Low expression of miR-30a-5p induced the proliferation and invasion of oral cancer via promoting the expression of FAP

Peng Ruan1, Zezhang Tao2 and Aili Tan3

1Department of Oncology, Renmin Hospital of Wuhan University, Wuhan 430060, Hubei Province, P.R. China; 2Department of Otolaryngology-Head and Neck Surgery, Renmin Hospital of Wuhan University, Wuhan 430060, Hubei Province, P.R. China; 3Department of Obstetrics & Gynecology, Renmin Hospital of Wuhan University, Wuhan 430060, Hubei Province, P.R. China

Correspondence: Zezhang Tao (yfzhao20110603@163.com)

The study aimed at investigating the effects of miR-30a-5p on the biological functions of oral cancer cells and figuring out the potential mechanism. We first verified the low expression of miR-30a-5p and high expression of FAP (Homo sapiens fibroblast activation protein α) in oral cancerous tissues and their negative correlation. Then, the target relationship between miR-30a-5p and FAP was validated by dual luciferase reporter assay and biotin-coupled miRNA pulldown assay. After transfection in Tca-8113 cells and SCC-15 cells, MTT, colony formation, Transwell, and wound healing assays were performed to investigate how miR-30a-5p and FAP adjusted propagation, invasiveness, and migration, respectively. Mounting evidence supported that miR-30a-5p directly targeted FAP and suppressed its expression in oral cavity cancer cells (OSCCs). By suppressing FAP expression, miR-30a-5p significantly inhibited cell propagation, migration, and invasion. Therefore, miR-30a-5p might be a new therapeutic target for oral cancer treatment.

Introduction

Oral cavity carcinoma was a common malignancy amongst patients with head and neck carcinoma [1]. Researchers found that alcohol and cigarettes consumption as well as human papilloma virus infection, diet, and genetic factors could possibly induce abnormal gene expression, thus leading to the occurrence and development of oral cancers [2,3]. Differing from other cancers like breast, lung, stomach, and kidney cancer, which were susceptible to neoplasm metastasis, local progression, and lymph node involvement of oral cancer was limited [4]. Presently, the primary treatments for oral cancer consisted of surgery, chemotherapy, drug therapy, and radiotherapy [5]. These treatments could improve the prognosis, but late discovery and distant metastases contributed to the relatively high morbidity and mortality rates in oral cancer patients [6-8]. Therefore, it was vital to improve the accuracy of early diagnosis of oral cancer and to find potential factors that may serve as targets for drug therapy.

Highly conserved amongst various eucarions, miRNA acted as regulators of gene expression by binding to or repressing mRNAs during transcriptional or translational process [9]. Aberrant miRNA expression has been regarded as common features of cancer development [10]. According to the study of Liborio-Kimura et al. [11], miR-494 reduced the proliferation of oral cancer cells by repressing the expression of HOXA10. Here, we focus on the functional analysis of miR-30a-5p. Altered expression of miR-30a-5p has been reported in colon cancer, glioma, and hepatocellular cancer [12-14]. Through targeting DTL (dentine-less protein homolog), miR-30a-5p suppressed the tumor growth in colon carcinoma [15]. In glioma cells, miR-30a-5p negative regulated SEPT7 and promoted cell proliferation and invasion [16]. However, mechanism of miR-30a-5p in oral cancer had never been validated yet.
Table 1 Clinopathological Features of oral cancer tissues

| Characteristics | Oral cancer tissues (n=66) | Adjacent normal tissues (n=25) |
|-----------------|---------------------------|-------------------------------|
| Tissue          |                           |                               |
| Tongue          | 35                        | 12                            |
| Bucca           | 16                        | 6                             |
| Lip             | 15                        | 7                             |
| Gender          |                           |                               |
| Male            | 41                        | 17                            |
| Female          | 25                        | 8                             |
| Age at diagnosis|                           |                               |
| Median (range)  | 55 (36–78)                | 55 (37–78)                    |
| Mean ± S.D.     | 55 ± 10                   | 53 ± 15                       |
| TNM stage       |                           |                               |
| I               | 6                         | 0                             |
| II              | 13                        | 5                             |
| III             | 17                        | 7                             |
| IV              | 30                        | 13                            |

