.1111/jdi.12481](http://dx.doi.org/10.1111/jdi.12481), indexed in Pubmed: [27330711](https://www.ncbi.nlm.nih.gov/pubmed/27330711).

2. Treating the Inflammatory Core of Metabolic Syndromes. EBioMedicine. 2015; 2(9): 1003–1004, doi: [10.1016/j.ebiom.2015.09.011](http://dx.doi.org/10.1016/j.ebiom.2015.09.011), indexed in Pubmed: [26501087](https://www.ncbi.nlm.nih.gov/pubmed/26501087).

3. Daneman D. Type 1 diabetes. The Lancet. 2006; 367(9513): 847–858, doi: [10.1016/s0140-6736\(06\)68341-4](http://dx.doi.org/10.1016/s0140-6736(06)68341-4).

4.Knip M, Veijola R, Virtanen SM, et al. Environmental triggers and determinants of type 1 diabetes. Diabetes. 2005; 54 Suppl 2: S125–S136, doi: [10.2337/diabetes.54.suppl_2.s125](http://dx.doi.org/10.2337/diabetes.54.suppl_2.s125), indexed in Pubmed: [16306330](https://www.ncbi.nlm.nih.gov/pubmed/16306330).

5. Li Yy, Gong Ge, Geng Hy, et al. CTLA-4 +49A/G gene polymorphism and type 1 diabetes mellitus in the Chinese population: a meta-analysis of 2238 subjects. International Journal of Diabetes in Developing Countries. 2015; 36(1): 45–51, doi: [10.1007/s13410-015-0414-0](http://dx.doi.org/10.1007/s13410-015-0414-0).

6.Arroyo-Jousse V, Garcia-Diaz DF, Codner E, et al. Epigenetics in type 1 diabetes: TNFa gene promoter methylation status in Chilean patients with type 1 diabetes mellitus. Br J Nutr. 2016; 116(11): 1861–1868, doi: [10.1017/S0007114516003846](http://dx.doi.org/10.1017/S0007114516003846), indexed in Pubmed: [27890035](https://www.ncbi.nlm.nih.gov/pubmed/27890035).

7. Fang C, Huang Y, Pei Y, et al. Genome-wide gene expression profiling reveals that CD274 is up-regulated new-onset type 1 diabetes mellitus. Acta Diabetol. 2017; 54(8): 757–767, doi: [10.1007/s00592-017-1005-y](http://dx.doi.org/10.1007/s00592-017-1005-y), indexed in Pubmed: [28577136](https://www.ncbi.nlm.nih.gov/pubmed/28577136).

8.Assmann TS, Recamonde-Mendoza M, De Souza BM, et al. MicroRNA expression profiles and type 1 diabetes mellitus: systematic review and bioinformatic analysis. Endocr Connect. 2017; 6(8): 773–790, doi: [10.1530/EC-17-0248](http://dx.doi.org/10.1530/EC-17-0248), indexed in Pubmed: [28986402](https://www.ncbi.nlm.nih.gov/pubmed/28986402).

9.Kaidonis G, Gillies MC, Abhary S, et al. A single-nucleotide polymorphism in the MicroRNA-146a gene is associated with diabetic nephropathy and sight-threatening diabetic retinopathy in Caucasian patients. Acta Diabetol. 2016; 53(4): 643–650, doi: [10.1007/s00592-016-0850-4](http://dx.doi.org/10.1007/s00592-016-0850-4), indexed in Pubmed: [26997512](https://www.ncbi.nlm.nih.gov/pubmed/26997512).

10. Ambros V. The functions of animal microRNAs. Nature. 2004; 431(7006): 350–355, doi: [10.1038/nature02871](http://dx.doi.org/10.1038/nature02871), indexed in Pubmed: [15372042](https://www.ncbi.nlm.nih.gov/pubmed/15372042).

11. Lowe R, Shirley N, Bleackley M, et al. Transcriptomics technologie. PLoS Comput Biol. 2017; 13(5): e1005457, doi: [10.1371/journal.pcbi.1005457](http://dx.doi.org/10.1371/journal.pcbi.1005457), indexed in Pubmed: [28545146](https://www.ncbi.nlm.nih.gov/pubmed/28545146).

