

50 余种 miRNA 在神经胶质瘤中的表达水平及作用靶点

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【摘要】 miRNAs 是一类内源性的非编码小分子 RNA, 它能降解靶 mRNAs 或阻遏其翻译过程。在神经胶质瘤中, 有些 miRNAs 表达水平是上调的, 而有些则是下调的; 有些 miRNAs 在肿瘤发生发展过程中起促进作用, 而有些则发挥着类似抑癌基因的功能。因此, 研究神经胶质瘤中 miRNAs 的表达概况, 既可以为临床上胶质瘤的早期诊断提供辅助依据, 还可以提供新的治疗策略。本文就将就 miRNAs 在胶质瘤中表达水平及作用靶点的研究作一综述。

【关键词】 神经胶质瘤; miRNA; 靶点

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Expression levels and targets of more than fifty miRNAs in glioma

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【Abstract】 miRNAs are a class of small endogenous RNAs that degrade target mRNAs or repress their translation process. Several miRNAs in glioma are up-regulated, while some others down-regulated. Some miRNAs promote tumorigenesis; some others, however, play a similar function of tumor suppressor genes. Therefore, studies on the expression profiles of miRNAs in glioma may afford auxiliary basis for early clinical diagnosis and novel strategies for therapy of glioma. This paper will review on researches about the expression levels of miRNAs and their targets in glioma.

【Key words】 Glioma; miRNA; Target

1 miRNA 简介

miRNA 是一类长约 18 ~ 24 个核糖核苷酸的内源性非编码小分子 RNA。最早由 Lee 等人^[1]于 1993 年对秀丽隐杆线虫进行突变体遗传分析时发现, 至今人们在线虫、果蝇、动植物体内已发现 15000 多种 miRNA, 其中有 1 921 个成熟的 miRNA 调控人类约 1/3 编码蛋白的基因^[2]。成熟的

miRNA 由原始 miRNA 转录本 (primary miRNA transcripts, pri-miRNA) 经核酸酶 Drosha 剪切形成 60 ~ 70 个核苷酸的发卡状 miRNA 前体 (pre-miRNA)。再由 Ran-GTP 或 Exportin 5 转运至细胞质, Dicer 酶进一步将其修饰成约 18 ~ 24 个核苷酸长度的 miRNA 双链, 随后组装形成 miRNA 诱导的沉默复合体 (miRNA-induced silencing complex, miRISC)。双链 miRNA 的一条单链被降解, 另一条单链则通过

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碱基互补配对的方式识别靶 mRNA,并根据互补程度的不同指导沉默复合体降解靶 mRNA 或阻遏其翻译过程^[3]。

2 miRNA 与胶质瘤的相关性

胶质瘤是人类最常见的原发性脑肿瘤,且有侵袭周围脑组织的倾向。轻度(I~II级)胶质瘤患者确诊后的5年存活率为30%~70%;而胶质母细胞瘤作为侵袭性肿瘤的典型,其瘤体生长快且易迅速渗入周围组织,患者预后差,平均存活期仅9~12个月^[4]。因此,寻找新的诊疗策略以改善患者预后,延长存活期是临床医学亟待解决的重大问题。

近年来,miRNAs与胶质瘤的相关性研究日益成为生命科学的一大研究热点。miRNAs在肿瘤发生与侵袭、血管生成以及肿瘤细胞凋亡等过程中扮演着重要角色。一些miRNAs与临床诊断及放化疗抗性密切相关。此外,它们对于靶向药物分子的疗效具有潜在的影响作用。miRNAs还可能与胶质瘤干细胞的性质相关,由此影响肿瘤的维持与生长^[5]。

3 胶质瘤中表达上调的 miRNAs 及其作用靶点

Li等^[6]通过qRT-PCR实验证实U251、U87、SHG44和A172四个神经胶质瘤细胞系中miR-222含量水平是HA(人星形胶质细胞系)的50到150倍,且以U251及U87细胞中miR-222含量最高。随后,研究者采用Target Scan在线预测软件对miR-222及其潜在靶基因Dickkopf-2(DKK2, NM_000633)的3'-UTR端进行了靶向预测分析并选出拟合度最佳的作用靶点(miR-222与DKK2 3'-UTR端可互补配对的碱基序列)。设计合成并PCR扩增含有潜在作用靶点的DKK2 3'-UTR序列及其突变型序列,将其分别与双荧光素酶报告基因载体连接构建重组质粒。实验者采用miR-222的模拟物(mimics)、抑制物(inhibitor)及阴性对照(control)分别与重组质粒共转染U251细胞及U87细胞,48 h后裂解细胞并检测荧光素酶活性,结果表明miR-222可靶向调控DKK2的表达。MTT检测结果表明,与对照组相比,转染了miR-222模拟物的胶质瘤细胞存活率升高;而转染了miR-222抑制物的胶质瘤细胞存活率显著降低。裸鼠异位植瘤实验发现

