

MicroRNA-124 inhibits proliferation and metastasis of esophageal cancer via negatively regulating NRP1

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Abstract. – **OBJECTIVE:** MicroRNAs are a kind of endogenous, non-coding RNAs, which exert a significant role in pathological processes. Previous studies have reported that microRNA-124 is a tumor suppressor. The specific effect of microRNA-124 on esophageal cancer, however, has not been fully elucidated. This study aimed to explore the role of microRNA-124 in esophageal cancer and its underlying mechanism.

PATIENTS AND METHODS: MicroRNA-124 expressions in 75 esophageal cancer tissues, paracancerous tissues, and esophageal cancer cell lines were detected by qPCR (quantitative Real-Time Polymerase Chain Reaction). The relationship between microRNA-124 expression, clinical progression, pathological indicators, and prognosis of patients with esophageal cancer was analyzed. For functional experiments, we performed CCK-8 (cell counting kit-8), colony formation and transwell assay to detect cell proliferation, migration and invasion abilities after microRNA-124 overexpression in TE-1 and EC-109 cells, respectively. Western blot was utilized to explore the regulatory mechanism of microRNA-124 in esophageal cancer cells.

RESULTS: MicroRNA-124 was downregulated in esophageal cancer tissues than that of paracancerous tissues. Patients with esophageal cancer who had lower expression level of microRNA-124 presented higher tumor stage and metastasis incidence, as well as lower survival rate. *In vitro* studies demonstrated a decrease in cell proliferation and migration abilities after microRNA-124 overexpression. Western blot analysis showed upregulated PI3K and AKT, and downregulated PTEN in esophageal cancer cells after overexpression of microRNA-124. Furthermore, microRNA-124 was confirmed to negatively regulate NRP1, so as to participate in the development of esophageal cancer.

CONCLUSIONS: MicroRNA-124 is downregulated in esophageal cancer tissues, which is remarkably correlated to the development, pathological grade, and poor prognosis of esophageal cancer. Overexpressed microRNA-124 is capable of inhibiting the malignant progression of esophageal cancer *via* negatively regulating NRP1.

Key words: MicroRNA-124; NRP1; Esophageal cancer; Proliferation; Metastasis.

Introduction

Esophageal cancer is one of the most common malignancies in the world with a high fatality rate. Globally, esophageal cancer leads to over 40,000 deaths each year^{1,2}. Although the incidence of esophageal cancer in China has decreased, its mortality rate is still high¹. At present, treatment methods of esophageal cancer include surgical treatment, radiotherapy, chemotherapy, and targeted therapy³⁻⁵. With the rapid development of molecular biology and genetic diagnosis technology, esophageal cancer is considered as the long-term interaction of genetic and environmental factors. The malignant transformation and irreversible genetic changes further result in the disordered cellular functions, including proliferation, apoptosis, and differentiation. Although great progresses have been made, the specific pathogenesis of esophageal cancer is still unclear⁵⁻⁷. More seriously,

most patients with esophageal cancer are in the advanced stage when first diagnosed since the occult symptoms. About 40%-60% of these patients could not be operated because of the advanced stage and high surgical risk^{5,8}. Searching for the key factors or new targets that participate in the development and metastasis of esophageal cancer could be beneficial to work out new treatment approaches^{4,6}. Therefore, it is of great significance to elucidate the molecular mechanism of esophageal cancer for a better diagnosis and treatment.

MicroRNAs are a kind of single-stranded, non-coding RNAs with over 25 nucleotides in length. MicroRNAs could degrade or inhibit the translation of target mRNAs, so as to regulate gene expressions at the post-transcriptional level^{9,10}. Functionally, microRNAs could not encode proteins, but exert their regulatory roles *via* complementary pairing of 3'UTR of target mRNAs^{11,12}. A great number of studies have demonstrated that abnormally expressed microRNAs would lead to dysfunctions of multiple proteins¹³. MicroRNAs are also closely related to tumor development, which could be served as markers in predicting malignant tumors. Recent studies^{14,16} have found that microRNAs exert certain tissue specificities. It can promote the proliferation, invasion, and metastasis of tumor cells through various pathways, and plays an essential regulatory role in the occurrence and development of tumors¹⁷. Differentially expressed microRNAs have been found in various tumor tissues, such as hepatocellular carcinoma, lung cancer, and non-small cell lung cancer^{18,19}. Generally speaking, microRNAs inhibit biological functions in tumors through the miR-miR-miR recombination, miR-miR-miR, epigenetic regulation, nuclear translocation, miR-miR, mRNA splicing, and translation^{11,21}.

