

RESEARCH

Open Access



Comparative proteomic analysis of children FSGS FFPE tissues

Jiajia Ni^{1,2}, Sha Tian³, Lin Bai³, Qianying Lv^{1,2}, Jialu Liu^{1,2}, Jiaojiao Liu^{1,2}, Ye Fang^{1,2}, Yihui Zhai^{1,2}, Qian Shen^{1,2}, Jia Rao^{1,2}, Chen Ding^{3*} and Hong Xu^{1,2*}

Abstract

Background: In children, focal segmental glomerulosclerosis (FSGS) is the main cause of steroid resistant nephrotic syndrome (SRNS). To identify specific candidates and the mechanism of steroid resistance, we examined the formalin-fixed paraffin embedded (FFPE) renal tissue protein profiles via liquid chromatography tandem mass spectrometry (LC-MS/MS).

Methods: Renal biopsies from seven steroid-sensitive (SS) and eleven steroid-resistant (SR) children FSGS patients were obtained. We examined the formalin-fixed paraffin embedded (FFPE) renal tissue protein profiles via liquid chromatography tandem mass spectrometry (LC-MS/MS). Kyoto Encyclopedia of Genes and Genomes (KEGG) enrichment and Gene Ontology (GO) analysis, as well as the construction of protein-protein interaction (PPI) network were performed. Two proteins were further validated by immunohistochemistry staining in FSGS patients and mice models.

Results: In total, we quantified more than 4000 proteins, of which 325 were found to be differentially expressed proteins (DEPs) between the SS and SR group (foldchange ≥ 2 , $P < 0.05$). The results of GO revealed that the most significant up-regulated proteins were primarily related to protein transportation, regulation of the complement activation process and cytolysis. Moreover, clustering analysis showed differences in the pathways (lysosome, terminal pathway of complement) between the two groups. Among these potential candidates, validation analyses for LAMP1 and ACSL4 were conducted. LAMP1 was observed to have a higher expression in glomerulus, while ACSL4 was expressed more in tubular epithelial cells.

Conclusions: In this study, the potential mechanism and candidates related to steroid resistance in children FSGS patients were identified. It could be helpful in identifying potential therapeutic targets and predicting outcomes with these proteomic changes for children FSGS patients.

Keywords: Focal segmental glomerulosclerosis, Steroid resistance, Proteomics

Introduction

Focal segmental glomerulosclerosis (FSGS) is a group of clinicopathological syndromes sharing a common glomerular lesion [1]. FSGS patients, however, are likely to do poorly on glucocorticoids and progress to end-stage renal disease (ESRD). The 2012 KDIGO guidelines recommend that calcineurin inhibitors (CNIs) are the first choice for children with steroid-resistant nephrotic syndrome, excluding inherited nephrotic syndrome [2]. Nevertheless, CNIs can be costly, and they can cause severe

*Correspondence: dingchen@mail.neu.edu.cn; hxu@shmu.edu.cn

² Kidney Development and Pediatric Kidney Disease Research Center, Shanghai, China

³ State Key Laboratory of Genetic Engineering and Collaborative Innovation Center for Genetics and Development, School of Life Sciences, Institute of Biomedical Sciences, Human Phenome Institute, Zhongshan Hospital, Fudan University, Shanghai 200433, China
Full list of author information is available at the end of the article



side effects, such as nephrotoxicity and infections. Therefore, identifying the underlying mechanism and candidates for FSGS steroid resistance is urgently required.

Proteomics has been widely applied to investigate the mechanism underlying diseases and to identify biomarkers for the diagnosis and prognosis of various diseases. Based on MS/MS sequencing, the LC-MS/MS platform is outstanding for protein identification, even with only one peptide [3]. Previous proteomics studies on various glomerular diseases have made substantial efforts to identify candidates in urine or serum, thus predicting prognosis and avoiding invasive renal biopsy, which can cause complications including haematoma, infection and arteriovenous fistula [4, 5]. There have been several biomarkers suggested to help diagnose FSGS-SR and FSGS-SS or minimal change disease (MCD) and FSGS, but none of them are clinically available to date [6–8]. Despite the convenience of collecting urine or blood samples, the complex protein components in blood or urine and the large dynamic range of changes make the identification and quantification of proteins particularly complicated [9, 10]. However, abnormal proteins appear earlier in tissue samples, and the local concentrations are higher. FFPE blocks of kidney tissue are the most common specimens for research. Recent advances in FFPE protein extraction combined with tandem mass spectrometry made it possible to quantify proteins in stored biopsies at a large scale [11, 12]. The large amount of stored FFPE kidney tissues presents substantial opportunities for investigating the proteomic basis of renal disease.

Here we applied FFPE proteomics using LC-MS/MS to identify the mechanism and candidates related to steroid resistance in children FSGS patients. Further examination of two of the significantly up-regulated proteins was carried out in the kidneys of FSGS patients and mice models.

Materials and methods

Patients

This study was approved by the institutional review board of the Children's Hospital of Fudan University and was conducted according to the principles of the Helsinki Declaration. In total, 18 patients with biopsy proven FSGS (seven with steroid sensitivity and eleven with steroid resistance) were enrolled. It was defined as FSGS-SS when urine remained negative after 4–6 weeks of steroid treatment. The FSGS-SR group exhibited steroid resistance after 6 weeks of treatment and whose urinary protein level continuously exceeded +++ (above 50 mg/kg.d). As controls in the validation stage, paracarcinoma kidney tissue was obtained from patients who underwent renal carcinoma resection.