Fibroblast activation protein (FAP) was a homodimer integral membrane gelatinase belonging to the serine protease family. Its aberrant expression had been suggested as a carcinogenic marker [6,15–17]. By dissociating the growth factors with matrix proteins, FAP could promote the tumor microvascular generation and the growth of tumor cells, and played an important role in the invasion and metastasis of tumors [18]. Gong et al. [19] found that miR-21 induced the expression of FAP and promoted the malignant progression of breast phyllodes tumors. Consistently, Wang et al. [6] found that the down-regulation of FAP in oral cancer could inhibit cell propagation by activating phosphatase and tensin homology deleted on chromosome 10/phosphoinositide 3-kinase/AKT (PTEN/P13K/AKT) and Ras-extracellular signal regulated kinase (Ras-ERK) signaling pathways. Unfortunately, there was no study on how miRNAs regulated the expression of FAP in oral cancer cells.

Up to now, few researches about miRNAs’ abnormality in oral cancer had been done and the current study focussed on miR-30a-5p/FAP function on the viability, proliferation, migration, and invasiveness of oral cancer cells.

Materials and methods

Clinical specimens

Sixty six oral cancer tissues and 25 adjacent normal tissues (at least 2–3 cm from the tumor margin, verified to be free of tumor) were obtained from surgical resection. Inclusion criteria were applied as described in a recent study [20]. In brief, patients were diagnosed with cancer of the oral cavity but did not receive radiotherapy and chemotherapy before. Written consents were confirmed. Two cohorts of human oral cancer collected at Renmin Hospital of Wuhan University in the year of 2015. All clinical specimens preserved in liquid nitrogen until RNA extraction. The present study was approved by Renmin Hospital of Wuhan University and all participants signed an informed consent agreement. All clinical information for human oral cancer tissues was presented in Table 1.

Cell culture

Normal human oral epithelial cells (NHOECs) were obtained via primary culture: resected oral mucosa was washed with PBS, digested in Dispase II at 4°C for 24 h, and then digested in trypsin. The cells were subsequently inoculated and cultured at a density of 1 × 10⁴/30000 mm². Tca-8113 and HEK-293T were purchased from Bena Culture Collection, and SCC-15, SCC-25, SCC-4 from ATCC. These cells were cultured in Roswell Park Memorial Institute-1640 (RPMI-1640) which contained 10% FBS, 100 U/ml streptomycin, and 100 U/ml penicillin under the conditions of 37°C in 5% CO₂ and 95% atmospheric humidity.

Cell transfection

FAP siRNA, miR-30a-5p mimics, mimics control (mirYana™ miRNA Mimic, negative control #1, catalog (Cat): 4464058), miR-30a-5p inhibitor and inhibitor control (Ambion® Anti-miR™ miRNA Inhibitor Negative Control #1, Cat: AM17010) were all synthesized by Thermo Fisher Scientific, U.S.A. All sequences’ information is provided in Table 2. PcDNA3.1-EGFP vector was purchased from Genechem Co., Ltd (Shanghai, China). Lipofectamine™ 2000
Table 2 Sequences for qRT-PCR, PCR, siRNAs, mimics, inhibitors

