

Over-expression of EFNA2 in Lung Adenocarcinoma: EFNA2 gene expression correlates with shortened survival

14 ABSTRACT

15 **Background:** The incidence of lung adenocarcinoma (LUAD) is increasing worldwide with different
16 prognosis. Ephrin-A2 (EFNA2), a member of the Eph/ephrin family, is associated with tumor
17 progression. However, the correlations of EFNA2 with prognosis in LUAD remain unclear. The
18 purpose of this article is to analyze the impact of EFNA2 on the prognosis of LUAD patients through
19 TCGA, OncoPrint, and GEPIA databases, and to explore its possible mechanisms.

20 **Methods:** This article found a significant correlation between EFNA2 and shortened survival in
21 LUAD patients through TCGA, OncoPrint, and GEPIA database analysis. Therefore, we further
22 investigated the relationship between the expression and prognostic value of the EFNA2 gene in LUAD
23 patients. Sequential data filtering (survival analysis, independent prognostic analysis, and clinical
24 correlation analysis) was performed. EFNA2 expression was analyzed by the OncoPrint database and
25 Tumor Immune Estimation Resource (TIMER). We evaluated the influence of EFNA2 on clinical

26 prognosis using Kaplan-Meier plotter, the Prognoscandatabase and Gene Expression Profiling
27 Interactive Analysis (GEPIA). The correlation between EFNA2 and cancer immune infiltrates was
28 investigated by TIMER. In addition, correlations between EFNA2 expression and gene markers set of
29 immune infiltrates were analyzed by TIMER and GEPIA. In addition, gene enrichment analysis was
30 performed by Metascape. Finally, a co-expression analysis was performed by the OncoPrint database.

31 **Results:** A cohort of LUAD patients showed that high EFNA2 expression was associated with poorer
32 overall survival (OS), disease-free survival (DFS) by TCGA, and EFNA2 was significantly associated
33 with stage in LUAD. In addition, EFNA2 expression was positively correlated with infiltrating levels
34 of B cells and CD8+ T cells. Moreover, the differential expression of EFNA2 was significantly higher in
35 lung adenocarcinoma compared with that in normal controls. Specifically, EFNA2 was positively
36 associated with ADAMTSL5, REEP6, PCSK4, C19orf25, and ANAPC2.

37 **Conclusions:** Our data indicate that EFNA2 is a potential diagnostic and prognostic biomarker and a
38 promising molecular therapeutic target to attenuate LUAD progression.

39 Keywords: EFNA2, LUAD, prognosis, TCGA, ephrinA2

40

41 INTRODUCTION

42 "Lung cancer is the leading cause of cancer-related deaths with an increasing incidence of lung
43 adenocarcinoma (LUAD) subtype worldwide"^[1]. Prognosis may vary in patients with the same stage tumor
44 because cancer is characterized by genetic, epigenetic, and phenotypic changes that result in a tremendous
45 variability in clinical behavior. Therefore, the development of additional molecular markers for survival
46 prediction of LUAD is required. Lung cancer is a malignant tumor caused by abnormal growth of bronchial
47 cells, and primary lung cancer is prone to metastasis. The most common pathological types include squamous

48 cell carcinoma, adenocarcinoma, small cell lung cancer, and so on. Among them, LUAD accounts for 40%-55%
49 of the total number of lung cancers, most of which originate from the bronchial mucosal epithelium, and
50 more than 3/4 of the patients' lesions occur in the periphery. The disease progresses slowly, and the initial
51 symptoms are generally not obvious, but it is easy to metastasize.

52 In recent years, molecular progress has changed the treatment of LUAD, and genetic testing has become
53 a standard diagnosis and prognostic indicator and could determine the treatment target. The progress of
54 bioinformatics and high-throughput sequencing was whether we could identify many tumor biomarkers,
55 which could help improve the accuracy of predicting the prognosis of LUAD and find increasingly effective
56 treatments. EFNA2 was a member of the Ephrins family. Ephrins, ligands for the Eph receptors, its
57 physiological role not only involved cell-to-cell communication, cell adhesion, cell migration, and invasion,
58 but also involved the regulation of blood vessel development and angiogenesis. They were promiscuous in a
59 very complex web of relationships (FIGURE 1). At present, the targeted therapy of LUAD has made
60 outstanding progress, but there were still about 10% of patients with negative genetic testing, so we needed
61 more genetic testing sites to improve the prognosis. And better targeted drugs can be found based on this
62 gene. Currently, there are few articles studying the impact of EFNA2 on lung cancer. Only one article reports
63 that EFNA2 can predict the prognosis of early lung adenocarcinoma in Asians and Caucasians^[2], and only one
64 article reports that the prepared EFNA2 targeted drugs can increase the therapeutic effect of lung cancer^[3].
65 At present, research on the impact of EFNA2 on lung adenocarcinoma is not sufficient. In this article, we
66 analyzed EFNA2 and lung adenocarcinoma through multiple databases and analysis tools and found that
67 EFNA2 is a good biomarker for predicting the prognosis of lung adenocarcinoma patients and is a good target
68 for targeted therapy of lung adenocarcinoma.

69

70 MATERIALS AND METHODS

71 OncoPrint Database Analysis

72 We analyzed the EFNA2 mRNA levels in different tumors and normal tissues of multiple cancer types using
73 the OncoPrint database (<https://www.oncoPrint.org/resource/login.html>). The threshold was determined
74 according to the following values: P-value of 0.001, fold change of 1.5, and gene ranking of all.

