

MiR-665 inhibits inflammatory response in microglia following spinal cord injury by targeting TREM2

S. LIU, X.-M. LI, J.-B. YUAN, L.-L. LI, C. WANG, X.-M. LIN, X. MIAO, Z.-C. SHI

Department of Orthopaedics, Changhai Hospital, Second Military Medical University, Shanghai, China

Shu Liu and Xiaoming Li contributed equally to this work

Abstract. – OBJECTIVE: The purpose of this study was to uncover the role of microRNA-665 (miR-665) in protecting inflammatory response in microglia following spinal cord injury (SCI) and the underlying mechanism.

PATIENTS AND METHODS: The serum levels of miR-665 and TREM2 (triggering receptor expressed on myeloid 2) in SCI patients (n=24) and healthy subjects (n=24) were detected by quantitative Real Time-Polymerase Chain Reaction (qRT-PCR). Then, the serum levels of interleukin-6 (IL-6) and tumor necrosis factor- α (TNF- α) were detected by enzyme-linked immunosorbent assay (ELISA). After lipopolysaccharide (LPS) induction in BV2 cells, the relative levels of miR-665 and TREM2 were detected by qRT-PCR, and relative levels of IL-6 and TNF- α in the culture medium were examined by ELISA. Next, TREM2, the target gene of miR-665, was determined by Dual-Luciferase reporter assay, and the relationship between the expression levels of TREM2 and miR-665 in SCI patients and BV2 cells was analyzed. Finally, the regulatory effects of miR-665 and TREM2 on IL-6 and TNF- α levels in the culture medium of LPS-induced BV2 cells were assessed.

RESULTS: It was found that miR-665 was downregulated in serum of SCI patients and LPS-induced BV2 cells, while TREM2 was upregulated. Silenced miR-665 or overexpressed TREM2 was involved in protecting inflammatory response following SCI. Besides, rescue experiments showed that miR-665 participated in the regulation of inflammatory response following SCI by targeting TREM2.

CONCLUSIONS: MiR-665 inhibits inflammatory response following SCI by targeting TREM2.

Key Words:

Spinal cord injury, MiR-665, TREM2, Inflammatory factors.

Introduction

Spinal cord injury (SCI) is the damage of spinal cord structure and functions, resulting in movement, sensation and autonomic dysfunctions below the level of injury. With the development of economy and society, the incidence of SCI is increasing year by year. Due to its high medical cost, poor prognosis and high disability rate, SCI brings a heavy economic burden to society and families, and eventually develops into a serious social problem^{1,2}.

Microglia are immune cells of the central nervous system (CNS). As part of the innate immunity of CNS, microglia exert phagocytosis function to remove damaged neurons and cell debris, therefore providing a suitable living environment for neurons³. Activated microglia following SCI exert a dual role in regulating the plasticity of neurons and axons. However, overactivated microglia for a long time will also display toxic effects on neurons⁴. Various inflammatory molecules secreted by microglia promote inflammatory cell infiltration and neuronal apoptosis, leading to aggravation of secondary SCI. Pro-inflammatory mediators [i.e., interleukin-1 (IL-1), IL-6, tumor necrosis factor- α (TNF- α), and iNO] produced by microglia can cause neuronal damage⁵. Therefore, it is necessary to properly regulate the activation of microglia and inflammatory response following SCI⁶.

MicroRNAs (miRNAs) are non-coding RNAs containing 24 nucleotides that participate in post-transcriptional regulation and have been identified to be vital following SCI. In particular, miR-155 stimulates pro-inflammatory effect on microglia⁷. MiR-155^{-/-} macrophages protect axonal growth and neuronal survival in co-cultured

dorsal root ganglion neurons⁸. It is suggested that miRNAs may be utilized as therapeutic targets and intervention strategies for SCI treatment⁹. Song et al¹⁰ have reported that miR-124 accelerates the differentiation from BMSCs to neurons by downregulating pyridoxal kinase (PDXK) and thus triggers neuronal repair following SCI.

MiR-665 is discovered to be upregulated in gastric adenocarcinoma, which aggravates tumor progression by activating the FAK pathway by targeting suppressor of cytokine signaling 3 (SOCS3)¹¹. Besides, miR-665 is involved in the protection of cardiomyocytes under the stimuli of oxidative stress¹². Targeting miR-665-3p/ATG4B/autophagy axis can effectively alleviate inflammation and apoptosis caused by intestinal ischemia/reperfusion¹³.

