RNA polymerase II subunit 3 regulates vesicular, overexpressed in cancer, prosurvival protein 1 expression to promote hepatocellular carcinoma

Peng Hu\textsuperscript{1,*}, Binfeng Wang\textsuperscript{1,*}, Ting Chen\textsuperscript{1,*}, Yongfu Xu\textsuperscript{2}, Guoqun Zheng\textsuperscript{2}, Yu Zhu\textsuperscript{2} and Xuefeng Du\textsuperscript{1}

Abstract

Objective: To explore the relationships between hepatocellular carcinoma (HCC) and the expression of RNA polymerase II subunit 3 (RPB3) and vesicular, overexpressed in cancer, prosurvival protein 1 (VOPP1), and to determine whether RPB3 regulates VOPP1 expression to promote HCC cell proliferation, tumor growth, and tumorigenesis.

Methods: HCC and adjacent liver samples were collected from 51 patients with HCC who underwent surgical excision between September 20, 2010 and June 22, 2017. Immunohistochemical staining, western blot, quantitative PCR, plate colony assay, and RNA microarray were used to detect relevant indexes for further analyses.

Results: VOPP1 was shown to function as a target gene of RPB3 in facilitating HCC proliferation, and was downregulated after RBP3 silencing. Additionally, hepatic tumor tissues demonstrated high VOPP1 expression. Furthermore, VOPP1 silencing suppressed tumor growth and cell proliferation and elicited apoptosis.

\textsuperscript{1}Department of Hepatobiliary Surgery, Taizhou Hospital of Zhejiang Province, Wenzhou Medical University, Linhai, Zhejiang, China

\textsuperscript{2}Department of Hepatobiliary Surgery, Enze Hospital, Wenzhou Medical University, Taizhou, Zhejiang, China

\textsuperscript{*}These authors contributed equally to this work.

Corresponding author: Xuefeng Du, Department of Hepatobiliary Surgery, Taizhou Hospital of Zhejiang Province, Wenzhou Medical University, Linhai, Zhejiang 317000, China.

Email: xuefengdu231@163.com
Conclusion: RPB3 regulates VOPP1 expression to promote HCC cell proliferation, tumor growth, and tumorigenesis.

Keywords
Hepatocellular carcinoma, vesicular, overexpressed in cancer, prosurvival protein 1, RNA polymerase II subunit 3, apoptosis, proliferation, tumorigenesis

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Introduction
Hepatocellular carcinoma (HCC) is a leading cause of global mortality and morbidity, being the fifth most prevalent cancer and the third most common cause of cancer-related deaths worldwide.1 Despite major technological advances in curative treatments, the prognosis of patients with HCC is unfavorable because the mechanisms of intrusion and metastasis remain elusive.2 Therefore, a better understanding of the molecular characteristics and related biological mechanisms of HCC development and advancement would be beneficial.

RNA polymerase II (RNAPII) subunit 3 (RPB3, also known as POLR2C) is a subunit of RNAPII. RPB3, as well as RPB11, participates in doxorubicin-mediated cytotoxicity and cell differentiation.3,4 RPB3 expression is modulated during myoblast differentiation by associating with myogenic factors, insulin-like growth factor-binding protein (IGFBP)-3, and activating transcription factor (ATF)4 to enhance its transactivation activity.5–7 In HCC, RPB3 expression is often upregulated, and its direct binding to Snail downregulates E-cadherin and increases tumor growth, HCC cell proliferation, and the HCC migration rate.8

Additionally, the expression of vesicular, overexpressed in cancer, prosurvival protein 1 (VOPP1, also known as GASP/ECOP) is elevated in many cancer types, such as colorectal cancer,9 squamous cell carcinoma,10 gastric cancer,11 and glioblastoma.12 VOPP1 promotes cell proliferation and migration, and inhibits apoptosis.13,15 However, its expression and function in HCC are poorly understood.

We hypothesized that RPB3 regulates VOPP1 expression to promote HCC cell proliferation, tumor growth, and tumorigenesis, and investigated this in the present study. Our findings may provide new insights into the molecular mechanisms of HCC, enabling novel therapies to be investigated.

Methods
Ethics statement
The Medical Ethics Committee of Taizhou Hospital in Zhejiang Province approved the study protocol, which conformed to the requirements specified in the Declaration of Helsinki.

