

LncRNA LINP1 promotes proliferation and inhibits apoptosis of gastric cancer cells by repressing RBM5

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Abstract. – OBJECTIVE: Recent studies have revealed that long non-coding RNAs (lncRNAs) play a crucial role in tumor progression. Gastric cancer (GC) is one of the common types of malignancies worldwide. This study aimed to identify the exact function of lncRNA LINP1 in the progression of GC.

PATIENTS AND METHODS: LINP1 expression in paired cancer tissues and adjacent normal tissues of GC patients was detected by Real-Time quantitative Polymerase Chain Reaction (RT-qPCR). The effect of LINP1 silence on proliferation and apoptosis of GC cells was detected. Meanwhile, the underlying mechanism of LINP1 function was explored by RT-qPCR and Western blot assay. Furthermore, tumor formation assay was performed to examine the ability of LINP1 in tumor formation *in vivo*.

RESULTS: LINP1 expression was remarkably up-regulated in GC tissues compared with adjacent normal tissues. The growth ability of GC cells was significantly inhibited after silencing of LINP1 *in vitro*. Besides, the apoptosis of GC cells was markedly increased after silencing of LINP1. The silencing of LINP1 significantly up-regulated the expression of RBM5 in GC cells. Meanwhile, RBM5 expression in GC tissues was remarkably lower than that of the adjacent normal tissues. Furthermore, tumor formation assay showed that knockdown of LINP1 markedly inhibited tumor formation *in vivo*.

CONCLUSIONS: These results suggested that LINP1 could up-regulate RBM5. Meanwhile, LINP1 remarkably promoted growth ability and suppressed apoptosis of GC *in vitro* and *in vivo*. Our findings might provide a novel regulator and therapeutic strategy for GC patients.

Key Words: Long non-coding RNA, LINP1, Gastric cancer (GC), RBM5.

Introduction

Gastric cancer (GC) is the fourth most prevalent malignant disease in the world. High morbidity of GC leads to about 730,000 deaths annually². Due to atypical and obscure symptoms at the early stage, GC is usually diagnosed at an advanced stage. At the same time, GC is characterized by malignant progression and distant metastasis. Therefore, it is urgently required to identify potential biomarkers and therapeutic targets for GC patients.

Long non-coding RNAs (lncRNAs) are transcripts longer than 200 nucleotides without protein-coding function. Recent studies have indicated that the aberrant expression of lncRNAs is closely related to biological behaviors in human cancers. LncRNA LUCAT1 contributes to the proliferation and invasion of esophageal squamous cell carcinoma³. LncRNA LINC00052 inhibits metastasis of hepatocellular carcinoma cells by up-regulating EPB41L3⁴. LncRNA AFAP1-AS1 inhibits apoptosis and enhances proliferation of lung adenocarcinoma cells⁵. Meanwhile, the association between lncRNA PVT1 and miR-497/HK2 axis has been found in glucose metabolism, cell motility and tumor progression of osteosarcoma⁶. In addition, lncARSR activates the PTEN-PI3K/Akt signal pathway and facilitates doxorubicin resistance of hepatocellular carcinoma. This may serve as a potential therapeutic target and prognostic biomarker⁷.

The present study revealed that lncRNA LINP1 expression was significantly up-regulated in GC tissues. Moreover, *in vitro* experiments indicated that LINP1 regulated the apoptosis and proliferation of GC cells. RBM5 acts as a tumor suppressor in tumor development. Furthermore,

we discovered that lncRNA LINP1 played its function in GC cells by regulating RBM5.

Patients and Methods

GC Patients and Cells

Human GC tissues were collected from 50 GC patients who received surgery at the Affiliated Wujiang Hospital of Nantong University. All fresh tissues were preserved at -80°C for subsequent use. Signed informed consents were obtained from all participants before the study, which was approved by the Ethics Committee of the Affiliated Wujiang Hospital of Nantong University. Shanghai Model Cell Bank (Shanghai, China) offered us HGC-27, MKN-45, SGC-7901, BGC-823 GC cell lines and normal human gastric epithelial cell line (GES). All cells were cultured in Dulbecco's Modified Eagle's Medium (DMEM; Gibco, Grand Island, NY, USA) containing 10% fetal bovine serum (FBS; Gibco, Grand Island, NY, USA), 100 U/mL penicillin and 100 $\mu\text{g}/\text{mL}$ streptomycin in an incubator.

