Downregulated FOXO3a Associates With Poor Prognosis and Promotes Cell Invasion and Migration via WNT/β-catenin Signaling in Cervical Carcinoma

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Background: Emerging studies have demonstrated that the Forkhead transcription factor FOXO3a is closely correlated with the progression of multiple tumors. Nevertheless, the biological role and prognostic value of FOXO3a have yet to be fully elucidated in cervical carcinoma. This study was designed to determine the molecular mechanism and prognosis of FOXO3a in cervical carcinoma.

Methods: The protein levels of FOXO3a were detected using immunohistochemistry and Western blotting. The relationships between FOXO3a expression and clinicopathological variables were analyzed. The biological mechanism of FOXO3a in cervical carcinoma cells (HeLa and CaSk) was investigated. We also explored the effect of FOXO3a on WNT/β-catenin signaling with respect to its expression and function.

Results: The results demonstrated that decreased FOXO3a expression was related to increased tumor stage and grade, positive lymph node metastasis, and poor survival outcome in cervical carcinoma. Survival analysis revealed that the FOXO3a level is an independent prognostic factor for cervical carcinoma patients. Furthermore, the data indicated that the downregulation of FOXO3a expression promotes cell invasion and migration, while FOXO3a overexpression exhibited the opposite effects on cervical carcinoma. In addition, FOXO3a acted as a negative regulator of the canonical WNT/β-catenin pathway in cervical carcinoma. Moreover, overexpression of FOXO3a also inhibited the expression of MMP2 and MMP9.

Conclusion: These results reveal that FOXO3a, serving as a tumor suppressor gene, could suppress cell invasion and migration via the WNT/β-catenin signaling pathway and indicates a good prognosis in cervical carcinoma.

Keywords: FOXO3a, WNT/β-catenin, invasion, migration, prognosis, cervical carcinoma
INTRODUCTION

Cervical carcinoma is the most common gynecological carcinoma, with over 500,000 affected patients and 260,000 deaths annually worldwide (1). Although the number of people who have been diagnosed with or who have died of cervical carcinoma has decreased in recent years, tumor metastasis continues to negatively impact survival, even for patients with early-stage cervical carcinomas (2, 3). Therefore, explorations of the molecular mechanisms of cervical carcinoma are important for identifying effective prognostic markers and developing improved therapeutic strategies.

Forkhead box O3a (FOXO3a) is a key transcriptional regulator of proteins that regulates a wide spectrum of biological processes, including proliferation (4), cell cycle regulation (5), survival (6), apoptosis (7), and autophagy (8). FOXO3a is also associated with oxidative stress (9), DNA damage (10), and longevity (11). FOXO3a is a key downstream transcription factor of the PI3K/AKT pathway. AKT phosphorylates FOXO3a, leading to its translocation from the nucleus to the cytoplasm and inhibition of its transcriptional activity (12, 13). Thus, silencing FOXO3a expression promotes carcinogenesis, progression, and unfavorable prognosis in gastric carcinoma (14), extrahepatic cholangiocarcinoma (15), pancreatic ductal adenocarcinoma (16), and clear cell renal cell carcinoma (6), suggesting its tumor-suppressor function. In contrast, it plays the opposite role in the regulation of tumor cell functions across different types of malignancies. For instance, some findings provide evidence that elevated FOXO3a expression promotes glioblastoma cell tumorigenesis and invasion (17). FOXO3a also promotes tumor cell invasion by regulating matrix metalloproteinases in numerous tumor cells (18, 19). However, few studies have focused on the relationship between FOXO3a and cervical carcinoma.

Recent reports have shown that the WNT/β-catenin pathway is essential for the initiation, progression, and regulation of cervical carcinoma (20–22). In addition, β-catenin confers resistance to PI3K/AKT pathway inhibitors, and FOXO3a is a key downstream effector of the PI3K/AKT pathway (23). Hence, we hypothesize that β-catenin may be an upstream target gene that induces the activation of FOXO3a. Moreover, when we transfected HeLa and CaSki cells (with FOXO3a overexpression), the transcription of β-catenin was downregulated, indicating that there is a negative control circuit. Therefore, we examined the effect of FOXO3a on WNT/β-catenin and explored the potential mechanism of FOXO3a in cervical carcinoma.

