Methyltransferase-like 3 silenced inhibited the ferroptosis development via regulating the glutathione peroxidase 4 levels in the intracerebral hemorrhage progression

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ABSTRACT
This study examined the effects of methyltransferase-like 3 (METTL3) on ferroptosis during intracerebral hemorrhage (ICH) progression. The brain microvascular endothelial cells (BMVECs) were stimulated with oxygen and glucose deprivation (OGD) and hemin to establish an ICH model. Cell viability was tested using a CCK8 assay. The levels of Fe²⁺, glutathione, reactive oxygen species, LPO, and MDA were determined using the corresponding commercial kits. Cell death was analyzed using TUNEL and propidium iodide staining. The correlation between METTL3 and glutathione peroxidase 4 (GPX4) was analyzed using Spearman's correlation test and further confirmed using the CHIP assay. Western blotting and RT-qPCR were performed to measure the relative expression levels. Mice were injected with 0.2 units collagenase IV to establish an ICH model in vivo. We found that the Fe²⁺, reactive oxygen species, LPO, and MDA levels were enhanced, and glutathione was depleted in OGD/H-treated BMVECs as well as in ICH mice. Additionally, cell viability and SLC7A11 protein levels decreased, and cell death and TFR1 protein levels increased in OGD/H-treated BMVECs. METTL3 silencing relieves OGD/H-induced injury in BMVECs. In addition, METTL3 was significantly negatively related to GPX4, which was further confirmed by the CHIP assay. Silencing of METTL3 decreased the N6-methyladenosine levels of GPX4 and increased its mRNA levels of GPX4. GPX4 knockdown neutralized the role of METTL3 in OGD/H-treated BMVECs. These results implied that ferroptosis occurred in the OGD/H-treated BMVECs and ICH mouse models. METTL3 silencing effectively suppressed ferroptosis by regulating N6-methyladenosine and mRNA levels of GPX4.

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Intracerebral hemorrhage (ICH) refers to hemorrhage caused by the increase and rupture of vascular brittleness in the non-traumatic brain parenchyma [1]. In the United States, Europe, and Australia, ICH accounts for approximately 10–15% of stroke cases, and in Asia, the incidence rate is 20–30% [2]. In China, the incidence rate of cerebral hemorrhage is increasing year by year, accounting for 35% of stroke cases [3]. As ICH has high mortality and disability rates, most survivors retain sequelae such as movement disorders, cognitive disorders, speech disorders, or swallowing disorders to varying degrees, which brings a heavy nursing and economic burden to society and families [4]. At present, in addition to symptomatic support therapy, there is still a lack of effective treatment methods for ICH. The clinical significance of hematoma removal, which is widely used in surgery, requires further investigation.

Ferroptosis, a new type of cell death, was first proposed by Dixon et al. In 2012 [5]. Ferroptosis differs from other forms of cell death. Morphologically, ferroptotic cells show reduced mitochondrial volume, increased double-membrane density, and decreased or disappeared mitochondrial cristae [6]. At the biochemical level, glutathione (GSH) and GSH peroxidase 4 (GPX4) are depleted. Ferrous ions produce a large number of reactive oxygen species (ROS) through the Fenton reaction [7,8]. Moreover, lipid oxides cannot be metabolized by the GSH reduction reaction catalyzed by GPX4, which in turn oxidizes membrane lipids, resulting in loss of cell membrane integrity and ferroptosis [9]. A recent study found that after ICH, excessive hemoglobin and iron released by hematoma accumulate in the brain parenchyma, resulting in disorders of iron and lipid metabolism and accelerating neurotoxicity. Additionally, it was found that secondary injury after ICH is the result of random destruction of macromolecules produced by the iron ion catalytic oxidation reaction, which indicates that ICH is closely related to ferroptosis [10,11]. N6-methyladenosine (m6A), the most common modification in epigenetic changes, drives a variety of biological functions including promotion of tissue development, stem cell differentiation, and repair of DNA damage responses [12]. Methyltransferase-like 3 (METTL3), a member of the m6A methyltransferase complex, catalyzes m6A modifications [13]. Recently, METTL3-mediated m6A modification has been reported to participate in cancer progression, including gastric cancer [14], hepatocellular carcinoma [15], and non-small cell lung cancer [16]. Recently, Wang et al. demonstrated that METTL3-mediated m6A modification is closely related to mammalian cerebellar development [17]. However, the role of METTL3 in ICH remains to be elucidated.

