

Running title: ABCD3 as a therapeutic target in colorectal cancer

Prognostic model based on mitochondrial genes highlights ABCD3 as a potential therapeutic target in colorectal cancer

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Studies have shown that abnormal mitochondrial function is closely associated with the development and progression of colorectal cancer (CRC); however, prognostic models based on mitochondria-related genes are still lacking. We systematically analyzed the expression of mitochondrial-related genes in CRC patients and constructed and validated a mitochondrial gene risk prognostic model using various bioinformatics methods across the TCGA and GEO databases. We also investigated the effects of tumor microenvironment, immune cell infiltration, tumor mutation load, and drug sensitivity on patient prognosis. In addition, we overexpressed the ABCD3 gene using CRISPR-dCas9 technology and further explored the role of ABCD3 in cell proliferation and apoptosis by protein blotting and flow cytometry.

The mitochondrial gene risk model was effective in predicting the prognosis of CRC patients, which showed that the high-risk group was significantly different from the low-risk group in terms of immune cell infiltration. Further analyses revealed a strong association between risk scores and clinicopathological features, immune infiltration, and drug sensitivity.

We constructed a prognostic prediction model based on mitochondria-related genes and found that ABCD3 provides a novel biomarker for the individualized treatment of CRC.

Key words: prognostic model; ABCD3; mitochondrial genes; biomarker; colorectal cancer (CRC)

CRC is one of the leading causes of morbidity and mortality worldwide, posing a significant threat to human health. Studies indicate that the overall survival rate for CRC remains low, with both

incidence and mortality rates continuing to rise globally [1]. According to the International Agency for Research on Cancer, by 2040, new cases are projected to reach 3.2 million, and deaths are expected to increase to 1.6 million. These projections highlight the urgent need for improved research, prevention, and treatment strategies for CRC [2]. The development of CRC is closely linked to the tumor microenvironment, including inflammatory responses and genetic factors, as well as lifestyle-related risk factors such as population aging, dietary habits, obesity, lack of physical activity, and smoking. Nearly half of CRC patients die from metastatic disease [3]. Over the past decade, the life expectancy of CRC patients has improved, with median overall survival (OS) ranging from 32 to 40 months. These improvements are largely due to advancements in systemic therapies, local treatment strategies, and novel therapeutic approaches validated through clinical trials [4]. However, CRC remains a prevalent malignancy globally and is the third leading cause of cancer-related deaths worldwide [1]. Early detection and screening can reduce CRC mortality, and the removal of precancerous lesions can decrease its incidence [1]. Therefore, preventive measures through screening technologies are crucial for reducing the incidence of CRC.

There is increasing evidence that mitochondria play a critical regulatory role in cell growth, apoptosis, and metabolism during tumor progression [5]. Mitochondria are involved in essential bioenergetic processes, such as ATP production, reactive oxygen species (ROS) generation, apoptosis regulation, and calcium homeostasis [6]. Mitochondrial dysfunction can contribute to chemotherapy resistance [7]. Furthermore, in the context of chronic injury, mitochondrial dysfunction is believed to act as an initiating factor in CRC tumorigenesis. In diagnosed CRC, altered mitochondrial metabolism promotes tumor growth. Therapeutic strategies targeting mitochondria may provide complementary approaches to existing treatments and could be tailored to specific patient subtypes according to biomarkers, including genetic mutations, metabolic profiles, or indicators of mitochondrial stress [8].

Given the complex relationship between mitochondrial damage and CRC progression, we developed a novel mitochondrial-related risk model (Study diagram) using the ABCD3, TRAP1, DNAJC28, PLSCR3, and RTL10 genes to systematically investigate their impact on CRC prognosis. This mitochondrial-based risk model underscores the potential of these genes to serve as reliable prognostic biomarkers. Through a comprehensive analysis of mitochondrial-associated features, we revealed the intricate interconnections between the risk subgroups and clinical characteristics,

cellular composition, tumor immune infiltration, and drug sensitivity. Additionally, we explored the relationship between the risk gene ABCD3 and CRC prognosis, identifying ABCD3 as a potential therapeutic target for CRC. In summary, our mitochondrial-related risk model not only functions as a robust prognostic tool but also provides novel insights into potential therapeutic strategies for precision management of CRC.

Materials and methods

Collection. Data were downloaded from the TCGA database (<https://portal.gdc.cancer.gov/>) and included 701 cases of CRC RNA-seq samples. Thirteen cases were excluded due to incomplete clinical information or a survival period shorter than 30 days. Thus, a total of 688 samples were analyzed, comprising 637 tumor samples and 51 healthy samples. Validation data were obtained from the Gene Expression Omnibus (GEO) database, specifically GSE14333, GSE17536, GSE17537, GSE38832, and GSE39582 (<https://www.ncbi.nlm.nih.gov/geo/>). The list of mitochondria-related genes was obtained from the MitoCarta 3.0 database (<https://www.broadinstitute.org/mitocarta/mitocarta30-inventory-mammalian-mitochondrial-protein-s-and-pathways>) [9] and gene set enrichment analysis (<https://www.gsea-msigdb.org/gsea/msigdb/index.jsp>) [10, 11].

Identification of differentially expressed genes (DEGs). We utilized the "limma" package in R (version 4.4.0) to identify differentially expressed genes (DEGs) between normal and tumor samples, as well as between high-risk and low-risk groups. The criteria for defining DEGs were set as $|\text{Log}_2(\text{fold change})| > 2$ and an adjusted p-value < 0.01 . A volcano plot was generated using the "Gdc Volcano Plot" package in R to visualize the DEGs, while a Venn diagram was employed to illustrate the common DEGs shared between the identified DEGs and mitochondrial-related genes.

Construction and validation of mitochondria-related risk scoring labels. Mitochondria-related genes were selected via univariate Cox regression, LASSO regression, and multivariate Cox regression analyses to establish a novel prognostic gene signature. Samples were stratified into low-risk and high-risk groups based on the risk score (using the median cutoff value). The optimal cutoff values and Kaplan-Meier (K-M) survival curves were analyzed using the R packages "survival" and "survminer" to assess the prognostic markers' survival outcomes. The predictive efficacy was evaluated using Receiver Operating Characteristic (ROC) curves, risk plots, and the

104 concordance index (C-index). Detailed information on the prognostic genes was obtained from The
105 Human Protein Atlas (HPA, <https://www.proteinatlas.org/>) and the National Center for
106 Biotechnology Information (NCBI, <https://www.ncbi.nlm.nih.gov/>).

107 **Evaluation of clinical characteristics in the risk model.** We included mitochondrial-associated
108 risk features and clinical parameters (age, sex, pathological status, and TNM staging) as covariates.
109 Differential analysis was conducted to compare clinical parameters between high-risk and low-risk
110 groups. The predictive accuracy of the risk features was assessed using the "survivalROC" package.

111 **Correlation analysis of immune cell infiltration.** We used the R package CIBERSORT to
112 calculate the abundance of 22 types of tumor-infiltrating immune cells (TIICs) in CRC samples, in
113 order to assess immune cell infiltration. Spearman correlation analysis was performed to explore
114 associations between selected genes, risk scores, and immune cell infiltration.

