

MiR-466 as a poor prognostic predictor suppresses cell proliferation and EMT in breast cancer cells by targeting PSMA7

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Abstract. – **OBJECTIVE:** MiR-466 has been reported to exert a tumor-suppressive role in several cancers, including colorectal cancer and osteosarcoma, but its clinical significance and functional mechanisms in breast cancer (BC) pathogenesis still remain elusive.

PATIENTS AND METHODS: The expression of miR-466 was determined using reverse transcription quantitative PCR. The clinical significance of miR-466 in BC patients was assessed by Chi-square test, Kaplan-Meier method and Cox regression analyses. Functional experiments, including CCK-8 and transwell assays, were performed to analyze cell proliferation, migration and invasion ability. The association between miR-466 and proteasome subunit $\alpha 7$ (PSMA7) was confirmed by Luciferase reporter assay.

RESULTS: Here, we first observed that the expression of miR-466 was significantly downregulated in BC tissues and cell lines. The increased miR-466 expression was significantly associated with tumor size ($p = 0.002$), lymph node metastasis ($p = 0.008$), TNM stage ($p = 0.001$) and poor survival rate. In addition, miR-466 was identified as an independent prognostic factor for BC patients. We further found that the overexpression of miR-466 significantly inhibited cell proliferation, migration and invasion. Mechanistically, PSMA7 was a potential target gene of miR-466 and negatively regulated miR-466 in BC cells. Oncomine database and Kaplan-Meier overall survival analysis indicated that upregulation of PSMA7 was associated with poor prognosis of BC patients. The rescue experiments demonstrated that PSMA7 overexpression reversed the effect of miR-466 on cell proliferation, migration, invasion and EMT transcription factors (E-cadherin, N-cadherin, and vimentin).

CONCLUSIONS: Collectively, these results suggest that the miR-466/PSMA7 axis might have the potential as a therapeutic target for BC treatment.

Key Words:

Breast cancer, MiR-466, Prognosis, PSMA7, Migration, Invasion.

Introduction

Breast cancer (BC) is one of the most commonly diagnosed malignancies in females, with an annual incidence of approximately 2.1 million and 0.7 million mortality worldwide¹. Despite the fact that great progress has been made in diverse therapeutic strategies including surgery, chemotherapy and radiotherapy, the prognosis of BC patients still remains unsatisfactory largely due to tumor metastasis at advanced stage when it is initially diagnosed^{2,3}. Therefore, there is an urgent need to further understand the molecular mechanisms involved in BC pathogenesis to improve the prognosis and treatment.

MicroRNAs (miRNAs/miRs) are a class of small (approximately 20-25 nucleotides) and non-coding single-stranded RNAs that negatively regulate gene expression by binding to the 3'UTR of their target genes⁴. By regulating various biological functions, such as proliferation, differentiation, migration and apoptosis, miRs function as tumor suppressors or oncogenes involved in the tumor progression and development^{5,6}. Some studies⁷⁻⁹ indicate that aberrantly expressed miRNAs exert as a prognostic factor involved in the pathogenesis of BC, including miR-505, miR-132-3p and miR-99a. In recent years, miR-466 has been reported to act as a tumor suppressor in several types of human cancer. For example, Colden et al¹⁰ demonstrated that miR-466-mediated downregulation of RUNX2 could effectively inhibit tumor growth and bone metastasis in prostate cancer. Similarly, the suppressive role of miR-466 was also illustrated in colorectal cancer by Tong et al¹¹ and in osteosarcoma by Cao et al¹². However, the clinical significance and functional mechanisms of miR-466 in BC remain yet to be fully investigated.

Proteasome subunit $\alpha 7$ (PSMA7) located on the chromosomal anomaly 20q13.33 region is fre-

quently amplified in tumor¹³. PSMA7 is identified as an α -type subunit of the 20S proteasome core complex with a molecular mass of ~2,000 kDa, which comprises an associated 20S proteolytic core and one or two 19S regulatory complexes^{14,15}. Most studies have reported the overexpressed expression of PSMA7 and its oncogenic role in different tumor cells. For instance, Romanuik et al¹⁶ observed the higher or increased PSMA7 expression in castration-recurrent prostate cancer. Shi et al¹⁷, Scotto et al¹⁸ and Hu et al¹⁴ consistently found the overexpression of PSMA7 in liver cancer, cervical cancer and colorectal cancer, respectively. Functionally, genetic or pharmacological inhibition of PSMA7 could significantly inhibit the cell growth and migration *in vitro*, as well as the *in vivo* tumorigenic ability of colorectal cancer cells¹⁹. The shRNA-mediated silencing of PSMA7 decreased cell proliferation, induced cell cycle G0/G1 phase arrest and apoptosis in cervical cancer cells²⁰. Xia et al²¹ also manifested that PSMA7 knockdown suppresses the proliferation, migration, invasion and subcutaneous tumorigenesis of gastric cancer cells in nude mice. Interestingly, Richardson et al²² revealed that PSMA7 expression was overexpressed in testicular and BC. Based on these facts, we speculated that PSMA7 might promote the malignant cellular behaviors in BC cells by functioning as an oncogene.

