# **RESEARCH ARTICLE**

# Hierarchical IncRNA regulatory network in early-onset severe preeclampsia

Haihua Liu<sup>1,2,3,4,5,6†</sup>, Zhijian Wang<sup>1,2,3,4†</sup>, Yanjun Li<sup>1,2,3,4,5,6†</sup>, Qian Chen<sup>2</sup>, Sijia Jiang<sup>2</sup>, Yue Gao<sup>1,2,3,4,5,6</sup>, Jing Wang<sup>1,2,3,4,5,6</sup>, Yali Chi<sup>1,2,3,4,5,6</sup>, Jie Liu<sup>2</sup>, Xiaoli Wu<sup>2</sup>, Qiong Chen<sup>2</sup>, Chaoqun Xiao<sup>2</sup>, Mei Zhong<sup>2</sup>, Chunlin Chen<sup>2\*</sup> and Xinping Yang<sup>1,2,3,4,5,6,7\*</sup>

# Abstract

**Background** Recent studies have shown that several long non-coding RNAs (IncRNAs) in the placenta are associated with preeclampsia (PE). However, the extent to which IncRNAs may contribute to the pathological progression of PE is unclear.

**Results** Here, we report a hierarchical regulatory network involved in early-onset severe PE (EOSPE). We have carried out transcriptome sequencing on the placentae from patients and normal subjects to identify the differentially expressed genes (DEGs), including some IncRNAs (DEIncRNAs). We then constructed a high-quality hierarchical regulatory network of IncRNAs, transcription factors (TFs), and target DEGs, containing 1851 IncRNA-TF interactions and 6901 TF-promoter interactions. The IncRNA-to-target regulatory interactions were further validated by the triplex structures between the DEIncRNAs and the promoters of the target DEGs. The DEIncRNAs in the regulatory network were clustered into 3 clusters, one containing DEIncRNAs correlated with the blood pressure, including *FLNB-AS1* with targeting 27.89% (869/3116) DEGs in EOSPE. We further demonstrated that *FLNB-AS1* could bind the transcription factor JUNB to regulate a series members of the HIF-1 signaling pathway in trophoblast cells.

**Conclusions** Our results suggest that the differential expression of IncRNAs may perturb the IncRNA-TF-DEG hierarchical regulatory network, leading to the dysregulation of many genes involved in EOSPE. Our study provides a new strategy and a valuable resource for studying the mechanism underlying gene dysregulation in EOSPE patients.

Keywords Preeclampsia, Long non-coding RNA, Hierarchical regulatory network, FLNB-AS1, HIF-1 signaling pathway

<sup>†</sup>Haihua Liu, Zhijian Wang, Yanjun Li contributed equally to this work.

\*Correspondence: Chunlin Chen ccl1@smu.edu.cn Xinping Yang xpyang1@smu.edu.cn

<sup>1</sup> Center for Genetics and Developmental Systems Biology, Nanfang

Hospital, Southern Medical University, Guangzhou 510515, China <sup>2</sup> Department of Obstetrics & Gynecology, Nanfang Hospital, Southern

Medical University, Guangzhou 510515, China

<sup>3</sup> State Key Laboratory of Organ Failure Research, Division of Nephrology, Nanfang Hospital, Southern Medical University, Guangzhou 510515, China

<sup>4</sup> Department of Bioinformatics, School of Basic Medical Sciences, Southern Medical University, Guangzhou 510515, China <sup>5</sup> Key Laboratory of Mental Health of the Ministry of Education, Guangdong-Hong Kong-Macao Greater Bay Area Center for Brain Science and Brain-Inspired Intelligence, School of Basic Medical Sciences, Southern Medical University, Guangzhou 510515, China <sup>6</sup> Guangdong Key Laboratory of Psychiatric Disorders, School of Basic

<sup>6</sup> Guangdong Key Laboratory of Psychiatric Disorders, School of Basic Medical Sciences, Southern Medical University, Guangzhou 510515, China <sup>7</sup> Department of Psychology, School of Public Health, Southern Medical University, Guangzhou 510515, Guangdong, China

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## Background

Preeclampsia (PE) is a pregnancy complication with hypertension presenting after 20 weeks of gestation, usually with signs of damage to other maternal organs such as the liver and kidney [1]. The global incidence rate is 4.6% of pregnancies [2], leading to 60,000 maternal deaths yearly [3]. PE has grave consequences on both maternal health and fetal development. It is believed that placentae from PE patients produce factors that mediate abnormal autonomic nervous system functions [4-6], leading to cerebral edema, intracranial hemorrhage, and eclampsia [7, 8]. The abnormal function of the preeclamptic placentae can also cause perinatal and infant morbidity or mortality [9], preterm births [10], and fetal growth restriction (FGR) [11, 12]. In the long term, PE affects the development and functions of the brain [13], leading to intellectual disability [14], epilepsy [15], autism [16–18], and schizophrenia [19, 20] in the offspring. Because the mechanism underlying this disease remains unknown, neither effective therapies nor early diagnoses are available. Therefore, a systematic search for pathogenic molecular pathways is in urgent need.

The root cause of PE is believed to be in the placenta, and therefore identification of the factors that affect the development of the placenta has been the focus of recent studies. Researchers have been searching for genes that confer the susceptibilities of this disease. However, most of the efforts have been focused on protein-coding genes [21-23] until recently when accumulating lines of evidence have shown that long non-coding RNAs (lncR-NAs) are essential regulators of cellular functions in different tissues and diseases [24-29]. It has been known that lncRNAs are extensively reported to be involved in transcriptional regulation [30]. One of the significant functions of lncRNAs is to interact with transcription factors (TFs) or chromatin remodeling factors (CRFs), facilitating or inhibiting their binding or activity at targeted DNA regions [31], such as *linc-YY1* interacting with transcription factor YY1 [32]. In addition, lncRNA can bind with one of the DNA strands or duplex DNA to guide the proteins to the targeted regions [33, 34]. Some IncRNAs, such as HOTAIR [35], MEG3 [36], SPRY4-IT1 [37], TUG1 [38], and MALAT1 [39], have been reported to be involved in the invasion and migration of placental trophoblast cells, which are crucial for placenta development. We have recently identified about four hundred differentially expressed lncRNAs, among a total number of more than three thousand differentially expressed genes (DEGs), in the placentae of PE patients [40]. Yet, we do not know if and to what extent these lncRNAs may contribute to this disease. Therefore, we hypothesized that many of these DElncRNAs may actively regulate the transcription of genes in the placenta of PE patients,

leading to the differential expression of a large number of genes.

Among the identified DElncRNAs, we have picked two DElnRNAs (SH3PXD2A-AS1 and INHBA-AS1) to study their regulation on the activity of transcription factors and their involvement in the proliferation and invasion of trophoblast cells [41, 42], which support our hypothesis about the DElncRNAs in the regulation of the placental gene transcription. Here, we report our systematic search for lncRNAs that may contribute to the changed gene expression in the placentae of PE patients via the construction of a high-quality lncRNA-TF-DEG hierarchical regulatory network. We built this lncRNA regulatory network by searching DElncRNA-TF interactions and TFbinding motifs in the promoters of DEGs and obtained a network containing 1,851 DElncRNA-TF interactions and 6901 TF-DEG interactions. We further controlled the quality of the network by searching the triplex structures between the DElncRNAs and the promoters of DEGs, removing the edges not supported by the triplex structures. We performed hierarchical clustering analysis for DElncRNAs based on the similarity of their targets and obtained three functional clusters. One of the three clusters was tightly associated with EOSPE. In this cluster, all DElncRNAs were correlated well with the patient's blood pressure, showing much higher AUC and correlation than the DElncRNAs of the other two clusters. To further verify our method of searching for PE-associated DElncRNAs, we carried out a functional investigation on FLNB-AS1, one of the DElncRNAs in this cluster, which targets 27.89% (869/3116) DEGs in EOSPE. We demonstrated that FLNB-AS1 could bind the transcription factor JUNB to regulate a series of members of the HIF-1 signaling pathway in trophoblast cells. We thus identified a regulatory pathway FLNB-AS1/JUNB/HIF-1 axis, which was consistent with the reported placental hypoxia hypothesis in PE [43, 44]. These results suggest that the DElncRNAs may contribute to most of the gene dysregulation in the placentae of EOSPE, and therefore, the DElncRNA hierarchical regulatory network would provide a rich resource for further study on the molecular mechanisms underlying EOSPE.