115 **Construction and validation of the nomogram.** A nomogram incorporating age, pathological
116 stage, pathological T/N/M stages, and risk scores was constructed using the R package "rms".
117 Calibration curves were employed to assess the concordance between predicted probabilities and
118 actual events. The C-index was utilized to measure the predictive accuracy of the model. The
119 analysis of calibration curves examined the consistency between predicted events and observed
120 occurrences. Furthermore, comparative analysis based on the C-index was conducted to evaluate the
121 predictive performance of age, pathological stage, pathological T stage, pathological N stage,
122 pathological M stage, risk scores, and the nomogram score.

123 **Gene ontology (GO) and Kyoto encyclopedia of genes and genomes (KEGG) analyses.** In this
124 study, the R packages 'clusterProfiler', 'org.Hs.eg.db', 'richplot', and 'ggplot2' (R version: 4.4.0) were
125 employed to analyze the functional enrichment of mitochondrial-related differentially expressed
126 genes (DEGs) between the high-risk and low-risk groups. Functional candidates were further
127 selected using an adjusted P-value threshold of < 0.05 .

128 **Gene set enrichment analysis (GSEA).** Biological characteristics of differentially expressed genes
129 (DEGs) were explored using the R package "clusterProfiler," which includes Gene Set Enrichment
130 Analysis (GSEA). Gene sets were considered statistically significant when $p < 0.001$ and FDR $q <$
131 0.001 . The results were visually represented using the R package "ggplot2."

132 **Mutation analysis.** We compared mutations in mitochondria-related genes between the high-risk
133 and low-risk subgroups using the Mutation Annotation Format (MAF) data from the TCGA

134 database by using an R package called 'maftools'.

135 **Analysis of drug sensitivity in patients with different risk scores.** This study utilized the
 136 Genomics of Drug Sensitivity in Cancer (GDSC) dataset to conduct a drug sensitivity analysis,
 137 exploring the predictive capability of risk scores for responses to immunotherapy and 138
 138 chemotherapeutic/targeted therapy agents. The analysis aimed to determine the differences in drug
 139 responses among various risk groups.

140 **Cell lines and cultivation.** HEK-293T (RRID: CVCL_0063) and Human CRC cell lines HT-29
 141 (RRID: HTB-38) were obtained from ATCC. The cells were cultured in McCoy's 5A medium
 142 (KGM4892S-500, KeyGen Biotech, Jiangsu, China) and DMEM (KGM12800S-500, KeyGen
 143 Biotech, Jiangsu, China), respectively. Both media were supplemented with 10% fetal bovine serum
 144 (FBS) and 10% penicillin-streptomycin. The cells were incubated at 37 °C in a humidified
 145 atmosphere with 5% CO₂.

146 **ABCD3 overexpressed via CRISPR-dCas9 system.** The sgRNA sequence targeting ABCD3 using
 147 CRISPR-dCas9 (Supplementary Table S1) was predicted through the GPP portal
 148 (<https://portals.broadinstitute.org/gppx/crispick/public>) and synthesized by Shanghai Shengong
 149 Biotechnology Co, Ltd. This sequence was then inserted into the corresponding CRISPR-dCas9
 150 vector, lentiSAMv2, to form a complete plasmid. Subsequently, a gene knockout lentivirus was
 151 generated using a lentiviral packaging system composed of HEK-293T cells, the target plasmid,
 152 packaging plasmids, and envelope plasmids. HT-29 cells were seeded in six-well plates and
 153 transfected with the lentivirus. After 7 days of puromycin selection, stable ABCD3-dCas9-sg cells
 154 were established. Control cells were transfected with the empty vector, lentiSAMv2. The gene
 155 knockout efficiency was validated by Western blotting and qPCR.

156 **Western blotting (WB).** ABCD3 dCas9 sg cells and negative control HT-29 cells were harvested
 157 and washed thoroughly with phosphate-buffered saline (PBS). Protein extraction was then carried
 158 out using lysis buffer. The primary antibodies used in this study were ABCD3 (#A18177, ABclonal),
 159 CDK4 (#11026-1-AP, Proteintech), Cyclin D1 (#60186-1-Ig, Proteintech), BAX (#50599-2-Ig,
 160 Proteintech), and GAPDH (#60004-1-Ig, Proteintech), with GAPDH serving as the loading control.
 161 Protein expression was analyzed using a chemiluminescence imaging system (Model 5200, Tanon,
 162 Shanghai, China) and AllDoc_x software.

163 **RNA extraction and RT-qPCR analysis.** Total RNA was extracted from tissue samples using the

164 RNA-easy reagent (#R711-01, Vazyme, Jiangsu, China). The concentration, purity, and quantity of
165 the RNA were assessed using a multifunctional plate reader. Complementary DNA (cDNA) was
166 synthesized by reverse transcription (RT) using the ABclonal RT Premix (#RK20429, ABclonal,
167 Hubei, China). Real-time quantitative PCR (RT-qPCR) was performed using the QuantStudio™ 5
168 Real-Time PCR System (#A28575, Thermo Fisher Scientific, Massachusetts, USA). RT-qPCR
169 assays were conducted in triplicate biological samples. Ct values were obtained using the default
170 threshold settings. GAPDH was used as an endogenous control. Gene primer sequences are
171 provided in Supplementary Table S2.

172 **Clone formation.** To assess the proliferative capacity of HT29 cells overexpressing ABCD3, the
173 cells were first digested, and the resulting cell suspension was centrifuged. The HT29 cell line
174 overexpressing ABCD3 was then resuspended and plated into 6-well plates at a density of 6×10^3
175 cells/well. After a two-week incubation period, the cell colonies were fixed with 4%
176 paraformaldehyde for 15 min and subsequently stained with 10% crystal violet for 15 min. Excess
177 dye was removed by washing with PBS, and the colonies were allowed to dry. The number of
178 colonies formed was then observed and counted.

179 **Cell cycle analysis.** HT29 cells overexpressing ABCD3 were collected by centrifugation after
180 enzymatic digestion and washed twice with PBS. The cells were then slowly resuspended in
181 pre-cooled 70% ethanol, and the cell pellet was fixed at 4 °C overnight. The following day, the cells
182 were processed according to the experimental protocol. Subsequently, the cells were stained with a
183 mixture of RNase A and propidium iodide (PI) and incubated at 37 °C for 30 min before being
184 analyzed by flow cytometry.

185 **Apoptosis.** HT29 cells overexpressing ABCD3 were collected by centrifugation after enzymatic
186 digestion and washed twice with PBS. This overexpression was further validated using a V-FITC/PI
187 double-staining assay, followed by analysis with a flow cytometer. The experimental data were
188 processed using FlowJo 8.0 software (FlowJo LLC, Franklin Lakes, NJ, USA).

189 **EdU.** Cultivate 2×10^6 cells/well in a 24-well plate overnight. The following day, perform EdU
190 labeling using a $2 \times$ EdU working solution (20 μ M), pre-warmed to 37 °C. Afterward, fix the cells
191 with 4% paraformaldehyde, wash with PBS, and permeabilize using PBS containing 0.3% Triton
192 X-100. Label the cells with a fluorescent probe using the Click Additive Solution, followed by
193 fluorescence detection.

