MiR-1236-3p Inhibits the Proliferation, Invasion, and Migration of Colon Cancer Cells and Hinders Epithelial-Mesenchymal Transition by Targeting DCLK3

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Background: Dysregulated microRNAs (miRNAs) are common in human cancer and are involved in the proliferation, promotion, and metastasis of tumor cells. Therefore, this study aimed to evaluate the expression and biological function of miR-1236-3p in colon cancer.

Methods: This study screened the miRNA in normal and colon cancer tissues through array analysis. In addition, quantitative Reverse Transcription–Polymerase Chain Reaction (qRT-PCR) analysis was performed to validate the expression of miR-1236-3p in normal and tumor tissues from colon cancer patients and cancer cell lines. Online predicting algorithms and luciferase reporter assays were also employed to confirm Doublecortin Like Kinase 3 (DCLK3) was the target for miR-1236-3p. Moreover, the impact of miR-1236-3p on the progression of colon cancer was evaluated in vitro and in vivo. Western blotting and qRT-PCR were also performed to investigate the interactions between miR-1236-3p and DCLK3.

Results: MiR-1236-3p was significantly downregulated in colon cancer tissues and its expression was associated with the TNM stage and metastasis of colon. In addition, the in vitro and in vivo experiments showed that miR-1236-3p significantly promoted cancer cell apoptosis and inhibited the proliferation, invasion, and migration of cancer cells. The results also showed that miR-1236-3p hindered Epithelial–mesenchymal Transition (EMT) by targeting DCLK3. Moreover, the expression of DCLK3 mediated the effects of miR-1236-3p on the progression of cancer.

Conclusions: MiR-1236-3p functions as a tumor suppressor in colon cancer by targeting DCLK3 and is therefore a promising therapeutic target for colon cancer.

Keywords: colon cancer, miR-1236-3p, DCLK3, tumor progression, miRNA
INTRODUCTION

Colorectal cancer (CRC) is a very common gastrointestinal malignancy and the major cause of cancer-related deaths worldwide. It is therefore a significant threat to public health worldwide (1). Notably, surgery, radiotherapy and chemotherapy are the standard therapeutic strategies used in patients with advanced colon cancer (2). In addition, technological advances over the recent years have enabled early diagnosis, detection, intervention, and prediction of the prognosis of CRC (3). However, the prognosis of patients with advanced stage colon cancer remains poor, despite these advances (4). Moreover, a number of molecules have been identified to determine the main phases in the progression and metastasis of colon cancer (5). Nonetheless, the molecular mechanism underlying the progression and metastasis of the cancer remain unclear. Therefore, identifying novel molecular biomarkers is important in predicting prognosis and improving patient outcomes.

MicroRNAs (miRNAs) are a group of small non-coding regulatory RNA molecules that are 17–25 nucleotides long. The molecules inhibit the expression of protein-coding genes at the post-transcriptional level (6). Additionally, accumulating evidence indicates that the dysregulation of miRNAs play a critical role in various human cancers. Existing research also suggests that miRNAs can act as effective tumor suppressors or oncogenic agents by regulating the target genes (7). Moreover, miRNAs participate in the regulation of many cellular processes including cell differentiation, proliferation, and apoptosis (8). It was also reported that miRNAs involved in regulating the proliferation, promotion, invasion and metastasis of tumor cells (9). Furthermore, miRNAs are somehow involved in Epithelial–mesenchymal Transition (EMT), which is a significant indicator of the tumor metastatic process (10). Although the importance of miRNAs in tumor progression has been explored extensively, the pathological relevance and significance of miRNAs in colon cancer remain unclear. Notably, miR-1236-3p has been reported to be significantly associated with different types of cancer, including gastric cancer (11), lung cancer (12), breast cancer (13), and ovarian cancer (14). However, research on the role of miR-1236-3p in colon cancer is largely scarce.

The present study used microarray analysis to show that miR-1236-3p was significantly downregulated in colon cancer tissues and that it was associated with the TNM stage and metastasis in colon cancer patients. Moreover, miR-1236-3p not only inhibited the proliferation, invasion, and migration of colon cancer cells, but also hindered EMT in vitro and in vivo by targeting Doublecortin Like Kinase 3 (DCLK3). The findings herein suggest miR-1236-3p serves as an effective suppressor of tumor development and may therefore be a promising therapeutic target for colon cancer.

MATERIALS AND METHODS

Collection of Clinical Samples

The study collected 145 colon cancer tissues and 105 normal colon tissues from patients who had undergone radical resection for colon cancer between Jan, 2014 and Jan, 2017. All the enrolled patients were diagnosed with colon cancer through the support of postoperative pathology. However, the study excluded patients who had received anti-tumor treatment (radiotherapy or chemotherapy) before surgery. The pathological data for the colon cancer patients is highlighted in Table 1. Additionally, this study was approved by the Ethics Committee of the Ningbo Medical Center Lihuili Hospital and was conducted in accordance to the Helsinki Declaration. Moreover, each participant provided written informed consent. This study was carried out in compliance with the ARRIVE guidelines.

Cell Lines and Culture

The human colon cancer cell lines (including SW620, SW480, Caco-2, HT29 and HCT116), as well as normal colon epithelial cells (FHC) were all obtained from the Cell Bank of the Type Culture Preservation Committee of the Chinese Academy of Sciences (Shanghai, China). All the acquired cells were cultured in Dulbecco’s modified Eagle’s medium (DMEM) with 10% fetal bovine serum (Gibco, Grand Island, NY, USA) and were maintained at 37°C with 5% CO2.