In our study, we investigated the expression levels of miR-466 and PSMA7, and their prognostic values in BC patients using available tumor tissue samples or online information analysis. Through functional experiments, we explored the regulatory effects of miR-466 on proliferation, migration and invasion. We further explored the association between miR-466 and PSMA7 using Luciferase reporter assay. Importantly, whether PSMA7 is a downstream regulator involved in miR-466 modulating cell functions was additionally demonstrated by performing rescue experiments. These findings might help identify another promising therapeutic target for BC.

Patients and Methods

Tumor Specimens

A total of 75 paired tumor tissues and matched adjacent tissues were collected from BC patients who underwent surgical resection from the People's Liberation Army Medical College (Beijing, China). According to the inclusion criteria, patients did not have other systemic diseases or

cancer at the time of their initial diagnosis and receive any preoperative chemotherapy/radiotherapy or death in the perioperative period and had basic clinical data. All tissue specimens were stored in liquid nitrogen for further analysis. After clinical diagnosis, the basic patient information, including age, tumor size and lymph node metastasis are summarized in Table 1. Before surgery, all patients signed the written informed consents and were confirmed not to receive any anti-tumor treatments, including chemotherapy or immunotherapy. After surgery, each patient was performed regular follow-up and the corresponding survival information was obtained by telephone communication. This study was conducted in accordance with the Helsinki Declaration and approved by the Research Ethics Committee of the People's Liberation Army Medical College.

Cell Culture Conditions

Four BC cell lines (MDA-MB-231, MCF-7, T-47D and ZR-75-30) and a normal human breast epithelial cell line MCF-10A were purchased from the American Type Culture Collection (ATCC; Manassas, VA, USA) and cultured in Dulbecco's Modified Eagle's Medium (DMEM; Gibco, Grand Island, NY, USA) supplemented with 10% fetal bovine serum (FBS) at 37°C in humidified incubator containing 5% CO₂.

Cell Transfection

The miR-466 mimics and its negative control (miR-NC) were synthesized by GenePharma Co., Ltd. (Shanghai, China). The PSMA7 overexpression plasmids (pcDNA3.1-PSMA7) and the empty plasmid pcDNA3.1 were provided by Bioworld Biotech Co., Ltd. (Shanghai, China). For miR-466 overexpression, T-47D and ZR-75-30 cells were cultured in 6-well plates at a density of 1×10⁵ cells per well and transfected with 20 nM miR-466 mimics or miR-NC for 48 h. In the rescue experiments, T-47D cells were transfected with miR-466 mimics or miR-NC together with pcDNA3.1 or pcDNA3.1-PSMA7 for 48 h. Lipofectamine 2000 reagent (Invitrogen, Carlsbad, CA, USA) was utilized to conduct all transfections in accordance with the manufacturer's guidelines.

Reverse Transcription Quantitative PCR (RT-qPCR)

Total RNA was isolated from tissues or cells with TRIzol reagent (Invitrogen, Carlsbad, CA, USA). For miR-466 determination, cDNA was

Table I. Association between miR-466 and clinicopathological features of patients with breast cancer.

Variables	Cases (n = 75)	miR-466 expression		p-value (chi-square)
		Low (n = 48)	High (n = 27)	
Age				0.57
< 50	30	20	10	
≥ 50	45	28	17	
Tumor size (cm)				0.001
< 3	42	32	10	
≥ 3	33	16	17	
Lymph node metastasis				0.008
Negative	45	37	8	
Positive	30	11	19	
TNM stage				0.001
I-II	47	26	21	
III-IV	28	22	6	
Estrogen receptor status				0.603
Negative	36	22	14	
Positive	39	26	13	
Progesterone receptor status				0.432
Negative	38	25	13	
Positive	37	23	14	
Epidermal growth factor receptor 2 status				0.715
Negative	56	32	20	
Positive	19	12	7	

miR, microRNA; TNM, tumor-node-metastasis classification system.

synthesized using miScript miRNA kit (TaKaRa, Dalian, China). Using the miScript RT kit (TaKaRa, Dalian, China), the miRNA was reverse transcribed into miRNA-miR-466. The expression of miR-466 was quantified with the internal control miR-16. The miR-466 expression level was quantified using the 2^{-ΔΔCt} method. All experiments were repeated three times.

reverse transcription was performed using M-MLV cDNA synthesis kit (Promega Corporation, Madison, WI, USA) and the gene expression levels were examined using SYBR Premix Ex Taq II (TaKaRa Bio, Tokyo, Japan) with GAPDH as the internal control. The transcription conditions for RT-qPCR were as follows: 95°C for 2 min, followed by 40 cycles of denaturation at 95°C for 15 s, annealing at 55°C for 30 s and extension at 72°C for 30 s. The primer sequences used in this study were as follows: miR-466 forward, 5'-CTACCACGTGGGTCCCCTC-3' and reverse, 5'-CACCTCAAAGGAGCGTAG-3'; PSMA7 forward, 3'-GCTTCGGCAGCACATATACTA-5' and reverse, 3'-CGCTTCACGAATTTGCGTGTCAT-5'; PSMA7 forward, 5'-TCAACAAGAGGCGACCAC-3' and reverse, 5'-GATTGGCCTTTTCTTTTCCA-3'; and GAP-

DH forward, 5'-GACGGCCGCATCTTCTTGT-3' and reverse, 3'-CACACCGACCTTACATTTT-5'. Relative gene expression levels were calculated using the 2^{-ΔΔCt} method. All experiments were repeated three times.