| Name                      | Sequences                                              |
|---------------------------|--------------------------------------------------------|
| q-FAP-F                   | 5′-GGCACGCTATTTCAAAAGTCCG-3′                           |
| q-FAP-R                   | 5′-ACCCAGCTCTTATTTTCTGAGATG-3′                         |
| q-GAPDH-F                 | 5′-AGTQAAGCAGGGTATG-3′                                 |
| q-GAPDH-R                 | 5′-TGTATCGTGAGGACTC-3′                                 |
| q-miR-30a-5p-F            | 5′-GGGCTGTAACATCCCTG-3′                                 |
| q-miR-30a-5p-R            | 5′-GAATACCTCGAGACTG-3′                                 |
| q-U6-F                    | 5′-GGTCTGGCAAGAAAAGGAGG-3′                              |
| q-U6-R                    | 5′-GCTAATCTCTGCTATGTCCTG-3′                            |
| FAP-cDNA-F                | 5′-CTGAGGCGAGATAGCACTGTA-3′                            |
| FAP-cDNA-R                | 5′-GGATCOGCGTTTCTGGACAGAAAGAACAC-3′                    |
| FAP-3′-UTR-WT-F           | 5′-CGAGTCAAGACAACTGCGT-3′                              |
| FAP-3′-UTR-WT-R           | 5′-GCGATCTGAACTTCTGAC-3′                               |
| FAP-3′-UTR-mut-F          | 5′-AGAAGTCTACGCTGTAATCTGATG-3′                         |
| FAP-3′-UTR-mut-R          | 5′-ACAGATCTGGAACCTGCGT-3′                              |
| FAP siRNA                 | 5′-GCAUCUCAGAAGGAAUU-3′                                 |
| siRNA control             | 5′-GCAACACAGCGGCAACAU-3′                                |
| miR-30a-5p mimics         | 5′-UGUAAACAUCCCGACUUAC-3′                              |
| Mimics control            | 5′-UAGAUACGGAUCCGAAU-3′                                 |
| miR-30a-5p inhibitor      | 5′-CUUCCAGUCCAGGAU-3′                                   |
| Inhibitor control         | 5′-ACAUAGGGCCCAUGGUCC-3′                                |

Abbreviations: cDNA, the full length of FAP mRNA which can express FAP protein; F, forward; q, primers used for qRT-PCR; R, reverse; 3′UTR-mut, deletion mutation of wild-FAP 3′-UTR; 3′UTR-WT, wild-FAP 3′-UTR.

RNA extraction and RT-qPCR

According to the instructions of reverse transcription (RT) kit (Promega, Madison, WI, U.S.A.), we extracted total RNA from frozen clinical specimens with TRIzol reagent and reversed RNA into cDNA. Chain amplification was then carried out based on qPCR kit (Invitrogen, Carlsbad, CA, U.S.A.). U6 and GAPDH were used as loading control. The primers (Sangon, Shanghai, China) sequences were displayed in Table 2.

Western blot analysis

The total protein was extracted from transfected cells and the concentration was subsequently quantitated using BCA protein quantitative method. After SDS/PAGE protein electrophoresis, proteins were transferred on to a PVDF membrane and blocked with 5% skim milk for 2 h. Primary antibodies of FAP and GAPDH (Abcam, Cambridge, MA, U.S.A.) were incubated overnight at 4°C. Then, HPR-conjugated secondary antibodies were incubated for 1 h. The film was then developed using ECL.

Dual luciferase reporter gene assay

FAP 3′-UTR wild-type and mutant were amplified with FAP cDNA. The sequences were amplified using primers provided in Table 2. Then pGL3 plasmids (both wild-type and mutated) were inserted into the UTRs. Then, the recombined 3′-UTR pGL3 plasmids were transiently transfected into HEK-293T cells together with miR-30a-5p mimics or mimics control by Lipofectamine™ 2000 according to the manufacturer’s instructions.

Biotin-coupled miRNA capture

The biotin-coupled miRNA pulldown was performed as previously described [21]. In brief, we labeled miR-30a-5p mimics and mimics control with biotin at the 3′ end and then transient transfected the biotin-labeled sequence into HEK-293T cells which stably expressed FAP (stably transfection of pCDNA3.1-FAP) at a final concentration of 30 nM for 24 h. Total RNA was separated and incubated with streptavidin beads (Life Technology) to capture the biotin-coupled miRNA mimics. The abundance of FAP mRNA in bound fractions was evaluated by RT-qPCR.
**MTT assay**
Transfected cells in the logarithmic growth phase were seeded in a 96-well plate with a density of 5 × 10^3 / well. MTT (10 mg/ml) was added to each well and cultured for another 4 h. Then 100 µl DMSO was added to each well. Optical absorbance at a wavelength of 450 nm was recorded.

**Colony formation assay**
Six groups of cells were inoculated on to 60-mm plates with a density of 600 per well. After being incubated for 13 days, cells were washed with PBS, fixed with 10% formaldehyde for 15 min, and stained for 30 min with Crystal Violet. Colony number for each group was observed and recorded under a microscope.

