

# Blocking VRK2 suppresses pulmonary adenocarcinoma progression *via* ERK1/2/AKT signal pathway by targeting miR-145-5p

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**Abstract.** – **OBJECTIVE:** The incidence of pulmonary adenocarcinoma locates first in all the malignant tumors in the world. At present, there are many diagnostic methods for pulmonary adenocarcinoma, but there are a few methods that are mature or have ideal application prospects. We aim to explore the role of VRK2 in the occurrence and development of pulmonary adenocarcinoma and its possible regulatory mechanism.

**PATIENTS AND METHODS:** Western blot and qRT-PCR were performed to assess the expression of VRK2. Flow cytometry, Western blot, Caspase-3 colorimetric assay Kit were used to evaluate the apoptosis level. The proliferation, migration, and invasion ability were measured via cell cycle assay, wound healing, and transwell invasion assay. Luciferase assay verified the relationship between VRK2 and miR-145-5p. The effect of FGD5-AS1 on tumorigenesis of glioma was detected by the orthotopic nude mice model.

**RESULTS:** VRK2 expression was increased in tumor tissues. Cell lines overexpression of VRK2 promoted apoptosis level and inhibited the proliferation, migration, and invasion in A549 cells via regulating the ERK1/2/AKT signal pathway. Luciferase assay reported that VRK2 could bind with miR-145-5p. The level of miR-145-5p was negatively correlated with the expression of VRK2 and involved in VRK2 regulating tumor progression. The tumor growth assay showed that the silencing of VRK2 inhibited tumorigenesis with inactivating ERK1/2/AKT pathway.

**CONCLUSION:** Knockdown of VRK2 inhibited the development of pulmonary adenocarcinoma via regulating the ERK1/2/AKT signal pathway by targeting miR-145-5p, which providing some novel experimental basis for clinical treatment of pulmonary adenocarcinoma.

**Key Words:**

Pulmonary adenocarcinoma, VRK2, MiRNA, Proliferation, Metastasis.

## Introduction

Lung cancer is accounting for 27% of all malignant tumors in the world<sup>1,2</sup>. Lung cancer is split into small cell lung cancer and non-small cell lung cancer, of which non-small cell lung cancer accounts for about 80%. Compared with other types of lung cancer, non-small cell lung cancer (NSCLC) has a relatively high degree of malignancy, proliferation, and migration<sup>3,4</sup>. In recent years, in addition to improving the therapy of tumor patients, it has become a hot spot of pulmonary adenocarcinoma research to find novel biomarkers that can effectively guide the early clinical diagnosis.

Vaccinia-related kinase 2 (VRK2) belongs to the vaccinia-related kinase (VRK) family of serine/threonine protein kinases<sup>5,6</sup>. VRK2 involved in apoptosis and tumor cell growth progression. It was reported that VRK2 plays a crucial role in schizophrenia<sup>7</sup>. The VRK2-Akt complex could regulate cellular proliferation and perform oncogenic activity<sup>8</sup>. VRK2 could promote the human breast cell line *via* activation of NFAT1 and upregulation of the level of cyclooxygenase-2<sup>9,10</sup>. Downregulation of VRK2 could increase the level of BAX gene, which acted as a novel mediator of apoptosis<sup>11,12</sup>. VRK2 also fixed KSR1-MEK1 in endoplasmic reticulum forming a complex, which can have a modulatory effect on the signal mediated by MAPK<sup>13</sup>. However, the role of VRK2 in pulmonary adenocarcinoma has not been elucidated, which requires further investigation.

MicroRNA (miRNA) is a class of non-coding small molecule RNA, which commonly exists in prokaryotes and eukaryotes<sup>14</sup>. They are associated with the occurrence, development, invasion, and metastasis of various human tumors<sup>14,15</sup>. We predicted that VRK2 could interact with miRNA-145-5p. It was reported that

circRNA CEP128 could sponge miR-145-5p in accelerating the development of bladder cancer by controlling SOX1<sup>16</sup> and Myd88/MAPK signal pathway<sup>17</sup>. MiR-145-5p regulates the differentiation progression of gastric cancer *via* KLF5<sup>17</sup>. LncRNA SNHG1 acts as a sponge of miR-145-5p promotes the development of NSCLC *via* promoting MTDH expression<sup>18</sup>. MiR-145-5p also inhibits EMT progression *via* MAP3K/JNK signaling pathway in NSCLC cells<sup>19</sup>. In this research, we observed that VRK2 was a target of miR-145-5p, and positively correlated with miR-145-5p, which regulates the pathways of EKR 1/2 and AKT to affect the process of pulmonary adenocarcinoma.

## Patients and Methods

### Clinical Samples

The tumor tissue samples and adjacent normal tissue samples were collected from 60 NSCLC patients at Affiliated Cancer Hospital of Zhengzhou University. The present study was supervised by the Ethics Committee of Affiliated Cancer Hospital of Zhengzhou University and all was carried out in accordance with the World Medical Association Declaration of Helsinki. All subjects had been informed the objective. Certainly, written consents were signed by every subject in the present study.