In this paper, the role of miR-665 in regulating inflammatory response following SCI and the potential mechanism were explored.

Patients and Methods

Clinical Samples and Cell Culture

Blood samples of SCI patients (n=24) and healthy controls (n=24) in Changhai Hospital, Second Military Medical University from June 2016 to December 2018 were collected. Informed consent was obtained from each subject before this trial. This study was approved by the Ethics Committee of Changhai Hospital, Second Military Medical University. BV2 cells (Cell Bank, Shanghai, China) were cultured in Dulbecco's Modified Eagle's Medium (DMEM; Gibco, Rockville, MD, USA) containing 10% fetal bovine serum (FBS; Gibco, Rockville, MD, USA), and 1% penicillin/streptomycin. Cells were observed to be adherent under a microscope (Olympus, Tokyo, Japan).

Cell Transfection

The cells were inoculated before they were transfected with 50-100 nM plasmids using Lipofectamine 3000 (Invitrogen, Carlsbad, CA, USA).

Lipopolysaccharide (LPS) Induction

The cells were prepared into suspension (3×10^5 cells/mL) and 2 mL of suspension was inoculated in each well of a 6-well plate. Four replicates were set in each group. Then, the cells were induced with 0, 1, 5 or 10 $\mu\text{g/mL}$ LPS (Sigma-Aldrich, St. Louis, MO, USA) for 24 h, and finally, 5 $\mu\text{g/mL}$ LPS was selected as the optimal dose.

RNA Extraction and quantitative Real Time-Polymerase Chain Reaction (qRT-PCR)

Plasma RNA was extracted using the Stabilized Blood-to-CT™ Nucleic Acid Preparation Kit (Ambion, Austin, TX, USA). Triggering receptor expressed on myeloid 2 (TREM2) complementary deoxyribose nucleic acid (cDNA) was obtained using M-MLV kit (Promega, Madison, WI, USA) and subjected to qRT-PCR using LightCycler 480 Probes Master Kit (Roche, Mannheim, Germany). Nest, miR-665 cDNA was yielded by miScript II RT kit and amplified by miScript SYBR Green PCR (Qiagen, Hilden, Germany). With glyceraldehyde 3-phosphate dehydrogenase (GAPDH) and U6 as internal controls, the relative level of the target was calculated using $2^{-\Delta\Delta C_t}$ method. The primer sequences are listed as follows: TREM2: forward: 5'-CCAG-CCTGCACTACTTGCCA-3', reverse: 5'-GG-CAGAGTAGTCTCTTGCCAG-3', miR-665: forward: 5'-GGTCTACAAAGGGAAGC-3', reverse: 5'-TTTGGCACTAGCACATT-3', GAPDH: forward: 5'-TCAAGATCATCGCAATGCC-3', reverse: 5'-CGATACCAAAGTTGTTCATGGA-3', U6: forward: 5'-ATACAGAGAAAGTTAG-CACGG-3', reverse: 5'-GGAATGCTTCAAA-GAGTTGTG-3'.

Dual-Luciferase Reporter Assay

Luciferase vectors (wild-type and mutant TREM2) were constructed based on the binding sites in 3'-untranslated region (3'-UTR) of TREM2 and miR-665. Cells were co-transfected with TREM2 MUT/TREM2 WT and control/miR-665 mimics, respectively. 24 hours later, the cells were lysed and subjected to Luciferase activity measurement (Promega, Madison, WI, USA).

Western Blot

Cells were lysed for isolating cellular protein and electrophoresed. Protein samples were loaded on polyvinylidene difluoride (PVDF) membranes (Roche, Basel, Switzerland). Subsequently, non-specific antigens were blocked in 5% skim milk for 2 h. Thereafter, the membranes were reacted with primary antibody against TREM2 (Abcam, ab86491, Cambridge, MA, USA) and secondary antibody (Beyotime, Nantong, China) for indicated time. Band exposure and grey value analyses were finally conducted.

