

大肠癌长非编码RNA的研究进展

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摘要 长非编码RNA(long noncoding RNA, lncRNA)是长度大于200 nt, 因缺少完整的阅读编码框而不编码蛋白质的一种功能性分子。研究发现, 长非编码RNA在众多肿瘤的发生、发展过程中发挥着重要的作用。已有研究报道, 在大肠癌细胞中, 大量长非编码RNA的表达水平与正常细胞相比有显著差异, 在功能上表现为抑癌或促癌作用, 广泛参与大肠癌细胞的转移, 有些长非编码RNA甚至可以作为大肠癌诊断或预后的潜在标记以及治疗的靶标。该文就在大肠癌发生发展中起重要抑癌或促癌作用的长非编码RNA作一综述, 讨论它们在大肠癌中的功能作用及调节机制。

关键词 长非编码RNA; 大肠癌; 抑癌基因; 癌基因

Progress of Long Noncoding RNA in Colorectal Cancer

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Abstract Long noncoding RNA (lncRNA) is a kind of functional molecule with length usually more than 200 nt. lncRNA can not encode proteins because of lacking a complete reading frame. However, more and more accumulated evidences verify that lncRNA plays a critical role in the development of many tumors. In colorectal cancer (CRC), it has been already reported that a large number of lncRNA is significantly differentially expressed compared with normal cell and may act as oncogene or tumor suppressor in function participate in the metastasis of CRC, some of them even can be used as potential markers for the diagnosis or the therapy target of CRC. In this review, we mainly introduce the lncRNA act as oncogenes or tumor repressors in CRC and discuss their functions and regulation mechanisms.

Keywords long noncoding RNA (lncRNA); colorectal cancer (CRC); oncogene; tumor suppressor

大肠癌(colorectal cancer, CRC)是目前最常见的消化道恶性肿瘤之一, 包括结肠癌和直肠癌。近年来, 由于人们生活方式的改变、环境因素的恶化、慢性病的增加以及遗传等多种致癌因素的作用, 我国CRC的发病率和死亡率逐年上升。CRC的形成是一个多基因、多途径、多步骤、多阶段的

复杂而又冗长的过程, 早期的CRC症状不明显, 大多数患者初次诊断已处于中晚期, 一般早期患者通过根治手术可以获得治愈, 中晚期患者主要以放化疗为主, 虽然有一定的疗效, 但大多数预后都很差。因此探索CRC分子水平的发生发展机制对其早期筛查、诊断、治疗和预后等显得尤为重

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要。近年来,关于CRC的研究主要集中在挖掘CRC突变基因及表达紊乱的致病蛋白编码基因上,包括*KRAS*(V-Ki-ras2 Kirsten rat sarcoma viral oncogene homolog)、*MYC*(v-myc avian myelocytomatosis viral oncogene homolog)、*MCC*(mutated in colorectal cancers)、*DCC*(deleted in colorectal carcinoma)、*PCNA*(proliferating cell nuclear antigen)、*SRC*(SRC proto-oncogene, non-receptor tyrosine kinase)和*ESR2*(estrogen receptor 2)等^[1-4]。然而对长非编码RNA(long noncoding RNA, lncRNA)的研究却相对较少。lncRNA最初被认为是转录的“噪音”,没有实际的生物学功能,但近年来越来越多的证据表明,lncRNA的量与mRNA相当,可以参与细胞周期的任何过程,如细胞增殖、细胞生长和细胞凋亡,其异常表达也会影响肿瘤的发生发展,其中包括CRC。

lncRNA参与CRC的形式多种多样,其差异表达影响CRC的细胞增殖、凋亡、转移和侵袭等多种生物过程,有些lncRNA甚至可以作为CRC诊断预后的标记。本文主要介绍近年来所发现的CRC中起重要作用的lncRNA(表1),就这些lncRNA在CRC中的表达、功能、调节机制以及如何影响CRC发生、发展等方面作一综述。

