Interplay between cancer cells and M2 macrophages is necessary for miR-550a-3-5p down-regulation-mediated HPV-positive OSCC progression

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Abstract

Background: Human papillomavirus (HPV)-positive oral squamous cell carcinoma (OSCC) is increasing worldwide with typically higher grade and stage, while better prognosis. microRNAs (miRNAs) has been shown to play a critical role in cancer, however, their role in HPV-positive OSCC progression remains unclear.

Methods: miRNA microarray was performed to identify differentially expressed miRNAs. qRT-PCR and FISH were performed to determine the relative expression of miR-550a-3-5p. CCK-8, Flow cytometry, Wound healing, Cell invasion assays and xenograft experiments were conducted to analyze the biological roles of miR-550a-3-5p. Tumor-associated macrophages (TAMs) generation, co-culturing of cancer cells with TAMs, Western blot, Dual-luciferase reporter gene assay, Immunohistochemistry and animal studies were performed to explore the mechanisms underlying the functions of miR-550a-3-5p.

Results: We identified 19 miRNAs differentially expressed in HPV-positive OSCC specimens and miR-550a-3-5p was down-regulated. The low expression of miR-550a-3-5p correlated with higher tumor size and nodal metastasis of HPV-positive OSCC patients. Then, we found that miR-550a-3-5p suppressed the migration, invasion and EMT of HPV-positive OSCC cells dependent on decreasing M2 macrophages polarization. Moreover, miR-550a-3-5p, down-regulated by E6 oncoprotein, inhibited M2 macrophages polarization by YAP/CCL2 signaling, which in turn abrogating EMT program in HPV-positive OSCC cells. In addition, in both xenografts and clinical HPV-positive OSCC samples, miR-550a-3-5p levels were inversely associated with YAP, CCL2 expressions and the number of M2 macrophages.

Conclusions: E6/miR-550a-3-5p/YAP/CCL2 signaling induces M2 macrophages polarization to enhance EMT and progression, revealing a novel crosstalk between cancer cells and immune cells in HPV-positive OSCC microenvironment.

Keywords: Human papillomavirus, OSCC, microRNA, EMT, Microenvironment
Background
Oral squamous cell carcinoma (OSCC) ranks the sixth most common malignancies around the world, with a relatively lower five-year survival rate of approximate 50% [1]. Recent epidemiological data showed that high-risk human papillomaviruses (HPVs), particularly HPV-16, have emerged as an additional causative agent of OSCC besides excessive tobacco and alcohol consumption [2]. HPV-positive OSCC defines a novel and independent entity with distinct genetic nature and clinicopathological features when compared to HPV-negative OSCC, while treatment approaches towards them are essentially the same which depend on the site and stage of the tumor [3]. Even though patients with HPV-positive OSCC show better prognosis [4], they are typically associated with positive lymph nodes, and current treatments still fail to cure more than a quarter of them with advanced stages [5–7]. Therefore, there is an urgent need to study the molecular mechanisms responsible for invasive phenotype and progressive potentials of HPV-positive OSCC.

Migration and invasion of tumor cells into surrounding microvasculature of the lymphatic system, are crucial steps of the lymphatic dissemination of malignant tumors [8]. During these processes, the so-called epithelial-mesenchymal transition (EMT) is taken place with increased mesenchymal markers such as Vimentin and N-cadherin, and decreased epithelial markers such as E-cadherin and β-catenin [9]. At present, emerging studies have reported that tumor-associated macrophages (TAMs), which are derived from peripheral blood monocytes and the most abundant among tumor-infiltrating immune cells, exert critical functions in tumor metastasis via modulating EMT [10]. Stimulated by various secreted factors in tumor microenvironment, M1 or M2 macrophages can be polarized from TAMs. M1 macrophages exhibit pro-inflammatory roles and promote anti-tumor response to prevent oncogenic impacts, while M2 macrophages are important for pro-tumorigenic processes and stimulation of tumor angiogenesis, cancer progression, immunosuppression, and matrix remodeling [11]. In triple-negative breast cancer (TNBC), cancer cells-derived IL-6 could stimulate M2 macrophages polarization, which promoted EMT and invasiveness of TNBC cells [12]. In addition, Li and colleagues have reported that hepatocellular carcinoma-conditioned TAMs possessed M2-like phenotype, and could contribute to the EMT and invasion in hepatocellular carcinoma [13]. Conversely, in a study of breast cancer, not only TAMs could induce EMT, but mesenchymal-like cancer cells could in turn activate more macrophages recruitment by secreting GM-CSF and promote cancer metastasis [14]. Although evidence has shown that HPV-positive OSCC exhibited enhanced immune activity with respect to HPV-negative OSCC [15], the crosstalk between the intrinsic mechanisms of cancer cells and the extrinsic microenvironmental factors such as TAMs that influence EMT and progression of HPV-positive OSCC remains unclear.

MicroRNAs (miRNAs) include a class of endogenous, noncoding small RNAs (19–24 nucleotides), which serve as post-transcriptional gene regulators to impact comprehensive biological processes [16]. Multiple studies have uncovered that miRNAs have crucial roles in the development and progression of human cancers, exerting their effects by affecting the intrinsic mechanisms, or communicating with extrinsic properties [17, 18]. However, while deregulated miRNAs have already been detected in HPV-positive OSCC [19, 20], the underlying mechanisms of whether miRNAs could orchestrate HPV-positive OSCC progression remain limited. Here, we speculated that miRNAs could mediate the crosstalk between cancer cells and TAMs to regulate malignant behaviors of HPV-positive OSCC.

In the present study, we clarified that decreased miR-550a-3-5p expression was correlated with HPV-positive OSCC metastasis. Functional experiments identified that miR-550a-3-5p inhibited M2 macrophages polarization, which in turn suppressed migration, invasion and EMT of HPV-positive OSCC cells. Furthermore, mechanistic studies revealed that miR-550a-3-5p, reduced by E6 oncoprotein, inhibited M2 macrophages polarization by regulating YAP/CCL2 axis, the correlation of which was confirmed in both xenografts of nude mice and clinical specimens. These findings improved our knowledge of the molecular mechanisms by which miRNA regulated HPV-positive OSCC progression, and provided possible therapeutic target for HPV-positive OSCC.

Methods
Patients and clinical specimens
Seventy primary OSCC tissue specimens between 2015 and 2016 were collected from patients with informed consent at West China Hospital of Stomatology, Sichuan University. All of these patients have undergone the curative resection and were devoid of prior treatment or autoimmune diseases. Specimens were identified as squamous cell carcinoma and classified into different grades based on the current Union for International Cancer Control (UICC) criteria. Besides, 20 normal oral mucosa were obtained and all tissues samples were half frozen for RNA and DNA extraction, and half fixed in 10% formalin and embedded in paraffin. The current study was authorized by the Institutional Ethics Committee of the West China Medical Center, Sichuan University, China.