Deparaffinization and sample preparation

FFPE biobank specimens (10 µm thick) were first deparaffinized by two washes in xylene (5 min at 37°C each), followed by washes in absolute ethanol, 90% ethanol, 85% ethanol and 75% ethanol. The sections were air-dried and incubated in nearly 50 µL TCEP buffer (2% deoxycholic acid sodium salt, 40 mM 2-chloroacetamide, 100 mM tris-phosphine hydrochloride, 10 mM (2-carboxyl)-phosphine hydrochloride, 1 mM phenylmethylsulfonyl fluoride mixed with MS water, pH8.5), heated at 99°C for 30 minutes and cooled to room temperature. Then, trypsin (Promega) was used to digest the samples overnight at 37°C. After adding 13 µL of 10% formic acid to each tube, vortexing was performed for 3 min, followed by a sedimentation period of 5 min (12,000 g). To extract the supernatant, a new 1.5-mL tube with 350 µL buffer (0.1% formic acid in 50% acetonitrile) was used (vortex for 3 min and then sediment at 12,000 g for 5 min). Then, a new tube was used to dry the supernatant in a 60°C vacuum drier. After drying, 100 µL of 0.1% formic acid was added to dissolve the peptides, which were vortexed for 3 min and then sedimented for 3 min (12,000 g). To prepare for desalination, the activation of pillars with 2 slides of 3 M C18 disk was required, and the lipid was loaded as follows: 90 µL 100% acetonitrile twice, 90 µL 50 and 80% acetonitrile once in turn, and then 90 µL 50% acetonitrile once. After pillar balance with 90 µL 0.1% formic acid twice, the supernatant of the tubes was loaded into the pillar twice, and decontaminated with 90 µL 0.1% formic acid twice. Finally, 90 µL elution buffer (0.1% formic acid in 50% acetonitrile) was added to the pillar for elution twice and only the effluent was collected for MS before being dried with a vacuum concentrator (Thermo Scientific). The sample preparation was conducted as previously described [13, 14].

Liquid chromatography tandem mass spectrometry

Samples were suspended in an appropriate buffer and analysed on a Q Exactive HF-X mass Spectrometer (Thermo Fisher Scientific, Rockford, IL, USA) coupled with a high-performance liquid chromatography system (EASY nLC 1200, Thermo Fisher). Redissolved dried peptide samples were loaded onto the 150 µm by 2 cm ReproSil-Pur C18-AQ column (3 µm; Dr. Maisch) in Solvent A (0.1% formic acid in water), with a maximum pressure of 280 bar using Solvent A. Separation was then performed on a home-made 100 µm by 15 cm silica microcolumn using mobile phase B with a gradient of 4–100% (0.1% Formic acid in 80% ACN) at a flow rate of 600 nl/min for 75 min. Mass spectrometry was conducted under a data-dependent acquisition mode after the elution of peptides. The orbitrap instrument was used to conduct the MS1

full scan by scanning 300–1400 m/z at 120,000 resolution. The maximal ion injection time was 80 ms with an automatic gain control (AGC) of 3e6. A top-speed MS2 acquisition was performed and selected precursor ions were subjected to higher energy collision dissociation (HCD) with 27% normalized collision energy. AGC at 5e4 was applied to analyze fragment ions. A maximum ion injection time was achieved by MS2 of 20 ms, while the dynamic exclusion was 12 s. Data acquisition was performed with Xcalibur software (Thermo Scientific).

Protein identification

Maxquant (version 1.5.3.30) was used to search raw files against the human Refseq protein database (updated on 04-07-2013, 32,015 entries) of National Center for Biotechnology Information, using the integrated Andromeda search engine with the false discovery rate (FDR) < 1% at peptide and protein levels [15]. 20 ppm mass tolerances were set for the precursor and a 0.5 Da was set for productions on the Fusion Lumos. K and R were proteolytic cleavage sites. A maximum of two missed cleavages was allowed. Carbamidomethyl (C) was considered as a fixed modification. Variable modifications included N-acetylation and oxidation of methionine. MaxQuant was used to quantify all identified peptides based on their MS1 intensities. Peptide FDR was adjusted to 1%. For protein quantifications, an intensity-based absolute quantification (iBAQ) approach was used, which divided the protein abundance (derived from identified peptides' intensities) by the number of theoretically observable peptides as previously described [16]. By using a match between runs, it was possible to transfer the identification between LC-MS/MS runs based on their mass accuracy and retention time. Normalization to fraction of total (FOT) was utilized. iFOT is equal to the iBAQ of each protein divided by the sum of iBAQ of all proteins in the sample ($iFOT = iBAQ / \sum iBAQ * 10^5$) [17].

Protein GO term and KEGG pathway enrichment analyses

The DAVID open-source program, version 6.7, was applied to perform gene ontology (cellular components, biological processes and molecular functions) and KEGG pathway enrichment analyses (<http://david.abcc.ncifcrf.gov/home.jsp>) [18, 19].

Protein-protein interaction network analyses

The STRING database was used to conduct protein-protein interaction (PPI) network analyses. Cyto-Hubba was applied to discover the hub genes in the PPI network of differential proteins [20]. In this study, we mined the top 10 hub genes by that method.

Lipopolysaccharide (LPS) mice model

Animals used in the LPS study were C57BL/6 mice kept in the Fudan university and experiments were approved by the Animal Care and Use Committee. Saline and LPS (Sigma) were both administered to each group of six mice once per day for 3 days. The LPS group with 10 mg per kg for 3 days via intraperitoneal injection to develop the nephropathy model. Experiments were performed and reported in accordance with the ARRIVE guidelines.

Immunohistochemistry staining

kidney tissues from human and mouse were obtained and immunohistochemical staining was performed. Paraffin-embedded sections were deparaffinized and hydrated using xylene and a graded series of ethanol concentrations. Then sections were heated to 100°C for 20 min in citrate buffer (pH 6.0) and blocked with 3% hydrogen peroxide. After blocking with 10% goat serum in PBS for an hour at room temperature, tissues were stained with an anti-LAMP-1 antibody (Abcam, ab25630; dilution 1:25) and anti-ACSL4 antibody (Abcam, ab155282; dilution 1:250). Afterwards, secondary antibody was added. Visualization was performed by diaminoben-zidine tetrahydrochloride (DAB). After counter-staining with Mayer's hematoxylin (Sigma-Aldrich), all sections were evaluated under a 40-x objective light microscope.

Statistical analysis

All data are presented as the mean \pm standard error of the mean. Data between two groups were compared with the unpaired t test. Values of $*P < 0.05$ were considered significant in all analyses.

Results

Strategy for profiling proteins associated with FSGS steroid resistance in FFPE tissue

In order to discover candidates associated with FSGS progression and steroid resistance in FFPE tissue, a workflow was developed. An overview of the overall multistep workflow was depicted in Fig. 1.

Clinical and laboratory characteristics of the patients

As shown in Table 1, clinical and laboratory information for the patients was provided. We enrolled eighteen patients with biopsy proven FSGS (sixteen males and two females). A single pathologist reviewed the biopsy samples. There was no evidence of secondary FSGS. No significant difference was found between the two groups of patients regarding their baseline clinical parameters.