1 促进CRC发生发展的lncRNA

1.1 HOTAIR

同源转录反义RNA(homeobox transcript antisense RNA, *HOTAIR*),由12号染色体*HOXC*(homeobox C cluster)基因簇产生(12q13.13),长度为2.2 Kb,参与2号染色体*HOXD*基因的转录,是典型的通过染色质重塑(反式转录作用)调控基因表达的lncRNA,由Rinn等^[5]从11种人成纤维细胞中发现。大量研究表明,*HOTAIR*与多种癌症的恶化有关,包括原发/转移性乳腺癌细胞、肝癌细胞、胃肠癌细胞、非小细胞肺癌细胞等^[6],也包括CRC,如Kogo等^[7]发现,在肝转移且预后不良的IV期CRC患者结直肠癌组织中,*HOTAIR*水平明显高于正常组织,且*HOTAIR*的表达水平越高,相应的CRC组织分化程度越低,预后越差。此外,Svoboda等^[8]利用PCR技术对73例结直肠癌患者的癌组织和正常组织以及84例结直肠癌患者血供组和40例健康对照组的表达进行分析发现,结肠癌患者血液中*HOTAIR*表达高于健康对照组,且*HOTAIR*的血液水平与肿瘤的大小及预后成正相关,相对于原发肿瘤,

CRC患者*HOTAIR*的血液水平越高其预后越差,死亡率越高。因此,*HOTAIR*的血液水平可以作为潜在的散发性CRC预后的指标。而Wu等^[9]同样利用PCR技术也证实:(1)*HOTAIR*的过表达与淋巴结转移、器官转移、组织分化、血管侵犯和癌症的临床分期及肿瘤浸润的深度显著正相关;(2)*HOTAIR*过表达的患者有较高的复发率且比*HOTAIR*低表达、无转移患者的总生存期低;(3)*HOTAIR*对细胞增殖的影响有限,但明显促进结肠癌细胞的转移与侵袭^[10]。此外,*HOTAIR*的下调可以抑制CRC干细胞的侵袭和转移。以上的研究结果均表明,*HOTAIR*的表达水平可能是诊断结肠癌的一个有价值的预测指标。

在遗传上,*HOTAIR*的多核苷酸多态性也与CRC有关,比如rs7958904基因型的变异与CRC发生的风险相关^[11],可见*HOTAIR*在遗传上也同样具有重要的作用。而在表观遗传上,*HOTAIR*也通常作为组蛋白复合物的支架,通过募集组蛋白修饰复合物PRC2(polycomb repressive complex 2)相结合或赖氨酸特异性组蛋白去甲基酶1(lysine specific demethylase 1, *LSD1*)复合体结合到靶基因位点上,可使染色体组蛋白H3发生第27位赖氨酸三甲基化(H3K27me3)或组蛋白H3第4位赖氨酸去二甲甲基化(H3K4me2),影响靶基因的表达,从而促进结直肠癌的发生和转移^[5,12]。*HOTAIR*作为癌症的重要调节者,进一步研究其在大肠癌发病机制中的作用,对理解恶性肿瘤的发生发展具有重要的价值。同时,*HOTAIR*作为预测CRC生存预后的一个分子标记或者潜在的靶点,在恶性肿瘤的早期诊断、治疗效果、预后监测乃至基因治疗等在临床应用方面具有广阔的前景。

1.2 MALAT1

肺腺癌转移相关转录物1(metastasis associated lung adenocarcinoma transcript 1, *MALAT1*),是肺腺癌转移相关的转录本,定位于染色体11q13.1,长度为8 000 nt,分布在细胞核内,在哺乳动物体内高度保守。目前,*MALAT1*的功能作用已经在很多人类实体癌症包括肺癌、肝细胞癌、子宫内膜间质肉瘤、宫颈癌、乳腺癌、骨肉瘤和结直肠癌中被证实^[13]。此外,在各种生理和病理条件下,*MALAT1*参与细胞增殖、凋亡、迁移和侵袭等的调控过程。