194 **CCK-8.** Cell Viability Assay Cell viability was assessed using the Cell Counting Kit-8 (CCK-8)
195 assay (#C0038, Beyotime, China) according to the manufacturer's instructions. Briefly, HT-29 cells
196 transfected with ABCD3-overexpression dCas9 vectors or negative control vectors were seeded into
197 96-well plates at a density of 2×10^3 cells/well. The cells were cultured for 0, 1, 2, 3, 4 and 5 days.
198 At each time point, 10 μ l of CCK-8 reagent was added to each well, and the plates were incubated
199 at 37 °C for 1 h. The absorbance (optical density, OD) was measured using a microplate reader.

200 **Caspase-3/7 activity assay.** The activity of Caspase-3/7 was detected using a Caspase-3/7 Activity
201 Assay Kit (#G8090, Promega, USA) following the manufacturer's protocol. Briefly, transfected
202 HT-29 cells were seeded into 96-well plates at a density of 5×10^3 cells/well and cultured for 48 h.
203 Subsequently, 100 μ l of Caspase-3/7 reagent was added to each well. After shaking the plate for 30
204 s and incubating at room temperature for 1 h in the dark, the signal intensity was measured using a
205 microplate reader. Relative Caspase-3/7 activity was normalized to the control group.

206 **Statistical analysis.** All statistical analyses were performed using R software. Kaplan-Meier
207 analysis and the log-rank test were employed to evaluate and compare survival rates. A two-tailed
208 p-value of < 0.05 was considered statistically significant.

209

210 **Results**

211 **Identification and functional enrichment analysis of mitochondria-associated DEGs in CRC.**

212 A total of 10,929 differentially expressed genes (DEGs) were identified and visualized by
213 comparing the volcano maps of the normal group and the tumor group, and the screening criteria
214 was $\log_2\text{FoldChange} > 1$ and $\text{padj} < 0.05$ (Figure 1A). Next, mitochondria-associated genes
215 selected from Gene Set Enrichment Analysis (GSEA) and the 10,929 DEGs were co-analyzed in
216 CRC (Figure 1B), resulting in the identification of 190 candidate mitochondria-associated DEGs.
217 Gene Ontology (GO) enrichment analysis was then performed to investigate the critical roles of
218 these mitochondria-associated DEGs in CRC. These DEGs were found to be involved in processes
219 such as small molecule catabolism and the regulation of mitochondrial organization. In terms of
220 cellular components, they are predominantly associated with the mitochondrial matrix and the
221 mitochondrial outer membrane. In terms of molecular function, these DEGs are implicated in small
222 GTPase-mediated signal transduction, DNA-binding transcription factor binding, among others
223 (Supplementary Figure S1A). Furthermore, Kyoto Encyclopedia of Genes and Genomes (KEGG)

224 pathway analysis demonstrated the involvement of these DEGs in several key pathways, including
 225 the MAPK signaling pathway, Ras signaling pathway, chemokine signaling pathway, Hippo
 226 signaling pathway, and processes such as the cell cycle and apoptosis (Supplementary Figure S1B).
 227 **Construction and validation of mitochondria-related risk signatures.** To analyze the expression
 228 patterns of mitochondria-associated genes, we performed univariate Cox regression analyses ($P <$
 229 0.05, Figure 1C) on the 190 mitochondria-related differentially expressed genes (DEGs) identified
 230 earlier. From this analysis, 13 genes were selected as potential prognostic risk factors for CRC.
 231 LASSO regression analysis further refined the selection, reducing the number of candidate genes to
 232 10. Subsequently, multivariate Cox regression analyses (Figures 1D, 1E) narrowed the gene list
 233 down to five. Ultimately, five mitochondria-associated DEGs-ABCD3, TRAP1, DNAJC28,
 234 PLSCR3, and RTL10-were used to construct a prognostic model for CRC patients (Supplementary
 235 Table S3). As shown in Figure 1F, the expression levels of TRAP1, PLSCR3, and RTL10 were
 236 higher in tumor samples compared to normal tissues, while the expression of ABCD3 and
 237 DNAJC28 was lower. Based on literature evidence, these genes have been confirmed to play critical
 238 roles in mitochondrial structure and function: ABCD3 facilitates mitochondrial fatty acid transport
 239 and maintains redox homeostasis [12]; TRAP1 regulates mitochondrial protein folding, oxidative
 240 phosphorylation, and ROS generation [13]; DNAJC28 preserves mitochondrial protein quality and
 241 integrity [14]; PLSCR3 participates in mitochondrial membrane remodeling and apoptosis
 242 regulation [15]; RTL10, though less characterized, may influence mitochondrial function and
 243 contribute to CRC progression. These functional insights support their inclusion in the prognostic
 244 model. Ultimately, the risk score for each CRC patient in the training and validation cohorts was
 245 calculated using the following formula:
 246 Risk score = $0.022 * ABCD3 - 0.008 * TRAP1 - 0.986 * DNAJC28 + 1.44 * PLSCR3 - 0.037 * RTL10$. Patients were categorized into high- and low-risk subgroups based on the median risk score.
 247 Kaplan-Meier (K-M) curves demonstrated that patients in the high-risk group had significantly
 248 worse overall survival (OS) ($p=0.0009$, Figure 2A). To evaluate the accuracy of the prognostic risk
 249 model in predicting OS at 1, 3, and 5 years, receiver operating characteristic (ROC) curves were
 250 plotted, yielding area under the curve (AUC) values of 0.687, 0.715, and 0.752, respectively (Figure
 251 2B). The relationships between risk scores, survival time, survival status, and risk ranking, along
 252 with heatmaps depicting the expression of the four genes, are presented in Figures 2C and 2E.

254 Taken together, these results underscore the robustness of our risk model in predicting the prognosis
255 of CRC patients. The robustness of the prognostic risk model was further validated in the
256 GSE14333, GSE17537, GSE38832, GSE39582, and GSE17536 datasets. Consistent with the
257 training cohort, the validation cohort also showed that patients in the high-risk group had poorer
258 outcomes (Figure 2D). Kaplan-Meier curves for the four genes revealed that high expression of
259 PLSCR3 was associated with worse OS ($p=0.0009$, Figure 1G), while low expression of ABCD3,
260 TRAP1, DNAJC28, and RTL10 was associated with worse OS.

261 **Correlation analysis between prognostic models and clinicopathological characteristics.** To
262 comprehensively examine the relationship between the risk model and clinical characteristics, the
263 Wilcoxon rank-sum test was applied to evaluate associations between risk groups and clinical
264 features, including age, gender, tumor stage, and TNM staging (Figure 2F). A significant age
265 difference was observed when comparing the high-risk and low-risk subgroups. In the initial
266 univariate Cox regression analysis, clinicopathological factors such as age, tumor stage, T, M, and
267 N staging, along with the risk score model, were identified as significant predictors of overall
268 survival (OS). To improve prognostic accuracy, these factors were combined to construct a
269 nomogram predicting 1-, 2-, and 3-year OS probabilities (Figure 2G). This integrated approach
270 enhanced the predictive performance of the risk model.

