IncRNA UCA1 Functions as a ceRNA to Promote Prostate Cancer Progression via Sponging miR143

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UCA1 (urothelial carcinoma associated 1) is a long non-coding RNA (lncRNA) that was found overexpressed in various human cancers including prostate cancer (PCa). However, the aspect of UCA1-miRNA-mRNA interaction in PCa remains unclear. In this study, we confirmed the role of UCA1 in PCa and found that UCA1 downregulation inhibited cell proliferation of PCa cells. Then we demonstrated that repressed UCA1 promoted the microRNA-143 (miR-143) expression and miR-143 could bind to the predicted binding site of UCA1. We then proved the anti-tumor role of miR-143 in PCa. Furthermore, we found that miR-143 displays its role in PCa via modulating the MYO6 expression. In summary, our study demonstrated that UCA1 exerts oncogenes activity in PCa, acting mechanistically by upregulating MYO6 expression through “sponging” miR-143.

INTRODUCTION
Prostate cancer (PCa) is the second most frequently diagnosed cancer in males worldwide.1 With the development of prostate specific antigen (PSA) screening, MRI imaging, and new prostate biopsies protocols, detection of PCa has been increased.2 Although radical prostatectomy and radiotherapy have improved the outcomes of localized PCa patients, the patients will develop metastatic castration-resistant prostate cancer (mCRPC), for which currently available treatment options have limited efficacy.3,4 Therefore, it is important to investigate the molecular mechanisms and identify novel targets for the development of therapeutics for PCa patients.

As a type of non-coding RNA (ncRNA), long non-coding RNAs (lncRNAs) are molecules greater than 200 nt in length, frequently ranging up to 100 kb.5 Several studies have attempted to uncover the mechanisms of lncRNAs in various human carcinomas. Increasing evidence has shown that altered expression level of lncRNAs contributed to cell proliferation and transformation of malignancies, including PCa.6 Recently, a study reported that lncRNAs had also been implicated in resistance to chemotherapy.7 Urothelial cancer associated 1, also known as UCA1, is located on 19p13.12 and encodes 3 isoforms (1.4, 2.2, and 2.7 kb) with poly(A) tails, which was first identified in human bladder carcinoma.8 Previous studies had shown that overexpression of IncRNA UCA1 could promote tumor progression including PCa.9 He et al.10 found that UCA1 functions as a microRNA-204 (miR-204) sponge to upregulate CXCR4 expression in PCa. IncRNAs could act as competing endogenous RNAs (ceRNAs) with microRNAs (miRNAs) to play a post-transcriptional regulatory role in the gene expression.11 However, the aspect of UCA1-miRNA-mRNA interaction in PCa remains largely unknown.

Exosomes are small membrane-derived vesicles with a diameter of approximately 30–150 nm.12 They play a crucial role in tumor proliferation and metastasis as mediators of cell-to-cell communication by transferring oncogenic molecules.13 In general, most studies on tumor progression have focused on tumor cells themselves. Studies have shown that cancer cells can secrete exosomes, and lncRNAs have been found to be enriched and stable in exosomes.14 In recent years, it has been shown that large intergenic non-coding RNA-p21 (lincRNA-p21) and several other lncRNAs are present in exosomes isolated from PCa patients.15,16 In this study, we found that plasma exosomal UCA1 was obviously upregulated in PCa. Moreover, knockdown of UCA1 decreases cell growth by acting as a ceRNA of miR-143. We found that the UCA1-miR143-MYO6 regulatory network plays a key role in the development of PCa; highlighting this pathway may serve as a potential therapeutic target in PCa patients.

RESULTS
UCA1 Is Secreted by Exosomes into Serum of PCa Patients
In our current study, we collected abundant serums from 68 PCa patients and 50 normal people. After isolation of serum exosomes by centrifugation, we characterized these vesicles with electron microscopy (Figure 1A). The nanoparticle tracking analysis (NTA) results showed a similar size distribution, and the peak size range was 80–135 nm (Figure 1B). Western blot analysis confirmed the presence of three well-known exosomal markers, CD63, TSG101, and Hsp 70 (Figure 1C). The qRT-PCR analyses showed that UCA1 was enriched in serum exosomes derived from PCa patients (Figure 1D).

