Tunicamycin inhibits progression of glioma cells through downregulation of the MEG-3-regulated wnt/β-catenin signaling pathway

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Abstract. Glioma is derived from the oncogenic transformation of brain and spinal cord glial cells, and is one of the most common primary brain tumors. Tunicamycin (TUN) can significantly inhibit glioma growth and aggressiveness by promoting apoptosis in glioma cells. The purpose of the present study was to investigate the effects of TUN on growth of glioma cells and examine the TUN-mediated signaling pathway. The inhibitory effects of TUN on apoptosis, growth, aggressiveness and cell cycle arrest of glioma tumor cells were determined by western blotting, reverse transcription-quantitative polymerase chain reaction, apoptotic assays and immunofluorescence. The results demonstrated that treatment with TUN suppressed growth, migration and invasion of glioma carcinoma cells. In addition, TUN treatment induced apoptosis of glioma cells through downregulation of Bcl-2 and P53 expression levels. Findings also indicated that TUN suppressed proliferation and arrested the glioma cells in the S phase of the cell cycle. Further analysis of the mechanisms of TUN demonstrated that TUN treatment upregulated the expression levels of maternally expressed gene (MEG)-3, wnt and β-catenin in glioma cells. Furthermore, knockdown of MEG-3 expression reversed the TUN-decreased wnt/β-catenin signaling pathway, which subsequently also reversed the TUN-inhibited growth and aggressiveness of glioma cells. In conclusion, the findings in the present study indicated that TUN treatment inhibited growth and aggressiveness through MEG-3-mediated wnt/β-catenin signaling, suggesting that TUN may be an efficient anticancer agent for the treatment of glioma.

Introduction

Malignant glioma is the most common primary brain carcinoma and presents poor survival rates due to the aggressive nature of glioma cells (1,2). Previous studies have reported that glioma is characterized by the appearance of vascular proliferation, aggressive invasion, and necrosis around human normal brain tissues (3,4). A statistical review and meta-analysis has revealed that glioma accounted for ~75% of all malignant tumors related to the brain (5). Accordingly to the difference in clinicopathological characteristics between grades of glioma, there are different clinical outcomes (6). Currently, development of improved effective treatments for glioma is of high interest to oncologists and clinical doctors both at the basic research and in the clinic.

Tunicamycin (TUN) is a nucleotide antibiotic produced by Streptomyces lysosuperficus and presents anticancer potential in human tumor cells (7,8). De Freitas Junior et al (9) have demonstrated that inhibition of N-linked glycosylation by TUN induces E-cadherin-mediated cell-cell adhesion and inhibits cell proliferation in undifferentiated human colon cancer cells. In addition, Kim et al (10) have demonstrated that TUN could induce paraptosis potentiated by inhibition of BRAFV600E in FRO anaplastic thyroid carcinoma cells. Furthermore, Xing et al (11) have revealed that TUN is an endoplasmic reticulum (ER) stress inducer that suppresses the self-renewal of glioma-initiating cells partly through inhibiting SRY box 2 (Sox2) translation.

TUN is considered as a potential treatment for local control of glioma metastasis, due to its effects in suppressing the self-renewal of glioma-initiating cells (9). To fully elucidate its antitumor function, it is essential to analyze the signal pathway mediated by TUN in glioma cells. In the present study, the inhibitory effects of TUN were investigated and the potential mechanism was analyzed in glioma cells. It was hypothesized that TUN may inhibit growth and metastasis of glioma cells through regulation of the maternally expressed gene-3 (MEG-3) and wnt/β-catenin signaling pathways.
gene (MEG)-3-mediated wnt/β-catenin signaling pathway in glioma cells. The present results revealed that TUN could inhibit growth and aggressiveness of glioma cells via downregulation of MEG-3-mediated wnt/β-catenin signaling pathway in glioma cells. These findings suggest that TUN may be a potential therapeutic agent for glioblastoma therapy.

Materials and methods

Cell culture. BV-2 and BC3H1 cells were purchased from American Type Culture Collection (Manassas, VA, USA). Cells were cultured in DMEM (Sigma-Aldrich; Merck KGaA, Darmstadt, Germany) supplemented with 10% fetal bovine serum (FBS; Invitrogen; Thermo Fisher Scientific, Inc., Waltham, MA, USA). All cells were cultured in a 37°C humidified atmosphere of 5% CO₂.

