MicroRNA-363-3p is downregulated in hepatocellular carcinoma and inhibits tumorigenesis by directly targeting specificity protein 1

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Abstract. microRNAs exhibit important regulatory roles in tumorigenesis and tumor development, such as in hepatocellular carcinoma (HCC). The present study aimed to investigate the expression and functional roles of microRNA (miR)-363-3p in HCC. miR-363-3p expression levels in a number of HCC tissues and cell lines were measured by reverse transcription-quantitative PCR (RT-qPCR). The effects of miR-363-3p expression on HCC cell proliferation, migration and invasion were examined by MTT assay, Transwell migration and invasion assay, respectively. The effects of miR-363-3p on its downstream target gene, specificity protein 1 (SP1), were examined by bioinformatics analysis, luciferase reporter assay, RT-qPCR and western blotting. An SP1 overexpression vector was subsequently transfected into HCC cells to assess any selective effects on miR-363-3p in modulating HCC. The results revealed that miR-363-3p expression levels were downregulated in both HCC tissues and cell lines, and this low expression level was correlated with tumor size, tumor-node-metastasis stage and venous infiltration in patients with HCC. Upregulation of miR-363-3p inhibited cell proliferation, migration and invasion in HCC cell cultures. In HCC cells transfected with an SP1 expression vector the miR-363-3p-induced tumor suppressive roles on cell proliferation, migration and invasion were reversed. In conclusion, results from the present study indicated that miR-363-3p is a tumor suppressor in HCC and functions through a mechanism involving SP1, suggesting that miR-363-3p may be a potential new therapeutic target for the treatment of HCC.

Introduction

Hepatocellular carcinoma (HCC) is one of the most common malignant tumors and is the third leading cause of cancer-related mortality worldwide (1). Mortality and morbidity rates have been increasing over the past several decades, especially in Asia and Africa (2); chronic infection with either hepatitis B or C virus, alcohol and tobacco use, and liver cirrhosis are responsible for the majority of HCC cases (3,4). Current therapies for HCC include: Hepatic resection, liver transplantation and chemotherapy (5). Although significant development has been made for the treatment of HCC, the 5 year survival rate remains low (6). The poor prognosis for patients with HCC is mainly due to late detection of the disease, distant metastasis and high rates of tumor recurrence post-surgery, resistance to conventional chemotherapy and radiotherapy, and a lack of effective therapeutic intervention for advanced-stage tumors (7,8). Therefore, understanding the molecular mechanisms that are involved in HCC development and progression may lead to the identification of new therapeutic targets for the diagnosis and treatment of this life-threatening disease.

The human transcriptome contains a large number of protein-coding mRNAs as well as numerous non-protein-coding transcripts that may have structural or regulatory functions, among others (9). Several previous studies have reported that microRNAs (miRNAs) serve important regulatory roles in tumor generation and development, including in HCC (10-12). For example, miR-186 expression was reported to be downregulated in HCC tissues and cell lines (13). In addition, miR-186 was demonstrated to inhibit HCC tumorigenesis through the regulation of Hippo signaling (13). miRNAs are single stranded, short (20-30 nucleotides long) non-coding RNAs (14) that negatively regulate gene expression by binding to the 3’ untranslated region (UTR) of their target genes in a base-pairing manner, resulting in mRNA degradation or translational inhibition of functional proteins (15,16). It is well known that abnormal miRNA expression occurs in numerous types of human cancer and serves important roles in a wide variety of biological processes, including tumor cell proliferation, apoptosis, angiogenesis, invasion, migration and metastasis (17,18). In human cancers, miRNAs may act as oncogenes or tumor suppressors, mainly depending on the regulated tumor forms and characteristics of their targeted genes (19). These findings strongly suggested that miRNAs may be promising prognostic markers and therapeutic targets for patients with HCC.