271 **Functional enrichment analysis of DEGs in high-risk and low-risk groups.** Functional
272 enrichment analyses were conducted on 466 DEGs between high-risk and low-risk groups. GO
273 enrichment analysis revealed that the biological processes associated with these DEGs were
274 primarily involved in DNA replication (Figure 3A). The cellular component annotations of the
275 DEGs were predominantly enriched in the mitochondrial matrix. In terms of molecular functions,
276 the DEGs were mainly enriched for ubiquitin-dependent protein transaminase activity. KEGG
277 pathway analysis indicated that the enriched pathways were largely related to the cell cycle, cellular
278 autophagy, cellular senescence, apoptosis, protein processing in the endoplasmic reticulum, and
279 ubiquitin-mediated protein degradation (Figure 3B). Additionally, we performed GSEA on the
280 RNA-seq data to identify gene sets associated with high and low CRC risk. Notably, the high-risk
281 group was enriched in pathways related to cellular localization, molecular function, keratin
282 formation, and nucleosome organization, whereas the low-risk group was associated with DNA
283 double-strand break repair, recombination repair, ATP-dependent processes, DNA-dependent

284 ATPase activity, and ATP hydrolysis activity (Figure 3D).

285 **Mutation patterns in high-risk and low-risk groups.** We constructed mutation profiles for both
286 the high-risk and low-risk groups in CRC and analyzed the relationship between risk scores and
287 mutation patterns. As shown in Figure 1C, the top 20 high-frequency mutated genes in both the
288 high-risk and low-risk groups are listed. Among the top five mutated genes, the mutation rates of
289 ADID1A and SYNE1 were reduced in the high-risk group (Figure 3C).

290 **Impact of the risk model on CRC immune response and drug sensitivity.** The immune scores
291 between high- and low-risk groups were systematically evaluated using the CIBERSORT algorithm,
292 revealing significant differences (Figure 4A). A notable difference was observed in mast cell resting
293 between the high- and low-risk groups, while no significant changes were found in other immune
294 cell types (Figure 4B). In the high-risk group, multiple positive correlations were observed among
295 LM22 immune cell types, whereas this correlation was reduced in the low-risk group. The extent of
296 TME cell infiltration reflected the immune differences between the two groups (Figure 4C). Using
297 the ssGSEA algorithm to calculate immune cell and immune-related function scores, we found
298 differences in tumor-infiltrating lymphocytes, neutrophils, Th1 cells, and type II interferon
299 responses between the high- and low-risk groups (Figures 4D, 4E). Additionally, when assessing the
300 correlation between risk scores and cancer-targeted drug response (Figure 3E), our study found that
301 the high-risk group exhibited increased sensitivity to 5-FU, oxaliplatin, the mitochondrial inhibitor
302 Dihydrorotenone, and the PI3K/AKT pathway inhibitor Ipatasertib, compared to the low-risk group
303 (Figure 3F). These findings provide insights into potential therapeutic strategies based on risk
304 scores and mitochondrial-related genes.

305 **ABCD3 as a potential therapeutic target for CRC.** Among the five genes constituting the risk
306 model, we focused on ABCD3 based on preliminary experiments and existing reports. ABCD3 is
307 known to encode a protein that belongs to the ATP-binding cassette (ABC) transporter superfamily.
308 ABC proteins are involved in the transport of various molecules across both the extracellular and
309 intracellular membranes, playing a role in the input of peroxisomal fatty acids and/or acyl-CoAs
310 into organelles [11]. GO enrichment analysis indicated that ABCD3 is associated with the
311 mitochondrial inner membrane and mitochondrial respiration (Figure 5A). By ranking the
312 TCGA-CRC data based on ABCD3 expression, we incorporated the top 25% high-expression data
313 and the bottom 25% low-expression data for Gene Set Enrichment Analysis (GSEA). Interestingly,

314 in addition to enrichment in pathways related to cell growth, cell migration, and intercellular
315 component breakdown, differential expression genes were also associated with intercellular
316 signaling (Figure 5B). We further examined whether ABCD3 is associated with the tumor
317 microenvironment through Spearman's correlation analysis. The results showed that ABCD3 was
318 significantly correlated with regulatory T cells (Tregs), M2 macrophages, and CD4⁺ T cells
319 (Figures 5C, 5D). Moreover, we used maftools to analyze the mutation data of the high-low
320 expression subgroup of ABCD3 gene, and the results showed that ABCD3 was significantly
321 correlated with TP53 and KRAS mutations (Figure 5E).

322 To experimentally validate the bioinformatics analysis, we generated ABCD3-overexpressing
323 HT-29 cells using CRISPR-dCas9 technology and confirmed the efficiency of overexpression by
324 Western blotting and qPCR (Figures 6A-6C). We next explored the relationship between ABCD3
325 overexpression and CRC. Compared to the negative control (NC), ABCD3-overexpressing cells
326 showed increased expression of the apoptosis-related protein BAX and decreased expression of cell
327 cycle-related proteins CDK6 and CCND1 (Figure 6B). Flow cytometry further revealed that,
328 compared to the NC, ABCD3-overexpressing cells exhibited a higher apoptosis rate and a
329 significantly increased proportion of cells in the G2/M phase, consistent with our previous
330 screening results (Figures 6F, 6G). In addition, CCK-8 assay results demonstrated that ABCD3
331 overexpression significantly suppressed the growth and viability of HT-29 cells at different time
332 points (Supplementary Figure S2A). Meanwhile, Caspase-3/7 activity assays showed that ABCD3
333 overexpression markedly enhanced apoptosis in colorectal cancer cells (Supplementary Figure S2B),
334 further functionally validating the critical role of ABCD3 in inhibiting tumor cell proliferation and
335 promoting apoptosis. Clonogenic assays and EDU experiments also confirmed that
336 ABCD3-overexpressing CRC cells had enhanced proliferative capacity compared to the control
337 group (Figures 6D, 6E). Immunohistochemical staining of CRC tissues and paired non-cancerous
338 tissues confirmed significantly lower ABCD3 expression in tumor tissues (Figure 6H). These
339 findings suggest that ABCD3 is closely related to CRC proliferation and apoptosis, indicating its
340 crucial role in the development and progression of CRC.

341

342 Discussion

343 In recent years, molecular targeted therapies have become the first-line treatment for personalized

and combined therapy in CRC, significantly improving patient survival [16]. Mitochondrial dysfunction is considered a key initiating factor in CRC carcinogenesis [17]. In CRC patients, mitochondrial metabolism contributes to tumor growth, as mitochondria play crucial roles in cell proliferation and apoptosis, making them attractive drug targets [18]. Consequently, targeting mitochondria offers opportunities for both therapy and prognostic assessment [19]. Currently, mitochondria-related genes are being explored as therapeutic targets focusing on metabolic reprogramming, structural abnormalities, and quality control disorders, including glycolysis and oxidative phosphorylation [20]. Increasing evidence shows that mtDNA and related mitochondrial proteins are expected to play a role in early diagnosis and prognosis assessment [21, 22].

In this study, we first performed differential expression analysis using the TCGA-CRC database to identify genes related to mitochondria. The differentially expressed genes (DEGs) were then paired to construct a prognostic model, followed by Cox regression and LASSO regression analyses. The predictive performance of the model was subsequently validated in the training cohort and five independent validation cohorts. Subsequently, we evaluated the relationship between risk scores and clinical pathological features, immune infiltration, and drug sensitivity.