对miR-222沉默处理可显著抑制肿瘤发生。

Wang等^[7]运用qRT-PCR和蛋白印迹等实验技术证实 β -catenin/TCF4与miR-30a-5p基因启动区的两个位点结合,从而促进miR-30a-5p的生成。miR-30a-5p可通过靶向作用于神经细胞黏附分子(neural cell adhesion molecule, NCAM)3'UTR的两个位点,从而抑制NCAM的表达。由此可知,Wnt/ β -catenin信号通路通过miR-30a-5p实现了对NCAM表达水平的调控,从而可以调节神经胶质瘤细胞的生长速率和侵袭活性。Wnt/ β -catenin-miR-30a-5p-NCAM这一新型调节轴在调控胶质瘤细胞侵袭活性及肿瘤发生等方面扮演了重要角色。

外囊泡以外泌体的形式转运胞内蛋白或核酸(包括各种miRNAs)来传递细胞间的信息。Rui Shi等^[8]检测了胶质瘤复发患者脑脊液中肿瘤相关的miRNAs水平,比较并评估了脑脊液、血清及外泌体中miR-21水平变化对患者预后的价值。其样本来源于70位胶质瘤(术后)患者,以脑外伤患者作为非肿瘤对照组。结果表明,实验组(胶质瘤患者)脑脊液外泌体中miR-21水平显著高于对照组,然而两组血清样本中miR-21水平则无显著性差异。脑脊液源外泌体中miR-21的含量水平不仅与肿瘤转移有关,还与肿瘤好发部位的复发几率有关。研究者从另外198个胶质瘤组织样本中证实miR-21含量水平与肿瘤诊断分级有关,且与患者总生存时间的中值呈负相关。用慢病毒抑制剂抑制U251细胞中miR-21的表达后,其靶基因PTEN、RECK和PDCD4所对应的蛋白表达水平均有提升。由此可知,外泌体中miR-21的含量水平可作为胶质瘤诊断和预后的一项可靠指标,特别是用于预测肿瘤复发和转移。神经胶质瘤中表达上调的miRNAs及其作用靶点,miRNA对胶质瘤的影响或其在诊疗中的应用详见表1。

上述miRNAs,如miR-222、miR-30a-5p、miR-21等在神经胶质瘤中的表达水平较正常脑组织是上调的,在肿瘤发生发展过程中起到了一定程度的促进作用。若患者血清或脑脊液中出现上述miRNAs表达水平升高,则可为临床上胶质瘤的确诊提供辅助依据。在治疗过程中,可考虑靶向导入该类miRNAs的抑制剂,使其表达水平趋于正常,从而改善患者预后。

表 1 胶质瘤中表达上调的 miRNAs 及其靶点
Tab. 1 Upregulated expression of miRNAs and their targets in glioma

miRNAs	靶点	miRNAs 对胶质瘤的影响/诊疗中的应用	参考文献
miR-9	SOX2, CAMTA1	增强胶质瘤干细胞对化疗药物的敏感性	9, 10
miR-10b	HOXD10	增强胶质瘤细胞侵袭活性	10
miR-10 family	CUB, SUSHI	增强胶质瘤细胞迁移和侵袭活性;诱导疾病复发;增加化疗耐药性	9
miR-17-92 cluster	CTGF, PTEN	表达水平与胶质瘤等级呈正相关;	9
miR-21	PTEN, PDCD4, RECK	胶质瘤复发的诱因之一;表达水平与病理分型级别呈正相关,与患者生存期中值呈负相关	8
miR-25	CDKN1C	促胶质瘤细胞增殖	11
miR-26a	PTEN	促进胶质瘤的发生;表达水平与胶质瘤恶性程度呈正相关	3
miR-30a-5p	NCAM	诱导胶质瘤发生,促进肿瘤细胞侵袭	12
miR-93	Integrin-β8, PTEN, PHLPP2, FOXO3, PI3K/Akt	促胶质瘤细胞增殖	10, 13
miR-196	Undefined	诊断上可用于区分间变型星形细胞瘤和胶质母细胞瘤	14
miR-196a	IkBα	促胶质母细胞瘤细胞增殖并抑制其凋亡	15
miR-221	STAT1/STAT2, p27 ^{KIP1} , p57	促进胶质瘤细胞生长与侵袭	3
miR-222	DKK2, p27 ^{KIP1} , p57, STAT1/STAT2	促进肿瘤发生	3, 6
miR-300	LZTS2	促进自我更新和抑制胶质瘤干细胞样细胞的分化	16
miR-330	ERK, PI3K/AKT, SH3GL2	促进细胞增殖,迁移和侵袭,并抑制细胞凋亡	17
miR-363/582-5p	Bim, Caspase 3, Caspase 9	促进胶质瘤干细胞生长	9
miR-1275	Claudin11	评估干细胞样细胞分化和组织的异质性,尤其是在胶质母细胞瘤的少突胶质细胞成分之间的关系	9