Cell Transfection

Lentivirus expressing short-hairpin RNA (shRNA; Biossetia Inc., San Diego, CA, USA) against LINP1 was synthesized by GenePharma (Shanghai, China). When the density of cells reached 70%, LINP1 shRNA (LINP1 shRNA) and empty vector (EV) were transfected into cells according to the instructions of GenePharma (Shanghai, China). Transfection efficiency was detected by Real-Time Quantitative Polymerase Chain Reaction (RT-qPCR) 48 h later.

RNA Extraction and Real-Time-quantitative Polymerase Chain Reaction

Total RNA of tissues and cells was extracted by the RNeasy lysis reagent (Qiagen, Carlsbad, CA, USA). Frequently extracted RNA was reverse transcribed into complementary deoxyribonucleic acid (cDNA) as a template. SYBR Green Real-Time Polymerase Chain Reaction (RT-PCR) (Applied Biosystems, Dalian, China) was conducted using a 7500 system (Applied Biosystems, Foster City, CA, USA). Primers used for RT-PCR were as follows: LINP1, forward: AGCCGGTCTACACCTTT-3' and reverse: 5'-GGAAAGCAACCGTCTGTTGTT-3'; glyceral-

dehyde 3-phosphate dehydrogenase (GAPDH), forward: 5'-CCAAAATCGTGGTGG-3' and reverse: 5'-TGATGCGG-GACTGTGGTTCATTCA-3'. Specific thermal cycle was as follows: pre-denaturation at 95°C for 5 min, denaturation at 95°C for 30 s, annealing at 60°C for 30 s, for a total of 35 cycles.

Cell Proliferation Assay

According to the instructions of Cell Proliferation Reagent with TETRA (MTT; Roche, Basel, Switzerland), the proliferation of transfected cells in 96-well plates was monitored every 24 h by MTT assay. The absorbance at 490 nm was measured by enzyme-linked immunosorbent assay (ELISA) reader system (Multiskan Ascent, Lab Systems, Helsinki, Finland).

Colony Formation Assay

GC cells (1.5×10^4 cells/well) were first seeded into 6-well plates followed by culture for 10 days. Subsequently, formed colonies were fixed with formaldehyde for 30 min and stained with 0.5% crystal violet for 5 min. The number of colonies containing more than 50 cells was counted by CANNON camera. Image-Pro Plus (Media Cybernetics, Silver Springs, MD, USA) was used for data analysis.

Flow Cytometric Analysis

Annexin-V-FITC (fluorescein isothiocyanate) apoptosis detection kit (BD Biosciences, Franklin Lakes, NJ, USA) was used for detecting the apoptosis of GC cells. Briefly, harvested cells were washed twice with ice-cold Phosphate-Buffered Saline (PBS; Gibco, Grand Island, NY, USA), and 100 μL flow cytometry binding buffer was added. After 5 μL of Annexin V/FITC and 5 μL of Propidium Iodide (PI) were mixed, the cells were stained for 15 min in the dark at the room temperature. 400 μL of binding buffer was added in each tube. FACSCalibur flow cytometer was used to analyze the apoptosis of cells (BD Biosciences, Franklin Lakes, NJ, USA).

Western Blot Analysis

Cells were first washed with pre-cooled PBS and lysed with cell lysis solution (RIPA; Beyotime, Shanghai, China). The concentration of extracted protein was determined by the bicinchoninic acid (BCA) protein assay kit (TaKaRa, Dalian, China). Target proteins were separated by SDS-PAGE and transferred onto polyvinylidene difluoride (PVDF) membranes (Millipore, Biller-

ica, MA, USA). The membranes were incubated with primary antibodies of rabbit anti-GAPDH and rabbit anti-RBM5 provided by Abcam (Cambridge, MA, USA) overnight. On the next day, the membranes were incubated with goat anti-rabbit secondary antibody. Immunoreactive bands were analyzed by Image J software (NIH, Bethesda, MD, USA).

Xenograft Model

The research was approved by the Animal Ethics Committee of Nantong University. Transfected BGC-823 cells ($6 \times 10^5/\text{mL}$) were implanted into NOD/SCID mice (6-week-old) subcutaneously. Tumor diameters were detected every 5 days. Tumor volume was calculated as the formula: $\text{volume} = \text{length} \times \text{width}^2 \times 1/2$. Tumors were extracted after 4 weeks.