75

76 Data Download and Preprocessing

77 Gene expression data and corresponding clinical data from LUAD patients were downloaded from TCGA
78 (<http://www.ccg.org.cn/>). This dataset that contained 594 samples (DataSetID: mRNAseq_594, Data
79 Type: RNA sequencing) were downloaded. The gene expression data from LUAD samples were corrected in
80 batches and integrated by loading them into the limma(14) and sva(15) packages in R software (R version
81 3.6.1: <https://www.rproject.org/>).

82

83 Survival Analysis Filtering

84 Survival and survminer packages were loaded in R software, and Kaplan–Meier (K-M)(16) and univariate
85 Cox analyses were used to filter gene expression data and survival data at a significance level of $P < 0.05$.

86

87 Independent Prognostic Analysis Filtering

88 The gene expression data obtained from the survival analysis and integrated clinical information were
89 analyzed using multivariate Cox analysis with R software, at a significance level of $P < 0.05$.

90

91 Analysis of the Correlation Between EFNA2 Expression and Clinical Characteristics

92 The correlation between EFNA2 expression and various clinical characteristics was plotted using
93 UALCAN (<http://ualcan.path.uab.edu/analysis.html>).

94

95 Gepia Database Analysis

96 “The examination of EFNA2 expression in homogeneous subsets of LUAD was performed in GEPIA. GEPIA, an
97 interactive web server containing RNA sequencing data based on 9,736 tumor samples and 8,587 normal
98 samples from the TCGA and GTEx databases, provides customizable functions such as tumor/normal
99 differential expression analysis, patient survival analysis, and correlation analysis”. [59]

100100

101 Gene Enrichment Analysis

102 In this study, MetScapewas used to generate an ordered list of all genes associated with the expression of
103 EFNA2. Then, MetScapewas used to identify survival differences between the high and low EFNA2 groups.

104104

105 Analysis of Immune Infiltration

106 “Tumor Immune Estimation Resource (TIMER, <https://cistrome.shinyapps.io/timer/>) was used to
107 comprehensively study the molecular characteristics of tumor-immune interactions” (18). “The abundances
108 of six immune infiltrates, including B cells, CD4+ T cells, CD8+ T cells, macrophages, neutrophils, and
109 dendritic cells were evaluated. We analyzed the relationship between the expression level of EFNA2 and
110 the level of immune infiltration in LUAD using the TIMER “gene” module. The Kaplan-Meier method was
111 used to plot the effect of EFNA2 expression and immune cell infiltration on the prognosis of patients with
112 LUAD, and clinical factors were included to construct a multivariate Cox proportional risk model. Finally,
113 the relationship between copy number variations (CNVs) of EFNA2 in different somatic cells and the level

114 ofinfiltrationinLUAD wasanalyzedusingthe“SCNA”module”.[59]

115115

116 Co-expressionAnalysis

117 Oncomine(<https://www.oncomine.org>)wasusedtoscreengenesthatwerereco-expressedwithEFNA2.In

118 addition,theheatmap(<https://github.com/taiyun/corrplot>)packagewasusedtoplotthefirst20genes

119 positivelyandnegativelyassociatedwithEFNA2.TheCorrplot(<https://github.com/taiyun/corrplot>)and

120 CircIzepakagesinRwereusedtogenerateacircularplotofthetopfivegenespositivelyandnegatively

121 associatedwithEFNA2.

122122

123 RESULTS

124124

125 TheExpressionLevelofEFNA2inDifferentTypesofHumanCancers

126 TheexpressionleveloftheEFNA2geneinvarioustypesofcancerswasidentifiedintheOncomine

127 database.ThisanalysisrevealedthattheEFNA2expressionwashigherinlungcancercomparedtonormal

128 tissues(**Figure2A**).TofurtherevaluateEFNA2expressioninhumancancers,weexaminedEFNA2

129 expressionusingtheRNA-seqdataofmultiplemalignanciesinTCGAdeterminedbyTIMER.Thedifferential

130 expressionbetweenthetumorandadjacentnormaltissuesforEFNA2acrossallTCGA tumorsisshownin

131 **Figure2B**.EFNA2expressionwassignificantlylowerinLUAD(lungadenocarcinoma) comparedwith

132 adjacentnormaltissues.

133133

134 Kaplan-MeiersurvivalanalysisoftheTCGAdatasetshowedthatlowEFNA2expressionwasassociatedwith

135 betterprognosisinpatientswithlung adenocarcinoma(**Figure3A**).UnivariateCoxanalysisshowedthat

136 EFNA2(HR= 1.065;95%CI = 1.022-1.110;P<0.05),T stage,Nstage,M stageandTNMstage werehigh-
137 riskfactors,andpathologywerelowriskfactors(**Figure3B**).MultivariateCoxanalysisshowedthatEFNA2
138 (HR=1.053;95%CI= 1.007–1.102;P<0.05)wasindependentlyassociatedwithoverallsurvival,which
139 suggestedthatEFNA2couldbeanindependentprognosticindicatorforlungadenocarcinoma.Inaddition,
140 pathologyandTNMstagemayalsobeindependentprognosticfactors(**Figure3C**).