### Results

# Differentially expressed IncRNAs in the placental transcriptome of early-onset severe preeclampsia

We have previously carried out transcriptome sequencing on the placentae from PE patients (EOSPE: n = 9; LOSPE: n = 15; LOMPE: n = 9) and normal subjects (n = 32) and identified about three thousand differentially expressed genes (DEGs), including about four hundred differentially expressed lncRNAs (DEIncRNAs) [40]. Since most of the DEGs were found

in EOSPE, we decided to systematically investigate if and how the DElncRNAs were involved in such a large-scale differential expression in the placentae of EOSPE patients. We revisited the transcriptome data of the placentae, focusing on EOSPE (n=9) and normal (n = 32) subjects (Additional file 1: Table S1), and identified 3116 DEGs, including 2536 protein-coding genes, 383 lncRNAs, and 197 other genes (Additional file 2: Fig. S1A, Additional file 1: Table S2, FDR < 0.05). We wanted to know if these 383 lncRNAs are involved in the pathogenesis of EOSPE and to what extent these lncRNAs may contribute to the differential gene expression in EOSPE. Of the 383 DElncRNAs, 146 were upregulated, and 237 were downregulated (Fig. 1A). Quantitative RT-PCRs were performed to validate the expression changes of some DElncRNAs (Fig. 1B, Additional file 2: Fig. S1B, Additional file 1: Table S3 and Table S4).

We assessed the correlation between the DElncRNAs and the blood pressure of the individuals (patients and normal controls) and found that 57.44% (220/383) of the DElncRNAs were correlated with systolic pressure, 60.31% (231/383) of the DElncRNAs were correlated with diastolic pressure (Fig. 1C). For example, FLNB-AS1, MIR193BHG, MYCNUT, and AC110619.1 were positively correlated with blood pressure, whereas AL121839.2 was negatively correlated with blood pressure (Fig. 1D, Additional file 2: Fig. S1C). Therefore, the expression levels of these DElncRNAs were further used to discriminate EOSPE patients from normal pregnant individuals using receiver operating characteristic (ROC) curves analysis, and the area under the curve (AUC) was used as the effective measure of accuracy (see "Methods"). The discrimination accuracy of DElncRNAs was higher than coding DEGs (Fig. 1E, p = 2.808e - 16, Wilcoxon test), and the AUC of FLNB-AS1, MIR193BHG, MYCNUT, AC110619.1, and AL121839.2 were higher than 0.885 (Fig. 1F, Additional file 2: Fig. S1D). These results show a clear association between DElncRNAs and the primary symptom of EOSPE.

### **DEIncRNAs are involved in PE-related functions**

LncRNAs often exert their functions by interacting with molecules, such as proteins, DNAs, and RNAs [45, 46], and therefore their functions can be deduced from their interacting partners. We collected RNA–protein interaction data from starBase (v3.0) [47], RNAct [48], RNAinter (v4.0) [49], and NPInter (v5.0) [50] (Additional file 3: Table S1). We obtained 97,255 interactions between 383 DElncRNAs and 3790 proteins and constructed a DElncRNA-protein interaction network (DElncRNA-Prot Network) (Fig. 2A). In addition, the DElncRNA-interacting proteins are enriched with PE candidate genes (Fig. 2B) and DEGs in EOSPE (Fig. 2C), suggesting that DElncRNA-Prot Network may be involved in EOSPE.

To explore the associated pathways and molecular functions of DElncRNAs, we performed enrichment analyses on the Kyoto Encyclopedia of Genes and Genomes (KEGG) and Gene Ontology (GO) terms for the proteins interacting with DElncRNAs (Additional file 4: Fig. S2A-D, Additional file 3: Table S2-S3). Most of the enriched KEGG pathways were involved with human disease, immune system, cell growth and death, and gene regulation, 16 (30.77%, 16/52) of which were cancer pathways (Additional file 4: Fig. S2A). The enriched GO biological process (GO BP) terms were also associated with regulating the cell cycle, immune response, and gene regulation (Additional file 4: Fig. S2B). These enriched functions are consistent with previous studies on the mechanism of PE and point to impaired placental development, inadequate proliferation, and poor trophoblast invasion [38, 51–55]. Furthermore, the enriched GO cellular component (GO CC) terms were associated with transcription regulator complex (Additional file 4: Fig. S2C), and the enriched GO molecular function (GO MF) terms were associated with DNA-binding transcription factor binding (Additional file 4: Fig. S2D), suggesting that DElncRNAs may regulate gene expression through interacting transcription regulators. Indeed, we found that 12.37% (469/3790) DElncRNA-interacting proteins were transcription factors (TFs), showing significant enrichment compared with 6.27% (1009/16,088) in the expressed genes (Fig. 2D,

<sup>(</sup>See figure on next page.)

**Fig. 1** Differentially expressed lncRNAs (DElncRNAs) in the placentae of EOSPE patients. **A** The expression pattern of 383 DElncRNAs (237 downregulated and 146 upregulated) across 41 samples (9 EOSPE samples and 32 normal samples). The bars on top indicate 5 aspects of the subjects: (1) sample groups: EOSPE (red) and normal (navy blue); (2) blood pressure: systolic pressure (dark green) and diastolic pressure (blue); (3) age of the mother: purple; (4) gestation days (pink); (5) baby weight (red). **B** The relative expression levels of *FLNB-AS1* (EOSPE *n* = 8, Normal *n* = 6, Student's *t* test), *MIR193BHG* (EOSPE *n* = 8, Normal *n* = 9, Student's *t* test), *MYCNUT* (EOSPE *n* = 7, Normal *n* = 8, Wilcoxon test), *NAV2-AS4* (EOSPE *n* = 7, Normal *n* = 7, Student's *t* test), and *CYP1B1-AS1* (EOSPE *n* = 7, Normal *n* = 7, Student's *t* test) measured by qRT-PCR. **C** The number of DElncRNAs significantly correlated with blood pressure. **D** Spearman's correlation between blood pressure, and the expression levels of *FLNB-AS1*, *MIR193BHG*, and *MYCNUT* based on RNA-seq data. Blue indicates systolic pressure, red indicates diastolic pressure, the circle indicates EOSPE samples, and the triangle indicates normal samples. TPM: transcripts per million. **E** The distribution of AUC between coding DEGs and DElncRNAs. The *p*-value was calculated using a two-sided Wilcoxon test. **F** The discrimination accuracy of *FLNB-AS1*, *MIR193BHG*, and *MYCNUT* 



Fig. 1 (See legend on previous page.)



**Fig. 2** Proteins interacting with DEIncRNAs are involved in the cellular functions associated with PE. **A** Flowchart for the construction of DEIncRNA-protein interaction network. The rectangle indicates lncRNAs, the triangle indicates transcription factors, and the circle indicates proteins. Red indicates upregulated genes in EOSPE, blue indicates downregulated genes in EOSPE, and grey indicates genes with no significant change in EOSPE. **B–D** DEIncRNA interactors are enriched with PE-related genes from literature (**B**); DEIncRNA interactors are enriched with transcription factors (**D**). The fraction variation was estimated using a bootstrapping method with 100 resamplings, and the *p*-value was calculated by a one-sided Fisher's exact test. **E** The enriched KEGG pathways of DEGs in the network. **F** The enriched GO MF terms of DEGs in the network

Additional file 4: Fig. S2E, p < 2.2e-16, Fisher's exact test, Additional file 3: Table S1). In the DElncRNA-Prot Network, 98.69% (378/383) DElncRNAs showed physical interaction with TF, and proteins interacting with 334 DElncRNAs were enriched with TFs (Additional file 3: Table S7), such as *INHBA-AS1*, *FLNB-AS1*, and *SH3PXD2A-AS1* (Additional file 4: Fig. S2F).