Notably, in our model, ABCD3 is significantly downregulated in CRC, and higher levels of ABCD3 are associated with poorer prognosis in CRC patients. Considering the important role of mitochondria-related genes in immunotherapy and tumor targeted therapy, we focused on mitochondrial gene ABCD3 and carried out a series of experimental and bioinformatics analyses [23, 24]. ABCD3 encodes a protein that is a member of the ATP-binding cassette (ABC) transporter superfamily [25, 26]. The ABC transporter family has been reported to be involved in the transport of anticancer drugs and tumor resistance [27]; for example, ABCG2 confers resistance to topotecan, mitoxantrone, and daunorubicin [28], whereas ABCD1 has been reported as a diagnostic marker for solid pseudopapillary tumors of the pancreas [29].

However, there is a lack of information regarding how the mitochondrial-related gene ABCD3 interacts with CRC and its potential value in predicting clinical outcomes. By investigating the relationship between ABCD3 and CRC, we found that ABCD3 is a key regulator of CRC proliferation and apoptosis, thus addressing a critical knowledge gap. Immune cells play a crucial role in the tumor microenvironment (TME). The success of cancer immunotherapy relies on a comprehensive understanding of the TME and immune evasion mechanisms, where tumors, stroma,

374 and infiltrating immune cells interact within a complex network [30-32]. Analysis of immune
375 infiltration based on ABCD3 expression revealed that low ABCD3 levels were significantly
376 associated with regulatory T cells (Tregs) and M2 macrophages [33]. Previous studies have reported
377 that high infiltration of Tregs in the TME is linked to poor prognosis in patients with various
378 cancers [34, 35]. These results suggest that low ABCD3 expression is associated with
379 immune-suppressive cells such as Tregs and M2 macrophages, thereby creating an
380 immune-suppressive microenvironment that hinders CD8⁺ T cell-mediated clearance of tumor cells.
381 In recent decades, advancements in genomic research and the development of precision-targeted
382 therapies have significantly improved the prognosis of CRC patients, including those with advanced
383 stages [36, 37]. Currently, CRC drugs targeting vascular endothelial growth factor, epidermal
384 growth factor receptor, BRAF V600E, and PDL1 are being used in first-line treatments or
385 incorporated into clinical studies for CRC [38]. Accordingly, we assessed IC50 values for common
386 CRC drugs and targeted agents in high- and low-risk groups. The high-risk group exhibited
387 increased sensitivity to first-line chemotherapeutics, including 5-fluorouracil (5-FU) and oxaliplatin,
388 as well as mitochondrial inhibitors such as Dihydrorotenone and EGFR inhibitors (erlotinib).
389 Collectively, these findings indicate that high-risk patients may derive greater benefit from
390 immunotherapies and targeted therapies relative to low-risk patients.

391 Several mitochondrial-related gene (MRG) signatures for colorectal cancer have been reported in
392 recent years, including models based on differential expression analysis, regression frameworks,
393 and Mendelian randomization-driven multi-omics integration [39]. These studies have provided
394 valuable insights into the mitochondrial landscape of CRC and improved causal gene prioritization
395 at the population level. However, most existing MRG signatures primarily focus on gene selection
396 and prognostic stratification, with limited experimental validation or exploration of downstream
397 biological and immunological consequences. In contrast, our study builds upon these foundations
398 by integrating a prognostic model with functional validation and tumor microenvironment
399 characterization. Specifically, we experimentally confirmed the role of ABCD3 in regulating CRC
400 proliferation and apoptosis, systematically analyzed immune cell infiltration patterns associated
401 with the risk groups, and evaluated therapeutic sensitivity to chemotherapeutic and targeted agents.
402 This multi-dimensional framework links mitochondrial dysregulation not only to patient prognosis
403 but also to immune modulation and treatment response, thereby providing a more comprehensive

404 and clinically relevant understanding of mitochondrial-driven CRC progression.

405 Moreover, we acknowledge the limitations of this study. First, although ABCD3 has been validated
406 at both protein and functional levels, the other four genes in the model (TRAP1, DNAJC28,
407 PLSCR3, and RTL10) have not yet been experimentally validated, which will be addressed in future
408 work. Second, while we used CIBERSORT and TIDE algorithms to analyze immune infiltration,
409 more precise approaches such as single-cell RNA sequencing (scRNA-seq) and multiplex
410 immunohistochemistry (mIHC) would allow for a finer characterization of the tumor immune
411 microenvironment. Future studies will incorporate these technologies to validate and expand our
412 findings. Finally, regarding model construction, we applied LASSO regression to avoid overfitting
413 and select robust prognostic genes. We recognize that more advanced machine learning approaches,
414 such as RFE-XGBoost or random survival forests, may further enhance model performance;
415 however, their interpretability and clinical applicability remain limited. Future studies with larger
416 cohorts may incorporate such approaches to optimize predictive performance and robustness.

417 Overall, our study establishes a validated mitochondria-related prognostic model, experimentally
418 confirms ABCD3 function in CRC proliferation and apoptosis, and highlights the potential for
419 mechanistic studies and clinical translation, including exploring liquid biopsy markers or small
420 molecule inhibitors targeting ABCD3 in combination with standard chemotherapy protocols.

421 Overall, this study establishes a validated mitochondria-related prognostic model, experimentally
422 confirms the role of ABCD3 in CRC proliferation and apoptosis, and highlights its potential for
423 mechanistic studies and clinical translation, including liquid biopsy markers and small molecule
424 inhibitors targeting ABCD3 in combination with standard chemotherapy. Future investigations may
425 explore specific mechanisms, such as how ABCD3 regulates CRC proliferation/apoptosis through
426 mitochondrial metabolism (e.g., fatty acid transport, oxidative phosphorylation), potential
427 synergistic effects with other mitochondrial genes (e.g., ACADM, CPT1A), and the feasibility of
428 clinical translation via liquid biopsy or targeted therapeutics.

429

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432

433 **Supplementary data are available in the online version of the paper.**

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Figure Legends

Figure 1. Identification of mitochondria-associated differentially expressed genes (DEGs) and construction of a prognostic risk model using the TCGA-CRC Cohort. A) Volcano Plot of 10,929 Differentially Expressed Genes (DEGs): The plot compares the CRC tumor and normal groups. B) Venn Diagram Showing the Overlap of 10,929 DEGs and 2,030 Mitochondrial Genes: This overlap results in the identification of 190 hub genes. C) Univariate Cox Regression Analysis: This analysis revealed that 19 genes are significantly associated with prognosis in CRC patients. D) LASSO Regression Analysis of 13 Overall Survival (OS)-Related Genes: Cross-validation was performed in the LASSO regression model to select optimal tuning parameters. The horizontal axis represents the $\log(\lambda)$ value, while the vertical axis indicates the partial likelihood deviation. The red dots in the figure correspond to the partial likelihood deviation $\pm$ standard error for different tuning parameters.