HPV detection
Total DNA was extracted using DNA Extraction Kit (Tiangen) according to manufacturer’s instructions. HPV
status was determined using a highly sensitive PCR protocol (Invitrogen) and HPV-16/18 primers, which was performed on a C1000 Touch PCR machine (Bio-Rad). Specific primers for HPV16: forward, 5′-CACAGTTATG CACAGACGTGC-3′; reverse, 5′-CATATATTGATCA ATGTAGGTGA-3′; HPV-18: forward, 5′-CACTTC ACTGCAAAGCATGATA-3′; reverse, 5′-GGTGTTGAAT CGTCTGTTCCT-3′. Then, eukaryotes with 1.5% agarose gels was used to separate PCR products, which were visualized by GCLSTAIN staining.

miRNA microarray
An Agilent miRNA microarray (8*60K, Design ID: 070156) using clinical specimens from HPV-positive and HPV-negative OSCC patients was carried out to profile miRNA by oebiotech Limited Company. Total RNA was extracted using TRIZol reagent (Invitrogen) following manufacturer’s protocols and 100 ng RNA per sample was used in microarray.

qRT-PCR
Total RNA was extracted as previously defined. For mature miRNAs, All-in-One™ miRNA First-Strand cDNA Synthesis Kit (Genecopoeia) was used to generate 10 μL cDNA. Then using miR-specific primers and universal adaptor PCR primers (Genecopoeia), qRT-PCR was performed with All-in-One™ miRNA qRT-PCR Detection Kit (Genecopoeia) on CFX Connect Real-Time System (Bio-Rad). For miRNA, the reverse transcription was carried out using HiScript II Q RT SuperMix (Vazyme), and qRT-PCR was performed with ChamQ™ SYBR Color qPCR Master Mix (Vazyme) on CFX Connect Real-Time System (Bio-Rad) [21]. Specific primers for qRT-PCR of mRNA were listed in Supplementary Data. The U6 small nuclear RNA or GAPDH was used as an endogenous control. Each experiment was repeated at least three times and the results were analyzed using 2−△△CT method.

Western blot
The whole proteins were extracted using cell lysis buffer. Then, SDS-PAGE was used to separate proteins with different size. After that, protein was transferred to a PVDF membrane (Millipore) and target protein was immunoblotted with specific primary antibody. Primary antibodies were listed as follows: anti-E-cadherin (1:5000, mouse anti-human, Cell Signaling Technology Inc.), anti-Vimentin (1:2000, mouse anti-human, Abcam), anti-HPV16 E6 + HPV18 E6 (1:1000, mouse anti-human papillomavirus, Abcam), anti-HPV16 E7 (1:1000, mouse anti-human papillomavirus, Abcam), anti-YAP (1:2000, mouse anti-human, Proteintech), anti-TAZ (1:2000, mouse anti-human, Proteintech), anti-CCL2 (1:2000, mouse anti-human, Proteintech), anti-TAZ (1:2000, mouse anti-human, Proteintech), anti-CCL2 (1:2000, mouse anti-human, Proteintech), anti-flag-YAP (1:1000, mouse, Abbkine), anti-GAPDH (1:2000, rabbit anti-human, Sigma-Aldrich). After incubating goat anti-rabbit or goat anti-mouse secondary antibody (Multi-Sciences), immunoblots were visualized using the chemiluminescence (ECL) reagent (Beyotime Biotechnology) and ChemiDoc XRS+ System (Bio-Rad).

miRNA fluorescence in situ hybridization (FISH)
FISH assays were performed using miRNA Fluorescence In Situ Hybridization Kit (GenePharma) according to the instructions. Oligonucleotide modified probe labeled with cy3 for hsa-miR-550a-3p was provided by GenePharma. First, 5 μm formalin-fixed paraffin-embedded sections were preheated for 30 min at 60 °C and fresh xylene was used to remove paraffin from the tissue. Then, sections were rehydrated by a series of incubations in decreasing concentrations of ethanol, and incubated with Proteinase K solution for 5 min at 37 °C and denaturing solution for 8 min at 75 °C. After dehydration, probes were added in the hybridization solution and incubated for 4 h at 50 °C. Sections were washed and counterstained with DAPI (GenePharma). Images were acquired using a fluorescence microscope (Olympus BX51).

Immunohistochemistry (IHC)
Formalin-fixed paraffin-embedded sections were firstly deparaffinized using xylene and rehydrated in alcohol with decreasing concentrations. Then boiling for 3 min in 0.01 M citrate buffer (pH = 6.0) was used for antigen retrieval, and 3% hydrogen peroxide was added for blocking endogenous peroxidase activity. After that, we used 5% goat serum for antigen blocking and incubated sections with the primary antibody at 4 °C overnight in a moist chamber. Sections were washed with PBS, and incubated first with biotinylated anti-mouse/rabbit IgG and sequent with streptavidin-biotin peroxidase both for 15 min. DAB was added to detect the primary antibody, and hematoxylin was used to stain the nucleus. As negative controls, sections were analyzed in parallel except incubating with isotype-specific immunoglobulin (IgG) instead of the primary antibody. And the following primary antibodies were listed: anti-p16 for detecting p16, a surrogate biomarker of HPV E7 oncoprotein function (1:500, rabbit anti-human, Bios), anti-Ki-67 (1:200, rabbit anti-human, HUABIO), anti-E-cadherin (1:500, mouse anti-human, Cell Signaling Technology Inc.), anti-Vimentin (1:2000, mouse anti-human, Abcam), anti-CD31 (1:300, rabbit anti-human, Biornbyt), anti-CD34 (1:300, mouse anti-human, HUABIO), anti-YAP (1:600, mouse anti-human, Proteintech), anti-CD1 2 (1:200, mouse anti-human, Biornbyt), anti-CD163 (1:500, rabbit anti-human, Biornbyt). HE staining was referred to as hematoxylin and eosin staining. Staining of IHC was evaluated in 10 randomly selected fields at 400X magnification. Quantification was evaluated by three independent investigators who were blinded to patient...
characteristics. IHC staining scores were calculated as staining intensity × percentage of positive cells. Staining intensity was assigned as: 0 (negative), 1 (weak), 2 (moderate), 3 (strong). Percentage of positive cells was defined as: 0 (no positive cells), 1 (<10% positive cells), 2 (10–50% positive cells), 3 (>50% positive cells). For CD163 staining, positive cells in each field were counted and expressed as the mean value [22].