We retrieved the DElncRNA-DEG interaction network (DElncRNA-DEG Network) (Fig. 2A) from the DElncRNA-Prot Network. To explore the associated pathways and molecular functions of DElncRNAs in EOSPE, we performed enrichment analyses on the KEGG and GO MF terms for the DEGs interacting with DElncRNAs (Fig. 2E–H, Additional file 3: Table S4-S6). We got 18

enriched pathways, some of which have been reported in previous studies, such as spliceosome [56], Th1 and Th2 cell differentiation [57], HIF-1 signaling pathway [58–60], FoxO signaling pathway [61, 62], pathways in cancer [58], insulin resistance [61], notch signaling pathway [63, 64], and ribosome [56, 65] (Fig. 2E), suggesting that these DElncRNAs may contribute to the disease through interacting with proteins encoded by DEGs in the patients. Moreover, we found 11 enriched GO MF terms for the DEGs interacting with DElncRNAs, which were mainly associated with gene regulation, such as DNA-binding transcription factor binding, chromatin DNA binding, and transcription coregulator activity (Fig. 2F). These enriched molecular function terms are consistent with the enrichment of TFs in the network, suggesting that transcription regulation may be the primary function of the DElncRNAs.

# DELncRNAs interact with transcription factors predicted to regulate differential expression

We used HOMER to search for TF-binding motifs for the DEGs. We got 18 enriched TF-binding motifs with corresponding TFs, which were expressed in the placentae (Fig. 3A, Additional file 5: Table S1 and Table S2), including four TFs (USF2, FOSL1, FOSL2, and HIF1A) for upregulated genes, five TFs (MEF2A, TGIF1, PBX2, ZEB2, and TCF3) for downregulated genes, and 9 TFs for both upregulated and downregulated genes (Fig. 3A). Four of these TFs were themselves differentially expressed in EOSPE, including 3 upregulated TFs (ATF3, FOSL2, and MEF2A) and 1 downregulated TF (BATF) (Additional file 6: Fig. S3A). However, these 4 dysregulated TFs only target 917 (29.43%) DEGs based on the TF-binding motifs in the promoter regions (Additional file 6: Fig. S3B). Therefore, the DElncRNAs might be responsible for most differential transcription in EOSPE through a mechanism involving lncRNA-TF interaction.

These 18 TFs target 79.55% (2479/3116) of all DEGs (Fig. 3B), and 17 of 18 TFs interact with 346 of the 383 DElncRNAs (Additional file 3: Table S1), suggesting that DElncRNAs may be among the key factors responsible for the differential expression of genes found in EOSPE. A potential mechanism for lncRNAs to regulate gene expression is to scaffold TF-promoter complexes by forming lncRNA-DNA triplex structures [33, 66] (Fig. 3C, up) or compete with TF for transcription factor binding sites in the promoters [67] (Fig. 3C, bottom). We characterized the triplex-forming potential between 383 DElncRNAs and the promoter regions of 3116 DEGs using TDF (Triplex Domain Finder) (see "Methods") [68]. Of the 383 DElncRNA, 78.72% (290/383) were likely to form 3,513,560 triplex structures with significant DNA binding domains (DBD) in the promoter regions of 84.98% (2648/3116) DEGs (Additional file 7: Table S1). Furthermore, of the 2479 DEGs regulated by TFs, 95.08% (2357/2479) were predicted to form triplex structures between their promoters and the DElncRNAs, showing the significant enrichment (Fig. 3D, Fisher's exact test, p < 2.2e - 16). In addition, we calculated the Pearson's correlation between DElncRNAs and DEGs (FDR < 0.05, Additional file 8: Table S1) and found that DEGs coexpressed with DElncRNAs were significantly enriched with DEGs targeted by the 18 TFs (Fig. 3E, Fisher's exact test, p = 0.0034), and also with DEGs whose promoters predicted to form triplex with DElncRNAs (Fig. 3F, Fisher's exact test, p = 0.0056).

We constructed a DElncRNA-TF-DEG network by integrating a curated DElncRNA-TF interaction network and TF-target regulatory network, then filtering with DElncRNA-promoter interactions and DElncRNA-DEG co-expression (Additional file 9: Fig. S4A-B). The DElncRNA-TF-DEG network contains 51,031 DElncRNApromoter interactions, involving 252 DElncRNAs, 17 TFs, 2039 DEGs, 2531 DElncRNA-TF interactions, and 6914 TF-promoter interactions (Additional file 9: Fig.

<sup>(</sup>See figure on next page.)

Fig. 3 Construction of DEIncRNA-TF-DEG hierarchical regulatory network reveals pathways dysregulated by the DEIncRNAs. A The 18 significant TF-binding motifs predicted by HOMER are based on three sets of genes: upregulated genes, downregulated genes, and all DEGs. The number inside the parentheses indicates the number of TF-targeted DEGs. B Of 3116 DEGs in EOSPE, 79.56% (2479/3116) are predicted targets of the 18 TFs. C Schematic of the IncRNA-DNA triplex structures: The IncRNA recruits TFs to the promoters (i); IncRNA competes with TF for transcription factor binding sites (TFBSs) (ii). The interactions within the triplet structure include IncRNA-TF interaction, IncRNA-promoter triplex, and TF-promoter interaction. D The DEGs with binding motifs of the 18 TFs and binding sites of the 290 DEIncRNAs. Left: the overlaps of DEGs with the TF-binding motifs and DEIncRNA binding sites. Right: The DEGs with DEIncRNA binding sites are enriched with TF-targeted DEGs. One-tailed Fisher's exact test is used to calculate the *p*-value. The fraction variation was estimated using a bootstrapping method with 100 resamplings. **E,F** The DEGs (85.10%, 2644/3107) (**F**). One-tailed Fisher's exact test was used to calculate the *p*-values. The fraction variation was estimated using a bootstrapping method with 100 resamplings. **G** The core DEIncRNA-TF-DEG hierarchical regulatory network contains 169 DEIncRNAs, 17 TFs, and 2037 DEGs. The rectangle indicates IncRNAs, the triangle indicates transcription factors, and the circle indicates genes with no significant change in EOSPE. **H** The enriched KEGG pathways of DEGs in the core DEIncRNA-TF-DEG hierarchical regulatory network



Fig. 3 (See legend on previous page.)

S4A-B, Additional file 10: Table S1). As described above, the lncRNA may serve as a scaffold between TFs and promoters. For each DElncRNA in the DElncRNA-TF-DEG network, we calculated the enrichment of lncRNA-targeted DEGs (whose promoters interact with the lncRNA and the expression levels are also significantly correlated with the lncRNA) in the TF-targeted DEGs (whose promoters harbor the binding sites of the TFs). We found 67.06% (169/252) DElncRNAs with significant enrichment (Additional file 10: Table S2). These 169 DElncR-NAs may more likely regulate gene expression by serving as scaffolds between TF and promoter regions. Based on these DElncRNAs and their scaffolded TF-promoter interactions, we obtained a high-quality core DElncRNA-TF-DEG network containing 169 DElncRNAs (44.12% of all DElncRNAs), 17 TFs, and 2037 DEGs (65.37% of all DEGs), 1851 DElncRNA-TF interactions, 6901 TFpromoter interactions, and 45,725 DElncRNA-promoter interactions (Fig. 3G). We performed KEGG enrichment analyses on DEGs in the hierarchical regulatory network and found 4 enriched pathways, 3 of which were also enriched in all DEGs in EOSPE, including ribosome, coronavirus disease-COVID-19, and HIF-1 signaling pathway (Fig. 3G, Additional file 3: Table S6 and Additional file 10: Table S3). The ribosome [56, 65] and HIF-1 signaling pathway [58-60] have been recurrently reported in previous studies. These results suggest that DElncRNAs may interact with TFs to alter gene expression.