The present study demonstrated that miR-363-3p expression was often reduced and was significantly associated with large tumor size, high tumor-node-metastasis (TNM) stage
and venous infiltration in HCC. The roles of miR-363-3p on HCC cell proliferation, migration and invasion were investigated. In addition, specificity protein 1 (SP1) was identified as a novel direct target gene of miR-363-3p in HCC. Identification of a miR-363-3p/SP1 axis offers a partial elucidation of the molecular mechanism of HCC tumorigenesis and progression, and provides a new potential therapeutic target for the treatment of HCC.

**Materials and methods**

**Tissues.** The present study was approved by the Ethics Committee of People's Hospital of Xuyi (Jiangsu, China), and written informed consent was obtained from patients with HCC, in accordance with the institutional guidelines of the hospital. A total of 87 paired HCC tissues and corresponding normal adjacent tissues (NATs) were obtained from patients who underwent surgical resection of HCC at People's Hospital of Xuyi; patients did not receive preoperative therapy. All 87 HCC (or NAT) tissue samples were combined prior to expression analysis. All surgically resected tissues were immediately snap-frozen in liquid nitrogen and stored at -80°C until use.

**Cell culture.** A total of five human HCC cell lines (HepG2, SMMC-7721, Hep3B, MHCC-97H and Huh7) and one normal hepatic epithelial cell line (LO2) were purchased from the American Type Culture Collection (Manassas, VA, USA). All cell lines were maintained in Dulbecco's modified Eagle's medium (DMEM; Gibco; Thermo Fisher Scientific, Inc., Waltham, MA, USA) containing 10% fetal bovine serum (FBS, Gibco; Thermo Fisher Scientific, Inc.) at 37°C in a humidified atmosphere with 5% CO₂.

**Transfection.** The miR-363-3p mimics, miRNA mimic negative control (NC), SP1 overexpression plasmid (pCDNA3.1-SP1) and blank pCDNA3.1 vector were synthesized or constructed by Shanghai GenePharma Co., Ltd. (Shanghai, China). The sequence of the miR-363-3p mimic was 5'-AAUUGACG GUAUCCACUGUA-3'. The sequence of the NC mimic was 5'-UUUCUCGAACCGUACUGUTT-3'. For transfection, cells were seeded in 6-well plates at a density of 60-70% confluence. Following overnight incubation at 37°C, cells were transfected with miRNA (50 pmol/ml) or plasmid (2 µg) using Lipofectamine 2000 Reagent (Invitrogen; Thermo Fisher Scientific, Inc.), according to the manufacturer's protocol.

**Reverse transcription-quantitative polymerase chain reaction (RT-qPCR).** Total RNA was isolated from tissues (1 g) and cell lines (1x10⁶) using TRizol Reagent (Invitrogen; Thermo Fisher Scientific, Inc.), according to the manufacturer's protocol. The purity and quantity of the total RNA was examined using the ND-2000 spectrophotometer (NanoDrop Technologies; Thermo Fisher Scientific, Inc., Pittsburgh, PA, USA). Reverse transcription of miR-363-3p was performed using miR-363-3p special primers, and SP1 first-strand cDNA synthesis was with the PrimeScript RT Reagent kit (Takara Bio, Inc., Otsu, Japan). qPCR was performed using the SYBR-Green Realtime PCR kit (Toyobo Co., Ltd., Osaka, Japan) on the ABI Prism 7500 Real-Time PCR System (Applied Biosystems; Thermo Fisher Scientific, Inc.). The thermocycling conditions were as follows: 95°C for 10 min; 40 cycles at 95°C for 15 sec and 60°C for 1 min. The expression levels of miR-363-3p and SP1 mRNA were normalized with U6 and GAPDH, respectively. The primer sequences were as follows: miR-363-3p forward: 5'-CGATTTCCAGGTATCCACTCT-3'; reverse: 5'-GTGCAG GTTCGAGGT-3'; U6 forward: 5'-CCTCGTTGACGCACTGCA-3'; reverse: 5'-AACGTTCAAGATTTGCGT-3'; SP1 forward: 5'-GGTCTGAGGGGATCTGGC-3'; reverse: 5'-TATGGCACCCTATGCTTGTC-3'; GAPDH forward: 5'-TGACACCACAACCTGTTAGC-3'; reverse: 5'-GGCATGCAGCTGTTGTGTGAG-3'. The fold change was calculated using the 2^ΔΔCq method (20). This assay was performed in triplicate and repeated at least three times.