Therefore, this study aimed to investigate whether METTL3 could alleviate ICH by blocking ferroptosis. We hypothesized that METTL3 silencing suppressed ferroptosis by regulating m6A and mRNA levels of GPX4.

Materials and methods

Cell culture and treatment

Brain microvascular endothelial cells (BMVECs) were obtained from SAIOS Biology (Wuhan, China) and were selected to establish a cell model of ICH. Briefly, BMVECs were maintained in Dulbecco’s modified Eagle’s medium without glucose and serum (5% CO2, 95% N2) for 10 min. Accordingly to a previous study [18], 10 μM hemin was added to the BMVECs and maintained for 2 h (5% CO2, 95% N2). Finally, normal culture conditions were used to terminate oxygen and glucose deprivation (OGD). Additionally, the ferroptosis inducer RSL3 (5 μM) and inhibitor Fer-1 (1 μM) were used to treat the BMVECs to inhibit ferroptosis.

Cell transfection

Accordingly to a previous study [19], cell transfection was performed when the cells reached

**Highlight**

- Ferroptosis was occurred in the ODG/H treated BMVECs
- METTL3 was negatively related to GPX4
- Ferroptosis was occurred in the ICH mice
approximately 60% confluence. The short hairpin RNA METTL3 (sh-METTL3) and GPX4 (sh-GPX4) were obtained from Sangon (Shanghai, China). Next, the cells were incubated with 5 μl Lipofectamine® 3000 reagent and 5 μl transfection plasmids. After transfection, the cells were collected for subsequent experiments.

**Cell viability detection**

CCK-8 assay was carried out to test the cell viability [20]. 1 × 10⁵ cells/ml were seeded in 96-well plates and cultured for 24 h (37°C, 5% CO₂). Next, 10 μl CCK8 solution was used to treat the cells in each well for 4 h. The absorbance at 450 nm was measured using a microplate reader.

**Fe²⁺, GSH, ROS, MDA, and LPO levels detection**

The Fe²⁺ levels in the cells were measured using an iron colorimetric assay kit (ScienCell, USA). Additionally, GSH, ROS, MDA, and LPO levels in the cells were analyzed using the corresponding kits purchased from Nanjing Jiangcheng Bioengineering Institute (Nanjing, China). All experimental steps were performed in strict accordance with the manufacturer’s instructions [21].

**TUNEL and PI staining assay**

The death of HT22 cells in each group was evaluated using TUNEL and PI staining assays (Beyotime, Shanghai, China) [22]. The cells were washed twice with phosphate buffered saline. After that, the cells were treated with 50 μl TUNEL or PI detection solution in the dark for 1 h. Next, the cells were suspended in 500 μl phosphate buffered saline and observed under a fluorescence microscope (Nikon Corp., Tokyo, Japan).

**RT-qPCR**

The RNA from cells in each group was collected using TRIzol (Beyotime). Subsequently, a Nanodrop 2000 spectrophotometer was used to determine RNA quality. To obtain cDNA, reverse transcription was performed using a Reverse Transcription Kit (Vazyme, Nanjing, China). Next, cDNAs were used for the RT-qPCR with HiScript® Q RT SuperMix for the qPCR kit (Vazyme): 95°C, 10 min; 94°C, 15s, 40 cycles; 55°C, 30s; 70°C, 30s. The results were analyzed using the 2−ΔΔCt method [23], and GAPDH was used as an internal parameter. The Primer sequences were as follows:

- METTL3: Forward 5’-TTGTCTCACAAGCTCCGTAAGT-3’, Reverse 5’-CCAGATCGAGACGTTGATG-3’;
- TFR1: Forward 5’-ATGTTGGATGGGTAGCCAAAG-3’, Reverse 5’-TTCGAGAGCGAAATCTTCTG-3’;
- SLC7A11: Forward 5’-TCTCCAAAGGAGTTACCTGC-3’, Reverse 5’-AGACTCCCTCAGTAAAGTGAC-3’;
- GPX4: Forward 5’-GAGGCAAGACCGAAGTAAACTAC-3’, Reverse 5’-CCGAACCTGGTTACACGGGAA-3’;

**Western blot**

Primary antibodies (SLC7A11, TFR1, and GPX4) were obtained from Abcam (CA, USA) and used to test the levels of SLC7A11, TFR1, and GPX4 in the cells. Briefly, proteins were extracted from cells and tested using a BCA kit (Beyotime). Next, 10% SDS-PAGE was performed, and the proteins were transferred onto PVDF membranes. The membranes were blocked with 5% BSA for 2 h and then incubated with primary antibodies for 12 h at 4°C. The membranes were then incubated with the secondary antibody for 1 h. Finally, the chemiluminescence kit was utilized to visualize the proteins, and the bands were photographed and analyzed using ImageJ, with GAPDH as the internal parameter [24].

**Methylated RNA immunoprecipitation (MeRIP)**

Cells transfected with sh-METTL3 or sh-nc were used to perform the MeRIP assay using the Magna MeRIP™ m6A Kit (Millipore) [25]. Briefly, 200 μg of separated RNAs was randomly fragmented into 100 nucleotides, followed by immunoprecipitation with m6A antibody (or IgG), which was linked to Magna ChIP Protein A/G Magnetic Beads (21). After elution, m6A levels of the target genes were measured by RT-qPCR.
Chromatin immunoprecipitation (ChIP) assay

According to a previous study [26], the cells were collected after formaldehyde treatment, mouse anti-METTL3 was added, and homologous IgG was used as a control. The precipitated complex was then washed and de-crosslinked with 5 mol/L NaCl at 65°C overnight. The DNA fragments were purified and used for RT-qPCR.

ICH mice model

C57BL/6 mice were purchased from Nanjing Jiangcheng Bioengineering Institute (Nanjing, China) and divided into sham (n = 8) and ICH (n = 8) groups. All mice were housed in a controlled environment (21°C, 12-hr light/dark cycle with light period from 7 a.m. to 7 p.m.) with free access to food and water. Mice were acclimatized for 1 week before the experiments. According to a previous study [27], the mice in the ICH group were intraperitoneally injected with 2% sodium pentobarbital (0.2 mL/100 g body weight). Subsequently, the mice were routinely sterilized, skin prepared and fixed on a brain stereotaxic apparatus. Then 0.2 units of collagenase IV were injected into the left caudate putamen (0.8 mm posterior to the bregma, 3.5 mm lateral to the left, and 5.5 mm deep). The sham-operated control group was injected with an equal volume of normal saline. The animal experiments were approved by the Ethics committee of the First Affiliated Hospital of Jinan University (No: MDKN-2021-0518).

Determination of water content in brain tissue

After successful modeling, mice in each group were weighed and anesthetized. Then the head was cut off, and the left and right brain tissues were collected and weighed. Next, the brain tissues were baked at 100°C for 24 h and weighed. The water content of brain tissue = (wet weight – dry weight)/wet weight×100% [28].

Figure 1. Ferroptosis was occurred in the ODG/H treated BMVECs.
(a) The cell viability was tested by CCK8 assay. The Fe2+ (b), GSH (c), ROS (d), LPO (e) and MDA (f) levels were detected by corresponding kit. *P < 0.05, **P < 0.01 vs control group. #P < 0.05, ##P < 0.01 vs OGD+H group.
Statistical analysis

SPSS analyses were performed using analysis 25.0. All results are shown as mean ± SD. The difference analysis was performed using the Student’s t-test and analysis of variance (ANOVA). Spearman’s correlation test was used to analyze the relationship between METTL3 and other genes. Statistical significance was set at \( P < 0.05 \).