UCA1 Was Upregulated in Human PCa Tissues and Cell Lines
To identify the levels of UCA1 in PCa, we used qPCR assay to analyze the expression of UCA1 in 86 pairs of PCa tumor tissues. We first found that UCA1 was upregulated in PCa tissues when compared with normal tissues (p < 0.01; Figure 2A). Furthermore, UCA1 expression was significantly increased in PCa cell lines compared with that in normal prostate epithelial cells (Figure 2B).
expression was significantly associated with advanced stage and metastasis (Table 1). To explore the expression of UCA1 in PCa cells, we performed qRT-PCR in various human PCa cell lines (DU145, PC-3, and LNCaP) and 22Rv1 cells and the human normal prostate epithelial cell line RWPE1. As shown in Figure 2B, UCA1 expression was higher in all PCa cells than in RWPE1 cells. Among PCa cells, DU145 cells showed the highest UCA1 level and the lowest expression of UCA1 was observed in 22RV1 cells.

**UCA1 Promoted the Cell Proliferation of PCa In Vitro**

To detect the role of UCA1 in PCa, we treated DU145 cells with small interfering UCA1 (si-UCA1) and treated 22RV1 cells with pcDNA-UCA1. si-UCA1 displayed a greatly inhibitory effect on UCA1 expression in DU145 cells, and UCA1 was overexpressed in 22RV1 cells transfected with pcDNA-UCA1 (p < 0.01; Figures 2C and 2D). To further determine the function of UCA1 on cell proliferation, it has been shown that downregulation of UCA1 significantly inhibited the cell proliferation of DU145 cells (p < 0.01; Figure 3A). Enhanced UCA1 expression increased the G2/M phase percentage of 22RV1 cells (p < 0.01; Figure 3D). In addition, to investigate whether apoptosis regulation was a potential contributing factor to the cell growth inhibition induced by knockdown of UCA1, an apoptosis assay was performed using flow cytometric analysis. The apoptotic percentage of UCA1-silenced DU145 cells was obviously increased (p < 0.01; Figure 3E). As expected, the cell apoptosis was markedly decreased in 22RV1 cells by pcDNA-UCA1 (p < 0.01; Figure 3F).

**UCA1 Promotes PCa Tumorigenesis In Vivo**

To determine whether UCA1 could affect tumorigenesis, we inoculated DU145 cells with stable UCA1 (sh-UCA1) and empty vector transfected DU145 cells into nude mice. Compared with the vector control, the tumor growth in the sh-UCA1 group was significantly slower (p < 0.01; Figure 4A). Remarkably, the average tumor weight was obviously lower in the sh-UCA1 group compared with the empty vector group (p < 0.01; Figure 4B). A qRT-PCR analysis of the UCA1 expression was then performed using the xenograft tumor tissues. The results showed that the levels of UCA1 expression in tumor tissues formed from sh-UCA1 cells were lower than those of the tumors formed in the control group (p < 0.01; Figure 4C).

**UCA1 Inhibited miR-143 Expression**

To investigate the effect of UCA1 on the expression of miRNAs, we applied the online software starBase v2.0 to predict the miRNAs that interacted with UCA1. The bioinformatics analysis revealed a potential combination of UCA1 and miR-143, the putative binding sites as shown in Figure 5A. In order to further validate the interaction, the UCA1 sequence containing the putative or mutated miR-143 binding site was cloned into the downstream of luciferase reporter gene, generating wild-type (WT)-UCA1 or mutant (MUT)-UCA1 luciferase reporter plasmids. Then the effect of miR-143 on WT-UCA1...
The results showed that miR-143 mimic considerably reduced the luciferase activity of the WT-UCA1 luciferase reporter vector compared with negative control, while miR-143 mimic did not pose any impact on the luciferase activity of MUT-UCA1-transfected cells (p < 0.01; Figure 5B). In a further RNA immunoprecipitation (RIP) experiment, UCA1 and miR-143 simultaneously existed in the production precipitated by anti-AGO2 (p < 0.01; Figure 5C), suggesting that miR-143 is UCA1-targeting miRNA. These outcomes indicated that the interaction of UCA1 and miR-143 was recognized by the putative binding site.

