miR-218 functions as a tumor suppressor gene in cervical cancer

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Abstract. Previous microRNA (miR) microarray analysis revealed that miR-218 is downregulated in cervical cancer tissues. The present study aimed to further evaluate the expression of miR-218 in cervical cancer specimens, determine the association between its expression with disease progression, and investigate the roles of miR-218 in cervical cancer cells. Tissue specimens were obtained from 80 patients with cervical squamous cell carcinoma, 30 patients with high-grade cervical intraepithelial neoplasia [(CINI) II/III] and 15 patients with low-grade CIN (CINI); in addition, 60 plasma samples were obtained from patients with cervical cancer, and 15 normal cervical tissue specimens and 30 plasma samples were obtained from healthy women. These samples were used for analysis of miR-218 expression via reverse transcription-quantitative PCR. In addition, tumor cells were transfected with miR-218 mimics, human papillomavirus (HPV)16 E6/E7 small interfering RNA, or their respective negative controls to determine the viability, colony formation, migration and invasion of cells using MTT, colony formation, wound healing and Transwell assays, respectively. Target genes of miR-218 were bioinformatically predicted and analyzed using Gene Ontology (GO) terms. The results revealed that miR-218 was downregulated in the tumor tissues and plasma of patients with cervical cancer, with expression associated with the advanced clinicopathological characteristics of patients, including HPV positivity, tumor size, blood vessel invasion and lymph node metastasis. Furthermore, miR-218 overexpression reduced tumor cell viability and xenograft growth, and suppressed tumor cell migration and invasion. HPV was detected in 75% of the 80 patients with cervical cancer, and HPV positivity was inversely associated with miR-218 expression. In addition, bioinformatics analysis predicted that roundabout binding to the 3'-untranslated region of target mRNAs; upon binding, miRNAs can degrade the target mRNA transcripts and/or inhibit their translation into protein. Furthermore, miRNAs can act as oncogenes or tumor suppressors in human tumorigenesis (9,10). At present, studies have reported that cancer cells express specific miRNA profiles, and that HPV is able to modulate miRNA expression in infected cells (11,12).

In conclusion, the findings of the present study suggested that miR-218 may possess antitumor activities in cervical cancer.

Introduction

Cervical cancer remains a significant global health problem, particularly in developing countries, where cervical cancer is a leading cause of cancer-associated death in women (1). The risk factors for cervical cancer development primarily include human papillomavirus (HPV) infection (accounting for ~90% of cervical cancer cases), tobacco smoking, long-term use of oral contraceptives, multiple pregnancies, and genetic and immunological factors (2-4). The treatment of cervical cancer depends on the stage; early-stage cancer can be effectively treated with surgery, whereas late-stage cancer can only be managed by surgery plus radiotherapy and cisplatin-based chemotherapy, with variable effectiveness (5-7). The prognosis of patients with cervical cancer depends on the tumor stage and treatment effectiveness. For example, the 5-year overall survival of patients with early-stage cervical cancer can reach 92%, whereas the rate for late-stage disease, such as stage IV, is <15% (8). Thus, prevention, early diagnosis and novel treatment strategies are required to successfully control cervical cancer. Therefore, improved understanding of the underlying molecular mechanisms and associated gene alterations in the pathogenesis of cervical cancer may lead to the development of novel approaches for the prevention, early detection and treatment of patients with cervical cancer.

MicroRNAs (miRNAs/miRs) are a class of noncoding RNA in the human genome, which are 22-25 nucleotides in length. miRNAs function to regulate gene expression, primarily via binding to the 3'-untranslated region of target mRNAs; upon binding, miRNAs can degrade the target mRNA transcripts and/or inhibit their translation into protein. Furthermore, miRNAs can act as oncogenes or tumor suppressors in human tumorigenesis (9,10). At present, studies have reported that cancer cells express specific miRNA profiles, and that HPV is able to modulate miRNA expression in infected cells (11,12).

In cervical cancer, a number of studies have detected altered expression of miRNAs, and their functions in suppressing or promoting cervical epithelial cell carcinogenesis (13-19). In our previous miRNA microarray study, it was observed that miR-218 expression is decreased or absent in cervical cancer tissues compared with normal epithelia (20).