Enzyme Linked Immunosorbent Assay (ELISA)

Sample preparation: (1) for the serum samples, the blood was naturally coagulated at room temperature for 10-20 min, and centrifuged at 2000-3000 g/min for 20 min. The supernatant was collected; (2) for culture medium, the culture medium was collected, centrifuged at 2000-3000 g/min for 20 min, and diluted in phosphate-buffered saline (PBS) (pH7.2-7.4) at 1×10^6 cells/mL. After freeze-thawing, intracellular components were released. The mixture was centrifuged again, and the supernatant was collected for use. At last, the relative levels of inflammatory markers in prepared samples were determined by ELISA (Abcam, Cambridge, MA, USA).

Statistical Analysis

Statistical Product and Service Solutions (SPSS) 19.0 (SPSS Inc., Chicago, IL, USA) was used for data analysis. Data were expressed as mean \pm SD (standard deviation). Differences between two groups were analyzed by using the Student's *t*-test. Comparison between multiple groups was done using One-way ANOVA test followed by post-hoc test (Least Significant Difference). $p < 0.05$ considered the difference was statistically significant.

Results

Expression Levels of MiR-665, IL-6, and TNF- α in SCI Patients and LPS-Induced BV2 Cells

QRT-PCR data showed a lower level of miR-665 in SCI patients than healthy controls (Figure 1A). Compared with controls, serum levels of IL-6 (Figure 1B) and TNF- α (Figure 1C) were higher in SCI patients. *In vitro* SCI model was constructed by LPS induction in BV2 cells for 24 h. It was shown that miR-665 was dose-dependently down-regulated in BV2 cells (Figure 1D), while IL-6 (Figure 1E) and TNF- α (Figure 1F) were gradually upregulated in culture medium.

TREM2 was the Target Gene of MiR-665

Bioinformatics analysis predicted that TREM2 was the target gene binding to miR-665 (Figure 2A). Subsequently, decreased Luciferase activity in wild-type TREM2 vector after overexpression of miR-665 confirmed the binding between TREM2 and miR-665 (Figure 2B). TREM2 was upregulated in serum of SCI patients (Figure 2C) and displayed a negative correlation to miR-665 level ($R^2=0.2872$, $p=0.007$, Figure 2D). Furthermore, it was found that TREM2 was negatively regulated by miR-665 in BV2 cells (Figure 2E,