Cell Proliferation Analysis

After 48 h transfection, BC cells were seeded onto 96-well plates at a density of 3,000 cells per well and incubated for 24, 48 and 72 h, respectively. At each incubation time point, each well was incubated with 10 μl Cell Counting Kit-8 (CCK-8; Dojindo, Tokyo, Japan) reagent for 2 h at 37°C. Then, the absorbance in each well was measured using a microplate reader at the wavelength of 450 nm. All experiments were repeated three times.

Cell Migration and Invasion Analysis

The migration and invasion abilities of BC cells were evaluated using transwell chambers (8 μm pore size; Corning, Inc., Corning, NY, USA) uncoated and coated with Matrigel, respectively. In brief, approximately 5 × 10⁴ transfected cells sus-

Table II. Univariate and multivariate analysis of the prognostic variables influencing overall survival in breast cancer patients.

Variables	Univariate analysis		Multivariate analysis	
	HR (95% CI)	<i>p</i> -value	HR (95% CI)	<i>p</i> -value
Age	0.654 (0.512-1.789)	0.601	NA	NA
Tumor size (cm)	1.212 (0.785-2.012)	0.032	1.182 (0.851-2.142)	0.038
Lymph node metastasis	1.065 (0.684-1.892)	0.013	1.619 (0.732-1.668)	0.019
TNM stage	1.885 (1.237-3.625)	0.027	1.923 (1.047-3.421)	0.060
Estrogen receptor status	0.843 (0.660-2.001)	0.435	NA	NA
Progesterone receptor status	1.243 (0.898-1.997)	0.381	NA	NA
Epidermal growth factor receptor 2 status	1.489 (0.998-3.021)	0.751	NA	NA
miR-466 expression	1.453 (0.585-1.978)	0.014	1.063 (0.4-2.642)	0.012

HR: hazard ratio; CI: confidence interval; TNM, tumor-node-metastasis classification system; NA, not analyzed.

pendent in 150 μ l serum-free DMEM were seeded in the upper chambers of the transwell chambers. Meanwhile, 600 μ l of DMEM containing 10% FBS was added to the lower chambers. After 48 h incubation, the cells that migrated on the lower chambers were fixed with 4% paraformaldehyde for 20 min and stained with 0.1% violet crystal for 10 min. The number of migratory or invasive cells was counted by averaging the cells in 10 randomly selected fields under a light microscope at a magnification of $\times 200$. All experiments were repeated three times.

Luciferase Reporter Assay

PSMA7 was predicted as a potential target of miR-466 through TargetScan v7.1 (http://www.targetscan.org/vert_71/), which was further validated by performing Luciferase reporter assays. The predicted wild-type 3'-UTR of PSMA7 and a mutated sequence within the predicted target site were subcloned into pGL3 reporter Luciferase vector (Promega Corporation, Madison, WI, USA) to generate WT and MUT PSMA7 plasmids, respectively. Subsequently, BC cells were co-transfected with 50 nM of miR-466 mimics or miR-466 inhibitor along with 1 μ g of the WT or MUT PSMA7 plasmids using Lipofectamine 2000 reagent (Invitrogen, Carlsbad, CA, USA) for 48 h. Next, Luciferase activity was determined using Dual-Luciferase reporter assay system (Promega Corporation, Madison, WI, USA) the ratio of *Renilla* and firefly luciferase activity to determine the relative Luciferase activity. All experiments were repeated three times.

Western Blot Analysis

Total protein was extracted using radio immunoprecipitation assay (RIPA) lysis buffer (Beyotime Institute of Biotechnology, Shanghai, China)

and corresponding concentration was determined by Bicinchoninic Acid (BCA) assay (Beyotime Institute of Biotechnology). Equal amounts of protein samples (30 μ g) were separated using 12% sodium dodecyl sulphate-polyacrylamide gel electrophoresis (SDS-PAGE) gels and transferred onto polyethylene fluoride (PVDF) membranes. After blocking with non-fat powdered milk for 1 h at room temperature, the membranes were incubated with primary antibodies against PSMA7, E-cadherin, N-cadherin, Vimentin and GAPDH (Abcam, Cambridge, MA, USA) overnight at 4°C, followed by incubation with horseradish peroxidase (HRP)-conjugated secondary antibodies for 2 h at room temperature. The target protein bands were visualized by enhanced chemiluminescence detection reagent kit (Tanon, Shanghai, China).

Meta-Analysis Based on Oncomine Microarray Database

We searched the online Oncomine database (www.oncomine.org) using the following terms: "PSMA7", "Cancer vs. Normal Analysis", "Breast Cancer" and "mRNA" to conduct a meta-analysis of PSMA7 expression in BC tissue vs. normal tissue. All data are reported as Log₂ Median-Centered intensity in the Oncomine database.