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Human genome database data has localized the miR-218 gene to two different human chromosomes (miR-218-1 at chromosome 4p15.31, and miR-218-2 at chromosome 5q35.1), which are embedded in the intron region of Slit homolog 2 (SLIT2) and SLIT3, respectively (21). Furthermore, previous studies have demonstrated that miR-218 is able to suppress the progression of various types of human cancer by targeting the expression of roundabout guidance receptor 1 (ROBO1) (21-24). Therefore, in the present study, miR-218 expression was measured using RT-qPCR.

In cervical cancer (Stage iB1-iia); and iv) control cervical tissue from patients who received medical care in the Department of Gynecology, The People's Hospital of Guangxi Zhuang autonomous region between January 2011 and January 2015. These specimens included four groups of patients: i) Tissue specimens obtained from 80 patients with cervical squamous cell carcinoma (Scc); ii) 30 patients with high-grade squamous intraepithelial lesions (HSIL) or cervical intraepithelial neoplasia (CIN)II/III, and 15 patients with low-grade squamous intraepithelial lesions (LSIL) or CIN; iii) Plasma specimens obtained from 60 patients with pathologically diagnosed cervical cancer (Stage IIB-IIA); and iv) control cervical tissue samples collected from 15 patients who underwent hysterectomy due to benign gynecological diseases, and plasma samples obtained from 30 healthy females who visited the hospital for a routine health check-up, and had no cervical lesions or history of malignancy. All diagnoses of these patients were pathologically confirmed. None of the patients with cervical cancer and CIN had received any prior treatment intervention, including radiotherapy, chemotherapy, immunotherapy or recent physiotherapy. The age ranges are given in Tables I and II. The disease was staged according to the International Federation of Gynecology and Obstetrics (FIGO; 2009) classification (25). The present study was approved by the Ethics Committee of the People's Hospital of Guangxi Zhuang Autonomous Region and each participant provided informed consent or a waiver before being enrolled into the present study.

**Materials and methods**

**Patients and samples.** The present study collected 140 cervical tissues samples from patients who received medical care in the Department of Gynecology, The People's Hospital of Guangxi Zhuang autonomous region between January 2011 and January 2015. These specimens included four groups of patients: i) Tissue specimens obtained from 80 patients with cervical squamous cell carcinoma (Scc); ii) 30 patients with high-grade squamous intraepithelial lesions (HSIL) or cervical intraepithelial neoplasia (CIN)II/III, and 15 patients with low-grade squamous intraepithelial lesions (LSIL) or CIN; iii) Plasma specimens obtained from 60 patients with pathologically diagnosed cervical cancer (Stage IIB-IIA); and iv) control cervical tissue samples collected from 15 patients who underwent hysterectomy due to benign gynecological diseases, and plasma samples obtained from 30 healthy females who visited the hospital for a routine health check-up, and had no cervical lesions or history of malignancy. All diagnoses of these patients were pathologically confirmed. None of the patients with cervical cancer and CIN had received any prior treatment intervention, including radiotherapy, chemotherapy, immunotherapy or recent physiotherapy. The age ranges are given in Tables I and II. The disease was staged according to the International Federation of Gynecology and Obstetrics (FIGO; 2009) classification (25). The present study was approved by the Ethics Committee of the People's Hospital of Guangxi Zhuang Autonomous Region and each participant provided informed consent or a waiver before being enrolled into the present study.

**RNA isolation and reverse transcription-quantitative PCR (RT-qPCR).** The paraffin-embedded tissue blocks were retrieved from Pathology Department and sectioned into 4-μm thick tissue sections for staining with hematoxylin and eosin (H&E; 5 min at room temperature) (26). Subsequently, an expert gynecological pathologist selected lesions under a light microscope and lesion cells were dissected using H&E-stained sections. After removal of paraffin with xylene and ethanol, tissues RNA were extracted using the miRNeasy FFPE kit (Qiagen GmbH) according to the manufacturer's protocols. Cells RNA were extracted using the miR cute miRNA Isolation kit (Tiangen Biotech Co., Ltd.) according to the manufacturer's protocols. The plasma RNA was isolated using the TRIzol® LS reagent (Invitrogen; Thermo Fisher Scientific, Inc.) according to the manufacturer's protocols. The RNA samples were stored at -80°C until required.