566 E) Multivariate Cox Regression Analysis: This analysis identified five genes associated with
567 prognosis in CRC patients. F) Gene Expression of Five Prognostically Relevant Genes in
568 TCGA-CRC. G) Kaplan-Meier Curves of the Five Prognostically Relevant Genes in TCGA-CRC:
569 The survival outcomes for high-risk and low-risk groups are presented, showing overall survival
570 (OS) in patients. *** $p < 0.001$

571

572 **Figure 2.** Validation and clinical correlation analyses of prognostic risk models in both the training
573 and validation cohorts. A, D) Kaplan-Meier survival analysis of risk-related features in the
574 TCGA-CRC training set and five independent validation sets. B) ROC curves for overall survival
575 (OS) based on risk-related features in the TCGA-CRC training cohort. C) ROC curves for
576 predicting 1-, 3-, and 5-year OS in the TCGA-CRC training cohort. E) Distribution of risk scores,
577 survival status (red dots represent deceased patients, green dots represent survivors), and expression
578 levels of the five model genes in the TCGA-CRC training cohort. F) Heatmap illustrating the
579 correlation between high and low-risk score groups and clinicopathological features. G) Schematic
580 illustrating the combined effect of risk scores with age, T-stage, N-stage, M-stage, and overall
581 staging. ** $p < 0.01$; *** $p < 0.001$

582

583 **Figure 3.** Enrichment analysis results and drug susceptibility prediction analysis of high and low
584 risk subgroups of TCGA-CRC data. A) Gene Ontology (GO) pathway terms significantly enriched
585 in differentially expressed genes across high- and low-risk subgroups. The vertical axis categorizes
586 the enrichment by Biological Process (BP), Cellular Component (CC), and Molecular Function
587 (MF), with the circle size representing the number of enriched genes. B) Kyoto Encyclopedia of
588 Genes and Genomes (KEGG) pathway terms significantly enriched in differentially overexpressed
589 genes across high- and low-risk subgroups. The circle size corresponds to the number of enriched
590 genes. C) Gene Set Enrichment Analysis (GSEA) identifies distinct gene pathways in the high-risk
591 subgroup. D) Mutational waterfall plot depicting the mutational landscape of high- and low-risk
592 subgroups in the prognostic models. E) Risk score predicts the therapeutic efficacy of drugs in high-
593 and low-risk subgroups. F) Drug sensitivity of high- and low-risk subgroups to 5-FU, oxaliplatin,
594 Dihydrorotenone, and Ipatasertib. P-values are indicated as: NS-not significant; * $p < 0.05$; ** $p <$
595 0.01 ; *** $p < 0.001$.

596

597 **Figure 4.** Differential immune profiles between high- and low-risk subgroups in the TCGA-CRC
598 dataset. Two risk groups were classified based on the median risk score. A-E) Several algorithms,
599 including CIBERSORT analysis and ssGSEA, were employed to assess the five prognostic-related
600 genes and investigate differences in risk scores among various immune cell types. These methods
601 were used to evaluate the correlation between immune-related cells, risk scores, and signature genes.
602 P-values are presented as: NS-not significant; * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

603

604 **Figure 5.** Different gene enrichment results and immune characteristics between high and low
605 expression subgroups of ABCD3 in TCGA-CRC dataset. A) CGA-CRC data set ABCD3 expression
606 of high and low subgroups of differentially expressed genes significantly enriched GO pathway
607 entries. B) SEA identified different gene pathways in the high-low expression group. C, D) Seven
608 immune infiltration algorithms (Xcell, TIMER, QUANTISEQ, MCPCOUNTER, EPIC,
609 CIBERSORT-ABS, and CIBERSORT) were used to evaluate the association between high and low
610 ABCD3 expression subgroups and the tumor microenvironment in the TCGA-CRC cohort. E)
611 maftools was used to detect gene mutation expression in high-low expression subgroups of ABCD3.
612 P-values are presented as: NS-not significant; * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

613

614 **Figure 6.** Overexpression of ABCD3 inhibited the growth and proliferation of CRC cells. A)
615 Overexpression of ABCD3 in HT-29 cells using CRISPR-dCas9 technology. B) Western blot
616 verified the overexpression efficiency of ABCD3, and detected the expression levels of CDK4,
617 CCND1 and BAX. C) qPCR was used to verify the ABCD3 overexpression efficiency of dCas9. D,
618 E) Clone formation assays and EDU experiments examined the colony formation and proliferation
619 capacity of ABCD3 overexpressed cells. F, G) Flow cytometry was used to detect the apoptosis and
620 cycle of ABCD3 overexpression cells. H) The expression of ABCD3 in cancer tissues was detected
621 by immunohistochemical staining of colorectal cancer tissues paired with non-cancer tissues.

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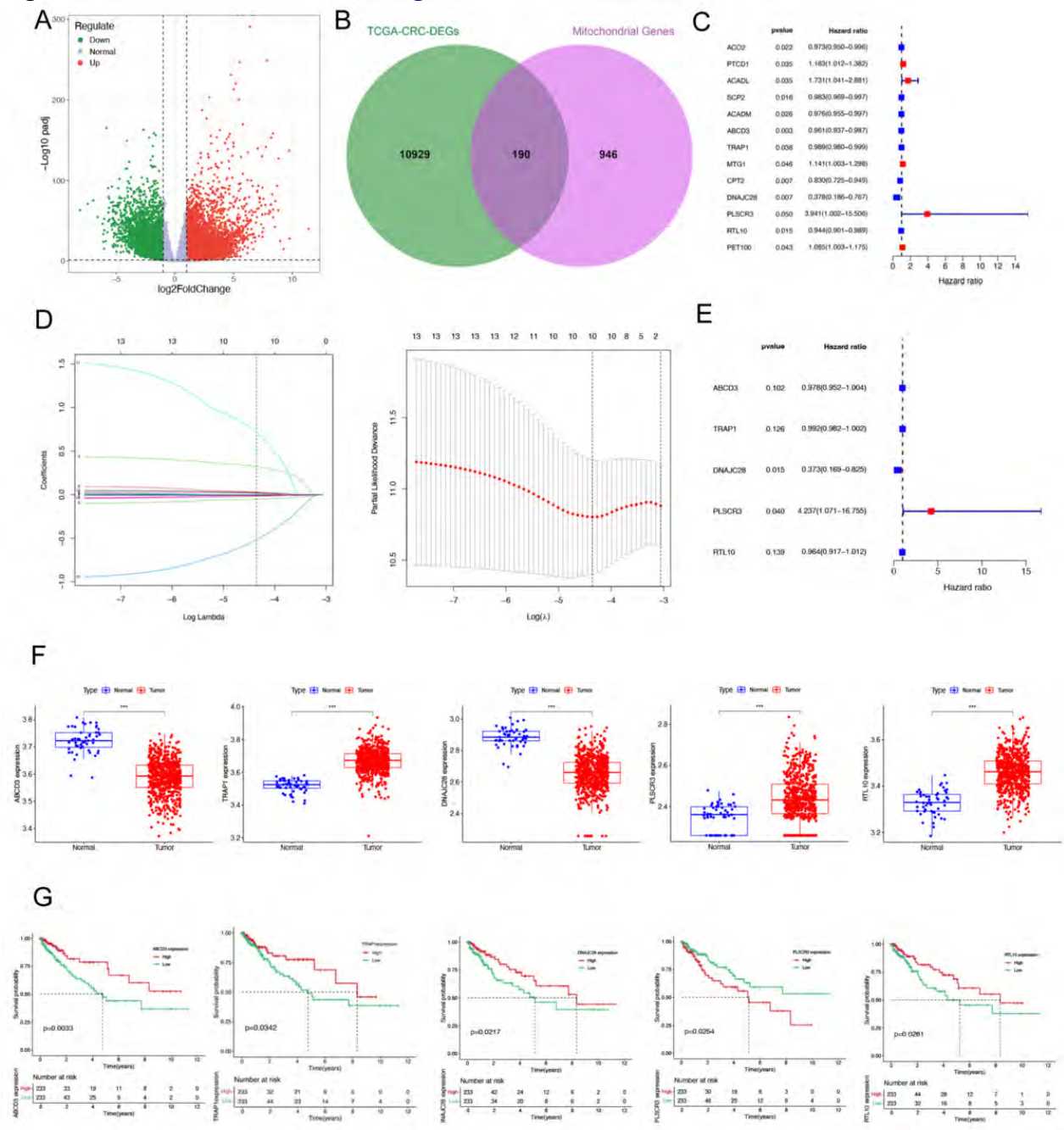