Table 1. Correlation between UCA1 Expression and Clinicopathologic Characteristics of PCa Patients

| Clinicopathological Features | Overall (n = 86) | UCA1 High (n = 43) | UCA1 Low (n = 43) | p Value |
|-----------------------------|-----------------|--------------------|------------------|--------|
| Clinical T Stage            |                 |                    |                  |        |
| T1 and T2                   | 60              | 24                 | 36               | 0.009  |
| T3 and T4                   | 26              | 19                 | 7                |        |
| Lymph Node Metastasis       |                 |                    |                  |        |
| Yes                         | 21              | 16                 | 5                | 0.01   |
| No                          | 65              | 27                 | 38               |        |
| Distant Metastasis          |                 |                    |                  |        |
| Yes                         | 11              | 9                  | 2                | 0.04   |
| No                          | 75              | 34                 | 41               |        |

or MUT-UCA1 luciferase reporter systems was determined. The results showed that miR-143 mimic considerably reduced the luciferase activity of the WT-UCA1 luciferase reporter vector compared with negative control, while miR-143 mimic did not pose any impact on the luciferase activity of MUT-UCA1-transfected cells (p < 0.01; Figure 5B). In a further RNA immunoprecipitation (RIP) experiment, UCA1 and miR-143 simultaneously existed in the production precipitated by anti-AGO2 (p < 0.01; Figure 5C), suggesting that miR-143 is UCA1-targeting miRNA. These outcomes indicated that the interaction of UCA1 and miR-143 was recognized by the putative binding site.

miR-143 Inhibits PCa Progression by Targeting MYO6

To identify potential target genes of miR-143, we searched for candidate genes using TargetScan6.2 and miRBase miRNA databases. Bioinformatics analysis showed that miR-143 directly targets MYO6 (Figure 5D). To confirm the predictions, we conducted a WT or MUT MYO6 3' untranslated region (UTR) luciferase reporter vector. MYO6-WT or MYO6-MUT was co-transfected with miR-143 mimics or negative control into HEK293T cells. The relative luciferase activity was remarkably reduced in cells co-transfected with the MYO6-WT luciferase reporter and miR-143 mimic than in the negative control cells. However, inhibitory effects were abolished when 3' UTRs that contained both mutant-binding sites were co-transfected with miR-143, confirming that MYO6 is a target of miR-143 (p < 0.01; Figure 6A). Furthermore, the qRT-PCR was performed to detect the expression of miR-143 in PCa tissues and adjacent normal tissues. The miR-143 was significantly lower in PCa tissues compared with adjacent normal tissues (p < 0.01; Figure 6B). The immunohistochemistry results showed that MYO6 expression was significantly upregulated in PCa tissues compared with that in the adjacent normal tissues. MYO6 overexpression was observed in 62 of 86 (72.09%) PCa specimens when compared with adjacent normal tissues (17 of 86, 19.76%); the difference of MYO6 expression was statistically significant (p < 0.001; Figures 6C and 6D).

DISCUSSION

lncRNAs are a novel type of endogenous noncoding RNAs that regulate target gene expression by interacting with miRNA.12,13 Emerging evidence shows that dysregulation of lncRNAs plays important roles in biological and pathological processes, including cancer development and progression. We herein uncover a novel carcinogenic role of UCA1 in the progression of PCa. We first found that UCA1 was significantly upregulated in the PCa tissues and PCa cell lines. Our subsequent studies demonstrate that UCA1 knockdown decreased cell proliferation, whereas UCA1 overexpression has the opposite results. In addition, UCA1 knockdown promoted significant arrest in the G0/G1 phase and an obvious increase in PCa cell apoptosis. These observations of tumor growth were verified in a mouse xenograft model.
model. Specifically, lncRNA UCA1 acts as a sponge to sequester miR-143 from its target.