### Cell Culture

Beas-2B, H1299, H1975, SKNSH, HPG49, and A549 cell lines were purchased from the Science Cell Laboratory. All cell lines were cultured in PRIM 1640 (Thermo Fisher Scientific, MA, USA) with 10% FBS (Thermo Fisher Scientific, MA, USA) and 100 µL/mL penicillin and streptomycin (Beyotime, Shanghai, China) and placed at 37°C with 5% CO<sub>2</sub>.

### Cell Transfection

siRNA (si-VRK2) was produced by Ribobio Co., Ltd. (Guangzhou, China). Si-NC (negative control) was indicated as control (si-NC). About 5 × 10<sup>5</sup> cells per well were seeded in 6 well plates, siRNAs (20 nmol/L) were transfected into the cells with Lipofectamine 2000 (Thermo Fisher Scientific, MA, USA) for 48 h.

si-VRK2: 5'GCAAGGUUCUGGAUGAUAU3'; MiR-145-5p mimics: 5'ATCGTC-CAGTTTTCCCAGG3'/5'CGCCTCCACA-

CACTCACCC3'; MiRNA-NC: 5'ATTGGAAC-GATACA GAGAAGATT3'/5'G GAAC-GCTTCACGAATTTG3'. AMO-miRNA-145-5p: 5'TAG GTCAAGACTCCCCCGA 3'; AMO-NC: 5'TAGGTCAAGAGACTCCCCCGA 3'.

### qRT-PCR

RNA isolation, reverse transcription, and quantitative expression were carried out according to the manufacturer's instructions. Total RNA was collected from tumor or normal cells using TRIzol reagent (Invitrogen, CA, USA), DNA was reverse transcribed using a High Capacity cDNA Reverse Transcription Kit (Qiagen, Shanghai, China). Real-time PCR program is 95°C for 30 s, 40 cycles. After the program finished, the relative mRNA levels were calculated based on the Ct values and normalized to the GAPDH/U6 level in each sample. Gene level was calculated using the 2<sup>-ΔΔCt</sup> method. The primer sequences were as follows: VRK2: Forward: 5'-AGTCGAGAAGCGCTGAGTCCT-3'; Reverse: 5'-CAAGGTTCTTGAGACTCTTG-3'. GAPDH: Forward: 5'-GGTCTTACTCCTTG-GAGGCTGG-3'; Reverse: 5'-ACCTAAC-TACATGGTTTACATGTT-3'. miRNA-145: Forward: 5'-CAGTGC GTGTCGTGGAGT-3' Reverse: 5'-AGGTCCAGTTTTCCCAGG-3' U6: Forward: 5'-CTCGCTTCGGCAGCAC-3' Reverse: 5'-AACGCTTCACGAATTTGCGT-3'.

### Western Blot

Total protein was collected from tissues and cells with RIPA lysis Mix (Beyotime, Shanghai, China). Briefly, 40-60 µg protein extraction was loaded *via* SDS-PAGE and transferred onto nitrocellulose membranes (Millipore, Billerica, MA, USA), the membranes were incubated in 5% non-fat blocking solution for 3 h. Then, they were incubated with primary antibodies for 2 h at room temperature, and then, plated at 4°C for one night. After incubation with secondary antibodies, the membranes were scanned using an Odyssey, and data were analyzed with Odyssey software (LI-COR, Lincoln, NE, USA). ERK (67170-1-Ig, 1:500), AKT(10176-2-AP,1:1000), p-AKT (66444-1-Ig, 1:500) were purchased from Proteintech (Rosemont, IL, USA); p-ERK (sc-7383, 1:200) was purchased from SANTA CRUZ Biotechnology (Santa Cruz, CA, USA), VRK2 (ab58052, 1:500) were purchased from Abcam (Cambridge, UK), and GraphPad (60004-1-Ig, 1:2000) was used as an internal control.

**CCK-8 Assay**

Cells were cultured in 96-well cell plates and added CCK-8 buffer (MedChemExpress, Monmouth Junction, NJ, USA) at 0, 24, 48, and 72 h. 2 h later, measure 450 OD value with an MK3ELISA photometer (Thermo Fisher Scientific, Waltham, MA, USA).

**Matrigel Invasion Assay**

Cells in the logarithmic growth phase were adjusted to  $2 \times 10^5$  cells/well of medium (without serum) and plated  $1\mu\text{g}/\mu\text{L}$  Matrigel into the upper chamber. The lower chamber was added with 500  $\mu\text{L}$  of the medium, and then incubate the plate at  $37^\circ\text{C}$  for 48 h. Then, the invading cells were visualized by the crystal violet and inverted microscope.

**In Vivo Tumor Growth Assay**

Nude mice were purchased from the Beijing Charles River. Stable VRK2 knockdown cell lines were constructed, A549 cells ( $5 \times 10^6$ ) were subcutaneously injected in the right lower limb of the nude mice. Tumor size was measured every five days. After another 15 d of injection, the tumor was removed for follow-up study. This animal study was approved by the Animal Ethical Committee of Affiliated Cancer Hospital of Zhengzhou University. Nude mice were euthanized and operated strictly in accordance with the Guidelines for the Care and Use of Laboratory Animals of the National Institutes of Health.