MTT assay. BV-2 and BC3H1 cells were incubated with TUN (2 mg/ml, Sigma-Aldrich, Merck KGaA) in 96-well plates for 48 h in triplicate, and PBS was used as control. Following incubation, 20 µl of MTT solution (5 mg/ml in PBS) was added to each well, and the plate was incubated for an additional 4 h. The medium was removed and 100 µl DMSO was added into the wells to solubilize the crystals. The optical density was measured using a microplate reader (Bio-Rad Laboratories, Inc., Hercules, CA, USA) at a wavelength of 450 nm.

Reverse transcription-quantitative polymerase chain reaction (RT-qPCR). Total RNA was extracted from BV-2 (1x10⁶) and BC3H1 (1x10⁶) cells using a RNeasy Mini kit (Qiagen, Inc., Valencia, CA, USA). MEG-3 expression was measured by an RT-qPCR SYBR Green kit (AB4104C; Invitrogen; Thermo Fisher Scientific, Inc.) with primer sequences as follows: forward, 5'-CGG CGGCCC CTTCTCCTTTA-3'; reverse, 5'-TGTTTACGTAC ACCTTGGCA-3'; β-actin, forward, 5'-GGG GCCCGC CGACCA-3'; reverse, 5'-CTCCTTTAATGTACGACCAT TT-3'. The PCR cycling conditions were performed at 95°C for 30 sec and 42 cycles of 95°C for 10 sec, 57°C for 10 sec and 72°C for 10 sec. Relative mRNA expression changes were calculated by the 2^ΔΔCq method (12).

Cell migration. BV-2 and BC3H1 cells were incubated with TUN (2 mg/ml) for 24 h. Cell migration was determined using a 24-well transwell chamber (BD Biosciences, Franklin Lakes, NJ, USA) at a magnification of x100. The number of migrated cells was counted under a light microscope (Leica Microsystems, Heidelberg, Germany) at x40 magnification.

Transfection of small interfering RNA (siRNA). All siRNAs were synthesized by Applied Biosystems; Thermo Fisher Scientific, Inc. including siRNA-MEG-3 (si-MEG-3, sense, 5'-CGAUUG GAGCGAUACAAGCUTT-3' and anti-sense, 5'-AGCUUGAUAC GCUCCAAUCGT-3') and siRNA-vector (sense, 5'-UUUCUCC GAACGGUGUCAGCTT-3' and anti-sense, 5'-AGCUUGACAC GUUCGAGAATT-3'). BV-2 and BC3H1 cells (1x10⁶) were transfected with 100 pmol of si-MEG-3 (Applied Biosystems) or siRNA-vector as a control (Applied Biosystems) using a Cell Line Nucleofector kit L (Lonza Group, Ltd., Basel, Switzerland). Further analysis was performed at 48 h following transfection.

Apoptosis assay. BV-2 and BC3H1 cells were incubated with TUN (2 mg/ml) for 24 h. Following incubation, the tumor cells were trypsinized and collected. The cells were then washed in cold PBS, adjusted to 1x10⁶ cells/ml with PBS, and labeled with Annexin V-fluorescein isothiocyanate (FITC) and propidium iodide (using the Annexin V-FITC kit; BD Biosciences), and analyzed using a FACScan flow cytometer (BD Biosciences) using BD FACSDiva™ Software 1.2 (BD Biosciences).

Western blotting. BV-2 (1x10⁶) and BC3H1 cells (1x10⁶) were homogenized in lysis buffer containing protease inhibitors (RIPA buffer, Sigma-Aldrich; Merck KGaA) and were centrifuged at 6,000 x g at 4°C for 10 min. Protein concentration was measured by a BCA Protein Assay kit (Thermo Fisher Scientific, Inc.). Proteins (10 µg) were analyzed using 12% SDS-PAGE and then transferred onto a polyvinylidene fluoride membrane (EMD Millipore, Billerica, MA, USA). The membranes were incubated in blocking buffer (5% BSA, Sigma-Aldrich, Merck KGaA) for 2 h at 37°C prior to incubation with primary antibodies at 4°C overnight. The purpose protein expression levels were incubated with rabbit anti-mouse primary antibodies: Cyclin D1 (1:500 dilution; cat. no. ab18), Cyclin D2 (CDK2; 1:500 dilution; cat no. ab32147), Fibronectin (1:500 dilution; cat no. ab2413), E-cadherin (1:500; ab52100), Caspase-9 (1:500 dilution; cat no. ab52298), Bcl-2 (1:500 dilution; cat no. ab196495), P53 (1:500 dilution; cat no. ab1431), Wnt (1:500 dilution; cat no. ab15251), β-catenin (1:500 dilution; cat no. ab32572), β-actin (1:2,000 dilution, cat no. ab5694). All antibodies were purchased from Abcam, Cambridge, UK) and then incubated with goat anti-rabbit horseradish peroxidase-labeled immunoglobulin G (1:2,000 dilution, cat no. ab6789, Abcam) for 1 h at 37°C. All proteins were visualized using ECL advanced western blot analysis detection reagent (GE Healthcare, Chicago, IL, USA). The density of the bands was analyzed by Quantity One software (Version 4.10, Bio-Rad Laboratories, Inc.).