4 胶质瘤中表达下调的 miRNAs 及其作用靶点

在人的 U251 细胞中,miR-125b 是最早被发现表达水平下调的 miRNA 之一。提高其含量水平时,细胞周期调节蛋白 CDK6 和 CDC25A 的表达受到抑制,导致胶质瘤细胞周期停滞在 G1/S 期,从而抑制胶质瘤细胞的增殖^[18, 19]。另有文献报道^[20],在 CD133 阳性的胶质瘤干细胞 (glioma stem cells, GSCs) 中,miR-125b 的下调会引起 E2F2 蛋白表达的升高,从而调节肿瘤干细胞的新陈代谢及分化。Shi 等^[18]发现 miR-125b 对 CD133 阳性的 GSCs 侵袭活性的抑制是通过调节 MMP-2、MMP-9 及其相应的抑制物 RECK、TIMP3 的表达水平来实现的。miR-128 可靶向调节癌症相关的受体酪氨酸激酶,如 EGFR 和 PDGFR^[21, 22]。近来有研究表明^[21],伴随着组蛋白甲基化 (H3K27me) 和 Akt 磷酸化,miR-128 会出现过表达。此外,Bmil 作为一种干细胞生物标志物同时又是癌基因,受 miR-128 靶向调控^[22]。p70S6K1 是 mTOR 下游的一个关键靶点,在胶质瘤血管生成过程中起到了重要重用。若提高 miR-128 水平,可抑制 p70S6K1 的活性及其下游信号分子如 HIF-1 和 VEGF 的表达,从而减缓细胞增殖、肿瘤生长及血管生成^[23]。另有文献报道^[24],转

录因子 E2F3 亦是 miR-128 的作用靶点。
通用抗癌基因 p53 在 GSCs 中,也与 MicroRNAs 有关联。与野生型 p53 胶质瘤相比较,突变型 p53 胶质瘤中,miR-34a 的表达是下调的^[25]。转染了 miR-34a 的胶质瘤细胞,其生存、增殖及侵袭活力均会受到抑制。胶质瘤异种移植后的体内实验表明,miR-34a 可抑制肿瘤生长并诱导 GSCs 分化^[25, 26]。此外,最近一项研究^[27]证实,miR-34a 可通过调控 Akt 和 Wnt 信号通路来抑制 GSCs 的增殖及肿瘤生长。在 GSCs 中,miR-34a 还可靶向调控一些癌基因,如 c-Met, Notch-1 及 Notch-2^[26]。miR-34 家族的其它成员,如 miR-34c-3p 和 miR-34c-5p,也能影响胶质瘤细胞的增殖及侵袭活力^[9]。神经胶质瘤中表达上调的 miRNAs 及其作用靶点、miRNA 对胶质瘤的影响或其在诊疗中的应用详见表 2:
miR-125b、miR-34a 等 miRNAs 在神经胶质瘤中的表达水平较正常脑组织是下调的,在肿瘤发生发展过程中起到了一定程度的抑制作用。若患者血清或脑脊液中出现上述 miRNAs 表达水平降低,则可为临床上胶质瘤的确诊提供辅助依据。在治疗过程中,可考虑靶向导入该类 miRNAs 或其靶蛋白的抑制剂,使其表达水平趋于正常,从而改善患者预后。

表 2 胶质瘤中表达下调的 miRNAs 及其靶点
Tab. 2 Down-regulated expression of miRNAs and their targets in glioma

