

# LncRNA RUSC1-AS1 promotes the proliferation of breast cancer cells by epigenetic silencing of KLF2 and CDKN1A

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**Abstract.** – **OBJECTIVE:** To clarify the potential function of long non-coding RNA (lncRNA) RUSC1-AS1 in regulating the progression of breast cancer (BCa) and the underlying mechanism.

**PATIENTS AND METHODS:** RUSC1-AS1 level in BCa tissues and adjacent normal tissues was first determined by quantitative Real Time Polymerase Chain Reaction (qRT-PCR). The correlation between RUSC1-AS1 expression with tumor size, clinical stage and overall survival of BCa patients was analyzed. Influences of RUSC1-AS1 knockdown on viability, clonality, cell cycle and apoptosis of BCa cell lines MCF-7 and BT549 were evaluated. Target genes of RUSC1-AS1 were predicted by bioinformatics and their interaction was further confirmed by RNA immunoprecipitation (RIP), RNA immunoprecipitation (ChIP) and luciferase reporter assay.

**RESULTS:** A higher abundance of RUSC1-AS1 was identified in BCa tissues relative to controls. The expression level of RUSC1-AS1 was positively correlated to tumor size and clinical grade, but negatively correlated to the overall survival of BCa patients. The silencing of RUSC1-AS1 markedly inhibited cell viability, cell cycle progression, and induced apoptosis of MCF-7 and BT549 cells. Finally, CDKN1A and KLF2 were found to be the target genes of RUSC1-AS1, which were tumor-suppressor genes involved in RUSC1-AS1-mediated BCa progression.

**CONCLUSION:** RUSC1-AS1 is highly expressed in BCa, which promotes the progression of BCa through mediating CDKN1A and KLF2. RUSC1-AS1 may serve as a potential hallmark for BCa.

**Keywords:**

Breast cancer, RUSC1-AS1, Epigenetics, KLF2, CDKN1A, Proliferation.

## Introduction

Breast cancer (BCa) is one of the most common malignant tumors in women and usually originates from breast epithelial tissues. It is reported that the incidence of BCa accounts for 7-10% of all malignancies<sup>1</sup>. Each year, there are 1.25 million newly onsets of BCa globally<sup>2</sup>. Previous studies have found a variety of oncogenes and tumor-suppressor genes involving in BCa, which help to improve the diagnostic rate and therapeutic efficacy of BCa. However, there are still many difficulties in the effective treatment of BCa<sup>3</sup>. Therefore, it is necessary to elucidate the molecular mechanism underlying the tumorigenesis of BCa, thus providing novel therapeutic approaches.

Long non-coding RNA (lncRNA) is produced by RNA polymerase II transcription with 200 nt in length, which distributes in the nucleus or cytoplasm. Due to the lack of ORF (open reading frame), lncRNAs could not encode proteins and only regulate gene expressions at different levels in the form of RNAs. LncRNA exerts multiple functions, which are involved in the regulation of tumor cell behaviors. A growing number of studies have indicated the close relationship between lncRNAs and tumorigenesis. Differentially expressed lncRNAs in tumor tissues and normal tissues have been identified. For example, lncRNA MALAT1 is highly specific in lung cancer and considered to be a specific marker for NSCLC and early-stage metastatic adenocarcinoma of lung<sup>4</sup>. MALAT1 is upregulated in lung cancer patients, and is able to accelerate growth and migration of tumor cells<sup>5,6</sup>. H19 is one of the earliest identified

imprinted genes. Upregulation of H19 promotes the proliferative ability of hepatoma cells, and its downregulation achieves the opposite trend<sup>7</sup>.

LncRNA RUSC1-AS1 is located on human chromatin 1q22. So far, researches on RUSC1-AS1 are rarely reported. This study aims to explore the role of RUSC1-AS1 in BCa and its underlying mechanism.

## Patients and Methods

### Sample Collection

BCa tissues and adjacent normal tissues (n=48) were collected from BCa patients undergoing surgery for the first time in the Affiliated Hospital of Chengde Medical University from March 2015 to March 2017. None of the enrolled patients were treated with pre-operative anti-tumor therapy. They were not affected by other diseases. Samples were immediately preserved in liquid nitrogen within 15 min ex vivo. The investigation was approved by the Medical Ethics Committee and patients were informed consent. Clinical data of enrolled patients were illustrated in Table I.

### Cell Culture and Transfection

BCa cell lines (MDA-MB-231, MCF-7, BT549) and breast epithelial cell line (MCF-10) were provided by Cell Bank, Chinese Academy of Science (Shanghai, China). Cell culture in Roswell Park Memorial Institute-1640 (RPMI-1640; HyClone, South Logan, UT, USA) containing 10% fetal bovine serum (FBS; Gibco, Grand

ville, MD, USA) and 1% penicillin/streptomycin, and preserved in a 37°C, 5% CO<sub>2</sub> incubator.

One day prior to transfection, cells were seeded into a 6-well plate with 1×10<sup>5</sup> cells per well. Until 60-70% of confluence, cells were subjected to transfection using Lipofectamine 2000 (Invitrogen, Carlsbad, CA, USA). Transfection vectors were provided by Genscript (Nanjing, China).