### A group of IncRNAs associated with the main clinical symptom of PE

The "DElncRNA-TF-DEG" is a densely connected network, in which one lncRNA can recruit multiple TFs and target multiple promoters and one promoter can be targeted by multiple lncRNAs and TFs (Fig. 3G), showing a coordinate regulatory relationship. We performed the hierarchical clustering analysis for DElncRNAs and grouped them into 3 clusters (Fig. 4A, Additional file 11: Table S1 and Table S2, see "Methods"). The expression levels of the DElncRNAs in cluster 1 (C1) and cluster 2 (C2) are significantly correlated with blood pressure (Fig. 4B, E, Additional file 12: Fig. S5A). The AUC of DElncRNAs in C1 is significantly higher than all DElncRNAs in the hierarchical regulatory network (Fig. 4C, Wilcoxon test), and the correlation between DElncRNAs in C1 and blood pressure is stronger than all DElncRNAs in the network (Fig. 4D, Wilcoxon test). Cluster 1 has 48 DElncRNAs: 36 upregulated lncRNAs and 12 downregulated lncRNAs (Fig. 4E). Some DElncRNAs have been previously reported to associate with PE: MIR193BHG [69], EGFR-AS1 [70], GATA3-AS1 [71], TCL6 [72], and WDR86-AS1 [73]. We have recently found that SH3PXD2A-AS1 [41] and INHBA-AS1 [42] recruit TF to the DEG promoters in EOSPE, inhibiting the invasion and migration of trophoblast cells. These results suggest that the 48 DElncRNAs in C1 may be the leading group of IncRNAs that contribute to the pathogenesis of EOSPE.

To explore the associated pathways of each DElncRNA, we performed functional enrichment analyses on the DEGs target by each lncRNA in C1 and found 58 enriched KEGG pathways (Fig. 4F, Additional file 11: Table S3). Most enriched pathways involved signal transduction, such as the HIF-1 signaling pathway, PI3K-Akt signaling pathway, FoxO signaling pathway, Toll-like receptor signaling pathway, and AMPK signaling pathway (Fig. 4F, Additional file 11: Table S3). Many of them are reported to be associated with PE in previous studies. For example, the HIF-1 signaling pathway [59, 74], galactose metabolism [75, 76], and ribosome [56, 65] have been documented to be associated with PE. Of the 48 DElncRNAs, 30 (62.5%) are involved in the HIF-1 signaling pathway, e.g., FLNB-AS1 and MIR193BHG (Fig. 4F). Most of the DEGs in the HIF-1 signaling pathway are associated with blood pressure (Additional file 12: Fig. S5B). For example, the upregulation of FLT1 (Fms-Like Tyrosine Kinase 1) and HK2 are well-correlated with blood pressure. FLT1 is a biomarker of EOSPE [77, 78]. HK2 is also reported to be involved in the pathogenesis of PE [79]. Sixteen of the 48 DElncRNAs (33.33%) are involved in galactose metabolism (Fig. 4F, Additional

<sup>(</sup>See figure on next page.)

**Fig. 4** Modularity analysis of the core DEIncRNA-TF-DEG network reveals a group of IncRNAs significantly correlated with the blood pressure of EOSPE patients. **A** The DEIncRNAs clustering heatmap according to the similarity of DEGs and grouped DEIncRNAs into 3 clusters. Each row and column represents a DEIncRNAs **B** DEIncRNAs in clusters 1 (C1) and 2 (C2) were enriched with those IncRNAs associated with blood pressure. One-tailed Fisher's exact test was used to calculate the *p*-values. The fraction variation was estimated using a bootstrapping method with 100 resamplings. **C** The AUC of DEIncRNAs in C1 was significantly higher than the AUC of all DEIncRNAs and DEIncRNAs in hierarchical regulatory network. The *p*-values were calculated using a two-sided Wilcoxon test. **D** The correlation between DEIncRNAs in C1 and blood pressure. The *p*-values were calculated using a two-sided Wilcoxon test. **E** The heatmap shows the significance between DEIncRNAs in C1 and blood pressure, and the bar plot shows the absolute log2FoldChange of DEIncRNAs. Red indicates the upregulated DEIncRNAs, and blue indicates the downregulated DEIncRNAs. \*\*\* *p* < 0.001, \*\* *p* < 0.05. **F** The Sankey plot shows the DEGs regulated by DEIncRNAs in C1 and the significant pathways with adjusted *p*-value < 0.05



Fig. 4 (See legend on previous page.)

file 11: Table S3), with 9 targeted DEGs (7 upregulated genes and 2 downregulated genes). Many of the targeted DEGs are correlated with blood pressure (Additional file 12: Fig. S5C). Fourteen (14/48 = 29.17%) DElncRNAs are involved in the ribosome pathway (Fig. 4F, Additional file 11: Table S3), with 42 targeted DEGs (40 upregulated genes and 2 downregulated genes). Also, many of the targeted DEGs are correlated with blood pressure (Additional file 12: Fig. S5D).

### FLNB-AS1-JUNB-HIF-1 axis in EOSPE

As described above, the DElncRNAs in C1 may be the leading group of lncRNAs that contribute to the pathogenesis of EOSPE. We ranked the lncRNAs in cluster 1 according to their importance in the hierarchical network (number of targeted DEGs and the *p*-value of DElncRNA as scaffold for TF-promoter interactions) and their association with blood pressure (the *p*-value of Spearman correlation with diastolic pressure) and the number of targeted DEGs involved in HIF-1signaling pathway (Additional file 11: Table S4). *FLNB-AS1* is at the top of this rank. Therefore, we chose *FLNB-AS1* to do the further experiments.

In the hierarchical regulatory network, *FLNB-AS1* interacts with 14 TFs (including SPI1, ATF3, BATF, FOS, FOXM1, HSF1, JUNB, RELA, FOSL2, FOSL1, HIF1A, USF2, TCF3 and MEF2A) to regulate 869 DEGs in EOSPE (Additional file 10: Table S1). The targets of the DElncRNA *FLNB-AS1* were significantly enriched with the HIF-1 signaling pathway members, a pathway reported to be involved in PE [59, 77]. As expected, the lncRNA *FLNB-AS1* is mainly in the nucleus (Fig. 5A, Additional file 13: Table S1). In addition, we conducted RNA antisense purification (RAP) followed by mass spectrometry to determine proteins interacting with

*FLNB-AS1* and detected 500 proteins interacting with *FLNB-AS1*, including 27 TFs (Fig. 5B, Additional file 13: Table S2-S4). Of the 27 TFs, only JUNB was predicted as a critical TF-driven gene expression change in EOSPE (Fig. 3A).

As described above (Fig. 3A), JUNB has binding motifs in the promoters of 576 DEGs. Most interestingly, 252 of 576 DEGs are correlated with systolic blood pressure, and 282 of 576 DEGs are correlated with diastolic blood pressure (Fig. 5C). These DEGs are significantly enriched in the HIF-1 signaling pathway (Fig. 5D, p-value < 0.05, Additional file 13: Table S5), including TIMP1, ENO3, EGLN3, GAPDH, LDHA, CUL2, EIF4E, and IL6R. These DEGs are correlated with blood pressure of the patients. ENO3 and IL6R were negatively correlated with blood pressure, while EGLN3, GAPDH, and LDHA were positively correlated with blood pressure (Additional file 12: Fig. S5B). Therefore, we further confirmed the interaction between FLNB-AS1 and JUNB by pulling down FLNB-AS1 (Fig. 5E, Additional file 13: Table S6) and detecting JUNB with Western blotting (Fig. 5F). Further, we used ProbKnot to predict the secondary structure of FLNB-AS1, containing three pseudoknots (Frag-1: 1-1460, Frag-2: 1461-2920, Frag-3: 2921-3702) as the potential protein-binding motifs (Fig. 5G). Then, we amplified these lncRNA fragments and cloned them into expression vectors with the T7 promoter to obtain lncRNA fragments through in vitro transcription (Fig. 5H, Additional file 13: Table S7). These lncRNA fragments were subsequently biotinylated as probes to pulldown their binding proteins. The interaction between JUNB and the segments of FLNB-AS1 was detected using silver staining and Western blotting (Fig. 5I,J). The Frag-2 showed the strongest binding affinity to JUNB (Fig. 5J).

To confirm that JUNB regulates the member of the HIF-1 signaling pathway, we detected the interactions

<sup>(</sup>See figure on next page.)