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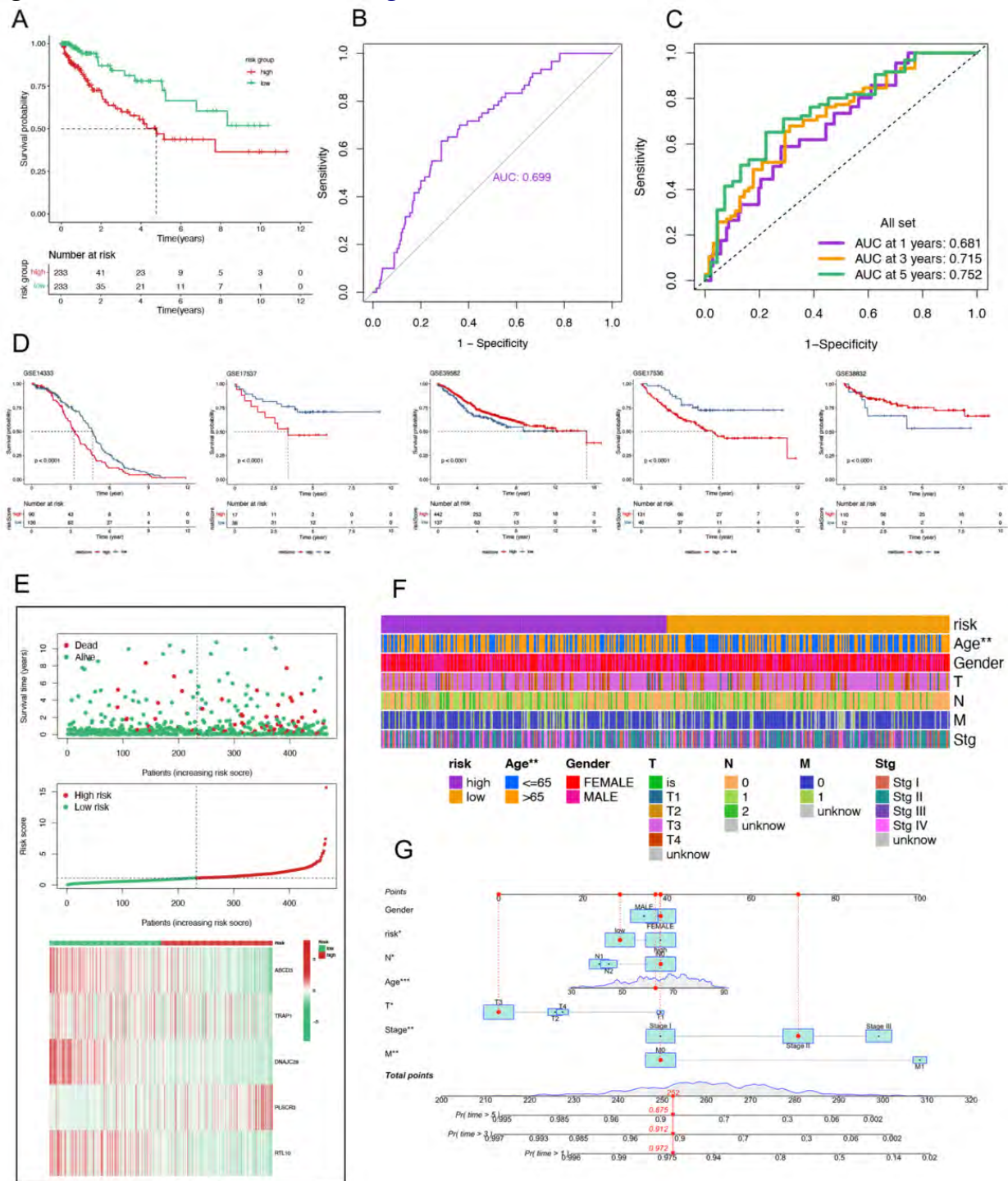