Statistical Analysis

GraphPad Prism 5.0 (La Jolla, CA, USA) was used for all statistical analyses. Student's *t*-test was selected when appropriate. Experimental results were expressed as mean \pm Standard Deviation (SD). *p*-value less than 0.05 was considered statistically significant.

Results

Expression Level of LINP1 in Gastric Tissues and Cells

First, RT-qPCR was conducted to determine LINP1 expression in 52 patients' tissues and

GC cell lines. As a result, LINP1 was significantly up-regulated in GC tissues compared with the adjacent normal tissues (Figure 1A). Compared with the expression in GES cells, LINP1 expression was significantly higher in GC cells (Figure 1B).

LINP1 Knockdown Inhibited Cell Proliferation *In Vitro*

According to LINP1 expression in GC cells, BGC-823 GC cells were chosen for knockdown of LINP1 *in vitro*. LINP1 shRNA (sh-LINP1) and empty vector (sh-NC) were synthesized and transfected into BGC-823 cells. Then, LINP1 expression was determined by RT-qPCR (Figure 2A). Subsequently, proliferation assay found that the knockdown of LINP1 significantly inhibited GC cell proliferation (Figure 2B). Furthermore, the results of the colony formation assay showed that the number of formed colonies was markedly reduced after LINP1 knockdown (Figure 2C).

LINP1 Knockdown Promoted Apoptosis of GC Cells

Cell apoptosis assay revealed that after LINP1 knockdown *in vitro*, the apoptosis rate of BGC-823 GC cells increased significantly (Figure 3).

LINP1 Promoted GC Tumorigenesis via RBM5

RT-qPCR results demonstrated that the mRNA expression of RBM5 was significantly up-regulated in GC cells transfected with LINP1 shRNA

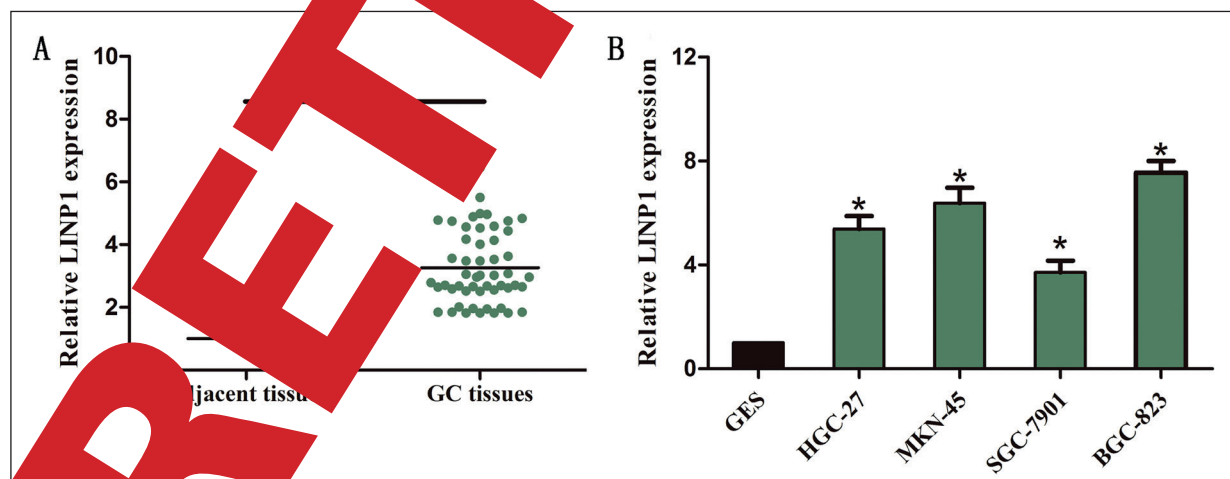


Figure 1 Expression level of LINP1 was up-regulated in GC tissues and cell lines. **A**, LINP1 expression significantly increased in GC tissues compared with the adjacent tissues. **B**, The expression levels of LINP1 relative to GAPDH were determined in five GC cell lines and GES (a normal human gastric epithelial cell line) by RT-qPCR. Data were presented as mean \pm standard error of the mean. **p*<0.05.