Cell Transfection

Lipofectamine 2000 (Invitrogen, Carlsbad, CA, USA) was used to conduct the transfections, according to the manufacturer’s instructions. Briefly, miR-1236-3p mimics, the inhibitor and negative controls (Applied Biosystems, Foster City, CA, USA) were transfected into SW620 cell at a concentration of 50 nM for 48 h. In addition, the cells were co-transfected with constructs containing pcDNA3.1-DCLK3, shDCLK3 and negative controls (RiboBio, Guangdong, China), at a concentration of 4 mg, for 48 h.

In Vivo Tumor Growth Experiments

The experiments were performed according to previously published protocols (15). Briefly, male BALB/c nude mice (4–5 weeks) were obtained from the Shanghai SLAC Laboratory Animal Co., Ltd. (Shanghai, China). The mice were then divided into 2 groups (n=6 per group): miR-1236-3p mimics (SW620) and mimics control (SW620). Thereafter, a total of

| TABLE 1 | Pathological data of colon cancer patients in discovery, training and validation sets. |
| Variables | Training set (n = 40) | Validation set (n = 40) | Evaluation set (n = 60) | P-value |
| Age (year) | 46.8 ± 11.5 | 46.3 ± 12.1 | 48.3 ± 10.4 | 0.715 |
| Gender (n) | – | – | – | 0.644 |
| Male | 24 | 28 | 39 | – |
| Female | 16 | 12 | 21 | – |
| TNM stage | – | – | – | 0.896 |
| I | 4 | 6 | 6 | – |
| II | 13 | 10 | 19 | – |
| III | 17 | 15 | 26 | – |
| IV | 6 | 9 | 9 | – |
Thereafter, the arrays were scanned by Affymetrix GeneChip Hybridization Control Kit (Affymetrix, USA) (16 h, 60 RPM). After washing, the chip arrays were then stained on a GeneChip Human Gene 1.0 array were carried out for genome-wide miRNA and mRNA expression profiling. Following the manufacturer’s protocol, 1000 ng of total RNA was labeled using the FlashTag Biotin HSR RNA Labeling Kit (Affymetrix, USA). After RNA was labeled, microarray chips were hybridized with the manufacturer’s protocol (Qiagen, Germany). The total RNA concentration and purity were determined using a NanoDrop 2000 (Thermo Scientific, Waltham, MA, USA), and RNA band integrity was evaluated by 1% denaturing agarose gel electrophoresis. Affymetrix miRNA v. 3.0 array and Affymetrix GeneChip Human Gene 1.0 array were carried out for genome-wide miRNA and mRNA expression profiling. Following the manufacturer’s protocol, 1000 ng of total RNA was labeled using the FlashTag Biotin HSR RNA Labeling Kit (Affymetrix, USA). After RNA was labeled, microarray chips were hybridized with GeneChip Hybridization Control Kit (Affymetrix, USA) (16 h, 60 rpm). After washing, the chip arrays were then stained on a Fluidics Station 450 using the AGCC Fluidics Control Software. Thereafter, the arrays were scanned by Affymetrix GeneChip Scanner 3000. The original probe cell intensity files (.CEL files) from the Affymetrix GeneChip Command Console software were imported into probe-level summarization files (.CHP files) for data extraction. The Expression Console Software and Transcriptome Analysis Console software were used to analyzed the CHP files. Data obtained after image analysis were processed with the Robust Multi-array Average (RMA) method for perfect match (PM) background adjustment, quantile method for normalization. After that, the normalized signal intensities of arrays were log2 translated and the final processed data were compared. Data comparison were performed using R with the “limma” package and p values from each comparison were adjusted with the False Discovery Rate (FDR). Data were visualized using R with packages of “ggplot2”, “pheatmap” and “Ggplot”.

RNA Isolation
TRIzol (Invitrogen, Carlsbad, CA, USA) and the RNeasy mini kit (Qiagen, Valencia, CA, USA) were used to extract total RNA (5 μg) following the manufacturer’s instructions. Thereafter, RNA was eluted in nucleic-acid free water and then stored at -80°C. In addition, the NanoDrop ND-1000 spectrophotometer (NanoDrop Technologies, Wilmington, DE, USA) was used to measure RNA concentration.

Microarray Analysis
Five colon cancer tissues and 5 normal colon tissues were randomly selected for miRNA and mRNA array analysis. Tissue samples were prepared following the Affymetrix protocols (Affymetrix, Santa Clara, CA, USA). Total RNA was extracted from tissue homogenates according to the manufacturer’s protocol (Qiagen, Germany). The total RNA concentration and purity were determined using a NanoDrop 2000 (Thermo Scientific, Waltham, MA, USA), and RNA band integrity was evaluated by 1% denaturing agarose gel electrophoresis. Affymetrix miRNA v. 3.0 array and Affymetrix GeneChip Human Gene 1.0 array were carried out for genome-wide miRNA and mRNA expression profiling. Following the manufacturer’s protocol, 1000 ng of total RNA was labeled using the FlashTag Biotin HSR RNA Labeling Kit (Affymetrix, USA). After RNA was labeled, microarray chips were hybridized with GeneChip Hybridization Control Kit (Affymetrix, USA) (16 h, 60 rpm). After washing, the chip arrays were then stained on a Fluidics Station 450 using the AGCC Fluidics Control Software. Thereafter, the arrays were scanned by Affymetrix GeneChip Scanner 3000. The original probe cell intensity files (.CEL files) from the Affymetrix GeneChip Command Console software were imported into probe-level summarization files (.CHP files) for data extraction. The Expression Console Software and Transcriptome Analysis Console software were used to analyzed the CHP files. Data obtained after image analysis were processed with the Robust Multi-array Average (RMA) method for perfect match (PM) background adjustment, quantile method for normalization. After that, the normalized signal intensities of arrays were log2 translated and the final processed data were compared. Data comparison were performed using R with the “limma” package and p values from each comparison were adjusted with the False Discovery Rate (FDR). Data were visualized using R with packages of “ggplot2”, “pheatmap” and “Ggplot”.