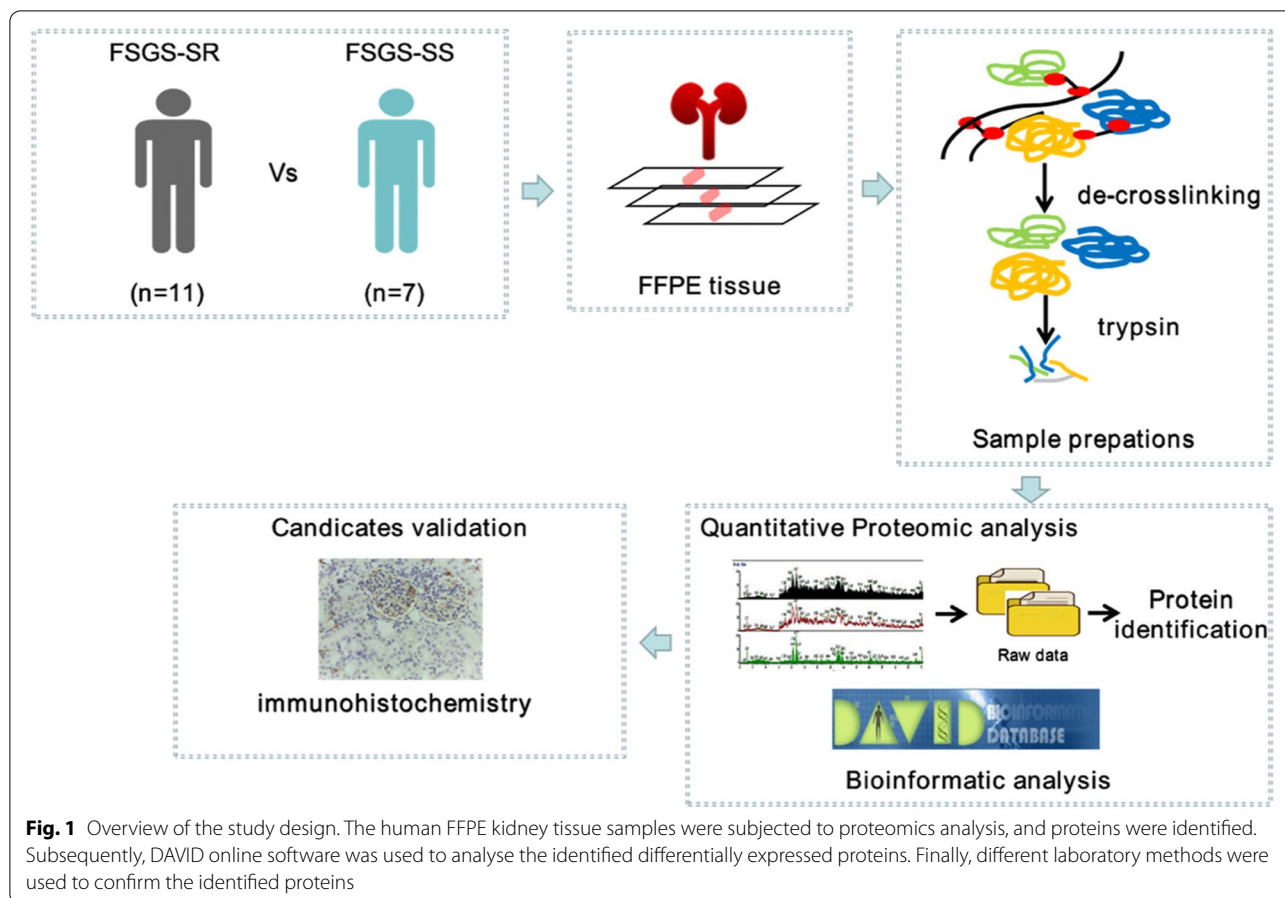


Table 1 Clinical characteristics of the FSGS patients

| | FSGS-SR | FSGS-SS | P value |
|-----------------------------|----------------------------------|----------------------------------|---------|
| Age (y) | 5.94 ± 1.167 (range, 1.25–12) | 4.344 ± 1.017 (range, 0.75–9) | 0.356 |
| Girl/boy | 2/9 | 0/7 | / |
| Weight (kg) | 36.87 ± 5.559 | 23.64 ± 6.008 | 0.138 |
| Height (cm) | 132.8 ± 7.963 | 109.6 ± 11.85 | 0.110 |
| Serum albumin (g/L) | 21.99 ± 3.098 | 24.67 ± 4.183 | 0.607 |
| Serum cholesterol (µmol/L) | 9.332 ± 1.17 | 9.214 ± 2.51 | 0.963 |
| Serum urea nitrogen (mg/dL) | 7.964 ± 1.423 | 4.357 ± 0.709 | 0.074 |
| Serum creatinine (µmol/L) | 45.45 ± 11.41 | 30.43 ± 3.854 | 0.324 |
| 24 h Urine protein (g/d) | 10.63 ± 3.345 | 3.417 ± 1.446 | 0.12 |