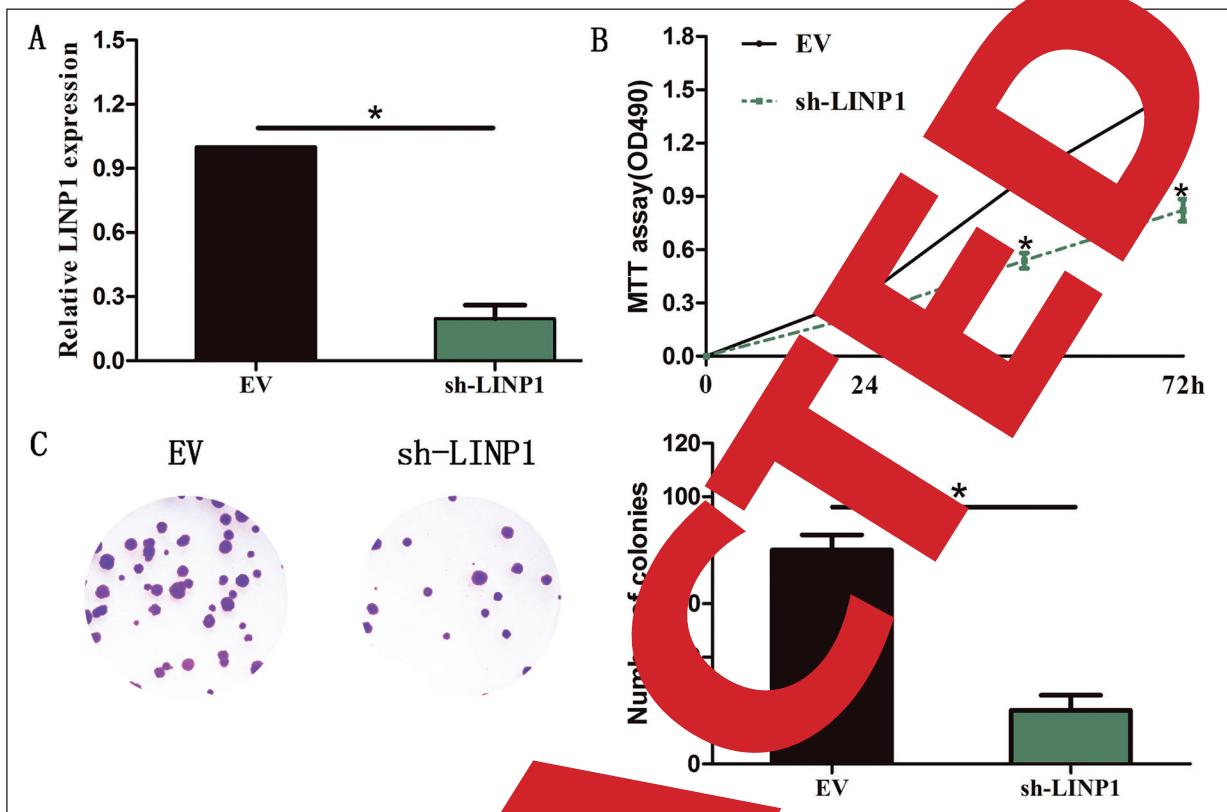


Figure 2. Knockdown of LINP1 inhibited GC cell proliferation. **A**, LINP1 expression in GC cells transduced with empty vector (EV) or LINP1 shRNA (sh-LINP1) was determined by RT-PCR. GAPDH was used as an internal control. **B**, Cell proliferation assay showed that the viability of BGC-823 cells in LINP1 shRNA group was significantly inhibited when compared with the empty vector group. **C**, Colony formation assay showed that knockdown of LINP1 markedly decreased the number of colonies in BGC-823 GC cells significantly. The results represented the average of three independent experiments (mean \pm standard error of the mean). * $p < 0.05$.