Quantitative Reverse Transcription–Polymerase Chain Reaction Analysis
QRT-PCR reactions were carried out using a qSYBR-green-containing PCR kit (Qiagen, Germantown, MD, USA). The relative change was determined using the method of 2^△△CT. The U6 small nuclear RNA gene and GAPDH served as the internal controls for the qRT-PCR assays. The Bio-Rad (Hercules, CA, USA) IQTM5 Multicolour Real-Time PCR Detection System (USA) was used to perform RT-PCR assays. Primers used in this study were synthesized from Nanjing Generics Inc. (Nanjing, China) and the sequences are listed in Table 2.

Construction of Vectors and the Luciferase Reporter Assay
The Wild-type (WT) or Mutant (Mut) fragment of the 3’-UTR region of the DCLK3 gene containing a putative miR-1236-3p-binding site was inserted into the pmirGLO vector (Promega, Madison, USA). In addition, SW620 or Caco-2 cells were cotransfected with the miR-1236 mimics, mimics control, miR-1236 inhibitor, inhibitor control, and a luciferase reporter plasmid (Applied Biosystems, Foster City, CA, USA) for the luciferase reporter assay. After incubation for 48 h, the cells were washed with PBS, then harvested. Luciferase activities was then determined after 24 h, using a Dual-Luciferase Reporter Assay System (Promega, Madison, WI, USA). Additionally, Renilla luciferase activity was quantified for data normalization, and all the experiments were performed in triplicate.

Colonies Formation Assays
The SW620 and Caco-2 cells stably transfected with the miR-1236-3p mimic or mimic control were suspended in DMEM.
Flow Cytometry
Annexin V-FITC and PI staining were performed to evaluate cell apoptosis according to the manufacturer’s instructions. The percentage of apoptotic cells was quantitatively determined by employing Annexin V-FITC. Those cells with positive Annexin V-FITC and negative PI staining were considered as early apoptotic cells, while cells with positive Annexin V-FITC and PI were considered as late apoptotic cells. In order to quantitate apoptotic cells, the cells were washed with cold PBS and then resuspended in binding buffer (10 mmol \( l^{-1} \) HEPES/NaOH, 2.5 mmol \( l^{-1} \) CaCl\(_2\) and 140 mmol \( l^{-1} \) NaCl). Thereafter, the obtained cells were stained with Annexin V-FITC (5 \( l\)l) and PI (10 \( l\)l) and analyzed with EpicsAltra (Beckman Coulter, CA, USA) FCM.

Assessment of Cell Proliferation Through Cell Counting Kit-8 Assay
The SW620 and Caco-2 cells were seeded using 24-well plates overnight and then transfected with the miR-1236-3p mimics and miR-1236-3p inhibitor (200 nM). Thereafter, the transfected cells were trypsinized, counted, and harvested for the cell proliferation assay. Briefly, the harvested cells were seeded in 96-well plates (8 \( \times \) 10\(^3\) cells per well) then cultured at 37°C for 24 h. 10 \( l\)l of the CCK-8 reagents (KeyGENE, China) were added into each well, at the 24, 48 and 72 h time points, then incubated further at 37°C for 2 h. After removing the medium, the obtained precipitate was then dissolved in DMSO (Sigma). Finally, the absorbance (450 nm) was determined using an ELISA reader.

Transwell Invasion and Migration Assay
The Transwell invasion and migration assays were conducted according to previously published protocols (17). In addition, the 8-\( \mu \)m Transwell chamber (Corning, Tewksbury, MA, USA) was used to perform the invasion assay. Briefly, 2 mg/ml microliters diluted matrigel (BD Biosciences, Bedford, MA, USA) was placed on the inner surface. Additionally, the SW620 cells were transfected for 24 h, then placed on the top chamber at a concentration of 2 \( \times \) 10\(^5\) ml\(^{-1}\). Thereafter, RPMI1640 with 20% fetal calf serum (FBS, Servicebio, Shanghai, China) was added to the bottom chamber. After removing non-invading cells using a cotton-tipped swab, the invading cells were fixed in methanol, then stained with crystal violet. The penetrated cells were then counted using a microscope (200 \( \times \) magnification) to evaluate the level of invasiveness. Notably, the migration assay was quite similar to the invasion assay although matrigel was not used on the inner surface. The invading or migrating cells were then counted in five random visual fields for each well. Each experiment was performed in triplicate. Additionally, the morphological changes (fibroblast-like phenotype appearance) in the SW620 cells with the miR-1236-3p mimic or control were assessed to test the effect of miR-1236-3p on EMT. Photographs were taken under an inverted microscope (Olympus).