**Wound healing assay**
Cells were incubated in a six-well plate at a density of 2 × 10^5 per well. After the cells reached a confluence of 80%, we used a 100-µl sterile micropipette to scratch a straight line on the surface of each well. Cells were first washed with PBS, and then incubated in Dulbecco’s modified Eagle’s medium (DMEM) that contained 2% FBS. The plate was photographed at 0 and 24 h and migration rate was measured with an inverted microscope.

**Invasion assay**
Transwell chambers were covered with Matrigel (20 µl, 0.5 g/l) and placed on a 24-well plate. Lower chambers were added with RPMI-1640 that contained 10% FBS, while upper chambers were filled with 200 µl cell suspension. After being incubated for 36 h, invading cells were fixed in 4% paraformaldehyde and stained with 0.1% Crystal Violet. Twelve randomly selected fields were photographed and cells were counted under a microscope.

**Statistical analysis**
GraphPad Prism 6.0 was used to conduct statistical analysis and plotting. All the data were presented as mean ± S.D. Differences between the two groups were analyzed using Mann–Whitney U test. Comparisons amongst groups were performed with ANOVA. P<0.01 was considered to have significant statistical difference. MTT and invasion assay used three wells in each group and all were performed in triplicate for accuracy.

**Results**

**MiR-30a-5p was lowly expressed while FAP was highly expressed in oral cancer**
To evaluate the expression level of miR-30a-5p and FAP in oral cancer patients, we collected 66 oral cancer tissues and 25 adjacent non-cancerous tissues. On an average, miR-30a-5p expression in cancer tissues was 0.35-times as that of the adjacent tissues, while FAP mRNA expression in cancer tissues was 3.3-times higher than adjacent tissues (P<0.05, Figure 1A,B). Besides, miR-30a-5p and FAP were negatively correlated in adjacent tissues as well as in oral squamous carcinoma cells (OSCCs) as shown in Figure 1C,D (P<0.05). Western blot confirmed that FAP was highly expressed in cancer tissues (Figure 1E). Besides, FAP was also highly expressed in different OSCC cell lines Tca-8113, SCC-4, SCC-15, SCC-25 compared with normal cell line NHOC (Figure 1F). We further detected RNA expression of miR-30a-5p in different cell lines, amongst which Tca-8113 and SCC-15 cells showed lower expression (Figure 1G); and mRNA level of FAP in different cell lines was most highly up-regulated in Tca-8113 and SCC-15 cells (Figure 1H).

**MiR-30a-5p directly targetted FAP and suppressed its expression**
TargetScan (http://www.targetscan.org/) predicted the targetting sites for miR-30a-5p and FAP 3’-UTR, and HEK-293T cells, which served as a vector, were co-transfected with pGL-3FAP-WT, pGL-3FAP-MUT, miR-30a-5p mimics, and mimics control. The relative luciferase activity of pGL-3-FAP-WT group was significantly lower than pGL-3-FAP-MUT group, indicating a direct target relationship between miR-30a-5p and FAP (P<0.01, Figure 2A). In addition, HEK-293T cells stably expressing FAP after FAP cDNA transfection were transiently transfected with biotinylated miR-30a-5p (Bi-miR-30a-5p) or biotinylated non-specific miRNA (Bi-NC). RT-qPCR analysis of FAP mRNA level indicated FAP mRNA was 3.5-times higher than that in Bi-NC group (normalized as 1) (P<0.05, Figure 2B), further verifying the target relationship. Cells were divided into eight groups: control (no treatment), NC (Lipofectamine™ 2000 treatment), mimics (miR-30a-5p mimics), inhibitor (miR-30a-5p inhibitor), FAP (pcDNA3.1-FAP), siFAP (FAP siRNA), mimics + siFAP (miR-30a-5p mimics and FAP siRNA), and mimics + FAP.
Figure 1. MiR-30a-5p was lowly expressed while FAP was highly expressed in oral cancer