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142 AnalysisoftheRelationshipBetweenEFNA2ExpressionandClinical Characteristics

143 Analysisof573samplesfromtheTCGAdatabaseshowedthatthedifferentialexpressionofEFNA2was
144 significantlyhigherinlungadenocarcinomacomparedwiththatinnormalcontrol byusingUALCAN^[4]
145 (**Figure4A**,P<0.001).Wealsocanseethesignificantdifferentbetweennormaltissuesand41-88years,
146 differentstages,gender,N0-N3nodalmetastasis,differentraces,NOS,mixedandmucinoushistological
147 subtypes,differentsmokinghabits,differentTP53mutations (**Figure4B-I**).Inaddition,analysisof573
148 samplesfromtheTCGAdatabaseshowedthatthedifferentialexpressionofEFNA2wassignificantly
149 associatedwithpatientsraceandhistologicalsubtypes(**Figure4F**).TheEFNA2expressionofCaucasianwas
150 significantdifferenttoAfrican andAmerican (P<0.001)orAsian(P<0.05).AndtheEFNA2expressionof
151 mixedsubtypewassignificantdifferenttolungbronchioloalveolarcarcinoma,non-mucinoussubtype(P<
152 0.05) orlungsolid patternpredominantadenocarcinomasubtype(P <0.05).TheEFNA2 expression of lung
153 adenocarcinomanot otherwisespecified(NOS)subtypewassignificantdifferenttothelungsolidpattern
154 predominant adenocarcinomasubtype(P<0.05).

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156156

157 RelationshipBetweenEFNA2ExpressionandPrognosisofLUADPatients

158 GEPIA is a public database established for expression profiling analysis of cancer and normal genes.^[5]
159 Prognostic analysis revealed that high expression of EFNA2 would lead to a short overall survival in patients
160 with LUAD based on GEPIA database (**Figure 5A**, $P < 0.05$). In addition, EFNA2 was significantly associated
161 with stage in LUAD analyzed by GEPIA database (**Figure 5B**, $P < 0.05$).

162 162

163 Analysis of the Correlation Between EFNA2 Expression and Clinical

164 Characteristics in TCGA Database

165 Analysis using TIMER showed that EFNA2 was negatively associated with B cells and CD8+ T cells (**Figure 6**).
166 Univariate cox survival analysis showed that EFNA2, B cell, and dendritic cells were associated with the
167 survival of patients with LUAD (**Figure 7**). Furthermore, only arm level decreases in copy number variations
168 (CNVs) of EFNA2 were associated with the extent of immune infiltration in LUAD immune cells (**Figure 8**).
169 These results showed that EFNA2 was associated with immune infiltration in LUAD using external data
170 analysis. These findings indicated that EFNA2 might be a prognostic biomarker of LUAD and may be a target
171 for immunotherapy.

172 172

173 Gene Enrichment Analysis of EFNA2

174 "Gene enrichment analysis is a computational method used to determine whether a group of genes
175 differentially expressed in two biological states. Metascape gene enrichment analysis was used to identify
176 GO (Gene Ontology) and KEGG signaling pathways that were differentially expressed in LUAD between the
177 low and high EFNA2 expression groups. The results showed significant differences in enrichment using
178 Metascape" (<http://metascape.org/>). The most significantly enriched GO and signaling pathways were
179 selected based on p value. As shown in **Figure 9** regulated exocytosis, blood vessel development, cell

180 cycle phase transition, gene ontology terms, extracellular matrix organization, cell cycle, mitotic,
181 hemostasis, collagen formation, PI3K/Akt pathway, nervous system development signaling pathway
182 were enriched in the EFNA2 high expression phenotype.

183 Co-expression Analysis of EFNA2

184 A heatmap (**Figure 10A**) of the top 20 genes positively and negatively associated with EFNA2 was plotted.
185 In addition, a circular plot (**Figure 10B**) of the top five genes positively and negatively associated with
186 EFNA2 was generated. The results showed that EFNA2 was positively associated with ADAMTSL5, REEP6,
187 PCSK4, C19orf25 and ANAPC2, and was negatively associated with MSLN, SLC35F2, RAB39B, BIRC3 and
188 KIAA1377.

189

190 Discussion

191 The treatment methods of LUAD included surgery, radiotherapy, chemotherapy, targeted therapy, and
192 immunotherapy. At present, surgery, radiotherapy, and chemotherapy have been used for many years, and
193 the therapeutic effect has been basically applied to the limit. **This requires us to explore new treatment**
194 **directions. In addition to external environmental factors^[6], the most important cause of lung cancer is**
195 **genetic changes^[7,8].** "Therefore, we studied the related genes of LUAD, hoping to find new treatment
196 methods or prognostic factors. We showed that EFNA2 was a high-risk factor and could be an independent
197 prognostic indicator in patients with LUAD using comprehensive univariate and multivariate Cox analyses.
198 Taken altogether, these results indicated that EFNA2 was upregulated in LUAD, and EFNA2 had a
199 prognostic value in LUAD, indicating that EFNA2 had important regulatory functions in LUAD. EFNA2 is a
200 member of the ephrin family whose genes have been reported to be frequently overexpressed in a wide
201 variety of cancer types directly regulating critical steps of cellular adhesion, tumor growth, chemo-

202 repulsion, invasion, metastasis, angiogenesis, axon guidance, tissue border formation”^{[9,10][11,12][13-16][17-28]}.

203 The relative studies showed that the expression levels of EFNA2 were negative and correlated with the

204 prognosis of prostate cancer^[29], CD133 high neuroblastoma^[30,31], breast cancer^[15], hepatocellular

205 carcinoma^[14], gastric cancer^[32] and colorectal cancer^[33]. For example, Fenget al. found that “EFNA2 is

206 significantly upregulated in both cancerous cell lines and clinical tissue samples of hepatocellular carcinoma

207 (HCC) and compared with the normal ones”^[14]. Chakraborty's study found that EFNA2 Trp112 Cys mutant may

208 be a contributing factor to the development of non-small cell lung cancer^[34]. In addition, Fox et al.