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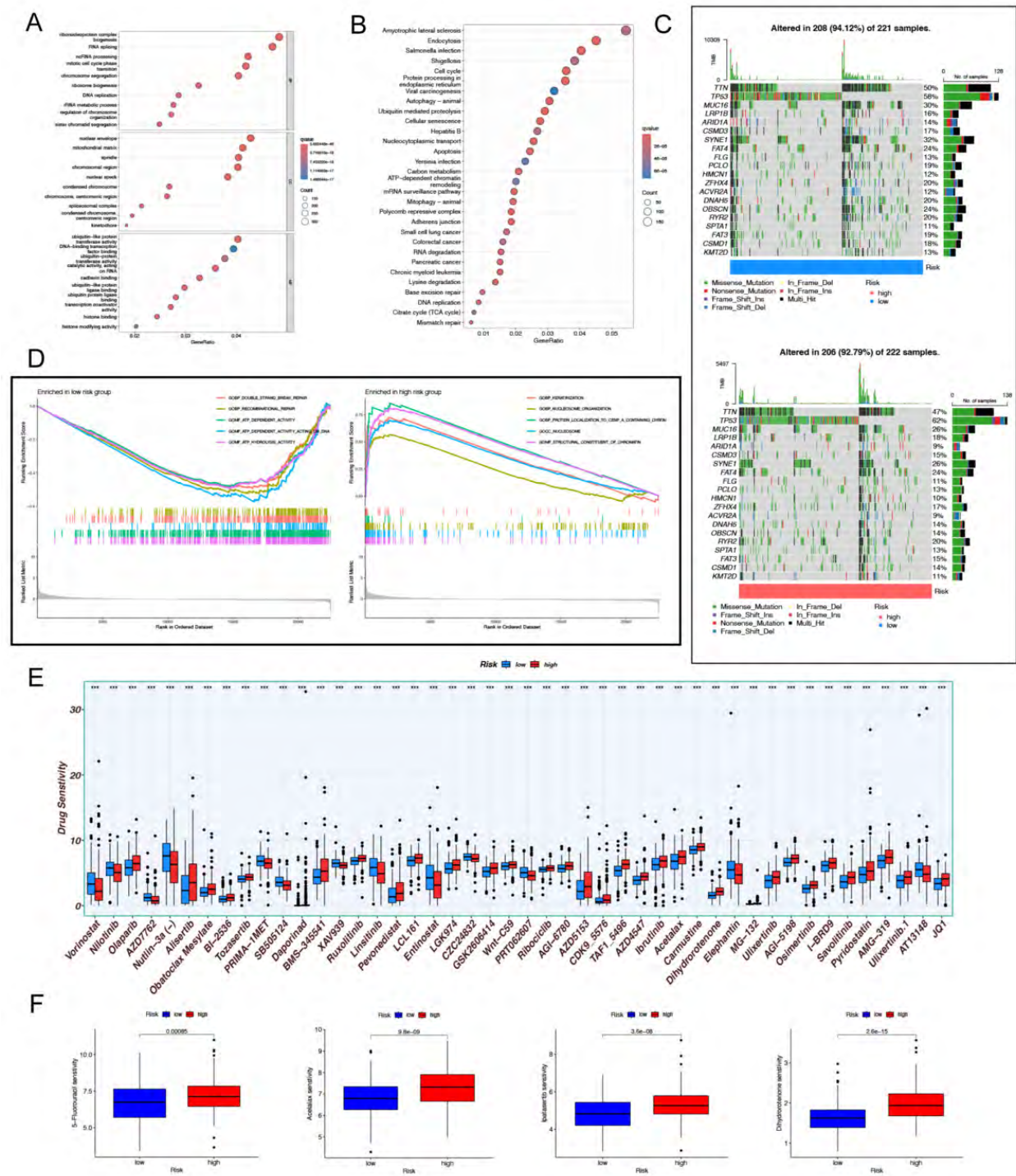
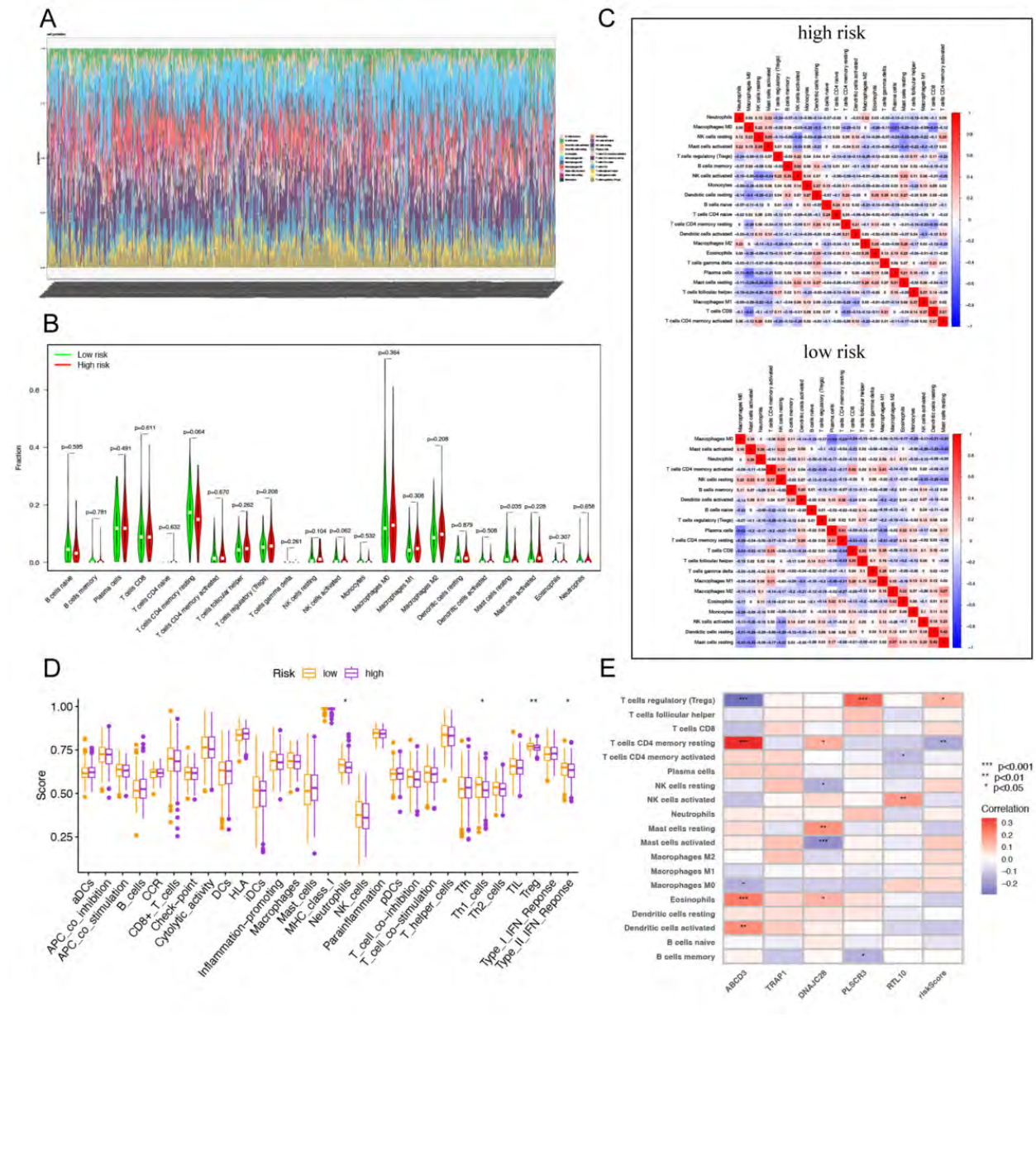


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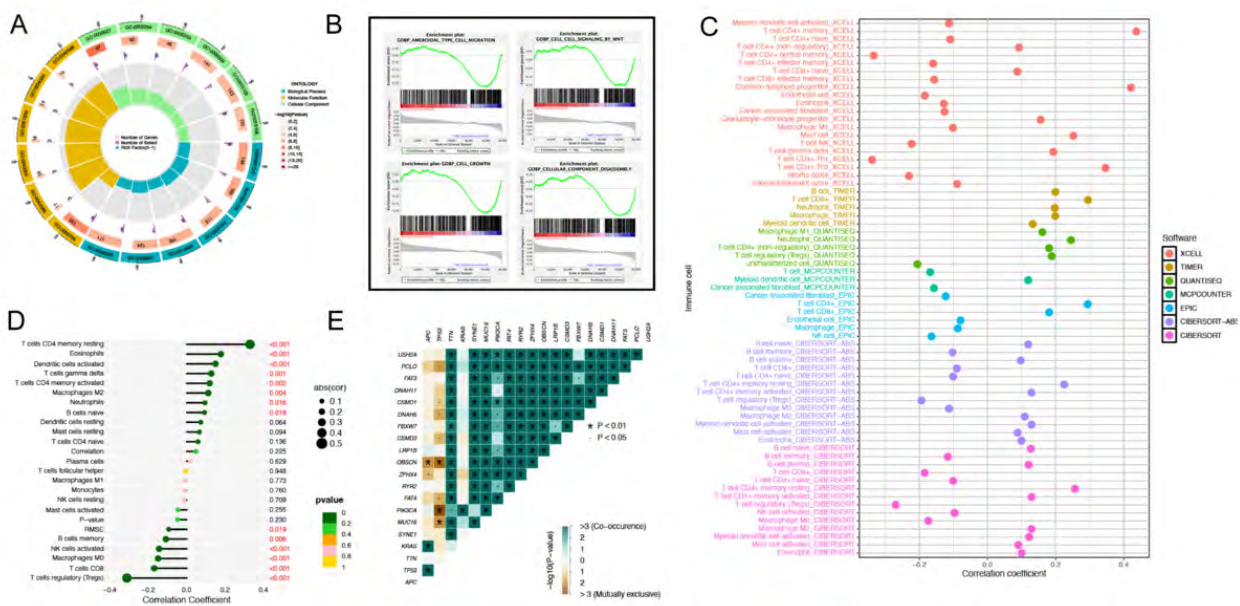


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