For RT-qPCR analysis, RNA samples were reverse transcribed into cDNA using a Quantscript RT kit (Tiangen Biotech Co., Ltd.) according to the manufacturer's protocols. Each RT reaction was conducted in a mixture containing 150 ng RNA and a pool of RT primers from the kit in accordance with the manufacturer's instructions. The RT primer sequences were as follows: miR-218, 5'-CTCAACTGTTGCTGGAGTGC CG AATTCCAGTGAAGCTATGC-3'; U6, 5'-AACGCTTTCA CGAATTTGCGT-3'; and Caenorhabditis elegans miR-39 stem-loop (cel-mir-39), 5'-CTCAACTGTTGCTGGAGTGC CG GCAATTCA TGGAGTGCATG-3'. Subsequently, qPCR was performed using a SuperReal PreMix Plus kit (SYBR® Green; Tiangen Biotech Co., Ltd.) and an ABI7500 thermocycler (Applied Biosystems; Thermo Fisher Scientific, Inc.). The qPCR primers were: miR-218, 5'- CGAGTCATTGTGGCTTG ATCTA-3' and 5'-TGGTGTGTTGGAGTCG-3'; U6, 5'-CTC GTTCTGCGACACA-3' and 5'-AACGCTTCAGAAT TGCGT-3'; cel-mir-39, 5'-ACACTCAAGTGGTGCCAG ATGCTGC-3' and 5'-TGGTGTGTTGGAGTGCG-3'; ROBO1, 5'- TCCACACAGCAATAGCGGAG-3' and 5'-CTCTTGAACA TGGGTTGAGGT-3'; and GAPDH, 5'-CATAGAAGAT ATGACCGCT-3' and 5'-ATGCTTCTCAACGATACAAAG T-T3. All primers were designed and synthesized by Invitrogen (Shanghai, China). The qPCR conditions were: Following an initial denaturation step at 95°C for 15 min, amplifications were carried out with 40 cycles of a melting temperature of 95°C for 10 sec and an annealing temperature of 60°C for 32 sec. The relative mRNA expression levels were calculated using the 2-ΔΔcq method (27) following normalization to GAPDH or U6 mRNA. Cel-mir-39 was used as an exogenous control for plasma miR-218, according to a previous study (28).

**Detection of HPV-DNA and HPV infection status.** Genomic DNA was extracted from tissue samples using a TIANamp FFPE DNA kit (Tiangen Biotech Co., Ltd.), in order to genotype the six most common HPV subtypes (HPV-16, -18, -31, -45, -52 and -58). PCR amplification was conducted using an E6 Nested Multiplex PCR to detect HPV in the tissue samples (29). The nested PCR utilized MY09-MY11 consensus primers, and the resultant PCR products served as a template for the nested PCRs using E6 genotype-specific primers to amplify HPV-16, -18, -31, -45, -52 and -58. Subsequently, the PCR products were analyzed using 2% agarose gel electrophoresis and stained with ethidium bromide (Tiangen Biotech Co., Ltd.), and, finally sequenced according to a previous study (29).

**Cell lines and culture.** Human cervical cancer SiHa, HeLa, and C-33A cell lines (Cell Bank of the Chinese Academy of Sciences) were cultured in RPMI-1640 (Gibco; Thermo Fisher Scientific, Inc.) supplemented with 10% fetal bovine serum (Gibco; Thermo Fisher Scientific, Inc.) and 1% penicillin/streptomycin (Gibco; Thermo Fisher Scientific, Inc.) in a humidified incubator containing 5% CO2 at 37°C.

**HPV16 E6/E7 small interfering RNA (siRNA) and cell transfection.** HPV16 E6/E7 siRNA was designed and synthesized by Shanghai GenePharma Co., Ltd. For cell transfection,
SiHa cells were plated into a 6-well plate at a density of 3x10^5 cells/well, and were cultured for 24 h. Subsequently, these cells were transfected with HPV16 E6/E7 siRNA or negative control (NC)-siRNA at a final concentration of 50 nM using Lipofectamine® 2000 (Invitrogen; Thermo Fisher Scientific, Inc.) for 24 or 48 h. The adherent cells were then harvested for various assays. The siRNA sequences for HPV16/E6/E7 were 5’-ACCGUUGUGAUUGUAUUA-3’ and 5’-GCACACACGGUGACAUUCGUU-3’, respectively, while the sequence for NC siRNA was 5’-CTTACAATCAGACTGGCGA-3’.