(A) MiR-30a-5p mRNA was significantly lower in OSCC cells than normal ones. (B) FAP mRNA was significantly lower in OSCC cells than normal ones. (C) MiR-30a-5p was negatively correlated with FAP in normal cells. (D) MiR-30a-5p was negatively correlated with FAP in OSCC cells. (E) FAP was highly expressed in OSCC cells by Western blot. (F) FAP was highly expressed in all OSCC cell lines including Tca-8113, SCC-4, SCC-15, and SCC-25. (G) MiR-30a-5p was lowly expressed in all OSCC cell lines and most significant changes were detected in Tca-8113 and SCC-15 group. (H) FAP was lowly expressed in all OSCC cell lines and most significant changes were detected in Tca-8113 and SCC-15 group; **, *P*<0.01, represented significant differences compared with NHOEC group.
Figure 2. MiR-30a-5p directly targeted FAP and suppressed its expression

(A) TargetScan predicted the target site of FAP at 173–180. Luciferase activity confirmed the direct target relationship between miR-30a-5p and FAP. (B) FAP mRNA expression was significantly higher in Bi-miR-30a-5p group than in Bi-NC group after biotin-coupled miRNA sedimentation by qRT-PCR. (C) MiR-30a-5p mRNA expression increased in miR-30a-5p mimics, miR-30a-5p mimics + siFAP, and miR-30a-5p mimics + FAP groups while decreased in miR-30a-5p inhibitor group. (D) FAP mRNA expression decreased in miR-30a-5p mimics, siFAP, and miR-30a-5p mimics + FAP groups while increased in miR-30a-5p inhibitor group and FAP groups. (E) FAP protein expression decreased in miR-30a-5p mimics, siFAP, and miR-30a-5p mimics + FAP groups while increased in miR-30a-5p inhibitor group and FAP groups; **, P < 0.01, represented significant differences compared with control group.
Figure 3. MiR-30a-5p suppressed the cell proliferation of oral cancer cells via down-regulating FAP

(A) MiR-30a-5p mimics, FAP siRNA, miR-30a-5p mimics + FAP siRNA could significantly reduce the cell viability of both Tca-8113 and SCC-15 cells, but miR-30a-5p inhibitor and FAP could both increase the cell viability. (B) Colony number was smaller in miR-30a-5p mimics, FAP siRNA, miR-30a-5p mimics + FAP siRNA groups but larger in miR-30a-5p inhibitor and FAP groups; **, P < 0.01, represented significant differences compared with control group.

(miR-30a-5p mimics and pcDNA3.1-FAP), each group was compared with the control (normalized as 1). At 48 h after transfection, miR-30a-5p mRNA expressions drastically increased in miR-30a-5p mimics group, miR-30a-5p mimics + siFAP group and miR-30a-5p mimics + FAP group (all P < 0.01), while it decreased in miR-30a-5p inhibitor group (P < 0.05). FAP mRNA expressions significantly increased in miR-30a-5p inhibitor group and FAP group while decreased in mimics group, siFAP group, and miR-30a-5p mimics + siFAP group (all P < 0.01, Figure 2C,D). Protein expression changes in miR-30a-5p mimics + siFAP and miR-30a-5p mimics + FAP group also confirmed that FAP siRNA or cDNA had no effect on miR-30a-5p expression but conversely miR-30a-5p could decrease FAP expression (Figure 2E).

**MiR-30a-5p suppressed the cell proliferation of oral cancer cells via down-regulating FAP**

MTT assay revealed that miR-30a-5p mimics, FAP siRNA, miR-30a-5p mimics + FAP siRNA could significantly reduce the cell viability of both Tca-8113 and SCC-15 cells, but miR-30a-5p inhibitor and FAP could both increase the cell viability. Therefore, FAP may accelerate cell proliferation which could reversely be reduced by miR-30a-5p (Figure 3A). Colony formation assay validated the same conclusion considering smaller colony number in miR-30a-5p mimics, FAP siRNA, miR-30a-5p mimics + FAP siRNA groups, and larger colony number in miR-30a-5p inhibitor and FAP groups (Figure 3B).
**Figure 4. MiR-30a-5p suppressed the migration and invasion of oral cancer cells via down-regulating FAP**

(A) MiR-30a-5p mimics, FAP siRNA, miR-30a-5p mimics + FAP siRNA groups shared weaker migration ability, while miR-30a-5p inhibitor and FAP group shared stronger invasion ability. (B) miR-30a-5p mimics, FAP siRNA, miR-30a-5p mimics + FAP siRNA groups showed weaker invasion ability, while miR-30a-5p inhibitor and FAP groups displayed stronger invasion ability; **, $P<0.01$, represented significant differences compared with control group.