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

Total RNA was extracted using TRIzol (Invitrogen, Carlsbad, CA, USA), quantified and purified by UV spectrophotometry. RNA samples with 1.8-2.0 optical density (OD<sub>260/280</sub>) were considered to be qualified. 1 µg of total RNA was reversely transcribed into complementary deoxyribonucleic acid (cDNA). QRT-PCR was performed under the conditions of 95°C for 30 s, 55°C for 5 s, and 70°C for 31 s, for a total of 40 cycles. Glyceraldehyde 3-phosphate dehydrogenase (GAPDH) was used as an internal reference. Relative gene levels were calculated using the 2<sup>-ΔΔCt</sup> method. Primer sequence were as follows: RUSC1-AS1: F: AGTGGATGAGGACTGGCT, R: CAGGTCTAGATTTCCA; Bcl-2: F: GCG-CCGAGGTTGATTCTC, R: TTTGGGGCAG-GCATGTTGAC; Bax: F: ACCATCTTTGTGGC-GGGAG, R: GGAAAAACACAGTCCAAGGCA; KLF2: F: CTGCACATGAAACGGCACAT, R: CAGTCACAGTTTGGGAGGGG; PTEN: F: TGGATTCTGACTTAGACTTGACCT, R: GGTGGGTTATGGTCTTCAAAGG; CD-

**Table I.** Correlation between RUSC1-AS1 expression and pathological features in breast cancer patients (n = 48).

Clinicopathologic features	Number of Cases	RUSC1-AS1 expression		p-value
		Low (n=24)	High (n=24)	
Age (years)	25	11	14	0.3861
	23	13	10	
Gender	Male	12	11	0.7726
	Female	25	13	
Tumor size	≤2cm	18	8	0.0038*
	>2cm	6	16	
TNM stage	I-II	15	7	0.0205*
	III-IV	9	17	
Lymph node metastasis	Absent	19	8	0.0014*
	Present	5	16	

KN1A: F: AAGTCAGTTCCTTGTGGAGCC, R: GGTTCTGACGGACATCCCCA; CDKN2B: F: GGACTAGTGGAGAAGGTGCG, R: GGGC-GCTGCCCATCATCATG; LSD1: F: AGCGTCATG-GTCTTATCAA, R: GAAATGTGGCAACTC-GTC; EZH2: F: TGCACATCCTGACTTCTGTG, R: AAGGGCATTACCAACTCC; GAPDH: F: CGCTCTGCTCCTCTGTTC, R: ATCCGTT-GACTCCGACCTTCAC.

#### **Cell Counting Kit-8 (CCK-8)**

Transfected cells were seeded in a 96-well plate with  $2 \times 10^4$  cells per well. At the appointed time points, 10  $\mu$ L of CCK-8 solution (Dojindo, Kumamoto, Japan) was applied per well. After incubation for 2 hours, the recorded absorbance at 450 nm using a microplate reader was used for plotting the growth curves.

#### **Cell Cycle Determination**

Cells were digested and fixed in pre-cold 75% ethanol at  $-20^\circ\text{C}$  overnight. At the other day, cells were incubated with 150  $\mu$ L of RNase A for 30 minutes, dyed with 100  $\mu$ L of propidium iodide (PI) for another 30 minutes in the dark and finally subjected to flow cytometer determination (FACS Calibur; BD Biosciences, Detroit, MI, USA).

#### **Cell Apoptosis Determination**

Transfected cells for 48 hours were suspended in 500  $\mu$ L of binding buffer and mixed with 5  $\mu$ L of Annexin V and 5  $\mu$ L of PI for 5 minutes in the dark. Percentage of apoptotic cells was analyzed by a BD FACSCalibur flow cytometer (BD Bioscience, Detroit, MI, USA) for 1 hour.

#### **Colony Formation Assay**

Transfected cells for 48 hours were seeded in the 6-well plate with  $1 \times 10^4$  cells per well. The medium was replaced every 2 days and cells were incubated for 1-2 weeks until edge contact of colonies. Fixation of 4% paraformaldehyde and dye with 0.1% crystal violet for 20 min, colonies were captured and counting under a microscope.

#### **Western Blot**

RIPA (radioimmunoprecipitation assay) protein lysate (Beyotime, Shanghai, China) was used to detect the total protein in each group of cells. The BCA (bicinchoninic acid) method was performed to quantitate the protein concentration. The protein samples were electrophoresed on polyacrylamide gels and then transferred to polyvinylidene difluoride (PVDF) membranes (Merck Mil-

lipore, Billerica, MA, USA). After blocking with 5% skimmed milk, the membranes were incubated with primary antibody (Cell Signaling Technology, Danvers, MA, USA) at  $4^\circ\text{C}$  overnight. The membrane was incubated with the secondary antibody after rinsing with the Tris-Buffered Saline and Tween (TBST) solution. Chemiluminescence was used to expose the protein bands on the membrane. Bands were exposed by enhanced chemiluminescence (ECL) and analyzed by Image Software (NIH, Bethesda, MD, USA).

#### **RNA Immunoprecipitation (RIP)**

Cells were collected and lysed according to the procedure of Millipore (Billerica, MA, USA) Magna RIP Magnetic Bead-Binding Protein Immunoprecipitation Kit. Cell lysate was incubated with anti-Ago2 or anti-IgG antibody at  $4^\circ\text{C}$  for 6 h. Protein-RNA complex was captured and digested with 0.5 mg/mL proteinase K containing 0.1% sodium dodecyl sulphate (SDS) to extract RNA. The magnetic beads were repeatedly washed with RIP washing buffer to remove non-specific components as much as possible. Finally, the extracted RNA was subjected to qRT-PCR.