Cell culture and reagents
HPV16-positive human OSCC cell lines UPCI:SCC090 and UM-SCC-47, HPV-negative human OSCC cell lines Cal-27, SCC25, and HSC3, normal human oral keratinocytes (NOK), dysplasia human oral keratinocytes (DOK), and human monocyte cell line THP-1 were obtained from State Key Laboratory of Oral Disease, Sichuan University. UPCI:SCC090 and UM-SCC-47 were cultured in MEM (Gibco) containing 1X non-essential amino acids (Sigma-Aldrich), 1 mM sodium pyruvate (Sigma) and 10% fetal bovine serum (FBS, Gibco), Cal-27 and HSC3 were cultured in DMEM (Gibco) containing 10% FBS, SCC25 was cultured in DMEM/F12 (Gibco) containing 10% FBS, NOK and DOK were cultured in EpiLife (Gibco), and THP-1 was cultured in RPMI 1640 medium (Gibco) with 10% FBS. Cal-27, SCC25, and HSC3, normal human oral keratinocytes (NOK), dysplasia human oral keratinocytes (DOK), and human monocyte cell line THP-1 were maintained at 37 °C in a humidified atmosphere with 5% CO2. For cell culture and reagents, all of them were maintained at 37 °C in a humidified atmosphere with 5% CO2.

Cell proliferation assay and flow cytometry-based apoptosis analysis
CCK-8 assay was used to study cell proliferation. Cells were seeded in 96-well plates at the density of 1 × 10^3 (cells/well), and the absorbance at 450 nm was measured on 24, 48, 72, 96, 120 h with 10 μL of CCK-8 solution. Proliferative comparison of mimic-transfected cells or inhibitor-transfected cells was calculated by normalization with respect to NC: % cells = (mimic or inhibitor – corresponding NC)/ corresponding NC × 100. Difference of OD Value on 120 h and OD Value on 24 h was used for calculation. Each assay was carried out in triplicate.

Flow cytometry using the Annexin V-FITC Apoptosis Detection Kit (Invitrogen) was used to measure cell apoptosis. Cells were seeded in 6-well plates and digested after 48 h. Then, 1X Binding Buffer was used to resuspend cells. We stained cells with 5 μL of Annexin V-FITC Conjugate and 5 μL of Propidium Iodide Solution and incubated them for 30 min. Stained cells were analyzed using a FACScalibur (Becton-Dickinson). For comparison, % apoptotic cells = (mimic or inhibitor – corresponding NC)/ corresponding NC × 100. Experiments were conducted in triplicate.

Wound healing assay and cell invasion assay
Cells were cultured in 6-well plates and starved in serum-free medium for 24 h after arriving at 100% confluence. A pipette tip was used to scratch the cells and form the gap space. After washing out the dead cells, photomicrographs were taken immediately and at a timepoint of 24 h. Wound healing was measured by ImageJ software. Each experiment was conducted in triplicate.

24-well transwell plates (pore size 8 μm, Millipore) were used for conducting Cell invasion assays. The upper chamber was coated with Matrigel (BD Bioscience) before 5 × 10^4 cells being seeded in it. After 24 h of cell adherence, medium was changed into serum-free in upper chamber and complete medium was added to lower chamber. Then, cells which have invaded through the Matrigel after 24 h incubation were stained with...
0.1% crystal violet and counted under a microscope. Five pre-selected fields (×200) were observed and assays were conducted in triplicate.

**Imaging of macrophage morphology**

Fluorescent staining was used for observation of macrophage morphology. Macrophages were washed with PBS for three times, and fixed with 4% paraformaldehyde for 20 min. Then, PBS containing 0.5% Triton X-100 was used to permeabilize the cells for 5 min. After incubating cells with FITC-phalloidin (Solarbio) for 30 min, nuclei were stained using DAPI (Sigma-Aldrich). All photographs were taken using a fluorescence microscope (Olympus BX51).

**Dual luciferase reporter gene assays**

The wild-type or mutant YAP 3′UTR pEZK-FR02 plasmids designed by GeneCopoeia Co. Ltd., was cotransfected with miR-550a-3-5p mimic or NC in UPCI: SCC090 and UM-SCC-47 cells using EndoFectin™ (GeneCopoeia). Forty-eight hours after transfection, cell lysates were collected and used for detection of firefly and Renilla luciferase activities following the protocol of a Duo-Luciferase Assay Kit 2.0 (GeneCopoeia). Renilla luciferase activity was used for normalization in the study.

**Animal experiments**

All animal experiments were approved by the Institutional Animal Care and Use Committee of West China Medical Center, Sichuan University. For subcutaneous xenograft model of nude mice, twenty 6-week-old BALB/c male nude mice (Dashuo) were divided into four groups after 1 week acclimation. Stably miR-550a-3-5p-overexpressed UPCI:SCC090 and Cal-27 cells and their relevant empty vector-transfected control cells were injected into the right flank region of nude mice subcutaneously. 0.2 mL containing 5 × 10^6 cells per aliquot was used in each mouse. Tumor volumes were evaluated every 3 days and calculated using formula as below: length × (width)² × π/6. Mice were killed using isoflurane after 6 doses of VP, and tongue was collected, carefully observed and longitudinally bisected. We fixed one part of each tongue tissue with 10% formalin and embedded it with paraffin, and froze the other part immediately and stored it at −80°C.

**Statistical analysis**

The correlations between miR-550a-3-5p expression and other clinicopathological factors were estimated using Chi-square analysis. The overall survival was assessed using the Kaplan-Meier method, and statistical significance between groups was estimated by log-rank test. Means comparisons were conducted with Student t-test or one-way ANOVA. The associations between miR-550a-3-5p and YAP, YAP and CCL2, and CCL2 and CD163 expressions in HPV-positive OSCC specimens were assessed using Student t-test or one-way ANOVA. The correlations between miR-550a-3-5p expression and other clinicopathological factors were estimated using Pearson’s statistics. All cellular experiments were conducted independently for at least three times and in triplicate each time. GraphPad Prism 7.0 (GraphPad Software) was used for processing all data and values were presented as means ± SD. P<0.05 was considered to be statistically significant.