**Cell proliferation assay.** Cell proliferation was evaluated by the 3-(4,5-dimethylthiazolyl-2-yl)-2,5-diphenyltetrazolium bromide (MTT; Sigma-Aldrich; Merck KGaA, Darmstadt, Germany) assay. Transfected SMMC-7721 and Hep3B cells in 6-well plates were harvested at 24 h post-transfection and reseeded (2x10⁵ cells/well) into 96-well plates in 150 µl DMEM with 10% FBS. Proliferation rates were measured at 0, 24, 48, 72 and 96 h incubation. Briefly, 5 µl MTT solution (5 mg/ml) was added to the plates and cultured for 4 h at 37°C. Subsequently, the culture medium containing MTT solution was removed and replaced with 150 µl DMEM containing 10% FBS. OD values were used to plot the cell proliferation curves. This assay was performed in triplicate and repeated at least three times.

**Transwell migration and invasion assays.** Transwell migration and invasion assays were performed to assess the abilities of HCC cell migration and invasion. For the Transwell migration assay, transfected SMMC-7721 and Hep3B cells were harvested and resuspended in FBS-free DMEM medium at a concentration of 2x10⁵ cells/ml. A total of 200 µl of the cell suspension was then added into the upper Transwell chamber (8 µm; Corning Inc., Corning, NY, USA). In addition, 500 µl DMEM medium containing 20% FBS was added to the lower chamber as a chemoattractant. The cells were incubated for 48 h at 37°C in an atmosphere of 5% CO₂. Following incubation, the non-migrated cells on the upper membrane surface were carefully removed with a cotton tip, whereas the migrated cells were fixed with 4% paraformaldehyde (Beyotime Institute of Biotechnology, Haimen, China) at room temperature for 20 min, stained with 0.5% crystal violet (Beyotime Institute of Biotechnology) at room temperature for 10 min and washed with PBS (Gibco; Thermo Fisher Scientific, Inc.). The Transwell invasion assay was set up and the incubation, fixing and staining steps were similar to the Transwell migration assay, except that the Transwell chamber was coated with Matrigel (BD Biosciences, Franklin Lakes, NJ, USA). The number of migrating or invading cells was counted from five random fields using an Olympus IX83 light microscope (Olympus Corporation, Tokyo, Japan).

**Bioinformatics analysis.** Bioinformatics analysis was performed to explore the potential target genes of miR-363-3p by using TargetScan (http://www.targetscan.org) and
microRNA.org (http://www.microrna.org/microrna) to search for potential target genes using the term ‘miR-363-3p’.

Luciferase reporter assay. Recombinant plasmids of pMIIR-SP1-3’UTR wild-type (WT) and pMIIR-SP1-3’UTR mutant (Mut) were created by GenePharma. SMMC-7721 and Hep3B cells were seeded in 24-well plates at a density of 40-50% confluence. Following overnight incubation at 37°C, cells were transfected at room temperature with pMIIR-SP1-3’UTR-WT (1 µg) or pMIIR-SP1-3’UTR-Mut (1 µg), and miR-363-3p mimics (20 pmol) or NC mimics (20 pmol) using Lipofectamine 2000 Reagent (Invitrogen; Thermo Fisher Scientific, Inc.). Transfected cells were harvested 48 h post-transfection and luciferase activities were determined with the Dual-luciferase Reporter Assay System (Promega Corporation, Madison, WI, USA), according to

Table I. Correlation between miR-363-3p expression and clinicopathological features in patients with hepatocellular carcinoma.