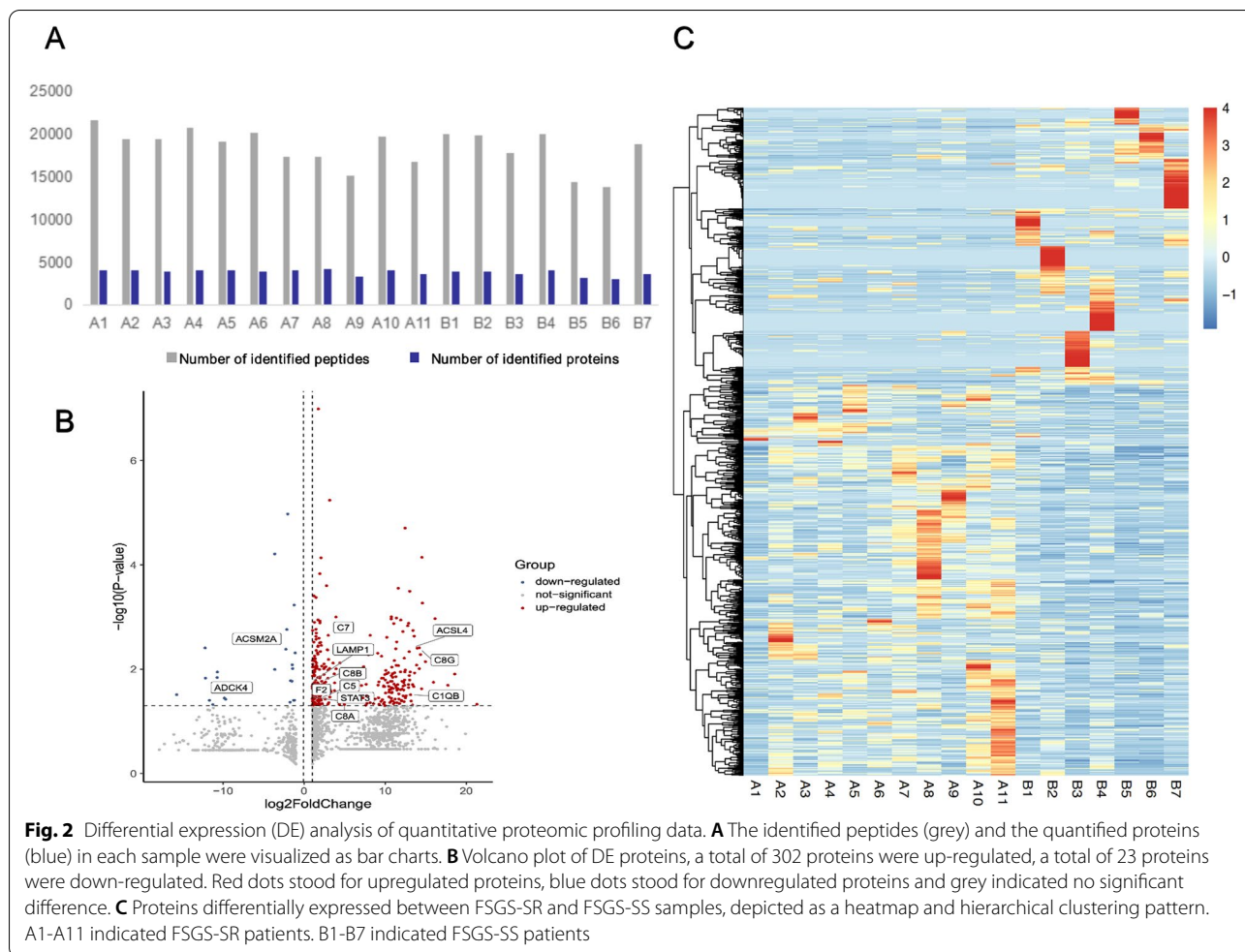
Protein identification

Each sample had a protein number ranging from 3131 to 4233 (Fig. 2A). A normalization procedure was implemented to remove systematic bias across comparison groups and total 1795 differentially expressed protein groups (DEPs) were identified (supplementary file 1). The data set after the reprocessing (fold

change ≥ 2 , $P < 0.05$) procedure was reduced to 302 up-regulated proteins and 23 down-regulated proteins in FSGS-SR, as shown in Fig. 2 B (volcano plot). Among the up-regulated proteins, there were several known glomerular disease associated proteins, such as the transcription factors signal transducer and activator of transcription 3, complement components [21, 22]. In contrast, the expression levels of proteins such as the typical kinase coenzyme Q8B, and acyl-coenzyme A synthetase (ACSM2A) were significantly down-regulated.

GO term enrichment analysis

GO enrichment using DAVID software characterized the DEPs in the cell component (CC), biological process (BP), and molecular function (MF) categories. Each of the top 10 categories was calculated based on the protein counts, and the results are shown in Fig. 3A and B and supplementary Fig. 1A, B. Most of the up-regulated proteins were located in the cytosol, extracellular exosome and membrane (supplementary Fig. 1A). For the analysis of BP, the majority of the obtained proteins were shown to be involved in protein transport, or regulation



of the complement activation process, cytolysis and actin cytoskeleton reorganization (Fig. 3A). In terms of MF, the results indicated that protein binding and Rac GTPase binding are mainly important functions (supplementary Fig. 1B). Among the down-regulated proteins, extracellular exosomes, metabolic processes and regulation of ATP binding were significantly enriched (Fig. 3B).

KEGG pathway analysis of DEPs

KEGG enrichment highlighted 19 accumulated pathways involving the up-regulated proteins (URPs) (Fig. 3C). Interestingly, seven URPs (p -value=0.0026) accumulated in the pathway of complement, and seven UPRs (p -value=0.036) accumulated in the lysosome pathway. KEGG pathways in detail was shown in supplementary file 2.

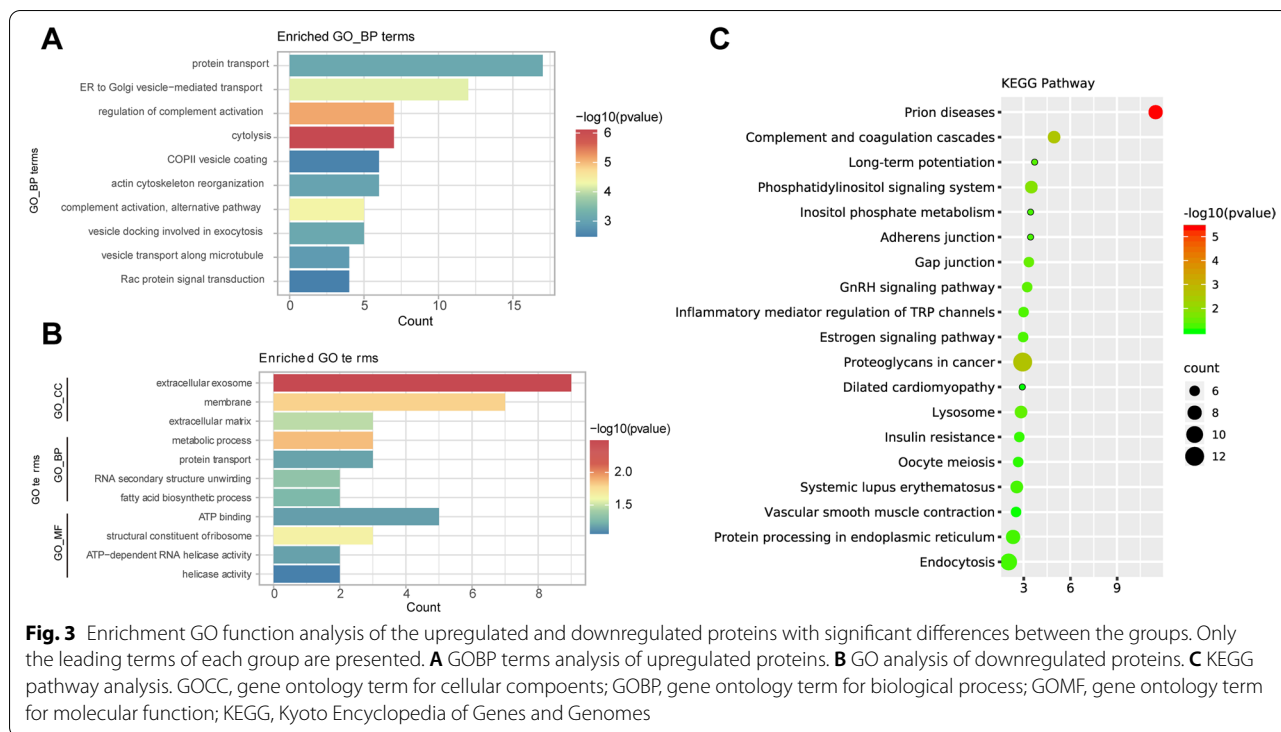
Protein-protein interaction network analysis