Human tissue samples
Affymetrix Thermo Scientific (Shanghai, China) provided the Human Gene Expression Array. HCC and adjacent liver samples were collected from 51 patients with HCC who underwent surgical excision between September 20, 2010 and June 22,
2017. These participants consisted of 43 men and eight women with a median age of 57.1 years (range, 33–78 years). All 51 tumor samples were cut into slices and dissolved in 200 μL lysis buffer (30 mM Tris-HCl, 2 M thiourea, 7 M urea, 4% (w/v) CHAPS; pH 8.0). The extracts were sonicated on ice and centrifuged at 4°C for 30 minutes at 16,000 ×g. They were then independently histologically identified as HCC by two investigators blinded to pathological and clinical information as described below. None of the patients underwent radiotherapy or chemotherapy, and all provided their written informed consent for participation in the study.

**Cell culture**

GeneChem Co., Ltd. (Shanghai, China) provided BEL-7404 and SMMC-7721 cell lines, which were both confirmed as cancer cells by short tandem repeat profiling on October 31, 2017. These cells were cultivated in Dulbecco’s modified Eagle medium (DMEM; Corning Life Sciences, Corning, NY, USA) containing 10% fetal bovine serum (FBS; Gibco, Invitrogen, Waltham, MA, USA) at 37°C under a 5% CO₂ atmosphere.

**Immunohistochemical staining**

VOPP1 expression was detected by incubating slides of liver samples overnight with an anti-VOPP1 primary antibody at 4°C (dilution 1:600; Thermo Fisher Scientific, Waltham, MA, USA) following the manufacturer’s instructions. Samples were then incubated for 2 hours with a goat anti-rabbit IgG (H+L) secondary antibody (dilution 1:1000; Thermo Fisher Scientific) at room temperature. Protein levels were measured through a visual grading system according to the level of staining (positive tumor cell ratio on a scale of 0–4: 0, none; 1, 1% to 25%; 2, 26% to 50%; 3, 51% to 75%; and 4, >75%) and staining intensity (classified on the scale of 0–3: 0, none; 1, weak; 2, moderate; and 3, strong). The high protein cutoff value was determined by multiplying the staining level and intensity scores. Positive levels were defined as a score of 5–12 and negative as a score of 0–4.

**Western blot**

We collected lysed BEL-7404 and SMMC-7721 cells, isolated proteins using a sodium dodecyl sulfate (SDS)–polyacrylamide gel electrophoresis (PAGE) kit (Beyotime, Shanghai, China), and separated them using SDS–PAGE. Proteins were then transferred to polyvinylidene fluoride membranes at 0.3 A for 2.5 hours at 4°C. Membranes were blocked with Tris-buffered saline and Tween 20 (TBST) containing nonfat milk (5%) at 4°C overnight before being incubated at 4°C overnight with primary antibodies. They were rinsed four times with TBST, then bands were visualized using the Pierce™ ECL/western blotting detection system (Thermo Fisher Scientific, Paisley, UK).

**Small interfering (si)RNA and lentiviral transduction of BEL-7404 and SMMC-7721 cells**

Lentiviral vectors were also provided by GeneChem Co., Ltd. A non-silent siRNA (5'-TTCTCCGAACGTGTCACGT-3') served as the negative control (NC) for RBP3. siRNA sequences acting on RBP3 were: 5'-AGAGTGATGTGCTAACCAT-3', 5'-TCATCGTCAAGTTGAGAAA-3', and 5'-GGGTTCAGATTGATGCCAA-3'. A non-silent siRNA (5'-TTCAATGTGTCCTACCCA-3') served as the NC for VOPP1. siRNA oligonucleotides against VOPP1 (5'-CCTTCAATGTGTCCTACCCA-3' [sense] and 5'-TGTTGTAGGACACATTGAAGG-3' [antisense]) were synthesized by GeneChem Co., Ltd.
We inoculated cells in a six-well plate at 2 × 10^5 cells/well and cultivated them at 37°C under a 5% CO₂ atmosphere until they reached 70% confluence before transduction. Lentiviral transfer vectors and packaging vectors were co-transfected into HEK293T cells using Lipofectamine 2000 according to the manufacturer’s instructions (Invitrogen).