#### **Chromatin Immunoprecipitation (ChIP)**

Cells were cross-linked with 1% formaldehyde for 10 min at room temperature. Subsequently, the cross-linked cells were lysed using lysis buffer and sonicated for 30 min. Finally, the sonicated lysate was immuno-precipitated with corresponding antibodies and anti-IgG.

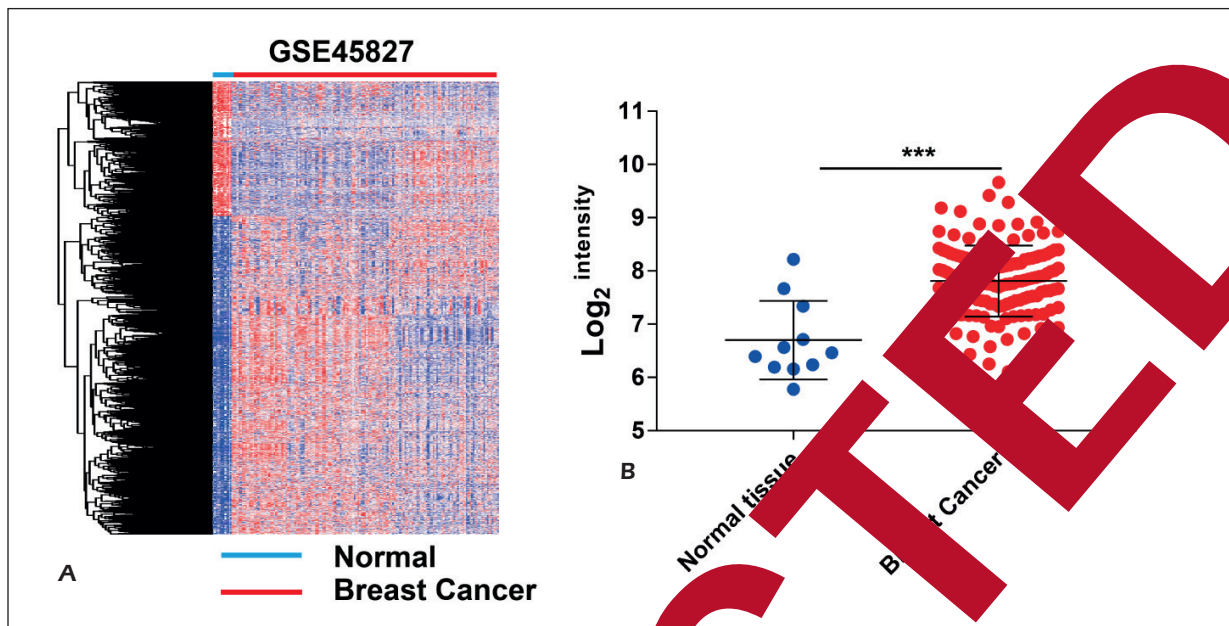
#### **Statistical Analysis**

Statistical Product and Service Solutions (SPSS) 17.0 (SPSS Inc., Chicago, IL, USA) was used for all statistical analysis. Data were represented as mean  $\pm$  SD (standard deviation). The t-test was used for analyzing intergroup differences. The Kaplan-Meier method was introduced for survival analysis.  $p < 0.05$  indicated a significant difference.

## **Results**

#### **Upregulated RUSC1-AS1 in BCa**

To uncover the dysregulated lncRNAs in BCa, we downloaded the lncRNA expression profiles of BCa from GEO datasets. RUSC1-AS1 was found to be significantly up-regulated in BCa (Figure 1A and 1B). We detected RUSC1-AS1 ex-



**Figure 1.** RUSC1-AS1 is upregulated in GSE45827. **A**, Heatmap of dysregulated lncRNAs in GSE45829. **B**, RUSC1-AS1 is up-regulated.

pression in 48 pairs of BCa tissues and adjacent normal tissues. QRT-PCR data revealed a significantly higher level of RUSC1-AS1 in BCa tissues relative to controls (Figure 2A). Furthermore, correlations were found between RUSC1-AS1 expression and tumor size, clinical stage and lymph node metastasis of BCa patients (Table 1). In particular, RUSC1-AS1 expression was markedly higher in BCa tissues larger than 2 cm in tumor size relative to those with smaller tumor size (Figure 2B). Meanwhile, BCa tissues with stage III-IV had a higher level of RUSC1-AS1 compared with those with stage I-II (Figure 2C). The Kaplan-Meier method was introduced for the survival analysis. BCa patients with high-level RUSC1-AS1 had the worse overall survival than those with a low level (Figure 2D).