Results

This study demonstrated that ferroptosis occurred in the ODG/H-treated BMVECs and ICH mouse models. METTL3 silencing effectively suppressed ferroptosis by regulating m6A and mRNA levels of GPX4.

Ferroptosis occurred in the ODG/H treated BMVECs

As displayed in Figure 1(a), the viability of BMVECs was prominently depleted after RSL3 and ODG/H treatment. Meanwhile, RSL3 treatment aggravated the ODG/H effects, and Fer-1 relieved the ODG/H effects on the viability of BMVECs. Additionally, \( \text{Fe}^{2+} \) (Figure 1(b)), ROS (Figure 1(d)), LPO (Figure 1(e)), and MDA (Figure 1(f)) levels were enhanced, and GSH levels (Figure 1(c)) were depleted after RSL3 and ODG/H treatment, whereas Fer-1 treatment exhibited the opposite effect. Meanwhile, RSL3 treatment aggravated the ODG/H effects, and Fer-1 relieved the ODG/H effects on the \( \text{Fe}^{2+} \), GSH, ROS, LPO, and MDA levels of the BMVECs.

Figure 2. METTL3 silenced suppressed ferroptosis in the ODG/H treated BMVECs.

The METTL3 levels were tested by RT-qPCR (a) and western blot (b) after sh-METTL3 transfection. (c) The Cell viability was tested by CCK8 assay. The Fe2+ (d), GSH (e), ROS (f), LPO (g) and MDA (h) levels were detected by corresponding kit. **\( P < 0.01 \) vs control group. #\( P < 0.05 \), ##\( P < 0.01 \) vs ODG+H group. &&\( P < 0.01 \) vs ODG+H+ sh-nc group. $$P < 0.01 \) vs ODG+H+ sh-METTL3 group.

 METTL3 silenced suppressed ferroptosis in the ODG/H treated BMVECs

After sh-METTL3 transfection, METTL3 levels were prominently downregulated at the mRNA and protein levels (Figure 2(a-b)). Additionally, sh-METTL3 transfection prominently neutralized the ODG/H effects and promoted the Fer-1 effects on cell viability and \( \text{Fe}^{2+} \), GSH, ROS, LPO, and MDA levels of BMVECs (Figure 2(c-h)).
METTL3 silenced suppressed cell death in the OGD/H treated BMVECs. The cell death of the BMVECs was analyzed by TUNEL (a) and PI (b) staining. The levels of SLC7A11 and TFR1 was analyzed by RT- qPCR (c-d) and western blot (e). **P < 0.01 vs control group. #P < 0.05, ##P < 0.01 vs OGD+H group. &p < 0.01 vs OGD+H- sh-nc group. $$$P < 0.01 vs OGD+H- sh-METTL3 group.

**METTL3 silenced suppressed cell apoptosis in the OGD/H treated BMVECs**

Subsequently, through TUNEL and PI staining, we found that OGD/H treatment prominently enhanced the number of TUNEL- and PI-positive cells, and Fer-1 or sh-METTL3 treatment prominently neutralized the OGD/H effects. Meanwhile, Fer-1 prominently enhanced sh-METTL3 transfection effects (Figure 3(a-b)). Additionally, the mRNA and protein expression levels of SLC7A11 were prominently depleted, whereas TFR1 was enhanced after OGD/H treatment. Fer-1 or sh-METTL3 treatment neutralized the OGD/H effects. Meanwhile, Fer-1 prominently enhanced sh-METTL3 transfection effects (Figure 3(c-e))