FIGURE 1 | FOXO3a and β-catenin expression in cervical carcinoma tissues determined by immunohistochemical staining (original magnification, 200×). (A) Representative FOXO3a expression in tumor and normal tissues, with positive expression located in the nucleus. (B) Scatter dot plot showing the staining score (mean ± SEM) of Snail in tumor and normal tissues using the paired t-test. *P = 0.009. (C) Representative β-catenin expression in tumor and normal tissues, with positive expression located in the nucleus. (D) Scatter dot plot showing the staining score (mean ± SEM) of β-catenin in tumor and normal tissues using the paired t-test. *P < 0.001. (E) FOXO3a expression was negatively correlated with β-catenin expression in 117 patients with cervical carcinoma. (F) Kaplan–Meier curves for the 5-year OS rate of patients with cervical carcinoma and OS based on FOXO3a in cervical carcinoma patients. (G) Kaplan–Meier curves for the 5-year OS rate of patients with cervical carcinoma and OS based on β-catenin in cervical carcinoma patients. Error bar = SEM, *P < 0.05.
METHODS

Clinical Specimens
A total of 117 cervical carcinoma samples and 53 para-carcinoma samples were collected from the Second Affiliated Hospital of Lanzhou University from January 2008 to December 2012, and the sample collection procedures were approved by the patients and the ethics committee of the hospital. Data on clinical parameters, such as the median patient age, histological type, FIGO stage, histologic grade, tumor size, recurrence status, and presence or absence of lymph node metastasis (LNM), were collected. The clinical research results were available to the patients involved. The final research cohort included 117 people with cervical carcinoma whose median age at diagnosis was 59 years (range 28–91 years). Follow-up data (from 1 to 95 months; median, 67 months) were available for the 117 cervical carcinoma patients. Written informed consent was obtained from all patients.

Cell Culture and Transfection
The study used two tumor cell lines (HeLa and CaSki) for experiments. Both cell lines were purchased from the Cell Bank in Shanghai in 2016. CaSki cells were cultured in RPMI 1640 supplemented with 10% fetal bovine serum (FBS) and 1% antibiotics. HeLa cells were cultured in DMEM supplemented with 1% antibiotics and 10% FBS.

FOXO3a SignalSilence siRNAs (Cat. No 6302S; Cell Signaling Technology, USA) were purchased to knock down FOXO3a expression. The pCMV6-FOXO3a (Cat. No RC209846) plasmid and empty plasmid were purchased from Origene (Rockville, MD). After transfection with siRNA oligonucleotides (100 nM) or plasmids (2 mg) for 48–72 h, the cervical carcinoma cells were transfected with primary antibodies against FOXO3a (1:100 dilution; Abcam, Cambridge, UK) and β-catenin (1:500 dilution; Abcam, Cambridge, UK) (22, 24).

Western Blotting
Antibodies against FOXO3a, β-catenin, matrix metalloproteinase-2 (MMP2), MMP9, GSK3β, Survivin, cyclin D1, c-myc, and β-actin as the internal reference were obtained. Blots were incubated with primary antibodies overnight at 4°C and then with specific secondary antibodies at 25°C for 2 h. Briefly, protein was extracted from cultured cells and tumor tissues after lysis with RIPA buffer (20 mM Tris–HCl [pH 7.6], 0.15 M NaCl, 1% Triton X-100, and 0.5% Na-deoxycholate) supplemented with protease inhibitors (Complete Mini, Roche, Basel, Switzerland). Next, 20–30 μg aliquots were separated on 8–12% SDS-PAGE gels and transferred onto PVDF membranes.

Immunohistochemical Staining and Evaluation
Immunohistochemistry (IHC) was performed as described previously using primary antibodies against FOXO3a (1:100 dilution; Abcam, Cambridge, UK) and β-catenin (1:500 dilution; Abcam, Cambridge, UK) (22, 24).

IHC staining scoring for FOXO3a and β-catenin was evaluated quantitatively according to the proportion and staining intensity (22, 24). The intensity of FOXO3a and β-catenin staining was quantified with scores of 0, 1, 2, 3, or 4. The percentage of positive cells was used to determine the score as follows: 0 (<1%), 1 (1–10%), 2 (10–50%), 3 (50–80%), and 4 (>80%). The product of the intensity score and stained area percentage was obtained and used as the final score. With the total score ranging from 0 to 8, the samples were divided into two groups as follows: low protein expression (scores 0–4) and high protein expression (scores 5–8).

