



Technical note

Altered levels of placental miR-338-3p and miR-518b are associated with acute chorioamnionitis and *IL6* genotype

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ABSTRACT

Placental-derived miRNAs are attractive candidates as biomarkers of placental health, but their associations with specific pathologies, such as acute chorioamnionitis (aCA), are not well explored. Samples of chorionic villi from 57 placentas (33 aCA and 24 non-aCA) were analyzed. Expression was quantified for six candidate miRNAs (miR-146a, miR-210, miR-223, miR-338-3p, miR-411, and miR-518b), using quantitative real-time PCR. miR-518b and miR-338-3p were differentially expressed between aCA cases and non-aCA cases (Bonferroni-corrected $p < 0.05$). Further, we observed that placental miR-518b expression was associated with an *IL6* SNP (rs1800796), a polymorphism we previously reported as a risk-conferring variant for aCA.

1. Introduction

Preterm birth (PTB) is a major health concern worldwide. Histologic evidence of inflammation in the placenta and fetal membranes is commonly observed in PTBs [1]. This often presents as acute chorioamnionitis (aCA), defined by an infiltration of maternal neutrophils into the fetal membranes, and/or chorionic plate [2,3]. Placental-derived miRNAs are promising biomarkers of pregnancy outcomes including aCA; as they are more stable than mRNAs and quantifiable in maternal circulation [4]. There is increasing interest in placental-specific miRNAs in preeclampsia, but few studies have investigated PTB-associated placental miRNA changes [5,6]. Additionally, studies often combine PTB-associated conditions rather than investigating single etiologies such as aCA. In the present study, we investigated the association of aCA with six inflammation-related miRNAs in a population of 57 placentas (33 aCA, 24 non-aCA).

2. Methods

Placentas for this study were selected from a larger ongoing study of genomic changes and pregnancy complication [7,8] with ethics approval granted by the University of British Columbia Children's & Women's Research Ethics Board (H04-70488). Of the 57 placentas

included, 33 aCA cases were diagnosed using histologic criteria [2] and 24 non-aCA cases included 17 PTBs of mixed etiologies and 7 term controls (Table 1). Gestational age (GA) at delivery significantly differed between groups as aCA is associated with PTB. Ancestry was inferred with a panel of 50 ancestry informative SNP markers [7,9]. Ancestry coordinate 1, largely separating Europeans and East Asians, significantly differed between groups (Kolmogorov-Smirnov $p < 0.05$). GA and ancestry were accounted for in statistical analyses.

p -values are calculated by Wilcoxon-Mann-Whitney rank sum test for continuous variables, Fisher's exact test for fetal sex. ns = non-significant. Birth weight defined by its standard deviation relative to normative values by GA and fetal sex is presented in the form of a Z -score in the table.

Six miRNAs were investigated, chosen based on published reports of an association with either aCA (miR-223 and miR-338) [10,11], PTB (miR-210, miR-411) [12,13], or innate immune system responses (miR-146a) [14]. miR-518b is a member of the C19MC cluster and chosen as it has been associated with various reproductive pathologies [5,12,15]. miRNA from chorionic villi was extracted using the *mirVana*[™] Isolation Kit and miRNA levels quantified by Nanodrop 1000 spectrophotometer. Next, reverse transcription was performed using specific *TaqMan*[™] miRNA Assays, followed by quantitative real-time PCR (qPCR) reactions on the ABI ViiA7 system. Additional methodological details are

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Table 1
Clinical characteristics of the discovery cohort.

Variables	aCA (n = 33)	Non-aCA (n = 24)	p value
Maternal age, years (range)	19.6–43.9	20.4–43.5	ns
GA at delivery, weeks (range)	18–36	22.6–40.7	0.0009
Birth weight (Z-score) (range)	−0.89–3.49	−1.36–3.1	ns
Fetal sex (M/total)	16/33	13/24	ns

provided in the supplementary data.

CpGs from the Illumina 850 K microarray [16] mapping to candidate miRNAs using Illumina’s annotation, were tested for differential methylation by aCA diagnosis in a subset of the chorionic villus samples (n = 32/57; 19 aCA, 13 non-aCA). The subset of samples were selected based on available published DNA methylation data (GSE115508). Additionally, *IL6* genotype (rs1800796) data available for another subset of samples (n = 48/57) was used to characterize genetic regulation of miRNA expression.