**METTL3 was negatively related to GPX4**

Next, we analyzed the relationship between METTL3 and GPX4, NQO1, HMOX1, ACDH3A1, and
AKR1C1 using Spearman’s correlation test and found that METTL3 was significantly negatively related to GPX4 \( (r = 0.7227) \) (Figure 4(a-e)). The CHIP assay confirmed that the relative enrichment of GPX4 was significantly higher in the anti-METTL3 group than in the anti-IgG group (figure 4(f)). In addition, sh-METTL3 transfection significantly upregulated the mRNA levels of GPX4 and downregulated the m6A levels of GPX4 (Figure 4(g-h)). Furthermore, GPX4 levels were prominently downregulated in OGD/H-treated BMVECs at both the mRNA and protein levels (Figure 4(i-j)).

**GPX4 silenced and neutralized the sh-METTL3 effects in the OGD/H treated BMVECs**

After sh-GPX4 transfection, GPX levels were prominently downregulated at the mRNA and protein levels (Figure 5(a-b)). Next, we found that GPX4 prominently neutralized the effects of sh-METTL3

Figure 4. METTL3 was negatively related to GPX4.

(a-e) The relationship between METTL3 and GPX4, NQO1, HMOX1, ACDH3A1 and AKR1C1 via spearman correlation test. (f) The targeted binding of METTL3 to GPX4 promotor region was detected by CHIP assay. (g-h) The mRNA and m6A levels of GPX4 were tested after sh-METTL3 transfection. (i-j) The mRNA and protein levels of GPX4 were measured by RT-qPCR and western blot. 

**P < 0.01.**
Figure 5. GPX4 silenced neutralized the sh-METTL3 effects in the OGD/H treated BMVECs. The GPX4 levels were tested by RT-qPCR (a) and western blot (b) after sh-GPX4 transfection. (c) The Cell viability was tested by CCK8 assay. The Fe2+ (d), GSH (e), ROS (f), LPO (g) and MDA (h) levels were detected by corresponding kit. **P < 0.01 vs control group. #P < 0.05, ##P < 0.01 vs OGD+H+ sh-METTL3+ sh-nc group.

on cell viability and Fe2+, GSH, ROS, LPO, and MDA levels in OGD/H-treated BMVECs (Figure 5 (c-h)). Additionally, cell death (Figure 6(a-b)), SLC7A11, and TFR1 levels (Figure 6(c-e)) in the OGD/H-treated BMVECs after sh-METTL3 transfection were reversed by sh-GPX4 transfection.

Ferroptosis occurred in the ICH mice

In ICH mice, the brain water content was prominently increased in both the left and right brains (Figure 7(a)). In addition, Fe2+ (Figure 7(b)), ROS (Figure 7(d)), LPO (Figure 7(e)), and MDA (figure 7(f)) levels were enhanced, and GSH levels (Figure 7(c)) were depleted in ICH mice. Additionally, SLC7A11 was prominently depleted, whereas TFR1 and METTL3 was enhanced in the brains of ICH mice at the mRNA and protein levels (Figure 7(g-j)).

Discussion

Studies have shown that ICH is a subtype of stroke that has a high mortality rate. Accumulating studies have shown that ferroptosis is crucial to the progression of brain injury after ICH [29,30]. Therefore, exploring the specific mechanism of ferroptosis in ICH is important for the treatment of ICH. This study demonstrated that ferroptosis occurred in the OGD/H-treated BMVECs and ICH mouse models. METTL3 silencing effectively suppressed ferroptosis by regulating m6A and mRNA levels of GPX4.

In recent years, m6A modifications have become a popular topic in epigenetic research. M6A modification is involved in many biological processes in mammals, such as RNA splicing, protein translation, and stem cell renewal [31]. Li et al. [32] reported that METTL3 promotes translation by interacting with the translation initiation codon and affects the growth, survival, and invasion of cancer cells. Visvanathan et al. [33] showed that METTL3 mediated m6A modification plays a key role in the maintenance and dedifferentiation of glioma cells, revealing the basic role of METTL3 as a potential molecular target for the treatment of glioblastoma. Although the above studies confirmed the important regulatory
mechanism of METTL3 in tumor cells, there are few reports on the effect of m6A modification on ICH, and no studies have focused on the potential mechanism of METTL3 in ICH. Wang et al. [17] confirmed that METTL3 plays a critical role in the regulation of mammalian cerebellar development. Huang et al. [34] demonstrated that abnormally expressed and distributed METTL3 in the hippocampus of the Alzheimer’s disease brain may be the basis for regulating gene expression changes.