Edu Assay by Cell Immunofluorescence
Cell immunofluorescence analysis was performed as described by previous studies (18). Briefly, the SW620 cells were fixed in 4% paraformaldehyde then permeabilized for 20 min using PBS containing 0.5% Triton X-100. Thereafter, the cells were blocked with 3% BSA containing 0.025% Triton X-100 and 5% FBS (30 min, at room temperature). The cells were then incubated overnight with primary antibodies (anti-E-cad and anti-N-cad, Abcam, Cambridge, UK) at 4°C or using the Edu Proliferation Kit (20 \( \mu \)M Edu for 3 hours, Abcam). After washing three times, the cells were incubated with the appropriate secondary antibodies. They were then washed, after which 4,6-diamidino-2-phenylindole (DAPI; Invitrogen) was used for nuclear counterstaining, for 5 min. Finally, immunofluorescence was visualized using a confocal microscope (LSM710, Carl Zeiss, Shanghai, China).

The Wound-Healing Migration Assay
The SW620 and Caco-2 cells were transfected for 24 h, then plated in 12-well plates at a concentration of 2 \( \times \) 10\(^5\) ml\(^{-1}\). When the cells reached 90% confluence, the wound was uniformly scratched using sterile pipette tips. Thereafter, the movement of cells into a scraped wound was measured to assess cell motility. In addition, the distance of the wound from 0 h was measured to monitor the speed of wound closure after 72 h with an observational interval of 6 h. Each assay was performed in triplicate.

Western Blotting
Protein was extracted from colon tissues or colon cancer cell lines with radioimmunoprecipitation assay (RIPA) buffer with a proteinase inhibitor. The Protein BCA Assay Kit (Bio-Rad) was used to measure the protein concentration in the lysate. 20 \( \mu \)g of protein were separated by SDS-PAGE (80 V, 2.5 h) and then transferred to polyvinylidene fluoride (PVDF) membranes (Millipore, USA). After that, the PVDF membranes were treated with a primary antibody (4°C, overnight). Followed by treatment with a peroxidase-conjugated secondary antibody, all the blots were visualized using ECL solutions and quantified. The following antibodies were used: anti-MMP-2 (1:500, Proteintech, Wuhan, Hubei, China), anti-MMP-9 (1:500, Proteintech), anti-CXCR-4 (1:2000, Proteintech), anti-vimentin (1:2000, Proteintech), anti-N-cadherin (1:2000, Proteintech), anti-E-cadherin (1:1000, Cell Signaling Technology), anti-DLCK3 (1:1000, Boster Bio, CA, USA) and anti-GAPDH (1:1000, Abcam, Cambridge, UK).

Statistical Analysis
The SPSS 19.0 (SPSS Inc., Chicago, IL, USA) and GraphPad Prism 8.0 (GraphPad Inc., CA, USA) software were used for statistical analysis. All experiments were repeated three times to ensure appropriate statistical analyses. The Chi-square test and Student’s t-test were used for data analysis accordingly. Additionally, an ANOVA was used for the comparison of
more than two groups. On the other hand, the relationship between miR-1236-3p and disease-free survival was evaluated through Kaplan–Meier analysis with the log-rank test. A bilateral p value less than 0.05 was considered statistically significant.

RESULTS

MiRNAs Screening and Identification of miR-1236-3p

A flow chart of this study is shown in Figure 1A. First, the study screened for miRNAs through microarray analysis using 10 colon tissue samples (discovery set, 5 colon cancer vs 5 normal colon tissues). Based on a logFC > 1 or <-1 and an adjusted p value <0.05, 30 differently expressed miRNAs were identified, including 19 upregulated and 11 downregulated miRNAs (see volcano plot in Figure 1B and heatmap in Figure 1C). Thereafter, the 30 differently expressed miRNAs were further subjected to one-stage validation (training set, n=70, 40 tumor vs 30 normal) through qRT-PCR analysis and 6 differently expressed miRNAs were identified. After that, the 6 differently expressed miRNAs were then subjected to two-stage validation (validation set, n=70, 40 tumor vs 30 normal) through qRT-PCR analysis. Herein, hsa-miR-1236-3p was finally selected as the unique candidate miRNA, using the following criteria: FC >2 and p < 0.05 (see Table 3). A previous study by Chen et al. [Chen, 2017 #1258] also indicated the different miRNA expressions in breast cancer patients between training and validation sets by qRT-PCR analysis. We consider that the patient heterogeneity with tumor heterogeneity is the major explanation for the differences between the training and validation sets. Thereafter, the study focused on the candidate miR-1236-3p for further analysis and it was validated in the evaluation set (n=100, 60 tumor vs 40 normal) through qRT-PCR. The results in Figure 1D show that the levels of miR-1236-3p in colon cancer tissues were significantly lower than those in normal controls (p<0.01). Moreover, the study assessed the correlations between the relative levels of miR-1236-3p expression and clinicopathologic features including, the TNM stage, status of distant metastasis and lymph node metastasis, as shown in Figures 1E–G. Among the patients with colon cancer, those with a higher TNM stage, distant metastasis and lymph node metastasis, were associated with a lower level of miR-1236-3p expression (p < 0.01). Moreover, the findings showed that miR-1236-3p was a prognostic factor for 5-year Disease-free Survival (DFS) of colon cancer patients (log-rank p = 0.003, see Figure 1H). Furthermore, the expression levels of miR-1236-3p were compared between normal colon cell lines (FHC) and colon cancer cell lines (including Caco-2, SW620, SW480, HT29 and HCT116). The findings in Figure 11 show that the relative expression levels of miR-1236-3p in the SW620, Caco-2, SW480, HCT 116 and HT29 cell lines were significantly lower than those in the FHC cell lines (p<0.05), consistent with the tissue results. Among these cell lines, the miR-1236-3p expression were the lowest expressed in SW620 and Caco-2 cell lines (see Figure 11). Thus, we choose the SW620 and Caco-2 cell lines for further in vitro studies.