Transwell Cell Invasion Assay
The cells were seeded into Transwell assay inserts (Corning Inc., Corning, NY, USA). A total of 200 μL of serum-free medium was added to the Transwell, which contained an 8-μm-pore membrane coated with Matrigel. The cells were cultured for 1 day at 37°C. After 1 day, the cells that migrated from the upper chamber to the lower chamber were stained. These cells were observed in five different fields under a microscope.

Wound Healing Assay
Cells were resuspended, and 4 × 10⁵ cells/well were seeded as monolayers in triplicate into six-well-plates and allowed to reach confluence. Next, a scratch wound was created using a spatula with a width of 2 mm in the cell monolayer, and then, the cells were washed with phosphate-buffered saline (PBS). The migration abilities of HeLa and CaSki cells were evaluated after 0 and 48 h. Cell migration was recorded by imaging, and the images

TABLE 1 | Clinical characteristics of cervical carcinoma patients according to the FOXO3a and β-catenin expression (n = 117).

| Characteristic       | N = 117 | FOXO3a expression | P-value | β-catenin expression | P-value |
|----------------------|---------|------------------|---------|----------------------|---------|
| Age, years           |         |                  |         |                      |         |
| <50                  | 50      | 28               | 0.699   | 22                   | 0.704   |
| ≥50                  | 67      | 40               | 0.27    | 26                   | 0.41    |
| Histologic type      |         |                  |         |                      |         |
| SCC                  | 103     | 60               | 0.947   | 41                   | 0.566   |
| non-SCC              | 14      | 8                | 0.6     | 7                    | 0.7     |
| FIGO stage           |         |                  |         |                      |         |
| G0–II                | 63      | 28               | 0.001*  | 35                   | 0.001*  |
| GIII–IV              | 54      | 40               | 0.13    | 14                   | 0.41    |
| Histologic grade     |         |                  |         |                      |         |
| G1–G2                | 85      | 44               | 0.035*  | 40                   | 0.036*  |
| G3                   | 32      | 24               | 0.8     | 8                    | 0.24    |
| Tumor size           |         |                  |         |                      |         |
| <4 cm                | 62      | 33               | 0.267   | 29                   | 0.193   |
| ≥4 cm                | 55      | 35               | 0.38    | 20                   | 0.36    |
| Lymph node metastasis|         |                  |         |                      |         |
| No                   | 87      | 44               | 0.007*  | 43                   | <0.002* |
| Yes                  | 30      | 24               | 0.08    | 6                    | 0.25    |
| Recurrence           |         |                  |         |                      |         |
| No                   | 99      | 57               | 0.984   | 41                   | 1.000   |
| Yes                  | 18      | 11               | 0.7     | 7                    | 0.11    |

*Indicates p < 0.05. FIGO, International Federation of Gynecology and Obstetrics; SCC, squamous cell carcinoma.
were analyzed with specific software (Media Cybernetics, Inc., Rockville, MD, USA).

3D Culture Generation
The seeding cell density was ∼1,200 cells/100 µl suspensions into the wells of 96-well-Corning spheroid microplates (Corning, NY, USA), and the cells were incubated for 7 days to allow spheroid formation. Subsequently, spheroids were imaged with an Olympus CKX41 inverted microscope at 40× magnification. Images of the spheroid size were taken each day for 10 days after transfection by adding 100 mM using ImageJ software (NIH, USA). Finally, live cell fluorescence was imaged and calculated under an inverted fluorescence microscope (Olympus CKX51, Japan) with epifluorescence at 40× magnification and the use of FIJI software.

Collagen-Based Cell Invasion Assay
The invasion protocol was as described previously (25), with minor modifications.

Invasive HeLa cells were imaged at 100× magnification in five different areas using an inverted microscope (Nikon) and evaluated according to quantification of the average number of cells in each insert and determination of the mean number of invading cells in triplicate inserts.

Animal Model
The animal care and experiments were conducted in accordance with the US National Institutes of Health and institutional guidelines. The animal experiment was approved by the Second Affiliated Hospital of Lanzhou University. Seven-to-eight-week-old BALB/C nude mice were purchased from the Chinese Academy of Sciences (Beijing, China). Briefly, 0.1 ml of a HeLa cell suspension (3 × 10⁶ cells/ml) was injected into the hind flank. Fourteen days following injection of HeLa cells, tumors (volume ∼0.4 cm³) appeared in all mice. It took ∼9 weeks for the tumors to grow, and the size of the tumors was controlled.