Significantly different lncRNA profiles can serve as phenotypic signatures for different cancers for their exploitation in cancer prognostics and therapeutics. Until now, different groups have screened the expression profile of lncRNAs in PCa tumors and found several disordered lncRNAs related to PCa carcinogenesis.14,15 However, the underlying mechanisms are still not well understood. lncRNA UCA1 has been identified as an oncogene, and it is usually highly expressed in a variety of cancers.16 UCA1 was shown to activate Wnt/β-catenin signaling pathway to promote progression and epithelial-mesenchymal transition (EMT) in oral and breast cancer.17,18 In gastric cancer, UCA1 has been shown as an early detection serum maker, and the induction of UCA1 by transforming growth factor β (TGF-β) leads to the enhanced invasion and migration in gastric cancer cells.19 However, the expression and biological functions of UCA1 in PCa are poorly understood. In this study, we showed that overexpressed UCA1 was secreted by exosomes into the serum of PCa patients, suggesting that UCA1 might be a novel clinical molecular marker for PCa patients. Then, we reported that UCA1 expression was upregulated in PCa tissues and cell lines. Elevated expression of UCA1 was positively correlated with clinical T stage, lymph node metastasis, and distant metastasis. To further validate the expression level of UCA1 on tumor growth, we performed loss- and gain-of-function studies by knocking down or overexpressing UCA1 in two PCa cell lines, DU145 and

Figure 3. Knockdown of UCA1 promotes G1 arrest and causes apoptosis in PCa in vitro
(A) CCK-8 assay showing knockdown of UCA1 inhibited cell proliferation of DU145 cells. (B) CCK-8 assay showing overexpression of UCA1 promoted cell proliferation of 22RV1 cells. (C) The flow cytometry assay showed that DU145 cells transfected with si-UCA1#1 had cell-cycle arrest at the G0/G1 phase in comparison with control cells. (D) The flow cytometry assay showed that 22RV1 cells transfected with pcDNA 3.1-UCA1 had cell-cycle arrest at the G2/M phase in comparison with control cells. (E) The flow cytometry assay showed that DU145 cells transfected with si-UCA1#1 had higher apoptotic rate in comparison with control cells. (F) The flow cytometry assay showed that 22RV1 cells transfected with pcDNA 3.1-UCA1 had lower apoptotic rate in comparison with control cells. All tests were performed at least three times. Data were expressed as mean ± SD. **p < 0.01.

Figure 4. UCA1 promotes PCa tumorigenesis in vivo
(A) UCA1 knockdown inhibits DU145 tumor growth in vivo. The tumor volume curve of nude mice was measured. (B) The tumor weights of nude mice were measured. (C) The expression level of UCA1 in tumors of nude mice was detected by qRT-PCR. Data were expressed as mean ± SD. **p < 0.01.
22RV1. Suppression of UCA1 significantly reduced the growth rate of DU145 cell lines compared with negative-control-transfected cells. However, after overexpression of UCA1, the growth rate of 22RV1 cells was significantly increased compared to the control group.

A growing volume of literature has proposed that lncRNAs can act as ceRNAs, abrogating the endogenous suppressive effect of these miRNAs on their targeted transcripts. Bioinformatics analysis (starBase v2.0) of miRNA recognition sequences on UCA1 revealed the presence of more than 30 miRNAs binding sites. Among them, miR-143 stood out through detailed survey. To further confirm the underlying molecular mechanisms involved, we performed the RIP and luciferase assays and found the direct binding ability of the miR-143 response elements on the full-length UCA1 transcript. miR-143 mimic considerably reduced the luciferase activity of the WT-UCA1 luciferase reporter vector compared with negative control, while miR-143 mimic did not pose any impact on the luciferase activity of MUT-UCA1-transfected cells. UCA1 and miR-143 simultaneously existed in the production precipitated by anti-AGO2. (D) Bioinformatics analysis revealed the predicted binding sites between MYO6 and miR-143. All tests were performed at least three times. Data were expressed as mean ± SD. **p < 0.01.