**Quantitative reverse transcription PCR**

Total RNA was extracted from SMMC-7721 cells using TRIzol (Corning Life Sciences) according to the manufacturer’s guidelines. This was converted to cDNA by reverse transcription using M-MLV reverse transcriptase (Promega, Madison, WI, USA). PCR amplification of VOPP1 used the following primers: VOPP1-for: 5’-GGCTGTGGTAC TTCTGGTTCTT-3’ and VOPP1-rev: 5’-GTGTAGGACACATTGAAGGCTGG-3’. PCR was conducted on a thermal cycler (Applied Biosystems, Waltham, MA, USA) with the following program: 95°C for 30 s, then 40 cycles at 95°C for 5 s and another 40 cycles at 60°C for 30 s. Relative mRNA levels (VOPP1/GAPDH) were measured using the 2^−ΔΔCT method.

**Plate colony assay**

A total of 2 × 10^3 SMMC-7721 cells from VOPP1 knockdown and control groups were reseeded in six-well plates containing DMEM with 10% FBS 24 hours after siRNA and then cultivated for 10 days at 37°C. Thereafter, we stained the cells using crystal violet and counted the number of colonies under an Eclipse Ti-S microscope (Nikon, Melville, NY, USA) with an original magnification of ×100. Twelve fields of view were counted.

**RNA microarray**

Using a total RNA extraction kit (Agilent, Santa Clara, CA, USA), we extracted total RNA samples from three HCC and three matched healthy liver tissues (NC). Additionally, total RNA was isolated from three VOPP1 knockdown (VOPP1 KD) and three NC cell samples and underwent microarray analysis using the PrimeView Human GeneChip (Agilent). RNA was then labeled and hybridized using an RNA reverse transcription kit (Agilent).

**siRNA screening and cell growth curve**

SMMC-7721 cells transfected with NC or VOPP1 KD lentivirus were then seeded in 96-well plates. Lentivirus-derived green fluorescent protein expression was observed by fluorescence microscopy. SMMC-7721 cells were grown to 70% to 90% confluency, then collected for further experiments. We investigated 2000 cells/well per day using the Cellomics ArrayScan System (Thermo Fisher Scientific). Subsequently, we measured them to determine the green fluorescence signal by changing the input parameters. Results were obtained for data analysis through a 5-day cell proliferation curve. According to this, genes were inferred to be proliferation-related if their silencing resulted in a fold-change >2 compared with the control group. The number of cells on the scanned image were counted using a Celigo Image Cytometer (Nexcelom, Lawrence, MA, USA).

**Pathway analysis**

The biological importance of genes was determined using Kyoto Encyclopedia of Genes and Genomes pathway analysis.

**Heat maps**

To represent the distribution of gene abnormalities between HCC and healthy liver tissues, a heatmap was built using R software.
Statistical analyses

Continuous variables were expressed as the mean ± SD unless otherwise stated. The correlation between VOPP1 levels and clinical parameters was calculated by Pearson’s $\chi^2$ test. Treatment groups were analyzed by independent two-sample $t$-test. To compare proportions of two nominal variables, the chi-squared test and Fisher’s exact test of independence were used. $P < 0.05$ was considered statistically significant. All data were analyzed by IBM SPSS version 23.0 software (IBM Corp., Armonk, NY, USA).

Results

VOPP1 functions as an essential gene of RPB3 for facilitating HCC proliferation

Using mRNA microarray, we analyzed the mRNA expression profiles of three pairs of HCC and healthy liver tissues and identified genes that appeared to have essential roles in HCC tumorigenesis. Compared with the NC group, the HCC group had 571 upregulated mRNAs and 768 downregulated mRNAs (Figure 1a). KEGG pathway analysis revealed that 20 of these genes had potentially critical roles in HCC proliferation. To test the latent influence of genes on HCC proliferation in vitro, we sequentially silenced all 20 genes in SMMC-7721 cells (Figure 1b). Thereafter, we knocked down five candidate genes identified through the 5-day cell proliferation curve: ARMCX5, UBLCP1, ATP1F1, URM1, and VOPP1 (Figure 1c). Pathway analysis also confirmed that VOPP1 was associated with RPB3 (Figure 1d). We then explored if changes in RPB3 expression would affect that of VOPP1. Western blotting analysis showed that RPB3 knockdown inhibited VOPP1 expression in HCC cells (Figure 1e).