<table>
<thead>
<tr>
<th>Clinicopathological feature</th>
<th>n</th>
<th>Low</th>
<th>High</th>
<th>P-value</th>
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<tr>
<td>Male</td>
<td>67</td>
<td>37</td>
<td>30</td>
<td>0.986</td>
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<tr>
<td>Female</td>
<td>20</td>
<td>11</td>
<td>9</td>
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<tr>
<td>Age (years)</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;60</td>
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<td>20</td>
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<tr>
<td>≥60</td>
<td>42</td>
<td>23</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>Tumor size (cm)</td>
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<tr>
<td>&lt;5</td>
<td>58</td>
<td>27</td>
<td>31</td>
<td>0.022</td>
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<tr>
<td>≥5</td>
<td>29</td>
<td>21</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Tumor number</td>
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<td></td>
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<td></td>
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<tr>
<td>Solitary</td>
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<td>40</td>
<td>33</td>
<td>0.871</td>
</tr>
<tr>
<td>Multiple</td>
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<td>6</td>
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<tr>
<td>I+II</td>
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<td>32</td>
<td>35</td>
<td>0.011</td>
</tr>
<tr>
<td>III+IV</td>
<td>20</td>
<td>16</td>
<td>4</td>
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<td>Venous infiltration</td>
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<td></td>
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<tr>
<td>Present</td>
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<td>12</td>
<td>2</td>
<td>0.012</td>
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<tr>
<td>Absent</td>
<td>73</td>
<td>36</td>
<td>37</td>
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</tr>
<tr>
<td>Capsular infiltration</td>
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<tr>
<td>Present</td>
<td>51</td>
<td>29</td>
<td>22</td>
<td>0.706</td>
</tr>
<tr>
<td>Absent</td>
<td>36</td>
<td>19</td>
<td>17</td>
<td></td>
</tr>
</tbody>
</table>

miR, microRNA; TNM, tumor-node-metastasis stage.

Figure 1. Low expression levels of miR-363-3p in HCC tissues and cell lines. (A) miR-363-3p expression levels were measured by RT-qPCR in HCC tissues and corresponding NATs. (B) RT-qPCR for miR-363-3p expression was also examined in five HCC cell lines, HepG2, SMMC-7721, Hep3B, MHCC-97H and HuH7, and in the normal hepatic epithelial cell line, L02. Data are presented as the mean ± standard deviation; *P<0.05 vs. NAT or L02. HCC, hepatocellular carcinoma; miR, microRNA; NAT, normal adjacent tissue; RT-qPCR, reverse transcription-quantitative polymerase chain reaction.
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Firefly luciferase activity was measured as an internal control for Renilla luciferase activities. The normalized luciferase activity was expressed as a ratio of firefly luciferase to Renilla luciferase units. All assays were performed in triplicate.

Western blot analysis. Transfected cells (mimics and plasmid) in 6-well plates (1x10^6 cells/well) were harvested at 72 h post-transfection and lysed using Radioimmunoprecipitation Assay Lysis Buffer (Beyotime Institute of Biotechnology) supplemented with a protease inhibitor cocktail (1:100; Roche Diagnostics, Shanghai, China) and phenylmethylsulfonyl fluoride (100 mM; Roche Diagnostics). Proteins (30 µg) were separated by 10% sodium dodecyl sulfate-polyacrylamide gel electrophoresis (SDS-PAGE) and subsequently transferred onto a polyvinylidene fluoride membrane (EMD Millipore,
Billerica, MA, USA). The membranes were blocked with 5% skimmed milk in Tris-buffered saline with 0.1% Tween-20 (TBST) and incubated overnight at 4˚C with either mouse anti-human SP1 monoclonal primary antibody (1:1,000; ab77441; Abcam, Tokyo, Japan) or mouse anti-human GADPH monoclonal primary antibody (1:1,000; ab125247; Abcam); GAPDH was used as an internal control. Following incubation, the membranes were washed three times with TBST and probed with a corresponding horseradish peroxidase conjugated goat anti-mouse secondary antibody (ab6789; Abcam). Protein bands were visualized with the Enhanced Chemiluminescence Detection kit (Sigma-Aldrich, Merck KGaA), and the intensity of the bands was quantified with Image Lab Software version 6.0 (Bio-Rad, Hercules, CA, USA). Each assay was repeated at least three times.