Survival Analysis of Nude Mice
The mouse tumor models were randomized into three groups: HeLa cells with FOXO3a knockdown (n = 10), HeLa cells with FOXO3a overexpression (n = 10), or control HeLa cells (n = 10). Infected mouse models were observed for 63 days. According to the Committee on the Use of Living Animals for Study and Research guidelines, mice were euthanized, when it was deemed humane, with excessive general anesthesia. Whenever a mouse died, the date was noted to evaluate the survival rate. Survival curves for FOXO3a were plotted using GraphPad Prism 6 software.

Statistical Analysis
The correlation between FOXO3a and β-catenin protein levels and clinicopathologic parameters was assessed by linear regression analysis. The Kaplan–Meier (K–M) method and Cox regression analysis were conducted to evaluate the significance of FOXO3a and β-catenin in predicting the prognosis of patients with cervical carcinoma using statistical products and service solutions (SPSS 22.0). P < 0.05 indicated statistical significance. All statistical analyses of the data were conducted by SPSS 22.0.
FIGURE 2 | FOXO3a regulates cervical carcinoma cell migration through WNT/β-catenin signaling. (A,B) HeLa cells and CaSki cells were infected with FOXO3a-OE overexpression vectors and subjected to a wound-healing assay. (C,D) HeLa cells and CaSki cells were infected with si-FOXO3a knockdown vectors and subjected to a wound-healing assay. (E) The protein levels of MMP2 and MMP9 were measured by Western blot in both HeLa and CaSki cells with FOXO3a-OE overexpression vectors or control cells. (F) The protein levels of MMP2 and MMP9 were measured by Western blot in both HeLa and CaSki cells with si-FOXO3a knockdown vectors or control cells. (G) The protein levels of Gsk3β, β-catenin, Survivin, cyclin D1, and c-myc were measured by Western blot in both HeLa and CaSki cells with FOXO3a-OE overexpression vectors or control cells. (H) The protein levels of Gsk3β, β-catenin, Survivin, cyclin D1, and c-myc were measured by Western blot in both HeLa and CaSki cells with si-FOXO3a knockdown vectors or control cells. The results represent the mean ± SD of three independent experiments. Error bar = SEM, *P < 0.05.
RESULTS

Correlation of FOXO3a Expression and Activity in Cervical Carcinoma Samples
To characterize the effect of FOXO3a on cervical carcinoma, the expression levels of FOXO3a were observed by IHC staining in 117 cervical carcinoma tissues and 53 adjacent normal tissues. The representative IHC results are shown in Figure 1. The scatter dot plot showed that the average immunostaining score (mean ± SEM) of FOXO3a protein in the 117 tumor tissues was 3.650 ± 0.251, while that in the 53 normal tissues was 4.811 ± 0.350 (Figures 1A, B, P = 0.009). In contrast, the scatter dot plot showed that the staining score (mean ± SEM) of β-catenin protein in the 117 tumor tissues was 5.017 ± 0.217, whereas that in the 53 normal tissues was 3.528 ± 0.361 (Figures 1C, D, P < 0.001). Moreover, the FOXO3a protein downregulation was consistent with increased β-catenin, as shown in serial sections (Figure 1E, P < 0.001).

FOXO3a Expression Correlates With the Clinicopathological Characteristics and OS of Patients With Cervical Carcinoma
Among the 117 patients, the downregulation of FOXO3a expression showed statistically significant correlations with an aggressive FIGO stage (P = 0.001), histologic grade (P = 0.035), and lymph node metastasis (P = 0.007, Table 1).

We assessed the effects of FOXO3a and β-catenin on cervical carcinoma patients (Table 2). The univariate analyses identified significant associations of low FOXO3a expression [hazard ratio (HR) 2.899, P = 0.001], high β-catenin expression (HR 2.084, P = 0.014), aggressive FIGO stage (HR 3.118, P < 0.001), poor differentiation (HR 2.743, P = 0.002), presence of LNM (HR 3.229, P < 0.001), and recurrence status (HR 2.134, P = 0.019) with 5-year OS. The multivariate analysis showed that FIGO stage (HR 1.991, P = 0.033), lymph node metastasis (HR 2.029, P = 0.027) and FOXO3a expression (HR 2.218, P = 0.015) were significantly associated with 5-year OS (Table 2).