12. Yang M, Ye L, Wang B, et al. Decreased miR-146 expression in peripheral blood mononuclear cells is correlated with ongoing islet autoimmunity in type 1 diabetes patients 1miR-146. J Diabetes. 2015; 7(2): 158–165, doi: [10.1111/1753-0407.12163](http://dx.doi.org/10.1111/1753-0407.12163), indexed in Pubmed: [24796653](https://www.ncbi.nlm.nih.gov/pubmed/24796653).

13. Garcia-Contreras M, Shah SH, Tamayo A, et al. Plasma-derived exosome characterization reveals a distinct microRNA signature in long duration Type 1 diabetes. Sci Rep. 2017; 7(1): 5998, doi: [10.1038/s41598-017-05787-y](http://dx.doi.org/10.1038/s41598-017-05787-y), indexed in Pubmed: [28729721](https://www.ncbi.nlm.nih.gov/pubmed/28729721).

14. Collares, C, Evangelista A, Xavier D. Meta-analysis of differentially expressed microRNAs in type 1, type 2 and gestational diabetes mellitus. Endocrine Abstracts. 2012; 29(OC17.6).

15. Saudek F, Havrdova T, Boucek P, et al. Polyclonal anti-T-cell therapy for type 1 diabetes mellitus of recent onset. Rev Diabet Stud. 2004; 1(2): 80–88, doi: [10.1900/RDS.2004.1.80](http://dx.doi.org/10.1900/RDS.2004.1.80), indexed in Pubmed: [17491669](https://www.ncbi.nlm.nih.gov/pubmed/17491669).

16. Zitman-Gal T, Green J, Pasmanik-Chor M, et al. Vitamin D manipulates miR-181c, miR-20b and miR-15a in human umbilical vein endothelial cells exposed to a diabetic-like environment. Cardiovasc Diabetol. 2014; 13: 8, doi: [10.1186/1475-2840-13-8](http://dx.doi.org/10.1186/1475-2840-13-8), indexed in Pubmed: [24397367](https://www.ncbi.nlm.nih.gov/pubmed/24397367).

17. Yang G, Wu Y, Ye S. MiR-181c restrains nitration stress of endothelial cells in diabetic db/db mice through inhibiting the expression of FoxO1. Biochem Biophys Res Commun. 2017; 486(1): 29–35, doi: [10.1016/j.bbrc.2017.02.083](http://dx.doi.org/10.1016/j.bbrc.2017.02.083), indexed in Pubmed: [28223216](https://www.ncbi.nlm.nih.gov/pubmed/28223216).

18. Nakata S, Imagawa A, Miyata Y, et al. Low gene expression levels of activating receptors of natural killer cells (NKG2E and CD94) in patients with fulminant type 1 diabetes.

Immunol Lett. 2013; 156(1-2): 149–155, doi: [10.1016/j.imlet.2013.10.004](http://dx.doi.org/10.1016/j.imlet.2013.10.004), indexed in Pubmed: [24177169](https://www.ncbi.nlm.nih.gov/pubmed/24177169).

19. Goodier MR, Nawroly N, Beyan H, et al. Identical twins discordant for type 1 diabetes show a different pattern of in vitro CD56+ cell activation. Diabetes Metab Res Rev. 2006; 22(5): 367–375, doi: [10.1002/dmrr.627](http://dx.doi.org/10.1002/dmrr.627), indexed in Pubmed: [16572491](https://www.ncbi.nlm.nih.gov/pubmed/16572491).

20. Jacovetti C, Abderrahmani A, Parnaud G, et al. MicroRNAs contribute to compensatory β cell expansion during pregnancy and obesity. J Clin Invest. 2012; 122(10): 3541–3551, doi: [10.1172/JCI64151](http://dx.doi.org/10.1172/JCI64151), indexed in Pubmed: [22996663](https://www.ncbi.nlm.nih.gov/pubmed/22996663).