**Cell Apoptosis Assay**

The A549 cells were counted and adjusted to  $1 \times 10^6$  cells/mL. Then, 1 mL cells were centrifuged, 1000 rpm, 10 min,  $4^\circ\text{C}$  and the medium was throw away. The cells were washed with PBS and dropped medium. The cells were resuspended and avoided light for 15 min, 10  $\mu\text{L}$  Binding Buffer with 5  $\mu\text{L}$  Annexin V-PE and 10  $\mu\text{L}$  PI. Flow cytometry was used to measured apoptosis rate in 1 h.

**Cell Cycle Assay**

A549 cells were collected with 1 ml trypsin for 5 min, suspension the cell with 5 ml PBS, centrifuge at 1000 RPM for 5 min at  $4^\circ\text{C}$ . 10 ml PBS was used to re-washed and dropping medium, then, the cells were fixed with 70% ethanol overnight. The next day, the cell medium was filtered with a 300-mesh sieve, centrifuged at 1000 RPM at  $4^\circ\text{C}$  for 5min, and the supernatant was discarded. The cells were avoided light and fixed with 1ml PI solution and stated at  $4^\circ\text{C}$  for

30 min. Flow cytometer was used to evaluate the cell cycle.

**Luciferase Assay**

HEK293T cells were co-transfected with 100 nmol/L miRNA mimic or miR-NC together with VRK2-WT or VRK2-mutation. Luciferase activity was measured with Dual-Luciferase Reporter Assay Kit (Thermo Fisher Scientific, Waltham, MA, USA) on GloMax20M at 48 hr after the transfection.

**Immunohistochemistry (IHC)**

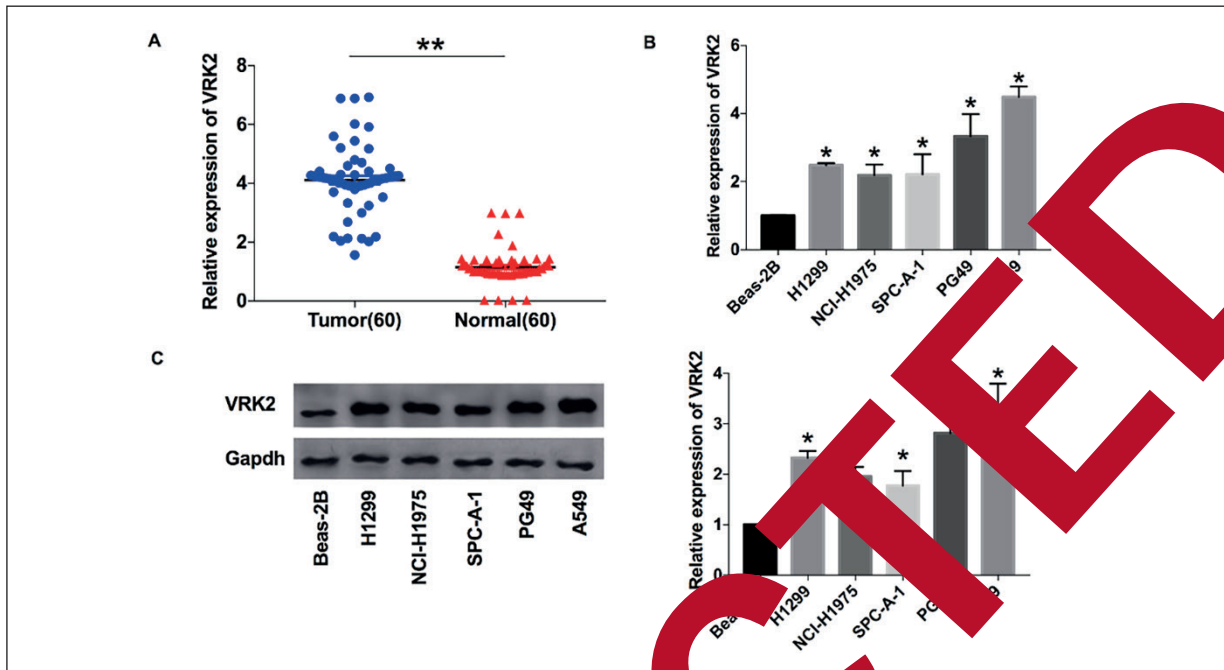
The tumor tissue was cut into 5  $\mu\text{m}$ -thick sections. The sections were deparaffinized and deparaffinized in xylene and rehydrated in gradient alcohol sections. Sections were heated in the Tris-EDTA buffer for 10 min to extract antigen. Samples were incubated with primary antibodies for ki-67 (2730, 1-AP, 1:100), VEGF (1003-1-AP, 1:100), p-ERK (sc-7383, 1:20), p-AKT (6644, 1:50), cleaved-caspase3 (ab3202, 1:100), Abcam, Cambridge, UK) and HRP-labeled Streptavidin (A0303, 1:200, Beyotime, Wuxi, China) secondary antibodies. Sections were avoided light with hematoxylin, dehydrated and secured. Photos were taken with an Olympus camera.