**Results**

**Down-regulation of miR-550a-3-5p correlated with HPV-positive OSCC metastasis**

A total of 70 clinical specimens of OSCC were detected for HPV status using PCR analysis of extracted DNA (Supplementary Fig. 1A). HPV was detected in 25/70 (35.7%) patient samples, with HPV16 ranking the most common type in our study which was detected in 23/70 (32.9%) cases. Specimens were grouped into HPV-positive OSCC (n=25) and HPV-negative OSCC (n=45). To identity the differentially expressed miRNAs between HPV-positive and HPV-negative OSCC, an Agilent human miRNA microarray was performed. As shown in Fig. 1a and Supplementary Table 1, 8 miRNAs were significantly up-regulated in HPV-positive OSCC samples, whereas the levels of 11 miRNAs were down-regulated with respect to HPV-negative OSCC samples (Fold change ≥2, P<0.05). By in silico and literature analysis, we selected miR-550a-3-5p, miR-451a, and miR-210-3p to validate their expression differences.

qRT-PCR showed that miR-550a-3-5p was down-regulated 10.3-fold in HPV-positive OSCC compared to HPV-negative OSCC tissue samples (n=25) compared to HPV-negative OSCC tissue samples (n=45, P<0.001) and 24.6-fold compared to normal (HPV-negative non-cancerous) tissue samples (n=20, P<0.001). miR-451a was down-regulated 2.6-fold in HPV-positive OSCC compared to HPV-negative OSCC tissue samples (P=0.002) and 4.2-fold compared to normal tissue samples (P<0.001), and miR-210-3p was up-regulated 1.5-
fold in HPV-positive OSCC compared to HPV-negative OSCC tissue samples \( (P<0.001) \) and 2.1-fold compared to normal tissue samples \( (P<0.001) \) (Fig. 1b), which were all consistent with the microarray results. Ranked as the most differentially-expressed miRNAs, we therefore firstly concentrated on miR-550a-3-5p for further studies.

We verified miR-550a-3-5p expression levels and localization by utilizing miRNA fluorescence in situ hybridization (FISH). HPV infection was shown by immunohistochemistry staining of p16. The red fluorescent distribution indicated that miR-550a-3-5p was mainly localized in the cytoplasm of both OSCC and normal cells, and had a highest expression in normal mucosa while lowest expression in HPV-positive OSCC specimens (Fig. 1c). Additionally, miR-550 was also reported to be down-regulated in p16-positive oropharyngeal squamous cell carcinoma (OPSCC) compared to p16-negative OPC samples from other miRNA microarray data (Supplementary Fig. 1B) [20]. Then, the qRT-PCR results of miR-550a-3-5p and their associations with corresponding clinicopathological features in HPV-positive and HPV-negative OSCC patients were summarized. After differentiating miR-550a-3-5p expressions into lower and higher part according to the cut-off point of their median, we found that in HPV-positive OSCC patients, lower miR-550a-3-5p expression was associated with higher tumor size \( (P=0.025) \) and the presence of nodal metastasis \( (P=0.009) \), but had no correlations with age, gender, drink, smoke, differentiation, clinical stage and recurrence (Table 1). However, miR-550a-3-5p
expression was associated with none of these features in HPV-negative OSCC patients. Using the Kaplan-Meier method and log-rank test, we found that HPV-positive OSCC had better survival (HR 0.39; *P* >0.05) than HPV-negative OSCC. Patients with higher miR-550a-3-5p expression, no matter in HPV-positive OSCC (HR 0.48; *P* >0.05) or HPV-negative OSCC (HR 0.46; *P* >0.05), exhibited better survival than those having lower miR-550a-3-5p expression (Fig. 1d). However, there were no statistical significances between groups, which the reason, we speculated, may be due to the small number of clinical specimens. Thus, miR-550a-3-5p levels were frequently down-regulated in HPV-positive OSCC, particularly in patients with higher tumor size, nodal metastasis, which indicated a potential role for miR-550a-3-5p in targeting HPV-positive OSCC progression.

miR-550a-3-5p inhibited tumor growth and progression in nude mice models without altering the in vitro migration, invasion and EMT in HPV-positive OSCC cells

To better investigate the biological behavior of miR-550a-3-5p in HPV-related OSCC, we transfected miR-550a-3-5p mimic and inhibitor into OSCC cell lines which express different endogenous miR-550a-3-5p levels. The same as expressional differences in tissue specimens, miR-550a-3-5p levels were highest in normal oral keratinocytes (NOK), then dysplasia oral keratinocytes (DOK), HPV-negative OSCC cell lines, and lowest in HPV-positive OSCC cell lines (Supplementary Fig. 1C). Up-regulation and down-regulation of miR-550a-3-5p in HPV-positive cell lines UPCI:SCC090 and UM-SCC-47, HPV-negative cell lines Cal-27 and SCC25 were confirmed by qRT-PCR (Supplementary Fig. 1D). miR-550a-3-5p overexpression decreased

### Table 1 Clinicopathological features of HPV + ve/−ve OSCC patients and their relationship with miR-550a-3-5p expression

| Characteristics | HPV + ve OSCC (n = 25) | HPV-ve OSCC (n = 45) |
|----------------|------------------------|----------------------|
|                | Cases Low miR-550a-3-5p (%) | P            | Cases Low miR-550a-3-5p (%) | P            |
| Age (years)    |                        |                      |                        |                      |
| < 60           | 20 10 (50.00)          | 0.689 | 21 9 (42.86)          | 0.300         |
| ≥ 60           | 5 3 (60.00)            | 0.320 | 24 14 (58.33)         | 0.066         |
| Gender         |                        |                      |                        |                      |
| Female         | 13 8 (61.54)           | 0.320 | 17 6 (35.29)          | 0.018         |
| Male           | 12 5 (41.67)           | 0.320 | 28 17 (60.71)         | 0.018         |
| Drink          |                        |                      |                        |                      |
| Yes            | 7 4 (57.14)            | 0.748 | 31 15 (48.39)         | 0.587         |
| No             | 18 9 (50.00)           | 0.320 | 14 8 (50.00)          | 0.320         |
| Smoke          |                        |                      |                        |                      |
| Yes            | 5 3 (60.00)            | 0.320 | 28 14 (50.00)         | 0.848         |
| No             | 20 10 (50.00)          | 0.320 | 17 9 (52.63)          | 0.098         |
| Tumor Size     |                        |                      |                        |                      |
| T1-T2          | 9 2 (22.22)            | 0.025* | 20 8 (40.00)          | 0.182         |
| T3-T4          | 16 11 (68.75)          | 0.025* | 25 15 (60.00)         | 0.025*        |
| Differentiation|                        |                      |                        |                      |
| Well           | 4 2 (50.00)            | 0.265 | 14 6 (42.86)          | 0.438         |
| Moderate       | 13 5 (38.46)           | 0.265 | 19 9 (47.37)          | 0.438         |
| Poor           | 8 6 (75.00)            | 0.265 | 12 8 (66.67)          | 0.265         |
| Clinical stage |                        |                      |                        |                      |
| I-II           | 14 5 (35.71)           | 0.666 | 17 8 (47.06)          | 0.672         |
| III-IV         | 11 8 (72.73)           | 0.666 | 28 15 (53.57)         | 0.666         |
| Nodal metastasis|                        |                      |                        |                      |
| Yes            | 20 13 (65.00)          | 0.009* | 26 13 (50.00)         | 0.862         |
| No             | 5 0 (0)                | 0.009* | 19 10 (52.63)         | 0.862         |
| Recurrence     |                        |                      |                        |                      |
| Yes            | 1 1 (100.00)           | 0.327 | 8 5 (62.50)           | 0.477         |
| No             | 24 2 (50.00)           | 0.327 | 37 18 (48.65)         | 0.477         |