It is reported²²⁻²⁵ that microRNA-124 is involved in the progression of gastric cancer, colorectal cancer, nasopharyngeal cancer, and liver cancer. The specific role of microRNA-124 in esophageal cancer, however, is not fully elucidated. In the present study, we detected microRNA-124 expression in esophageal cancer tissues and paracancerous tissues. Moreover, the effect of microRNA-124 on regulating biological functions of esophageal cancer cells were further detected. We aim to explore the role of microRNA-124 in the occurrence and development of esophageal cancer, so as to improve the treatment strategy.

Patients and Methods

Patients

75 esophageal cancer tissues and paracancerous tissues were collected by primary resection. All enrolled patients were pathologically diagnosed as esophageal cancer according to TNM stage in the eighth edition of UICC/AJCC Manual for International Cancer Control/American Joint Committee on Cancer. Patient did not receive preoperative radiotherapy or chemotherapy. This investigation was approved by the Hospital Ethics Committee. All the patients signed the informed consent.

Cell Lines and Reagents

Four human esophageal cancer cell lines (OE19, OE23, OE51 and EC-109) and one human normal esophageal epithelial cell line (HEEC) were purchased from ATCC (Manassas, VA, USA). Cells were cultured in Dulbecco's Modified Eagle Medium (DMEM; Gibco, Grand Island, NY, USA) containing 10% FBS (fetal bovine serum), 100 U/mL penicillin and 100 µg/mL streptomycin (Hyclone, South Logan, UT, USA), and incubated in 5% CO₂ incubator at 37°C.

Cell Transfection

MicroRNA-124 plasmids and negative control were constructed by Gene Pharma (Shanghai, China). Cells in good growth condition were selected and seeded in the 6-well plates. Cell transfection was performed when the confluence was up to 70% according to the instructions of Lipofectamine2000 (Invitrogen, Carlsbad, CA, USA). After transfection for 48 h, cells were collected for the following *in vitro* experiments.

Cell Counting Kit-8 (CCK-8) Assay

Transfected cells were seeded into 96-well plates with 2×10^3 per well. 10 µL of the CCK-8 solution (Dojindo, Kumamoto, Japan) was added in each well after cell culture for 6, 24, 48, and 72 h, respectively. The absorbance at 490 nm of each sample was measured by a microplate reader (Bio-Rad, Hercules, CA, USA).

Colony Formation Assay

Transfected cells were seeded in the 6-well plates at a density of 200 cells per well. Culture medium was replaced once in the first week and twice in the second week. After culturing for 2 weeks, cells were fixed with methanol and stained

with 0.1% crystal violet (Sigma-Aldrich, St. Louis, MO, USA) for 20 min, followed by the detection of colony formation.

Transwell Assay

The upper chamber of transwell chamber was previously coated with 100 μ L of Matrigel (BD Biosciences, Franklin Lakes, NJ, USA) and maintained in an incubator for 2 h. After cell density was adjusted to 2×10^5 /mL, 200 μ L of cell supernatant and 500 μ L of culture medium containing 10% FBS were then added in the upper and lower chamber, respectively. Transwell chamber was removed after incubation for 24 h, and the non-migrated cells in the chamber were gently wiped off with a cotton swab. The chamber was fixed with 4% paraformaldehyde for 30 min, washed with phosphate-buffered saline (PBS) twice, and stained in 1% crystal violet for 30 min. Finally, 5 randomly selected fields were captured for cell count.

QRT-PCR (Quantitative Real-Time Polymerase Chain Reaction)

We used TRIzol (Invitrogen, Carlsbad, CA, USA) to extract total RNA for reverse transcription according to the instructions of PrimeScript RT reagent Kit (TaKaRa, Otsu, Shiga, Japan). The expression level of the target gene was calculated using the $2^{-\Delta\Delta CT}$ method. Primers used in this experiment were as the following: MicroRNA-124, 5'-UAAGGCACGGGUGGAGGCC-3'; U6, 5'-TGCGGGTGCTCTTCGAGC-3'; NRP1, forward, 5'-CCCAACCACTCG-3', reverse, 5'-AGGACCAACCCATTCC-3'; β -actin, forward, 5'-GTGGCACCCAGCACAAT-3', reverse, 5'-TCCATAGGTGTCCCTTTG-3'.

Western Blot

Total protein was extracted from treated cells by radioimmunoprecipitation assay (RIPA) solution (Beyotime, Shanghai, China). The protein samples were separated by electrophoresis on 10% SDS-PAGE medium (polyacrylamide gel electrophoresis) and then transferred to PVDF (polyvinylidene difluoride) membrane (Millipore, Billerica, MA, USA). After membranes were blocked with skimmed milk, the membranes were incubated with primary antibodies (Cell Signaling Technology, Danvers, MA, USA) overnight at 4°C. The membranes were then washed with TBS-T (Tris-buffered Saline with Tween 20) and followed by the in-

cupation of secondary antibody. The protein blot on the membrane was exposed by enhanced chemiluminescence (ECL).