miR-218 and stable cell infection. Production of lentiviral vectors carrying miR-218 mimics or NC was conducted by Shanghai GenePharma Co., Ltd. For cell infection, cervical cancer SiHa, HeLa and C-33A cells were plated into a 96-well plate at a density of 3.5x10^3 cells/well and grown overnight. Subsequently, cells were infected with lentiviruses carrying miR-218 or NC at a final concentration of 1x10^7 Tu/ml for 48 h, and cell cultures were selected in puromycin (2 µg/ml)-containing medium to obtain stably overexpressing miR-218 or NC-SiHa, HeLa and C-33A cell sublines (named S-218, H-218, C-218, S-NC, H-NC and C-NC, respectively). The expression of miR-218 in these cells was measured via RT-qPCR analysis. The miR-218 mimics sequence was 5’-TTG TGc TTG aTc Taa cca TGT-3’ and nc sequence was 5’-cTT aca aTc aGa cTG GcG a-3’. The optical density value of each well at 490 nm was determined via an MTT assay. Briefly, stably expressing mir-218 or nc cells were detached and resuspended in FBS-free DMEM, to minimize the effects of cell proliferation during the wound-healing assay. The wound was measured via rT-qPCR analysis. The miR-218 mimics expression in the two groups were assessed by one-way ANOVA. P<0.05 was considered to indicate a statistically significant difference.

Cell viability MTT assay. Alterations in cell viability were determined via an MTT assay. Briefly, stably expressing miR-218 or NC cells were seeded into 96-well plates at a density of 2x10^5 cells/well. Following incubation for 24 h, MTT (Sigma-Aldrich; Merck KGaA) was added to the cell culture at a final concentration of 0.5 mg/ml, and cells were further incubated for 4 h at 37°C. Subsequently, the MTT-formed crystals were dissolved in 150 µl dimethyl sulfoxide (Sigma-Aldrich) and the optical density value of each well at 490 nm was determined using a GF-M3000 (Gaomi Caihong Analytical Instruments Co., Ltd.). The cell activity was measured every 30 min and counted under an inverted light Olympus microscope-camera system (Olympus Corporation) in 8 randomly selected microscope fields (magnification, x200). Images were analyzed using Adobe Photoshop 7.0 (Adobe Systems, Inc.), and the data were summarized as migration percentages vs. control. The experiment was performed in triplicate, and repeated at least twice.

Tumor cell Transwell migration and invasion assays. Stably expressing miR-218 or NC cells were detached and resuspended in FBS-free RPMI-1640. Subsequently, 1.5x10^5 cells/well were plated in the upper chamber of Transwell plates (pore size, 8 µm; Corning, Inc.), whereas the bottom chambers were filled with 500 µl RPMI-1640 containing 10% FBS. For the invasion assay, the Transwell filter was precoated with 50 µg Matrigel (BD Biosciences). Cells were cultured at 37°C for 8 h for the migration assay, or 24 h for the invasion assay. At the end of each experiment, cells that remained on the top surface of the filter were removed using a cotton swab, whereas cells that had migrated or invaded through the lower surface of the filter were fixed with methanol at room temperature for 30 min and stained with 1% crystal violet at the room temperature for 30 min. Tumor cell migration and invasion capacity was calculated by counting the stained filters under an Olympus inverted light microscope in 5 randomly selected fields (magnification, x200; Olympus Corporation). The experiment was performed in triplicate and repeated once.

Bioinformatics analysis of miR-218 target genes and Gene Ontology (GO) analysis. Putative miR-218 target genes were bioinformatically predicted using the online miRecords tool (http://l1.accurascience.com/miRecords/), and were analyzed using the GO annotation database (www.geneontology.org).

Tumor cell xenograft assay. The animal experiments were approved by the Institutional Animal Care and Use Committee of the People's Hospital of Guangxi Zhuang Autonomous Region. A total of 12 female BALB/c nude mice (age, 4-5 weeks and weight 20-22 g) were purchased from Beijing HKF Bioscience Co., Ltd., and housed in a specific pathogen-free ‘barrier’ facility under controlled temperature (~25°C) and humidity (~50%), with 12-h light/dark cycles. These mice received SPF mouse chow and access to sterile water ad libitum. Stably expressing miR-218 or NC cells were harvested and subcutaneously injected into both hind flanks of mice at 1x10^6 cells/injection. The formation and growth of tumor cell xenografts were monitored daily and measured weekly for 4 weeks using a caliper, and the tumor volume was calculated using the following formula, Volume=(length/2) x (width/2), according to a previous study (30). Finally, mice were sacrificed under anesthesia, autopsies conducted and tumor xenografts collected for calculating tumor weight. The experiment was performed in triplicate, and repeated at least twice.

