

COL3A1, COL5A1 and COL6A2 serve as potential molecular biomarkers for osteoarthritis based on weighted gene co-expression network analysis bioinformatics analysis

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Abstract. Osteoarthritis (OA) is a non-inflammatory degenerative joint disease, characterized by joint pain and stiffness. The prevalence of OA increases with age. However, the relationship between biomarkers [collagen type III $\alpha 1$ (COL3A1), COL5A1, COL6A2, COL12A1] and OA remains unclear. The OA subchondral bone dataset GSE51588 was downloaded from the GEO database, and the differentially expressed genes (DEGs) were screened. Weighted gene co-expression network analysis was performed, and a protein-protein interaction network was constructed and further analyzed using Cytoscape and STRING. Functional enrichment analysis was performed using Gene Ontology (GO) and Kyoto Encyclopedia of Genes and Genomes (KEGG) analysis, and then Gene Set Enrichment Analysis (GSEA) was used to formulate the molecular functions and pathways based on the results of GO and KEGG analyses. Comparative Toxicogenomics Database and TargetScan were used to identify the hub-gene-related diseases and the microRNAs that regulated the central hub genes. Immunohistochemical staining was performed to confirm the expression of related proteins in OA and non-OA tissue samples. A total of 1,679 DEGs were identified. GO analysis showed that the DEGs were primarily enriched in the process of 'immune system', 'extracellular region', 'secretory granule', 'collagen-containing extracellular matrix', 'ECM-receptor, glycosaminoglycan binding' and 'systemic lupus erythematosus'. The results of GSEA were similar to those of GO and KEGG enrichment terms for DEGs. A total of 25 important modules were generated, and two core gene clusters and seven core genes were obtained

(COL6A2, COL5A2, COL12A1, COL5A1, COL6A1, LUM and COL3A1). Core genes were expressed differentially between OA subchondral bone and normal tissue samples. The expression levels of COL3A1, COL5A1 and COL6A2 in OA subchondral bone tissue were higher compared with those in normal tissues, but COL12A1 expression was not significantly increased; all stained markers were highly expressed in surrounding tissues of immunohistochemical staining. In conclusion, COL3A1, COL5A1 and COL6A2 may be potential molecular biomarkers for OA.

Introduction

Osteoarthritis (OA) is a chronic and degenerative disease that involves various structured tissues in the joint on the basis of cartilage degeneration and bone hyperplasia (1). OA is more common in middle-aged and elderly individuals and occurs more frequently in weight-bearing joints and joints that experience more activity. The incidence of OA is high, and the prevalence increases with age (2). Clinically, OA is characterized by joint pain, deformation and limited movement. Pathological changes initially occur in the articular cartilage, and later invade the subchondral bone plate and synovial tissues surrounding the joint. Patients with mild OA may not exhibit symptoms, while patients with severe OA exhibit joint pain, swelling, stiffness, limited activity, bone hyperplasia and joint weakness. If the arthritic joint compresses a nerve, it may result in neuronal damage and cause joint deformity in a patient (3). The primary treatment for OA is to reduce the weight on a weight-bearing joint and reduce excessive motion to delay the progress of the disease, and a combination of patient education, drug therapy, physical therapy and surgery is also used (4). Prevention and early treatment of OA are critical; however, the cause of OA remains unclear. It is generally hypothesized to be related to aging, trauma, inflammation, obesity, metabolism and genetics, and may also be related to genetic factors, chromosomal abnormalities and gene fusion (5,6). Therefore, an in-depth study of the molecular mechanism underlying the development and/or progression of OA is of particular importance.

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With advances in data science, computer science and biological sequencing technologies, the applications of data mining have grown substantially. Bioinformatics is a method that combines computer data science and statistical analysis to mine big biological datasets in Genomics and Proteomics (7). Bioinformatics can not only analyze genomic and proteomic data, but also has theoretical and practical significance for predicting novel genes of potential value accurately (8).

Previous studies considered cartilage as an initiating factor in the pathogenesis of OA. Previous studies have shown that the abnormal changes in subchondral bone also play an important role (9-11). However, relatively fewer studies have been performed that focus on the subchondral bone in OA. Therefore, bioinformatics analysis was used to explore the core genes in subchondral bone tissues between healthy patients and patients with OA, and the identified genes were verified in OA tissues.

Materials and methods

OA subchondral bone dataset. In the present study, the GSE51588 dataset (<https://www.ncbi.nlm.nih.gov/geo/query/acc.cgi?acc=GSE51588>) was downloaded from the GEO online database (www.ncbi.nlm.nih.gov/geo/) (12). GSE51588, a whole-genome profiling study was performed on an Agilent microarray platform and analyzed using an Agilent GeneSpring GX11.5 (Agilent Technologies, Inc.), consisted of 40 OA subchondral bone samples and 10 healthy tissue samples for identification of differentially expressed genes (DEGs) in OA subchondral bone.

DEGs. The R package limma (version 3.40.6) (13) was used to explore the DEGs between OA and non-OA subchondral bone tissues. The GSE51588 dataset was analyzed using the lmFit method for multivariate regression (13). The Bayes method was used to calculate the moderated t-statistics, moderated f-statistics and log ratios of differential expression by empirical Bayesian adjustment, which aims to shrink the standard errors towards a common value (13). Volcano plots were used to visualize the DEGs.

Weighted gene co-expression network analysis (WGCNA). First, the median absolute deviation (MAD) of each gene in the GSE51588 dataset was calculated, eliminating the top 50% of the genes with the smallest MAD. Abnormal data and samples were removed using the GoodSamplesGenes method in the WGCNA package (version 1.0) in R (14). A scale-free co-expression network was further analyzed using WGCNA. The detailed steps are as follows, first a Pearson correlation matrix and average linkage method were used for all paired genes. Next, the power function $A_{mn} = |C_{mn}|^\beta$ Construct a weighted adjacency matrix (C_{mn} =Pearson correlation between Gene m and Gene n; A_{mn} =adjacency between Gene m and Gene n) was used, where β is a soft threshold parameter that can emphasize a strong correlation between genes and weaken the impact of weak and negative correlations. In the third step, selecting 10 as the appropriate power, a topological overlap matrix (TOM) was constructed using the adjacency parameter. The corresponding degree of dissimilarity (1-TOM) was calculated. Finally, the modules with a distance of <0.25 were merged, resulting in

25 co-expression modules. The Grey module was considered a gene set that could not be assigned to any module.

Protein-protein interaction (PPI) networks. A list of DEGs were input into the STRING database (<https://www.string-db.org/>) to construct a PPI network for prediction of the core genes (confidence level >0.4). The PPI network formed by STRING was visualized and core genes were predicted using Cytoscape (version 3.9.1) (15). The PPI network was imported into Cytoscape, the modules with the best correlation were identified using MCODE (version 1.0) (16), and the genes with the best correlation were identified using three algorithms (MCC, MNC and DMNC), from which the intersection was obtained. After visualization, the core genes list was exported.