209 reported that “the expression of EFNA2 is significantly higher in CPTX cells (human local prostate tumor)

210 compared to NPTX cells (normal human prostate epithelium), suggesting that EFNA2 may promote the

211 transformation of the normal prostate epithelial cell into one with a malignant phenotype”^[16]. Zhao found

212 that “ectopic expression of EFNA2 can promote the invasion and metastasis of prostate cancer cells,

213 promote blood vessel proliferation, and silence EFNA2, which can reduce the invasiveness and metastasis

214 of prostate cancer cells”^[35]. In addition, EFNA2 participates in the regulation of diverse cellular processes

215 and gene expression through chromatin remodeling, and the expression of EFNA2 at the transcription level

216 would lead to the activation of signaling pathways related to tumor progression. For example, Liu et al.

217 showed that “blocking EFNA2 expression inhibits the metastasis ability of human liver cancer cell line

218 HepG2”^[36]. Ku discovered that “EFNA2 can predict the prognosis of early lung adenocarcinoma”^[2]. “Moreover,

219 ephrins family via Ephrin receptor (Eph)–ephrin interactions regulate critical steps of angiogenesis, blood

220 vessel formation malignant transformation, tumor metastasis, tumor differentiation, and outcome”^{[17-19,27,}

221 ^{37-40]}. “For example, upregulation of EphA2 has been observed in many malignant tumors and is associated

222 with accelerated cell proliferation, stimulating angiogenesis, and promoted cell migration and invasion,

223 increasing cancer cell survival”^[17-27]. Psilopatis reviewed Ephrin/Eph family targeted treatment of

224 gynecological tumors, breast cancer and lung cancer^[41-43], Papadakis reviewed Ephrin/Eph
225 family targeted treatment of colon cancer^[44], Hadjimichael reviewed Ephrin/Eph family targeted
226 treatment of bone and chondrosarcoma^[45], and found that Ephrin/Eph family targeted
227 treatment cannot only promote the regression of tumors, but also increase the effect of
228 radiotherapy, chemotherapy and targeted treatment^[34], which is a new hope for tumor
229 treatment, More than ten drugs have been discovered in the treatment of lung cancer. Huang has
230 prepared a drug targeting EFNA2, which has a significant killing effect on lung cancer cells and
231 has entered phase I clinical research^[3]. "In addition, research and clinical trials have confirmed the
232 proteolytic shedding of membrane-bound Ephrin-As, which releases soluble fragments at the cellular
233 level"^[46-48]. "For example, membrane bound EFNA2 has been identified as the substrate of ADAM10 and
234 releases soluble EFNA2 fragments into the cell medium"^[46,47]. "These data suggested that secreted EFNA2
235 may be useful serum markers for the diagnosis and prognosis of many tumors"^[49].
236 "Besides, gene enrichment analysis was performed to obtain further information about the role of EFNA2 in
237 tumor progression. The results of TIMERS showed that a regulated exocytosis, blood vessel development,
238 cell cycle phase transition, Gene ontology terms, extracellular matrix organization, cell cycle, mitotic,
239 hemostasis, collagen formation, PID integrin 1 pathway, nervous system development signaling pathways
240 were enriched in the EFNA2 high expression phenotype. The extracellular matrix regulates tissue
241 development and homeostasis, and its dysregulation contributes to neoplastic progression. The
242 extracellular matrix serves not only as the scaffold upon which tissues are organized but provides critical
243 biochemical and biomechanical cues that direct cell growth, survival, migration, and differentiation and
244 modulate vascular development and immune function"^[50,51].
245 "The gene ontology terms of EFNA2 were generally enriched in B cell related mediated immunity, humoral

246 immuneresponse, and innate immuneresponse. B lymphocyte was recognized to participate in regulating
247 the immuneresponse to murine and human tumors^[52]. “Regulatory B cell plays an immunosuppressive role
248 in carcinogenesis and become a therapeutic target in solid tumors^[53]. Recent studies indicated that the B
249 lymphocyte exists in all stages of cancer and plays important roles in shaping tumor development in lung
250 cancer and thus influences the prognosis of lung cancer patients^[54,55].

251 “Finally, co-expression analysis showed that EFNA2 was positively associated with ADAMTSL5, REEP6,
252 PCSK4, C19orf25, and ANAPC2, and was negatively associated with MSLNL, SLC35F2, RAB39B, BIRC3 and
253 KIAA1377. As previously reported, ADAMTSL5 was an epigenetically activated gene underlying
254 tumorigenesis and drug resistance in hepatocellular carcinoma and pointed to a role for ADAMTSL5 in
255 maintaining the function of key oncogenic signaling pathways, suggesting that it may act as a master
256 regulator of tumorigenicity and drug resistance^[56]. Moreover, proliferation and metastasis of lung cancer
257 cells lacking REEP5 and REEP6 were markedly decreased compared to the control group, and they could be
258 novel regulators of G-protein-coupled receptor signaling^[57]. These reports suggested that ADAMTSL5 and
259 REEP6 were associated with the regulation of proliferation and metastasis of cancer. Our study showed
260 EFNA2 to be associated with ADAMTSL5 and REEP6, which indicated that EFNA2 might be associated with
261 the regulation of proliferation and metastasis of cancer.