Immunofluorescence. BV-2 (1x10⁶) or BC3H1 cells (1x10⁶) were fixed with formaldehyde (10%) for 30 min at 37°C. Cells were incubated with antibodies against fibronectin (1:500 dilution; cat no. ab2413; Abcam), E-cadherin (1:500; cat ab1512), PRAP1 (1:500; ab52100), Caspase-9 (1:500 dilution; cat no. ab52298), Bcl-2 (1:500 dilution; cat no. ab196495), P53 (1:500 dilution; cat no. ab1431), Wnt (1:500 dilution; cat no. ab15251), β-catenin (1:500 dilution; cat no. ab32572), β-actin (1:2,000 dilution, cat no. ab5694). All antibodies were purchased from Abcam, Cambridge, UK) and then incubated with goat anti-rabbit horse-radish peroxidase-labeled immunoglobulin G (1:2,000 dilution, cat no. ab6789, Abcam) for 1 h at 37°C. All proteins were visualized using ECL advanced western blot analysis detection reagent (GE Healthcare, Chicago, IL, USA). The density of the bands was analyzed by Quantity One software (Version 4.10, Bio-Rad Laboratories, Inc.).

Statistical analysis. Results were expressed as mean ± standard deviation of triplicate independent experiments and analyzed using student t-tests or one-way analysis of variance (followed by Tukey test). Statistical analyses were performed with SPSS.
Statistics 19.0 (IBM Corp., Armonk, NY, USA) and GraphPad Prism version 5.0 (GraphPad Software, Inc., La Jolla, CA, USA). P<0.05 was considered to indicate a statistically significant difference.

Results

TUN significantly inhibits growth and arrests cell cycle of glioma cells. The effects of TUN on growth and cell cycle of glioma cells were analyzed. As presented in Fig. 1A, B, treatment with TUN (2 mg/ml) significantly inhibited cell growth in both the BV-2 and BC3H1 cell lines, compared with control. Results demonstrated that TUN treatment (2 mg/ml) arrested BV-2 and BC3H1 cells at the S phase of the cell cycle (Fig. 1C, D). In addition, TUN treatment (2 mg/ml) markedly decreased cyclin D1 and cyclin D2 protein expression levels in BV-2 and BC3H1 cells, compared with control-treated cells (Fig. 1E, F). Taken together, these findings that TUN treatment could inhibit glioma cell growth by inducing a cell cycle arrest at the S phase.

TUN inhibits invasion of glioma cells by downregulating the expression of metastasis-related proteins. Next, the effects of TUN treatment on the aggressiveness of glioma cells were investigated in vitro. Migration and invasion assays demonstrated that TUN treatment (2 mg/ml) significantly inhibited migration and invasion of BV-2 and BC3H1 cells compared with control group (Fig. 2A-D). In addition, results from western blot analysis demonstrated that TUN treatment significantly decreased the expression levels of metastasis-related proteins, fibronectin and E-cadherin, in BV-2 and BC3H1 cells (Fig. 2E, F). Taken together, these results indicate that TUN could inhibit migration and invasion of glioma cells through suppression of metastasis-related protein expression.

TUN markedly induces apoptosis of glioma cells through the mitochondrial signaling pathway. The efficacy of TUN on apoptosis of glioma cells was next investigated. As illustrated in Fig. 3A, B, TUN treatment significantly induced the apoptosis of BV-2 and BC3H1 cells compared with control. Western blot analysis demonstrated that TUN treatment increased the protein expression levels of cleaved poly (ADP-ribose) polymerase (PARP) and caspase-9 in BV-2 and BC3H1 cells (Fig. 3C, D). By contrast, the protein expression levels of BCL2 apoptosis regulator (Bcl-2) and tumor protein p53 (P53) were significantly downregulated following TUN treatment in BV-2 and BC3H1 cells compared with control (Fig. 2E, F). Taken together, these results suggest that TUN could induce apoptosis of glioma cells through regulation of apoptosis-related protein expression.