VOPP1 promotes HCC cell proliferation in vitro

Stable VOPP1 knockdown in HCC cells was established using a lentiviral delivery system, resulting in a decrease of VOPP1 mRNA expression in SMMC-7721 cells (Figure 2a). Western blotting also showed that the level of exogenous VOPP1 protein significantly decreased after VOPP1 knockdown in SMMC-7721 cells ($P < 0.05$; Figure 2b). Additionally, VOPP1 knockdown inhibited HCC cell proliferation, as measured by a Celigo Image Cytometer (Figure 2c).

VOPP1 expression in primary HCC lesions and adjacent hepatic samples

Cytosolic and nuclear expression of VOPP1 in HCC tumor and adjacent healthy hepatic samples was then investigated by immunohistochemical staining. The staining intensity differed between tumors and non-tumor areas in the same sample. We observed positive VOPP1 expression in 62.7% (32/51) of the HCC lesions and in 31.4% (16/51) of adjacent liver tissues ($\chi^2 = 10.074$, $P < 0.01$) (Figure 3).

Relationship between VOPP1 expression in HCC lesions and clinicopathological parameters

VOPP1 expression did not significantly differ in patients with different clinical parameters, such as sex, age, tumor diameter, number of tumors, smoking status, alcohol consumption, hepatitis B surface antigen level, and alpha-fetoprotein level (Table 1). However, it was significantly associated with the number of tumors ($P = 0.037$).
Figure 1. (a) Affymetrix mRNA microarray and high-content siRNA screening identified VOPP1 as a key gene involved in HCC proliferation. The heat map shows gene expression profiles. Each row represents a gene, and each column represents a sample. Red indicates high expression, whereas green indicates low expression. (b) For validation, 20 genes were selected by high-content siRNA screening. (c) Representative fluorescence images of VOPP1, ARMCX5, UBLCP1, ATPFI, and URM1 by high-content siRNA screening. (d) Network analysis of RPB3-associated signaling transduction pathways in HCC tissues using data obtained from mRNA microarrays. (e) VOPP1 protein levels analyzed by western blot in RPB3 knockdown (RPB3 KD) and NC cells. si, small interfering; VOPP1, vesicular, overexpressed in cancer, prosurvival protein 1; RPB3, RNA polymerase II subunit 3; KD, knockdown; NC, negative control.
Figure 2. VOPPI promotes HCC cell proliferation in vitro. (a) Comparison of VOPPI mRNA expression between VOPPI knockdown (VOPPI KD) and NC HCC cells. *P < 0.05. (b) VOPPI expression in VOPPI KD and NC SMMC-7721 cells. (c) Cell growth curve analysis comparing VOPPI KD and NC HCC cells. VOPPI, vesicular, overexpressed in cancer, prosurvival protein 1; HCC, hepatocellular carcinoma; KD, knockdown; NC, negative control. Source: Fang Z et al., 202015

Figure 3. Immunohistochemical staining of VOPPI and representative images of an HCC tissue and adjacent liver tissue sample pair. Magnification: 50× (upper panel), 200× (lower panel). VOPPI, vesicular, overexpressed in cancer, prosurvival protein 1; HCC, hepatocellular carcinoma.
Discussion

The structure and functions of RPB3 have been investigated for around 30 years, but the role of RPB3 in modulating cancer cell behavior still needs clarification. We previously showed that RPB3 promotes HCC proliferation and metastasis, but the exact mechanisms of this remain poorly understood.

Eukaryotic RNAPII transcribes mRNAs from genes, and other roles of RNA polymerase subunits have also been reported. For instance, RPB5 silencing suppresses HCC cell proliferation and apoptosis by downregulating the expression of cyclin B and cyclin-dependent kinase 1. Moreover, approximately 70% of clear cell renal cell carcinoma cases have VHL mutations and active RPB1 that promotes transcriptional regulation, apoptosis, and ubiquitin ligation. RPB1 is also critical in mediating the inhibitory effects of triptolide on multidrug resistant tumor cells. HSRPB7 interacts with transcription factors associated with cancer occurrence, whereas RPB7/RPB4 is thought to function in the development of Ewing’s sarcoma.