262 Ephs and ephrins were regarded as promising candidates for drug development. However, Eph and ephrin
263 had been considered as undruggable target molecules because the interactions between Eph and ephrin,
264 shown in Figure 1, were not specific and promiscuous in a very complex web of relationships. Many
265 processes that involve fast changes in cellular motility and/or morphology depend on ephrin–Eph signaling
266 pathway. Therefore, there are no drugs against the Eph/ephrin family for medical use included in the
267 clinical guidelines so far. Dasatinib is the only drug for medical use that shows an inhibitory effect on EphA2

268 activity^[58]. However, dasatinib has not been used for any anti-EphA2 therapy so far. Recently, Richard
269 Huan et al. discovered EFNA2 targeted immunoliposomes incorporating pH-sensitive taxane prodrugs
270 were developed for sustained delivery of active drug to solid tumors, and this drug had entered a Phase I
271 clinical trial^[3]. These results indicated that EFNA2 may be a useful molecular therapeutic target to attenuate
272 LUAD progression.
273 We speculated that EFNA2 may be used as a prognostic indicator for LUAD, and future studies will be
274 needed to explore the protein in a multidisciplinary way in the future, hoping to find a molecular predictor
275 with great clinical value.

276 276

277 CONCLUSION

This study looked into the connection between EFNA2 and the prognosis for LUAD. Initially, sequential. The important gene EFNA2 was screened via data filtering. After then, EFNA2 was examined for a relationship with outcome as well as clinical features. The findings indicate that elevated EFNA2 expression was linked to lower prognosis, and EFNA2 was a high-risk factor that could be utilized on its own to predict outcomes. Indicator for LUAD sufferers. Additionally, an examination of Metascape gene enrichment revealed that EFNA2 potentially control LUAD's growth and metastasis, and EFNA2's overexpression in LUAD suggests bleak prognosis. Cell-to-cell contacts within tumor cells and the tumor itself are mediated by EFNA2. Microenvironment, specifically the vascular and tumor stroma. Consequently, EFNA2 has been regarded as desirable objectives for medication design, as targeting.

278 291

279 DATA AVAILABILITY STATEMENT

280 The data that support the findings of this work are obtainable from the corresponding author based on
281 reasonable request.

282 295

283 AUTHOR CONTRIBUTIONS

284 Chunmei Liu wrote the manuscript and performed bioinformatics analysis. Yanjiao Wu, Huandi Zhou and
285 Xiaohui Ge contributed to manuscript discussion. Xiaoying Xue and Guohui Wang designed the study,
286 researched the literature, and contributed to the figures and tables. Yanjiao Wu, Huandi Zhou, and Xiaojing

287 Chang supervised the study and contributed to data analysis. All authors read and approved the final
288 manuscript.

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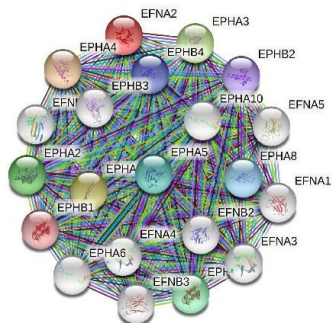
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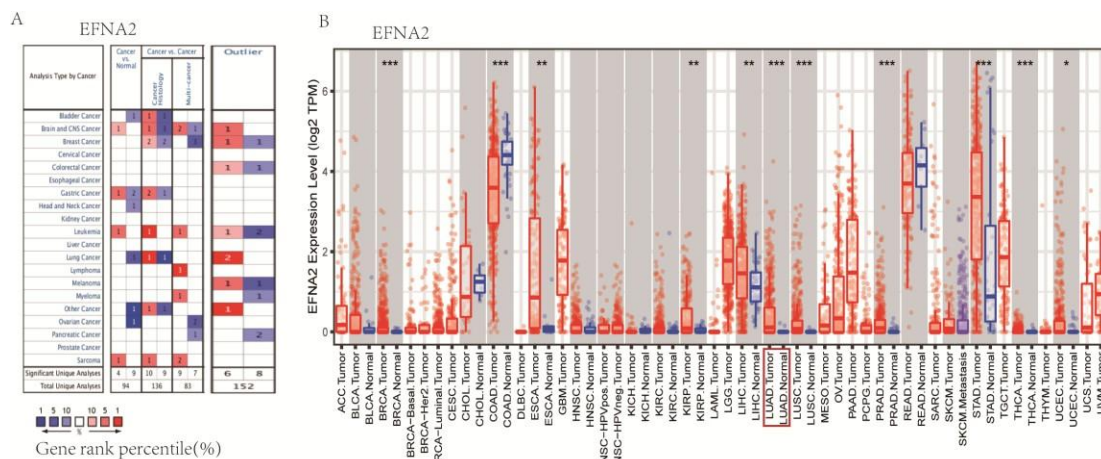
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463 Figurelegends



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465 FIGURE1|EstablishmentofthePPNetwork.