TUN inhibits invasion of glioma cells through the MEG-3-mediated wnt/β-catenin signaling pathway. In order to analyze the potential mechanism underlying the effects of TUN, the MEG-3-mediated wnt/β-catenin signaling pathway was investigated in glioma cells. The RT-qPCR results demonstrated that TUN treatment significantly increased the expression levels of MEG-3 in BV-2 and BC3H1 cells (Fig. 4A, B). In addition, the Wnt and β-catenin expression levels were upregulated following TUN treatment in BV-2 and BC3H1 cells (Fig. 4C, D). TUN treatment also inhibited fibronectin and E-cadherin expression levels in BV-2 and BC3H1 cells (Fig. 4E, F). However, knockdown of MEG-3 (by transfection with the specific si-MEG-3) markedly blocked the TUN-induced Wnt and β-catenin expression levels in BV-2 and BC3H1 cells (Fig. 4G, H). Notably, knockdown
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Figure 3. Effects of TUN treatment on glioma cell apoptosis. Cells were treated with TUN (2 mg/ml) or vehicle control. (A and B) Apoptosis rate following treatments for (A) BV-2 and (B) BC3H1 cells. (C and D) Western blotting results for expression of cleaved PARP and caspase-9 in (C) BV-2 and (D) BC3H1 cells. (E and F) Western blotting results for expression of Bcl-2 and P53 in (E) BV-2 and (F) BC3H1 cells. *P<0.01 compared with control. TUN, tunicamycin; PARP, poly (ADP-ribose) polymerase; Bcl-2, BCL2 apoptosis regulator; P53, tumor protein p53.

Figure 2. Effects of TUN treatment on glioma cell migration and invasion. Cells were treated with TUN (2 mg/ml) or vehicle control. (A and B) Migration assay results for (A) BV-2 and (B) BC3H1 cells. (C and D) Invasion assay results for (C) BV-2 and (D) BC3H1 cells. (E and F) Western blotting results for expression of the metastasis-related proteins fibronectin and E-cadherin in (E) BV-2 and (F) BC3H1 cells. *P<0.01 compared with control. TUN, tunicamycin.
of MEG-3 reversed the TUN-inhibited protein expression levels of fibronectin and E-cadherin in BV-2 and BC3H1 cells (Fig. 4I, J). Furthermore, TUN-inhibited migration and invasion was partially reversed by knockdown of MEG-3 in BV-2 and BC3H1 cells (Fig. 4K, L). Taken together, these results indicate that TUN may regulate migration and invasion of glioma cells through the MEG-3-mediated wnt/β-catenin signaling pathway.
Discussion

Currently glioma treatments have shown low effectiveness for the outcome of patients with glioma, which have emphasized the need for new molecularly targeted therapies (11,13). Gliomas are aggressive and their incidence rate in patients is increasing, resulting in a relative high mortality rate (13,14). Previous reports have suggested that TUN may have crucial roles in inhibiting tumor growth and enhancing apoptosis mediated by tumor necrosis factor-related ligands (7,8). In the current study, the potential molecular mechanisms of TUN-mediated inhibition of growth and aggressiveness were investigated in glioma cells. The results demonstrated that TUN treatment significantly inhibited gliomas cell growth and promoted apoptosis in gliomas cells. Mechanism analysis indicated that TUN treatment regulated glioma cell invasion through the MEG-3-mediated wnt/β-catenin signaling pathway.

Nami et al (15) have indicated that TUN could induce apoptosis of CD44+/CD24+ breast cancer stem cells by reducing ER in vitro. Systematic review and meta-analysis have demonstrated that drug-induced apoptosis can contribute to inhibition of gliomas cell growth and aggressiveness (16,17). A previous report has indicated that metronomic treatment with anticancer agents can inhibit tumor cell growth through reduction of angiogenesis and promoting apoptosis in orthotopic models of gliomas (18). In the present study, TUN treatment was demonstrated to significantly induce apoptosis of glioma cells through increasing the expression levels of cleaved PARP and caspase-9, and decreasing Bcl-2 and P53 in BV-2 and BC3H1 cells. The results also revealed that TUN treatment arrested glioma cells cycle by inhibition of cyclin D1 and cyclin D2 expression, which is consistent with a previous study (19).