Statistical Analysis

Statistical Product and Service Solutions (SPSS) 20.0 statistical software (IBM, Armonk, NY, USA) was used for data analysis. Measurement data were expressed as mean \pm standard deviation ($\bar{x} \pm s$) and compared using the t -test. The classified variable was compared using chi-square analysis or Fisher's exact test. Kaplan-Meier method was used for evaluating the overall survival of patients and Log-rank test was utilized for comparing differences between curves. $P < 0.05$ considered the difference was statistically significant.

Results

MicroRNA-124 Was Downregulated in Esophageal Cancer Tissues and Cells

We detected microRNA-124 expressions in 75 esophageal cancer tissues and paracancerous tissues by qRT-PCR. Downregulated microRNA-124 was found in esophageal cancer tissues and paracancerous tissues (Figure 1A and 1B). Besides, downregulated microRNA-124 was also observed in esophageal cancer cell lines (Figure 1C). Among them, TE-1 and EC-109 cells expressed a higher level of microRNA-124, which were selected for the following experiments.

MicroRNA-124 Expression Was Correlated With Clinical Stage and Overall Survival of Patients With Esophageal Cancer

Patients with esophageal cancer were assigned to high expression and low expression group according to their expression levels of microRNA-124. Through chi-square analysis, we found that microRNA-124 expression was negatively correlated with clinical stage of esophageal cancer, whereas not correlated with age, gender, lymph node metastasis, and distant metastasis (Table I). Follow-up data of enrolled subjects were collected to analyze the relationship between microRNA-124 expression and prognosis of esophageal cancer. Kaplan-Meier showed that downregulated microRNA-124 was remarkably associated with poor prognosis of esophageal cancer (Figure 1D). These data suggested that microRNA-124 could be served as a biomarker in predicting the prognosis of esophageal cancer.

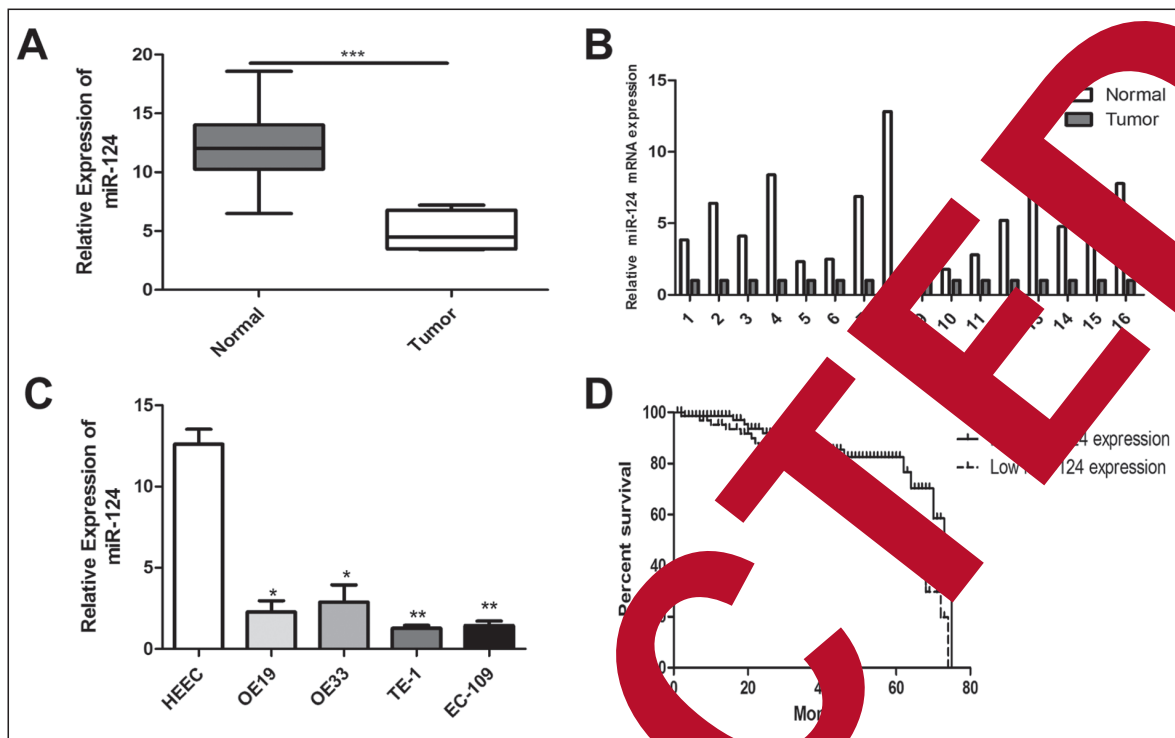


Figure 1. MicroRNA-124 was downregulated in esophageal cancer tissues. **A, B,** MicroRNA-124 was downregulated in esophageal cancer tissues than that of paracancerous tissues. **C,** Expression levels of microRNA-124 in 4 esophageal cancer cell lines (OE19, OE33, TE-1 and EC-109) and normal esophageal epithelial cell (HEEC). **D,** Kaplan-Meier survival curves of patients with esophageal cancer based on microRNA-124 expression. Patients in the high expression group had worse prognosis than those in the low expression group.