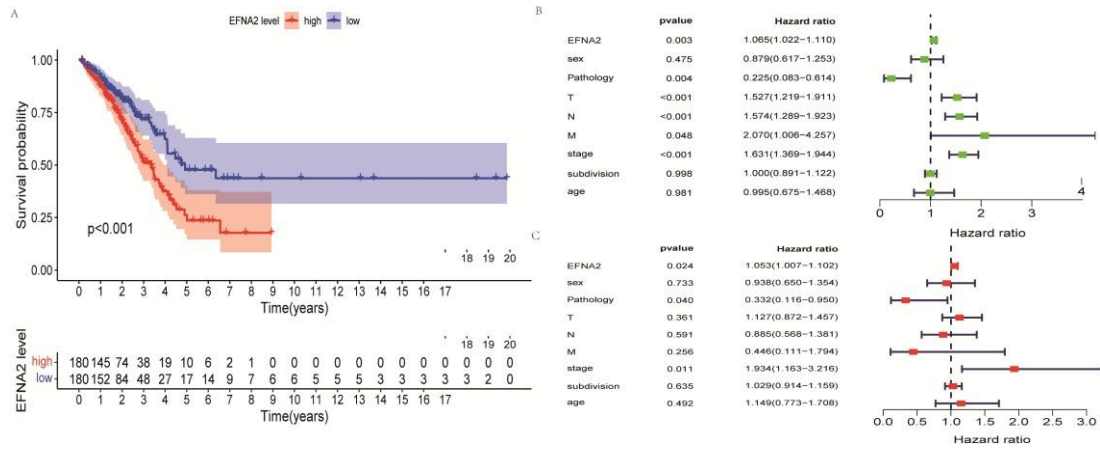
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467 FIGURE2|EFNA2expressionlevelsindifferenttypesofhumancancers. (A)IncreasedordecreasedEFNA2indatasetsofdifferentcancers

468 compared with normal tissues and different pathology of cancer in the OncoPrint database. (B) Human EFNA2 expression levels in different tumor

469 types from TCGA database were determined by TIMER. (*P<0.05, **P<0.01, ***P<0.001).

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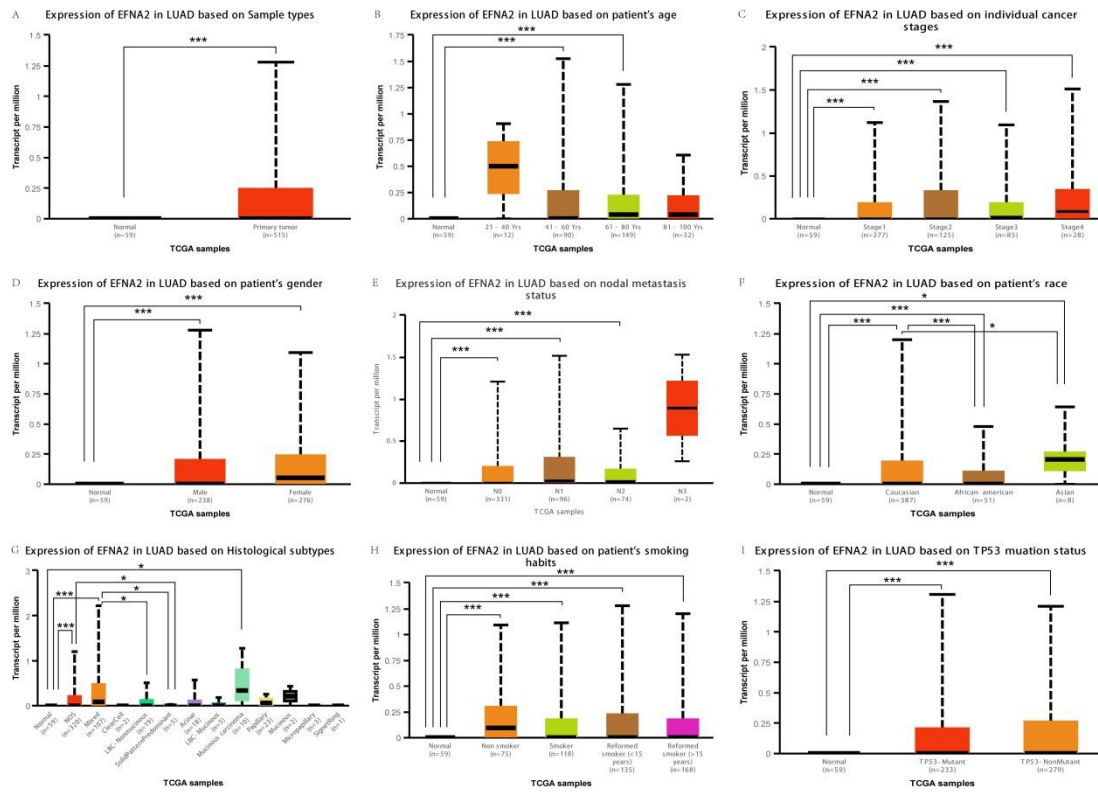
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472 FIGURE 3| Bioinformatics analysis of EFNA2 using the TCGA database (LUAD, n=367). (A) Survival analysis of patients with lung

473 adenocarcinoma in the high EFNA2 and low EFNA2 groups. Red indicates high expression and blue indicates low expression. P<0.001. (B)

474 Univariate analysis of EFNA2. (C) Multivariate analysis of EFNA2.

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FIGURE4|RelationshipBetween EFNA2Expressionbasedondifferentfactors oflungadenocarcinomaPatients.(A)EFNA2Expressionbased

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ontCGAsampletypes.(B)EFNA2Expressionbasedonpatient'sage.(C)EFNA2 Expressionbasedoncancerstage.(D)EFNA2Expression

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basedonpatient'sgender.(E)EFNA2Expressionbasedonnodalmetastasis.(F)EFNA2Expressionbasedonpatient'srace.(G)EFNA2