Research has indicated that MEG-3 promoter hypermethylation could inhibit the proliferation of epithelial ovarian cancer cells (20). Long noncoding RNA MEG-3 inhibits lung cancer tumor progression and aggressiveness through down-regulation of MYC protein in tumor tissues (21). A previous study has indicated that the wnt/β-catenin signaling pathway promoted malignant progression of rat gliomas (22). In addition, wnt/β-catenin pathway-related components in brainstem gliomas might be abnormally activated and have an important role in the occurrence and development of brainstem gliomas (23). Furthermore, malignant gliomas can induce and exploit astrocytic mesenchymal-like transition by activating wnt/β-catenin signaling (24). The present results demonstrated that TUN treatment upregulated MEG-3 expression levels in glioma cells, which significantly inhibited growth and aggressiveness of glioma cells through regulation of the wnt/β-catenin signaling pathway.

In conclusion, the results in the current study indicated that TUN treatment increased proapoptotic gene expression and decreased antiapoptotic gene expression in gliomas cells. Notably, the findings revealed that TUN treatment significantly inhibited the growth and aggressiveness of glioma cells by inducing apoptosis and by downregulating the MEG-3-mediated wnt/β-catenin signaling pathway. However, in order to evaluate the clinical significance of these findings, further studies will be needed in the future in vivo in tumor-bearing mice.

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Availability of data and materials

The analyzed datasets generated during the study are available from the corresponding author on reasonable request.

Author’s contributions

XL performed the majority of the experiments. LX also designed and performed the experiments. QP analyzed the experimental data for the present study. All authors read and approved the final manuscript.

Ethics approval and consent to participate

Not applicable.

Consent for publication

Not applicable.

Competing interests

The authors declare that they have no competing interests.

References

1. Swanson KD, Lok E and Wong ET: An overview of alternating electric fields therapy (NovoTFF Therapy) for the treatment of malignant glioma. Curr Neurol Neurosci Rep 16: 8, 2016.
2. Kumar A, Aluha A, Ali J and Baboota S: Curcumin-loaded lipid nanocarrier for improving bioavailability, stability and cytotoxicity against malignant glioma cells. Drug Deliv 23: 214-229, 2016.
3. Wang K, Kievit FM, Jeon M, Silber JR, Ellenbogen RG and Zhang M: Nanoparticle-mediated targeted delivery of TRAIL as gene therapy for glioblastoma. Adv Healthc Mater 4: 2719-2726, 2015.
4. Hariri OR, Quadri SA, Farr S, Gupta R, Bieber AJ, Duyurgerova A, Corsino C, Mulihi D and Siddiqi J: Third ventricular glioblastoma multiforme: Case report and literature review. J Neurol Surg B Skull Base 76: e227-e232, 2015.
5. Delfino KR, Serao NV, Southey BR and Rodriguez-Zas SL: Therapy-, gender- and race-specific miRNA markers, target genes and networks related to glioblastoma recurrence and survival. Cancer Genomics Proteomics 8: 173-183, 2011.
6. Lin N, Yan W, Gao K, Wang Y, Zhang J and You Y: Prevalence and clinicopathologic characteristics of the molecular subtypes in malignant glioma: A multi-institutional analysis of 941 cases. PLoS One 9: e94871, 2014.
7. Shiraiishi T, Yoshida T, Nakata S, Horinaka M, Wakada M, Mizutani Y, Miki T and Sakai T: Tunicamycin enhances tumor necrosis factor-related apoptosis-inducing ligand-induced apoptosis in human prostate cancer cells. Cancer Res 65: 6364-6370, 2005.
8. Miyake H, Hara I, Arakawa S and Kamidono S: Stress protein GRP78 prevents apoptosis induced by calcium ionophore, ionomycin, but not by glycosylation inhibitor, tunicamycin, in human prostate cancer cells. J Cell Biochem 77: 396-408, 2000.
9. de Freitas Junior JC, Silva Bdu R, de Souza WF, de Araújo WM, Abdelhay ES and Morgado-Díaz JA: Inhibition of N-linked glycosylation by tunicamycin induces E-cadherin-mediated cell-cell adhesion and inhibits cell proliferation in undifferentiated human colon cancer cells. Cancer Chemother Pharmacol 68: 227-238, 2011.