Statistical analysis. All quantitative data are presented as the means ± standard error of the mean. Differences of miR-218 expression in the two groups were assessed by one-way analysis of variance. All statistical analyses were performed using GraphPad Prism 5 (GraphPad Software, Inc.). P<0.05 was considered to indicate a statistically significant difference.
Results

**Downregulation of miR-218 in cervical cancer tissues and its association with advanced clinicopathological characteristics.** In the present study, miR-218 expression was measured in various cervical tissue specimens, and it was observed that miR-218 expression was significantly downregulated in cervical cancer and HSIL or CIN II/III tissues compared with LSIL or CINI and normal tissues (Fig. 1). Furthermore, miR-218 expression was associated with tumor lymph node metastasis (LNM), tumor size and vessel invasion (Table I); however, it was not associated with other clinicopathological characteristics, including patient age, tumor differentiation or FIGO staging (Table I).

**Downregulation of plasma miR-218 levels in patients with cervical cancer.** The plasma levels of miR-218 were assessed in patients with cervical cancer compared with healthy controls; it was observed that plasma miR-218 levels were significantly decreased in patients compared with healthy controls (Fig. 2). Additionally, downregulated plasma miR-218 levels were associated with metastasis of cervical cancer (Table II).

**miR-218 overexpression decreases tumor cell viability and xenograft growth.** The present study demonstrated that miR-218 levels were decreased in HSIL and cervical cancer tissues, and in plasma samples obtained from patients with cervical cancer. Therefore, it was hypothesized that miR-218 may serve an important role in the suppression of cervical cancer development. Therefore, miR-218 overexpression was induced in three cervical cancer cell lines (SiHa, HeLa and C-33A) using miR-218 mimics. It was revealed that miR-218

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**Table I. Association of miR-218 expression with clinicopathological factors in patients with squamous cell carcinoma.**

| Factor                        | N  | Relative expression of miR-218 (mean) | P-value |
|-------------------------------|----|--------------------------------------|---------|
| Age (years; mean age, 51.763±1.079) |    |                                      | 0.088   |
| <50                           | 32 | 5.949±1.625                          |         |
| ≥50                           | 48 | 7.005±0.971                          |         |
| LNM                           |    |                                      | 0.004   |
| Positive                      | 37 | 3.586±0.686                          |         |
| Negative                      | 43 | 9.051±1.749                          |         |
| Tumor diameter (cm)           |    |                                      | <0.001  |
| <4                            | 39 | 7.754±0.648                          |         |
| ≥4                            | 41 | 4.324±1.057                          |         |
| Vessel invasion               |    |                                      | 0.002   |
| Positive                      | 29 | 3.526±1.092                          |         |
| Negative                      | 51 | 9.231±0.949                          |         |
| FIGO stage                    |    |                                      | 0.260   |
| IB1-IB2                       | 40 | 7.005±0.971                          |         |
| IIA                           | 40 | 6.539±1.215                          |         |
| Differentiation               |    |                                      | 0.990   |
| Moderate or well              | 70 | 7.426±1.057                          |         |
| Poor                          | 10 | 7.054±0.634                          |         |
| HPV status                    |    |                                      | 0.003   |
| Positive                      | 60 | 4.586±1.042                          |         |
| Negative                      | 20 | 8.231±0.934                          |         |

FIGO, International Federation of Gynecology and Obstetrics; HPV, human papillomavirus; LNM, lymph node metastasis; miR-218, microRNA-218.
mimics significantly upregulated miR-218 expression in S-218, H-218 and C-218 sublines compared with in cells transfected with nc (P<0.05; Fig. 3a). Subsequently, the effects of miR-218 expression on tumor cell viability were assessed, and it was revealed that miR-218 overexpression significantly reduced the viability of SiHa and c-33a cells on days 3 and 4 (Fig. 3B), respectively. Furthermore, a tumor cell colony formation assay revealed that miR-218 overexpression significantly decreased the number of colonies in stably expressing mir-218 SiHa and C-33A cells compared with in nc cells. Colony formation as number of colonies per total seeded cells were S-218, 9.67% ± 1.67%; S-nc, 28.25% ± 1.75%; C-218, 6.03% ± 0.93%; and C-nc, 26.22% ± 3.82% (Fig. 3C).