Figure 5. UCA1 inhibited miR-143 expression

(A) starBase v2.0 results showing the sequence of UCA1 with highly conserved putative miR-143 binding sites. (B) miR-143 mimic considerably reduced the luciferase activity of the WT-UCA1 luciferase reporter vector compared with negative control, while miR-143 mimic did not pose any impact on the luciferase activity of MUT-UCA1-transfected cells. (C) UCA1 and miR-143 simultaneously existed in the production precipitated by anti-AGO2. (D) Bioinformatics analysis revealed the predicted binding sites between MYO6 and miR-143. All tests were performed at least three times. Data were expressed as mean ± SD. **p < 0.01.

In conclusion, this is the first study to investigate the regulatory function of UCA1 in PCa and the interaction between UCA1, miRNA, and MYO6. Through the UCA1/miR-143/MYO6 axis, UCA1 performed specific regulatory roles in the proliferation and progression of PCa. UCA1 could be a potential therapeutic target for PCa patients.

MATERIALS AND METHODS

Patients and Specimens

This study included 86 consecutive men diagnosed with PCa affirmed by clinical resection and pathology during 2010–2016. Cancer tissues and adjacent normal tissues surgically removed from PCa patients were immediately frozen in liquid nitrogen and stored at −80°C. For exosome purification, serum samples were collected from 68 PCa patients. The present research has been carried out in accordance with the World Medical Association Declaration of Helsinki and sanctioned by the Institutional Research Ethics Committee of Sir Run Run Shaw Hospital, Zhejiang University School of Medicine, and informed consent was signed by all 86 patients.

Isolation of Exosome

Serum and medium were filtered through a 0.45-μm pore polyvinylidene fluoride filter (Millipore, Billerica, MA, USA); subsequently, ExoQuick solution (System Biosciences, Mountain View, CA, USA) was added to serum and then incubated at room temperature for 0.5 h, and ExoQuick-TC solution was added to medium and then incubated at 4°C for 12 h, respectively. Exosomes were collected by centrifugation at 1,500 × g for 30 min. Exosome pellets were resuspended in 25 μL PBS.

TEM

The sample of exosomes was diluted to 0.45 μg/mL by PBS. Subsequently, the specimen of exosomes was spotted onto a glow-discharged copper grid on the filter paper and then dried for 10 min using the infrared lamp. Finally, exosomes were stained with a drop of 1% aqueous solution of phosphotungstic acid for 5 min and then dried for 20 min using the infrared lamp. Exosomes were subsequently observed under a Hitachi H-7650 transmission electron microscope (Hitachi, Tokyo, Japan).
The size of exosomes was measured using a Nanosight NS 300 system (NanoSight Technology, Malvern, UK). Exosomes were re-suspended in PBS at a concentration of 5 \( \mu \)g/mL and further diluted 500- to 1,000-fold. Samples were manually injected into the sample chamber at room temperature. Each sample was configured with a 488 nm laser and a high-sensitivity sCMOS camera setting of 13 with an acquisition time of 30 s and a detection threshold setting of 7. At least 200 completed tracks were analyzed per video. Finally, the results were analyzed using NTA software.

**Western Blotting**

Total protein of exosome was extracted with radioimmunoprecipitation assay (RIPA) buffer (Sigma-Aldrich), and then the protein concentration was measured by bicinchoninic acid (BCA) assay (Pierce, Rockford, IL, USA). SDS-PAGE and western blot analyses were performed according to the standard procedures. The membranes and contents were probed using the following antibodies: anti-CD63 antibody (Abcam, Cambridge, UK), anti-TSG101 antibody (Abcam, Cambridge, UK), and anti-Hsp70 antibody (Cell Signaling Technology, Beverly, MA, USA). Secondary antibodies were F(ab)2 fragments of donkey anti-mouse immunoglobulin (Ig) or donkey anti-rabbit Ig linked to horseradish peroxidase (Jackson ImmunoResearch, USA). Immunoblotting reagents from an electrochemiluminescence kit were used (Amersham Biosciences, Uppsala, Sweden).