PPI analysis displayed the signalling network and interactions among the DEPs (supplementary Fig. 2). The

possible key regulators in the PPI network investigated by Cytoscape Hubba was shown in supplementary Table 1.

Validation of proteins

Among the top up-regulated proteins, the expression of long chain fatty acyl-CoA synthetase 4 (ACSL4) was further investigated in mouse and human kidney tissues to confirm the reliability of MS-based protein quantification. ACSL4 was significantly increased in kidney tissue especially in tubular epithelial cells in LPS mouse models (Fig. 4A). In addition, similar expression trend of ACSL4 was demonstrated in the kidney tissue from the FSGS-SR patient (Fig. 4B). In addition, lysosome associated membrane protein, LAMP1, was identified in the screening stage, consistent with expression trends that have been reported in the previous proteomic study of glomerular of FSGS with gene mutation [23]. As shown in Fig. 4A, B, LAMP1 significantly accumulated both in glomerulus of LPS mice models and FSGS-SR patient.



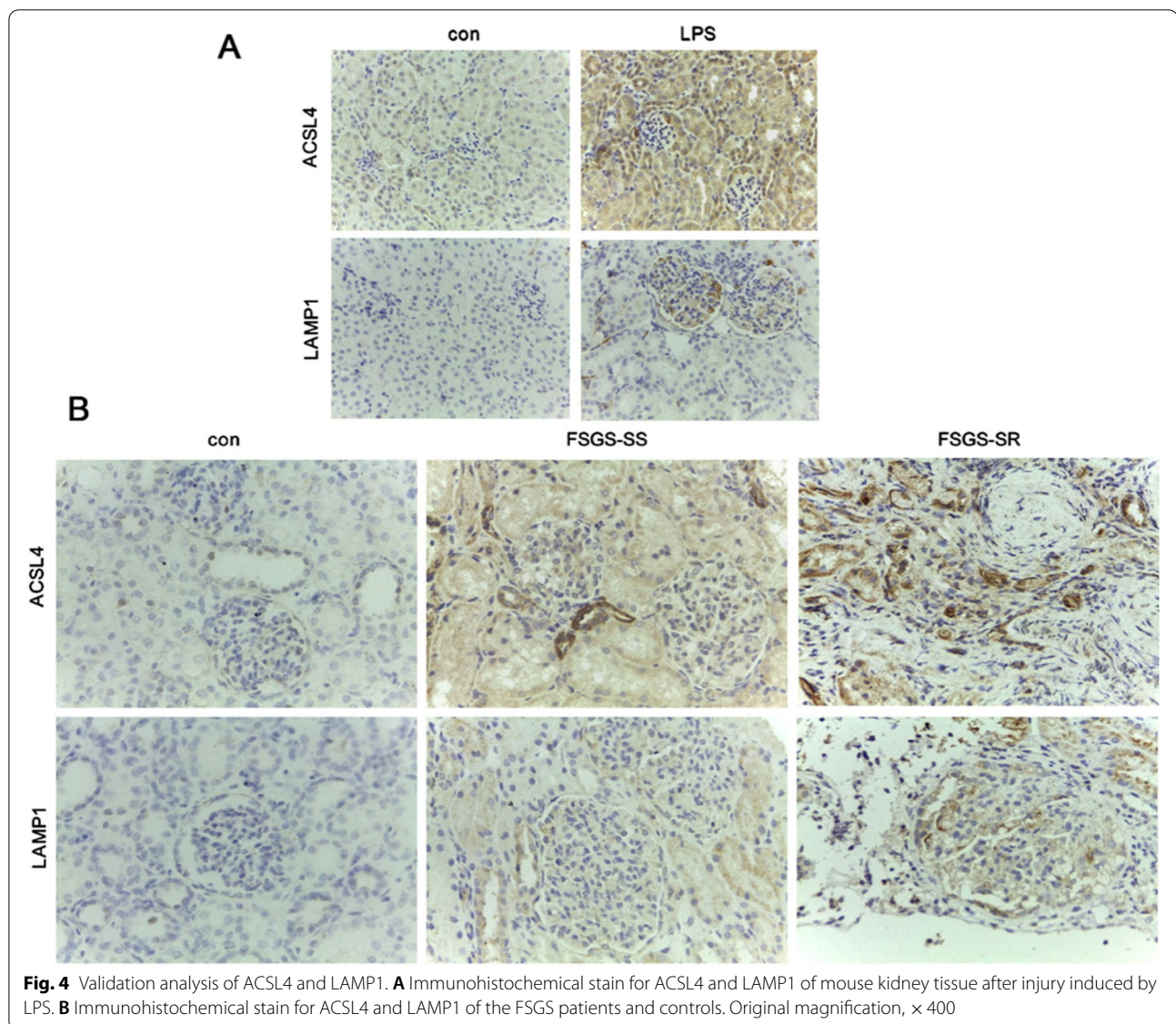
Discussion

FSGS is the dominant cause of steroid-resistant nephrotic syndrome in children [24]. In recent years, the development of blood or urine-based proteomic biomarkers of SRNS and SSNS has attracted much interest [6–8]. One study on urinary-based proteome analysis of FSGS-SRNS and FSGS-SSNS identified some proteins, such as APOA1 (apolipoprotein A-1) and matrix-remodelling protein 8, as candidate urinary biomarkers of steroid sensitivity [7]. However, these proteins were not detected in the tissue samples in the present study which could be attributed to differences in the samples examined. A few reports exist in the literature on the global proteomic analysis of FFPE renal tissues in cases of lupus nephritis, rats with hypersensitivity and post-transplant kidney injury [25–27]. We performed this study on a small set of FFPE biopsies to uncover proteomic signatures associated with steroid effectiveness by using this proteomics platform. Furthermore, we revealed some novel proteins as well as other well-known proteins previously implicated in FSGS progression.

A series of studies have demonstrated the role of the complement system in the development of tubulointerstitial scarring in kidney diseases [28, 29]. In this study, we found that most of the up-regulated proteins are cytosolic and are primarily involved in physiological and pathological processes, including proteins associated with the regulation of complement activation

processes. Several studies have demonstrated that complement inhibition effectively prevents progressive tubulointerstitial injuries in proteinuric renal disease, such as IgA nephropathy, anti-neutrophil cytoplasmic antibody-associated glomerulonephritis and atypical hemolytic uremic syndrome [22, 28, 30, 31]. These data suggested that if complement activation indeed contributes to glomerular injury, the detection of complement activation fragments allows for the possible identification and treatment of patients with an activated complement system. In view of the increased expression of the terminal pathway of complement-related proteins in the FSGS-SR group, complement pathway inhibitors such as membrane attack complex inhibitors could be used for steroid-resistant patients.

Validation experiments were conducted on two proteins, LAMP1 and ACSL4, which exhibited similar trends of expression in proteomics analysis, in order to examine the potential status as steroid-resistant candidates for FSGS. LAMP1 belongs to the family of lysosome-associated membrane proteins. Its high ranking in the PPI analysis and novelty made it stand out to us. Recently, a proteomic study of individual glomeruli from patients showed similar elevation of LAMP1 and indicated the dysregulation of proteolysis in FSGS [23]. In line with these results, our study also revealed a higher level of LAMP1 protein expression in FSGS-SR FFPE tissues than in FSGS-SS tissues. These results