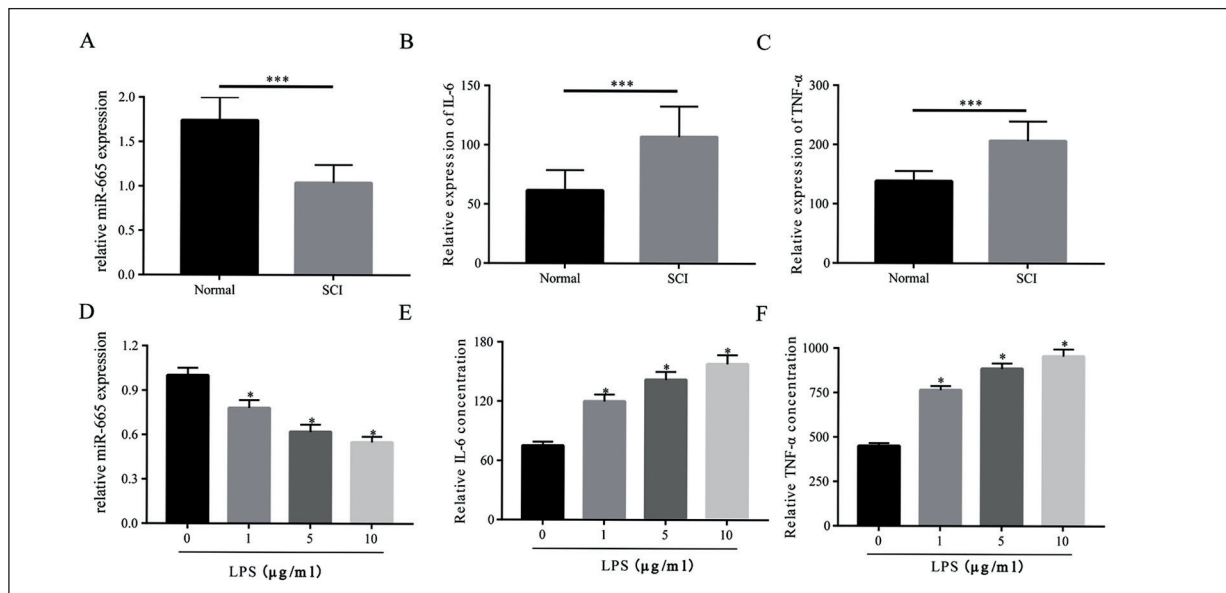


Figure 1. Expression levels of miR-665, IL-6 and TNF- α in SCI patients and LPS-induced BV2 cells. **A**, MiR-665 levels in serum of healthy controls and SCI patients detected by qRT-PCR. **B**, **C**, IL-6 (**B**) and TNF- α (**C**) levels in serum of healthy controls and SCI patients detected by ELISA. **D**, MiR-665 level in BV2 cells induced with 0, 1, 5 or 10 $\mu\text{g}/\text{mL}$ LPS for 24 h. **E**, **F**, IL-6 (**E**) and TNF- α (**F**) levels culture medium of BV2 cells induced with 0, 1, 5 or 10 $\mu\text{g}/\text{mL}$ LPS for 24 h. * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$.

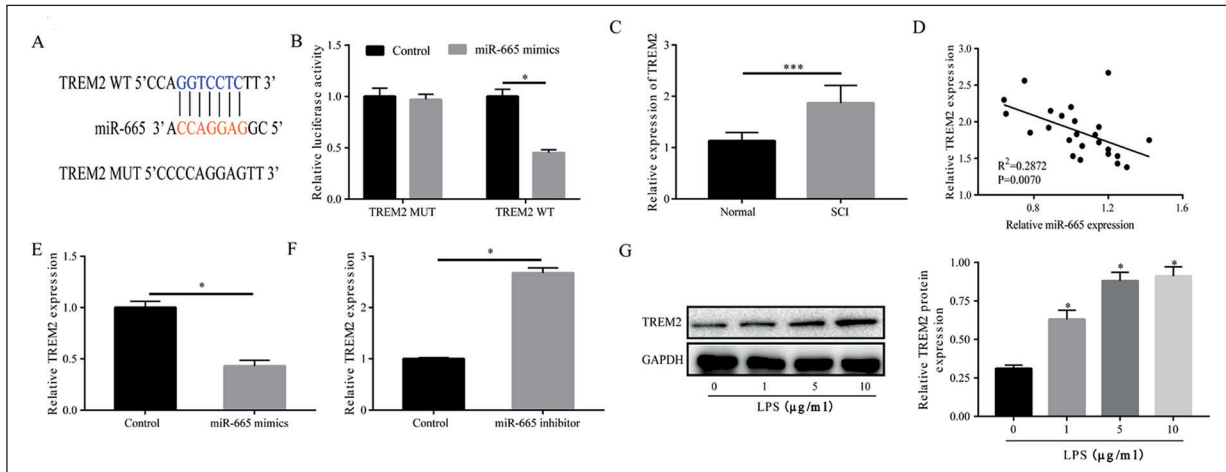


Figure 2. TREM2 is the target gene of miR-665. **A**, Binding sites in 3'UTR of miR-665 and TREM2. **B**, Luciferase activity in BV2 cells co-transfected with TREM2 MUT/TREM2 WT and control/miR-665 mimics. **C**, TREM2 levels in serum of healthy controls and SCI patients detected by qRT-PCR. **D**, A negative correlation between expression levels of miR-665 and TREM2 in SCI patients. **E**, **F**, TREM2 level in BV2 cells with overexpression (**E**) or knockdown (**F**) of miR-665. **G**, TREM2 level in BV2 cells induced with 0, 1, 5 or 10 µg/mL LPS for 24 h. * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$.

2F). In LPS-induced BV2 cells, TREM2 was dose-dependently upregulated (Figure 2G).