Overexpressed microRNA-124 inhibited Cell Proliferation

To further explore the effect of microRNA-124 on the proliferative capacity

of esophageal cancer cells, we first constructed corresponding transfection plasmids of microRNA-124 (Figure 2A and 2B). The CCK-8 assay showed decreased proliferative rate after

Table I. Association of miR-124 expression with clinicopathologic characteristics of esophageal cancer.

Parameters	Number of cases	miR-124 expression		p-value
		Low (%)	High (%)	
Age (years)				0.435
< 40	32	20	12	
≥ 40	43	23	20	
Gender				0.294
Male	27	22	15	
Female	38	18	20	
Stage				0.021
I-II	42	29	13	
III-IV	33	14	19	
Lymph node metastasis				0.116
Yes	45	30	15	
No	30	14	15	
Distant metastasis				0.101
Yes	60	38	22	
No	15	6	9	

microRNA-124 overexpression in esophageal cancer cells (Figure 2C and 2D). Similar results were obtained in the colony formation assay (Figure 2E and 2F).

Overexpressed microRNA-124 Inhibited Cell Migration and Invasion

Transwell assay was performed to detect migration and invasion of esophageal cancer cells after altering microRNA-124 expression. The amount of transmembrane cells was remarkably reduced after overexpression of microRNA-124 in TE-1 cells, indicating the inhibited migration and invasion abilities (Figure 3A and 3B). Similar results were obtained in the EC-109 cells (Figure 3C and 3D).

Overexpressed microRNA-124 Activated PI3K/AKT Pathway

We next explored the mechanism of microRNA-124 in promoting proliferation and migration of esophageal cancer cells. PI3K/AKT pathway-related genes were detected by Western blot. The data illustrated downregulated PTEEN and upregulated PI3K and AKT after microRNA-124 overexpression (Figure 4).

MicroRNA-124 Inhibited Development of Esophageal Cancer Via NRP1

To further investigate how microRNA-124 promoted the malignant progression of esophageal cancer, we screened out the target gene of microRNA-124 through bioinformatics analysis. Here, NRP1 expression was detected by qRT-PCR and Western blot. The result showed that NRP1 was remarkably upregulated in esophageal cancer tissues than that of paracancerous tissues (Figure 5A). NRP1 was also downregulated in esophageal cancer cells compared with that of HEC cells (Figure 5B). Furthermore, we selected 16 pairs of esophageal cancer tissues and corresponding paracancerous tissues to detect expression levels of microRNA-124 and NRP1. MicroRNA-124 was found to negatively regulate NRP1 in TE-1 and EC-109 cells (Figure 5C). Small interfere sequence of NRP1 was constructed and its transfection efficacy was verified by qRT-PCR (Figure 5D and 5E). Rescue experiments indicated that increased proliferation and invasion abilities by microRNA-124 overexpression were reversed by NRP1 overexpression in TE-1 cells, indicating that microRNA-124 promoted malignant progression of esophageal cancer by negatively regulating NRP1 (Figure 5F and 5G).