Functional enrichment analysis. Gene Ontology (GO) and Kyoto Encyclopedia of Genes and Genomics (KEGG) (17,18) analysis are computational methods for evaluating gene function and biological pathways. The list of differential genes screened from the Venn diagram was input into the KEGG REST API (www.kegg.jp/kegg/rest/keggapi.html). The latest gene annotation of KEGG pathway was obtained and used as a background to map each gene into the background set, after which the R package clusterProfiler (version 3.14.3) (19) was used for enrichment analysis to obtain the results of gene set enrichment. The genes were annotated in R using the package org.Hs.eg.db (version 3.1.0) (20) as a background to map the gene to the background. The minimum gene set was set as 5, whilst the maximum was set as 5,000. $P < 0.05$ and FDR <0.25 were set as the significance thresholds.

The Metascape database (<https://metascape.org/gp/index.html#/main/step1>) provides a list of annotations and resources and can visually export them. The Metascape database was used for functional enrichment analysis and export of the aforementioned differential gene list.

Gene set enrichment analysis (GSEA). GSEA (version 3.0) was used to divide the entire set into two groups: Subchondral bone OA tissues and normal tissues. The samples were collected from the Molecular Signatures Database (<https://www.gsea-msigdb.org/gsea/msigdb>). A subset of c2.cp.kegg.v7.4.symbols.gmt was loaded to evaluate the molecular mechanisms and functions of the related pathways. Based on the gene expression profile and phenotypic grouping, the minimum gene set was set to 5, and the maximum gene set was set to 5,000. A thousand resamples showed that $P < 0.05$ and FDR <0.25 were considered suitably statistically significant. GO and KEGG analyses were performed on the entire genome.

Gene expression calorimetry. The R function, heatmap, was used to plot heat maps of the expression of core genes found by the three algorithms in the PPI network to visualize the difference in the expression of core genes between subchondral bone and healthy tissue samples in OA.

Comparative toxicogenomics database (CTD) analysis. The CTD database (<https://ctdbase.org/>) is a publicly available database that studies the associations between chemicals, genes, phenotypes, diseases and the environment, and can

advance understanding of chemicals and human health. The database contains several types of data, including >2.3 million chemical drugs, 46,689 genes, 4,340 phenotypes and 7,212 genes and chemical phenotypes of diseases, drug-related diseases, gene-related diseases and drug interactions (21). The core genes were input into the CTD database to find the most relevant diseases of the core hub genes, then a radar map of the expression differences of each gene was drawn using Microsoft Excel (Microsoft Corporation).

Immunohistochemical staining. The samples were obtained from the Third Hospital of Hebei Medical University, collected from January 2021 to December 2022. The present study was approved by the Academic Ethics Committee of the Third Hospital of Hebei Medical University. All patients provided informed consent for the publication of their data for use of their materials for scientific research. A total of 15 knee OA and 5 healthy tissue samples from the subchondral bone of the tibial plateau were fixed in 10% buffered formalin for 24 h at 25°C. Subsequently, the tissues were decalcified using 10% EDTA (pH 7.3) for 6 months at 25°C and then embedded in paraffin. Sections (4 μ m) of the tissues were processed for immunostaining. A standard protocol was used to perform the immunohistochemical staining (22). The sections were incubated with primary antibodies against collagen type III α 1 (COL3A1; 1:500; cat. no. 22734-1-AP; ProteinTech Group, Inc.), COL5A1 (1:500; cat. no. 67604-1-Ig; ProteinTech Group, Inc.), COL6A2 (1:500; cat. no. 14853-1-AP; ProteinTech Group, Inc.) and COL12A1 (1:500; cat. no. YT1010; ImmunoWay Biotechnology Company) overnight at 4°C. Subsequently, the sections were covered with secondary antibodies (HRP-goat anti-rabbit; 1:500; cat. no. GB23303; and HRP-goat anti-mouse; 1:200; cat. no. GB23301; Wuhan Servicebio Technology Co., Ltd.) against the corresponding species of primary antibodies and incubated at 25°C for 50 min. Afterwards, the sections were developed with DAB and counterstained with hematoxylin. After dehydration and sealing, the sections were observed under an optical microscope (Nikon E100) and an imaging system (Image-Pro Plus 6.0; Media Cybernetics).

microRNA (miRNA/miR). TargetScan (www.targetscan.org) is an online database for predicting and analyzing miRNAs and target genes. TargetScan was used to screen miRNAs that regulated the central DEG.

Statistical analysis. All data were analyzed using GraphPad Prism version 9.0 (GraphPad Software, Inc.). For comparisons between two groups, an unpaired, 2-tailed Student's t-test was used. The data are presented as the mean \pm standard deviation. The number of repeats was 6. $P < 0.05$ was considered to indicate a statistically significant difference.

Results

Functional enrichment analysis of DEGs. A total of 1,679 DEGs were identified based on the matrix identification of GSE51588 (Fig. 1A). Next, GO and KEGG analyses were performed on these DEGs. According to the GO analysis, the DEGs were enriched in 'immune system processes',

'extracellular region', 'secretory granule', 'collagen-containing extracellular matrix', 'glycosaminoglycan binding', 'systemic lupus erythematosus' and 'ECM-receptor interaction' (Fig. 2A, C, E and G).

GSEA. GSEA was performed on the entire genome to identify possible enrichment items in non-differentially expressed genes. As shown in Fig. 2B, D, F and H, the enriched terms were similar to those identified by GO and KEGG enrichment.

Metascape enrichment analysis. Metascape enrichment includes GO enrichment terms (Fig. 3A) and enrichment networks colored with enrichment terms and P-values (Figs. 3B and C, and 4). Fig. 3A is a bar graph of enriched terms across input gene lists, colored by P-values. The enrichment results included skeletal system development, ossification, cell morphogenesis involved in differentiation, collagen metabolic process and metallothioneins bind metals. Fig. 3B shows the network of enriched terms. The enriched results were colored with cluster ID, where nodes sharing the same cluster ID are typically close to each other. In Fig. 3C, the enrichment result items are colored with P-values. Items with more genes in them tend to have more significant P-values.

WGCNA. The selection of the soft threshold power is an important step in WGCNA. Network topology analysis was used to determine the soft threshold power. The soft threshold power in WGCNA was set to 9, which is the lowest power for a scaleless topology fitting index of 0.9 (Fig. 5A and B). A hierarchical clustering tree of all genes was constructed, and 25 important modules were generated (Fig. 5C). The interaction between these modules was then analyzed (Fig. 5D). The module phenotypic correlation heat map (Fig. 6A) and the GS MM correlation scatter map of the related hub gene (Fig. 6B-E) were generated. The correlation between module feature vectors and gene expression was used to obtain the MM. According to the cutoff criterion ($\text{IMMI} > 0.8$), four genes with high connectivity were identified as hub genes in clinically significant modules. The Venn diagram was mapped and intersected using the differential genes screened by WGCNA and DEGs, and the results are shown in Fig. 1B.

Construction and analysis of the PPI networks. The PPI network of DEGs was constructed using STRING and analyzed using Cytoscape (Fig. 7A). Overall, two core gene clusters were obtained (Fig. 7B and C), and three different algorithms were used to identify central genes (Fig. 7D-F). Based on the intersection of the Venn diagram seven core genes (COL6A2, COL5A2, COL12A1, COL5A1, COL6A1, LUM, COL3A1) were obtained (Fig. 7G).