Kaplan-Meier Overall Survival Analysis

The prognostic value of PSMA7 expression in BC patients was evaluated using Kaplan-Meier Plotter database (<http://kmplot.com/analysis/>). All BC patients were divided into two groups by median PSMA7 expression (high and low PSMA7 expression). The overall survival information was extracted and applied to analyze the effect of PSMA7 expression on the survival rate of BC patients by a Kaplan-Meier survival plot *via* dis-

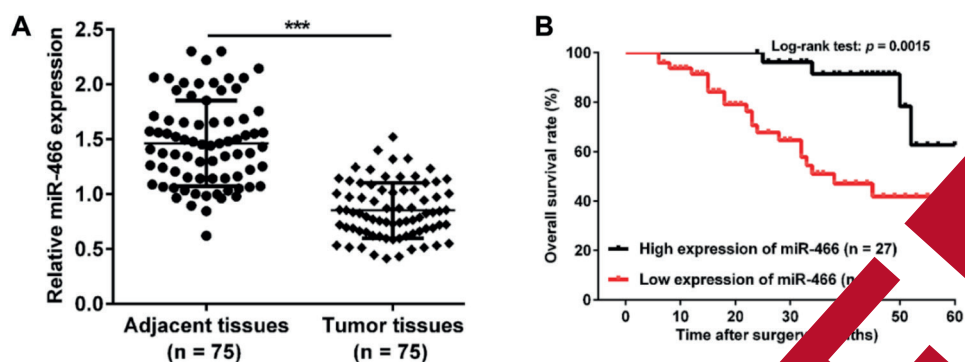


Figure 1. Decreased miR-466 expression predicted poor prognosis in BC patients. **A**, Relative expression levels of miR-466 in normal adjacent tissues and tumors from BC patients were detected by RT-qPCR ($n = 75$). $p < 0.001$ compared with adjacent tissues. **B**, Kaplan-Meier analysis of the overall survival rate of BC patients with low or high miR-466 expression. Patients with high ($n = 27$) miR-466 expression levels were associated with higher survival than those with low ($n = 48$) miR-466 expression (log-rank test: $p = 0.0015$).

playing the hazard ratio (HR), 95% confidence intervals (CI) and log-rank p -value.

Statistical Analysis

All experiments were performed three times and data were expressed as mean \pm SD. Statistical analysis was carried out using SPSS version 20.0 software (IBM, Armonk, NY, USA) or GraphPad Prism 6.0 software (GraphPad Software Inc.). The Chi-square test was used to analyze the correlation

between miR-466 expression and the clinical and pathological characteristics of BC. The overall survival rate was assessed using Kaplan-Meier analysis and log-rank test. The prognostic significance of miR-466 was evaluated using univariate and multivariate Cox regression analyses. The correlation between miR-466 and PSMA7 expression in BC tissues was analyzed using Spearman's correlation coefficient. Statistical differences between two groups were assessed using Student's t -tests or

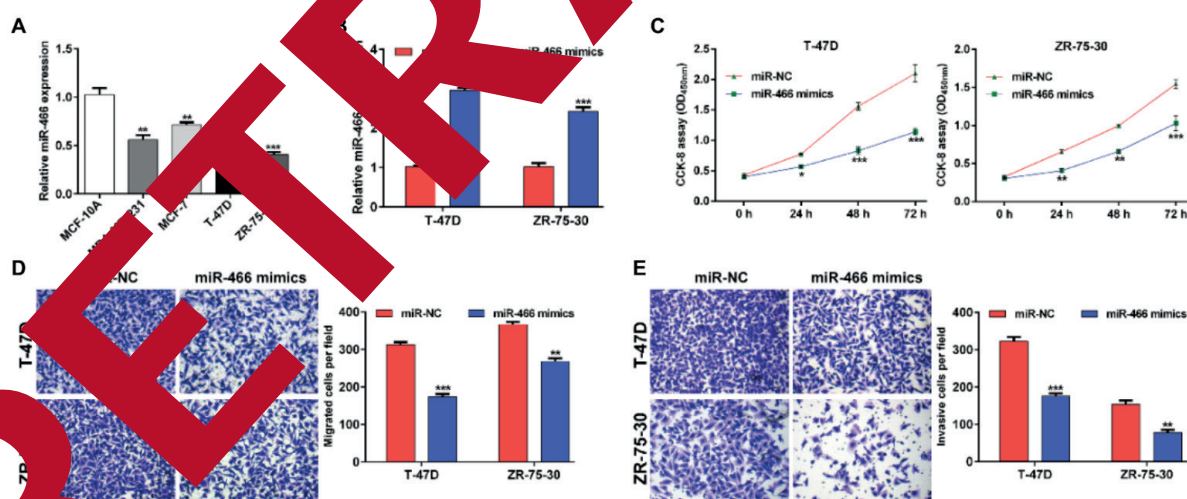


Figure 2. Overexpression of miR-466 significantly suppressed cell proliferation, migration and invasion in BC cells. **A**, RT-qPCR analysis of miR-466 expression in MCF-10A and four BC cell lines, including MDA-MB-231, MCF-7, T-47D and ZR-75-30. $**p < 0.01$, $***p < 0.001$, compared with MCF-10A. **B**, Quantification of miR-466 expression levels following miR-466 mimics or miR-NC transfection in T-47D and ZR-75-30 cells by RT-qPCR analysis. **C**, Cell proliferation rate was determined by CCK-8 assay in transfected T-47D and ZR-75-30 cells. The effects of miR-466 overexpression on cell migration (**D**) and invasion (**E**) were evaluated using transwell assay in T-47D and ZR-75-30 cells (magnification $\times 200$). Data were expressed as mean \pm SD of three independent experiments. $*p < 0.05$, $**p < 0.01$, $***p < 0.001$, compared with miR-NC.