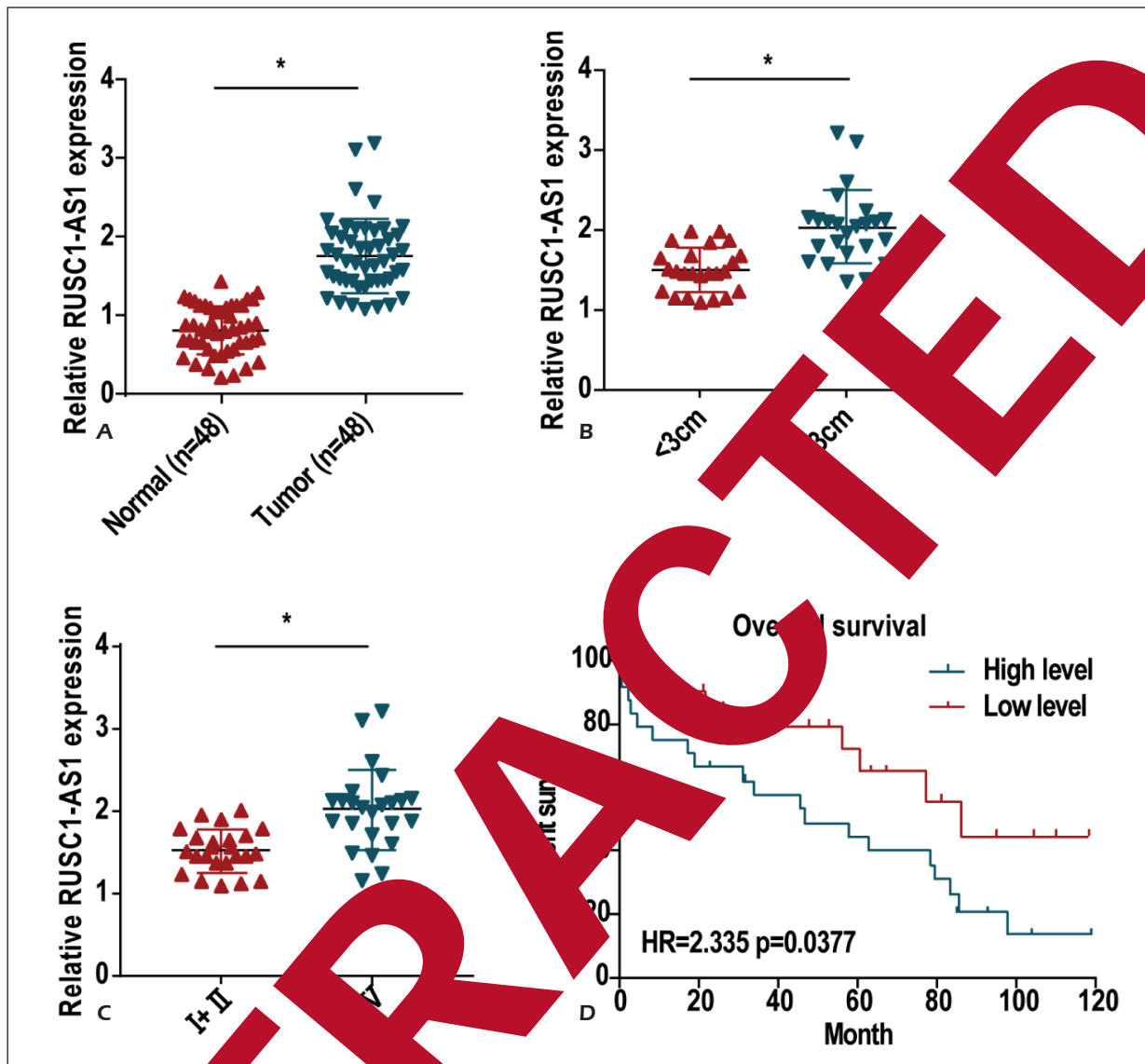
#### **Silencing of RUSC1-AS1 Inhibited Proliferative Ability of BCa Cells**

Identified that in BCa tissues, RUSC1-AS1 expression was higher in BCa cell lines (MDA-MB-231, MCF-7, and BT549) than that in breast epithelial cell line (MCF-10A) (Figure 3A). It is speculated that RUSC1-AS1 may serve as an oncogene to be related to the occurrence and progression of BCa. Among the selected BCa cell lines, MDA-MB-231 and BT549 cells expressed a relatively high level of RUSC1-AS1, which were chosen for subsequent experiments. Transfection of si-

RUSC1-AS1 or si-RUSC1-AS1 2# could markedly downregulate RUSC1-AS1 level in MCF-7 and BT549 cells (Figure 3B). As CCK-8 assay indicated, RUSC1-AS1 knockdown reduced the viability of BCa cells in a time-dependent manner (Figure 3C). Colony formation and transwell assays further demonstrated the inhibited proliferative, migrated, and invasive ability of BCa cells due to RUSC1-AS1 knockdown (Figure 3D). Flow cytometry showed that the silence of RUSC1-AS1 arrested BCa cells in G0/G1 phase (Figure 3E). However, apoptosis was pronounced in BCa cells transfected with si-RUSC1-AS1 (Figure 3F). The above data illustrated that silence of RUSC1-AS1 inhibited proliferation, migration, and invasion, but induced apoptosis of BCa cells.