* *P* <0.05 was regarded as statistically significant in Chi square test
cell proliferation rate in HPV-positive (−25.01%, UPCI:SCC090; −40.08%, UM-SCC-47) and HPV-negative cells (−36.69%, Cal-27; −13.13%, SCC25), while its inhibition increased cell proliferation rate in HPV-positive (15.56%, UPCI:SCC090; 54.49%, UM-SCC-47) and HPV-negative cells (36.03%, Cal-27; 31.97%, SCC25) (Fig. 2a, Supplementary Fig. 2A). Using Flow cytometry assay, miR-550a-3-5p overexpression led to significantly increased apoptosis in HPV-positive (62.39%, UPCI:SCC090; 81.82%, UM-SCC-47) and HPV-negative cells (95.21%, Cal-27; 76.27%, SCC25), and its inhibition decreased cell apoptosis (−45.55%, UPCI:SCC090; −62.63%, UM-SCC-47; −55.43%, Cal-27; −45.9%, SCC25) (Fig. 2b, Supplementary Fig. 2B). Furthermore, we performed Wound healing and Transwell invasion assays to detect the abilities of migration and invasion in miR-550a-3-5p-transfected HPV-positive and HPV-negative OSCC cells. The results...
showed that miR-550a-3-5p overexpression decreased the migrated area (14.64%, Cal-27; 11.04%, SCC25) and invasive ability (68.29%, Cal-27; 58.88%, SCC25) in HPV-negative cells, while had no evident impacts on HPV-positive cells. In contrast, miR-550a-3-5p inhibition increased the migrated area (22.68%, Cal-27; 10.34%, SCC25) and invasive ability (58.60%, Cal-27; 106.33%, SCC25) in HPV-negative cells, but still did not affect those in HPV-positive cells (Fig. 2c, d). As EMT leads a crucial role in the process of epithelial cancer progression [24], we examined both the epithelial and mesenchymal markers in miR-550a-3-5p-overexpressed HPV-positive and negative OSCC cells by qRT-PCR. As can be seen in Fig. 2e, miR-550a-3-5p overexpression resulted in a significant increase in E-cadherin and decrease in Vimentin in HPV-negative cells, while had no effects on EMT of HPV-positive cells.

After in vitro studies, we stably transfected HPV-positive OSCC cells UPCI:SCC090 and HPV-negative OSCC cells Cal-27 with a miR-550a-3-5p lentiviral vector, which was confirmed by qRT-PCR (Supplementary Fig. 1E), and injected them into nude mice subcutaneously to establish the xenograft model. miR-550a-3-5p overexpression, both in HPV-positive and HPV-negative OSCC cells, led to a decrease in tumor volume and tumor weight with respect to the vector control group (Fig. 3a-c). HE staining and fluorescence in situ hybridization of miR-550a-3-5p were carried out to verify the xenografts (Supplementary Fig. 1F). Then, immunohistochemistry staining was used to analyze the expression of proliferative indicator Ki-67, EMT markers E-cadherin and Vimentin, and angiogenesis-related markers CD31 and CD34. Interestingly, Ki-67 and Vimentin were reduced but E-cadherin was increased, along with inhibited angiogenesis (CD31 and CD34) in both miR-550a-3-5p-overexpressed HPV-positive and HPV-negative OSCC cells-derived xenografts (Fig. 3d).

miR-550a-3-5p inhibited M2 macrophages polarization to suppress the migration, invasion, and EMT of HPV-positive OSCC cells

The above contradiction of in vitro and in vivo results in HPV-positive OSCC suggested that miR-550a-3-5p might participate in a cell nonautonomous mechanism to exert its tumor-suppressive effects. One possibility for miRNA to execute this function is to mediate the crosstalk between cancer cells and inflammatory cells, especially TAMs, which exhibit one of the most
abundant types in tumor microenvironment [25]. Thus, we utilized a model of TAMs to investigate whether there were underlying interactions (Fig. 4a). The human monocyte cell line THP-1 was incubated with PMA for 24 h and differentiated into macrophages, which then turned into TAMs after being cultured with conditioned media (CM) from HPV-positive OSCC cell lines (UPCI:SCC090 or UM-SCC-47). Morphologically, TAMs were stretched and elongated compared to PMA-induced THP-1 cells (Fig. 4b). Consistent with the observation above, M1 and M2 markers were both increased in OSCC cells-primed macrophages in contrast with that of PMA-induced THP-1 cells using qRT-PCR. However, macrophages treated with CM from miR-550a-3-5p mimic-transfected HPV-positive cells exhibited lower levels of M2 macrophage markers including CD163, IL-10 and Arginase-1 when compared with those treated with CM from mimic NC-transfected HPV-positive cells, while M1 macrophage markers such as CD80, IL-12p40 and TNF-α showed no evident differences (Fig. 4c). These indicated that TAMs of a mixed M1/M2 phenotype were induced by HPV-positive OSCC cells, while miR-550a-3-5p overexpression down-regulated the polarization of M2 macrophages.