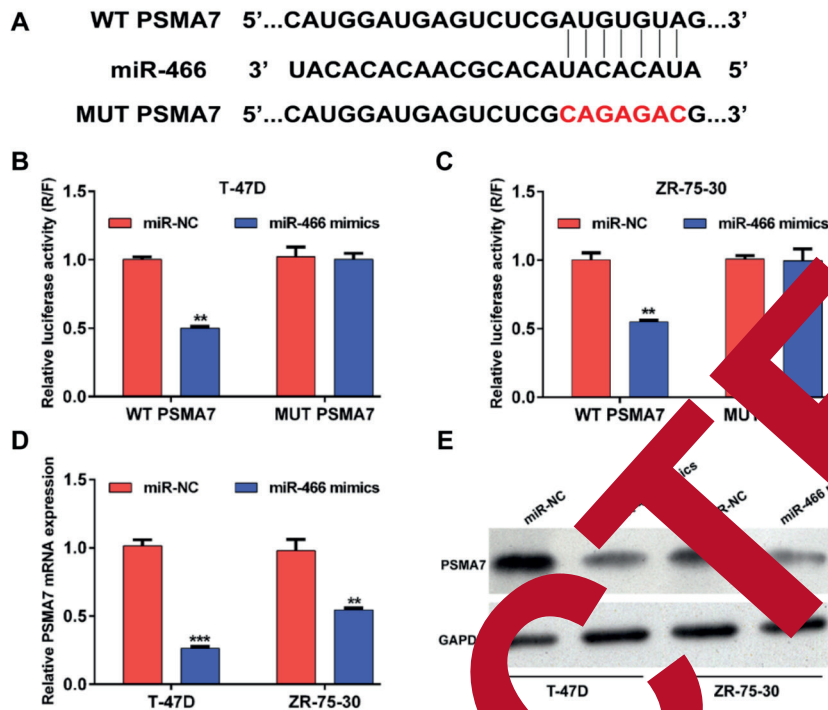


Figure 3. Identification of PSMA7 as a target gene of miR-466 in BC tissues. **A**, Predicted miR-466 target wild type (WT) sequence in the 3'-UTR of PSMA7 and positions of conserved nucleotides (bold) corresponding 3'-UTR. **B**, **C**, Luciferase reporter assay of T-47D and ZR-75-30 cells transfected with pGL3-WT PSMA7-3'-UTR or pGL3-MUT PSMA7-3'-UTR reporter plasmid and miR-466 mimics or miR-NC. **D**, RT-qPCR analysis of PSMA7 mRNA expression. **E**, Western blot analysis of PSMA7 expression levels in T-47D and ZR-75-30 cells transfected with miR-466 mimics or miR-NC. Data were expressed as mean \pm SD of three independent experiments. ** $p < 0.01$, *** $p < 0.001$, compared with miR-NC.

one-way analysis of variance followed by Tukey's post-hoc test and significant differences were accepted when the p value is less than 0.05.

Results

Decreased MiR-466 Expression Predicted Poor Prognosis in BC Patients

To evaluate the clinical significance of miR-466 in BC patients, we first determined the expression pattern of miR-466 using RT-qPCR. As shown in Figure 1A, the expression of miR-466 was significantly downregulated in 75 paired tumor tissues compared with matched adjacent tissues derived from BC patients. Next, all patients were divided into high-expression group and low-expression group based on the median level of miR-466 expression to analyze the clinical significance of miR-466. As illustrated in Table I, Chi-square test showed that decreased miR-466 expression was associated with tumor size ($p = 0.003$), lymph

node metastasis ($p = 0.008$) and TNM stage ($p = 0.032$). Kaplan-Meier analyses revealed that low miR-466 expression group has poorer survival than in high miR-466 expression group (Figure 1B). Moreover, we performed univariate and multivariate Cox regression analyses to identify potential risk factors that might affect the prognostic of BC patients. The results indicated that tumor size, lymph node metastasis and miR-466 expression significantly affected the overall survival of BC patients (Table II). Therefore, miR-466 might serve as an independent prognostic factor in BC patients.