21. Nesca V, Guay C, Jacovetti C, et al. Identification of particular groups of microRNAs that positively or negatively impact on beta cell function in obese models of type 2 diabetes. Diabetologia. 2013; 56(10): 2203–2212, doi: [10.1007/s00125-013-2993-y](http://dx.doi.org/10.1007/s00125-013-2993-y), indexed in Pubmed: [23842730](https://www.ncbi.nlm.nih.gov/pubmed/23842730).

22. Nagamoto T, Eguchi G, Beebe DC. Alpha-smooth muscle actin expression in cultured lens epithelial cells. Invest Ophthalmol Vis Sci. 2000; 41(5): 1122–1129, indexed in Pubmed: [10752950](https://www.ncbi.nlm.nih.gov/pubmed/10752950).

23. Wu Z, Wang S, Jiang F, et al. Mass spectrometric detection combined with bioinformatic analysis identified possible protein markers and key pathways associated with bladder cancer. Gene. 2017; 626: 407–413, doi: [10.1016/j.gene.2017.05.054](http://dx.doi.org/10.1016/j.gene.2017.05.054), indexed in Pubmed: [28552713](https://www.ncbi.nlm.nih.gov/pubmed/28552713).

24. Zhu Y, Ren S, Jing T, et al. Clinical utility of a novel urine-based gene fusion TTTY15-USP9Y in predicting prostate biopsy outcome. Urol Oncol. 2015; 33(9): 384.e9–384.20, doi: [10.1016/j.urolonc.2015.01.019](http://dx.doi.org/10.1016/j.urolonc.2015.01.019), indexed in Pubmed: [26008593](https://www.ncbi.nlm.nih.gov/pubmed/26008593).

25. Russo P, Siani A, Miller MA, et al. Genetic variants of Y chromosome are associated with a protective lipid profile in black men. Arterioscler Thromb Vasc Biol. 2008; 28(8): 1569–1574, doi: [10.1161/ATVBAHA.108.168641](http://dx.doi.org/10.1161/ATVBAHA.108.168641), indexed in Pubmed: [18511697](https://www.ncbi.nlm.nih.gov/pubmed/18511697).

Figure 1. The protein–protein interaction (PPI) network of DEGs-short

Figure 2. The protein–protein interaction (PPI) network of DEGs-long

Table IA. The top 30 most significant differentially expressed genes (DEGs) in peripheral blood mononuclear cell samples from newly diagnosed patients with type 1 diabetes mellitus (T1DM) compared with those from normal controls (DEGs-short)

CCL4 –1.2661478 83 10.580 1.64E CHI3 1.1924 5.11561 0.007671 44818 –05 L1 713 4424 493

- GNL Y –1.1445241 17 12.248 3.63E CYP 1.8331 5.90927 0.008561 86857 –05 4F3 72833 4955 103
- GZM H –1.1788713 5 11.650 4.33E S100 1.6346 8.56842 0.012775 18586 –05 P 46917 1091 649
- CLIC 3 –1.1797844 83 9.1449 6.78E KRT 1.5157 5.29823 0.014109 89091 –05 23 19783 6045 852
- KLR F1 –1.0007149 33 10.694 0.0001 CRIS 1.1013 4.73427 0.020811 16009 17664 P3 3205 1773 07
- FGF BP2 –1.1626733 5 11.117 17164 0.0001 95317 SLPI 1.3870 85033 6.38005 0636 0.022275 293

KLR C3 –1.2678662 17 8.3827 0.0002 TNF 1.3640 5.90321 0.022326 17909 56813 AIP6 51308 6886 902 HLA 5.7141 0.0016 CEA 1.8222 7.05893 0.026668 –DQA1 –1.7812468 09242 18603 CAM8 26467 0909 873

89

15

Table IB. The top 30 most significant differentially expressed genes (DEGs) in pancreas tissue samples from long-standing patients with type 1 diabetes mellitus (T1DM) compared with those from healthy people (DEGs-long)