Gene expression calorimetry. The difference in the expression of core genes between subchondral bone and normal tissue samples from OA is shown in the heat map (Fig. 8). The results showed that HIST1H4E, HIST1H4I, HIST1H2AK, HIST1H2BF, HIST1H2A1, HIST1H2AM, HIST1H3B, HIST1H3C, HIST1H4B and HIST1H4L were not significantly

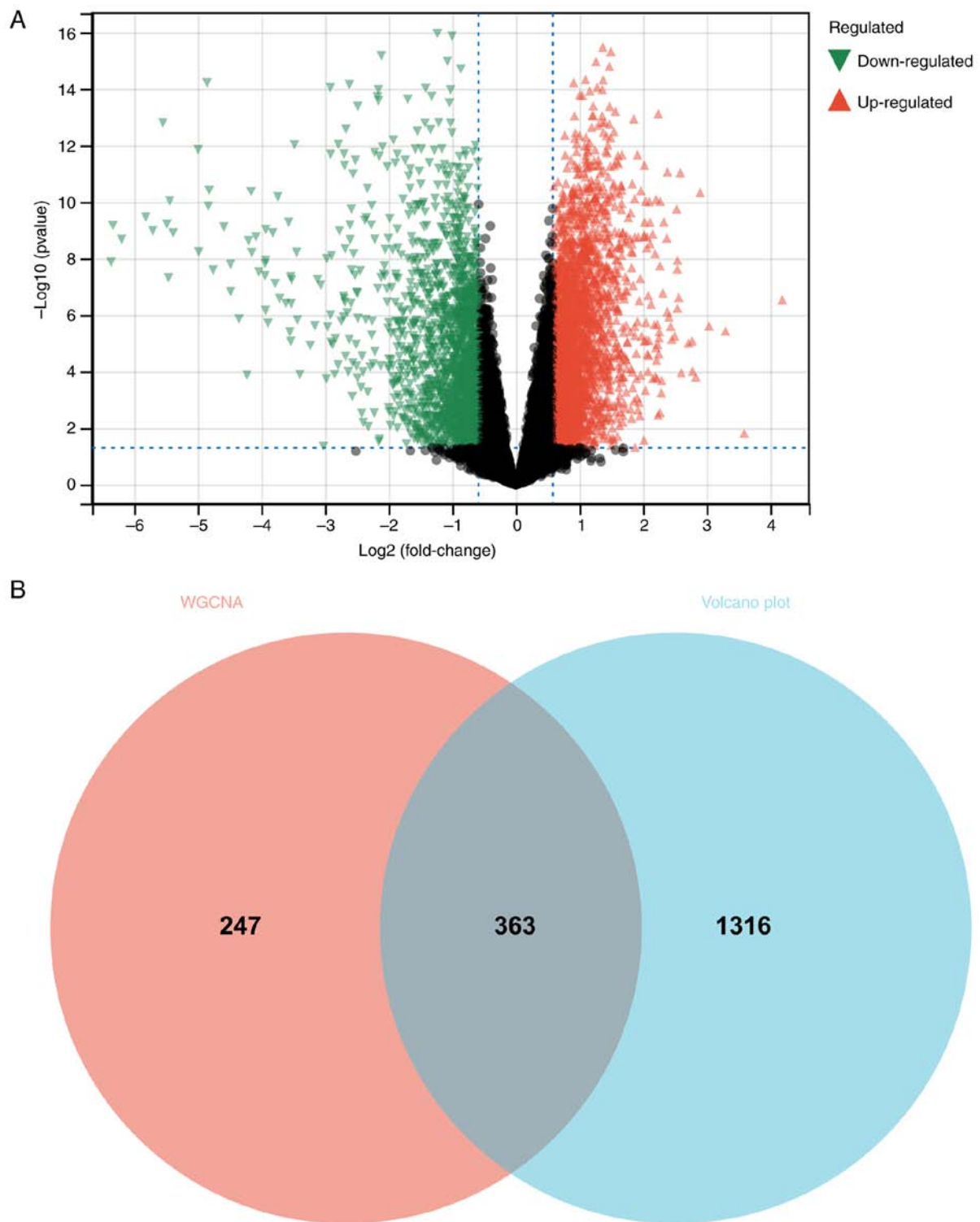


Figure 1. Functional enrichment analysis of DEGs. (A) Red, relatively high expression; green, relatively low expression. (B) WGCNA analysis. The differential genes screened by WGCNA and volcano plots were mapped and the intersection of genes was determined. DEG, differentially expressed gene; WGCNA, weighted gene co-expression network analysis.

different in OA and normal tissues. The expression levels of COL6A2, COL5A2, COL12A1, COL5A1, COL6A1, LUM and COL3A1 were higher in OA tissues and lower in normal tissues, showing significant differences.

CTD analysis. In the present study, the list of hub genes was imported into the CTD website to search for diseases related

to core genes, to ascertain the association between these genes and diseases. The seven genes (COL6A2, COL5A2, COL12A1, COL5A1, COL6A1, LUM and COL3A1) were found to be associated with OA, chemical and drug induced liver injury, scleroatonic muscular dystrophy, liver cirrhosis experiments, prostate tumors, hypertension and fatty liver disease (Fig. 9).