Overexpression of MiR-466 Significantly Suppressed Cell Proliferation, Migration and Invasion in BC Cells

Consistent with the decreased miR-466 expression in BC tissues, we additionally observed that miR-466 expression was significantly downregulated in all investigated four BC cell lines compared with normal human breast epithelial cell

line MCF-10A (Figure 2A). To further investigate the biological function of miR-466 in BC, T-47D and ZR-75-30 cells, which had relatively lower expression of miR-466, we used to construct miR-466-overexpressed cell lines using miR-466 mimics transfection. As demonstrated by RT-qPCR analysis, miR-466 mimics transfection remarkably elevated the expression of miR-466 in both T-47D and ZR-75-30 cells, when compared with miR-NC transfection (Figure 2B). Cell proliferation analysis by CCK-8 assay showed that the overexpression of miR-466 significantly suppressed cell growth trends and proliferative rate in both T-47D and ZR-75-30 cells (Figure 2C). In addition, transwell assay displayed that the number of migratory cells (T-47D: 174.3 ± 6.8 vs. 313.3 ± 6.1 ; ZR-75-30: 268.0 ± 8.9 vs. 366.0 ± 7.5) (Figure 2D) and invasive cells (T-47D: 176.0 ± 7.2

vs. 322.3 ± 11.7 ; ZR-75-30: 78.0 ± 7.5 vs. 153.7 ± 10.7) (Figure 2E) was significantly decreased in miR-466 mimics group compared with miR-NC group in these two BC cell lines.

Identification of PSMA7 as a Target Gene of MiR-466 in BC Cells

To better understand the mechanisms underlying the suppressive effects of miR-466 on cell proliferation and metastasis, the target genes of miR-466 were predicted online, of which PSMA7 was selected as a potential target of miR-466 and the predicted interaction between them was illustrated in Figure 3A. Subsequently, Luciferase reporter assay was applied to examine whether miR-466 directly targeted the predicted binding sites in the PSMA7 3'UTR. The results showed that the Luciferase activity was significantly

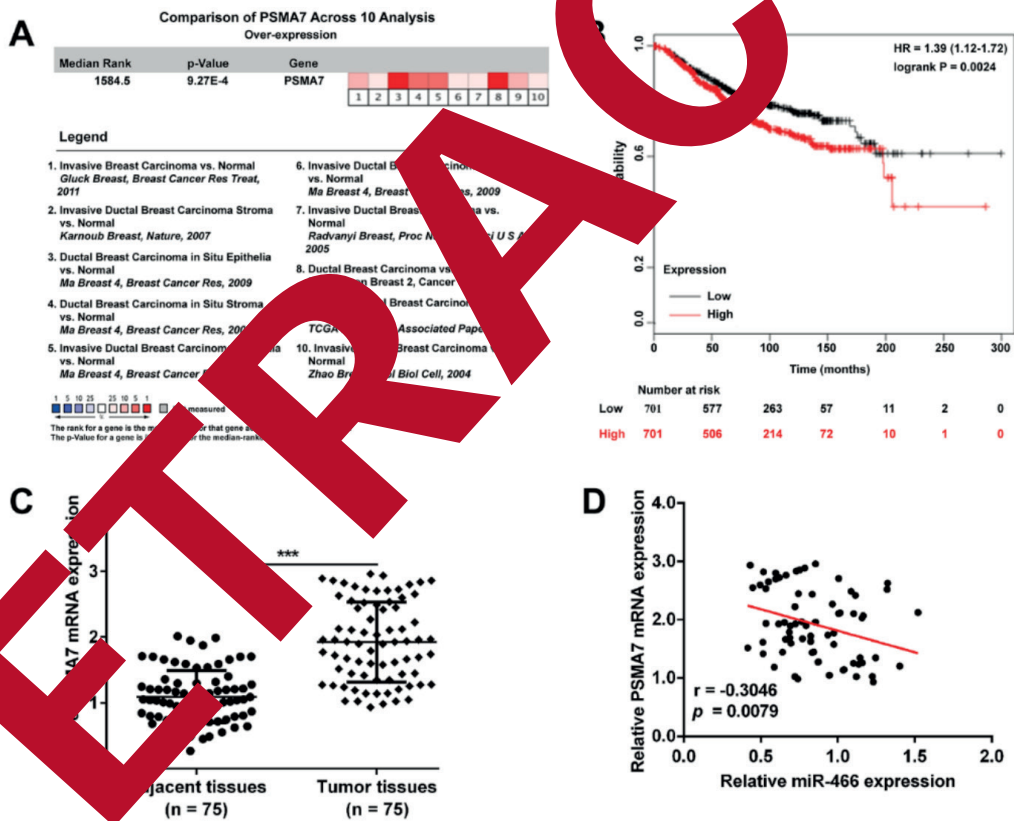


Figure 3. Regulation of PSMA7 was associated with poor prognosis of BC patients. **A**, Seven microarray datasets regarding PSMA7 mRNA expression in BC vs. normal tissues were included in our meta-analysis. Data are shown as the median expression of PSMA7 through each dataset analysis. *p*-value for PSMA7 was presented using the median ranked analysis about BC vs. normal tissues. **B**, Kaplan-Meier plots showing the effects of PSMA7 on five-year overall survival in BC. In red: patients with expression above the median and in black, patients with expressions below the median. **C**, Relative expression of PSMA7 in normal adjacent tissues and tumors from BC patients were detected by RT-qPCR (n = 75); ****p* < 0.001, compared with adjacent tissues; **(D)** The correlation between miR-466 and PSMA7 expression in BC tissues (n = 75) was analyzed using Spearman's correlation coefficient.