Regulatory Effects of MiR-665 and TREM2 on Inflammatory Response

In the following experiments, 5 µg/mL LPS was selected as the optimal dose to induce BV2 cells. Transfection of miR-665 markedly

upregulated miR-665 in LPS-induced BV2 cells (Figure 3A). Overexpression of miR-665 reversed the upregulated IL-6 (Figure 3B) and TNF-α (Figure 3C) in LPS-induced BV2 cells, showing a certain protective role in the inflammatory response. Subsequently, transfection efficacy of si-TREM2 was tested (Figure 3D). Besides, the knockdown of TREM2 also displayed a protec-

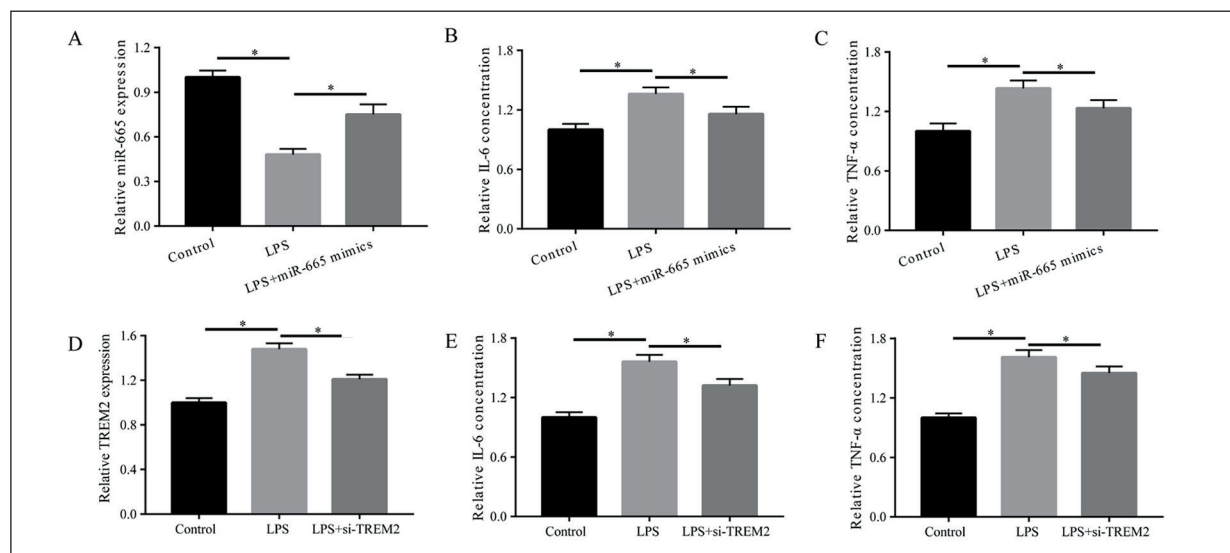


Figure 3. Regulatory effects of miR-665 and TREM2 on inflammatory response. **A**, MiR-665 level in BV2 cells treated with blank control, 5 µg/mL LPS or 5 µg/mL LPS + miR-665 mimics. **B**, **C**, IL-6 (**B**) and TNF-α (**C**) levels in culture medium of BV2 cells treated with blank control, 5 µg/mL LPS or 5 µg/mL LPS + miR-665 mimics. **D**, TREM2 level in BV2 cells treated with blank control, 5 µg/mL LPS or 5 µg/mL LPS + si-TREM2. **E**, **F**, IL-6 (**E**) and TNF-α (**F**) levels in culture medium of BV2 cells treated with blank control, 5 µg/mL LPS or 5 µg/mL LPS + si-TREM2. * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$.

tive effect on alleviating inflammatory response (Figure 3E, 3F).

MiR-665 Alleviated Inflammatory Response Through Targeting TREM2

We speculated that TREM2 was involved in the protective function of miR-665 following SCI. Interestingly, the knockdown of miR-665 markedly elevated inflammatory marker levels (Figure 4A, 4B) in LPS-induced BV2 cells, while their increased levels were further reduced by co-transfection of si-TREM2. Similarly, the over-expression of TREM2 aggravated inflammatory response in LPS-induced BV2 cells overexpressing miR-665 (Figure 4C, 4D).

Discussion

LPS is a bacterial endotoxin that produces reactive oxygen species (ROS) and pro-inflammatory cytokines. It is generally used in *in vitro* experiments that activates macrophages and induces post-injury infections¹⁴. During the process of SCI, excessively activated microglia can produce a variety of microscopic mediators, thereby aggravating the severity of secondary injury¹⁵. In this paper, BV2 cells were induced with LPS to mimic *in vitro* SCI injury.