The Effect of miR-1236-3p on Cell Proliferation and Apoptosis, In Vitro

In order to investigate the function of miR-1236-3p in colon cancer, miR-1236-3p was overexpressed in the SW620 and Caco-2 cell lines by transfecting the miR-1236-3p mimic and then assessing it through qRT-PCR, as illustrated in Figure 2A. In addition, the effect of miR-1236-3p on cell proliferation was evaluated through the colony formation assay (Figure 2B), CCK-8 assay (Figure 2C) and the EdU assay through immunofluorescence (Figures 2D). The results revealed that miR-1236-3p significantly suppressed the proliferation of the SW620 and Caco-2 cells. Additionally, the apoptosis assay conducted through FCM (AnnexinV staining positive) showed that miR-1236-3p significantly induced cell apoptosis, in vitro (see Figure 2E).

The Effect of miR-1236-3p on Cell Invasion, Migration, and EMT

The study further performed the Transwell and wound-healing assays to investigate the effect of miR-1236-3p on the invasion and migration of cancer cells. In addition, morphological changes and immunofluorescence staining of the main EMT markers were used to evaluate the effect of miR-1236-3p on EMT. The results revealed that miR-1236-3p significantly inhibited cell migration (Figure 3A) and invasion (Figure 3B) in both the SW620 and Caco-2 cell lines. Moreover, the wound-healing assay was used to evaluate whether miR-1236-3p affected cell migration. The findings of wound-healing assays showed that miR-1236-3p significantly inhibited the migration of the SW620 and Caco-2 cells (Figure 3C). Additionally, the effect of miR-1236-3p on the EMT process was assessed by evaluating the expression of EMT-associated proteins, including mesenchymal markers (N-cadherin and vimentin) and an epithelial marker (E-cadherin) in both the SW620 and Caco-2 cell lines. After transfection with the miR-1236-3p mimic, expression of E-cadherin was significantly upregulated while N-cadherin and vimentin were downregulated in the SW620 and Caco-2 cell lines (Figure 3D). Consistently, miR-1236-3p significantly downregulated the expressions of Matrix Metalloproteinase-2 (MMP-2), Matrix Metalloproteinase-9 (MMP-9) and the C-X-C Motif Chemokine Receptor 4 (CXCR-4) (Figure 3E). Furthermore, the mimics control in the SW620 cells showed morphological changes with a fibroblastic appearance, indicating obvious EMT (Figure 3F). However, significantly decreased morphological changes were observed in cells with the miR-1236-3p mimic (Figure 3F). These results therefore showed that miR-1236-3p could significantly inhibit the invasion, migration and EMT properties of colorectal cancer cells, in vitro.

The Effect of miR-1236-3p on Tumorigenesis in a Xenograft Model

The effect of miR-1236-3p on the formation and progression of colon cancer was further verified, in vivo. Briefly, SW620 cells stably transfected with a miR-1236-3p or control plasmid were subcutaneously injected into each flank of nude mice. The tumor volume was then monitored every 5 days and the growth curves
miR-1236-3p was significantly downregulated in colon cancer tissues. (A) Flow chart of this study. (B) Volcano plot of the miRNAs. The red and green points represent differently expressed miRNAs (logFC > 1 or < −1 and adjust P value < 0.05). (C) Heatmap of differently expressed miRNAs (including 19 upregulated and 11 downregulated miRNAs). (D) Relative miR-1236-3p expression in normal colon and colon cancer tissues by qRT-PCR with U6 RNA as normal control. Relative miR-1236-3p expression and TNM stage (E), distant metastasis (F), and lymph node metastasis (G) to U6 by qRT-PCR in the evaluation set. A lower miR-1236-3p expression was significantly associated with a higher TNM stage, a presence of distant metastasis, and lymph node metastasis. (H) Relative miR-1236-3p expression and 5-year disease-free survival. (I) Relative miR-1236-3p expressions in cell lines to FHC by qRT-PCR (six replicates per group). The relative miR-1236-3p expressions in SW620, Caco-2, HT29, SW480, and HCT116 cell lines were significantly lower than FHC. FC, fold change; qRT-PCR, quantitative reverse transcription–polymerase chain reaction; hsa, human; N, normal; T, tumor; Error bars represent the mean ± s.e.m; *P < 0.05, **P < 0.01, ***P < 0.001 by Student’s t-test. The relationship between miR-1236-3p and disease-free survival was evaluated by Kaplan–Meier analysis with log-rank test.
were plotted accordingly. Thereafter, all the mice were sacrificed on the 35th day then the xenografts were harvested. Results from the xenograft model showed that miR-1236-3p significantly reduced the volume and weight of the tumor (Figures 4A–C), highlighting the suppressive effect of miR-236-3p on tumor growth.