further indicated that the disruption of lysosome function leads to kidney injury and might play an important role in the steroid resistance of FSGS. Alternatively, forced expression of ACSL4 is observed in a variety of tumors, including hepatocellular carcinoma, colon adenocarcinoma, and aggressive breast cancer [32–34]. ACSL4 also regulates the expression of ATP-binding cassette (ABC) transporter associated with multi-drug resistance [35]. Conversely, reports have been rare regarding its function in renal disease. Recently, wang et.al found increased expression levels of ACSL4 in diabetic nephropathy mice, while ACSL4 inhibitor rosiglitazone could improve kidney function [36]. In this work, ACSL4 was elevated in FSGS-SR kidney tissue and was mainly expressed in tubular lesions. Whether

the regulation of ABC transporter expression by ACSL4 is also involved in the mechanism of FSGS hormone resistance needs further study and ACSL4 may become the new molecular target for particular type of FSGS drug development.

In sum up, the results of our study offer valuable proteins and pathways to advance our understanding and management of FSGS. Several limitations and areas of potential improvements are highlighted for guiding future studies. Our research was a retrospective analysis with a small sample size and did not eliminate the effect of steroid or CNIs use before biopsy. Thus, we could not exclude the possibility that these treatments affected the detection of some potentially important proteins. Interesting insights into FSGS biology were

still provided in this study, but a larger sample size with independent cohorts is necessary to confirm these findings. Despite such a small amount of kidney tissue, we were able to obtain substantial proteomic pattern differences, as well as pathway enrichments by this proteomic platform.

Conclusions

In this study, the potential mechanism and candidates related to steroid resistance in children FSGS patients were identified. These proteomic variations may facilitate the identification of novel therapeutic targets for personalized care and a better prediction of patient outcomes.

Abbreviations

FSGS: Focal segmental glomerulosclerosis; SRNS: Steroid resistant nephrotic syndrome; FFPE: Formalin-fixed paraffin embedded; LC-MS/MS: Liquid chromatography tandem mass spectrometry; SS: Steroid-sensitive; KEGG: Kyoto Encyclopedia of Genes and Genome; GO: Gene Ontology; PPI: Protein-protein interaction; LAMP1: Lysosome associated membrane protein 1; ACSL4: Long chain fatty acyl-CoA synthetase 4; MCD: Minimal change disease; CNI: Calcineurin inhibitors; ESRD: End-stage renal disease; URPs: Up-regulated proteins; DEP: Differentially expressed protein groups; CC: Cell component; BP: Biological process; MF: Molecular function; ABC: ATP-binding cassette.

Supplementary Information

The online version contains supplementary material available at <https://doi.org/10.1186/s12887-022-03764-7>.

Additional file 1.

Additional file 2.

Additional file 3.

Additional file 4: Supplementary Table 1. Top 10 hub genes selected by Cytoscape Hubba. **Supplemental Fig. 1.** Enrichment GO function analysis of the upregulated proteins with significant differences between the groups. Only the leading terms of each group are presented, based on significance. A) GOCC terms analysis of upregulated proteins. B) GOMF analysis of upregulated proteins. GOCC, gene ontology term for cellular components; GOMF, gene ontology term for molecular function. **Supplemental Fig. 2.** Protein interaction network associated with FSGS derived from String online software analysis.

Acknowledgements

The authors thank the School of Life Sciences, Fudan University, for providing great assistance with the data analysis and other staff at the Department of Pathology, Children's Hospital of Fudan University, for their excellent technical assistance with processing the histological samples.

Authors' contributions

JJN collected the samples and wrote the manuscript. ST and LB carried out the identification of proteins from biopsy tissue. JJN, ST and LB conducted the proteomic analysis together. ST wrote part of the manuscript especially the methods. QYL, JLL, JLL and YF helped with collecting literature information and drawing pictures. YHZ, QS and JR reviewed this manuscript. HX and CD reviewed the manuscript and proposed final revisions. All authors contributed to the article and approved the submitted version.