In the Kaplan–Meier analyses, increased FOXO3a expression (Figure 1F) and decreased β-catenin expression (Figure 1G) were associated with good survival outcomes for cervical carcinoma patients (P < 0.05). These results were supported by the correlation between the estimated cumulative 5-year survival rates of cervical carcinoma patients and the expression levels of FOXO3a (81.6% high vs. 58.8% low) and β-catenin (59.4% high vs. 81.3% low).

FOXO3a Regulates Cervical Carcinoma Cell Migration via WNT/β-catenin Signaling
To study the effects of FOXO3a on cervical carcinoma cell migration, we performed wound healing assays with HeLa and CaSki cells that were transfected with vector or the negative control. The wound healing assay indicated that FOXO3a overexpression decreased the scratch wound closure rate in cell lines transfected with FOXO3a-OE compared with cells transfected with the negative control (P < 0.05, Figures 2A, B).

The final result of the wound healing assay demonstrated that FOXO3a knockdown increased the migration ability of HeLa and CaSki cells that were transfected with si-FOXO3a (P < 0.05) compared with cells that were transfected with the negative control (Figures 2C, D).

Consistent with the Western blot results, overexpression of FOXO3a reduced MMP2 and MMP9 expression (Figure 2E). In contrast, the protein levels of MMP2 and MMP9 were greatly increased after FOXO3a knockdown in HeLa and CaSki cells. (Figure 2F). To characterize the effects of FOXO3a on cervical carcinoma cells, this study focused on the WNT/β-catenin signaling pathway. Moreover, the overexpression of FOXO3a greatly increased GSK-3β protein levels and reduced β-catenin, Survivin, c-myc, and cyclin D1 protein expression in HeLa and CaSki cells (Figure 2G). In contrast, the knockdown of FOXO3a increased β-catenin, Survivin, cyclin D1, and c-myc protein levels while decreasing GSK-3β protein levels in CaSki and HeLa cells (Figure 2H). These results demonstrate that the inhibition of FOXO3a stimulates the WNT/β-catenin pathway in cervical carcinoma cells.

Overexpression of FOXO3a Inhibits Cell Invasion via WNT/β-catenin Signaling in Cervical Carcinoma Cells
The FOXO3a protein was overexpressed in HeLa-FOXO3a-OE cells, which were transfected with an overexpression plasmid, compared to HeLa-FOXO3a control cells, which had a scrambled FOXO3a negative control (Control; Figure 3A).

The Transwell invasion assay indicated a significant decrease in the invasive ability of HeLa-FOXO3a-OE cells with stable FOXO3a overexpression compared to that of FOXO3a Control cells (Figure 3B). Moreover, the spheroid invasion assay demonstrated that FOXO3a control spheroids could invade the surrounding cellular matrix more widely than the HeLa-FOXO3a-OE spheroids (Figure 3C). Increasing FOXO3a downregulated MMP2 and β-catenin expression (Figures 3D, E).

Suppression of FOXO3a Promotes Cervical Carcinoma Progression in vivo
To study the effects of FOXO3a on cervical carcinoma progression, we used subcutaneous xenograft mouse models engrafted with FOXO3a-OE, FOXO3a-KD, or negative control (NC) cells (Figures 4A, B). After 4 weeks, the tumors in the mice that were engrafted with NC and FOXO3a-OE spheroids were significantly larger than the tumors in the mice that were engrafted with NC and FOXO3a-OE cells (Figures 4C–E).