Fig. 5 The IncRNA FLNB-AS1 interacts with JUNB to regulate the transcription of the members in HIF-1 signaling pathway. A FLNB-AS1 is mainly in the nucleus using GAPDH as cytoplasm marker and U6 as nucleus marker (n = 3 each group, Student's t test). B The proteins interacting with FLNB-AS1 detected by RAP-MS, including 27 TFs. C The number of JUNB-targeted DEGs correlated with blood pressure. D The enriched KEGG pathways of JUNB-targeted DEGs. E,F RIP assay was used to verify the FLNB-AS1-JUNB interaction. FLNB-AS1 in the complex was detected using qRT-PCR (Student's t test) (E), and JUNB in the complex was detected using Western blotting (F). G The secondary structure of FLNB-AS1 predicted by ProbKnot. H PCR products of the three fragments of FLNB-AS1 were displayed on the stained agarose gel. I The proteins pulled down by sense RNA of three fragments of FLNB-AS1 were displayed on the silvery-stained gel. J JUNB, pulled down by fragments of FLNB-AS1, was detected by Western blotting. The intensity of the bands on the blot indicates the affinity between JUNB and the fragments of FLNB-AS1. K The interactions between JUNB and the promoters of GAPDH, ILGR, ENO3, and EGLN3 were detected using ChIP-gPCR (n = 3 per group, Student's t test). L-O The overexpression of FLNB-AS1 (Control n = 9, Overexpression n = 10, Wilcoxon test) (L), the expression level of transcription factor JUNB (Control n = 5, Overexpression n = 5, Wilcoxon test) (M), the protein level of JUNB (N), and the expression levels of JUNB-targeted genes GAPDH (Control n = 9, Overexpression n = 10, Wilcoxon test), IL6R (Control n = 5, Overexpression n = 5, Student's t test), ENO3 (Control n = 8, Overexpression n = 8, Student's t test), and EGLN3 (Control n = 9, Overexpression n = 10, Wilcoxon test) (O) in HTR8/SVneo cells with overexpression of FLNB-AS1. P The intracellular reactive oxygen species (ROS) generation was analyzed by flow cytometry through DCFH-FA staining. Representative fluorescence images of ROS in HTR8/SVneo cells after pcDNA3.1 or pcDNA3.1-FLNB-AS1 plasmids transfection are shown on the left, and statistical data on the right (Student's t test, p = 0.0091, n = 3 per group). Scale bar = 50  $\mu$ M



Fig. 5 (See legend on previous page.)

between JUNB and the promoters of *IL6R, ENO3, GAPDH,* and *EGLN3* using ChIP-qPCR (Fig. 5K, Additional file 13: Table S8 and Table S9). *FLNB-AS1* overexpression (Fig. 5L) did not lead to expression change of the TF JUNB in HTR8/SVneo cells (Fig. 5M,N, Additional file 13: Table S10) but significantly promoted expression of the targets *GAPDH, ENO3,* and *EGLN3* and inhibited the target *IL6R* (Fig. 5O). We also found that overexpression of *FLNB-AS1* induced the production of reactive oxygen species (Fig. 5P, Additional file 13: Table S11). All the results demonstrate that *FLNB-AS1* binds JUNB and regulates the transcription of genes involved in the HIF-1 signaling pathway, which may be involved in the pathogenesis of PE [59, 80].

### Discussion

It is believed that the abnormal expression of genes involving placentation is the possible cause of PE [9]. We have recently carried out placental transcriptome sequencing on the placentae of PE patients classified into clinical subtypes EOSPE, LOSPE, and LOMPE and found about 3000 DEGs in EOSPE, 375 DEGs in LOSPE and 42 in LOMPE [40]. In designing our study, we had excluded confounding factors and only recruited EOSPE patients without chronic high blood pressure or kidney disease before pregnancy but with characteristics of new-onset hypertension, with significant proteinuria, and with one or more severe features such as liver function deterioration. In the current study, we revisited the transcriptome data of the placentae from EOSPE patients and normal subjects and identified 3116 DEGs, including 383 DElncRNAs. We have collected 1177 DEGs from 8 previously published papers. These DEGs only contain 2 lncRNAs, and these two lncRNAs (TCL6 and DSCR4) are overlapped with ours. Therefore, we did not consider integrating these data in the analysis of lncRNAs in regulating the differential expression.

We report our study on how the 383 DElncRNAs may cause such massive gene dysregulation in EOSPE. Several DElncRNAs reported to be associated with PE are also discovered in our study, such as EGFR-AS1 [70], GATA3-AS1 [81], and MIR193BHG [69, 82], TCL6 [72], SNHG12 [83], SNHG5 [84], and TARID [85]. However, we miss the vital lncRNA UCA1, which has been reported to be relevant with PE recurrently [82, 86-89], because it does not meet the screening criteria for differentially expressed genes, adjusted *p*-value < 0.05. We constructed a high-quality DElncRNA-TF-DEG hierarchical regulatory network by integrating data from DElncRNA-TF interactions, TF-promoter bindings, and DElncRNApromoter bindings (Fig. 3G). We performed the hierarchical clustering analysis on the regulatory network and obtained 3 clusters of DElncRNAs (Fig. 4A). Surprisingly,

all 48 DElncRNAs in cluster 1 are correlated with blood pressure, respectively (Fig. 4B,C). We identified 58 KEGG pathways for the targets of the DElncRNAs in cluster 1 (Fig. 4F, Additional file 11: Table S3), including some known PE-associated pathways, such as the HIF-1 signaling pathway and ribosome pathway. In cluster 1, 62.5% (30/48) DElncRNAs are involved in the HIF-1 signaling pathway, and 29.17% (14/48) in the ribosome pathway (Fig. 4F, Additional file 11: Table S3). It has been reported that hypoxia is critical to the pathogenesis [90], and the HIF-1 signaling pathway is upregulated in PE [59, 91, 92]. The ribosome pathway is also reported to be associated with PE [65].

We ranked the lncRNAs in cluster 1 according to their importance in the hierarchical regulatory network, their association with blood pressure, and the number of targeted DEGs involved in the HIF-1 signaling pathway (Additional file 11: Table S4). The FLNB-AS1 is in the first position. Therefore, we were particularly interested in it. The expression of *FLNB-AS1* is highly correlated with the blood pressure of the patients (Fig. 1D) and its targeted DEGs are enriched in the HIF-1 signaling pathway and ribosome pathway (Fig. 4F). Among TFs interacting with FLNB-AS1, JUNB is one of the fundamental TFs-driven gene expression change in EOSPE (Fig. 3A, Fig. 5B), and it is reported to have an abnormal expression in placental mesenchymal stromal cells [93]. JUNB has binding motifs in the promoters of 576 DEGs. Most interestingly, 43.75% (252/576) of the DEGs targeted by JUNB were correlated with systolic blood pressure, and 48.96% (282/576) were correlated with diastolic blood pressure (Fig. 5C). These JUNB-targeted DEGs were significantly enriched in the HIF-1 signaling pathway (Fig. 5D), a pathway known to be associated with the potential etiology of PE [59, 77]. The overexpression of FLNB-AS1 in HTR8/SVneo cells induced expression change of JUNB-targeted genes in the HIF-1 signaling pathway, such as GAPDH, ENO3, and EGLN3 and IL6R (Fig. 5O). The interactions between JUNB and the promoters of ENO3/EGLN3/IL6R were confirmed by ChIP-qPCR results (Fig. 5K). These results suggest that FLNB-AS1 binds with JUNB to regulate HIF-1 signaling pathways, which is likely to be one of the most critical pathways involved in the pathogenesis of PE [59, 77].

## Conclusions

The DElncRNA-TF-DEG hierarchical regulatory network contains 44.13% (169/383) DElncRNAs and 65.37% (2037/3116) DEGs in EOSPE. The DElncRNAs, which were in the top position of the hierarchical regulatory network, may lead to widespread gene expression change in the placentae of the patients, perturbing the PE pathways such as the HIF-1 signaling pathway, and thus implicated in the pathogenesis of PE.

### **Limitations of study**

This study provides a hierarchical lncRNA regulatory network and pathways that may be involved in the pathogenesis of EOSPE. The lncRNAs are in the top position of the hierarchical regulatory network, so they may lead to widespread gene expression change. Although we have empirically shown that 3 DElncRNAs can interact with TFs and regulate the transcription of genes, more evidence is needed to confirm the relevance of the network to PE.

### Methods

### Cell culture

The HTR8/SVneo cell line was obtained from the American Type Culture Collection (Manassas, USA). Cells were cultured in RPMI 1640 medium (Corning, USA) supplemented with 10% fetal bovine serum (Gibco, USA) in humidified air at 37 °C with 5%  $CO_2$ .