Statistical analyses were performed using R version 3.4.1. Shapiro-Wilk normality test showed our miRNA expression data did not follow a normal distribution, and thus miRNA levels were compared using the non-parametric Kruskal-Wallis test.

3. Results

3.1. Expression of miR-338-3p and miR-518b is associated with aCA status

Expression of miR-518b was significantly decreased ($p = 0.004$), and miR-338-3p significantly increased in placentas with aCA ($p = 0.002$) (Fig. 1), even after adjustment for GA, fetal sex and ancestry (Supplementary methods). Although expression of miR-146a, miR-210, miR-223, and miR-411 was not significantly associated with aCA, most miRNAs trended in the expected direction, as reported in infection-mediated conditions [17,18].

To investigate sex-specific miRNA expression in aCA, we stratified aCA association tests by sex. For miR-338-3p, increased expression in aCA cases was observed in both males ($p = 0.05$) and females ($p = 0.02$); miR-518b expression was significantly associated with aCA status in females only ($p = 0.009$), suggesting possible sex-specific expression of this species in aCA (Supplementary Fig. S1).

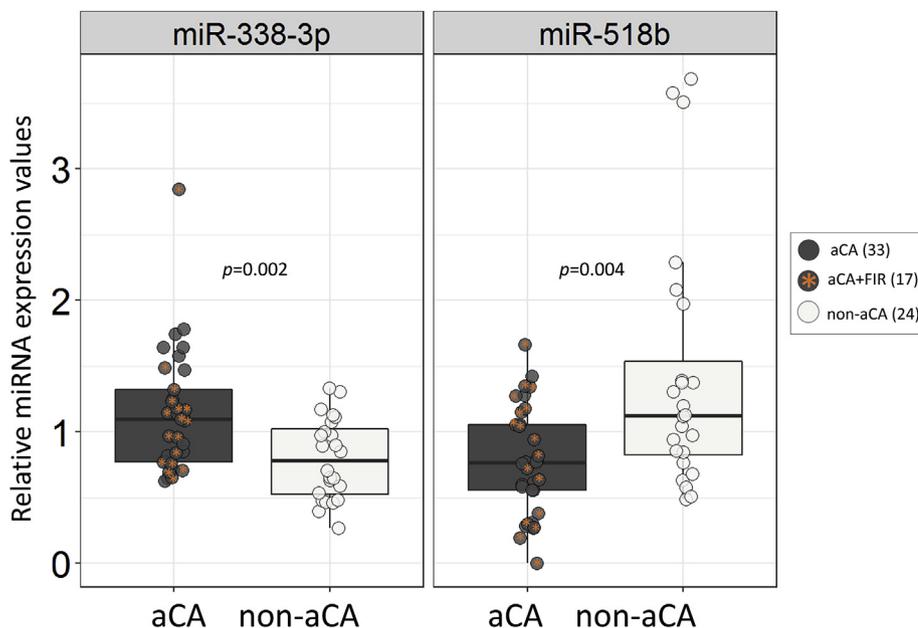


Fig. 1. Differential expression of miR-338-3p and miR-518b in placentas is associated with aCA status. Adjusted (for GA, sex and ancestry) expression values are plotted on the y-axis w.r.t study groups on the x-axis. Even after adjustment for GA, fetal sex, and ancestry, altered expression was observed between aCA cases and non-aCA cases. Based on our clinical records, it is unclear why the three females in the non-aCA group showed higher miR-518b expression compared to the remaining individuals within the non-aCA cases, however, we used the non-parametric Kruskal-Wallis test, which is relatively robust to outliers, and thus the magnitude of the difference in expression is less likely to drive the significance between the groups.