Validation of DCLK3 as the Target for miR-1236-3p

In order to understand the molecular mechanism of miR-1236-3p in the development of colon cancer, the study evaluated its target genes. Microarray assays revealed 134 dysregulated genes (including 99 upregulated and 35 downregulated genes), based on a logFC > 2 or < −2 and an adjusted p value < 0.05. The volcano plot and heatmap of the dysregulated mRNAs (top 50) are shown in Figures 5A, B. Moreover, Gene Ontology (GO) analysis was performed on the dysregulated genes, which were then visualized using the barplot, bubble, circle and cluster figures. The GO terms with the most significant p values for Biological Process (BP), Molecular Function (MF) and Cellular Component (CC) were ribonucleoprotein complex biogenesis, catalytic step 2 spliceosome and cell adhesion molecule binding, respectively (Figures 5C, D). Furthermore, the target genes for miR-1236-3p were predicted using online target-predicting algorithms, including TargetScan (http://www.targetscan.org/), miRDB (http://www.mirdb.org), miRWalk (http://www.mirwalk.umm.uni-heidelberg.de), and miRTarBase (http://www.mirtarbase.mbc.nctu.edu.tw/php/index.php). The vein results from the target-prediction algorithms and upregulated genes indicated that DCLK3 was the direct target for miR-1236-3p (see Figure 6A). The binding sites for DCLK3 and hsa-miR-1236-3p were also revealed using TargetScan (http://www.targetscan.org/) and are illustrated in Figure 6B. In addition, luciferase reporter assays were performed in order to further confirm the functional interaction between miR-1236-3p and DCLK3. Notably, overexpression of miR-1236-3p was achieved by transfecting cells with the miR-1236-3p mimic while its knockdown was achieved by transfecting cells with the miR-1236-3p inhibitor. The results showed that overexpression of miR-1236-3p significantly reduced the luciferase activity of the reporter gene in the WT but not the Mut (Figure 6C), suggesting that miR-1236-3p directly targets the 3′ UTR of DCLK3. Furthermore, the miR-1236-3p mimic significantly decreased the expression of DCLK3, which was demonstrated by results from qRT-PCR (Figure 6D) and western blotting (Figures 6E) in both the SW620 and Caco-2 cell lines. On the other hand, the

| TABLE 3 | Differently expressed miRNA expressions in colon cancer and normal colon tissues in discovery, training and validation sets. |
|-----------------------------------------------|-----------------|-----------------|-----------------|
| miRNAs                                      | Discovery set (n = 10) | Training set (n = 70) | Validation set (n = 70) |
|                                              | logFC  | adj. P value | FC   | P value | FC   | P value | FC   | P value |
| Up-regulated                                 |       |             |      |         |      |         |      |         |
| hsa-miR-4800-3p                              | 1.01  | 0.00016*    | 2.21 | 0.013*  | 1.6  | 0.22    |
| hsa-miR-4449                                 | 1.98  | 0.00035*    | 2.52 | 0.008*  | 2.1  | 0.15    |
| hsa-miR-652                                 | 1.22  | 0.00040*    | 2.01 | 0.42    | –    | –       |
| hsa-miR-3679-5p                             | 1.03  | 0.00052*    | 2.33 | 0.009*  | 1.8  | 0.087   |
| hsa-miR-182                                 | 1.03  | 0.00186*    | 1.63 | 0.16    | –    | –       |
| hsa-miR-181d                                | 1.01  | 0.00201*    | 1.81 | 0.38    | –    | –       |
| hsa-miR-4222                                | 1.06  | 0.00236*    | 1.42 | 0.73    | –    | –       |
| hsa-miR-708                                 | 1.15  | 0.00295*    | 1.33 | 0.33    | –    | –       |
| hsa-miR-4498                                | 1.07  | 0.00452*    | 2.14 | 0.35    | –    | –       |
| hsa-miR-324-5p                              | 1.06  | 0.00583*    | 1.55 | 0.18    | –    | –       |
| hsa-miR-92a                                 | 1.40  | 0.00664*    | 1.36 | 0.22    | –    | –       |
| hsa-miR-3687                                | 1.48  | 0.01100*    | 2.21 | 0.07    | –    | –       |
| hsa-miR-3162-5p                             | 1.01  | 0.01309*    | 1.53 | 0.69    | –    | –       |
| hsa-miR-3651                                | 1.25  | 0.01363*    | 1.43 | 0.43    | –    | –       |
| hsa-miR-3195                                | 1.06  | 0.01500*    | 1.22 | 0.76    | –    | –       |
| hsa-miR-203                                 | 1.14  | 0.01565*    | 1.61 | 0.09    | –    | –       |
| hsa-miR-4634                                | 1.12  | 0.01811*    | 1.42 | 0.61    | –    | –       |
| hsa-miR-3175                                | 1.19  | 0.02238*    | 2.13 | 0.09    | –    | –       |
| hsa-miR-107                                 | 1.15  | 0.03508*    | 1.44 | 0.54    | –    | –       |
| Down-regulated                              |       |             |      |         |      |         |      |         |
| hsa-miR-4727-5p                             | -1.15 | 0.00001*    | 0.66 | 0.25    | –    | –       |
| hsa-miR-1226-3p                             | -1.02 | 0.00004*    | 0.31 | 0.004*  | 0.33 | 0.002*  |
| hsa-miR-4226-3p                             | -1.03 | 0.00008*    | 0.34 | 0.028*  | 0.55 | 0.08    |
| hsa-miR-4304                                | -1.00 | 0.00009*    | 0.28 | 0.011*  | 0.48 | 0.09    |
| hsa-miR-126                                 | -1.12 | 0.00012*    | 0.67 | 0.33    | –    | –       |
| hsa-miR-539                                 | -1.01 | 0.00016*    | 0.88 | 0.31    | –    | –       |
| hsa-miR-139-5p                              | -1.32 | 0.00441*    | 0.85 | 0.45    | –    | –       |
| hsa-miR-320e                                | -1.15 | 0.00597*    | 0.66 | 0.15    | –    | –       |
| hsa-miR-378                                 | -1.12 | 0.01855*    | 0.59 | 0.11    | –    | –       |
| hsa-miR-451                                 | -1.11 | 0.02517*    | 0.71 | 0.21    | –    | –       |
| hsa-miR-320a                                | -1.18 | 0.04261*    | 0.63 | 0.09    | –    | –       |