The effects of miR-218 on a nude mouse tumor cell xenograft model were assessed, and it was observed that the injection of stably overexpressing S-218 cells led to notably reduced tumor volumes compared with NC cells (Fig. 3D and E). Furthermore, the weight of S-218 xenografts was significantly decreased compared with S-nc xenografts (Fig. 3F).

Effects of miR-218 expression on tumor cell migration and invasion in vitro. A tumor cell wound-healing assay revealed that miR-218 expression inhibited the migration of tumor cells compared with nc cells (Fig. 4A). Additionally, Transwell migration and invasion assays further revealed that miR-218 overexpression significantly decreased cervical cell migration and invasion compared with NC cells (Fig. 4B and C).

HPV16 E6/E7 downregulates miR-218 expression in cervical cancer cells. As HPV is the most important risk factor in cervical cancer development, and previous studies have reported that HPV can modulate miRNA expression (4,17,18), the levels of six of the most common HPV subtypes were detected in 80 cervical SCC tissues, and it was revealed that HPV was positive in 75% of patients. Additionally, it was demonstrated that miR-218 expression was decreased in HPV-positive cervical cancer tissues compared within HPV-negative cervical cancer tissues (Fig. 5A). In cervical cancer cell lines, miR-218 expression was decreased in SiHa (HPV16+) and HeLa (HPV18+) cells compared with in C-33A (HPV-) cells (Fig. 5B). Subsequently, HPV16 E6/E7 siRNA or siRNA-nc was transfected into SiHa cells, and it was revealed that expression of HPV16 E6 or E7 was significantly

| Table II. Association of plasma miR-218 levels with clinicopathological factors in patients with squamous cell carcinoma. |
|-----------------|---|-----------------|----------|
| Factor          | N | Relative expression of miR-218 (mean) | P-value |
| Age (years)     |   |                                |          |
| <50             | 37 | 0.2906±0.0242                | 0.413    |
| >50             | 23 | 0.2405±0.0247                |          |
| LNM             |   |                                | 0.023    |
| Positive        | 12 | 0.1868±0.0192                |          |
| Negative        | 48 | 0.2926±0.0377                |          |
| Tumor diameter (cm) | |                                | 0.271    |
| <4              | 36 | 0.2759±0.0262                |          |
| >4              | 24 | 0.2647±0.0217                |          |
| Vessel invasion |   |                                | 0.513    |
| Positive        | 9  | 0.2549±0.0190                |          |
| Negative        | 51 | 0.2743±0.0531                |          |
| FIGO stage      |   |                                | 0.891    |
| IB1-IB2         | 43 | 0.2701±0.0223                |          |
| IIA             | 17 | 0.2748±0.0288                |          |
| Differentiation |   |                                | 0.402    |
| Moderate or well| 46 | 0.2809±0.0359                |          |
| Poor            | 14 | 0.2401±0.0205                |          |

FIGO, International Federation of Gynecology and Obstetrics; HPV, human papillomavirus; LNM, lymph node metastasis; miR-218, microRNA-218.
Figure 3. Effects of miR-218 expression on cervical cancer cell viability and xenograft growth. (A) Cervical cancer cell lines SiHa, HeLa and C-33A were transfected with miR-218 mimics or NC, and harvested to analyze miR-218 expression via reverse transcription-quantitative PCR. (B) Viability of stable miR-218-expressing SiHa and C-33A cells as determined by MTT assays (*p<0.05). (C) Colony formation of stable miR-218-expressing SiHa and C-33A cells. (D) Stably miR-218-overexpressing SiHa cells were injected into nude mice. These mice were then sacrificed 4 weeks later. (E) Tumor xenograft volume (n=6). (F) Tumor xenograft weight (n=6). *p<0.05, **p<0.01. C-218/-nc, C-33A cells transfected with miR-218 mimics/NC; H-218/-nc, HeLa cells transfected with miR-218 mimics/NC; S-218/-nc, SiHa cells transfected with miR-218 mimics/NC; S-218/-NC, SiHa cells transfected with miR-218 mimics/NC; miR-218, microRNA-218; NC, negative control.
Figure 4. Effects of miR-218 overexpression on tumor cell migration and invasion. (Aa) Stable miR-218-expressing SiHa, HeLa and C-33A cells were grown and subjected to wound-healing assays. Images were acquired under a fluorescence microscope to demonstrate the efficiency of gene infection (the lentiviruses contained the GFP gene). (Ab) Quantification of the wound healing assay. Transwell (Ba) migration and (Ca) invasion assays of S-218, H-218 and C-218 cells. (Bb and Cb) Quantification of the Transwell assays. *P<0.01. C-218/-NC, C-33A cells transfected with miR-218 mimics/NC; H-218/-NC, HeLa cells transfected with miR-218 mimics/NC; S-218/-NC, SiHa cells transfected with miR-218 mimics/NC; miR-218, microRNA-218; NC, negative control.
mir-218 is downregulated in siRNA-transfected cells compared within NC-transfected cells (P<0.05; Fig. 5C). Additionally, HPV16 E6/E7 siRNA transfection upregulated miR-218 expression in SiHa cells compared with the NC (Fig. 5D).