**Statistical Analysis**

All values are expressed as the mean  $\pm$  SEM. Statistical significances were measured by Student's *t*-test and ANOVA. A two-tailed value of  $p < 0.05$  was indicated as a statistically significant difference. Data statistics were used the Graph-Pad 7.0 (La Jolla, CA, USA).

**Results****VRK2 Was an Upregulation in Pulmonary Adenocarcinoma Tissue and Cells**

To detect the role of VRK2 in pulmonary adenocarcinoma, we collected tumor and para-cancer tissue from 60 pulmonary adenocarcinoma patients. By performing qRT-PCR assays, we found VRK2 was an upregulation in tumor tissue comparing with normal tissues (Figure 1A). We also detected the level of VRK2 in different human pulmonary adenocarcinoma cell lines (H1299, H1975, SPC-A-1, PG49, and A549); the Beas-2B cell line was indicated as control. The



**Figure 1.** VRK2 expression levels in pulmonary adenocarcinoma tissues and cell lines. **A**, RT-PCR detected the mRNA level of VRK2. n=60, \*\* $p < 0.01$ . **B**, The mRNA level of VRK2 in pulmonary adenocarcinoma cell lines (H1299, NCI-H1975, SPC-A-1, PG49, A549), Beas-2B cell line was identified as a control. n=3, \* $p < 0.05$ . **C**, The protein level of VRK2 in pulmonary adenocarcinoma cell lines. n=6, \* $p < 0.05$ .

results showed that VRK2 was increased in 60 pulmonary adenocarcinoma tissues compared with 60 normal tissues. In cell lines, moreover; the expression of VRK2 increased more evidently in A549 cells (Figure 2B and 2C).

### Knockdown of VRK2 Promotes Apoptosis of A549

Next, we would verify the function of VRK2 in pulmonary adenocarcinoma. We constructed siRNA to knock down the expression of VRK2. Si-VRK2/si-NC were transfected into A549 cells; then, flow cytometry performed that the apoptosis rate was significantly increased in the si-VRK2 group compare with si-NC (Figure 2A). The results discovered significantly increased G0/G1 cells and decreased S/G2 cells after downregulation of VRK2 (Figure 2B). Furthermore, we detected increased caspase-3 activity and apoptosis-associated proteins, cleaved PARP, Bcl-2, cleaved-caspase3, cleaved-caspase8, cleaved-caspase9 (Figure 2C). These results showed that knockdown of VRK2 could facilitate apoptosis of A549 cell.

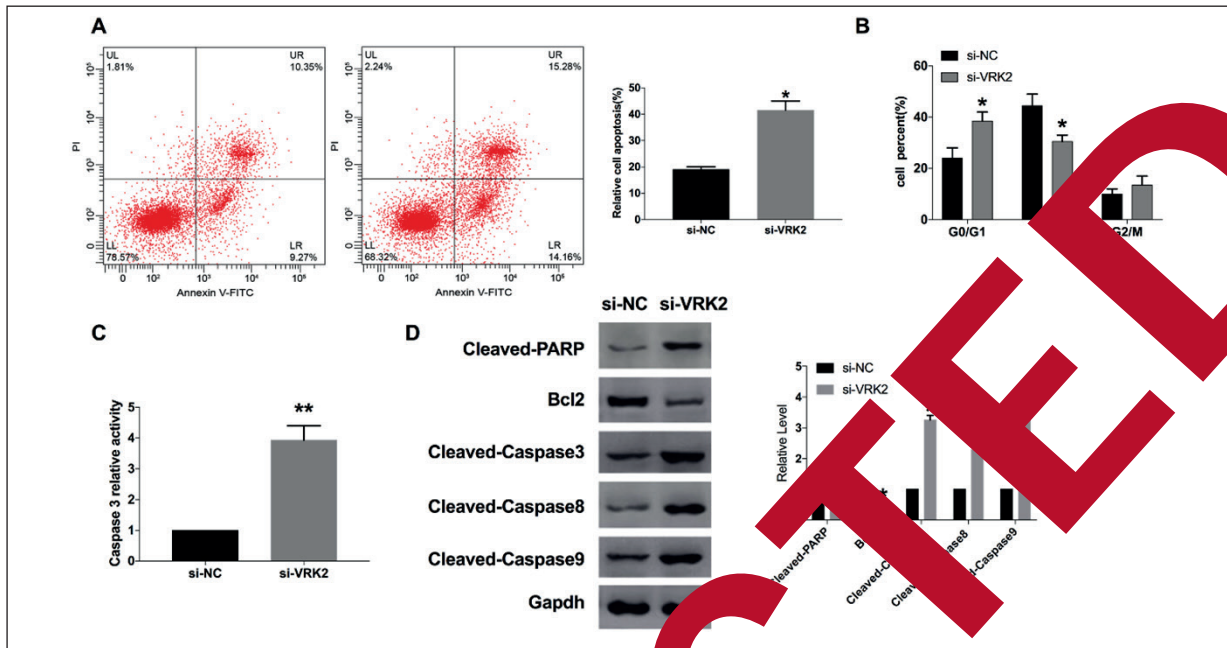
### Knockdown of VRK2 Prevents Proliferation and Metastasis of A549