#### **RUSC1-AS1 Silenced KLF2 and CDKN1A by Binding to LSD1 and EZH2**

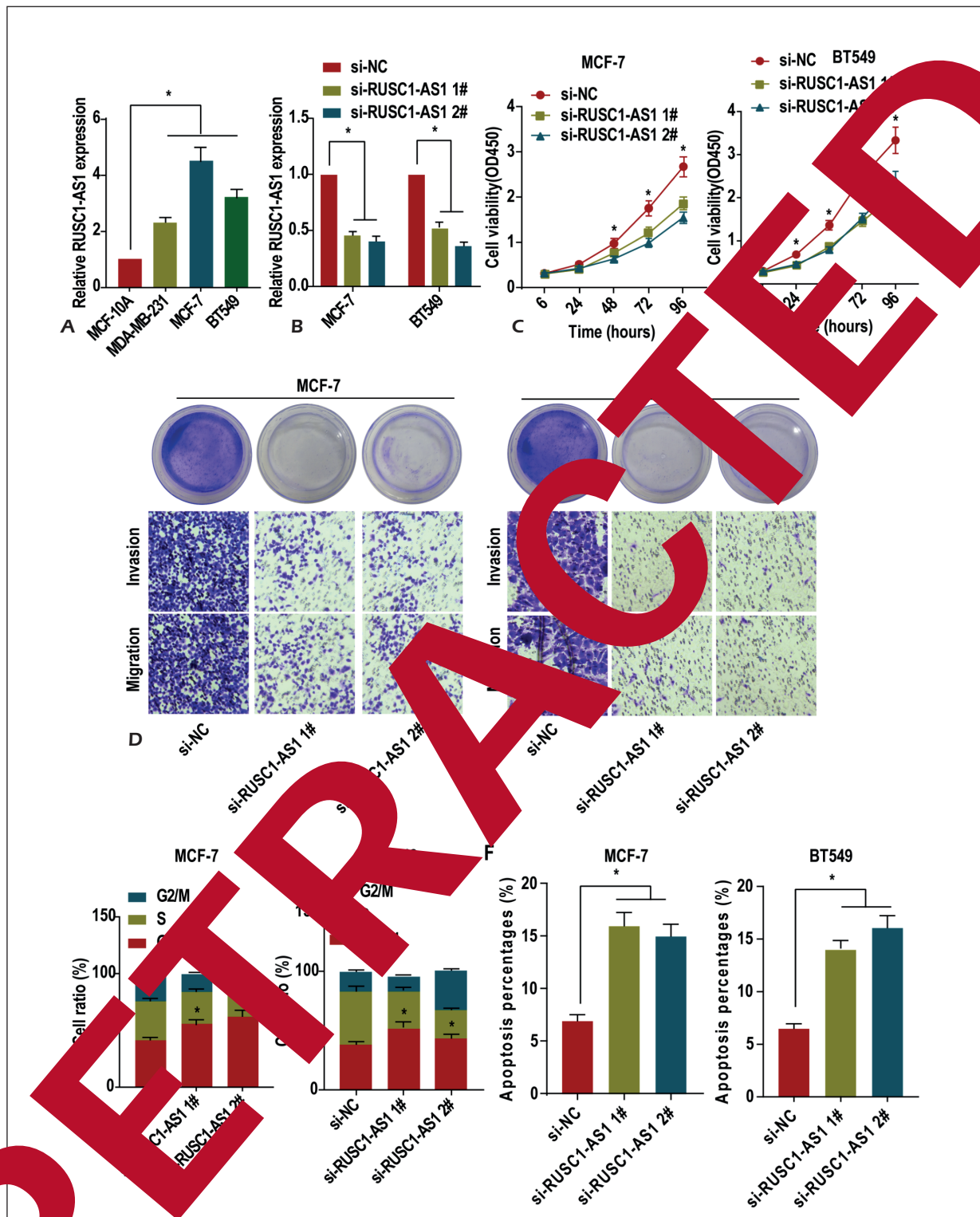
LncRNAs regulate tumor cell behaviors by binding to the RNA-binding proteins. To explore the mechanism of RUSC1-AS1 in proliferation, we examined the mRNA levels of proliferation-related genes in MCF-7 and BT549 cells with RUSC1-AS1 knockdown. The silence of RUSC1-AS1 upregulated levels of Bax, KLF2, PTEN, and CDKN1A, while levels of Bcl-2 and CDKN2B did not change (Figure 4A). Through bioinformatics methods (<http://pridb.gdcb.iastate.edu/RPISeq/>), it was predicted that RUSC1-AS1 could be tar-



**Figure 2.** Upregulation of RUSC1-AS1 in BCa. **A**, RT-PCR data revealed a higher level of RUSC1-AS1 in BCa tissues relative to controls. **B**, RUSC1-AS1 expression was higher in BCa tissues larger than 3 cm in diameter relative to those with smaller than 3 cm. **C**, BCa tissues with stage III-IV had a higher level of RUSC1-AS1 compared with those of stage I-II. **D**, BCa patients with high level RUSC1-AS1 had the worse overall survival than those with low level.

get EZH2 and LSD1 (Figure 4B). RIP assay indicated that RUSC1-AS1 directly bound to EZH2 and LSD1 in MCF-7 cells (Figure 4C). To further explore the functions of LSD1 and EZH2, we examined expression changes of proliferation-related genes in MCF-7 cells after knockdown of LSD1 (1#, 2#) and si-EZH2 (1#, 2#). Transfection efficacies of si-LSD1 (1#, 2#) and si-EZH2 (1#, 2#) were verified in MCF-7 cells (Figure 4D, E). The mRNA levels of Bcl-2, PTEN, and CDKN1A were upregulated, while Bcl-2 was downregulated by silencing LSD1. However, the relative level of CDKN2B

did not change by LSD1 knockdown (Figure 4F). In comparison, knockdown of EZH2 upregulated levels of Bax, KLF2, CDKN1A, and CDKN2B, whereas levels of Bcl-2 and PTEN did not change (Figure 4G). Based on the above data, only KLF2 and CDKN1A were upregulated by transfection of si-RUSC1-AS1, si-LSD1 or si-EZH2 (Figure 4H). Studies<sup>8-10</sup> have shown that CDKN1A and KLF2 serve as tumor-suppressor genes. EZH2 is a negative regulator of histone 3 lysine 27 (H3K27me3) trimethylation, and LSD1 negatively regulates histone 3 lysine 4 (H3K4me2) demethylation<sup>11,12</sup>.