Effects of miR-218 expression on ROBO1 expression in cervical cancer cells. Bioinformatics analysis was conducted to predict the target genes of miR-218; a total of 2,890 potential target genes were identified. As previous studies have reported that miR-218 can inhibit ROBO1 expression (21-24), ROBO1 was selected for confirmation. It was revealed that miR-218 overexpression significantly reduced the mRNA expression levels of ROBO1 compared with the control (Fig. 6). Furthermore, GO term analysis revealed that ROBO1 is involved in the regulation of cell proliferation, adhesion and migration, and the cell cycle (Table III).

Discussion
In the present study, miR-218 expression was evaluated in cervical cancer and premalignant tissues, and it was revealed that miR-218 was downregulated in cervical cancer and CINII/III tissues. The present results were consistent with the findings of previous studies, which reported that miR-218 expression is reduced in women with CIN lesions (31) or in cervical cancer tissues (32). In addition, the association between various clinicopathological factors of patients with cervical cancer and miR-218 expression was evaluated, and it was revealed that miR-218 expression was inversely associated with LNM, tumor size, and vascular invasion. Furthermore, the present data revealed that plasma miR-218 levels were decreased in patients with cervical cancer. Previous studies have reported that the dysregulation of circulating miRNAs is similar to that in tumor cells.

Figure 5. HPV16 E6/E7 regulates miR-218 expression in cervical cancer. (A) HPV status was determined in 80 cases of cervical cancer tissues via PCR analysis, whereas miR-218 levels were evaluated via RT-qPCR analysis. It was revealed that miR-218 expression was low in HPV-positive cervical cancer tissues compared within HPV-negative cervical cancer tissues. (B) Relative miR-218 levels in SiHa (HPV16+), HeLa (HPV18+) and C-33A (HPV-) cells. (C) SiHa cells were transfected with HPV16 E6/E7 siRNA or respective NC siRNA for 48 h and then subjected to RT-qPCR analysis. Expression of HPV16 E6 or E7 was significantly knocked down in HPV16 E6/E7 siRNA-infected SiHa cells. (D) Relative miR-218 levels in HPV16 E6/E7 siRNA-transfected cervical cancer cells compared with NC siRNA-transfected cells. *P<0.01, HPV, human papillomavirus; miR-218, microRNA-218; RT-qPCR, reverse transcription-quantitative PCR; siRNA, small interfering RNA.
tissues, and that circulating miRNAs may serve as diagnostic or prognostic biomarkers for human cancer, including hepatocellular carcinoma, breast cancer and endocrine neoplasms (33-36). In addition, it has been reported that circulating miRNA levels are altered following anticancer therapy (37). In addition, the present data revealed that compared with early non-metastatic cases, patients with metastatic cancer exhibited reduced miR-218 levels. *In vitro* experiments revealed that miR-218 overexpression reduced SiHa and C-33A cell viability, inhibited the growth of SiHa cell xenografts, and suppressed the migration and invasion of SiHa, HeLa and C-33A cells. The present findings suggested that miR-218 may function as a tumor suppressor gene in cervical cancer, and that the detection of miR-218 expression may serve as a tumor biomarker for early diagnosis and predicting the prognosis of cervical cancer.