10. Kim SH, Shin HY, Kim YS, Kang JG, Kim CS, Ihm SH, Choi MG, Yoo HJ and Lee SJ: Tunicamycin induces paraptosis potentiated by inhibition of BRAFV600E in FRO anaplastic thyroid carcinoma cells. Anticancer Res 34: 4857-4868, 2014.

11. Xing Y, Ge Y, Liu C, Zhang X, Jiang J and Wei Y: ER stress inducer tunicamycin suppresses the self-renewal of glioma-initiating cell partly through inhibiting Sox2 translation. Oncotarget 7: 36395-36406, 2016.

12. Livak KJ and Schmittgen TD: Analysis of relative gene expression data using real-time quantitative PCR and the 2(-Delta Delta C(T)) method. Methods 25: 402-408, 2001.

13. Mesti T and Ocvirk J: Malignant gliomas: Old and new systemic treatment approaches. Radiol Oncol 50: 129-138, 2016.

14. Kanz M, Nachbickele SB, Ertl L, Fesl G, Egensperger R, Niyazi M, Schmid I, Tonn JC, Peraud A and Kreth FW: Early treatment of complex located pediatric low-grade gliomas using iodine-125 brachytherapy alone or in combination with microsurgery. Cancer Med 5: 442-453, 2016.

15. Nami B, Dommez H and Kocak N: Tunicamycin-induced endoplasmic reticulum stress reduces in vitro subpopulation and invasion of CD44+/CD24− phenotype breast cancer stem cells. Exp Toxicol Pathol 68: 419-426, 2016.

16. von dem Knesebeck A, Felsberg J, Waha A, Hartmann W, Scheffler B, Glas M, Hammes J, Mikeska T, Yan PS, Endl E, et al: RANK (TNFRSF11A) is epigenetically inactivated and induces apoptosis in gliomas. Neoplasia 14: 526-534, 2012.

17. Johnson GG, White MC and Grimaldi M: Stressed to death: Targeting endoplasmic reticulum stress response induced apoptosis in gliomas. Curr Pharm Des 17: 284-292, 2011.

18. Kim JT, Kim JS, Ko KW, Kong DS, Kang CM, Kim MH, Son MJ, Song HS, Shin HJ, Lee DS, et al: Metronomic treatment of temozolomide inhibits tumor cell growth through reduction of angiogenesis and augmentation of apoptosis in orthotopic models of gliomas. Oncol Rep 16: 33-39, 2006.

19. Davis MI, Pragani R, Fox JT, Shen M, Parmar K, Gaudiano EF, Liu L, Tanega C, McGee L, Hall MD, et al: Small molecule inhibition of the Ubiquitin-specific protease USP2 accelerates cyclin D1 degradation and leads to cell cycle arrest in colorectal cancer and mantle cell lymphoma models. J Biol Chem 291: 24628-24640, 2016.

20. Li J, Zhou D, Wang Z, Tan L, Zhou Y and Sheng X: Reversal effect of 5-aza-2-deoxycytidine on the maternally expressed gene 3 promoter hypermethylation and its inhibitory effect on the proliferation of epithelial ovarian cancer cells. Zhonghua Zhong Liu Za Zhi 37: 324-329, 2015 (In Chinese).

21. Yan-Hua L, Xiang-Lei L, Hong L and Jian-Jun W: Long noncoding ribonucleic acids maternally expressed gene 3 inhibits lung cancer tumor progression through downregulation of MYC. Indian J Cancer 52 (Suppl 3): E190-E193, 2015.

22. Sareddy GR, Challá S, Panigrahi M and Babu PP: Wnt/beta-catenin/Tcf signaling pathway activation in malignant progression of rat gliomas induced by transplacental N-ethyl-N-nitrosourea exposure. Neurochem Res 34: 1278-1288, 2009.

23. Wu W, Tian Y, Han H, Song Y, Li J and Zhang L: The expressions of Wnt/β-catenin pathway-related components in brainstem gliomas. Can J Neurol Sci 40: 355-360, 2013.

24. Lu P, Wang Y, Liu X, Wang H, Zhang X, Wang K, Wang Q and Hu R: Malignant gliomas induce and exploit astrocytic mesenchymal-like transition by activating canonical Wnt/β-catenin signaling. Med Oncol 33: 66, 2016.

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