在CRC中,*MALAT1*分子水平上的多种功能已被提出。如Xu等^[14]发现一个有趣的现象,*MALAT1*可

表1 CRC中的lncRNAs
Table 1 lncRNAs in CRC

类别 Category	lncRNA名称 lncRNA name	功能 Function	调节机制 Regulation	相关肿瘤 Associated cancer
lncRNA oncogene	HOTAIR	Silence tumor suppressor genes; activate cancer cell invasion and metastasis	Mediates binding and inhibiting polycomb repressive complex 2 (PRC2) and lysine-specific demethylase protein group 1	CRC, breast cancer and liver cancer
	MALAT1	Activate cancer cell invasion and transformation	Suppress PSF group protein, induce origin cancer gene <i>GAGE6</i> express	CRC, lung cancer, liver cancer, breast cancer, cervical cancer, pancreatic cancer, prostate cancer, osteosarcoma
	CCAT1	Activate cell increment and invasion	MYC binds the promoter of CCAT1 to increase its transcription	Colorectal adenoma and adenocarcinoma, adenoma polyp and proximal colonic epithelial cell carcinoma of the prostate, breast, colon
	CCAT2	Promote tumor's growing and transforming, induce the instability of chromosome	Up regulate the expression of MYC through enhancing the activity of TCF7L2 transcription factor and activating WNT signal pathway	CRC, esophageal squamous cell carcinoma, gastric cancer, non small cell lung cancer
	CRNDE	Up-regulated in CRC, the expression is positively correlated with tumor size	Combine with PRC2, CoREST, regulate histone modification of target genes to inhibit the activation the promoter	CRC, neurospagioma
	HULC	Promote cancer cell invasion and metastasis	No report	CRC, B cell lymphoma, glioma, primary stem cell carcinoma
	CUDR	Promote cancer cell proliferation	Suppress caspase 3 to inhibit cell apoptosis in CRC	CRC, liver cancer, lung cancer, cervical cancer, bladder cancer
	PVT1	Silence of tumor suppressor genes	CRC cells with high PVT1 expression will silence transforming growth factor TGF-β family gene, leading to tumor growth; in addition, its copy number amplification is associated with MYC expression	CRC, B cell lymphoma, gastric cancer
	PCAT1	Up-regulated in CRC, associated with CRC distant metastasis	May function through combining with PRC2	CRC, esophageal squamous cell carcinoma, hepatocellular carcinoma, prostate cancer
	SNHG16	Up-regulated in CRC, inhibit CRC metastasis and invasion, but not affect proliferation of CRC cells		CRC, human bladder tumor, neuroblastoma
lncRNA tumor repressors	H19	Activate cancer cell proliferation, invasion and metastasis; suppressor	Involved in the formation H19-miR-675-RB pathway	CRC, breast cancer, bladder cancer, choriocarcinoma, hepatocellular carcinoma, testicular cancer, esophageal cancer, ovarian cancer
	MEG3	Inhibit cell proliferation, can be used as diagnostic and prognostic markers in CRC	No report	CRC, gallbladder cancer, liver cancer, lung cancer, gastric cancer, pancreatic cancer, non small cell lung cancer, ovarian cancer, prostate cancer, cervical cancer
	TUSC7	The expression is associated with tumor size, migration, and survival	The forth exon contain 2 target sites of miR-211, the expression ois regulated by the tumor suppressor gene p53, possibly through inhibition of miR-211	CRC, human pancreatic ductal adenocarcinoma, esophageal squamous cell carcinoma, primary osteosarcoma
	GAS5	Inhibit proliferation of tumor cells, can be used as a prognostic marker	The host genes of several snoRNAs, that regulated by p53	CRC, breast cancer, prostate cancer, hepatocellular carcinoma, lung cancer
	TP53COR1	Inhibit the expression of oncogenes	Inhibit the Wnt/beta-catenin signaling pathway, promote the expression of apoptosis gene Noxa	CRC, gastric cancer, hepatocellular carcinoma
	NPTN-IT1	Regulator of hypoxia signaling pathway	In hypoxic microenvironment, histone deacetylase 3 mediates histone acetylation regulating the expression of histone H3 and H4, reducing the degradation of radionuclide factor NF90	CRC, liver cancer, lung squamous cell carcinoma