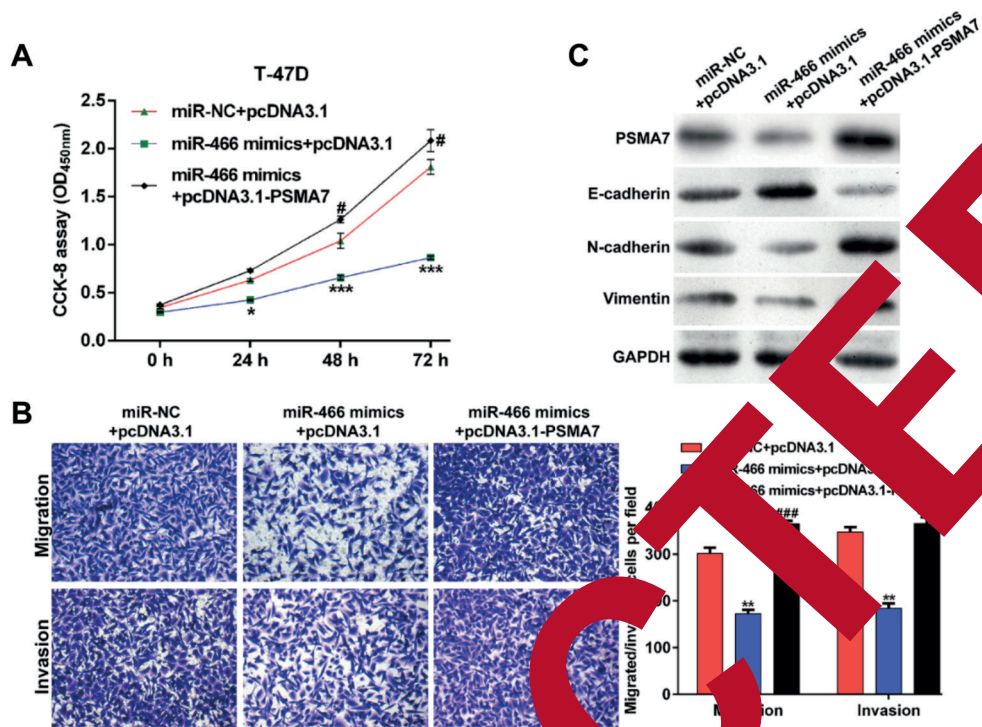


Figure 5. Restoration of PSMA7 counteracted the cell proliferation, migration and invasion inhibition caused by miR-466 in BC cells. T-47D cells were co-transfected with miR-466 mimics or miR-NC together with pcDNA3.1 or pcDNA3.1-PSMA7. **A**, Cell proliferation rate was determined by CCK-8 assay in transfected T-47D cells. **B**, Cell migration and invasion were evaluated using transwell assay in transfected T-47D cells (magnification ×200). Data were expressed as mean ± SD of three independent experiments. * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$, compared with miR-NC + pcDNA3.1; # $p < 0.05$, ### $p < 0.001$, compared with miR-466 mimics + pcDNA3.1. **C**, The mRNA expression of PSMA7, E-cadherin, N-cadherin and Vimentin was measured using western blot analysis in transfected T-47D cells.

cantly decreased in WT PSMA7 luciferase reporter plasmid when co-transfected with miR-466 mimics rather than the miR-NC transfection in both T-47D (Figure 3B) and ZR-75-30 (Figure 3C) cells. Moreover, RT-qPCR (Figure 3D) and Western blot analysis (Figure 3E) consistently demonstrated that PSMA7 expression levels were remarkably reduced in T-47D and ZR-75-30 cells after miR-466 mimics transfection compared with miR-NC transfection. The above results suggested that miR-466 downregulated the expression of PSMA7 by directly binding to its 3'UTR in BC cells.

Upregulation of PSMA7 was Associated with Poor Prognosis of BC Patients

To have a good knowledge of PSMA7 expression levels in BC tissues, we performed meta-analysis of PSMA7 gene expression using public microarray datasets from Oncomine database. As shown in Figure 4A, a total of seven online microarray datasets, including Gluck Breast,

Karnoub Breast, Ma Breast 4, Radvanyi Breast, Richardson Breast 2, TCGA Breast and Zhao Breast datasets were included in our study, which consistently indicated that the mRNA expression of PSMA7 was significantly overexpressed in BC tissues compared with normal tissues (gene median rank: 1584.5, $p = 9.27E-4$). Using Kaplan-Meier Plotter database, we evaluated the prognostic value of PSMA7 expression in BC patients and found that higher PSMA7 expression was related to shorter overall survival in BC patients (Figure 4B). Additionally, RT-qPCR analysis further confirmed that PSMA7 mRNA expression levels were notably upregulated in 75 paired tumor tissues compared with matched adjacent tissues derived from BC patients (Figure 4C). Spearman's correlation coefficient analysis demonstrated that miR-466 expression was inversely correlated with PSMA7 expression in the same BC tumor tissues (Figure 4D). Collectively, these data demonstrated that PSMA7 was overexpressed in BC and predicted poor survival prognosis.