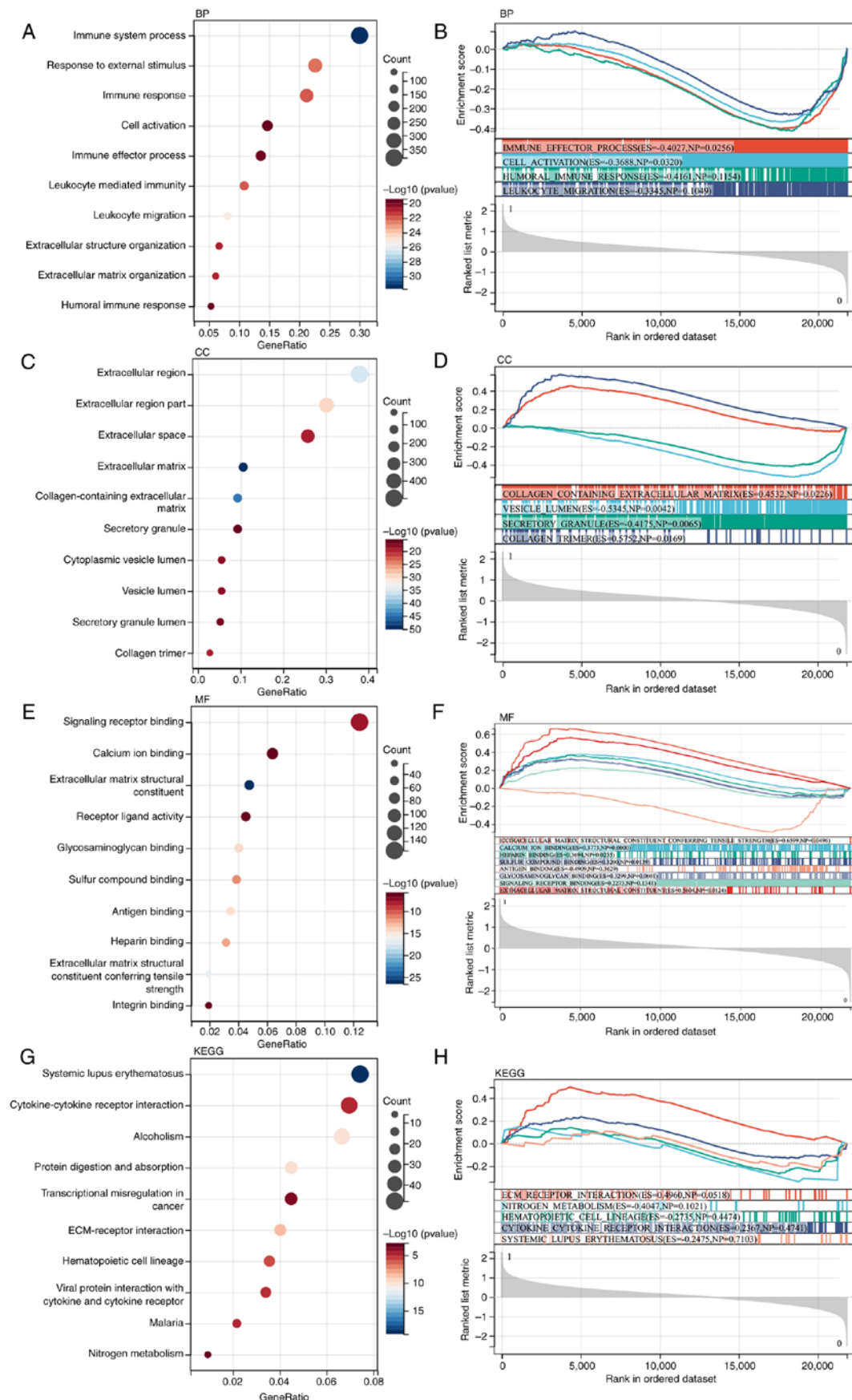


Figure 2. Functional enrichment analysis. DEG functional enrichment analysis and GSEA. (A and B) BP analysis showed the DEGs were primarily enriched in the 'immune effector process' and 'cell activation'. (C and D) CC analysis showed the DEGs were primarily enriched in the 'collagen-containing extracellular matrix', 'vesicle lumen' and 'secretory granule'. (E and F) MF analysis showed the DEGs were primarily enriched in the 'signaling receptor binding', 'calcium ion binding', 'extracellular matrix structural constituent', 'receptor ligand activity' and 'antigen binding'. (G and H) KEGG analysis showed the DEGs were primarily enriched in the 'ECM-receptor interaction' and 'nitrogen metabolism'. DEG, differentially expressed gene; GSEA, gene set enrichment analysis; BP, biological process; CC, cellular component; MF, molecular function; KEGG, Kyoto Encyclopedia of Genes and Genomes; ECM, extracellular matrix.

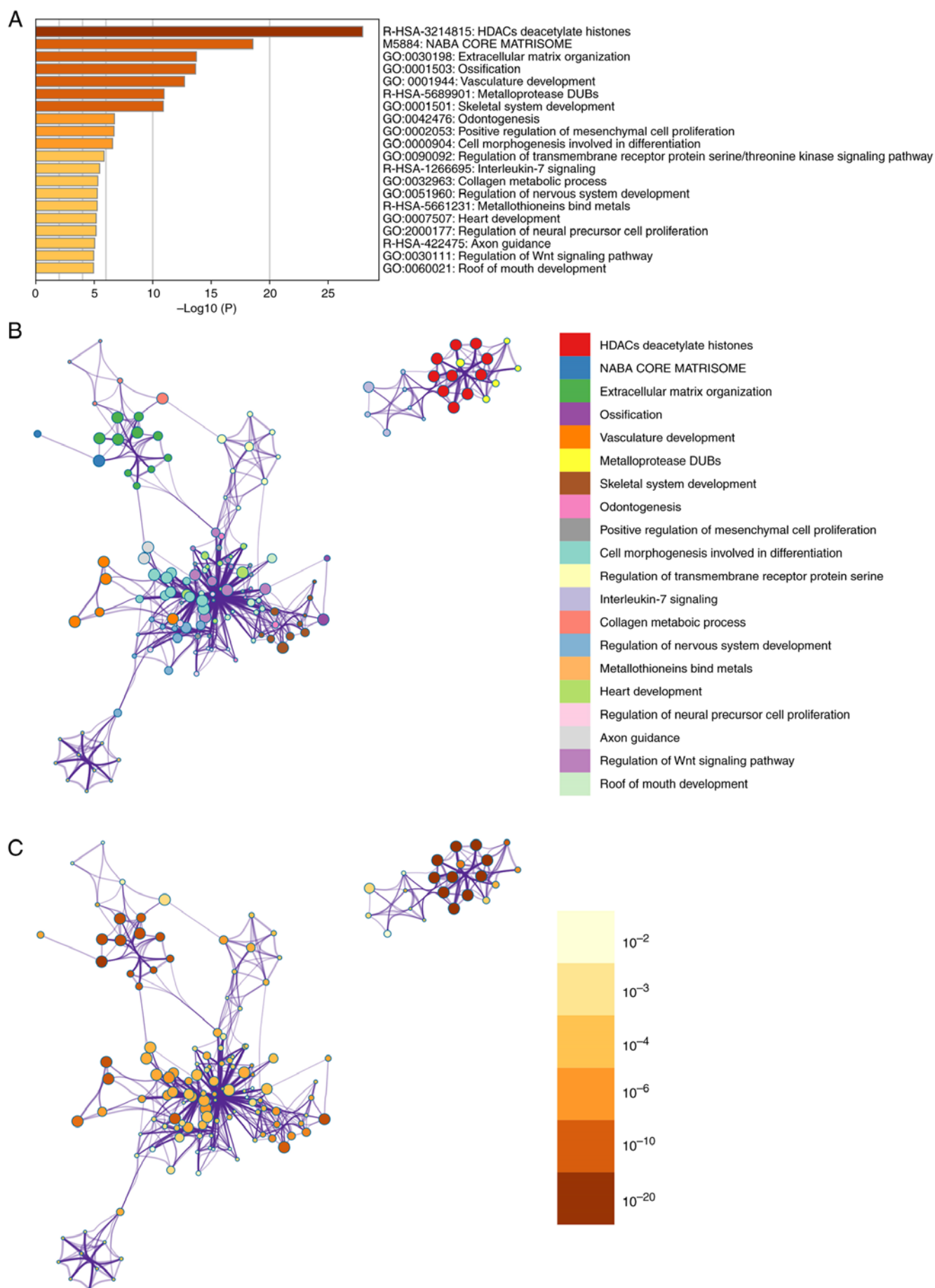
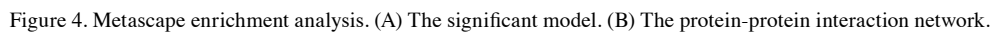


Figure 3. Metascape enrichment analysis. (A) GO enrichment terms. (B) Enrichment network colored by enrichment terms. (C) Enrichment network colored by P-value. GO, Gene Ontology.



of obesity increases, the incidence of OA is increasing (26). Studies have revealed that OA gradually progresses with age, especially in menopausal women, in which the primary mechanism may be an imbalance between the repair and destruction of the subchondral bone (27,28). Thus, OA should be considered a syndrome instead of a single disease (29). In recent years, understanding of the causes and pathogenesis of OA pain has improved (26). An increasing number of studies are showing that numerous diseases can be treated with targeted drugs (22,30,31), therefore, understanding the molecular mechanism underlying the development and progression of OA is of utmost importance. The results of the present study showed that the expression levels of COL3A1, COL5A1 and COL6A2 in OA subchondral bone tissues were higher compared with those in healthy tissues, but COL12A1 expression was not significantly increased; all stained markers were highly expressed in the surrounding non-OA tissues. These