---

**MiR-30a-5p suppressed the migration and invasion of oral cancer cells via down-regulating FAP**

Smaller wound healing area indicated stronger migration ability, therefore, miR-30a-5p mimics, FAP siRNA, miR-30a-5p mimics + FAP siRNA groups shared weaker migration ability, while miR-30a-5p inhibitor and FAP group shared stronger invasion ability (all $P<0.01$, Figure 4A). Invasion ability was valued by invading cells in Tca-8113 and SCC-15 cell lines. As shown in Figure 4B, miR-30a-5p mimics, FAP siRNA, miR-30a-5p mimics +
FAP siRNA groups showed weaker invasion ability, while miR-30a-5p inhibitor and FAP groups displayed stronger invasion ability.

Discussion
In the present study, we confirmed that miR-30a-5p directly targeted FAP and down-regulated FAP expression in OSCC cell lines. Furthermore, miR-30a-5p suppressed the proliferation, migration, and invasion by inhibiting FAP in functional experiments.

MiR-30a family, namely miR-30a-3p and miR-30a-5p, plays a tumor-suppressive role in various cancers, including breast cancer, hepatocellular carcinoma, lung cancer, glioblastoma, colon cancer, and prostatic cancer [13,14,22-25]. Besides, miR-30a-5p has been reported to function in prediction and diagnosis for diverse cancers, such as renal cell carcinoma, low histological grade chondrosarcoma, giant cell tumor, breast cancer, prostate cancer, and lung cancer [13,26-31]. Some researchers have revealed its negative association with tumor progression. For example, Tang et al. [23] discovered that miR-30a-5p was locally expressed in lung cancer and negatively associated with tumor size, lymphatic metastasis, histological classification, clinical TNM stage, pathological progression, and overall survival rate, as a tumor inhibitor. In the present study, miR-30a-5p was substantially down-regulated in OSCC tissues, suggesting that it might be a tumor suppressor during OSCC progression.

The relationship between miR-30a-5p and target genes has been reported previously. For instance, Yu et al. [32] reported that autophagy-related gene (ATG) could be directly regulated by miR-30a-5p in the chronic myelogenous leukemia cells. Ouzounova et al. [33] found that overexpression of miR-30a-5p significantly down-regulated AVEN (apoptosis and caspase activation inhibitor), which partly contributed to the reduction in breast cancer progression. Chen et al. [34] found that miR-30a-5p inhibited cell migration and invasion by decreasing the expression of vimentin expression in breast cancer. Increasing evidence indicated that astrocyte elevated gene-1 (AEG-1) could be a potential target gene of miR-30a-5p in breast cancer, lung cancer, and hepatocellular carcinoma [35-37]. We herein discovered that miR-30a-5p could directly bind to FAP in OSCCs and activate a series of cell activities including propagation, migration, and invasion.

Previous researchers found that FAP was selectively up-regulated on the surface of cancer-related fibroblasts adjacent to epithelial cancers, such as colorectal, pancreatic, breast, and lung cancers [38-40]. We also found that FAP was significantly up-regulated in OSCCs and tissues, indicating that FAP might be an oncogene for OSCC pathogenesis. MiR-30a-5p could partially inhibit FAP expression. FAP knockdown hindered the viability, proliferation, migration, and invasiveness in OSCC cells. The present study then verified that miR-30a-5p could inhibit tumorigenesis by directly regulating FAP.

In spite of all findings, there exist some limitations in the present study. Further experiments to confirm the function of miR-30a-5p/FAP in vivo were omitted due to lack of time. The underlying mechanism of the inhibition still remains to be investigated. Therefore, more discussion could be proceeded for a thorough understanding of miR-30a-5p/FAP mechanism in oral cancers.