### Preeclampsia patients and placental tissue collection

The project was approved by the Ethics Board of Nanfang Hospital of Southern Medical University. All patients have signed the informed consent. All samples were collected at the Department of Obstetrics & Gynecology of Nanfang Hospital in China from January 2015 to July 2016. The placenta tissue samples were mid-sections between the chorionic and maternal basal surfaces from four different placenta positions within 5 min after delivery. The tissues were washed immediately with PBS buffer and preserved in 500 µl RNAlater at - 80 °C for later RNA extraction. The clinical characteristics of each patient were extracted from the medical records, which strictly followed the American Board of Obstetrics and Gynecology, Williams Obstetrics 24th edition.

The diagnostic criteria for PE were as follows: newonset hypertension (systolic blood pressure  $\geq$  140 mmHg and/or diastolic blood pressure  $\geq$  90 mmHg) on at least 2 occasions at 4 h apart 20 weeks of gestation, accompanied by one or more of the following features: proteinuria ( $\geq 0.3$  g/24 h or more, or  $\geq 2+$  on dipstick analysis of urine), maternal organ dysfunction (including renal, hepatic and neurological), or hepatological involvement such as thrombocytopenia, and/ or uteroplacental dysfunction, such as fetal growth restriction. The severe PE was diagnosed if patients with PE have systolic blood pressure≥160 mmHg and/or diastolic blood pressure  $\geq$  110 mmHg on at least 2 occasions at 4 h apart while the patients are on bed rest, accompanied by one or more of the following symptoms: significant proteinuria of  $\geq 0.5$  g/24 h or  $\geq 3$  + on dipstick analysis of urine, liver function deterioration, thrombocytopenia (platelet count < 100,000/mL), oliguria ( $\leq$  500 mL in 24 h), creatinine $\geq$  1.1 mg/dL or a doubling of the serum creatinine, cerebral or visual disturbances. According to gestational age at its diagnosis, PE can be classified into early-onset (<34 weeks) and late-onset ( $\geq$ 34 weeks). The date of onset was defined as the gestational age when both blood pressure and proteinuria criteria were first diagnosed. All women delivered by C-section without labor were included. Exclusion criteria included pregnancies in women with a previous history of essential hypertension (chronic hypertension), type I or type II diabetes, thyroid insufficiency, cardiovascular disease, chronic inflammatory or chronic renal disease, hepatitis, and chorioamnionitis. The pregnancies with gestational hypertension and/or preterm delivery (before 37 weeks+0 days of pregnancy) were considered as exclusion criteria for the controls. Other exclusion criteria included consecutive miscarriages ( $\geq 2$  pregnancy losses) and/or fetal anomaly.

Based on the criteria described above, we grouped our PE patients into three clinical subtypes: (1) earlyonset severe PE (EOSPE): new-onset hypertension (systolic blood pressure  $\geq$  160 mmHg and/or diastolic blood pressure  $\geq$  110 mmHg) with significant proteinuria ( $\geq$  5 g/24 h or 3+on urine dipstick) before 34 weeks of gestation and with one or more severe features (such as liver function deterioration, thrombocytopenia); (2) lateonset severe PE (LOPSE): similar symptoms as EOSPE, but new-onset after 34 weeks of gestation; (3) late-onset mild PE (LOMPE): new-onset hypertension accompanied proteinuria after 34 weeks of pregnancies without severe features described above. The summary of clinical characteristics of EOSPE patients and normal controls is listed in Additional file 1: Table S1.

## **RNA isolation and RNA-seq**

According to the manufacturer's instructions, total RNA was isolated using the RNeasy Plus Universal Mini Kit (Qiagen). RNA sequencing was carried out at Berry Genomics Corporation (Beijing, China). Briefly, RNAs with polyA tails were isolated, and double-stranded cDNA libraries were prepared using the TruSeq RNA Kit (Illumina), followed by paired-end sequencing using Illumina Hiseq 2500.

### qRT-PCR

RNA (500 ng) was reverse transcribed using the Prime-ScriptTMRT reagent Kit (Takara, Japan), and qRT-PCR was performed with the SYBR Premix Ex TaqTM kit (Takara, Japan) in a LightCycler 480 (Roche, Swiss) system, to detect gene expression, following the manufacturer's instruction. The results were evaluated by the  $2^{-\Delta\Delta CT}$ and converted to fold changes using ACTB as internal controls (Additional file 1: Table S3-S4, Additional file 13: Table S10).

### **Plasmid transfection**

The plasmids pcDNA3.1 and pcDNA3.1-*FLNB-AS1* were purchased from Genechem (Genechem, China). The transfection was done using Lipofectamine 3000 (Invitrogen) according to the manufacturer's instructions. After 48 h of transfection, the HTR8/SVneo cells were harvested for further experiments.

### Subcellular fractionation

Following the manufacturer's instructions, cytosolic and nuclear fractions of HTR8/SVneo cells were prepared using a Nucleoprotein Extraction Kit (BestBio science, China). HTR8/SVneo cells were washed twice with icecold PBS and pelleted by centrifugation at 1000 g for 5 min. Then, 200 µl ice-cold Reagent A was added and incubated on ice for 15 min (shaken vigorously for 15 s every 5 min) and pelleted by centrifugation at 1200 g for 10 min at 4 °C. The supernatants (cytoplasmic fractions) were collected for further processing. The precipitates were washed twice with PBS and pelleted by centrifugation at 2000 g for 5 min at 4  $^{\circ}$ C. The deposits were the nuclear fractions. The levels of FLNB-AS1, GAPDH, and U6 were examined by qRT-PCR (Additional file 13: Table S1). GAPDH was used as the cytoplasm marker, and U6 as the nuclear marker.

# RNA antisense purification with mass spectrometry (RAP-MS)

RAP-MS was performed to explore the protein partners that interact with *FLNB-AS1*. RNAstructure Webserver (<u>RNAstructure Web Servers Manual (rochester.edu</u>)) was used to generate the secondary structure of *FLNB-AS1*. The regions with a low probability of internal base pairings were selected for designing antisense DNA oligonucleotide probes. The probes were biotinylated at 5' ends. Ten specific probes were designed to capture *FLNB-AS1*, and two LacZ probes were used as the negative control (Additional file 13: Table S2).

Two hundred million HTR8/SVneo cells were collected for *FLNB-AS1* antisense purifications. Cells were washed twice with ice-cold PBS and UV-crosslinked on ice. Cells were collected from culture dishes and pelleted by centrifugation at 1000 g for 5 min. Cell Lysis was prepared as previously described [94], and nuclear lysate and whole cell lysate were prepared using 100 million HTR8/SVneo cells. Forty-microgram probes were incubated with Cell Lysis at 67 °C for 2 h. The probe-lysis mixture was incubated with streptavidin-coated magnetic beads (Thermo Fisher Scientific) for 2 h at room temperature on a rotator. Beads were washed 3 to 6 times, 0.5% magnetic beads were transferred to a PCR strip tube at the last wash, and the rest were stored at – 80  $^{\circ}$ C for mass spectrometry.

### Motif-RNA-pull-down

ProbKnot was used to analyze the secondary structure of *FLNB-AS1*, which was divided into three distinct regions. Three lncRNA segments were amplified by PCR and cloned into an expression vector with a T7 promoter to obtain lncRNA fragments through in vitro transcription (Additional file 13: Table S7). These lncRNA fragments were subsequently biotinylated as probes to pull down their binding proteins. The interaction between JUNB and the segments of *FLNB-AS1* was detected using silver staining and Western blotting.

### RNA immunoprecipitation assay (RIP assay)

Cellular proteins were extracted from HTR8/SVneo cells using polysome lysis buffer (100 mM KCl, 5 mM MgCl<sub>2</sub>, 10 mM HEPES–NaOH, 1% NP-40) and supplemented using 1 mM DTT, 200 units/ml RiboLockRNase inhibitor, and EDTA-free Protease Inhibitor Cocktail. Protein A/G magnetic beads were used to isolate RNAs that bind with JUNB, and the same amount was used for rabbit IgG control. The amount of *FLNB-AS1* in the protein-RNA complexes was measured by qRT-PCR (Additional file 13: Table S6).