FC, fold change; *P < 0.05.
FIGURE 2 | MiR-1236-3p inhibited colon cancer proliferation and promoted apoptosis in vitro. (A) Relative miR-1236-3p expression by qRT-PCR after transfecting with miR-1236-3p mimic and mimic control in SW620 and Caco-2 cell lines for 48 h. (B) Colony formation assay. (C) Cell proliferation by the CCK-8 assay at 450 nm at 24, 48, and 72 h after cell seeding. (D) EdU assay by immunofluorescence analysis. (E) Cell apoptosis evaluation by FCM analysis. FCM, flow cytometry; CCK-8, Cell proliferation by Cell Counting Kit-8; qRT-PCR, quantitative reverse transcription–polymerase chain reaction; Error bars represent the mean ± s.e.m.; **P < 0.01, ***P < 0.001 by Student’s t-test, six replicates per group for each experiment.
miR-1236-3p inhibitor increased the levels of DCLK3. The results therefore confirmed that DCLK3 was the direct target gene for miR-1236-3p.

DCLK3 Mediated the Biological Functions of miR-1236-3p in Colon Cancer Cells

In order to evaluate the effect of DCLK3 on the biological functions of miR-1236-3p in colon cancer cells, the SW620 cells were co-transfected with the miR-1236-3p mimic, mimic control, miR-1236-3p inhibitor and inhibitor control, after overexpression or knockdown of DCLK3. Western blot analysis showed that the miR-1236-3p mimic significantly inhibited the expression of DCLK3 and the inhibitory effect was effectively restored after co-transfection with pcDNA3.1-DCLK3 (Figure 7A). In addition, the miR-1236-3p inhibitor significantly upregulated the expression of DCLK3 and si-DCLK3 was able to counteract this effect. Similar results were obtained from qRT-PCR (see Figure 7B). Moreover, the CCK-8 analyses showed that the effect of the miR-1236-3p mimic (or inhibitor) on cell proliferation could remarkably be reversed by the overexpression (or knockdown) of DCLK3. Western blot analysis showed that the expression of DCLK3 and the inhibitory effect was effectively restored after co-transfection with pcDNA3.1-DCLK3 (Figure 7A). In addition, the miR-1236-3p inhibitor significantly upregulated the expression of DCLK3 and si-DCLK3 was able to counteract this effect. Similar results were obtained from qRT-PCR (see Figure 7B). Moreover, the CCK-8 analyses showed that the effect of the miR-1236-3p mimic (or inhibitor) on cell proliferation could remarkably be reversed by the overexpression (or knockdown) of DCLK3 (Figure 7C). Furthermore, the impact of miR-1236-3p on tumor migration (Figure 7D) and invasion (Figure 7E) was restored by regulating the expression of DCLK3. These results therefore indicated that DCLK3 could effectively mediate the biological functions of miR-1236-3p in colon cancer cells.

DISCUSSION

The present study used microarray analysis to show that miR-1236-3p is associated with colon cancer. The results revealed that miR-1236-3p functions as a tumor suppressor in colon cancer, and may therefore be a promising therapeutic target for colon cancer. Significant differences are observed in the results of microarray analysis by different study groups. Gungormez et al. (19) identified 32 dysregulated miRNAs in tumor and normal colorectal mucosa tissues from Turkey Caucasian patients with stage II colon cancer via microarray analysis. Additionally, Schepeler et al. (Schepeler, 2008 #1254) also reported 60 dysregulated miRNAs from Denmark Caucasian patients with stage II colon cancer. Moreover, Li et al. (Li, 2014 #1255) identified 9 differently expressed miRNAs in colon cancer
between African and Caucasian Americans. Our data were not quite in accordance with the other reports. In our minds, the different patient characteristics (especially the racial/ethnic disparities), therapeutic strategies, and threshold values for bioinformatics analysis might be possible explanations for the different conclusions.

Recent studies showed the association between miR-1236 and human cancer. In addition, accumulating evidence suggests that miR-1236-3p may serve as a tumor suppressor, given that decreased expression of miR-1236-3p has been reported in some cancers. It was also reported that miR-1236-3p is closely associated with cancerogenesis in hepatoma cancer cell lines by inhibiting the PI3K/Akt pathway and causing the accumulation of PTEN (20). Moreover, miR-1236-3p was dysregulated in the human digestive and excretory system cancer cells and was closely associated with the regulation of the tumor process (21). Previous research also showed that miR-1236-3p can inhibit the invasion and migration of cells in high-grade serous ovarian carcinoma by targeting ZEB1 (22). Additionally, miR-1236 was shown to inhibit cell proliferation by targeting p21 and was associated with favorable survival in renal cell carcinoma (23). A recent study by An et al. also suggested that miR-1236-3p inhibits the invasion and metastasis of gastric cancer by targeting MTA2 (24). Another study by Zhang et al. also indicated the close association between miR-1236 and gastrointestinal cancer (25). Moreover, Butkýtė et al. reported that miR-1236-3p was extensively downregulated in colorectal tumors when compared with healthy controls (21), which was quite in accordance with our results. Furthermore, Zhu et al. reported that decreased expression of miR-1236-3p was closely associated with the clinical progression and unfavorable prognosis of gastric cancer (26). In addition, downregulated expression of miR-1236-3p was observed in breast cancer, lung cancer, and bladder cancer (27). However, the potential biological role of miR-1236-3p in colon cancer remains unclear. The present study showed that miR-1236-3p can induce apoptosis of colon cancer cells, inhibit the proliferation, invasion and migration of tumor cells and also block EMT both, in vivo and in vitro, suggesting the critical role of miR-1236-3p in colon cancer. A recent report by Feng et al. showed that circIFT80, a circular RNA, was crucial in the progression of colorectal cancer via the miR-1236-3p/ HOXB7 axis (28). The present study similarly highlighted the critical role of miR-1236-3p in colon cancer. A separate study by Chen et al. also showed that miR-1236 not only regulates cell invasion and migration but also mediates hypoxia-induced EMT by repressing HDAC3 and SENP1 (29), consistent with the findings herein. Moreover, a previous study using the lung adenocarcinoma A549 cells revealed that miR-1236-3p inhibits cell invasion and migration by targeting KLF8 (30). Additionally, miRNA-1236-3p was reported to inhibit the proliferation and invasion of breast cancer cells by targeting ZEB1 (31). Interestingly, similar trends in the expression and function of miR-1236-3p have been observed in common gastrointestinal cancers, including gastric and colorectal cancers. These results therefore strongly suggest that miR-1236-3p plays a protective role in the progression of cancer (29).