Then CCK8 assay was carried out to evaluate the function of VRK2 on NSCLC cell prolifer-

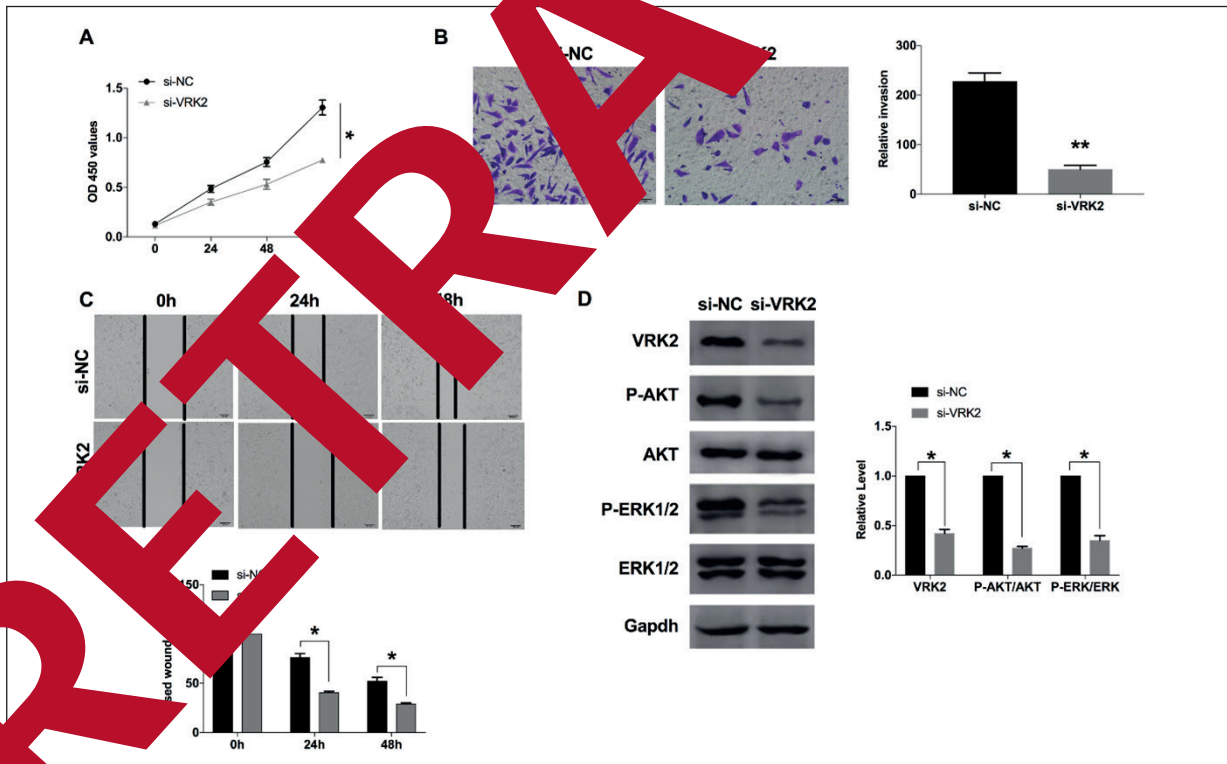
ation. After 72 h, si-VRK2 significantly inhibited cell proliferation (Figure 3A). To further link VRK2 expression to cell invasion, we applied the chamber-transwell invasion assay. The results showed that VRK2 downregulation could block cell invasion in cells (Figure.3B). Figure.3C showed that si-VRK2 inhibited A549 migration at 24 h and 48 h. Downregulation of VRK2 inhibited the activation of AKT and ERK1/2. (Figure 3D).