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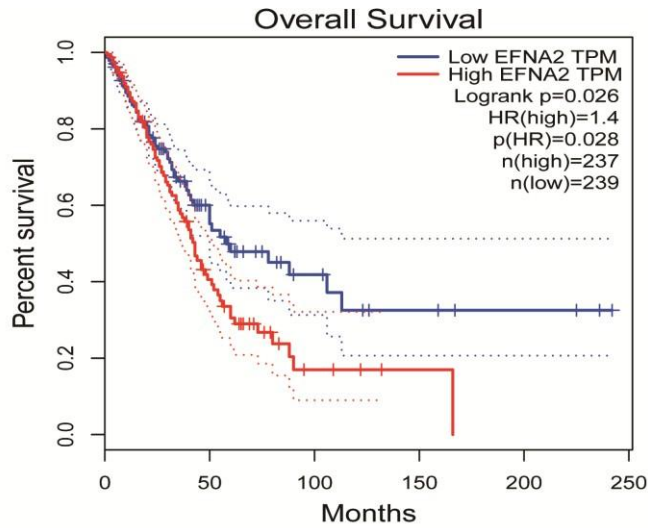
Expressionbasedonhistologicalsubtypes.(H)EFNA2Expressionbasedonpatient'ssmoking.(I)EFNA2ExpressionbasedonTP53mutation

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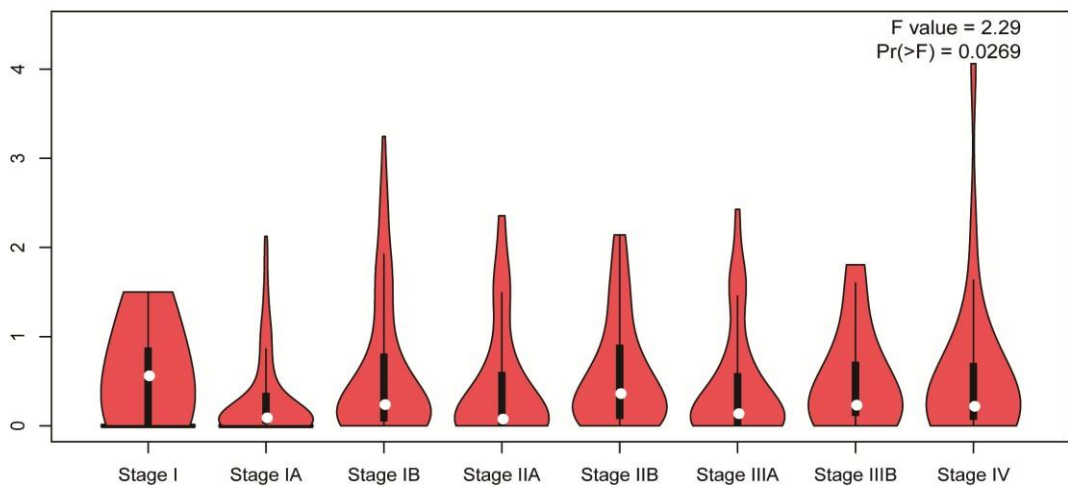
status.($*P < 0.05$, $**P < 0.01$, $***P < 0.001$).

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A



B



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FIGURE5|RelationshipbetweenEFNA2expressionandprognosisofLUADpatientsbasedonGEPIDatabase.(A)Therelationshipbetween

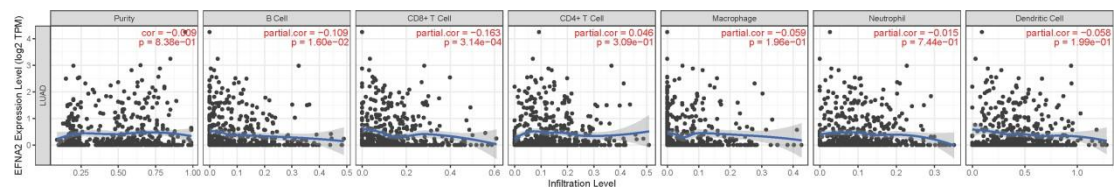
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EFNA2expressionlevelsandoverallsurvivalinLUADwasanalyzedbyGEPIDatabase. $P < 0.05$.(B)EFNA2wassignificantlyassociatedwith

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stageinLUAD analyzedbyGEPIDatabase. $P < 0.05$.

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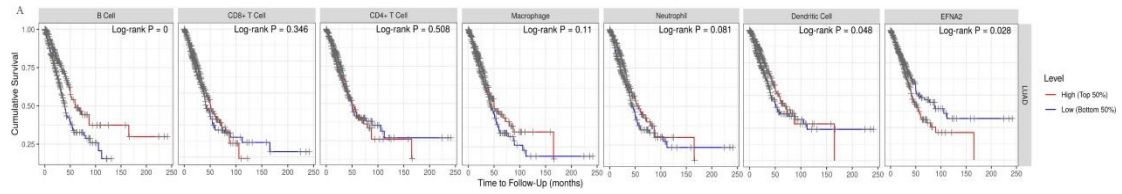


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FIGURE6|Correlationbetweentheexpressionof EFNA2andimmuneinfiltrationof LUADcells.