(Figure 4A). Western blot results further verified that the protein expression level of RBM5 was markedly up-regulated in cells transfected with LINP1 shRNA as well as in

4B). To explore the interaction between LINP1 and RBM5, the expression level of RBM5 in GC tissues and cells was detected. As a result, RBM5 expression in GC tissues was remarkably

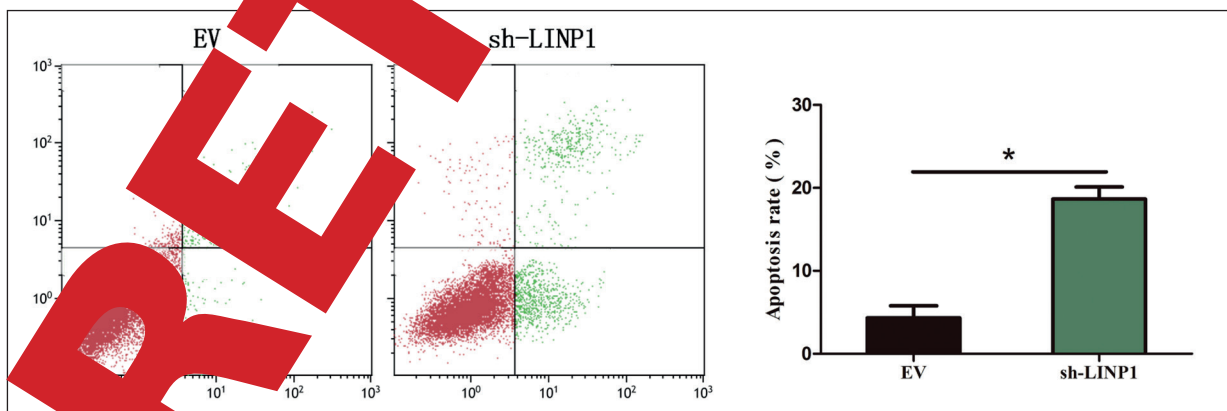


Figure 3. Knockdown of LINP1 promoted GC cell apoptosis. Apoptosis assay showed that the apoptosis rate of GC cells was remarkably promoted via knockdown of LINP1. The results represented the average of three independent experiments (mean \pm standard error of the mean). * $p < 0.05$ compared with control cells.