To investigate whether miR-550a-3-5p could suppress migration, invasion and EMT of HPV-positive OSCC cells by inhibiting M2 macrophages polarization, Wound healing and Transwell invasion assays were performed on miR-550a-3-5p-overexpressed HPV-positive cells after being co-cultured with corresponding TAMs for 48 h. As shown in Fig. 4d, miR-550a-3-5p overexpression decreased the migrated area (14.10%, UPCI:SCC090; 23.12%, UM-SCC-47) and invasive area (68.74%, UPCI:SCC090; 62.39%, UM-SCC-47) in HPV-positive cells. Meanwhile, we verified whether TAMs could suppress the EMT of miR-550a-3-5p-overexpressed HPV-positive cells. qRT-PCR showed that TAMs co-culture significantly increased the epithelial markers such as E-
cadherin and β-catenin, and decreased the mesenchymal markers such as N-cadherin and Vimentin in miR-550a-3-5p-overexpressed HPV-positive cells. Up-regulated E-cadherin and down-regulated Vimentin protein levels were also detected in miR-550a-3-5p-overexpressed HPV-positive cells by Western blot (Fig. 4e). Taken together, our findings revealed that miR-550a-3-5p suppressed migration, invasion and EMT of HPV-positive OSCC cells by inhibiting M2 polarization.

miR-550a-3-5p, down-regulated by oncoprotein E6, directly targeted YAP in HPV-positive OSCC cells

We hypothesized that a mechanism between HPV-positive OSCC cells and TAMs exists that explains at least partly the previously depicted tumor-suppressive behaviors of miR-550a-3-5p. HPV virus expresses two main oncogenic proteins, E6 and E7 that target host tumor suppressor proteins to promote tumorigenesis and progression [26]. We found that miR-550a-3-5p expression was induced after E6 knockdown, while not influenced after E7 inhibiting in HPV-positive cells (Fig. 5a, Supplementary Fig. 3A). Then we detected miR-550a-3-5p levels after overexpressing HPV16 E6 in HPV-negative OSCC cells using Lv201-HPV16 E6 plasmid. Results showed that miR-550a-3-5p expression was significantly decreased after E6 overexpressing (Fig. 5b). Moreover, TAMs which were treated with CM from E6 silencing HPV-positive cells, exhibited lower levels of CD163, while this effect was mostly abrogated when treated with CM from miR-550a-3-5p inhibitor and E6 siRNA-cotransfected HPV-positive cells (Fig. 5c). These suggested that miR-550a-3-5p was negatively regulated by E6 oncoprotein in HPV-positive OSCC cells.

To determine what downstream signals of miR-550a-3-5p contributed to inhibiting M2 macrophages polarization, we looked at the GO (molecular function) and KEGG (signaling pathways) analysis of miR-550a-3-5p. Results found that miR-550a-3-5p was related to the cytokine, chemokine activity, and Hippo signaling pathway (Supplementary Fig. 3D). As recent studies demonstrated critical functions of Hippo signaling in cancer immunity [21], we firstly detected expressions of its central transcription factors, YAP and TAZ. Overexpression of miR-550a-3-5p significantly inhibited YAP mRNA and protein levels in HPV-positive cells, but had no effects on TAZ expression (Fig. 5d). Then in silico analysis revealed that miR-550a-3-5p had three putative targets in 3’UTR of YAP mRNA, which were further validated by Dual luciferase reporter gene assays. As shown in Fig. 5e, Luc-YAP-3’UTR (wild type, WT) cotransfected with miR-550a-3-5p mimics in UPCI:SCC090 and UM-SCC-47 cells showed an obvious decrease of luciferase activity, while Luc-YAP-3’UTR (mutant, MUT) group had a minimal effect on that.

YAP/CCL2 was required for miR-550a-3-5p deficiency-mediated M2 macrophages polarization and M2 macrophages-induced EMT

Our results revealed that YAP was directly regulated by miR-550a-3-5p. Next, we performed qRT-PCR to assess several critical factors which have been reported to be regulated by YAP and affect cancer immunity [28–31]. Results found that CCL2 and CXCL5 were significantly inhibited after YAP knockdown in both UPCI:SCC090 and UM-SCC-47 cells, while TLR9 and CSF1 were not changed evidently in both of them. Moreover, only CCL2 expression showed an obvious decrease in miR-550a-3-5p-overexpressed UPCI:SCC090 and UM-SCC-47 cells, which led us to speculate that CCL2 may serve as a downstream factor of miR-550a-3-5p/YAP in HPV-positive OSCC (Fig. 5f, Supplementary Fig. 3B). As YAP regulates gene expression largely through binding to TEAD family transcription factors, we utilized a small molecule called verteporfin (VP) which could inhibit YAP–TEAD association to investigate whether CCL2 was regulated by YAP–TEAD complex [32]. Results showed that mRNA and protein levels of CCL2 were significantly decreased upon VP treatment, clarifying the role of YAP–TEAD transcription activity in mediating CCL2 expression (Fig. 5g). To further analyze whether CCL2 was regulated by miR-550a-3-5p/YAP signaling, the YAP-5SA active mutant [33] (serine-to-alanine mutation at all putative LATS kinase phosphorylation sites on YAP including S61A, S109A, S127/128A, S131A, S163/164A, and S381A, thus leading to constitutive YAP activation) was used in the miR-550a-3-5p-overexpressed HPV-positive cells. YAP-5SA transfection obviously rescued miR-550a-3-5p-induced repression of CCL2, which identified the role of miR-550a-3-5p/YAP in regulating CCL2 expression (Fig. 5h). Furthermore, classical target genes of YAP were also detected [34], and the ability of YAP-5SA rescuing miR-550a-3-5p-induced repression of CCNE2 and CDC6 might indicate the reason why miR-550a-3-5p affected proliferation and apoptosis in OSCC cells (Supplementary Fig. 3C).

CCL2 is a well-established chemokine important for the recruitment of macrophages [35]. Accordingly, we examined whether the role of miR-550a-3-5p in inhibiting migration, invasion and EMT of HPV-positive OSCC cells was dependent on YAP/CCL2-induced M2 macrophages infiltration. In CM from HPV-positive OSCC cells, miR-550a-3-5p overexpression or YAP knockdown significantly abrogated expressions of M2 macrophages marker CD163 on PMA-induced THP-1 cells, whereas YAP-activation using YAP-5SA in miR-550a-3-5p-overexpressed cells or adding recombinant human CCL2 protein to miR-550a-3-5p-overexpressed or YAP-knockdown cells could rescue CD163 expressions (Fig. 5i). Then, after co-culturing with these CM-induced TMAs for 48 h, we found that increased
mRNA expressions of E-cadherin in both UPCI:SCC090 and UM-SCC-47 cells by miR-550a-3-5p overexpression or YAP knockdown were mostly abolished when cotransfected with YAP-5SA or added CCL2. Completely opposite results were observed in Vimentin expressions, and protein levels of E-cadherin and Vimentin were confirmed by Western blot, suggesting that the effects of miR-550a-3-5p on inhibiting EMT of HPV-positive OSCC cells were dependent on suppression of YAP/CCL2-mediated M2 macrophages polarization (Fig. 5).