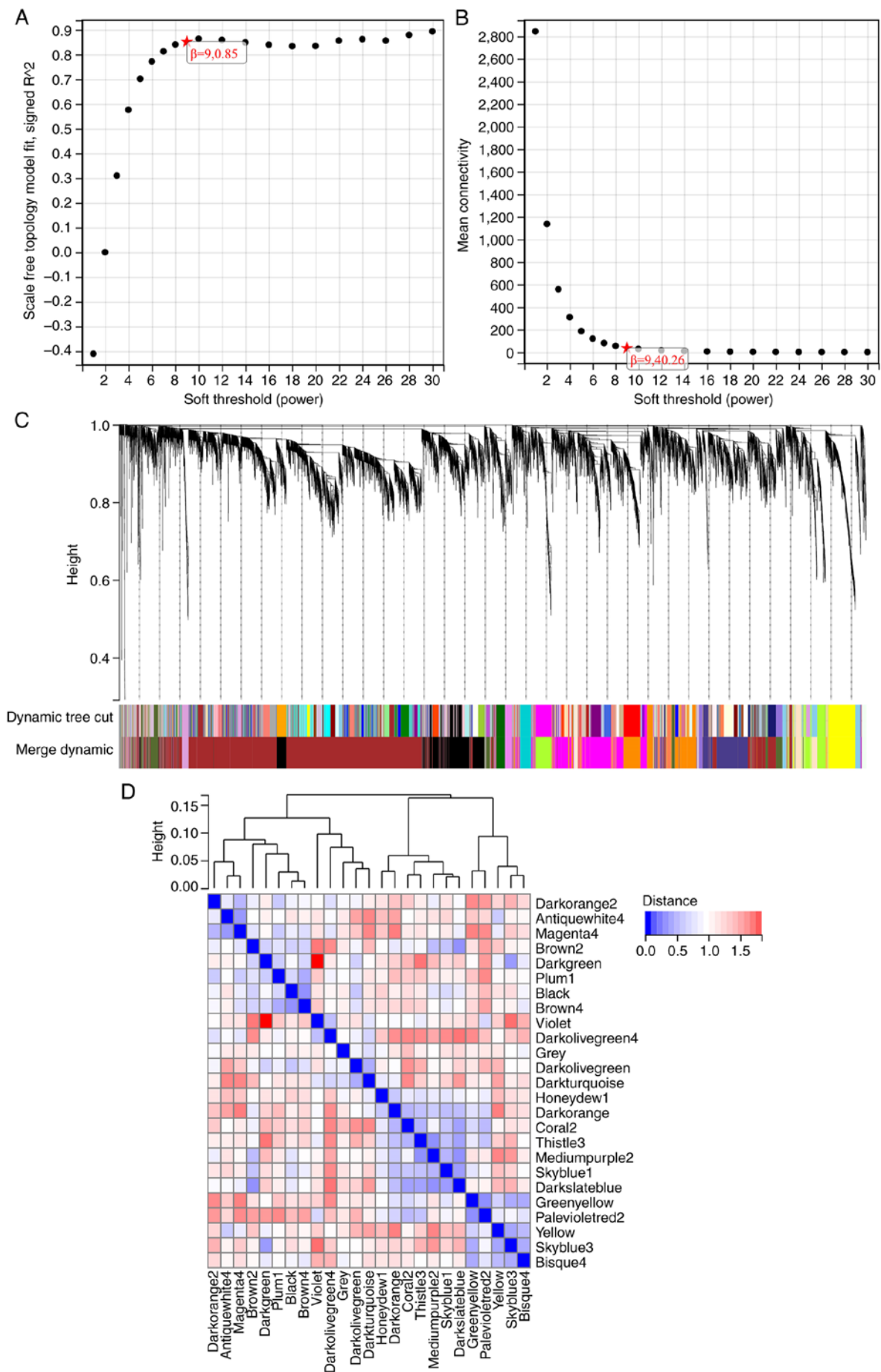


Figure 5. WGCNA. (A) $\beta=9, 0.85$. (B) $\beta=9, 40.26$. (C) Generated interactions between the 25 important modules. (D) Interactions between modules. WGCNA, weighted gene co-expression network analysis.

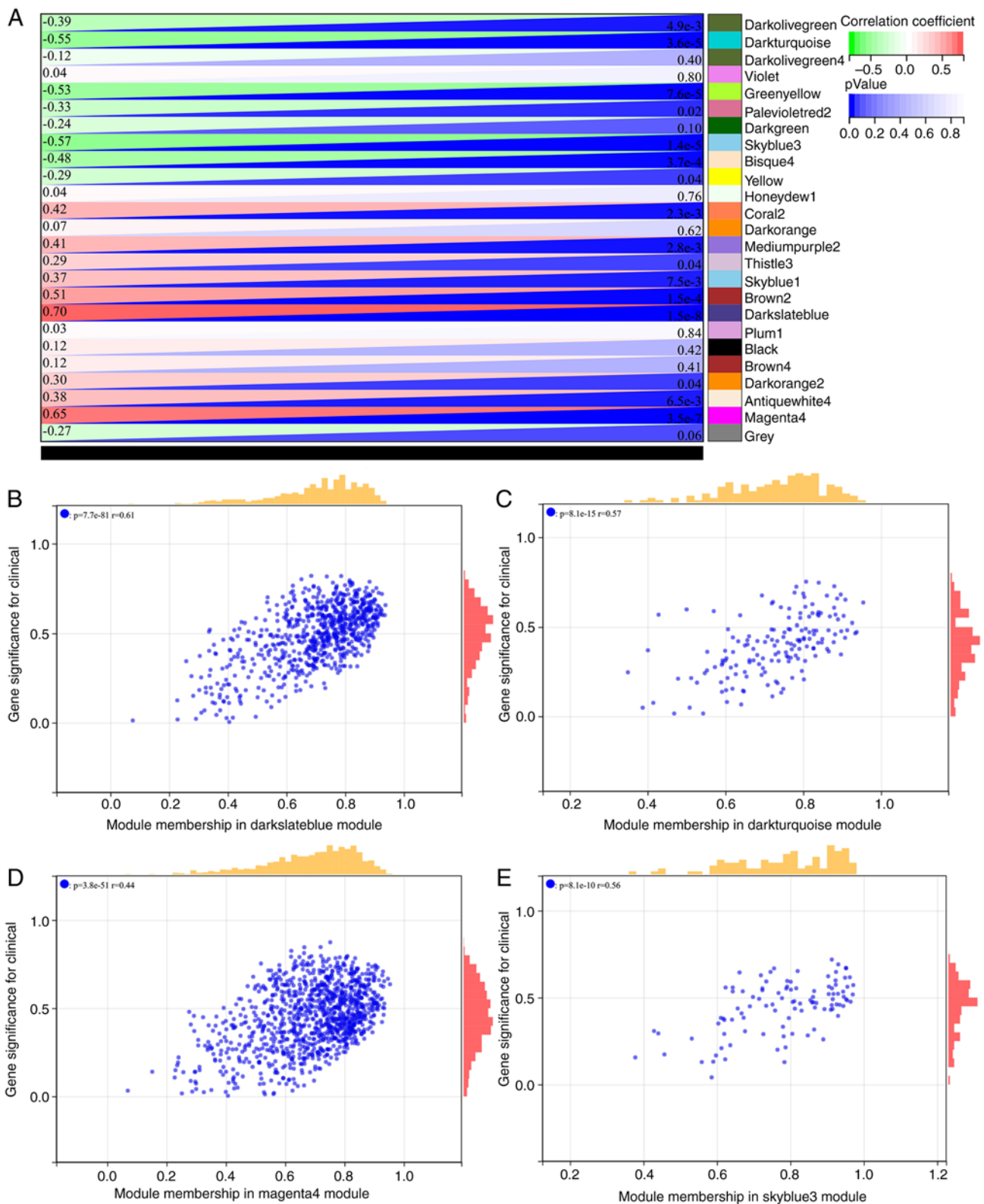
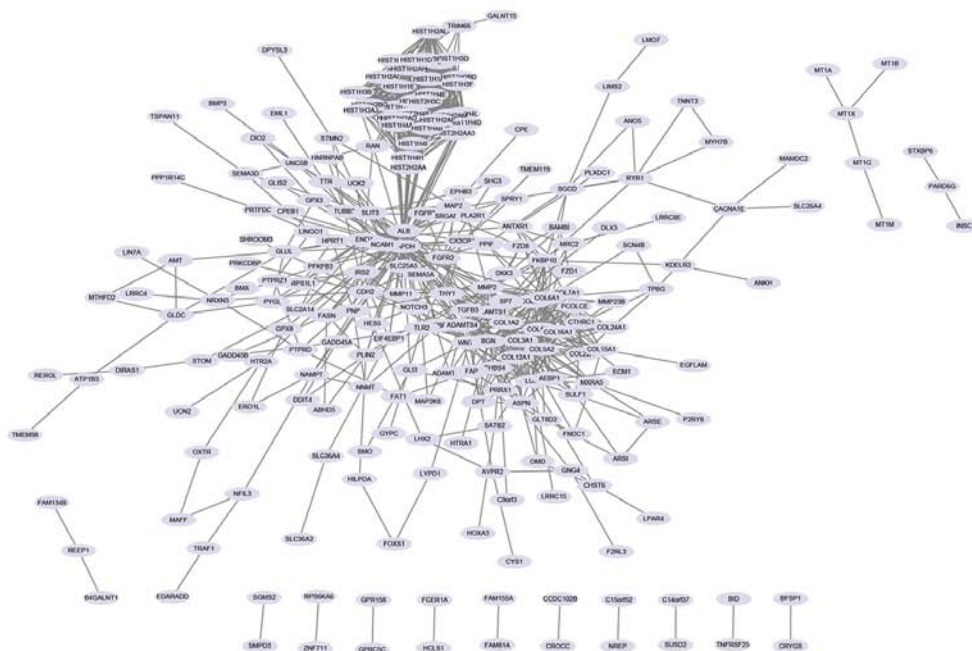