分为5个片段,在CRC组织中均高表达,但各片段的功能不同。其中,6 918~8 441 nt的片段可以增强细胞的增殖和侵袭;而片段5 434~6 951 nt则对维持正常细胞功能扮演着重要的角色;片段6 918~8 441 nt能够加快肿瘤的生长;片段5 434~6 951 nt的突变可能促进CRC的发生。更有意思的是,*MALAT1*扮演着加工mRNA前体的角色^[15],通过调节丝氨酸/精氨酸剪接因子的磷酸化形式来实现mRNA前体剪接的调节,促进CRC的发生和转移^[16]。Ji等^[17]发现,过表达的*MALAT1*促进CRC细胞增殖和迁移的作用机制与抑癌基因脯氨酸/谷氨酰胺富含性剪接因子(splicing factor proline/glutamine-rich, *SFPQ*)和原癌基因核糖核酸结合蛋白2(polypyrimidine tract binding protein 2, *PTBP2*)息息相关。*MALAT1*与*SFPQ*结合,从而使*PTBP2*从*SFPQ/PTBP2*复合物中释放出来发挥其原癌作用促进CRC细胞的浸润和转移;相应地,增加*SFPQ*与*PTBP2*的分离同样能促进CRC细胞的增殖和迁移。这提示,*MALAT1*和*SFPQ*之间的相互作用可能是CRC治疗的新靶点。Yang等^[18]则发现,在具有转移潜能和淋巴结转移的人类原发性CRC组织中蛋白激酶A锚定蛋白9(A-kinase anchoring protein 9, *AKAP9*)高表达,更重要的是,敲除*AKAP9*能阻碍*MALAT1*介导的CRC细胞的增殖、迁移和侵袭,最近机制研究显示,*MALAT1*主要通过促进SRPK1(serine and arginine rich splicing factor protein kinase 1)催化的SRSF1(serine and arginine rich splicing factor 1)磷酸化,从而导致*AKAP9*的高表达^[19]。以上结果表明,*MALAT1*通过各种机制在促进CRC发生上起着重要的调节作用。

1.3 CCAT1

结肠癌相关基因1(colon cancer associated transcript 1, *CCAT1*)长度为2 600 nt,包含2个外显子。*CCAT1*在CRC的癌前病变和任何阶段均明显上调,是一个高度特异性的CRC标志物。如Nissan等^[20]发现,*CCAT1*具备两个特征:(1)相比于正常大肠黏膜组织,*CCAT1*在CRC中表达要高出平均值235倍,而在人体正常大肠组织中却检测不到,说明*CCAT1*对CRC的检测具有高敏感性;(2)*CCAT1*在CRC的早期阶段(如腺瘤性息肉和近端结肠上皮细胞肿瘤)及CRC的晚期阶段(如肝转移)中均高表达。在CRC淋巴结中,*CCAT1*在所有阳性淋巴结组织、40%阳性淋巴结组织及阴性淋巴结免疫组织中均高表达,表明其具有很高的灵敏度。

该研究还显示,有40%的CRC外周血存在*CCAT1*的高表达,而在正常组织中则检测不到,因此,用*CCAT1*代表检测肿瘤相关组织的标记物是非常可靠的。此外,He等^[21]研究也表明,与正常组织相比,*CCAT1*在结肠癌组织中过表达,其表达增加与患者的临床分期、淋巴结转移、术后生存时间显著相关。该项实验还表明,*MYC*可以直接结合到*CCAT1*启动子区域促进其转录,导致*CCAT1*在CRC细胞中表达上调,促进细胞增殖和侵袭。这些研究均表明,*CCAT1*表达不仅促进CRC的发生发展和转移过程,而且是预测CRC临床疗效的理想标志物。最近有研究将*CCAT1*和*HOTAIR*一起作为CRC诊断的标志物,比单独某个lncRNA效果要好^[22],提示将多个相关标志物联合应用更有价值。

*CCAT1*与*MYC*的关系是相互影响的。一方面,*CCAT1*定位于染色体8q24上,处在经典的转录因子*MYC*上游515 bp处,该基因组区域的基因包含由多个增强子形成的特异性染色质环和*MYC*致癌基因,且在前列腺癌、乳腺癌、CRC组织中呈特异性表达^[23];另一方面,*CAATI*位于*MYC*启动子和增强子之间,*CCAT1*的表达同样影响*MYC*的活性,如Xiang等^[24]通过实验证实沉默的*CCAT1*可以减弱*MYC*启动子和增强子间的相互作用从而影响*MYC*的转录调控作用。