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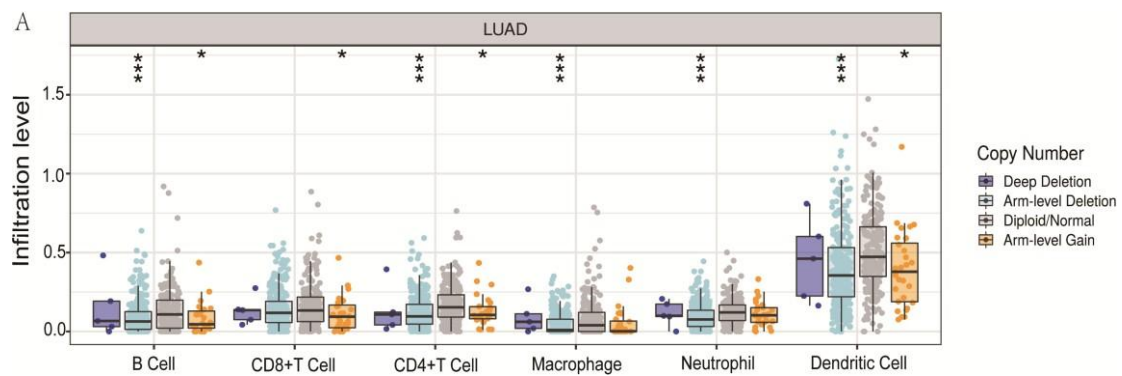
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492 FIGURE7|Survivalcurveforimmune infiltration.Kaplan–Meiersurvivalcurvesbasedontopandbottomsamplepartitionswith50%

493 immunepenetration. Redindicates ahighdegreeofinfiltrationandblueindicates a lowdegreeofinfiltration.P<0.05wasconsideredsignificant

494 andP<0.0001was reported as0.

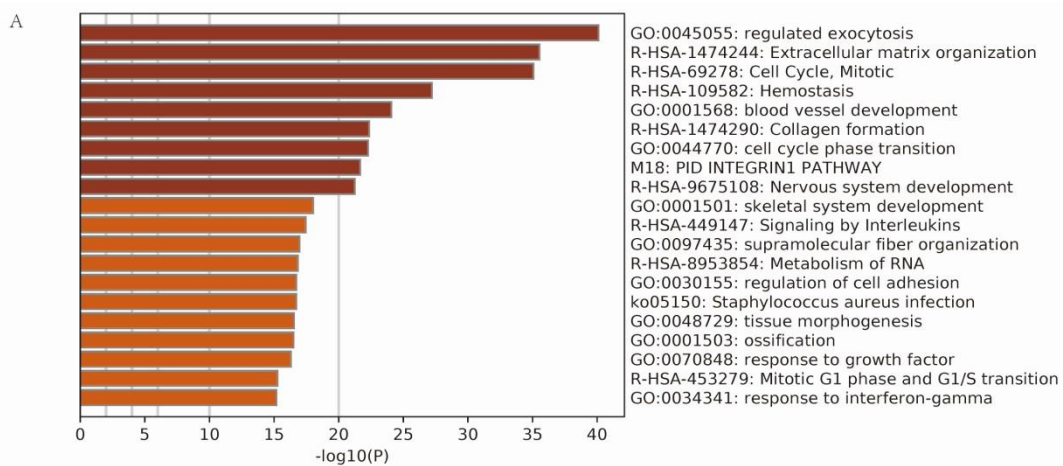
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497 FIGURE8|Relationshipbetween copy number variation of EFNA2 and immune infiltration level in LUAD. *P<0.05; **P<0.001.

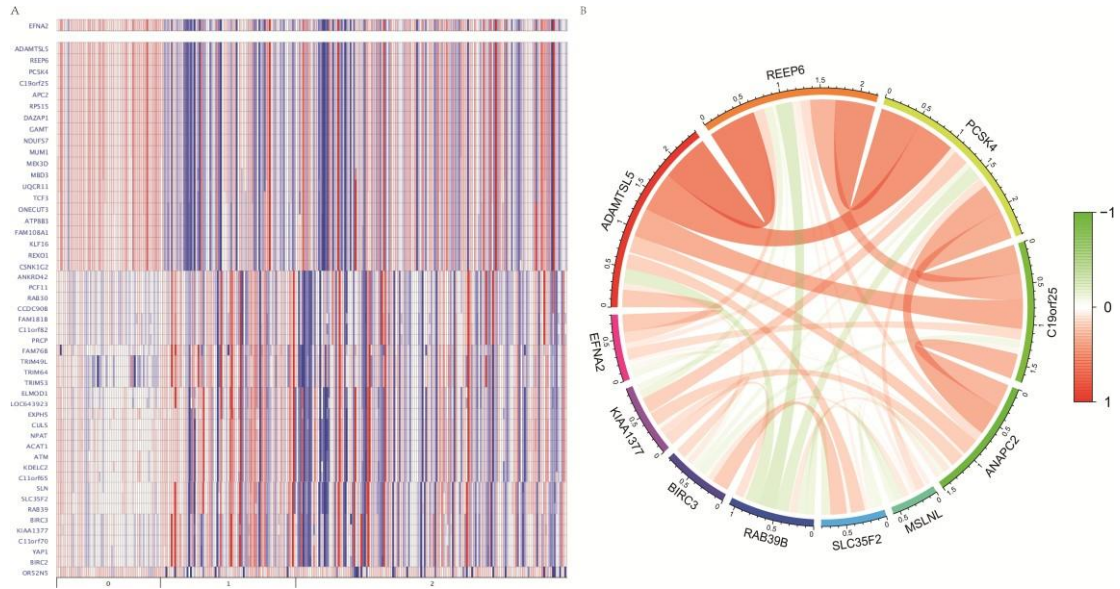
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500 FIGURE9|GeneSetEnrichmentAnalysisof EFNA2.Heatmapofenrichedtermsacrossinputgenelists, coloredbyp-values.

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503 FIGURE10|Co-expression analysis of EFNA2 using the TCGA database. (A) Heatmap of the top 20 genes positively and negatively associated

504 with EFNA2. (B) Circular plot of the top five genes positively and negatively related to the EFNA2 gene. Green represents negative association,

505 and red represents positive association.

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