Figure 6. GPX4 silenced neutralized the sh-METTL3 effects on the cell death of the OGD/H treated BMVECs. The cell death of the BMVECs was analyzed by TUNEL (a) and PI (b) staining. The levels of SLC7A11 and TFR1 was analyzed by RT-qPCR (c-d) and western blot (e). **P < 0.01 vs control group. #P < 0.05, ##P < 0.01 vs OGD+H group. &&P < 0.01 vs OGD+H+ sh-nc group. $$$P < 0.01 vs OGD+H+ sh-METTL3 group. **P < 0.01 vs control group. #P < 0.05, ##P < 0.01 vs OGD+H+ sh-METTL3+ sh-nc group.
related to disease pathogenesis. These studies indicate that METTL3 is involved in brain development. In this study, we found that METTL3 silencing prominently depleted cell death and enhanced the viability of ODG/H-treated BMVECs, implying that METTL3 silencing relieved ODG/H-induced injury in BMVECs.

Ferroptosis involves multiple pathways including iron metabolism, lipid metabolism, and oxidative damage [35,36]. SLC7A11 is an important component of the glutamate-cystine transporter and is responsible for the transport of extracellular cystine and intracellular glutamate. SLC7A11 plays an important regulatory role in various pathophysiological processes such as ferroptosis and cellular redox homeostasis [37]. Transferrin receptor 1 (TFR1) exists on the surface of many types of cells, and its expression is mainly regulated by the level of intracellular iron ions. TFR1 transports Fe3+ carried by transferrin to the cytoplasm by binding to transferrin, which is the main mechanism by which cells absorb iron [38]. Therefore, low SLC7A11 expression and high TFR1 expression indicate ferroptosis. In
this study, we found that OGD/H treatment decreased SLC7A11 levels and increased TFR1 levels, which was also observed in ICH mice. The silencing of METTL3 neutralized this effect. Additionally, the excessive iron ion will also lead to ‘iron enrichment’ in cells, and mediate the excessive accumulation of ROS, LPO, and MDA, eventually leading to ferroptosis. A large amount of evidence has shown that GPX4 can be used as a reference marker to judge ferroptosis [39]. Furthermore, GPX4 is a key protein that scavenges lipid peroxide. Inactivation of GPX4 leads to the disruption of oxidation balance, destruction of membrane structure by lipid peroxide, and activation of ferroptosis [40,41]. Through correlation analysis, we found that METTL3 and GPX4 were negatively correlated, which was further confirmed by the CHIP assay. Furthermore, METTL3 silencing decreased m6A levels and increased mRNA levels of GPX4. The rescue experiment illustrated that GPX4 silencing reversed the sh-METTL3 effects on Fe²⁺, GSH, ROS, LPO, and MDA levels, along with SLC7A11 and TFR1 levels in the ODG/H-treated BMVECs. These results indicate that METTL3 regulates ferroptosis by targeting GPX4.

However, there are still some limitations in this study. This study was a basic research. It needs to be further verified in clinical treatment. Our future research will conduct clinical trials to test our conclusions.

Conclusion

In conclusion, our research demonstrates that ferroptosis occurs during ICH progression. METTL3 silencing suppressed ferroptosis development by regulating m6A levels of GPX4 in ODG/H-treated BMVECs. These findings provide new insights into ICH treatment.

Disclosure statement

No potential conflict of interest was reported by the author(s).

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Data availability

The datasets used or analyzed during the current study are available from the corresponding author on reasonable request.

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