Figure 6. WGCNA. Module phenotypic correlation heat map and GS-MM correlation scatter plot results of related hub genes with significant differences were selected. (A) Module phenotypic correlation heat map. (B) GS-MM correlation scatterplot of hub gene module darkslateblue. $P<0.01$, $r=0.61$. (C) GS-MM correlation scatter plot of the hub gene module darkturquoise. $P<0.01$, $r=0.57$. (D) GS-MM correlation scatter plot of hub gene module magenta4. $P<0.01$, $r=0.44$. (E) GS-MM correlation scatterplot of hub gene module skyblue3. $P<0.01$, $r=0.56$. WGCNA, weighted gene co-expression network analysis; GS, gene significance; MM, module membership.

results verified the findings of the bioinformatics analysis, as it is not possible to separate the subchondral bone tissue alone during sequencing.

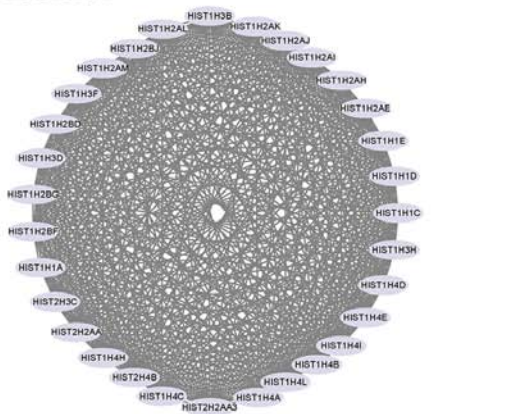
COL12A1, COL6A1, COL6A2, COL5A1, COL5A2 and COL3A1 are all members of the Collagen gene family. The Collagen superfamily proteins are crucial for maintaining

A



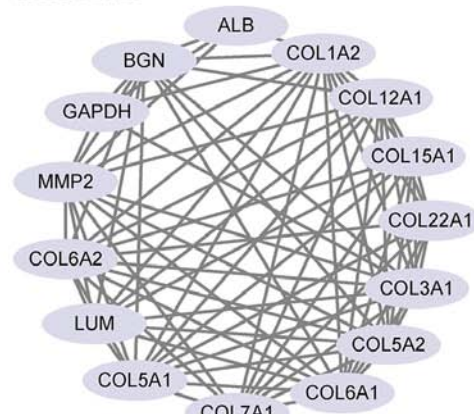
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CLUSTER 1

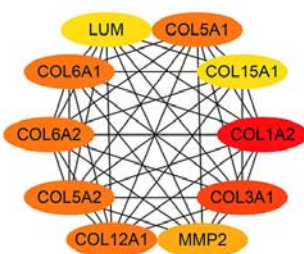


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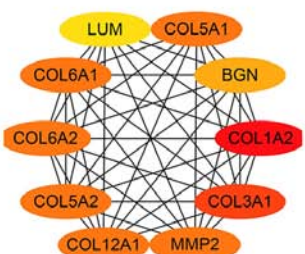


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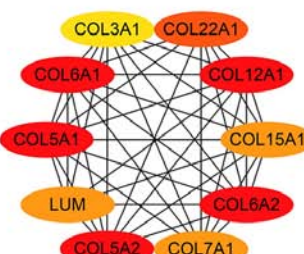
MCC

E



MNC

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DMNC

G

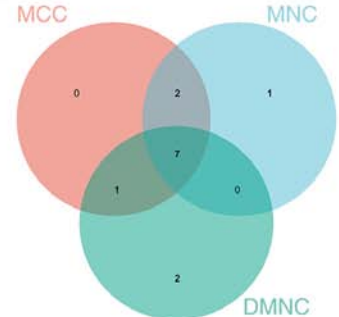


Figure 7. Construction and analysis of the PPI networks. (A) PPI network of DEGs. (B) Core gene group: CLUSTER1. (C) Core gene group: CLUSTER1. (D) MCC recognizes central genes. (E) MNC recognizes central genes. (F) DMNC recognizes central genes. (G) A Venn diagram was used to obtain the seven core genes: COL6A2, COL5A2, COL12A1, COL5A1, LUM and COL3A1. PPI, protein-protein interaction; DEG, differentially expressed gene; MCC, maximal clique centrality; MNC, maximum neighborhood component; DMNC, density of MNC.

the integrity of various tissues, such as ligaments, blood vessels and cartilage (23). Collagen is an extracellular matrix protein with a triple helical domain as its common structural element. Collagen is the primary component of the bone. Therefore, collagen dysfunction may lead to bone and joint diseases (32). Collagen XII is assembled from three identical