miRNAs	靶点	miRNAs 对胶质瘤的影响/诊疗中的应用	参考文献
miR-7	Akt, EGFR	抑制胶质瘤细胞的侵袭活性	9
miR-16	Bmi-1	抑制内皮细胞和肿瘤血管生成的功能	28
miR-26b	EphA2	表达水平与胶质瘤等级呈负相关;抑制内皮细胞和肿瘤血管生成的功能	29
miR-34a	Akt, Wnt pathway, c-Met, Notch-1, Notch-2	抑制胶质瘤细胞生长、增殖及侵袭活力	25-27
miR-101	EZH2, CPEB1, KLF6, LMO3	促胶质瘤细胞凋亡	10, 30-32
miR-106a	E2F1, SLC2A3	阻滞肿瘤细胞对葡萄糖的摄取并抑制其增殖	10, 33
miR-106a-5p	FASTK	抑制星形细胞瘤细胞的增殖和迁移,促进细胞凋亡	34
miR-107	MMP-12, Notch-2, VEGF	抑制胶质瘤干细胞生长及侵袭;抑制肿瘤血管新生	35-37
miR-124	CDK6, SNAI2, SLC16A1, N-Ras, R-Ras	减弱干细胞样特征;抑制神经胶质瘤细胞生长及侵袭;抑制肿瘤血管生成	3,38-40
miR-125b	CDC25A, CDK6, E2F2, MMP-9, pRB, RECK, TIMP3	使胶质瘤细胞周期停滞在 G1/S 期,从而抑制其的增殖	18-20
miR-128	Akt, Bmi1, E2F3, HIF-1, RTKs	减缓细胞增殖、肿瘤生长及血管生成	21-24
miR-133	EGFR	抑制胶质母细胞瘤生长	41
miR-137	CDK6, Cox-2, CSE1L, Rac1, RTVP-1	抑制胶质瘤细胞生长;减弱胶质瘤干细胞的干性特征	3
miR-143	MAPK/ERK, N-RAS, PI3K/Akt	对替莫唑胺(诱导胶质瘤细胞凋亡)有协同作用;抑制肿瘤血管生成	9
miR-145	ABCG2	抑制胶质瘤干细胞迁移及侵袭活性	42
miR-146a	Notch-1	调节神经干细胞的增殖和分化,并减少胶质瘤干细胞样细胞的形成和迁移	43
miR-146b	MMPs	抑制胶质瘤细胞迁移及侵袭活性	44
miR-146b-5p	EGFR, MMP-16, TRAF6	抑制胶质瘤细胞迁移及侵袭活性;预测人脑胶质瘤患者的预后	45-47
miR-152	KLF4	抑制肿瘤侵袭及血管生成能力	9
miR-153	Mcl-1, Bcl-2, Irs-2	诱导胶质瘤细胞凋亡	9, 48
miR-181a	Bcl-2	增强人恶性胶质瘤细胞对放疗的敏感性	49
miR-181b	MDM2, MEK1, IGF-1R	增强神经胶质瘤细胞对替尼泊苷(药物)的敏感性	50-52
miR-181c	Notch-2	抑制胶质瘤细胞增殖、迁移、侵袭活性和自我更新能力	53
miR-182	Bcl2L12, c-Met, HIF2A	抑制肿瘤细胞生长并促其凋亡;表达水平与胶质瘤患者生存期呈正相关	54
miR-186	PAK7, XIAP	抑制胶质瘤干细胞增殖、迁移、侵袭活性;减弱干细胞样特征	55
miR-195	CCND3, cycD1, cycE1, E2F3	抑制胶质瘤细胞增殖及侵袭活性;降低神经胶质瘤细胞的锚地依赖性生长的能力	10
miR-199b-5p	HES1, CD15	抑制胶质瘤的生长	10
miR-200a	SIMZ-s	抑制胶质瘤细胞生长、迁移及侵袭活性	56
miR-200b	CREB1, RAB family, PROM1	抑制胶质瘤细胞生长及侵袭活性	57-59
miR-204-5p	RAB22A	抑制胶质瘤细胞生长、迁移及侵袭活性;抑制肿瘤恶化	60
miR-218	CDK6/cyclin D1/p21 ^{Cip1/Waf1} pathway, E2F2, IKK-β, Slit2-Robo1 pathway	减缓胶质瘤细胞生长及代谢速度;抑制其迁移及侵袭活性	3, 61-63
miR-326	Notch-1, Notch-2, PKM2, SMO	抑制胶质瘤生物学行为及干细胞样特性	9, 64
miR-367	undefined	与胶质瘤等级呈负相关	65
miR-622	ATF2	抑制胶质瘤细胞增殖、侵袭和迁移活性	9

5 展望

胶质瘤患者在接受传统的手术切除、放疗及化疗后,其预后仍然较差,因而寻找新的早期诊断指标或治疗靶标势在必行。在神经胶质瘤组织中,不

同的 miRNAs,表达水平及作用靶点亦有不同。将 miRNAs 作为神经胶质瘤早期诊断的生物标志物,以 miRNAs 及其抑制物为基础的疗法,引起众多研究者的关注。但如前文所述,miRNAs 具有复杂的网络作用机制,将具体的某种 miRNA 作为早期诊断

指标或治疗靶标时,有必要阐明其在肿瘤微环境中的具体生物学功能。且无论是肿瘤干细胞还是其后分化形成的肿瘤细胞,miRNAs 都需要借助传递系统以到达其分子靶标。因此,miRNAs 在胶质瘤临床应用的另一挑战在于透过血脑屏障和其它胞外基质组分以到达肿瘤组织,从而发挥其相应的生物学功能。

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