Additionally, Liu et al. reported that the non-coding variant, rs1800734 promotes the progression of colorectal cancer by targeting DCLK3, suggesting the important role of overexpressing DCLK3 in the progression of cancer via epithelial-to-mesenchymal transition (32). Notably, the expression of DCLK3 was reported to be significantly elevated in colon cancer tissues, compared to the healthy controls The study also revealed that DCLK3 was significantly co-expressed with common EMT markers (such as CALD1 and FN1), strongly suggesting that DCLK3 is a potential oncogene that is associated with EMT and tumor progression (32). The present study similarly showed that miR-1236-3p exerted some biological functions in colon cancer by targeting DCLK3. Furthermore, the gain- and loss- of function experiments validated the association between miR-1236-3p and the expression of DCLK3. The findings showed that miR-1236-3p effectively inhibited the proliferation of colon cancer cells and EMT by targeting DCLK3. On the other hand, the biological function of

FIGURE 4 | MiR-1236-3p inhibited colon cancer growth in vivo. Nude mice were subcutaneously injected with SW620 cells stably transfected with miR-1236-3p mimic or control. (A) Changes in tumor volume, (B) representative xenografts, and (C) tumor weight were evaluated in nude mice. Error bars represent the mean ± s.e.m.; *P < 0.05, **P < 0.01, ***P < 0.001 by Student’s t-test, six replicates per group for each experiment.
FIGURE 5 | Dysregulated mRNAs by microarray analysis using colon tissues and GO analysis. (A) Volcano plot of the mRNAs. The red and green points represent differently expressed mRNAs (logFC > 2 or < −2 and adjust P value < 0.05). (B) Heatmap of differently expressed mRNAs (top 50). (C) Bubble and (D) circle plots by GO analysis with all the dysregulated genes. FC, fold change; GO, gene ontology; BP, biological processes; MF, molecular function; CC, cellular component.
miR-1236-3p could be impaired by overexpressing DCLK3. These mechanistic and functional experiments therefore gave a better understanding of the functional role of DCLK3 in human colon cancer. In addition, DCLK3, which was shown to be a direct functional target for miR-1236-3p in colon cancer, may be a promising therapeutic target given that it can be targeted precisely by a specific antibody. Studies on the role of DCLK3 in colon cancer are largely scarce. The present study therefore highlights the important role of DCLK3, as the target gene for miR-1236-3p, in the progression of colon cancer.

Despite the insightful findings, this study had a few limitations. First, the sample size for colon cancer patients was relatively small. Second, the signaling pathway through which miR-1236-3p exerts its effects in colon cancer by targeting DCLK3, was not identified. Third, whether miR-1236-3p can exert its biological functions in colon cancer by targeting other...
genes remains unknown. In addition, the differences between cell lines used for extended experiments is not considered, importantly shape, origin and invasiveness of these lines are different with implications on the results. Although this study verified the biological functions of miR-1236-3p in SW620 and Caco-2 cells, its biological functions in other cell lines remain unclear. Finally, the effects of miR-1236-3p on the metastasis of colon cancer was not elucidated in this study. Further studies
involving a larger sample size, in multi-center institutions are therefore needed to give a comprehensive understanding of the role of miR-1236-3p in colon cancer and other common gastrointestinal malignancies. Considering the different mutation status, shape, origin, invasion, and metastasis potential in different cell lines (de Both, 1999 #1256), the biological functions of miR-1236-3p in other colon cancer cell lines require to be further verified.

In conclusion, the study showed that miR-1236-3p inhibits the proliferation of colon cancer cells, tumor progression and EMT, in vitro by targeting DCLK3. The results also showed that miR-1236-3p inhibits tumor growth in vivo. These findings therefore suggest that miR-1236-3p is a potential therapeutic target for colon cancer.

DATA AVAILABILITY STATEMENT
The raw data supporting the conclusions of this article will be made available by the authors, without undue reservation.

ETHICS STATEMENT
The studies involving human participants were reviewed and approved by Medical Institutional Ethics Committee of Ningbo Medical Center, Lihuili Hospital. The patients/participants provided their written informed consent to participate in this study. The animal study was reviewed and approved by Medical Institutional Ethics Committee of Ningbo Medical Center, Lihuili Hospital.

AUTHOR CONTRIBUTIONS
YZ and HZ participated in the conception and design, data collection. JS and SY participated in the statistical analysis and wrote the manuscript. KD, QL, and WC participated in the conception and design and data collection. All authors contributed to the article and approved the submitted version.

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

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