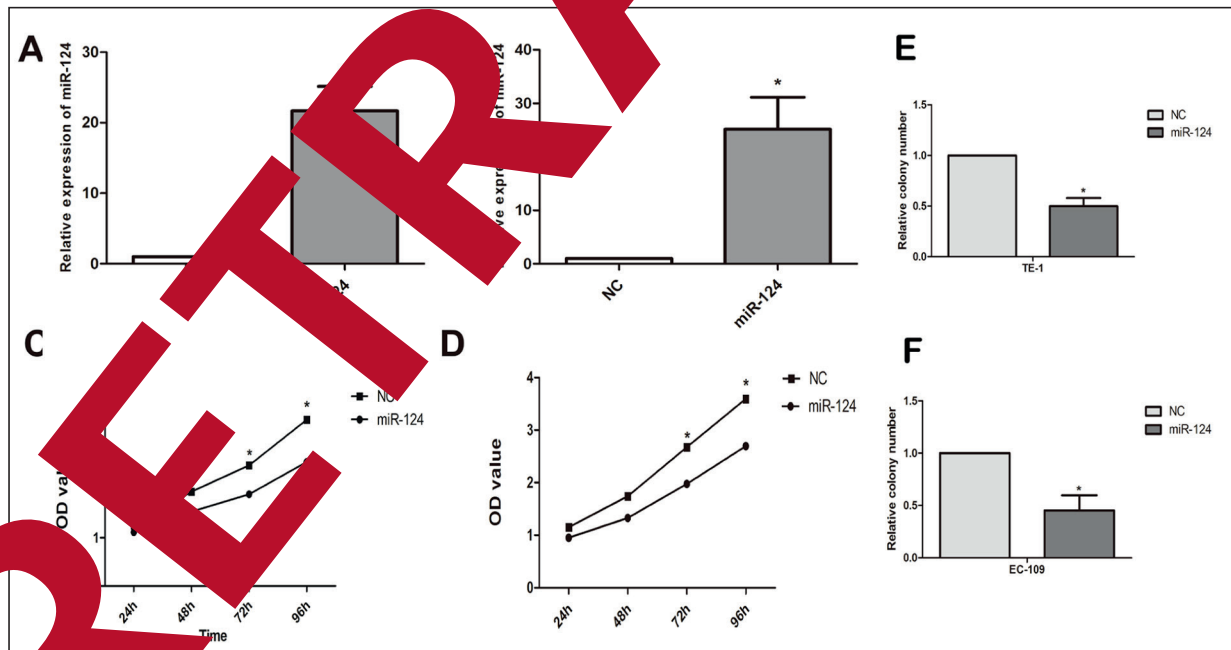


Figure 2. Overexpressed microRNA-124 inhibited cell proliferation. **A, B,** QRT-PCR was used to verify the transfection efficiency of microRNA-124 overexpression plasmid in TE-1 and EC-109 cells. **C, D,** Growth curve analysis showed the cell growth of TE-1 and EC-109 cells after microRNA-124 overexpression. **E, F,** Cell colony formation ability in TE-1 and EC-109 cells after microRNA-124 overexpression.

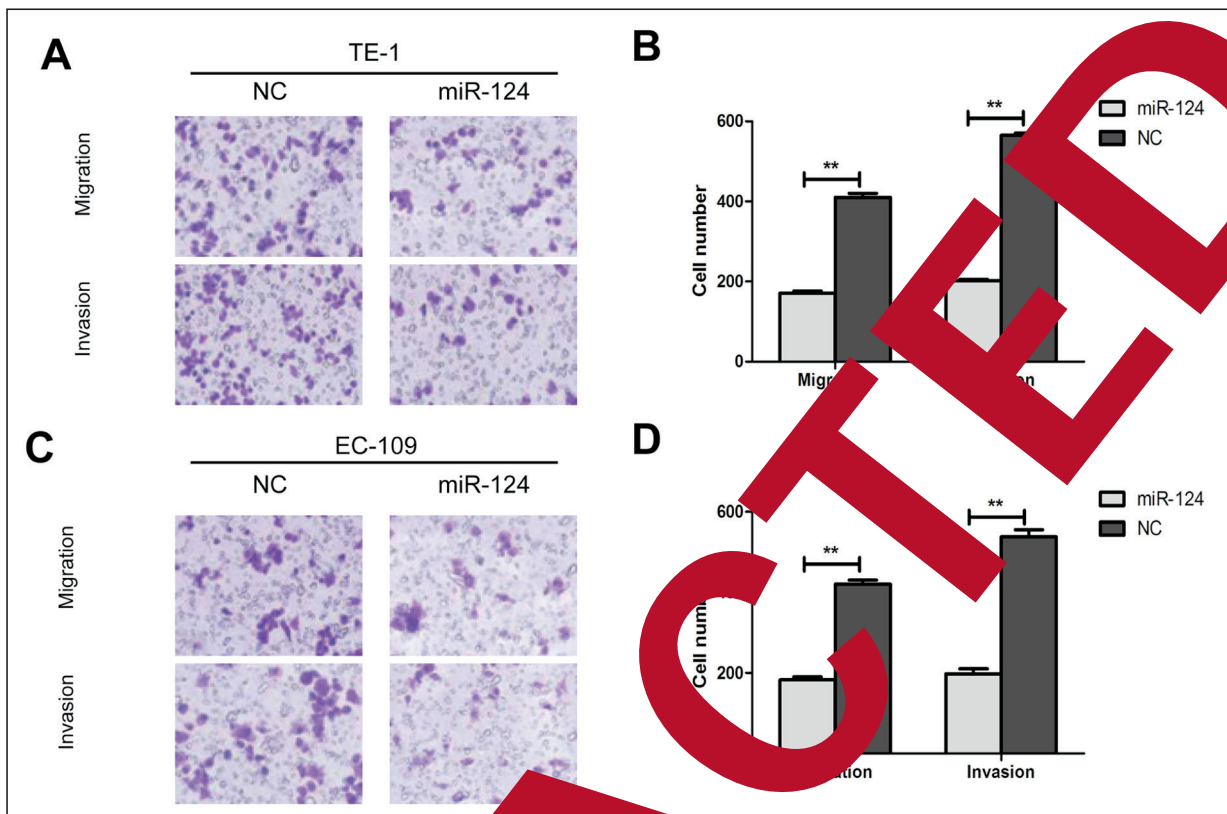


Figure 3. Overexpressed microRNA-124 inhibits cell migration and invasion. **A, B,** TE-1 cells transfected with microRNA-124 overexpression plasmid displayed significantly lower migration and invasion capacities. **C, D,** EC-109 cells transfected with microRNA-124 overexpression plasmid displayed significantly lower migration and invasion capacities.