**Fig. 3.** Functional effects of RUSC1-AS1 inhibited the proliferative ability of BCa cells. **A**, RUSC1-AS1 expression was higher in BCa cell lines (MDA-MB-231, MCF-7, and BT549) than that in breast epithelial cell line (MCF-10A). **B**, Transfection of si-RUSC1-AS1 1# or si-RUSC1-AS1 2# could markedly downregulate RUSC1-AS1 level in MCF-7 and BT549 cells. **C**, CCK-8 assay showed that the viability of BCa cells was reduced by RUSC1-AS1 knockdown in a time-dependent manner. **D**, Colony formation and transwell assays showed that RUSC1-AS1 knockdown inhibited proliferative, invasive, and migrated ability of BCa cells (magnification  $\times 20$ ). **E**, Flow cytometry showed that RUSC1-AS1 knockdown arrested BCa cells in G0/G1 phase. **F**, Flow cytometry showed that RUSC1-AS1 knockdown induced apoptosis of BCa cells.

Thus, RUSC1-AS1 may inhibit the expressions of CDKN1A and KLF2 by recruiting them to their promoter regions, resulting in H3K27 trimethylation or H3K4 demethylation. In this paper, the ChIP assay showed that the enrichment of EZH2, LSD1, and H3K27me<sub>3</sub> to the CDKN1A and KLF2 promoter regions were reduced after knockdown of RUSC1-AS1. Conversely, the enrichment of H3K4me<sub>2</sub> to the CDKN1A and KLF2 promoter regions was elevated (Figure 4I, 4J). These data indicated that RUSC1-AS1 exerted its biological function by inhibiting expressions of CDKN1A and KLF2 via binding to EZH2 and LSD1.

### ***RUSC1-AS1 Negatively Regulated Expressions of KLF2 and CDKN1A***

KLF2 and CDKN1A were lowly expressed in BCa tissues relative to controls (Figure 5A, 5B). Transfection of si-KLF2 or si-CDKN1A markedly downregulated both mRNA and protein levels in MCF-7 cells (Figure 5C-5F). Viability of MCF-7 cells was elevated by the silence of KLF2 or CDKN1A (Figure 5G). Rescue experiments indicated that the inhibited viability and clonality of MCF-7 cells due to RUSC1-AS1 knockdown was partially reversed by KLF2/CDKN1A knockdown (Figure 5H, 5I).

## **Discussion**

lncRNAs could be served as oncogenes or tumor-suppressor genes in BCa, showing a close relationship to the progression of BCa. For example, HOTAIR is a regulator of both primary and metastatic BCa, which promotes proliferation and inhibits apoptosis of cancer cells. HOTAIR is positively correlated with metastasis and mortality of BCa<sup>14</sup>. Tao et al<sup>15</sup> found that estrogen can inhibit miRNA-148a level through binding to G protein-coupled estrogen receptor (GPER), thus upregulating HOTAIR to promote the metastasis of BCa. LncRNA ROR is a molecular marker of BCa compared with adjacent tissues, ROR is highly expressed in BCa tissues. ROR is affected by estrogen and testosterone, which is related to the clinical symptoms and metastasis of tumors<sup>16</sup>. In this work, RUSC1-AS1 was highly expressed in BCa tissues and cell lines. Moreover, RUSC1-AS1 level was positively correlated with tumor size and clinical stage, but negatively correlated with survival of BCa patients. Knockdown of RUSC1-AS1 inhibited the proliferative rate of BCa cells, arrested cell cycle progression in the

G0/G1 phase, and induced apoptosis of BCa cells. We believed that RUSC1-AS1 may exert an oncogenic role in BCa. Furthermore, biological functions and functional verifications suggested that RUSC1-AS1 directly bound to EZH2 and LSD1 in MCF-7 cells.

Many lncRNAs are capable of regulating target gene expressions by interacting with RNA binding proteins, such as EZH2, SUV39H1, LSD1, etc.<sup>17-20</sup>. EZH2 is an important catalytic subunit of PRC2, acting as a histone methyltransferase to specifically induce histone H3 lysine 27 trimethylation (H3K27me<sub>3</sub>) to tumor genes<sup>21</sup>. EZH2 exerts a key role in tumorigenesis and tumor progression<sup>11,22</sup>. LSD1, also known as KDM1A, is a histone demethylase that specifically demethylates histone H3 (H3K4me<sub>2</sub>) monomer and lysines<sup>4,23</sup>. A large number of evidence has shown that LSD1 can be a regulatory component in cellular processes. LSD1 has a high abundance in a variety of tumors<sup>24-26</sup>. In pancreatic cancer, lncRNA H19 inhibits apoptosis and promotes cell proliferation by binding to LSD1 and EZH2<sup>27</sup>.