To sum up, the present study confirmed that miR-30a-5p directly targeted FAP and inhibited cell viability, proliferation, migration, invasiveness of OSCC cells, revealing miR-30a-5p as a suppressor in OSCC tumorigenesis and progression.

Ethics approval and consent to participate
All procedures were in accordance with the Declaration of Helsinki and approved by the Ethics Committee of Renmin Hospital of Wuhan University. All patients who participated have signed consents for the present study.

Consent for publication
All the patients who participated have signed consent forms for publication in the present study.

Competing interests
The authors declare that there are no competing interests associated with the manuscript.

Funding
This work was supported by the National Natural Science Foundation of China [grant number 81372880].
**Author contribution**

P.R. designed and drafted this research. P.R. and A.T. analyzed and interpreted the patients data. P.R., A.T., and Z.T. conducted statistical analysis. Z.T. critically revised the manuscript. All the authors read and approved the final manuscript.

**Abbreviations**

Bi-NC, biotinylated non-specific miRNA; Cat, catalog; FAP, fibroblast activation protein; NHOEC, normal human oral epithelial cell; qPCR, quantitative polymerase chain reaction; Ras-ERK, Ras-extracellular signal regulated kinase; RPMI, Roswell Park Memorial Institute-1640; RT, reverse transcription.