Discussion

Esophageal cancer is one of the most common malignancies of the upper gastrointestinal tract. Exploration of the pathogenesis and development mechanisms is of great significance for improving

the diagnosis and prognosis of patients with esophageal cancer^{2,6}. Molecular genetic changes in esophageal cancer cells, such as alterations in gene copy numbers and coding sequences, could remarkably affect phenotypes of tumor cells⁵. In recent years, the incidence and mortality of esophageal cancer in China have gradually increased. The early diagnostic rate of esophageal cancer is extremely low, and most of these patients are in the advanced stage when first diagnosed^{5,7,8}. Genetics, diet, unhealthy lifestyles, and precancerous lesions are all closely related to the occurrence of esophageal cancer. Clinically, over 50% of patients with esophageal cancer experienced micrometastases before radical surgery^{5,26}. Therefore, early diagnosis, effective treatment, and postoperative adjuvant therapy of esophageal cancer have been well studied.

Current studies have confirmed that microRNAs possess significant biological functions in tumors, which provides new directions for better tumor treatment¹⁴. MicroRNAs are capable of regulating proliferation, apoptosis, and migration

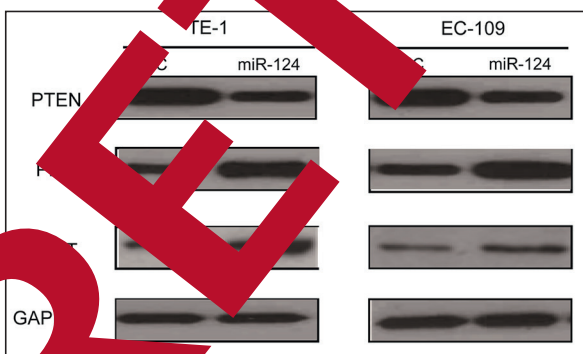


Figure 4. Overexpressed microRNA-124 activated PI3K/AKT pathway. Overexpressed microRNA-124 significantly changed expressions of PI3K/AKT pathway-related genes, including PTEN, P13K and AKT.