### ChIP-qPCR

Cell lysates with HTR8/SVneo cells were incubated overnight with JUNB antibodies or rabbit IgG at 4  $^{\circ}$ C on a rotator. The immunoprecipitated DNA was quantified by qRT-PCR using primers *GAPDH*, *ENO1*, *ENO3*, and *EGLN3* to evaluate the interaction with JUNB at the target regions (Additional file 13: Table S8 and Table S9).

# Intracellular ROS production assays

HTR8/SVneo cells were seeded on to 6-well plates at a density of  $5 \times 10^5$  cells per well and cultured for 24 h. The cells were washed twice with PBS. Fresh medium containing 10  $\mu$ M DCFH-DA were added to the wells and cells were incubated at 37 °C for 30 min. After incubation, the cells were washed three times with PBS. DCFH-DA was deacetylated intracellularly by nonspecific esterase, which was further oxidized by ROS (reactive oxygen species) to the fluorescent compound 2,7-dichlorofluorescein (DCF). DCF fluorescence intensity was determined using a fluorescence microscope. Therefore, the ROS level was represented by the DCF intensity (Additional file 13: Table S11).

## Transcriptome reconstruction in tissues

Hisat [95] was used to perform reads mapping to the human genome (GRCH38) for RNA-seq data, and RSEM

[96] was used to quantify gene expression levels of GEN-CODE v29 (hg38) transcripts. StringTie [97] was served to reconstruct the transcriptome regarding transcripts expressed with an FPKM  $\geq$  0.5 in at least one sample. Each sample was applied to reconstruct the transcriptome separately. The resulting transcript models were then merged into a non-redundant set of transcripts (the uniform set for all samples, using stringtie-merge with parameters -m 300 -c 0.5 -F 0.5 -f 0.05). The expression levels of the uniform set of transcripts were quantified using RSEM. The software tximport [98] was used to merge the gene expression profile of all samples. The 16,956 genes assembled by Stingtie correspond to 16,088 gene symbols (Additional file 1: Table S5).

### Computational removal of blood contamination

As the contaminated cord blood cells could not be thoroughly washed from the placenta tissue samples, the extracted RNAs contained some from cord blood cells. To better study the difference in gene expression of placenta tissues between PE patients and controls, we removed the contamination using the expression level of a cord blood marker gene for normalization. Cord blood samples from two normal pregnant women were sequenced using the same RNA-seq method. In addition, RSEM [96] was used to quantify the gene expression level in the cord blood samples (Additional file 1: Table S6). To remove the blood contamination, the Hemoglobin Subunit Mu (HBM), a subunit of hemoglobin specifically expressed in red blood cells, was used to calibrate the raw count of genes according to the following equation:

 $geneX_{actual} = geneX_{placenta} - geneX_{cord\ blood} \times \frac{HBM_{placenta}}{HBM_{cord\ blood}}$ 

(the average of gene expression levels in cord blood samples were used in the calculation). The raw counts of genes in each sample before and after removing blood contamination are shown in Additional file 1: Table S7.

### Differentially expressed gene detection

Differential expression analysis between the two groups was performed using DESeq2. Differentially expressed genes (DEGs) were determined using a cutoff of FDR < 0.05 in placentae tissues (Additional file 1: Table S2).

# The correlation between the expression levels of DEGs and blood pressure

The *cor.test* function in R was used to calculate Spearman's correlation *Rho* values between the expression levels of DEGs and blood pressure. The *p*-value < 0.05 was used to determine whether the expression levels of DEGs correlate with blood pressure. For example, suppose the absolute value of *Rho* is less than 0.4, which is considered a weak correlation. In that case, the absolute value of *Rho* between 0.4 and 0.6 is considered a moderate correlation, and the absolute value of *Rho* bigger than 0.6 is considered a strong correlation (Additional file 1: Table S8).

# Measure the discrimination accuracy of DEIncRNAs and coding DEGs

Receiver operating characteristic (ROC) curves analysis was performed using the *roc* function in pROC (R package, v1.16.2), and the area under the curve (AUC) was used as the effective measure of accuracy (Additional file 1: Table S8).

### PE candidate genes from the literature

Due to small sample sizes, the differentially expressed genes have yet to be well defined in previous microarray and transcriptomic studies. Several meta-analyses on the reported microarray have been published since 2012 [21–23, 99–101]. In 2015, the first RNA-seq study on PE was reported [102]. To obtain a consensus on PE candidate genes, we collected 1177 genes from the literature, including six meta-analysis papers [21–23, 99–101], one literature-curation paper [103], and one RNA-seq research paper [102]. These 1177 genes are PE candidate genes; their information is listed in Additional file 1: Table S9.

### **LncRNA-protein interaction network**

RNA–protein interaction data were collected from four databases, including RNAinter [49], starBase v3.0 [47], NPInter v5.0 [50], and RNAct [48]. These DElncRNA-protein interaction data, including the curated and predicted data, are shown in Additional file 3: Table S1. To find out the transcription factors (TFs) interacting with DElncRNAs, we mapped the proteins interacting with DElncRNAs to the 1639 reliable human TFs [104].

### Transcription factor and target regulation network

HOMER (Hypergeometric Optimization of Motif EnRichment) [105] was used to search for the transcription factor binding sites (TFBS) in promoter regions of DEGs (from 1.5 kb upstream to 0.5 kb downstream of transcription start sites) in EOSPE. The matches between TFs and TFBSs were manually checked. TFs without expression in the placenta transcriptome were removed. The TFs with significantly enriched TFBS and their corresponding target genes were used to construct the TFtarget regulatory network (Additional file 5: Table S1 and Table S2).

### **LncRNA-DNA triplex structure prediction**

The TDF (Triplex Domain Finder) [68] was used to predict the triplex helix formation between 383 DElncRNAs and the promoter regions (upstream 2000 bp from TSSs) of 3116 DEGs (Additional file 7: Table S1). Each triplex is formed by one RNA sequence (triplex-forming oligo, TFO) and a DNA region (triplex target sites, TTS).

### **Co-expression network construction**

The *rcorr* function in Hmisc (R package, v4.4) was used to calculate the Pearson correlation among all expressed genes in placentae based on the TPM (transcript per million) value. The FDR < 0.05 was set as the cutoff to extract the significant correlation between DElncRNAs and the other DEGs in EOSPE (Additional file 8: Table S1).

# LncRNA-TF-DEG hierarchical regulatory network construction

The lncRNA-TF-DEG hierarchical regulatory network was constructed by integrating curated lncRNA-TF interactions and TF-target regulatory, then filtering with DElncRNA-promoter interactions and DElncRNA-DEG co-expression (Additional file 10: Table S1). For each DElncRNA in the DElncRNA-TF-DEG network, the enrichment of lncRNA-targeted DEGs (whose promoters interact with the lncRNA and the expression levels are also significantly correlated with the lncRNA) in the TF-targeted DEGs (whose promoters harbor the binding sites of the TFs) was calculated, and the DElncRNA with p-value < 0.05 was considered to be more likely to regulate gene expression by serving as a scaffold between TF and promoter regions (Additional file 10: Table S2). The DElncRNA with a significant enrichment score (*p*-value < 0.05) was kept to construct a high-quality core DElncRNA-TF-DEG hierarchical regulatory network.

#### Hierarchical clustering analysis for DEIncRNAs

The hierarchical clustering analysis for DElncRNAs was performed based on the shared targets and the correlation with blood pressure. The Jaccard index between DElncRNAs was calculated by *jaccardSets* function in R. If the paired DElncRNAs are significantly correlated with blood pressure, the Jaccard index is multiplied by 8; if one of the paired DElncRNAs is significantly correlated with blood pressure, the Jaccard index is multiplied by 4; if none of the paired DElncRNAs is significantly correlated with blood pressure, the Jaccard index is multiplied by 4; if none of the paired DElncRNAs is significantly correlated with blood pressure, the Jaccard index is multiplied by 1. The final matrix was used to do the hierarchical clustering analysis (Additional file 11: Table S1 and Table S2).