HPV positivity was also detected in cervical cancer tissues in the present study, and its association with miR-218 expression was analyzed, as there is an established link between HPV infection and cervical cancer development (38). It was revealed that 75% of the 80 cervical cancer tissue specimens were positive for HPV infection, and that miR-218 expression was upregulated when siRNA was used to knockdown HPV16 E6/E7 in SiHa cells. HPVE6 and E7 have been reported to interact with numerous cell pathways, including those involved in cell proliferation, migration and invasion (39,40). A previous study reported that 53 miRNAs were detected near HPV integration sites, 39 of which have been reported to be associated with cancer (41). Several reports showed that disturbed expression of several miRNAs was associated with HPV infection-related tumorigenesis. For example, miR-375

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**Table III. GO annotations for roundabout guidance receptor 1.**

| GO ID     | GO term                                                                 |
|-----------|--------------------------------------------------------------------------|
| GO:0010631| Epithelial cell migration                                                 |
| GO:0098742| Cell-cell adhesion via plasma-membrane adhesion molecules                 |
| GO:0072111| Cell proliferation involved in kidney development                         |
| GO:0051240| Positive regulation of the multicellular organismal process              |
| GO:0043068| Positive regulation of programmed cell death                             |
| GO:0031659| Positive regulation of cyclin-dependent protein serine/threonine kinase activity involved in the G1/S transition of the mitotic cell cycle |
| GO:0002042| Cell migration involved in sprouting angiogenesis                        |
| GO:0050794| Regulation of the cellular process                                       |

GO, Gene Ontology.

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**Figure 6.** Relative expression levels of ROBO1 in miR-218-overexpressing cervical cancer cells. (A) SiHa, (B) HeLa and (C) C-33A cells were transfected with miR-218 mimics or NC, and ROBO1 expression was evaluated via reverse transcription-quantitative PCR. **P<0.01.** C-218/-NC, C-33A cells transfected with miR-218 mimics/NC; H-218/-NC, HeLa cells transfected with miR-218 mimics/NC; S-218/-NC, SiHa cells transfected with miR-218 mimics/NC; miR-218, microRNA-218; NC, negative control; ROBO1, roundabout guidance receptor1.
significantly suppresses the protein expression levels of ubiquitin-protein ligase E3A and insulin-like growth factor-1 receptor in HPV-18+ cervical cancer cells (42), whereas Liu (43) revealed that upregulation of miR-20a via HPV16 E6 induces growth-promoting effects by targeting programmed cell death protein 6 in cervical carcinoma cells. Additionally, another study reported epithelial-cell specific marker LAMB3 was a target of miR-218 and the expression of LAMB3 was increased in the presence of the HPV-16 E6 oncogene and the effect is mediated through miR-218 (44). The present study identified a link between miR-218 and HPV infection, thereby providing insight into the molecular mechanisms underlying the effects of HPV-associated cervical cancer.

The present study also revealed that miR-218 expression downregulated the expression of ROBO1. ROBO1 is a member of the roundabout family of receptors involved in various cell processes (45). GO term analysis revealed that ROBO1 was involved in cell proliferation, adhesion and migration, and cell cycle regulation. Previous studies have also reported that ROBO1 is a target of miR-218 in certain types of cancer, such as hepatocellular carcinoma, glioma and nasopharyngeal cancer (21,46,47); however, the present study only predicted and confirmed it as a target gene of miR-218 in cervical cancer cells via RT-qPCR analysis. Therefore, future studies are required to investigate the regulation of ROBO1 by miR-218 and the downstream gene pathways.

In conclusion, the present study revealed that miR-218 expression was significantly downregulated in HSIL and cervical cancer tissues, and in the plasma of patients with cervical cancer. Reduced miR-218 expression was associated with advanced tumor phenotypes in patients with cervical cancer. These present findings suggested that miR-218 may be involved in the progression of cervical cancer as a potential tumor suppressor gene. Furthermore, the detection of miR-218 expression may be a useful biomarker in the diagnosis and prognosis of cervical cancer, and as a potential target for its treatment; however, further investigation and validation is required.

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Availability of data and materials
The datasets used and/or analyzed during the present study are available from the corresponding author on reasonable request.

Authors’ contributions
XH conceived and designed the experiments. LM, LW and HZ performed the experiments. ZL analyzed the data. ZL and XH prepared the manuscript.

Ethics approval and consent to participate
The present study was approved by the Ethics Committee of the People's Hospital of Guangxi Zhuang Autonomous Region. All participants provided informed consent prior to enrolment into the study. The animal experiments were approved by the Institutional Animal Care and Use Committee of the People's Hospital of Guangxi Zhuang Autonomous Region.

Patient consent for publication
Not applicable.

Competing interests
The authors declare that they have no competing interests.

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