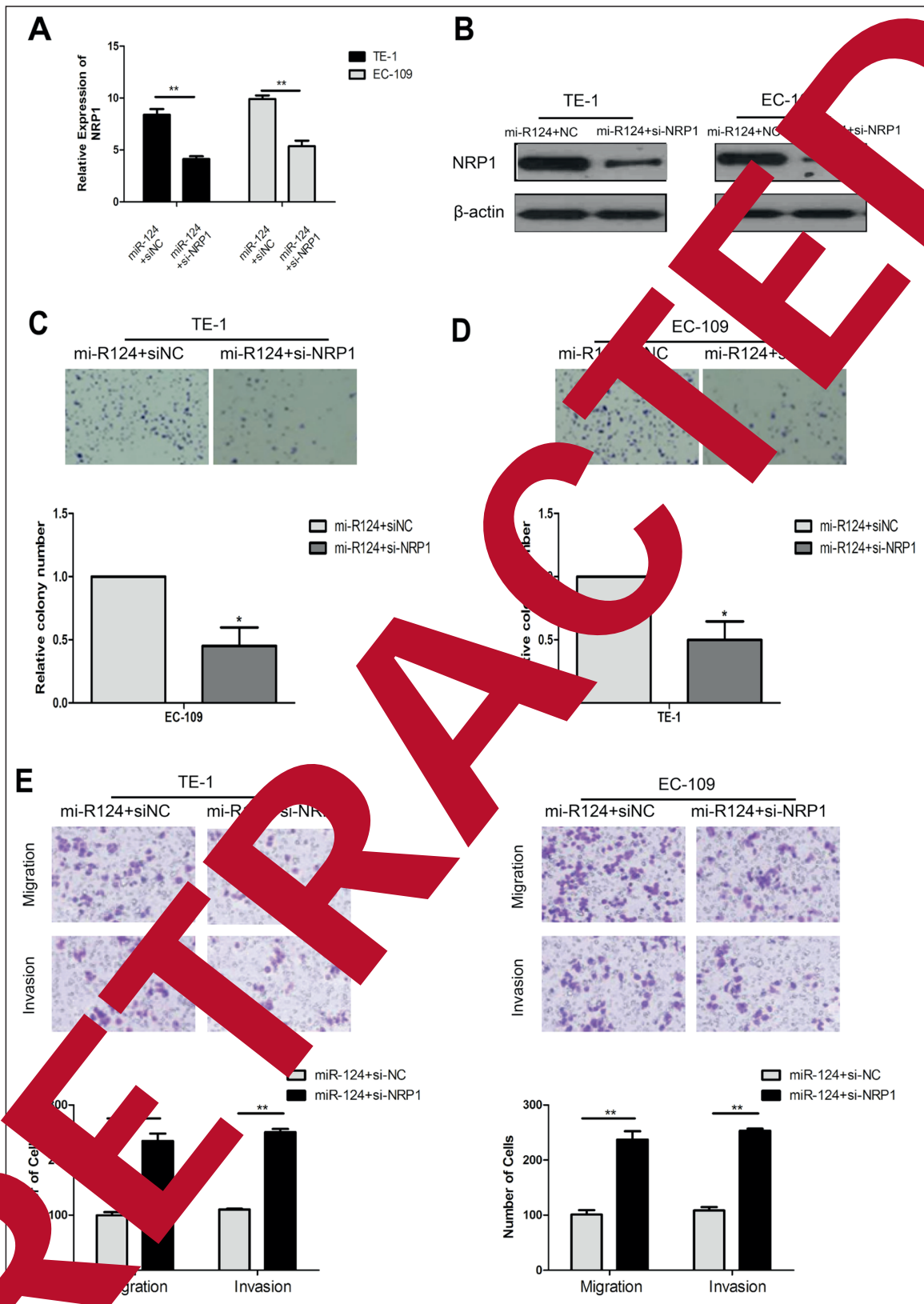


Figure 5. MicroRNA-124 inhibited development of esophageal cancer *via* NRP1. **A, B**, The mRNA expression level of NRP1 relative to GAPDH in human esophageal cancer tissues, paracancerous tissues, and cell lines were detected using qRT-PCR. **C**, A positive correlation was found between microRNA-124 and NRP1 in esophageal cancer samples.