1.4 CCAT2

另一个以结肠癌相关基因命名的结肠癌相关基因2(colon cancer associated transcript 2, *CCAT2*)是一个长度为340 nt的lncRNA,由*MYC*上游335 Kb转录而来。*CCAT2*作为Wnt信号转导通路下游的靶基因,通过转录因子7样2(transcription factor 7 like 2, *TCF7L2*)的介导上调*MYC*、miR-17-5p和miR-20a,从而增强CRC细胞的侵袭和转移^[25]。尽管目前仍没有*CCAT1*和*CCAT2*之间关系的报道,但是这两个lncRNAs均与转录因子*MYC*有关,提示他们之间可能存在某种调节或协作的关系。

1.5 CRNDE

结肠癌差异表达(colorectal neoplasia differentially expressed, *CRNDE*)位于人类16号染色体长臂(16q12.2),最初被鉴定为一个在结肠直肠癌和腺瘤显著表达而正常结肠组织中却几乎不表达的lncRNA,被基因命名委员会(human genome organisation, HUGO)命名为结肠直肠癌肿瘤差异表达基因(原名为LOC388279或LOC643911),提示该基因在CRC的发

展早期已经开始活跃。Graham等^[26]通过基因芯片分析发现, *CRNDE*在结直肠腺瘤和腺癌中普遍表达, 检出率超过90%; ROC曲线结果显示, *CRNDE*的剪接变体*CRNDE*亚型(*CRNDE-h*)特异性和灵敏度分别达到96%和95%; RT-PCR法定量测定CRC患者血浆中*CRNDE-h* RNA水平高达87%。以上数据表明, *CRNDE*在结直肠腺瘤和腺癌组织、血浆中均表现出高度的特异性和敏感性, 有望在CRC患者的早期筛查、诊断和预防方面发挥重要的作用。

*CRNDE*是一个多功能的lncRNA, 能表达多种可变剪接变体, 可以与染色质修饰复合物如多梳蛋白抑制复合体2(polycomb repressive complex 2, PRC2)、RE-1元件辅助沉默因子(repressor element-1 silencing transcription factor corepressor 1, CoREST)结合, 调节靶基因的染色质组蛋白修饰, 抑制启动子区域激活, 从而促进CRC的发生^[27]。*CRNDE*的高表达不仅体现在CRC上, 在神经胶质瘤、其他实体瘤和白血病中也表达上调^[28-29]。

1.6 HULC

肝癌高表达基因(highly up-regulated in liver cancer, *HULC*)是肝细胞癌(hepatocellular carcinoma, HCC)中新型的生物标志物, 定位于人染色体6p24.3, 转录本长约500 bp, 最初在肝癌细胞中被发现, 具有特异高表达的特性。随后, Matouk小组^[30]比较*HULC*在原发性CRC、肝或淋巴结转移的CRC及正常组织的表达, 发现*HULC*既不在原发CRC组织中表达, 也不在正常组织中表达, 却在有肝转移而没有淋巴结转移的CRC组织中显著上调, 这说明*HULC*参与CRC的肝转移过程。此外, 该研究还表明, *HULC*的表达上调与细胞来源的CRC细胞系是否产生乙肝病毒有关。RIP实验认为, 高表达的*HULC*主要通过乙肝病毒X蛋白抑制p18促进肝细胞增殖, 但其机制目前仍不清楚^[31]。

1.7 PVT1

癌原性的lncRNA *PVT1*抑癌基因(plasmacytoma variant translocation 1 oncogene, *PVT1*)定位于染色质8q24, 与*CCAT1*、*CCAT2*同处于同一个染色体区域, 由于其染色体拷贝数的扩增, *PVT1*较正常的结肠癌组织表达上调^[32], 而与*PVT1*表达低的CRC患者相比, *PVT1*表达高的CRC患者呈现出较深的静脉浸润及较大的淋巴结^[32], 可见*PVT1*对CRC发生发展起促进作用。关于*PVT1*的调节机制, 有研究报道, CRC细胞中*PVT1*的高表达促使转化生长因子