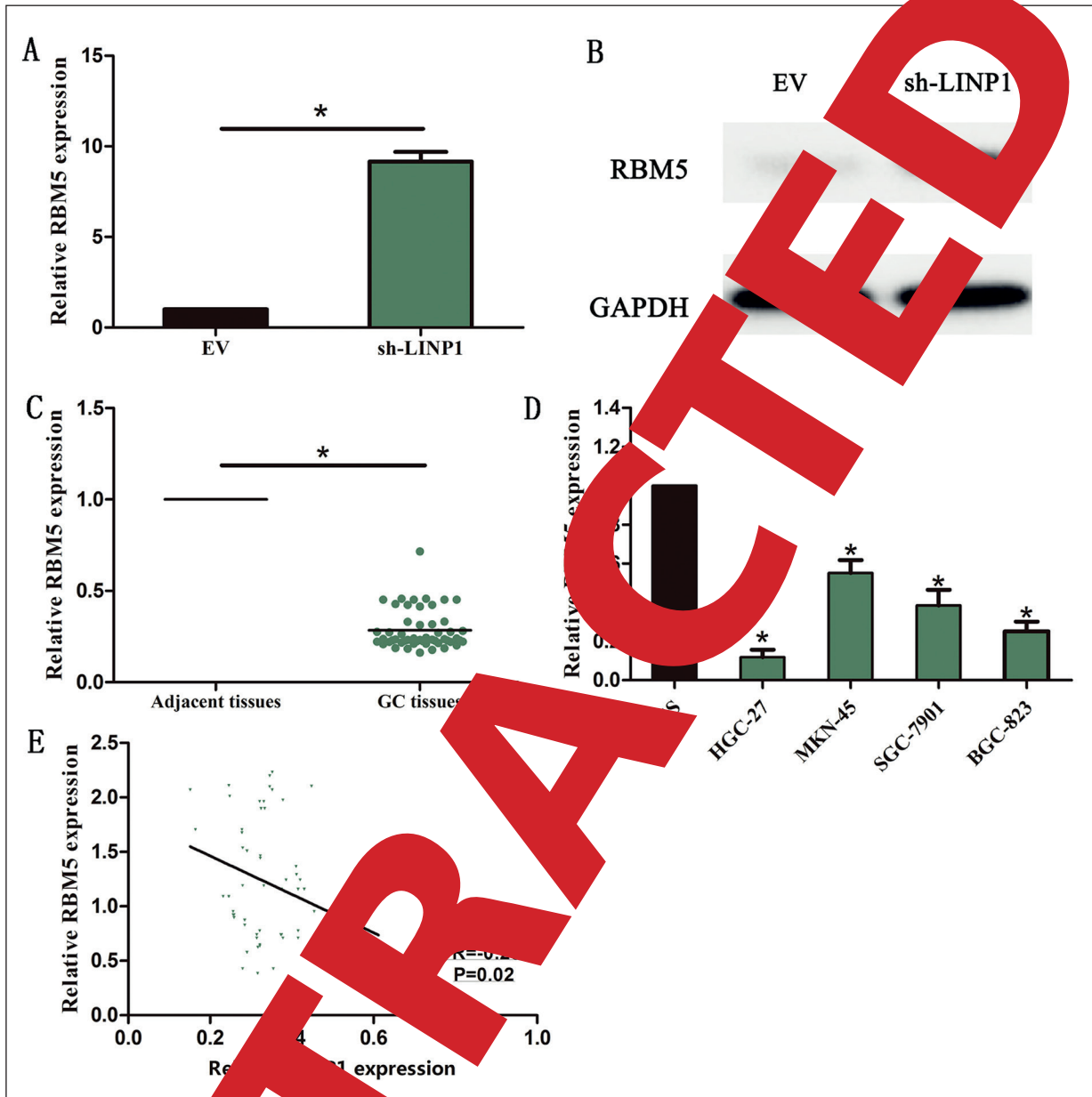


Figure 4. Interaction between RBM5 and LINP1 in GC. **A**, The mRNA expression level of RBM5 in BGC-823 cells of LINP1 shRNA (sh-LINP1) group was significantly up-regulated when compared with the empty vector (EV) group. **B**, The protein expression of RBM5 increased markedly after knockdown of LINP1 in BGC-823 cells. **C**, RBM5 was remarkably down-regulated in GC tissues when compared with the adjacent tissues. **D**, RBM5 was significantly down-regulated in human GC cell lines when compared with GES cells. **E**, Correlation analysis showed that RBM5 expression in GC tissues was negatively associated with LINP1 expression. The results represented the average of three independent experiments. Data were presented as mean \pm standard deviation. *The mean $p < 0.05$.

low than that of adjacent normal tissues (Figure 4C). RBM5 expression in GC cells was significantly lower than that of GES cells as well (Figure 4D). Furthermore, RBM5 expression in GC tissues was negatively associated with LINP1 expression (Figure 4E).

LINP1 Knockdown Inhibited Tumor Formation In Vivo

Tumorigenicity assay was then performed to figure out the function of LINP1 in tumor formation *in vivo*. Tumor size in LINP1 shRNA group was significantly smaller when compared with

that of the empty vector group (Figure 5A). Moreover, the expression level of LINP1 in generated tumor tissues was detected by RT-qPCR. The results showed that LINP1 was lowly expressed in the LINP1 shRNA group when compared with the empty vector group (Figure 5B). The above results suggested that LINP1 could induce tumor formation *in vivo*.

Discussion

Accumulating evidence has indicated that a substantial portion of transcribed sequences may be non-protein-coding. They represent a higher percentage of transcribed sequences than protein coding transcripts. LncRNAs are a multifarious class of transcripts with longer than 200 base pairs in length. Meanwhile, lncRNAs have been reported to play regulatory roles in potential activity and splicing event *via* small RNA regulatory pathways. Recent studies have shown that many lncRNAs are aberrantly expressed in GC patients. Their abnormal expression is associated with poor prognosis as well. LncRNA SNHG5 serves as an important anti-oncogene in the progression of GC by trapping MTA2 in cytosol⁸. By contrast, talk with miR-21, lncRNA LINC-PINT serves as an anti-oncogene in GC, which indicates poor survival of GC patients⁹. The expression of lncRNA CTD-2510F5.4 is associated with the malignant phenotype of GC, which indicates poor prognosis of GC patients¹⁰. Previous studies have demonstrated that the proliferation and

metastasis of GC can be regulated by lncRNAs. LncRNA LOC554202 enhances the proliferation and migration of GC cells through the up-regulation of E-cadherin and miR-101. In addition, lncRNA SNHG20 acts as a sponge of miR-495 and miR-101, thus promoting the proliferation and migration of GC cells by up-regulating ZFX expression¹¹.