Funding

This study is supported by a grant from Natural Science Foundation of China (NSFC-81873593), a grant from Program of Greater Bay Area Institute of Precision Medicine (Guangzhou) (IPM2021C003).

Availability of data and materials

The mass spectrometry proteomics data have been deposited to the ProteomeXchange Consortium (<http://www.ebi.ac.uk/pride/archive/projects/PXD036164>). All data generated during this study are included in this published article.

Declarations

Ethics approval and consent to participate

This study was approved by the institutional review board of the Children's Hospital of Fudan University and was conducted according to the principles of the Helsinki Declaration (NO. 2019–322). Written informed consent was obtained from the legal guardians of patients for this project.

Consent for publication

Not applicable.

Competing interests

The authors declare that they have no conflict of interest. Both Prof. Hong Xu and Prof. Chen Ding are the corresponding authors.

Author details

¹Department of Nephrology, Children's Hospital of Fudan University, National Pediatric Medical Center of China, Shanghai, China. ²Kidney Development and Pediatric Kidney Disease Research Center, Shanghai, China. ³State Key Laboratory of Genetic Engineering and Collaborative Innovation Center for Genetics and Development, School of Life Sciences, Institute of Biomedical Sciences, Human Phenome Institute, Zhongshan Hospital, Fudan University, Shanghai 200433, China.

Received: 28 July 2022 Accepted: 21 November 2022

Published online: 12 December 2022

References

- Rosenberg AZ, Kopp JB. Focal Segmental Glomerulosclerosis. *Clin J Am Soc Nephrol*. 2017;12:502–17. <https://doi.org/10.2215/CJN.05960616>.
- Lombel RM, Gipson DS, Hodson EM, O. Kidney disease: improving global, treatment of steroid-sensitive nephrotic syndrome: new guidelines from KDIGO. *Pediatr Nephrol*. 2013;28:415–26. <https://doi.org/10.1007/s00467-012-2310-x>.
- Li X, Wang W, Chen J. Recent progress in mass spectrometry proteomics for biomedical research. *Sci China Life Sci*. 2017;60:1093–113. <https://doi.org/10.1007/s11427-017-9175-2>.
- Mavrogeorgis E, Mischak H, Beige J, Latosinska A, Siwy J. Understanding glomerular diseases through proteomics. *Expert Rev Proteomics*. 2021;18:137–57. <https://doi.org/10.1080/14789450.2021.1908893>.
- Corapi KM, Chen JL, Balk EM, Gordon CE. Bleeding complications of native kidney biopsy: a systematic review and meta-analysis. *Am J Kidney Dis*. 2012;60:62–73. <https://doi.org/10.1053/j.ajkd.2012.02.330>.
- Wen Q, Huang LT, Luo N, Wang YT, Li XY, Mao HP, et al. Proteomic profiling identifies haptoglobin as a potential serum biomarker for steroid-resistant nephrotic syndrome. *Am J Nephrol*. 2012;36:105–13. <https://doi.org/10.1159/000339755>.
- Kalantari S, Nafar M, Rutishauser D, Samavat S, Rezaei-Tavirani M, Yang H, et al. Predictive urinary biomarkers for steroid-resistant and steroid-sensitive focal segmental glomerulosclerosis using high resolution mass spectrometry and multivariate statistical analysis. *BMC Nephrol*. 2014;15:141. <https://doi.org/10.1186/1471-2369-15-141>.
- Agrawal S, Merchant ML, Kino J, Li M, Wilkey DW, Gaweda AE, et al. Predicting and defining steroid resistance in pediatric nephrotic syndrome using plasma proteomics. *Kidney Int Rep*. 2020;5:66–80. <https://doi.org/10.1016/j.ekir.2019.09.009>.