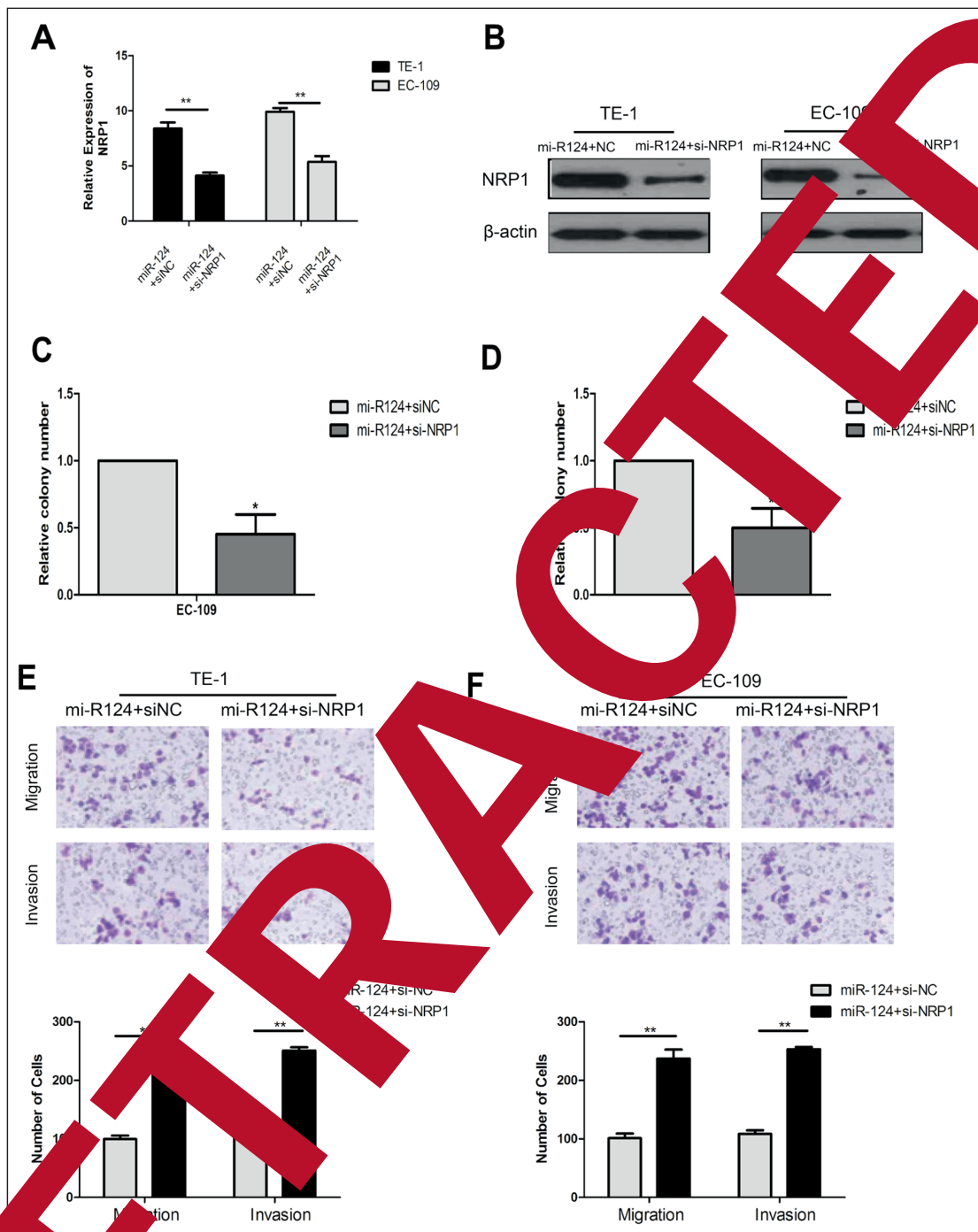


Figure 4. MicroRNA-124 regulated NRP1 expression. **A**, NRP1 expression was verified by qRT-PCR in co-transfected cell lines. **B**, Western blotting was used to verify NRP1 expression. **C**, **D**, The roles of microRNA-124 and NRP1 in regulating migration and invasion of esophageal cancer cells were examined by transwell assay. A representative data set was displayed as mean \pm SD value ($p < 0.05$, $**p < 0.01$).

of patients also as to affect the chemotherapy and radiotherapy sensitivities^{10,17}. It is reported that there are many differentially expressed miRNAs in esophageal cancer tissues, which may influence the diagnosis and prognosis of

these patients. In the present study, we found that microRNA-124 was downregulated in esophageal cancer tissues than that of paracancerous tissues, which was negatively correlated with the pathological grade and prognosis of esophageal cancer.

We, therefore, speculated that microRNA-124 could inhibit the malignant progression of esophageal cancer. For *in vitro* experiments, overexpressed microRNA-124 remarkably inhibited proliferation, invasion, and migration of esophageal cancer cells.

PI3K/AKT pathway is considered to be involved in tumorigenesis²⁷. The activity of PI3K/AKT pathway is negatively regulated by the lipid phosphatases PTEN and SHIP^{27,28}. So far, no specific phosphatases have been found to be able to downregulate AKT activity. On the contrary, phosphatase inhibitors could increase the phosphorylation and activity of AKT. Recent studies showed that AKT can be inactivated by a c-terminal regulatory protein (cTMP) that binds to AKT and blocks downstream signaling by inhibiting AKT phosphorylation. Overexpression of cTMP prevents AKT from being inactivated by the dephosphorylation of PP2A phosphatase, thus protecting AKT activity^{28,29}. PI3K/AKT pathway plays a pivotal role in the proliferation and metastasis of multiple cancers, such as breast cancer, colon cancer, lung cancer, prostate cancer, liver cancer, and pancreatic cancer²⁹⁻³². In this study, Western blot results showed that PTEN, a negative protein in PI3K/AKT pathway, was downregulated after microRNA-124 overexpression, whereas PI3K and AKT were remarkably upregulated, indicating that microRNA-124 inhibits proliferation and metastasis of esophageal cancer *via* PI3K/AKT pathway.

Neuropilin 1 (NRP1) is a type I transmembrane glycoprotein expressed on the cell surface, which belongs to the semaphorin family. NRP1 is a multifunctional receptor that exerts a crucial role in the nervous system, vascular system, and tumor progression. Additionally, NRP1 not only participates in the regulation of neuronal guidance and axon growth, but also regulates activation, proliferation, and migration of endothelial cells³⁴. Studies have shown that NRP1 is differentially expressed in various types of tumors such as bladder cancer and breast cancer, and is closely related to tumor cell growth and tumor angiogenesis. It has been reported that NRP1 expression is strongly correlated with gliomas malignancy. Additionally, overexpressed NRP1 is also associated with lower overall survival of patients with prostate cancer. Cellular experiments have demonstrated that NRP1 could lead to metastasis of tumor cells *via* stimulating cell proliferation and increasing expressions of adhesive factors in epithelial cells³⁶. In the present

study, we found the interaction between microRNA-124 and NRP1 by the rescue experiment, which further provides a theoretical basis for diagnosing and treating esophageal cancer.

Conclusions

We showed that microRNA-124 was downregulated in esophageal cancer tissues, which was remarkably correlated with the development, pathological grade, and poor prognosis of esophageal cancer. Overexpressed microRNA-124 is capable of inhibiting the malignant progression of esophageal cancer *via* negatively regulating NRP1.

Conflict of Interest

The authors declare that they have no conflict of interests.

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