β 1(transforming growth factor beta 1, *TGFBI*)家族基因的沉默, 从而导致肿瘤的生长。此外, *PVT1*其染色体拷贝数的扩增可能与*MYC*有关^[33], 被认为是*MYC*的靶基因之一^[34]。

1.8 PCAT1

前列腺癌相关ncRNA转录物1(prostate cancer associated ncRNA transcripts 1, *PCAT1*)位于染色体8q24上, 与CRC患者预后不良显著相关^[35]。Ge等^[36]研究证实, *PCAT1*在CRC组织中高表达, 并作为预测CRC患者总生存率的一个独立因子, 与CRC远处转移呈正相关。在前列腺癌中, *PCAT1*高表达通过PRC2途径促进前列腺癌的增殖, 但在CRC中的分子机制仍不清楚^[35]。

1.9 SNHG16

第一次发现核仁小分子RNA宿主基因16(small nucleolar RNA host gene 16, *SNHG16*, 也称*ncRAN*)是在神经母细胞瘤中, 其表达上调, 标志着不良的预后, 而在CRC中也扮演着同样重要的角色^[37-38]。根据Qi等^[38]的报道, 相比邻近组织, *SNHG16*在CRC细胞中广泛表达, 且能抑制CRC的转移和侵袭, 但不影响CRC细胞增殖。此外, 他们还发现, 低分化的CRC中*SNHG16*水平显著低于高分化的CRC。因此, 这些研究提示着*SNHG16*可能成为检测CRC的又一重要标志物。

1.10 H19

H19印迹的母系表达的转录本(H19, imprinted maternally expressed transcript, *H19*)是较早发现的一种长非编码RNA, 位于11号染色体p15.5, 在胰岛素样生长因子2(insulin like growth factor 2, *IGF2*)基因下游200 Kb处, 两者互为等位基因, 使父系*IGF2*和母系*H19*基因选择性表达^[39]。早在1984年, Pachnis等^[40]首次报道*H19*后, 其功能逐渐被阐明, 已有研究表明, *H19*是胚胎发育中重要的调节者, 是成体干细胞增殖的守护者, 同时也是癌症相关的基因, 在促进肿瘤形成过程中起着重要的作用^[41]。

lncRNA *H19*还是miR-675的前体, 通过定量的PCR反转录检测发现相对于癌旁组织, 人原发性结肠癌细胞和结肠癌细胞系中lncRNA *H19*和miR-675均表达上调^[42]。此后, Tsang等^[43]在硅片预测和体外功能研究中也提示miR-675直接作用于视网膜母细胞瘤1(retinoblastoma 1, RB1)蛋白并参与形成*H19*/miR-675/RB1通路, 在CRC的发生发展中起促进作用。

2 抑制CRC发生、发展的lncRNA

一个真正的肿瘤抑制因子必须至少符合三个标准: (1)其功能在肿瘤中失活; (2)其过表达在体内和体外均能抑制肿瘤的生长; (3)在动物模型中, 基因敲除导致肿瘤的形成和(或)发展的缺陷。目前, 在CRC中已发现有很多符合上述条件的lncRNAs, 如母系表达基因3(maternally expressed gene 3, *MEG3*)、lncRNA肿瘤抑制候选7(tumor suppressor candidate 7, *TUSC7*)、*CDKN1A*(cyclin-dependent kinase inhibitor 1A)、生长停滞特异性转录因子5(growth arrest specific 5, *GAS5*)、NPTN内含子转录物1(NPTN intronic transcript 1, *NPTN-IT1*, 也称*lncRNA-LET*)等。

2.1 MEG3

*MEG3*是一个母系表达的lncRNA, 其表达受表观遗传机制控制, 属于*DLK1-MEG3*印迹基因, 包含多个母系和父系印记基因, 位于人类染色体14q32.3上, 是Schuster-Gossler等^[44]在小鼠体内发现的位于12号染色体上*GTL2(MEG3)*的人类同源基因。*MEG3*在人体的许多正常组织如垂体、大脑、肾上腺、胎盘、睾丸、卵巢、胰腺、脾脏、乳腺、肝脏等均高表达, 而在很多种癌细胞系中均发现*MEG3*的表达缺失^[45-50]。