16

4

SSC4 D –1.07559744 7 10.207 99228 1.77E –06 EIF1 AY 1.0837 9585 7.04679 1771 0.000545 989

CHST 8 –1.17593256 4 7.5823 2.88E HSP 1.1040 8.50365 0.000556 15976 –06 B2 37749 4391 139

INS-I GF2 –3.23222547 3 6.5330 42141 3.07E –06 SLC2 5A34 –1.7282471 11 10.1113 3012 0.000591 585

PHYH 1.18534 7.2527 1.51E CCD 1.0589 9.65593 0.000628 IPL 172 59135 –05 C3 4566 0312 911

GCGR –1.70586376 50629 –05 S 89976 5438 294 6.8277 2.11E PTGI 1.4248 8.26025 0.000790

SLC3 5D3 –1.67984228 \mathbf{Q} 6.6563 38606 2.39E –05 DDX 3Y 1.9922 55074 6.24894 3021 0.000831 372

G6PC 2 –2.11681348 7 6.1128 31353 3.10E –05 SLC3 0A8 –1.4942758 89 9.14196 8897 0.000835 193

SYT1 3 –1.66289816 7 8.2092 3.21E RPS4 5.3417 8.27552 0.000839 65965 –05 Y1 7196 28 019

17

Table IIA. All the differentially expressed miRNAs (DEMs) in peripheral blood mononuclear cell samples from newly diagnosed patients with type 1 diabetes mellitus (T1DM) compared with those from normal controls (DEMs-short)

Table 2B. All the differentially expressed miRNAs (DEMs) in peripheral blood mononuclear cell samples from long-standing patients with type 1 diabetes mellitus (T1DM) compared with those from healthy people (DEMs-long)

Table IIIA. All the enriched gene ontology (GO) terms of DEGs-short

process

DEGs — differentially expressed genes; BP — biological process; CC — cellular component; MF — molecular function

Table IIIB. The top 10 most significantly enriched gene ontology (GO) terms of DEGs-long

ory	Categ	Term	Gene Count		P Value
	CC	GO:0043292~contractile fibre	9	$\overline{7}$	3.40E-0
	CC	GO:0044444~cytoplasmic part	46	5	3.35E-0
	BP	GO:0008217~regulation of blood pressure	$\overline{7}$	5	3.44E-0
	CC	GO:0030485~smooth muscle contractile fibre	3	$\overline{4}$	1.81E-0
	CC	GO:0005737~cytoplasm	57	$\overline{4}$	$3.52E - 0$
	BP	GO:0031032~actomyosin structure	$\overline{4}$		$6.66E-0$

DEGs — differentially expressed genes; BP — biological process; CC — cellular component

Table IVA. The miRNA-gene pairs of DEMs-short

DEMs — differentially expressed miRNAs

Table IVB. The miRNA-gene pairs of DEMs-long

hsa-miR-338-3p	UTY	-1.0833333333	1.428451427
hsa-mi $R-338-3p$	PTGIS	-1.0833333333	1.424889976
hsa-miR-338-3p	PRRX1	-1.0833333333	1.242794076
hsa-mi $R-338-3p$	TMOD1	-1.0833333333	1.196113314
hsa-mi $R-338-3p$	HOXA3	-1.0833333333	1.121206093
hsa-miR-338-3p	TFPI	-1.0833333333	1.100948365
hsa-mi $R-338-3p$	EIF1AY	-1.0833333333	1.08379585
hsa-miR-338-3p	COL12A1	-1.0833333333	1.040322198
hsa-mi $R-338-3p$	SYT7	-1.0833333333	-1.030068536
hsa-mi $R-338-3p$	RGS16	-1.0833333333	-1.031304186
hsa-mi $R-338-3p$	AQP2	-1.0833333333	-1.034998067
hsa-miR-338-3p	PPP1R1A	-1.0833333333	-1.113167906
hsa-miR-338-3p	UNC5A	-1.0833333333	-1.173571
hsa-mi $R-338-3p$	SLC30A8	-1.0833333333	-1.494275889
hsa-mi $R-338-3p$	SYT13	-1.0833333333	-1.662898167
hsa-mi $R-338-3p$	SLC25A34	-1.0833333333	-1.728247111
hsa-mi $R-338-3p$	PCSK1	-1.0833333333	-1.979802762

DEMs — differentially expressed miRNAs