α -chains encoded by the COL12A1 gene. To the best of our knowledge, there have been no studies of COL12A1 in OA; however, previous studies have found that COL12A1 deletions cause hypotonia, joint hypermobility, degenerative joint diseases and progressive scoliosis (33,34). Collagen VI, which is formed of a heterotrimer of $\alpha 1$, $\alpha 2$ and $\alpha 3$ chains

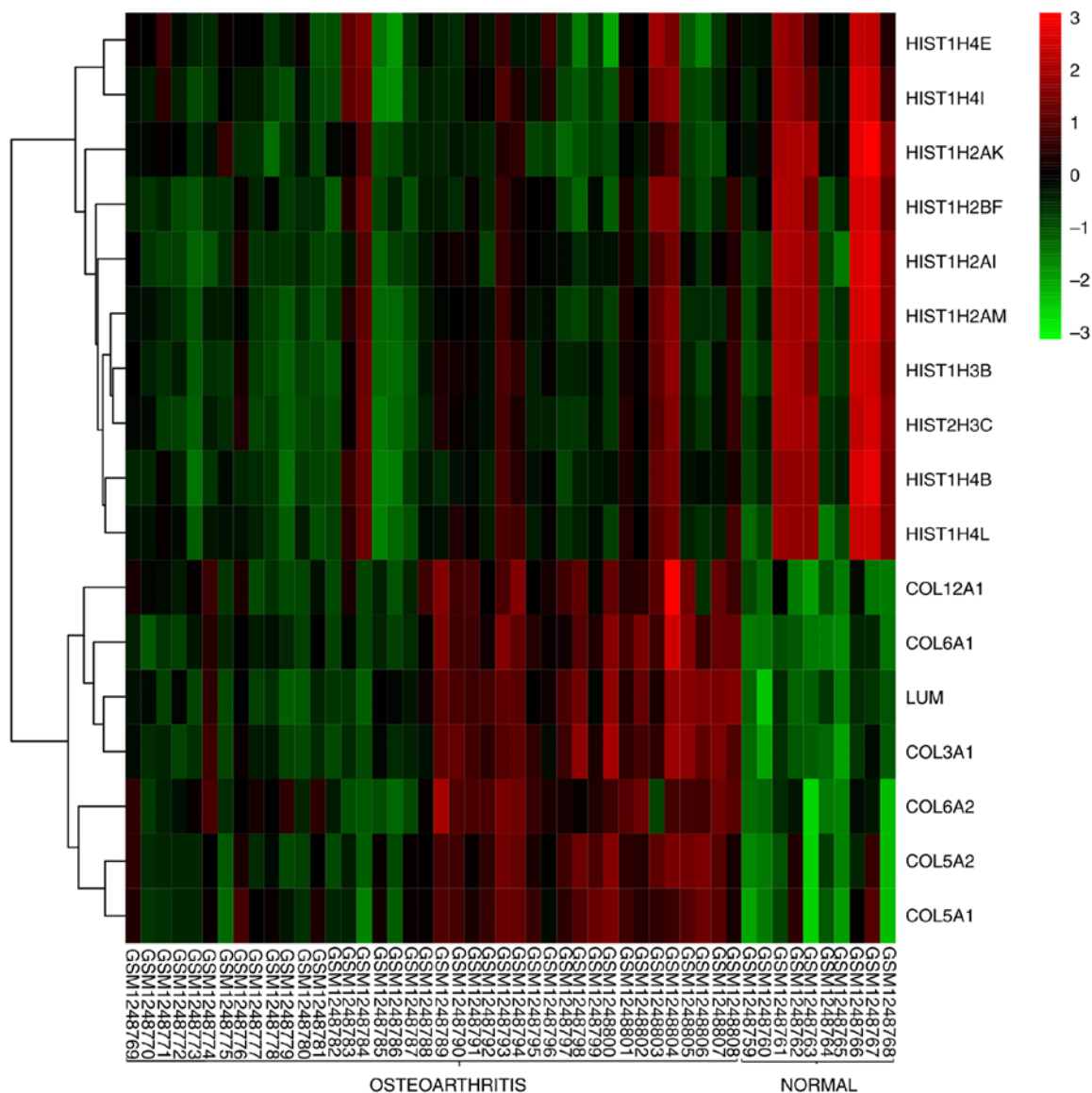


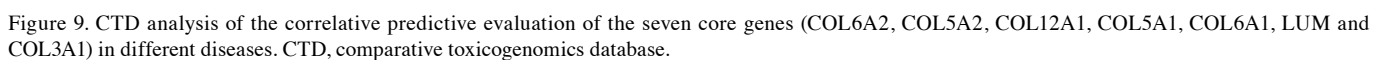
Figure 8. Gene expression heatmap. The heat map of gene expression showed the increase in expression of the core genes (COL6A2, COL5A2, COL12A1, COL5A1, COL6A1, LUM and COL3A1) between the arthritic tissue and the normal control tissues.

encoded by COL6A1, COL6A2 and COL6A3, is the primary structural component of microfibrils. Collagen VI mediates the development of OA by regulating the properties of the pericellular matrix, chondrocyte swelling and mechanical transduction of articular cartilage (35). Collagen VI, required for bone remodeling and development, may play a decisive role in growth plate bone formation and evidence has shown that Collagen VI is involved in the early stages of IL-4-related bone formation by regulating collagen I mineralization (36,37). Christensen *et al* (38) found that Col6a1^{-/-} mice had osteoporosis in the subchondral bone.

Collagen V is the small fibrous collagen found in ligaments, tendons and other tissues (39). COL5A1 and COL5A2 encode the $\alpha 1$ and $\alpha 2$ chains of type V collagen. Collagen V is found in tissues containing type I collagen and may play an important role in regulating the assembly of the profile-shaped fibers made up of type I and Type V collagen (40). Type V collagen has been found to be increased in certain patients with brittle bone disease and in patients with osteogenesis imperfecta, and it may interfere with

the normal bone mineralization process (41). COL3A1 encodes the pre- $\alpha 1$ chain of type III collagen, an important structural protein that is classified as one of the major fibrillar collagens (42). Collagen III has a variety of important physiological functions (43). COL3A1 is involved in the process of OA by mediating inflammation through participation in the PI3K/AKT, NF- κ B and IL-17 signaling pathway, extracellular matrix receptor interactions and other inflammatory signaling pathways (44), moreover, previous studies have shown that type III collagen is positively associated with subchondral bone osteogenesis (45,46).

At present, some studies have described the relationship between COL3A1, COL5A1 and COL6A1 and OA. Fang *et al* (47) used comprehensive bioinformatics analysis to identify the DEGs and pathways of abnormal hydroxy-methylation in OA, and to identify the molecular mechanisms of OA and genes related to the genetic susceptibility of OA. It was found that COL3A1, COL5A1 and COL6A1 were the top 10 hub genes. A study by Han *et al* (48) showed that COL3A1 is one of seven hub genes in patients with OA, and



the potential biomarkers of OA, and found that COL3A1 and matrix metalloproteinase 9 (MMP9) are essential in the development of OA, and they confirmed their findings using PCR

Table I. A summary of miRNAs that regulate hub genes.