在CRC中, *MEG3*作为一个肿瘤抑制物, 在一定程度上可通过部分活化肿瘤抑制因子p53或非依赖p53途径抑制结肠癌的发生。Zhou等^[47]发现, *MEG3*可以通过依赖p53途径抑制CRC的增殖, 其具体机制是*MEG3*在p53的启动子区位点结合, 刺激肿瘤抑制物p53的表达, 从而抑制CRC的发生。此外, 这项研究还发现, p53的降解是通过原癌基因MDM2(mouse double minute 2 homolog, *MDM2*)介导的, 而在*MEG3*转染的细胞中, *MDM2*表达下调, 这提示, *MEG3*与*MDM2*位点相结合致使p53累积, 从而发挥抑制CRC发生的作用^[47]。最后, 该研究还发现, 在p53缺乏的细胞中, *MEG3*同样能够抑制CRC的发生, 说明*MEG3*也可以通过非p53依赖途径发挥抑癌作用^[47]。此外, 无论在体外还是体内*MEG3*均能对CRC的细胞增殖起调节作用, 且CRC组织分化程度越低, 浸润深度越深, 淋巴结转移越远, *MEG3*水平则越低^[51]。以上这些结果表明, 低表达的*MEG3*在CRC发展中起着重要的作用, 并可作为CRC预后或进展的标志物。

2.2 TUSC7

*TUSC7*又称LOC285194, 长度约为2 000 nt, 包含4个外显子, 定位于3q13.314。首次报道是在原发性骨

肉瘤肿瘤抑制因子中, 骨肉瘤病灶组织中3q13.31位点上的DNA拷贝数变化高发, 这意味着*TUSC7*可能作为一个潜在的肿瘤抑制基因。在体内外CRC标本中, *TUSC7*表现为对肿瘤的抑制作用。Qi等^[52]研究采用RT-qPCR分离技术检测*TUSC7*的水平, 发现肿瘤组织中*TUSC7*水平显著低于相邻的正常组织、正常黏膜细胞和细胞株。

在临床病理方面, *TUSC7*的水平与CRC的大小、分期、转移距离呈负相关, 而与年龄、性别、肿瘤部位、组织学分级、淋巴结转移、静脉浸润或神经浸润无显著相关性。此外, 该项研究中, Kaplan-Meier分析表明, 低水平的*TUSC7*患者预后不良。多因素分析显示, 除淋巴结转移和远处转移之外, *TUSC7*可以作为CRC患者疾病特异性生存率(disease-specific survival, DSS)的一个独立预后指标。以上结果说明, *TUSC7*在结肠癌的早期诊断、靶向治疗、和预后评估中具有研究价值。

Liu等^[53]通过一系列实验分析得出, 外显子4是抑制肿瘤细胞生长的主要作用区域, 有两个miR-211结合位点。*TUSC7*的表达受肿瘤抑制基因p53的调控, 可能通过抑制miR-211的表达来实现, 进而达到抑制结肠癌细胞增殖的目的^[54]。

2.3 GAS5

*GAS5*位于染色体1q25上, 长度约为7 000 nt, 包含12个外显子, 还是多个snoRNAs的宿主lncRNA^[55], 最初在筛选抑制细胞生长的高表达肿瘤抑制基因时发现。Yin等^[56]研究表明, *GAS5*低表达与CRC的大小、低组织学分级、TNM分期显著相关; 多变量分析发现, *GAS5*表达可以作为独立的CRC整体存活率的预测因子。该实验进一步表明, *GAS5*的过表达在体内外均能抑制CRC的生长^[56]。Krell等^[57]采用免疫印记测得CRC中p53的水平显著高于正常组织。实验检测发现, 有85%的肿瘤样本中*GAS5*的衍生物snoRNA的表达水平同样高于正常组织, 更有趣的是, miR-34a的表达水平也同样升高, 暗示着*GAS5*的调节机制可能与microRNAs有关。

*GAS5*作为抑癌因子, 有望成为CRC诊断、预后的标记物及治疗的靶标^[58]。除CRC之外, *GAS5*还被证实在人类T细胞、乳腺癌、前列腺癌、肝细胞癌等细胞系中对细胞的生长和凋亡起重要的调节作用, 并能预测肝细胞癌、肾上腺皮质癌等的复发风险及预后^[59]。