Statistical analysis. Data were compared with two-tailed student's t-test or a one-way analysis of variance using SPSS version 19.0 (IBM Corp., Armonk, NY, USA) and are presented as the mean ± standard deviation. Student-Newman-Keuls (SNK) was used to compare between two groups in multiple groups. Double-tailed P<0.05 was considered to indicate a statistically significant difference.

Results

miR-363-3p expression is downregulated in HCC. To investigate the potential role of miR-363-3p in the pathophysiology of HCC, the levels of expression were measured in HCC tissues and corresponding NATs using RT-qPCR. The results revealed that the expression level of miR-363-3p was significantly lower in HCC tissues compared with corresponding NATs (Fig. 1A; P<0.05). miR-363-3p expression levels in the five HCC cell lines (including HepG2, SMMC-7721, Hep3B, MHCC-97H and Huh7) were also significantly reduced compared with the normal hepatic epithelial cell line L02 (Fig. 1B; P<0.05). Among these cell lines, SMMC-7721 and Hep3B cells showed lower miR-363-3p expression compared with other HCC cell lines. Thus, we chose SMMC-7721 and Hep3B cells for further experiments. These results suggested that miR-363-3p may be acting as a tumor suppressor in HCC.

Correlation between miR-363-3p expression and clinicopathological factors in patients with HCC. Correlations between miR-363-3p expression level and clinicopathological factors of patients with HCC were investigated. As shown in Table I, low miR-363-3p expression was associated with large tumor size vs. small tumor size (P=0.022), III + IV TNM stage vs. I + II TNM stage (P=0.011) and the presence of venous infiltration vs. the absence of venous infiltration (P=0.012). However, no correlation was found between miR-363-3p expression and other clinicopathological factors, including sex (P=0.986), age (P=0.941), tumor number (P=0.871) and capsular infiltration (P=0.706).

miR-363-3p inhibits HCC cell proliferation, migration and invasion. To investigate the roles of miR-363-3p expression in HCC, miR-363-3p mimics were used to overexpress
miR-363-3p in SMMC-7721 and Hep3B cells (Fig. 2A; P<0.05), and following transfection, MTT proliferation assays were performed. The results revealed that the proliferation of SMMC-7721 and Hep3B cells transfected with miR-363-3p mimics was significantly reduced at 72 and 96 h incubation, compared with NC mimic-transfected cells (Fig. 2B; P<0.05). The effects of miR-363-3p on HCC cell migration and invasion were examined using Transwell migration and invasion assays. The data revealed that the migration and invasion abilities of both SMMC-7721 and Hep3B cells transfected with miR-363-3p mimics were significantly reduced, compared with the NC-mimic group (Fig. 2C; P<0.05). These results indicated that increased miR-363-3p expression inhibited HCC cell proliferation, migration and invasion.

**SPI is a direct target of miR-363-3p.** The present study also explored the molecular mechanism by which miR-363-3p might inhibit proliferation, migration and invasion in HCC cells. Bioinformatics analyses revealed a miR-363-3p seed sequence match at position 1779-1785 of the SP1 3’UTR (Fig. 3A). A luciferase reporter assay was performed to verify whether SP1 was a direct target gene of miR-363-3p. The results demonstrated a decrease in luciferase activity in SMMC-7721
and Hep3B cells following co-transfection with miR-363-3p mimics and pMIR-SP1-3'UTR-WT compared with cells co-transfected with NC-mimics and pMIR-SP1-3'UTR-WT (Fig. 3B; P<0.05), whereas luciferase activities were unaffected when HCC cells were co-transfected with miR-363-3p mimics and pMIR-SP1-3'UTR-Mut compared with cells co-transfected with NC-mimics and pMIR-SP1-3'UTR-Mut. Luciferase activity in cells following co-transfection with MIR-SP1-3'UTR-WT was significantly downregulated compared with cells transfected with pMIR-SP1-3'UTR-Mut (P<0.05).