### VRK2 Could Interact With MiR-145-5p

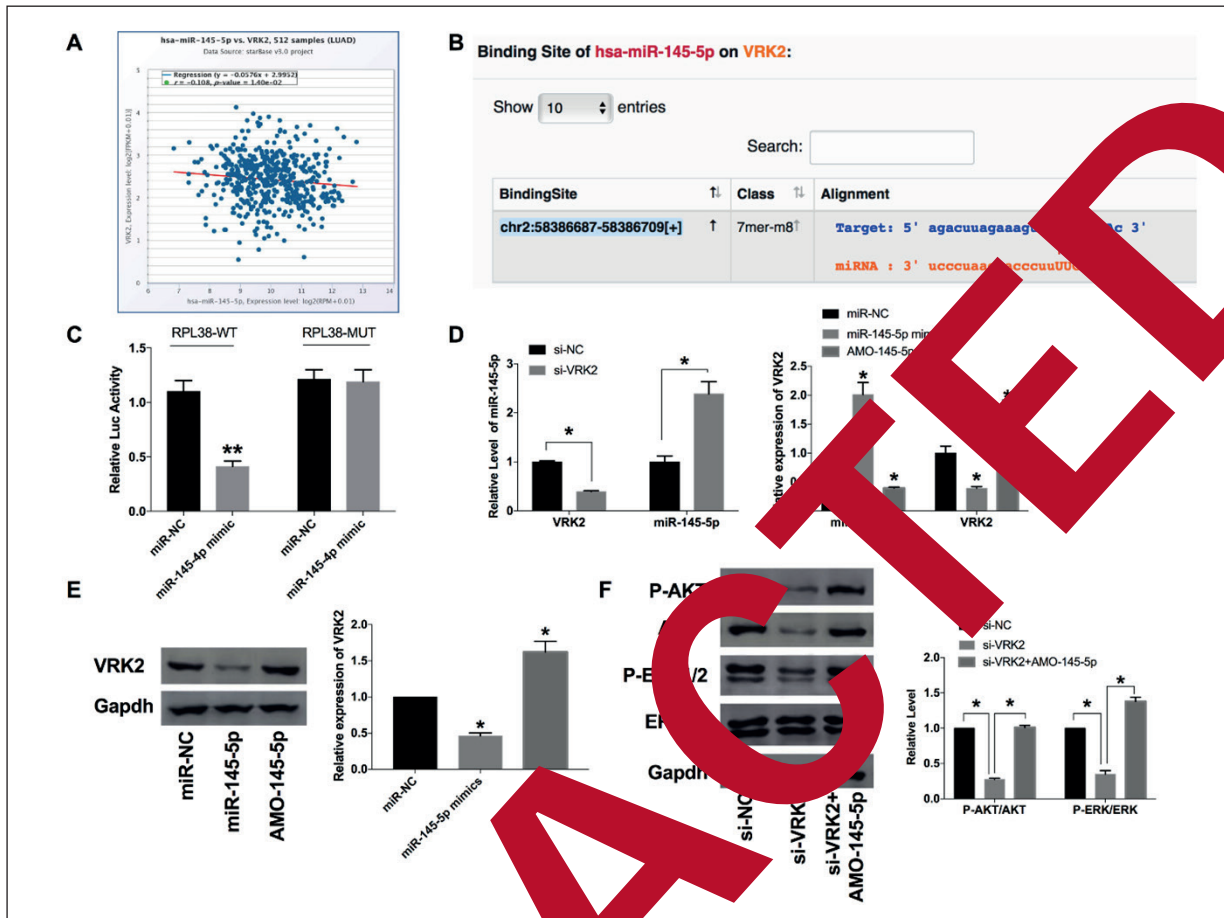
Bioinformatics sites showed that VRK2 was negatively correlated with miRNA-145-5p and that miRNA-145-5p could bind with the 3' UTR region of VRK2 (Figure 4A&B). To verify the forecast, we created miR-145-5p mimics/miR-NC and performed Luciferase assay; the report confirmed the link between VRK2 and miRNA-145-5p (Figure 4C). We transfected si-VRK2/si-NC, miR-145-5p mimics/AMO-145-5p/miR-NC into A549 cells to measure the expression of miR-145-5p and VRK2, there was a negative correlation between VRK2 and miRNA (Figure 4D&E). Meanwhile, AMO-145-5p could block the inactivation of AKT and ERK1/2 induced by si-VRK2 (Figure 4F). In summary, interacting with miR-145-5p, VRK2 participated in the proliferation



**Figure 2.** Knockdown of VRK2 promotes apoptosis in A549 cells. The apoptosis rate was measured by flow cytometry. n=6, \* $p < 0.05$ . **B.** The effect of VRK2 on cell cycle. n=5, \* $p < 0.05$ . **C.** Si-VRK2 induced Caspase-3 activation in A549 cells. n=6, \* $p < 0.05$ . **D.** The protein level of apoptosis-associated proteins (Cleaved-PARP, Bcl2, Cleaved Caspase3, Cleaved Caspase8, Cleaved Caspase9) was detected in A549 after si-VRK2/si-NC transfection. n=8, \* $p < 0.05$ .



**Figure 3.** Knockdown of VRK2 inhibits proliferation and metastasis via AKT/ERK1/2 signal pathway in A549 cells. **A.** CCK8 assay was performed to detect the proliferation ability. n=4, \* $p < 0.05$ . **B.** Cell invasion ability was detected in A549 after si-VRK2/si-NC transfection (magnification×100). n=6, \* $p < 0.05$ . **C.** Representative images (left) and histogram (right) from wound-healing assays using A549 cells. n=4, \* $p < 0.05$ . **D.** The protein level of VRK2, AKT, p-AKT, ERK1/2, p-ERK1/2 were identified by Western blot. n=6, \* $p < 0.05$ .