Restoration of PSMA7 Reversed the Suppression of Cell Proliferation, Migration and Invasion BC Cells with the MiR-466 Mimics

To further investigate whether PSMA7 participated in the functional regulation of miR-466 in BC cell proliferation, migration and invasion, rescue experiments were performed in T-47D cells after co-transfection with miR-466 mimics and pcDNA3.1-PSMA7. The results from CCK-8 assay indicated that PSMA7 overexpression significantly abolished the suppressive effects of miR-466 overexpression on cell proliferation rate in T-47D cells (Figure 5A). Similarly, transwell assay demonstrated that significantly decreased number of migratory and invasive cells were observed in miR-466 mimics plus pcDNA3.1 transfection compared with miR-NC plus pcDNA3.1-transfection, which was reversed by co-transfection with miR-466 mimics plus pcDNA3.1-PSMA7 (Figure 5B). Western blotting indicated that the overexpression of PSMA7 reversed the decreased PSMA7 protein expression induced by miR-466 overexpression (Figure 5C). Furthermore, we found PSMA7 overexpression attenuated the suppressive effects of miR-466 overexpression on EMT markers (increased E-cadherin, decreased N-cadherin and Vimentin) in T-47D cells (Figure 5C). These data supported that miR-466 suppressed BC cell proliferation, migration and invasion by repressing PSMA7.

Discussion

In the present study, we found that the expression of miR-466 was remarkably downregulated in BC tissues and cells compared with corresponding controls. Clinical statistical analysis showed that decreased miR-466 expression was associated with poor prognosis in BC patients. In agreement with our data, Tong et al¹¹ previously demonstrated that low expression of miR-466 was significantly associated with tumor size, tumor metastasis stage, lymph node metastasis, distant metastasis and poor prognosis in colorectal cancer patients. Cao et al¹² also reported that miR-466 expression levels were downregulated in osteosarcoma tissues and negatively correlated with distant metastasis and TNM stage and poor prognosis in patients with osteosarcoma.

Through functional experiments, we found that miR-466 overexpression significantly inhibited the proliferation, migration and invasion of

BC cells. Consistent with our *in vitro* data, the suppressive role of miR-466 on tumor growth and metastasis was revealed in prostate cancer¹⁰, colorectal cancer¹¹, epithelial ovarian cancer²³ and esophageal squamous cell carcinoma. These data indicated that miR-466 might be a tumor suppressor in the progression and development of BC.

Up to now, it has been proved that several target genes, including POU5F1, SPERO, Hmbox1 (Prox1)²⁵, RUNX2^{10,26}, CCND1¹² and P¹⁹ have been validated as the target genes of miR-466 and participated in various diseases. Here, we performed bioinformatics analysis to obtain insight into the molecular mechanism of miR-466 and selected PSMA7 as a potential target of miR-466. As demonstrated by previous studies, PSMA7 serves as a transcriptional regulator in the development of cancers²⁶, including lung cancer¹³, colorectal cancer¹⁴ and hepatocellular carcinoma¹⁷. Here, we further found PSMA7 was overexpressed in BC tissues and negatively correlated with miR-466 expression. Kaplan-Meier Plotter database analysis indicated that higher PSMA7 expression was related to shorter overall survival in BC patients. Consistent with our analysis, Romanuik et al¹⁷, Scotto et al¹⁸ and Hu et al²⁷ consistently found the overexpression of PSMA7 in castration-recurrent prostate cancer, liver cancer, cervical cancer and colorectal cancer, respectively. In addition, high expression of PSMA7 is significantly correlated with liver metastasis in colorectal cancer²⁷. Furthermore, rescue experiment showed that the overexpression of PSMA7 reversed the suppressive effects of miR-466 on cell migration, invasion and EMT transcription factors (E-cadherin, N-cadherin, and vimentin). These facts further supported that miR-466 suppressed the migration, invasion and EMT in BC cells might partially through targeting PSMA7.

Conclusions

The present results demonstrated that overexpression of miR-466 suppressed the cell proliferation, migration, invasion and EMT by targeting PSMA7 in BC cells. The novelty of this work is identification of miR-466/PSMA7 axis as a promising therapeutic target for BC treatment. However, these are some limitations to this work as follows: lacking *in vivo* experiments and determination of apoptotic proteins and deeper molecular exploration.

Ethics Approval and Consent to Participate

This study was conducted in accordance with the Helsinki Declaration and approved by the Research Ethics Committee of the People's Liberation Army Medical College.

Authors' Contributions

HY designed this research. XY, ZSJ and YX carried out most experiments in this work and drafted this manuscript. WC and LQW helped with the western blot experiments and helped perform statistical analysis. DHX helped to draft the manuscript. All authors read and approved the final manuscript.

Availability of Data and Materials

All data generated or analyzed during this study are included in this published article.

Consent for Publication

We have obtained consents to publish this paper from all the participants of this study.

Conflict of Interest

The authors declare that they have no competing interests.

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