To determine whether miR 363-3p overexpression affected SP1, SP1 mRNA and protein expression levels were quantified using RT-qPCR and western blotting, respectively. The results demonstrated that SP1 mRNA and protein expression levels were significantly reduced in SMMC-7721 and Hep3B cells following miR-363-3p-mimics transfection compared with cells transfected with the NC mimics (Fig. 3C and D; P<0.05). Therefore, these results demonstrated that SP1 was a direct target gene of miR-363-3p in HCC.

Co-transfection with an SP1 expression vector reversed miR-363-3p-mimic-induced inhibitory effects in HCC cells. To further explore whether SP1 was a functional target of miR-363-3p, expression was increased by transfecting SMMC-7721 and Hep3B cells with a pCDNA3.1-SP1 expression plasmid. Following transfection, RT-qPCR and western blot analyses were performed, and an increase in SP1 mRNA (Fig. 4A; P<0.05) and protein (Fig. 4B; P<0.05) expression levels were confirmed. Transfection with the SP1 expression vector reversed the inhibitory effects of miR-363-3p on proliferation in SMMC-7721 and Hep3B cells (Fig. 4C; P<0.05 vs. NC and miR-363-3p mimics+pcDNA3.1-SP1). Similarly, increased SP1 expression was able to reverse the miR-363-3p-induced suppression of cell migration and invasion in SMMC-7721 and Hep3B cells (Fig. 5; P<0.05). These findings provided further evidence that SP1 was a functional target of miR-363-3p in HCC cells.

**Discussion**

A number of recent studies have reported that miR-363-3p expression was dysregulated in many types of cancers; for example, miR-363-3p was revealed to be downregulated in osteosarcoma, and low expression levels of miR-363-3p were associated with tumor size, clinical stage and distant metastasis (21). In addition, weak miR-363-3p expression was reported in gastric cancer (22), colorectal cancer (23), neuroblastoma (24), head and neck squamous cell carcinoma (25) and breast cancer (26). Conversely, high miR-363-3p expression levels were demonstrated in prostate cancer (27) and uterine leiomyoma (28). These findings indicated that miR-363-3p expression has tissue specificity in human cancers.

miR-363-3p was previously demonstrated to participate in cancer carcinogenesis and progression; for example, in osteosarcoma, miR-363-3p was demonstrated to act as a tumor suppressor by inhibiting cell proliferation, migration and invasion (21). Other studies reported that miR-363-3p underexpression enhanced colorectal cancer cell migration and invasion, and induced epithelial-to-mesenchymal...
transition (EMT) both in vitro and in vivo (29), and that ectopic miR-363-3p expression decreased cell proliferation and migration in gastric cancer (22). In head and neck cancer, miR-363-3p overexpression was demonstrated to inhibit cell migration, invasion and metastasis (25,30). In HCC, miR-363-3p was verified to be involved in patients with cisplatin-resistance (31): Increased miR-363-3p expression repressed cisplatin resistance in HCC cells, whereas the downregulation of miR-363-3p enhanced cell viability during cisplatin treatment. These results suggested that miR-363-3p acted as a tumor suppressor in the malignant phenotype of cancers. However, in prostate cancer, miR-363-3p acted as an oncogene by promoting cell proliferation, positively regulating cell transformation properties and EMT (27). These conflicting findings suggested that the roles of miR-363-3p in tumor initiation and development may be tissue specific. This could be explained by the ‘imperfect complementarity’ of the interactions between miRNAs and their target genes (32).