CDKN1A and KLF2 have been identified to be tumor suppressor genes that regulate proliferation and apoptosis of tumor cells<sup>8-10</sup>. In this paper, knockdown of LSD1 and EZH2 upregulated proliferation-related genes CDKN1A and KLF2 in MCF-7 cells. The silence of KLF2 or CDKN1A elevated the viability of MCF-7 cells. Subsequently, we found that knockdown of RUSC1-AS1 or KLF2/CDKN1A could partially reverse the decreased viability caused by RUSC1-AS1 knockdown. We confirmed that RUSC1-AS1 exerted its biological functions through KLF2 or CDKN1A.

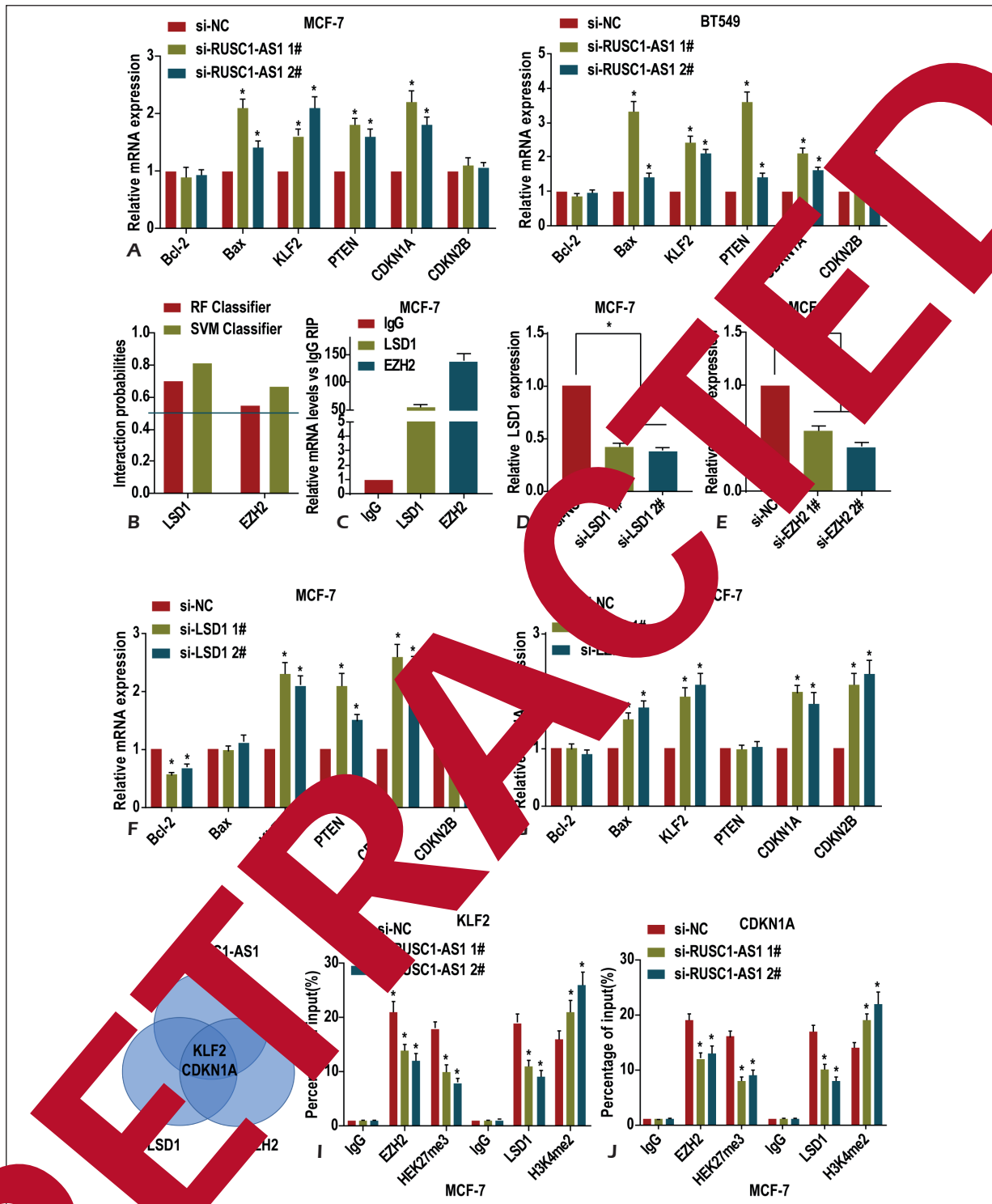
There are still some shortcomings in this work. We mainly elucidated the ontogenetic role of RUSC1-AS1 at the cellular level. Further *in vivo* investigations are required for exploring the potential role of RUSC1-AS1 in BCa.

## **Conclusions**

We showed that RUSC1-AS1 is highly expressed in BCa, which promoted the progression of BCa through mediating CDKN1A and KLF2. RUSC1-AS1 may serve as a potential hallmark for BCa.