In addition, the results indicated the effects of FOXO3a on the survival of mouse models. Consistent with the tumor growth data, the mice implanted with FOXO3a-KD cells died within 30 days, and the median survival time was 22.5 days. However, the mice implanted with FOXO3a-overexpressing cells survived longer than those implanted with NC cells (median survival time, 48.5 vs. 35.5 days, P < 0.05, Figure 4F). Therefore, suppression of FOXO3a promotes cervical carcinoma progression in vivo.
DISCUSSION

Recently, increasing evidence has indicated that FOXO3a plays an important role in cervical carcinoma. For instance, Yung et al. (26) reported that activated AMPK suppresses FOXM1 expression by inhibiting the AKT/FOXO3a signaling pathway in cervical carcinoma cells. Zhang et al. (27) demonstrated that the overexpression of FOXO3a suppressed cervical carcinoma cell proliferation induced by a miR-9 inhibitor. Kim et al. (28) showed that cellular localization of FOXO3a upon treatment with inhibitors of PI3K and autophagy plays an essential role in PIK3CA-mutant cervical carcinoma cells. However, little is known about the prognostic value of FOXO3a in cervical carcinoma, and the roles and clinicopathologic implications of FOXO3a expression in cervical carcinoma have not been thoroughly studied.

Our research data indicated that (1) high FOXO3a expression predicts a higher survival rate for cervical carcinoma patients; (2) FOXO3a overexpression is associated with higher tumor stage and grade and nodal involvement in cervical carcinoma patients but is not associated with age, histologic type, tumor size, or recurrence status; (3) FOXO3a expression is decreased in cervical carcinoma tissue compared to normal tissue, and it correlates negatively with β-catenin expression; and (4) FOXO3a depletion promotes cell invasion and migration via WNT/β-catenin pathway in cervical carcinoma. These findings highlight the results of multiple studies focused on the hypothesis that FOXO3a regulates the WNT/β-catenin pathway and suggest that FOXO3a is a prognostic factor for cervical carcinoma. Although further verification and research are needed, these results showed new insights into the molecular mechanisms of FOXO3a in cervical carcinoma.

The biological function of FOXO3a explains its prognostic role in cervical carcinoma. FOXO3a belongs to a subfamily of winged-helix transcription factors whose functions are negatively regulated by PI3K/AKT signaling (29). FOXO3a has been widely regarded as a bona fide tumor suppressor factor due to its ability to induce apoptosis (30, 31), cell cycle arrest (5, 32), and the protection of cells from oxidative stress (33). In addition, some research has also demonstrated correlations between FOXO3a and tumor metastases (16, 34). A number of studies showed that upregulation of FOXO3a inhibited the migration and invasion abilities of tumor cells by inducing the epithelial-mesenchymal transition (EMT) signaling pathway (35, 36). EMT is a key driver of tumor metastasis (37).

MMPs (matrix metalloproteinases) are activator molecules of EMT and play a vital role in extracellular matrix degradation by proteolytic digestion to promote cancerous cell invasion and
migration (38). MMP-2 and MMP-9 have been observed in various types of human carcinoma to facilitate metastasis (39–42). The WNT/β-catenin pathway is a highly evolutionarily conserved pathway, and its aberrant activation affects numerous cellular processes, such as invasion, migration, self-renewal, and survival (43). When this pathway is activated, the levels of WNT target genes such as β-catenin, Survivin, cyclin D1, and c-Myc are upregulated, and Gsk3β levels are downregulated, further enhancing cell invasion and migration (44, 45). In the current study, FOXO3a knockdown resulted in significantly higher expression levels of MMP2, MMP9, Survivin, cyclin D1, c-myc, and β-catenin and lower GSK3β levels compared with the levels in the control vector group, suggesting an inhibitory effect of FOXO3a on cervical carcinoma cell invasion and migration.

In summary, our study is the first to indicate that FOXO3a downregulation is distinctly correlated with adverse clinicopathological features and poor survival outcomes for cervical carcinoma patients. Our study reveals a novel mechanism through which FOXO3a suppresses cervical carcinoma migration and invasion by targeting the WNT/β-catenin pathway. We believe that FOXO3a might provide targets that are useful for the study of new drugs and therapies for cervical carcinoma patients.
DATA AVAILABILITY STATEMENT

The raw data supporting the conclusions of this article will be made available by the authors, without undue reservation, to any qualified researcher.

ETHICS STATEMENT

The studies involving human participants were reviewed and approved by the Second Affiliated Hospital of Lanzhou University. The patients/participants provided their written informed consent to participate in this study. The animal study was reviewed and approved by the Second Affiliated Hospital of Lanzhou University.

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AUTHOR CONTRIBUTIONS

All authors design the study, critical revision of the manuscript, and interpretation of data. YT data acquisition and management and statistical analysis. XH study supervision.

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Conflict of Interest: The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.