Gene	miRNA
COL6A2	hsa-miR-29a-3p, hsa-miR-29b-3p, hsa-miR-29c-3p
COL5A2	hsa-miR-4458, hsa-let-7d-5p, hsa-let-7b-5p
COL12A1	hsa-miR-15a-5p, hsa-miR-497-5p, hsa-miR-6838-5p
COL5A1	hsa-miR-26b-5p, hsa-miR-26a-5p, hsa-miR-1297
COL6A1	hsa-miR-130a-5p, hsa-miR-23c, hsa-miR-23b-3p
LUM	hsa-miR-494-3p
COL3A1	hsa-miR-29c-3p, hsa-miR-29b-3p, hsa-miR-29a-3p

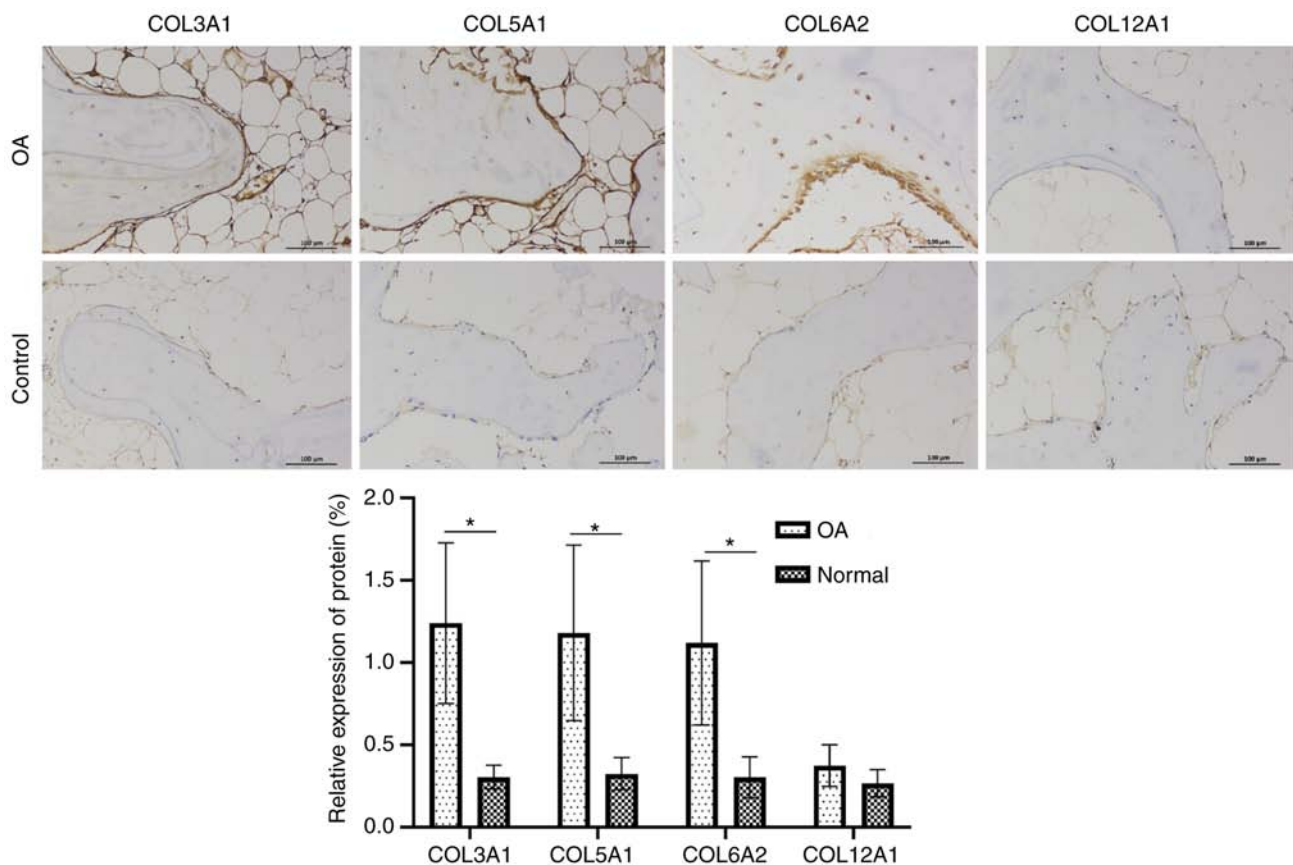


Figure 10. Immunohistochemical staining. The expression levels of COL3A1, COL5A1 and COL6A2 in OA subchondral bone tissue were higher compared with those in normal tissues, but COL12A1 expression was not significantly increased; all stained markers were highly expressed in surrounding tissues. This echoed the results of the bioinformatics analysis, as it is not possible to separate the subchondral bone tissue alone during sequencing. Scale bar, 100 μ m. *P<0.05. OA, osteoarthritis.

and western blotting. Further analysis also revealed that the expression of COL3A1 and IL-1 β are positively correlated (49). Similarly, COL3A1 is also considered to be a potential diagnostic biomarker for OA in the study by Zhang *et al* (50). In a study by Xu *et al* (51), by constructing a PPI network, it was found that COL5A1 is a hub gene of OA and may play an important role in the pathogenesis of OA. Xu *et al* (51) found that COL5A1 expression is upregulated in patients with OA. Based on the results of PCR, it was determined that COL5A1 may serve as a diagnostic marker and drug target for the detection/management of OA. Gu *et al* (52) used WGCNA on the tissue of 40 patients with OA and 10 normal patients (a similar method was used in the present study), and showed that the

expression levels of COL3A1 and COL6A1 were statistically significantly different, and both were identified as hub genes in patients with OA. Studies of COL6A2 and COL12A1 on subchondral bone in OA have not been explored previously, to the best of our knowledge. The results of the present study found that the aforementioned hub genes may serve as biomarkers and potential therapeutic targets influencing the occurrence and development of OA.

The present review of the literature shows that the results of the present corroborate and expand upon what was previously known, and these findings provide promising evidence and a potential attractive direction for future research on novel targets for the diagnosis and immunotherapy of OA,

as well as is assisting in determining the potential biological mechanisms in the pathogenesis of OA.

Although comprehensive and rigorous analysis was performed using bioinformatics-based tools, the present study has some limitations. For example, no animal experiments using gene overexpression or knockout studies were performed to further verify the function of these genes. Therefore, in future studies, further *in vivo* experiments should be performed to validate the findings of the present study. In conclusion, COL12A1, COL6A2, COL6A1, COL5A2, COL5A1 and COL3A1 may serve as novel biomarkers and/or therapeutic targets for the detection/management of OA.

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Availability of data and materials

The datasets used and/or analyzed during the current study are available from the corresponding author on reasonable request.

Authors' contributions

YZ and FW designed the study. YN, YP and XP performed the experiments and analyzed the data. YZ and YN wrote the manuscript. YN and XP searched the literature and revised the manuscript. All authors read and approved the final manuscript. YZ and FW confirm the authenticity of all the raw data.

Ethics approval and consent to participate

This study was performed in line with the principles of the Declaration of Helsinki. Approval was granted by the Academic Ethics Committee of the Third Hospital of Hebei Medical University (approval no. Z2021-063-2). Written informed consent was obtained from all individual participants included in this study.

Patient consent for publication

All patients provided their written informed consent for publication.

Competing interests

The authors declare that they have no competing interests.

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