**Figure 4.** MiR-145-5p binding to VRK2 regulates the ERK1/2 signal pathway. **A**, Bioinformatics predicted the relationship between miR-145-5p and VRK2. **B**, Bioinformatics predicted the binding sequence of miR-145-5p to VRK2. **C**, Luciferase assay reported miR-145-5p interacting with VRK2 (n=4, \*p < 0.05). **D**, **E**, Regulatory effects between miR-145-5p and VRK2 was detected by RT-PCR (n=8, \*p < 0.05). **F**, The protein level of AKT, p-AKT, ERK1/2, p-ERK1/2 was detected by Western blot. n=6, \*p < 0.05.

and metastasis of A549 cells via regulating the ERK1/2 and AKT signal pathway.

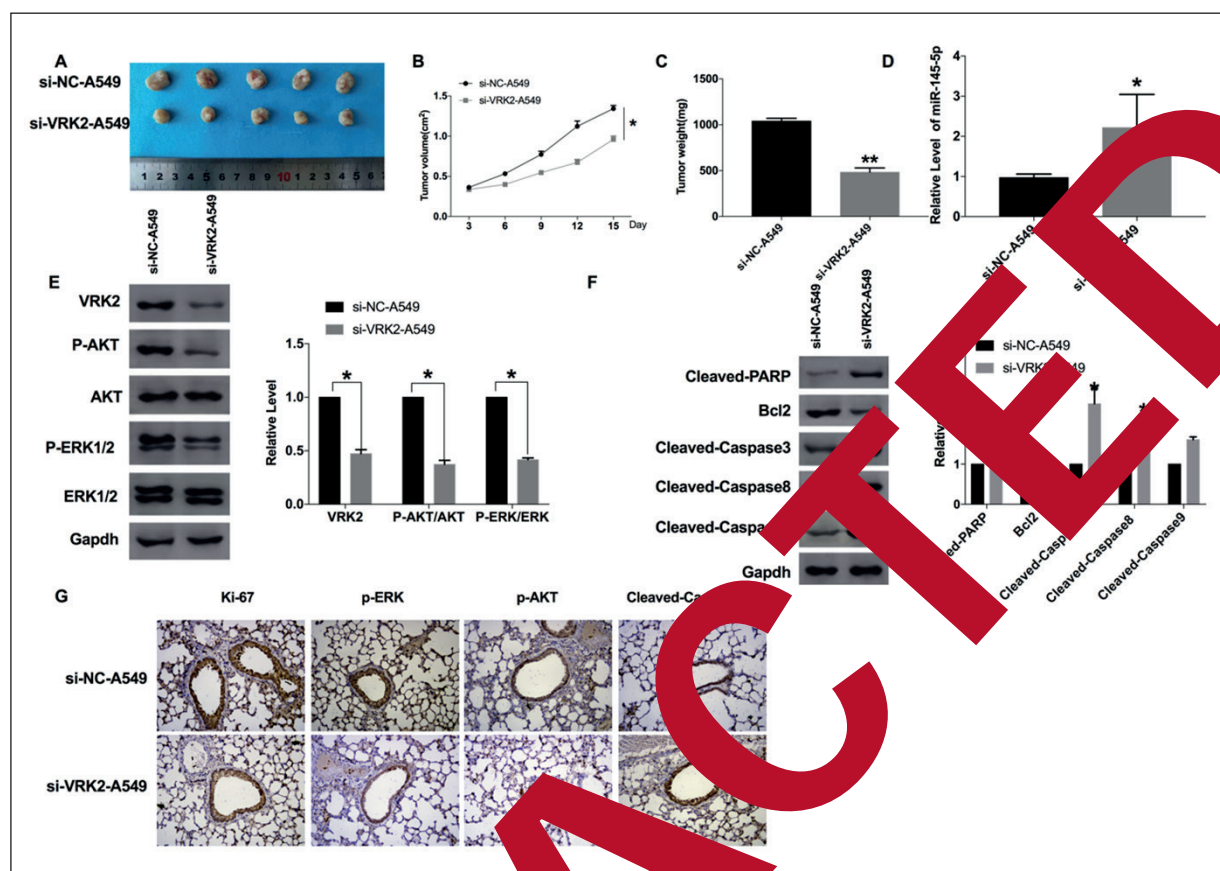
### Knockdown of VRK2 Promotes Tumor Growth In Vivo

To further confirm, we constructed a stable expression of VRK2 A549 cell (si-VRK2-A549) with the normal level of VRK2 A549 (si-NC-A549) as a control (si-NC-A549). Two groups of A549 cells were randomly and subcutaneously injected in the right lower limb of the mice. Tumor size was measured every 7 days. Si-VRK2-A549 injection group significantly reduced tumor volume and weight (Figure 5A-C). The tumor tissues of the si-VRK2-A549 injection group showed a higher level of miR-145-5p and a lower level of VRK2 compared with si-NC-A549 (Figure 5D&E), the

phosphorylation of AKT and ERK1/2 were also decreased in si-VRK2-A549 injection mice (Figure 5F). The tumor tissue was sectioned for immunohistochemical staining (Figure 5G). The Ki-67 staining performed that VRK2 knockdown significantly inhibited the proliferation of tumor, which got similar results *in vitro*. Si-VRK2-A549 decreased the level of VEGF, p-ERK, and p-AKT, accompanied by increased expression of cleaved-Caspase3.