2.4 TP53COR1

众多的研究表明, lincRNA TP53COR1(tumor protein p53 pathway corepressor 1, 也称lincRNA-p21)在多种肿瘤中异常表达, 其中也包括结直肠癌^[60-64]。Zhai等^[65]研究发现, 同一患者TP53COR1在结肠癌组织中的表达水平显著低于正常组织, 且III期肿瘤患者p21明显高于I期肿瘤患者。Wang等^[66]认为, TP53COR1一方面靶向抑制Wnt/ β -catenin信号通路, 使CRC细胞对X线的敏感性增强; 另一方面, TP53COR1促进凋亡基因佛波醇12肉豆蔻酸13醋酸酯诱导蛋白(phorbol-12-myristate-13-acetate-induced protein 1, PMAIP1, 也称NOXA)的表达升高。目前, 有研究表明, TP53COR1与经典的抑癌基因p53关系密切。例如, Zhai等^[65]还证实, 野生型的p53在大肠癌HCT116细胞系中p53的诱导下增强表达, 使TP53COR1表达也上调, 但是在组织学检测中, p53(野生型与突变型)与TP53COR1并无显著相关性, 因此, p53和TP53COR1之间在CRC中的作用关系还有待进一步实验证实。

2.5 NPTN-IT1

NPTN-IT1是一个长度为1 945 nt的转录本。Yang等^[67]研究证实, 在CRC组织中, 缺氧微环境使组蛋白去乙酰基酶3(histone deacetylase 3, HDAC3)介导的NPTN-IT1启动子区的组蛋白乙酰化调控分子组蛋白H3和H4的表达, 进而减少白细胞介素增强结合因子3(interleukin enhancer binding factor 3, ILF3, 也称NF90)的降解, 从而促进CRC细胞的增殖和侵袭能力^[67]。相反, NPTN-IT1在CRC细胞中表达水平上调则能维持ILF3的稳定性, 从而使得ILF3在维持正常结直肠细胞中mRNA的稳定性中发挥作用, 表现为抑癌作用^[67], 这提示我们通过调控ILF3可以抑制癌细胞的转移, 并为CRC的干预治疗提供了新途径。此外, 该项研究还发现, NPTN-IT1在肝癌和肺鳞状细胞癌普遍下调。

3 总结与展望

近年来, 随着对lincRNA功能的认识和研究深入, 越来越多lincRNA被发现与CRC的发生、发展有关, 且部分lincRNA的作用机理、功能特性等已被阐明, 可能可以作为CRC早期诊断、治疗的候选标志物。CRC的发生发展是遗传和表观遗传等多种因素不断累积变化造成的, lincRNA对于CRC可以表现为抑制作用或促进作用。lincRNA参与CRC发生发展

的机制, 主要与是其他生物大分子(如蛋白)、其他非编码RNA(如miRNA及snoRNA)、基因组DNA等进行相互作用和互相调节, 从而构成错综复杂的生物网络关系。有些lincRNA已经被证实可以作为CRC的标志物, 为CRC的早期诊断、治疗和预后判断提供科学的依据。

随着研究的深入, 将有更多的lincRNA被发现和证实, 而且, 已知在CRC中起重要作用的lincRNA在应用于临床前还有诸多问题亟待解决, 其中包括: (1)lincRNA在不同癌组织, 各个阶段的特异性、灵敏度、表达水平、稳定性等; (2)作为CRC的检测物的标准是什么? (3)面对复杂而又庞大的lincRNA家族有没有一个标准的分类方法? (4)CRC中除了被证实的部分独立标志物外, 其他标志物复杂的网络关系如何? (5)部分CRC标志物除了在CRC患者的癌组织、血浆中被检测到, 那么在尿液、汗液中是否也能被检测到? (6)参与CRC形成过程的miRNA等的标志物是否与lincRNA之间存在内在联系等。随着测序技术等其他高通量技术和生物实验技术的发展和运用, 越来越多的lincRNA将会在CRC中被鉴定并证实其重要的功能。

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