Verteporfin treatment inhibited tumor development in E6-E7 knock-in mice with 4NQO-induced OSCC

Verteporfin, previously identified as a transcriptional inhibitor of YAP, was assessed in a 4NQO-induced model of OSCC in Rosa26-E6-E7 constitutive knock-in mice. After 8 weeks of drinking water with 4NQO and 8 weeks with distilled water, VP was injected intraperitoneally at 3-day intervals, and the mice were assessed after 6 doses of VP (Fig. 6a). Results showed that tongue lesions caused by 4NQO treatment were more obvious in vehicle-treated
mice than VP-treated mice. A total of 62.5% (5/8) mice showed lesions in both VP and Vehicle group, while the tumor size was (1.70 ± 0.97) mm on average in VP group and (2.59 ± 0.82) mm in Vehicle group, and the average number of lesions per mouse was 1.00 in VP group and (2.20 ± 1.09) in Vehicle group (Fig. 6b, c). These revealed that VP weakened the formation of tongue lesions induced by 4NQO.

Then, HE staining demonstrated that the tumors present in the VP-treated mice were minimally dysplastic as compared to the more advanced in Vehicle-treated mice (Fig. 6d). Results of histopathological analysis of VP and vehicle group were described in Table 2, which showed that in VP group, 37.5% of the mice exhibited a high risk of oral carcinogenesis, with respect to 62.5% of the mice in Vehicle group, according to a previously reported two-category system (normal/hyperplasia/mild or moderate dysplasia: low risk; severe dysplasia/carcinoma: high risk) [36]. In addition, a significant decrease in the expression of CCL2 and CD163 was observed in tumors from VP-treated mice (Fig. 6e). These indicated that VP suppressed the 4NQO-induced tongue carcinogenesis by down-regulating CCL2 production and M2 macrophages in transgenic mice with E6/7 knock-in.

Correlations of miR-550a-3p, YAP, CCL2 and M2 macrophages in vivo and in HPV-positive OSCC patients

We investigated the expression of YAP, CCL2 and CD163 in miR-550a-3p-overexpressed HPV-positive OSCC cells-derived xenografts of nude mice. Results of

Table 2 Histopathological examination of tongue lesions in various 4NQO-treated mice groups

| Group | Mice No. | Normal epithelial | Hyperplasia | Dysplasia | Squamous cell carcinoma |
|-------|---------|------------------|-------------|-----------|------------------------|
|       |         |                  |             | Mild      | Moderate | Severe |                      |
| Vehicle | 8       | 0                | 1 (12.5%)   | 1 (12.5%) | 1 (12.5%) | 4 (50%) |
| VP      | 8       | 0                | 2 (25%)     | 1 (12.5%) | 2 (25%)   | 1 (12.5%) |
immunohistochemistry staining showed that miR-550a-3-5p overexpression was significantly correlated with decreased nuclear-stained of active YAP, cytoplasmic-stained of CCL2 and CD163. Consistently, miR-550a-3-5p overexpression was associated with decreased mRNA levels of YAP, CCL2 and CD163 (Fig. 7a, b). Furthermore, staining of active YAP, CCL2 and CD163 were also carried out in 25 cases of HPV-positive OSCC specimens which we have used in analyzing miR-550a-3-5p expression. As shown in Fig. 7c, patient 1 referred to representative case with low miR-550a-3-5p expression, while patient 2 had higher miR-550a-3-5p expression. Similarly, low miR-550a-3-5p expressions tended to be associated with high levels of YAP and CCL2, and more M2 macrophages infiltration in HPV-positive OSCC patients (Fig. 7d).

Discussion
Previous researches have evidently certified that even though HPV-positive OSCC presents a relatively better prognosis in most cases, it usually exhibits an aggressive behavior with lymph nodes already being metastasized [37]. Wakisaka et al. have showed that in clinical specimens of OPSCC, HPV positivity was
significantly correlated with EMT induction. These EMT-positive cases showed more relevance with advanced nodal status [38]. Mechanistically, a study has revealed that HPV 16 E7 oncoprotein expression in keratinocytes could epigenetically repress the E-cadherin expression by augmenting cellular DNA methyltransferase I activity [39]. E5, together with E6 and E7 could impair cell adhesion, and promote migratory and invasive properties via inhibiting E-cadherin expression [40]. Moreover, there was a study implying that HPV16 E6 and E7 could induce EMT-relevant molecular alterations independently through non-transcriptional ways, thus leading to malignant progression of epithelial cells [41]. Consistently, our study found that in HPV-positive OSCC cells, the effects of miR-550a-3-5p on suppressing M2 macrophages polarization, and thus migration, invasion and EMT phenotype relied on the regulation of its upstream factor E6 oncoprotein. This described at least in part the mechanisms by which E6 promoted EMT of HPV-positive OSCC.

Continuous expression of the viral E6/E7 oncopgenes is required for HPV-positive cancer development [42]. Mechanistically, E6 promotes the proteolytic degradation of p53 tumor suppressor protein while E7 primarily interferes with the activity of tumor suppressor protein pRb, despite the fact that other molecules also appear to be deregulated due to E6/7 stimulation [26, 43]. A previous study has reported that E6/7-dependent maintenance of the malignant phenotype of HPV-positive cancers cells is linked to specific changes of intracellular miRNA pool [44, 45]. However, the specific modulatory mechanisms vary among different miRNAs. For example, Peta and colleagues found that HPV16 E6 and E7 could repress miR-146a-5p expression at the promoter level through elevating transcription factor c-MYC [46]. In addition, HPV16 E6 could inhibit miR-22 expression, and thus suppress proliferation, migration and induce apoptosis of cervical cancer cells by down-regulating p53, a direct transcriptional regulator of miR-22 [47]. Meanwhile, HPV16 E6/p53 also reduces miR-34a expression transcriptionally, therefore leading to increased glycolysis in cervical cancer [48]. In our study, miR-550 was inversely regulated by tumor suppressor Brg-1, and promoted migration and invasion via RNFL43/Wnt/β-catenin pathway [49]. However, due to the tissue specificity, miR-550 also exerts tumor-suppressor roles. For example, down-regulated miR-550a-3p led to the initiation, growth and metastasis of breast cancer by promoting ERK1/2 levels [50]. The same as above, miR-550a-3-5p was negatively associated with the growth and metastatic potential of both HPV-positive and negative OSCC cells in our study. Down-regulation of miR-550a-3-5p indicated higher tumor size and nodal metastasis of HPV-positive OSCC patients, suggesting its anti-tumor role especially in HPV-positive OSCC. Furthermore, unlike in other types of cancer, though its inhibitory roles in HPV-negative OSCC and in growth of HPV-positive OSCC might derive from direct mechanisms which need further investigation, miR-550a-3-5p affected migration and invasion of HPV-positive OSCC cells indirectly as the discrepancy between in vivo and in vitro studies. Thus, here we aimed to search for the downstream pathways of miR-550a-3-5p and verify whether these molecules resulted in the indirect tumor-suppressive influences of miR-550a-3-5p. Through bioinformatics analysis, gene expression patterns and dual luciferase reporter gene assays, we found that miR-550a-3-5p directly targeted YAP which emerged to exhibit great roles in cancer immunity, and further regulated M2 macrophages polarization and migration, invasion and EMT of HPV-positive OSCC cells via YAP/CCL2 signaling. Similarly, a recent study also reported that miR-550a-3-5p could directly target YAP to exert tumor-suppressor roles in various cancers containing colon cancer, breast cancer, lung cancer, and head and neck cancer [51]. However, this didn’t include OSCC cell lines and only concentrated on the direct effects of miR-550a-3-5p.