The present study identified SP1 as a target gene of miR-363-3p in HCC, similar to observations made in other cancers, in which miR-363-3p was revealed to target mitogen-activated protein kinase kinase 4 in osteosarcoma (21), SRY-box 4 in colorectal cancer (29), NOTCH1 in gastric cancer (22), myosin 1B in head and neck cancer (30), myeloid cell leukemia 1 in breast cancer and hepatocellular carcinoma (26,31), podoplanin in head and neck cancer (25) and c-Myc in prostate cancer (27). To understand the molecular mechanisms of miR-363-3p-mediated tumor suppression of HCC, the bioinformatics databases TargetScan and microRNA.org were used to predict potential target genes. Analyses revealed that SP1 contained a miR-363-3p seed sequence match at position 1779-1785 of the SP1 3'UTR. Luciferase reporter assays revealed that miR-363-3p directly targeted the 3'UTR of SP1, and RT-qPCR and western blot analysis indicated an increase in miR-363-3p expression resulted in the reduction of SP1 expression at both the protein and the mRNA level. Additionally, the introduction of an SP1 expression vector reversed the miR-363-3p-induced inhibitory effects in HCC cell lines. Taken together, these data provided evidence to support the assertion that miR-363-3p exerted its inhibitory effect on HCC, at least in part, through the negative regulation of SP1 expression.

The SP1 gene maps to chromosome 12q13.1 and encodes a 785-amino-acid long sequence-specific DNA-binding protein (33). Overexpression of SP1 has been frequently observed in melanoma, breast cancer (34), HCC (35), colon cancer (36), pancreatic cancer (37), gastric cancer (38) and prostate cancer (39,40). A previous study has also demonstrated that SP1 participates in cancer development and progression. For example, in lung adenocarcinoma, SP1 expression was significantly upregulated in cells with low invasiveness, whereas SP1 expression levels were reduced in highly invasive cells (41). In addition, SP1 was reported to negative regulate migration, invasion and metastasis of lung adenocarcinoma cells in vivo (41). Absence of SP1 expression was correlated with early stage gastric cancer, whereas strong SP1 expression was exhibited in patients in advanced stages, and was associated with a lower survival rate for patients with gastric cancer (42). Furthermore, Cox’s proportional hazards model indicated that strong SP1 expression was independently prognostic of poor survival (42). These findings suggested that SP1 might be a promising therapeutic target. The present study demonstrated that increased miR-363-3p expression targeted SP1 mRNA to inhibit HCC cell proliferation, migration and invasion, supporting the use of a miR-363-3p/SP1-based targeted therapy as a potential effective treatment for patients with HCC.

Results from the present study demonstrated that miR-363-3p expression was significantly downregulated in HCC tissues compared with corresponding NATs, and a similarly reduced expression was confirmed in HCC cell lines compared with normal hepatic epithelial cells. In addition, reduced miR-363-3p expression appeared to be correlated with clinicopathological features of HCC, including large tumor size, high TNM stage and the presence of venous infiltration. Functionally, increased miR-363-3p expression suppressed HCC cell proliferation, migration and invasion in vitro. Furthermore, SP1 was validated as a novel direct target of miR-363-3p. The tumor suppressive roles of miR-363-3p overexpression on HCC cells were reversed by ectopic SP1 expression. Overall, the present study demonstrated that miR-363-3p expression was downregulated in HCC, and suggested that this reduced expression may inhibit HCC tumorigenesis and tumor progression through inhibiting SP1 expression.

In conclusion, the present study demonstrated that miR-363-3p expression levels were reduced in both HCC cell lines and in clinical HCC tissue specimens. Low miR-363-3p expression was significantly correlated with tumor size, TNM stage and venous infiltration in HCC. miR-363-3p appeared to act as a tumor suppressor in HCC, as the ectopic expression of miR-363-3p inhibited cell proliferation, migration and invasion. The tumor-suppressive roles of miR-363-3p appeared to be mediated by the downregulated expression of its target gene, SP1. These results suggested that miR-363-3p may be a potential therapeutic target for the treatment of patients with HCC.

References