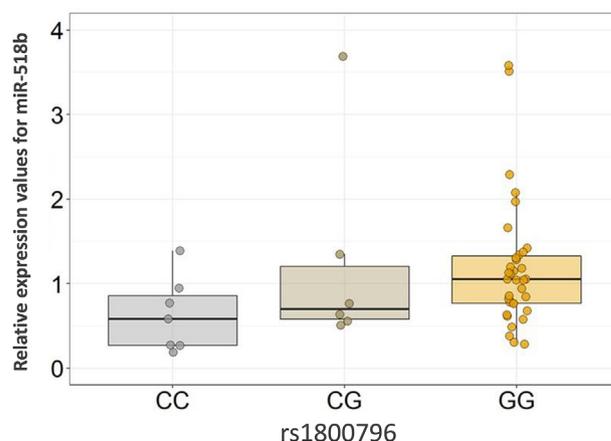


Fig. 2. Expression of aCA-associated miR-518b in chorionic villi is influenced by *IL6* rs1800786 genotype. Adjusted (for GA, sex and ancestry) miR-518b expression values are plotted on the y-axis w.r.t *IL6* genotype groups (CC = 7, GG = 35) on the x-axis. Individuals with the CC genotype showed increased expression levels in the placenta compared to individuals of GG genotype ($p = 0.02$). The heterozygous CG (n = 6) individuals showed intermediate levels of miR-518b expression compared to CC and GG, though not significant at $p < 0.05$. Additionally, although, not significant, expression patterns of miR-338-3p also displayed a trend related to the *IL6* genotype distribution (Supplementary Fig. S3).

3.2. Expression of miR-518b and miR-338-3p is associated with *IL6* genotype

We identified 3 CpG sites (*cg06445981*, *cg11251554*, and *cg15993786*) and 11 CpG sites (*cg06807993*, *cg06869212*, *cg11600078*, *cg18637486*, *cg21473782*, *cg23176214*, *cg23295826*, *cg24085713*, *cg26068527*, *cg26766064*, and *cg06332842*) from the 850 kK array mapping to miR-518b and miR-338-3p, respectively. None of these CpGs showed differential methylation by aCA status (Supplementary Fig. S2).

As we previously reported altered *IL6* genotype in association with aCA [19], we wanted to explore the relationship with miRNA expression. Expression of miR-518b, but not miR-338-3p, was significantly associated with the *IL6* rs1800796 genotype: CC individuals (n = 7; 6 aCA, 1 non-aCA) showed significantly decreased miR-518b expression

compared to GG individuals (n = 35; 16 aCA, 19 non-aCA) (Kruskal-Wallis $p = 0.02$) (Fig. 2).

4. Discussion

We identified altered chorionic villi expression of miR-338-3p and miR-518b in aCA-affected placentas, suggesting plausible involvement of these miRNAs in aCA. An independent study also demonstrated altered expression of miR-338-3p in chorioamniotic membranes affected with aCA [10]. Though the same study identified miR-223 as differentially expressed in aCA, we did not observe this association. Differences may be attributed to small sample size, accounting for confounding factors and/or reflect tissue-specific expression patterns.

Decreased placental expression of miR-518b has been reported in PPRM [5], intrauterine growth restriction [20] and complete hydatidiform moles [21]. Although the exact role of miR-518b in placenta is not established, miR-518b has been shown to repress *RAP1B* [22], a predicted gene target for miR-518b. *RAP1B* deficient mice show increased neutrophil recruitment and migration into sites of inflammation [23]. Further, our study demonstrated that placental expression of miR-518b is associated with *IL6* (rs1800796) genotype, a placental polymorphism that may increase aCA risk: individuals carrying the C allele exhibited decreased placental expression of miR-518b compared to carriers of the G allele, and we observed an association between reduced miR-518b expression and aCA status. Of note, *IL6* is associated with many inflammatory disorders and is shown to alter immune responses against microbial infection [24], a well-characterized cause of aCA.

Overall, we observed placental-specific miRNA changes in aCA-affected placentas and attempted to characterize the processes that regulate expression of aCA-associated miRNAs. As miR-518b is detectable in maternal circulation throughout gestation [25,26], and shows possible diagnostic potential [25], further studies into these miRNAs are warranted. Clinical application would require integrating data from many such biomarkers, as well as an improved understanding of how genetic background influences miRNA expression.

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Declarations of interest

The authors declare that they have no competing interests.

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Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.placenta.2019.05.009>.

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