### **ORAL PRESENTATION**

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# The role of micrornas in the development of hospital acquired infection in polytrauma patients

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#### Introduction

Traumatic injury is associated with immunosuppression and an increased risk of developing nosocomial infections. However, the immune regulatory mechanisms involved remain unclear.

#### Objectives

1) To describe genome-wide alterations in micro RNA (miRNA) expression following severe trauma.

2) To explore the potential role of miRNAs in mediating the post-traumatic immunosuppressive phenotype and their potential role in enhancing the risk of nosocomial infections.

#### Methods

Patients requiring ICU care following traumatic injury were recruited. Whole blood was collected within 2 hours of injury and 24 hours later. Total RNA (containing miRNAs) was isolated utilising PAX Gene and RNA extraction kits (Qiagen). miRNA-sequencing was performed with the Illumina HiSeq2500, and sequences were aligned to the human GRCh37 reference genome. Data analysis was carried out using the DESEQ2 package in R, and miRNAs were considered significantly altered with an adjusted p value of < 0.05. Functional enrichment analysis was performed using Ingenuity Pathway Analysis (IPA) on all miR-NAs reaching an adjusted p value of < 0.1. mRNA targets of interest were identified using miRBase and TargetScan (http://www.mirbase.org, http://www.targetscan.org).

#### Results

49 patients were recruited and 25 patients developed nosocomial infections. Expression of 139 miRNAs was

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significantly altered between 2 hours and 24 hours following injury, with miR-146b, a key inhibitor of proinflammatory pathways<sup>[1]</sup>, upregulated to the greatest degree. Figure 1 presents miRNAs that differ between those patients who developed nosocomial infections and those who did not. miR-144-5p was significantly different between the two groups at both time points. A large percentage of mRNA targets for miR-144 are involved the Cell-mediated Immune Response (Figure 2), including the B-cell receptor complex, p38MAPK, GATA3, IgG, BCL6 and the T-cell receptor. In addition, we have previously shown that the miR-374 family of miRNAs is linked to increased IL-10 expression in trauma patients<sup>[2]</sup>. IPA highlights Cancer, Haematological Disease, Immunological and Inflammatory Disease and Organismal Injury and Abnormalities as important pathways altered between infected and non-infected patients.

#### Conclusions

These data provide a miRNA signature of severely injured trauma patients who develop hospital acquired infection compared to those who do not, and identify the miR-144 and miR-374b families as being of particular interest for future studies of trauma-induced immune dysfunction.

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Time after injury	miR	Log <sup>2</sup> Fold Change	Adjusted p-value	Top pathways	Top mRNA targets of interest
2 hours	hsa-miR-144-3p hsa-miR-144-5p hsa-miR-374a-3p hsa-miR-142-5p hsa-miR-126-3p hsa-miR-16-5p hsa-miR-101-3p hsa-let-7a-5p	-1.80 -1.64 -3.59 -0.75 -1.36 -1.31 -1.12 -0.88	0.006* 0.020* 0.020* 0.067 0.067 0.067 0.073 0.085	Cancer; Organismal Injury/Abnormalities; Reproductive System; Haematological Disease; Immunological Disease	MAPK6, IGIP, MAP3K8, TNFSF11, IL15, CXCL11, RFX3, IL7, NOS1, GATA3, HSP90AA1, TAB3, CD53, FADD, IFNA1, IL10, IRF6, MMD, C6orf25, IL17F, PIAS2, HBP1, IFNA4, TNFRSF11A
24 hours	hsa-miR-144-5p hsa-miR-7977 hsa-miR-1307-5p hsa-miR-4664-3p hsa-miR-16-5p hsa-miR-20b-5p hsa-miR-3609 hsa-miR-433-3p	-1.59 0.52 0.53 0.54 -1.21 -0.99 1.07 0.80	0.029* 0.029* 0.056 0.056 0.061 0.061 0.061	Cancer; Haematological Disease; Immunological Disease; Organismal Injury/Abnormalities; Reproductive System	IRF6, MMD, C6ort25, IL17F, PIAS2, HBP1, IFNA4, TNFRSF11A

with Ingenuity Pathway Analysis, and top mRNA targets were identified with miRBase. (\*considered statistically significant; - indicates down-regulation).

Figure 1



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