**References**

1. Marocchio, L.S., Lima, J., Sperandio, F.F., Correa, L. and de Sousa, S.O. (2010) Oral squamous cell carcinoma: an analysis of 1,564 cases showing advances in early detection. J. Oral Sci. 52, 267–273
2. Chi, A.C., Day, T.A. and Neville, B.W. (2015) Oral cavity and oropharyngeal squamous cell carcinoma–an update. CA Cancer J. Clin. 65, 401–421
3. Albuquerque, R., Lopez-Lopez, J., Mari-Roig, A., Jane-Salas, E., Rosello-Llabres, X. and Santos, J.R. (2011) Oral tongue squamous cell carcinoma (OTSCC): alcohol and tobacco consumption versus non-consumption. A study in a Portuguese population. Braz. J. Med. Biol. Res. 42, 517–521
4. Marocchio, L.S., Lima, J., Sperandio, F.F., Correa, L. and de Sousa, S.O. (2010) Oral squamous cell carcinoma: an analysis of 1,564 cases showing advances in early detection. J. Oral Sci. 52, 267–273
5. Marocchio, L.S., Lima, J., Sperandio, F.F., Correa, L. and de Sousa, S.O. (2010) Oral squamous cell carcinoma: an analysis of 1,564 cases showing advances in early detection. J. Oral Sci. 52, 267–273
6. Marocchio, L.S., Lima, J., Sperandio, F.F., Correa, L. and de Sousa, S.O. (2010) Oral squamous cell carcinoma: an analysis of 1,564 cases showing advances in early detection. J. Oral Sci. 52, 267–273
7. Marocchio, L.S., Lima, J., Sperandio, F.F., Correa, L. and de Sousa, S.O. (2010) Oral squamous cell carcinoma: an analysis of 1,564 cases showing advances in early detection. J. Oral Sci. 52, 267–273
8. Marocchio, L.S., Lima, J., Sperandio, F.F., Correa, L. and de Sousa, S.O. (2010) Oral squamous cell carcinoma: an analysis of 1,564 cases showing advances in early detection. J. Oral Sci. 52, 267–273
9. Marocchio, L.S., Lima, J., Sperandio, F.F., Correa, L. and de Sousa, S.O. (2010) Oral squamous cell carcinoma: an analysis of 1,564 cases showing advances in early detection. J. Oral Sci. 52, 267–273
10. Marocchio, L.S., Lima, J., Sperandio, F.F., Correa, L. and de Sousa, S.O. (2010) Oral squamous cell carcinoma: an analysis of 1,564 cases showing advances in early detection. J. Oral Sci. 52, 267–273
11. Marocchio, L.S., Lima, J., Sperandio, F.F., Correa, L. and de Sousa, S.O. (2010) Oral squamous cell carcinoma: an analysis of 1,564 cases showing advances in early detection. J. Oral Sci. 52, 267–273
12. Marocchio, L.S., Lima, J., Sperandio, F.F., Correa, L. and de Sousa, S.O. (2010) Oral squamous cell carcinoma: an analysis of 1,564 cases showing advances in early detection. J. Oral Sci. 52, 267–273
13. Marocchio, L.S., Lima, J., Sperandio, F.F., Correa, L. and de Sousa, S.O. (2010) Oral squamous ce
27 Lu, N., Lin, T., Wang, L., Qi, M., Liu, Z., Dong, H. et al. (2015) Association of SOX4 regulated by tumor suppressor miR-30a with poor prognosis in low-grade chondrosarcoma. Tumour Biol. 36, 3843–3852
28 Katz, B., Reis, S.T., Viana, N.I., Morais, D.R., Moura, C.M., Dip, N. et al. (2014) Comprehensive study of gene and microRNA expression related to epithelial-mesenchymal transition in prostate cancer. PLoS ONE 9, e113700
29 Huang, Q., Jiang, Z., Meng, T., Yin, H., Wang, J., Wan, W. et al. (2014) MiR-30a inhibits osteolysis by targeting RunX2 in giant cell tumor of bone. Biochem. Biophys. Res. Commun. 453, 160–165
30 Perez-Rivas, L.G., Jerez, J.M., Carmona, R., de Luque, V., Vicioso, L., Claros, M.G. et al. (2014) A microRNA signature associated with early recurrence in breast cancer. PLoS ONE 9, e91884
31 Zhang, H.H., Zhang, Z.Y., Che, C.L., Mei, Y.F. and Shi, Y.Z. (2014) MiR-30a inhibits osteolysis by targeting RunX2 in giant cell tumor of bone. Biochem. Biophys. Res. Commun. 453, 160–165
32 Yu, Y., Cao, L., Yang, L., Kang, R., Lotze, M. and Tang, D. (2012) microRNA 30A promotes autophagy in response to cancer therapy. Autophagy 8, 853–855
33 Ouzounova, M., Vuong, T., Ancey, P.B., Ferrand, M., Durand, G., Le-Calvez Kelm, F. et al. (2013) MicroRNA miR-30 family regulates non-attachment growth of breast cancer cells. BMC Genomics 14, 139
34 Cheng, C.W., Wang, H.W., Chang, C.W., Chu, H.W., Chen, C.Y., Yu, J.C. et al. (2012) MicroRNA-30a inhibits cell migration and invasion by downregulating vimentin expression and is a potential prognostic marker in breast cancer. Breast Cancer Res. Treat. 134, 1081–1093
35 Liu, K., Guo, L., Guo, Y., Zhou, B., Li, T., Yang, H. et al. (2015) AEG-1 3′-untranslated region functions as a ceRNA in inducing epithelial-mesenchymal transition of human non-small cell lung cancer cell lines. Int. J. Clin. Exp. Pathol. 6, 1734–1746
36 Zhang, N., Wang, X., Huo, Q., Sun, M., Cai, C., Liu, Z. et al. (2014) MicroRNA-30a suppresses breast tumor growth and metastasis by targeting metadherin. Oncogene 33, 3119–3128
37 He, R., Yang, L., Lin, X., Chen, X., Lin, X., Wei, F. et al. (2015) MiR-30a-5p suppresses cell growth and enhances apoptosis of hepatocellular carcinoma cells via targeting AEG-1. Int. J. Clin. Exp. Pathol. 8, 15632–15641
38 Hua, X., Yu, L., Huang, X., Liao, Z. and Xian, Q. (2011) Expression and role of fibroblast activation protein-alpha in microinvasive breast carcinoma. Diagn. Pathol. 6, 111
39 Wikberg, M.L., Edin, S., Lundberg, I.V., Van Guelpen, B., Dahlin, A.M., Rutegard, J. et al. (2013) High intratumoral expression of fibroblast activation protein (FAP) in colon cancer is associated with poorer patient prognosis. Tumour Biol. 34, 1013–1020
40 Cohen, S.J., Alpaugh, R.K., Palazzo, I., Meropol, N.J., Rogatko, A., Xu, Z. et al. (2008) Fibroblast activation protein and its relationship to clinical outcome in pancreatic adenocarcinoma. Pancreas 37, 154–158