9. Aitekenov S, Gaipov A, Bukasov R. Review: detection and quantification of proteins in human urine. *Talanta*. 2021;223:121718. <https://doi.org/10.1016/j.talanta.2020.121718>.
10. Lamb JR, Jennings LL, Gudmundsdottir V, Gudnason V, Emilsson V. It's in our blood: a glimpse of personalized medicine. *Trends Mol Med*. 2021;27:20–30. <https://doi.org/10.1016/j.molmed.2020.09.003>.
11. Davaliev K, Kiprijanovska S, Dimovski A, Rosoklija G, Dwork AJ. Comparative evaluation of two methods for LC-MS/MS proteomic analysis of formalin fixed and paraffin embedded tissues. *J Proteome*. 2021;235:104117. <https://doi.org/10.1016/j.jprot.2021.104117>.
12. Crockett DK, Lin Z, Vaughn CP, Lim MS, Elenitoba-Johnson KS. Identification of proteins from formalin-fixed paraffin-embedded cells by LC-MS/MS. *Lab Invest*. 2005;85:1405–15. <https://doi.org/10.1038/labinvest.3700343>.
13. Ding C, Jiang J, Wei J, Liu W, Zhang W, Liu M, et al. A fast workflow for identification and quantification of proteomes. *Mol Cell Proteomics*. 2013;12:2370–80. <https://doi.org/10.1074/mcp.O112.025023>.
14. Li L, Liu H, Li Y, Guo C, Wang B, Shen D, et al. Integrative proteomic characterization of trace FFPE samples in early-stage gastrointestinal cancer. *Proteome Sci*. 2022;20:5. <https://doi.org/10.1186/s12953-022-00188-0>.
15. Tyanova S, Temu T, Cox J. The MaxQuant computational platform for mass spectrometry-based shotgun proteomics. *Nat Protoc*. 2016;11:2301–19. <https://doi.org/10.1038/nprot.2016.136>.
16. Schwanhausser B, Busse D, Li N, Dittmar G, Schuchhardt J, Wolf J, et al. Global quantification of mammalian gene expression control. *Nature*. 2011;473:337–42. <https://doi.org/10.1038/nature10098>.
17. Lai M, Liang L, Chen J, Qiu N, Ge S, Ji S, et al. Multidimensional proteomics reveals a role of UHRF2 in the regulation of epithelial-mesenchymal transition (EMT). *Mol Cell Proteomics*. 2016;15:2263–78. <https://doi.org/10.1074/mcp.M115.057448>.
18. da Huang W, Sherman BT, Lempicki RA. Systematic and integrative analysis of large gene lists using DAVID bioinformatics resources. *Nat Protoc*. 2009;4:44–57. <https://doi.org/10.1038/nprot.2008.211>.
19. Kanehisa M, Furumichi M, Sato Y, Ishiguro-Watanabe M, Tanabe M. KEGG: integrating viruses and cellular organisms. *Nucleic Acids Res*. 2021;49:D545–51. <https://doi.org/10.1093/nar/gkaa970>.
20. Chin CH, Chen SH, Wu HH, Ho CW, Ko MT, Lin CY. cytoHubba: identifying hub objects and sub-networks from complex interactome. *BMC Syst Biol*. 2014;8(Suppl 4):S11. <https://doi.org/10.1186/1752-0509-8-S4-S11>.
21. Zhang H, Nair V, Saha J, Atkins KB, Hodgins JB, Saunders TL, et al. Podocyte-specific JAK2 overexpression worsens diabetic kidney disease in mice. *Kidney Int*. 2017;92:909–21. <https://doi.org/10.1016/j.kint.2017.03.027>.
22. Thurman JM, Wong M, Renner B, Frazer-Abel A, Glas PC, Joy MS, et al. Complement activation in patients with focal segmental glomerulosclerosis. *PLoS One*. 2015;10:e0136558. <https://doi.org/10.1371/journal.pone.0136558>.
23. Hohne M, Frese CK, Grahammer F, Dafinger C, Ciarimboli G, Butt L, et al. Single-nephron proteomes connect morphology and function in proteinuric kidney disease. *Kidney Int*. 2018;93:1308–19. <https://doi.org/10.1016/j.kint.2017.12.012>.
24. Noone DG, Iijima K, Parekh R. Idiopathic nephrotic syndrome in children. *Lancet*. 2018;392:61–74. [https://doi.org/10.1016/S0140-6736\(18\)30536-1](https://doi.org/10.1016/S0140-6736(18)30536-1).
25. Amarnani A, Capri JR, Souda P, Elashoff DA, Lopez IA, Whitelegge JP, et al. Quantitative proteomics using formalin-fixed, paraffin-embedded biopsy tissues in inflammatory disease. *J Proteomics Bioinform*. 2019;12:104–12. <https://doi.org/10.35248/0974-276X.12.19.503>.
26. Finne K, Vethe H, Skogstrand T, Leh S, Dahl TD, Tenstad O, et al. Proteomic analysis of formalin-fixed paraffin-embedded glomeruli suggests depletion of glomerular filtration barrier proteins in two-kidney, one-clip hypertensive rats. *Nephrol Dial Transplant*. 2014;29:2217–27. <https://doi.org/10.1093/ndt/gfu268>.
27. Song L, Fang F, Liu P, Zeng G, Liu H, Zhao Y, et al. Quantitative proteomics for monitoring renal transplant injury. *Proteomics Clin Appl*. 2020;14:e1900036. <https://doi.org/10.1002/prca.201900036>.
28. Floege J, Daha MR. IgA nephropathy: new insights into the role of complement. *Kidney Int*. 2018;94:16–8. <https://doi.org/10.1016/j.kint.2018.03.009>.
29. Liu J, Xie J, Zhang X, Tong J, Hao X, Ren H, et al. Serum C3 and renal outcome in patients with primary focal segmental glomerulosclerosis. *Sci Rep*. 2017;7:4095. <https://doi.org/10.1038/s41598-017-03344-1>.
30. Cofield R, Kukreja A, Bedard K, Yan Y, Mickle AP, Ogawa M, et al. Eculizumab reduces complement activation, inflammation, endothelial damage, thrombosis, and renal injury markers in aHUS. *Blood*. 2015;125:3253–62. <https://doi.org/10.1182/blood-2014-09-600411>.
31. Jayne DRW, Bruchfeld AN, Harper L, Schaier M, Venning MC, Hamilton P, et al. Randomized trial of C5a receptor inhibitor Avacopan in ANCA-associated Vasculitis. *J Am Soc Nephrol*. 2017;28:2756–67. <https://doi.org/10.1681/ASN.2016111179>.
32. Luo DX, Peng XH, Xiong Y, Liao DF, Cao D, Li L. Dual role of insulin-like growth factor-1 in acetyl-CoA carboxylase- α activity in human colon cancer cells HCT-8: downregulating its expression and phosphorylation. *Mol Cell Biochem*. 2011;357:255–62. <https://doi.org/10.1007/s11010-011-0896-0>.
33. Chen J, Ding C, Chen Y, Hu W, Yu C, Peng C, et al. ACSL4 reprograms fatty acid metabolism in hepatocellular carcinoma via c-Myc/SREBP1 pathway. *Cancer Lett*. 2021;502:154–65. <https://doi.org/10.1016/j.canlet.2020.12.019>.
34. Kwon YS, Lee MG, Baek J, Kim NY, Jang H, Kim S. Acyl-CoA synthetase-4 mediates radioresistance of breast cancer cells by regulating FOXM1. *Biochem Pharmacol*. 2021;192:114718. <https://doi.org/10.1016/j.bcp.2021.114718>.
35. Orlando UD, Castillo AF, Medrano MAR, Solano AR, Maloberti PM, Podesta EJ. Acyl-CoA synthetase-4 is implicated in drug resistance in breast cancer cell lines involving the regulation of energy-dependent transporter expression. *Biochem Pharmacol*. 2019;159:52–63. <https://doi.org/10.1016/j.bcp.2018.11.005>.
36. Wang Y, Bi R, Quan F, Cao Q, Lin Y, Yue C, et al. Ferroptosis involves in renal tubular cell death in diabetic nephropathy. *Eur J Pharmacol*. 2020;888:173574. <https://doi.org/10.1016/j.ejphar.2020.173574>.

Publisher's Note

Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

Ready to submit your research? Choose BMC and benefit from:

- fast, convenient online submission
- thorough peer review by experienced researchers in your field
- rapid publication on acceptance
- support for research data, including large and complex data types
- gold Open Access which fosters wider collaboration and increased citations
- maximum visibility for your research: over 100M website views per year

At BMC, research is always in progress.

Learn more biomedcentral.com/submissions