### Mass spectrometry data analysis

Mass spectrometry was carried out at Wininnovate Biology Corporation (Shenzhen, China). The MS/MS data

were analyzed for protein identification and quantification using PEAKS Studio 8.5. The local false discovery rate at PSM was 1.0% after searching against Homo sapiens database with a maximum of two missed cleavages. The following settings were selected: Oxidation (M), Acetylation (Protein N-term), Deamidation (NQ), Pyro-glu from E, and Pyro-glu from Q for variable modifications as well as fixed Carbamidomethylation of cysteine. Precursor and fragment mass tolerance was set to 10 ppm and 0.05 Da, respectively. Compared with the LacZ pulldown complexes, proteins only in the *FLNB-AS1* pulldown complexes are considered to interact with *FLNB-AS1* (Additional file 13: Table S3 and Table S4).

### **KEGG** pathway enrichment analysis

KEGG (Kyoto Encyclopedia of Genes and Genomes) pathway enrichment analysis was performed with the clusterProfiler package [106]. A cutoff of *p*-value < 0.05 and *q*-value < 0.2 were used to determine the enriched pathways of DEGs regulated by DElncRNAs in the core hierarchical regulatory network. A cutoff of *p*-value < 0.05 was used to determine the enriched pathways of DEGs regulated by JUNB.

### GO terms enrichment analysis

Gene Ontology terms (Biological Process, Cellular Component, Molecular Function) enrichment analyses were also using the clusterProfiler package [106], and the adjusted *p*-value < 0.05 was set as a cutoff to select the enriched terms. The semantic similarity-based method (RRVGO, R package, https://ssayols.github.io/rrvgo) was used to summarize the enriched GO terms.

### **Statistical analysis**

All enrichment analyses were performed on the R platform, and one-tailed Fisher's exact test was used. Error bars represent the standard deviation of the fraction, estimated with a bootstrapping method with 100 resamplings. The function of *shapiro.test* in R was used to detect the normality of the data. The current study used the Wilcoxon rank-sum test or Student's *t* test to identify differences between two groups according to the data type. Statistical significance was described as \* p < 0.05, \*\* p < 0.01 and \*\*\* p < 0.001.

### Abbreviations

PE	Preeclampsia
EOSPE	Early-onset severe preeclampsia
LOSPE	Late-onset severe preeclampsia
LOMPE	Late-onset mild preeclampsia
DEG	Differentially expressed genes
IncRNA	Long non-coding RNA
DEIncRNA	Differentially expressed IncRNA
RAP-MS	RNA antisense purification followed by mass spectrometry
RIP	RNA immunoprecipitation
ROC	Receiver operating characteristic
AUC	Area under the curve
ROS	Reactive oxygen species

# **Supplementary Information**

The online version contains supplementary material available at https://doi.org/10.1186/s12915-024-01959-1.

Additional file 1: Table S1. Clinical information for transcriptome sequencing samples. Table S2. Total DEGs in EOSPE were identified using DESeq2. Table S3. The qRT-PCR primer sequences for detecting genes. Table S4. The qRT-PCR results of detecting genes in placentae. Table S5. The raw counts of genes in the placenta before removing the cord blood contamination. Table S6. The raw counts of genes in cord blood samples. Table S7. The raw counts of genes in the placenta after removing the cord blood contamination. Table S8. The correlation between blood pressure and DEIncRNA/coding DEGs, and the discrimination accuracy of DEIncRNAs and coding DEGs. Table S9. Known PE-associated genes are collected from the literature.

Additional file 2: Figure S1. Differentially-expressed genes in placentae of patients with EOSPE.

Additional file 3: Table S1. DEIncRNA-protein interaction data were collected from databases, including curated and predicted data. Table S2. The enriched KEGG pathways of all proteins interacting with DEIncRNAs in EOSPE. Table S3. The enriched GO terms of all proteins interacting with DEIncRNAs in EOSPE. Table S4. The enriched KEGG pathways of DEGencoded proteins interacting with DEIncRNAs. Table S5. The enriched GO MF terms of DEG-encoded proteins interacting with DEIncRNAs. Table S6. The enriched KEGG pathways of all DEGs in EOSPE. Table S7. The statistic table for each DEIncRNA in the DEIncRNA-protein interaction network. For each DEIncRNA, the enrichment score is calculated to determine whether its interacting proteins are enriched with TFs. The enrichment score is calculated using a One-sided Fisher's exact test.

Additional file 4: Figure S2. The enriched pathways and molecular functions of proteins interacting with DEIncRNA.

Additional file 5: Table S1. TF-target regulatory network predicted by HOMER. Table S2. Significant transcription factor binding sites in the promoter of DEGs and their corresponding transcription factors.

Additional file 6: Figure S3. The predicted TFs and their targeted DEGs.

Additional file 7: Table S1. DEIncRNAs form triplex structures with promoters of DEGs.

Additional file 8: Table S1. The DEIncRNA-DEG co-expression network.

Additional file 9: Figure S4. Construction of DEIncRNA-TF-DEG hierarchical regulatory network.

Additional file 10: Table S1. The DEIncRNA-TF-DEG hierarchical regulatory network. The hierarchical regulatory network includes 3 types of interaction: DEIncRNA-TF interaction, IncRNA and promoter of DEGs in EOSPE interaction, and TF-DEG regulatory interaction. Table S2. The statistic table of DEIncRNA in DEIncRNA-TF-DEG hierarchical regulatory network. The table includes the number of interacting TFs, the number of DEGs regulated by interacting TFs, the number of DEGs forming the period period by interacting TFs, the number of DEGs forming triplex with DEIncRNA, and the log2 FoldChange of DEIncRNA. The *p*-value was calculated using a One-sided Fisher's exact test. DEIncRNAs are more likely to serve as a scaffold for TF-promoter interactions if the *p*-value is less than 0.05. Table S3. The enriched KEGG pathways of DEGs in the DEIncRNA-TF-DEG hierarchical regulatory network.

Additional file 11: Table S1. The matrix shows the target similarity of DEIncRNAs. Table S2. The cluster information of DEIncRNAs. Table S3. The enriched KEGG pathways of DEGs regulated by each DEIncRNA in cluster 1. Table S4. The statistic table of 30 DEIncRNA in C1, in which their targeted DEGs are significantly enriched with the HIF-1 signaling pathway. According to their importance in the hierarchical networkand their association with blood pressureand the number of targeted DEGs involved in HIF-1 signaling pathway, we calculated the mean rank to sort these 30 DEIncRNAs by ascending way.

Additional file 12: Figure S5. The DEIncRNAs in cluster 2 and the DEGs are involved in the HIF-1 signaling pathway, galactose metabolism, and the ribosome.

Additional file 13: Table S1. The subcellular location of *FLNB-AS1*. Table S2. The probe sequences for the RAP experiments. Table S3. The proteins interacting with *FLNB-AS1*. Table S4. The mass spectrometry result. Table S5. The enriched KEGG pathways of DEGs regulated by JUNB. Table S6. The immunoprecipitation of Protein RNA Complexes. Table S7. The primers used to obtain *FLNB-AS1*'s 3 protein binding motifs. Table S8. The ChIP-qPCR primer sequences of the promoters. Table S9. The ChIP-qPCR results of detecting genes in HTR8/SVneo cells. Table S11. The intracellular ROS production assay results induced by overexpression *FLNB-AS1* in HTR8/SVneo cells.

Additional file 14: Uncropped gels and blots.

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#### Authors' contributions

XPY conceived the project; HHL analyzed the data; JL, XLW, QC2, CQX, MZ, and CLC recruited the patients and normal subjects, collected and analyzed the clinical information; QC1, SJJ, YLC, and JW collected the tissue samples. YJL, QC1, and SSJ performed the experimental validation; ZJW and YG participated in data analysis, and HHL and XPY wrote the paper. All authors read and approved the final manuscript.

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### Availability of data and materials

All data generated or analyzed during this study are included in this published article and its supplementary information files. The RNA-seq raw data are available at GEO (accession number GSE148241), which have been published by our previous work [40, 107].

### Declarations

#### Ethics approval and consent to participate

This research has been approved by the Ethics Board of Nanfang Hospital of Southern Medical University (Reference NFEC-201601-K1), and all patients have signed the informed consent.

#### **Consent for publication**

Not applicable.

#### **Competing interests**

The authors declare that they have no competing interests.

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