IL-6 and TNF- α are two vital pro-inflammatory cytokines activated following SCI¹⁶. IL-6 is closely related to secondary SCI. In the early

stage of SCI, local concentration of IL-6 in the lesion increases. TNF- α is immediately released following inflammatory response and quickly accumulated in the damaged lesion and induces cell apoptosis as a multi-directional growth pro-inflammatory cytokine¹⁷. A sustained increase in TNF- α at post-SCI triggers death of neurons and oligodendrocytes. *In vivo* experiments have revealed the proinflammatory effect of TNF- α on the acute phase of SCI¹⁸. The findings of this study demonstrated that miR-665 was downregulated in the serum of SCI patients and LPS-induced BV2 cells. On the contrary, IL-6 and TNF- α were upregulated.

TREM2 (triggering receptor expressed on myeloid 2) is a novel immunoglobulin receptor located on human chromosome 6, and it is mainly expressed in monocytes, macrophages, dendritic cells, and microglia¹⁹. As a regulator in inflammatory response and phagocytosis of cell debris, TREM2 is upregulated in microglia that protects neurons from damage^{20,21}. Here, TREM2 was proven to be the target binding miR-665 and found to be upregulated in serum of SCI patients and LPS-induced BV2 cells. Importantly, TREM2 was involved in the protective effect of miR-665 on inflammatory response following SCI.

Pathological changes following SCI are complicated involving multiple cytokines, inflammatory mediators, and cells. MiRNAs exert vital functions in inflammatory response, motor neu-

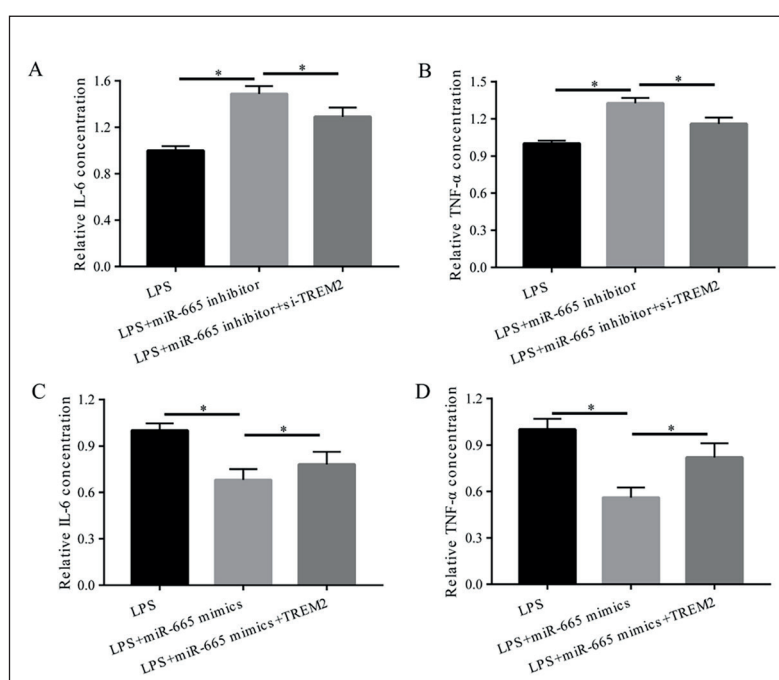


Figure 4. MiR-665 alleviates inflammatory response through targeting TREM2. **A, B,** IL-6 (**A**) and TNF- α (**B**) levels in culture medium of BV2 cells treated with 5 μ g/mL LPS, 5 μ g/mL LPS + miR-665 inhibitor or 5 μ g/mL LPS + miR-665 inhibitor + si-TREM2. **C, D,** IL-6 (**C**) and TNF- α (**D**) levels in culture medium of BV2 cells treated with 5 μ g/mL LPS, 5 μ g/mL LPS + miR-665 mimics or 5 μ g/mL LPS + miR-665 mimics + pcDNA-TREM2. * p <0.05, ** p <0.01, *** p <0.001.

ron regeneration, axon growth, removal of ROS and neuronal apoptosis. This study provides a potential biomarker in protecting SCI-induced inflammation.

Conclusions

In summary, miR-665 inhibits inflammatory response following SCI by targeting TREM2, which may be utilized as a therapeutic target.

Conflict of Interest

The Authors declare that they have no conflict of interests.

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