RPB3 is a core subunit of RNAPII involved in RNAPII assembly. It also

| Variable                          | Number of patients | VOPP1 expression | \( \chi^2 \) | P    |
|-----------------------------------|--------------------|------------------|-------------|------|
|                                   |                    | Negative (%)     | Positive (%)|      |
| Total                             | 51                 | 19               | 32          |      |
| Sex                               |                    |                  |             |      |
| Male                              | 43                 | 15 (34.9)        | 28 (65.1)   | 0.450*|
| Female                            | 8                  | 4 (50)           | 4 (50)      |      |
| Age                               |                    |                  |             |      |
| <57 years                         | 23                 | 8 (34.8)         | 15 (65.2)   | 0.110 | 0.741|
| \( \geq 57 \) years               | 28                 | 11 (39.3)        | 17 (60.7)   |      |      |
| Tumor diameter                    |                    |                  |             |      |
| <5 cm                             | 37                 | 13 (35.1)        | 24 (64.9)   | 0.259 | 0.611|
| \( \geq 5 \) cm                    | 14                 | 6 (42.9)         | 8 (57.1)    |      |      |
| Number of tumors                  |                    |                  |             |      |
| 1                                 | 44                 | 19 (43.2)        | 25 (56.8)   | 0.037*|
| \( \geq 2 \)                       | 7                  | 0                | 7 (100)     |      |      |
| Smoking status                    |                    |                  |             |      |
| No                                | 32                 | 12 (37.5)        | 20 (62.5)   | 0.002 | 0.475|
| Yes                               | 19                 | 7 (36.8)         | 12 (63.2)   |      |      |
| Alcohol consumption               |                    |                  |             |      |
| No                                | 38                 | 14 (36.8)        | 24 (63.2)   | 1.0*  |      |
| Yes                               | 13                 | 5 (38.5)         | 8 (61.5)    |      |      |
| HbAg                              |                    |                  |             |      |
| No                                | 12                 | 3 (25)           | 9 (75)      | 0.497*|
| Yes                               | 39                 | 16 (41)          | 23 (59)     |      |      |
| AFP                               |                    |                  |             |      |
| \( \geq 400 \)                     | 37                 | 14 (37.8)        | 23 (62.2)   | 0.02  | 0.889|
| \( <400 \)                        | 14                 | 5 (35.7)         | 9 (64.3)    |      |      |

Data are presented as numbers and percentages (in parentheses) according to the total number of patients with tumors expressing high and low VOPP1 levels. \( \chi^2 \) values were determined using the chi-square test. *Fisher’s exact test.

VOPP1, vesicular, overexpressed in cancer, prosurvival protein 1; HCC, hepatocellular carcinoma; HbAg, hepatitis B surface antigen; AFP, alpha-fetoprotein.
plays a positive role in tissue-specific transcription. For instance, RPB3 directly interacts with myogenin\textsuperscript{5} and ATF4,\textsuperscript{6} whereas its interaction with IGFBP-3 inhibits muscle cell growth, leading to direct modulation.\textsuperscript{7} RPB3 also downregulates E-cadherin and induces epithelial–mesenchymal transition (EMT) in HCC cells.\textsuperscript{8} In the present study, we showed for the first time that RPB3 regulates \textit{VOPP1} expression, subsequently promoting HCC cell proliferation.

\textit{VOPP1} plays a vital role in gene amplification during oncogenic dysregulation.\textsuperscript{26} It modulates various cell processes, including proliferation, migration, and apoptosis.\textsuperscript{10,11} It is also overexpressed in several cancers, such as head and neck squamous cell carcinoma, lung cancer, and gastric cancer.\textsuperscript{10,11,13} In line with this, we detected high \textit{VOPP1} expression in HCC tumor samples compared with adjacent healthy tissue. Recently reported strategies inhibiting \textit{VOPP1} expression suppress EMT and the subsequent intrusion and metastasis of human lung adenocarcinoma cells.\textsuperscript{27} We previously reported\textsuperscript{8} that RPB3 induces EMT in HCC cells. Taken together with current findings, this suggests that RPB3 promotes EMT by regulating \textit{VOPP1} expression.

In conclusion, RPB3 is a pivotal modulator that promotes HCC proliferation. In this study, we gained insights into the possible mechanism by which RPB3 regulates \textit{VOPP1} expression, downregulates E-cadherin, induces EMT, and promotes HCC proliferation.

\textbf{Declaration of conflicting interest}

The authors declare no conflict of interest.

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\textbf{ORCID iD}

Xuefeng Du \textsuperscript{id} https://orcid.org/0000-0003-1817-7640

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