### Discussion

Until now, the commonly used tumor markers such as carcinoembryonic antigen (CEA) have a specific value in the diagnosis of the tumor; their sensitivity and specificity are not high enough<sup>20,21</sup>.



**Figure 5.** VRK2 regulates tumorigenesis *in vivo*. **A**, Photographs of VRK2 knockdown on the size of A549 xenograft tumors in nude mice. **B, C**, The significantly smaller average tumor volume and weights of the si-VRK2-A549 group are compared to the si-NC-A549 group. **D**, The mRNA level of miR-145-5p in tumor tissue.  $n=6$ ,  $*p < 0.05$ . **E**, The protein level of VRK2, AKT, p-AKT, ERK1/2, p-ERK1/2 were detected by Western blot.  $*p < 0.05$ . **F**, The protein level of apoptosis-associated protein (Cleaved-PARP, Bcl2, Cleaved-Caspase3, Cleaved-Caspase8, Cleaved-Caspase9) were detected in tumor tissue.  $n=8$ ,  $*p < 0.05$ . **G**, Representative images (Magnification  $\times 200$ ) of the IHC staining of ki67, p-ERK, p-AKT, and Cleaved-caspase3.

The early diagnosis of pulmonary adenocarcinoma is severe, the prognosis of patients is weak, the late survival period is short, especially the pulmonary adenocarcinoma, the incidence rate is lower than other types of pulmonary adenocarcinoma, the onset age is smaller, and the lump growth is slow, so it is more accessible to misdiagnosis. Through the bioinformatics analysis of pulmonary adenocarcinoma, a large number of genes have been reported on the development, metastasis, drug resistance, and prognostic molecular markers of pulmonary adenocarcinoma<sup>24</sup>. Early diagnosis of pulmonary adenocarcinoma is an essential factor in improving the prognosis and overall survival rate of pulmonary adenocarcinoma patients. But the diagnosis and treatment are not satisfactory<sup>25</sup>. Therefore, we need to explore further the mechanism of pulmonary adenocarcinoma, which could provide a new index for early

diagnosis and therapy of pulmonary adenocarcinoma.

In previous studies, VRK2 was an abnormal expression in psychiatric disorders and epilepsies. In an earlier study, VRK2 was identified as a potential mental and neurological disorder, but few studies on tumors, especially in pulmonary adenocarcinoma. It was reported that VRK2 could regulate the hypoxia stress response induced by TAK1<sup>26</sup>. VRK2 participated in breast cancer via modulating the FBXW2-MSX2-SOX2 axis<sup>27</sup>. VRK1 and VRK2 were both described as an indicator of rectal adenocarcinoma response to neoadjuvant chemoradiation therapy<sup>28</sup>. Some shortcomings of this study are that appropriate VRK2 specific inhibitors were not used to inhibit its activity; we choose siRNA to inhibit VRK2, which may have differential results.

In our study, after quantitative detection of VRK2 level in pulmonary adenocarcinoma patients, it was

found that VRK2 expression in pulmonary adenocarcinoma tissues was significantly higher than adjacent tissues, the similar results were performed in pulmonary adenocarcinoma cell lines. Knockdown of VRK2 could promote apoptosis and press proliferation, metastasis of A549 cells. Further results showed that miR-145-5p could bind with VRK2 involved in pulmonary adenocarcinoma progression via regulating AKT/ERK1/2 signal pathway.

In recent years, the research on the function of miRNA has become one of the breakthroughs in life science, especially in the mechanism of occurrence and development of malignant tumors. MiRNA is a kind of non-coding small molecule RNA, which is widely involved in the regulation of life activities. The results show that most of the genes in human and other mammals are regulated by miRNA, and each miRNA can regulate hundreds of target genes<sup>29,30</sup>. With the deepening of the study of miRNA, it has been reported that the expression of miRNA has significant tissue specificity, and its expression profile analysis can be used to identify the source of tumor, and has higher accuracy than the classification method of mRNA expression profile, and can better reflect the level of gene function. Some studies have also shown that changes in the expression level of miRNA can cause changes in a series of oncogenes and tumor suppressor genes, and then provide an effective pathway for tumor treatment by specifically inhibiting the activity of carcinogenic miRNA in the development of pulmonary adenocarcinoma. The process involving many factors, genes, and genes, involving many genes<sup>31,32</sup>. Using miRNA microarray to analyze differentially expressed miRNA, in pulmonary adenocarcinoma and paracancerous tissues is helpful to systematically study the interaction between genes and complex molecular mechanisms in the development of the malignant tumor, and provide reliable basis for the prevention, diagnosis and treatment of pulmonary adenocarcinoma.

### Conclusions

For the first, we established the correlation between VRK2 and miR-145-5p and explored the related underlying mechanism of VRK2 in pulmonary adenocarcinoma. Although the research is still insufficient, it also can provide a specific theoretical basis for clinical research.

### Conflict of Interest

The Authors declare that they have no conflict of interests.

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