Recently, lncRNA in NHK pathway (LINP1) is up-regulated in many tumors. It has also been proved to participate in HRHEJ-mediated DNA repair. In the present study, LINP1 was found significantly up-regulated in GC tissue and cells. The role of LINP1 in tumor progression has attracted much attention. LINP1 increases the ionizing radiation resistance of cervical cancer^{13,14}. LINP1 promotes the progression of prostate cancer by regulating p53¹⁵. LINP1 functions as an oncogene in breast cancer and promotes chemoresistance¹⁶. Our results showed that after LINP1 was knocked down, the growth of GC was significantly inhibited, while cell apoptosis was increased. Besides, tumorigenesis assay *in vivo* showed that knockdown of LINP1 could markedly inhibit tumor formation *in vivo*. These data indicated that LINP1 functioned as an oncogene.

RBM5 binding motif 5 (RBM5) is located on chromosome 10q26, which is a tumor suppressor gene and cancer inhibitor region 3p21.3¹⁷. In our work, we found that RBM5 was significantly down-regulated in GC tissues and cells. Previous studies have shown that RBM5 acts as a regulator in the progression of several carcinomas. RBM5 depresses tumorigenesis of gliomas through the Wnt/ β -catenin signaling¹⁸. RBM5 is related to poor clinicopathological characteristics of pan-

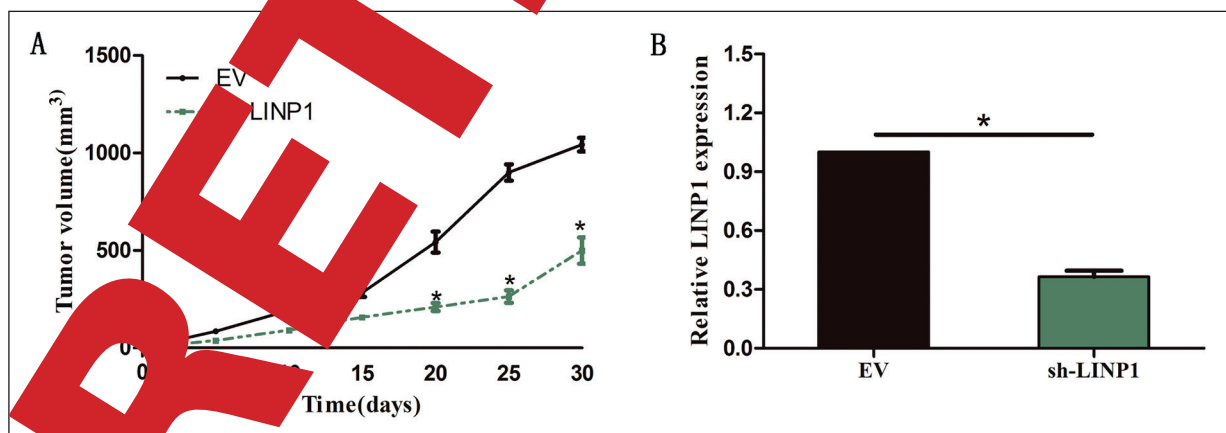


Figure 5. Knockdown of LINP1 inhibited tumor formation *in vivo*. **A**, After tumor extraction, tumor volume was calculated in empty vector (EV) or LINP1 shRNA (sh-LINP1) group, respectively. **B**, The relative expression of LINP1 in tumors was examined by RT-qPCR. Data were presented as mean \pm SD of three independent experiments. * $p < 0.05$.

creatic ductal adenocarcinoma patients¹⁹. RBM5 is down-regulated in lung adenocarcinoma, which can serve as a diagnostic marker for patients^{20,21}. In addition, RBM5 inhibits the progression of GC by enhancing the activity of p53 transcription²². In our study, the results indicated that RBM5 was remarkably up-regulated after LINP1 was knocked down *in vitro*. To further uncover the association between RBM5 and LINP1 in GC patients, we detected RBM5 and LINP1 expression in GC tissues. The correlation analysis showed that RBM5 expression in GC tissues was negatively associated with LINP1 expression. Our findings suggested that LINP1 functioned in human GC tissues by repressing RBM5.

Conclusions

LINP1 serves as a new biomarker in the development of GC, which can also be used as a promising mark.

Conflict of Interest

The Authors declare that they have no conflict of interest.

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