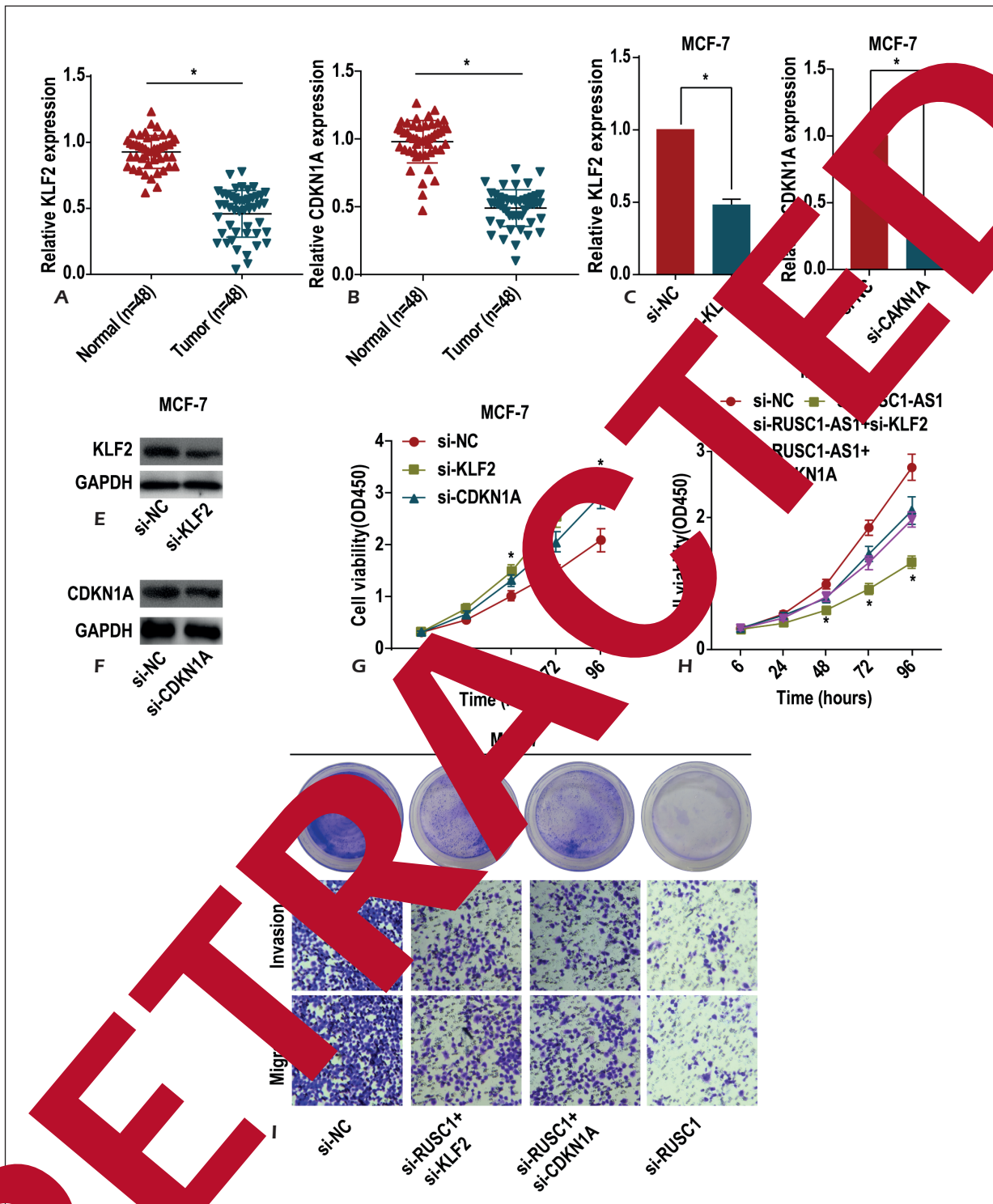
### **Conflict of Interests**

The authors declare that they have no conflict of interest.



**Figure 4.** RUSC1-AS1 silenced KLF2 and CDKN1A by binding to LSD1 and EZH2. **A**, RUSC1-AS1 knockdown upregulated the mRNA levels of Bax, KLF2, PTEN, and CDKN1A, while levels of Bcl-2 and CDKN2B did not change. **B**, EZH2 and LSD1 were identified as the target genes of RUSC1-AS1. **C**, RIP assay showed that RUSC1-AS1 directly bound to EZH2 and LSD1 in MCF-7 cells. **D-E**, Transfection efficacy of si-LSD1 (1#, 2#) and si-EZH2 (1#, 2#) verified in MCF-7 cells. **F**, Knockdown of EZH2 upregulated the mRNA levels of KLF2, PTEN, and CDKN1A, but downregulated Bcl-2. **G**, Knockdown of LSD1 upregulated levels of Bax, KLF2, CDKN1A, and CDKN2B, whereas levels of Bcl-2 and PTEN did not change. **H**, Gene intersections of genes with similar expression trends after transfection of si-RUSC1-AS1, si-LSD1 or si-EZH2. **I-J**, ChIP assay showed that the enrichment of EZH2, LSD1, and H3K27me3 to the CDKN1A and KLF2 promoter regions was reduced after knockdown of RUSC1-AS1. Conversely, enrichment of H3K4me2 to the CDKN1A and KLF2 promoter regions was elevated.





**Figure 5.** RUSC1-AS1 negatively regulated expressions of KLF2 and CDKN1A. **A-B**, KLF2 and CDKN1A were lowly expressed in BCa tissues relative to controls. **C-F**, Transfection of si-KLF2 or si-CDKN1A markedly downregulated both KLF2 and CDKN1A protein levels in MCF-7 cells. **G**, Viability of MCF-7 cells was elevated by the silence of KLF2 or CDKN1A. **H-I**, si-RUSC1-AS1 inhibited viability, clonality, invasive and migrated capacity of MCF-7 cells due to RUSC1-AS1 knockdown were partially rescued by KLF2/CDKN1A knockdown (magnification  $\times 20$ ).

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