YAP, as a central effector of the Hippo pathway and a transcriptional co-activator with TAZ, takes great part in controlling organ size, development, and tumorigenesis [52, 53].
in hepatocellular carcinoma cells, could promote TAMs infiltration and then contribute to cancer progression [68].

Moreover, CCL2, produced by breast cancer cells, could continually recruit inflammatory monocytes and promote their differentiation into TAMs, which facilitated the subsequent growth of metastatic cells [69]. Our results revealed that E6/miR-550a-3-5p/YAP could promote M2 macrophages polarization through increasing CCL2, thus leading to the enhanced EMT in HPV-positive OSCC cells. As shown in Fig. 7e, findings of our studies were summarized in a schematic.

Conclusion

Taken together, E6/miR-550a-3-5p/YAP/CCL2 is a novel signaling axis identified in HPV-positive OSCC and involved in mediation of crosstalk between cancer cells and macrophages. Although this signaling pathway concerns complicated immune networks that need to be studied further in detail, the E6/miR-550a-3-5p overexpression combined with YAP inhibition or immunotherapy might be a new strategy for advanced HPV-positive OSCC.

Supplementary information

Supplementary information accompanies this paper at https://doi.org/10.1186/s13046-020-01602-1.

Additional file 1: Figure S1. (A) Representative images showed PCR-based detection of HPV-16/18 DNA from OSCC samples. (B) miR-550a-3-5p was down-regulated in p16-positive OPSCC samples according to a previous study (reference [20]). (C) miR-550a-3-5p expressions were evaluated using qRT-PCR in different oral cell lines (NOK, normal oral keratinocytes; OK, dysplasia oral keratinocytes; Cal-27, SCC25, and HSC3, HPV-negative OSCC cell lines; UPCI:SCC090 and UM-SCC-47, HPV-positive OSCC cell lines). (D) miR-550a-3-5p expressions were detected by qRT-PCR after transfected with miR-550a-3-5p mimic, mimic NC, inhibitor NC in Cal-27, SCC25, UPCI:SCC090 and UM-SCC-47 cell lines. (E) miR-550a-3-5p expressions were detected by qRT-PCR after stably transfected with miR-550a-3-5p lentiviral vector (GFP-tagged) in Cal-27 and UPCI:SCC090 cell lines. Representative images showed transfected cells with GFP fluorescence (magnification 200×). (F) Representative images of H&E staining and miR-550a-3-5p FISH in xenografts derived from miR-550a-3-5p-overexpressed Cal-27 and UPCI:SCC090 cell lines. Nucleus was stained blue by DAPI, and miR-550a-3-5p was stained red (magnification 400×). All assays were carried out in triplicate. Results were presented as means ± SD. *P<0.05, **P<0.01, ***P<0.001.

Additional file 2: Figure S2. miR-550a-3-5p inhibited proliferation and enhanced apoptosis in HPV-positive and HPV-negative OSCC cells. (A) CCK-8 assays of HPV-positive OSCC cells (UPCI:SCC090 and UM-SCC-47) and HPV-negative OSCC cells (Cal-27 and SCC25) with miR-550a-3-5p overexpression (M, mimic-transfected) or inhibition (I, inhibitor-transfected). (B) Flow cytometry-based apoptosis analysis was used to examine the percentage of apoptotic cells in HPV-positive and HPV-negative OSCC cells with miR-550a-3-5p overexpression or inhibition. All assays were carried out in triplicate.

Additional file 3: Figure S3. (A) mRNA levels of E6 and E7 using qRT-PCR in E6 or E7 siRNA-transfected HPV-positive OSCC cells (UPCI:SCC090 and UM-SCC-47). (B) mRNA levels of YAP using qRT-PCR in YAP siRNA-transfected HPV-positive OSCC cells. (C) mRNA levels of CTGF, CYR61, CCNE2, CDC6, and CDK2 using qRT-PCR in UPCI:SCC090 cells co-transfected with miR-550a-3-5p and YAP-55A. Protein expressions of Flag-YAP in YAP-siRNA-transfected HPV-positive OSCC cells were determined by Western blot (Left panel). (D) GO (molecular function) and KEGG (signaling pathway)
analysis of miR-550a-3-5p. All assays were carried out in triplicate. Results were presented as means ± SD. *P<0.05, **P<0.01, ***P<0.001.

Additional file 4: Table S1. miRNA microarray results (Fold change ≥ 2, P<0.05).

Additional file 5. Supplementary data of specific primers used for qRT-PCR.

Abbreviations
CM: Conditioned media; CSCC: Cervical squamous cell carcinoma; DOK: Dysplasia human oral keratinocytes; EMT: Epithelial-mesenchymal transition; FISH: Fluorescence in situ hybridization; HPV: Human papillomavirus; IHC: Immunohistochemistry; miRNA: microRNA; MUT: Mutant; NC: Negative control; NOK: Normal human oral keratinocytes; OE: Overexpression; OSCC: Oral squamous cell carcinoma; siRNA: small-interfering RNA; TAM: Tumor-associated macrophage; VP: Verteportin; WT: Wild type

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Authors’ contributions
MXC, WLZ, XHL and YLT designed the research study. MXC, WLZ, XWQ, MCH, KW and JBW conducted the cell experiments and animal studies. MXC, YJT and JJ were involved in data analysis. MXC were responsible for writing and JBW conducted the experiments on the human samples.

Ethics approval and consent to participate
This research was conducted under the approval and supervision of the Ethic approval and consent to participate corresponding author upon reasonable request.

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

Consent for publication
All authors agreed on the publication of this manuscript.

Competing interests
The authors declare that there are no competing interests.

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