**Cell Lines**

PCA cell lines DU145, PC-3, LNCaP, 22Rv1, and the human nontumorigenic prostate epithelial cell line RWPE-1 were purchased from American Type Culture Collection (ATCC, Rockville, MD, USA). PCA cells were cultured in RPMI-1640 or Eagle’s minimal essential medium, supplemented with 10% fetal bovine serum (FBS) and antibiotics. RWPE-1 was cultured in keratinocyte serum-free medium supplemented with 5 ng/mL human recombinant epidermal growth factor and 0.05 mg/mL bovine pituitary extract (Invitrogen, Carlsbad, CA, USA). Cultures were maintained in a 5% CO2 humidified atmosphere at 37°C.

**RNA Isolation and qRT-PCR Assay**

Total RNA was extracted and collected from PCA tissues or cells using the TRIzol reagent (Invitrogen) referring the instructions of manufacturer. First-strand cDNA was synthesized from 1 \( \mu \)g of total RNA by miScript reverse transcription kit (QIAGEN, Dusseldorf, Germany). The expression levels of UCA1 and miR-143 were quantified by miScript SYBR-Green PCR kit (QIAGEN). The relative fold change for gene expression was calculated using \( 2^{-\Delta\Delta CT} \) method, with GAPDH or U6 small nuclear RNA (snRNA) as internal control. The PCR primer sequences are as follows:

- **UCA1 Forward** forward: 5ʹ-ACGGCAAGTTCAACGGCACAG-3ʹ, reverse: 5ʹ-CTTCGAGCTTCGGCAGCACATATACT-3ʹ,
- **GAPDH Forward** forward: 5ʹ-ACGGCAAGTTCAACGGCACAG-3ʹ, reverse: 5ʹ-GACGCCAGTAGACTCCACGCACA-3ʹ.

**Cell Transfection**

Overexpressed UCA1 (pcDNA-UCA1) clones were based on the pcDNA-3.1 vector (Invitrogen). The UCA1 fragments were obtained by PCR and inserted into the XbaI/EcoRI sites. The constructs were identified and sequenced. The primers used were listed as follows:

- **UCA1 forward** forward: 5ʹ-CGCTCGAGCTTCGAGCTTCGGCAGCAC-3ʹ, reverse: 5ʹ-ACGGCAAGTTCAACGGCACAG-3ʹ,
- **GAPDH Forward** forward: 5ʹ-ACGGCAAGTTCAACGGCACAG-3ʹ, reverse: 5ʹ-GACGCCAGTAGACTCCACGCACA-3ʹ.

Three specific siRNA targeting UCA1 (si-UCA1#1, si-UCA1#2, and si-UCA1#3) and scrambled siRNA control (si-NC) were obtained from GenePharma.
The sequences were described as follows: si-UCA1#1: 5’-GGACACACGUAGAGCCGCAATT-3’; si-UCA1#2: 5’-GCCACCUACAUUAAGCUATT-3’; si-UCA1#3: 5’-GACCA GACCTACTCCGGTCATTATUATT-3’; miR-143 mimic (miR-143), scrambled mimic control (miR-NC), miR-143 inhibitor (anti-miR-143), and inhibitor control (anti-miR-NC) were purchased from RiboBio (Guangzhou, China). All these plasmids and oligonucleotides were transfected into cells by Lipofectamine 2000 reagent (Invitrogen) following the manufacturer’s instructions.

RNA Immunoprecipitation Assay
RIP assay was performed using an EZ-Magna RiP Kit (Millipore, Billerica, MA, USA) in accordance with the manufacturer’s instructions. Cells were lysed at 70%–80% confluence in RIP lysis buffer, and then incubated with magnetic beads conjugated with human anti-Ago2 antibody (Millipore) and normal mouse IgG control (Millipore) in RIP buffer. The RNAs in the immunoprecipitates were isolated with Trizol reagent and analyzed by qRT-PCR.

Immunohistochemistry
For each patient sample, three paraffin sections of 5 μm were prepared, one for H&E staining and the other two for immunohistochemical staining. PBS instead of primary antibodies was used for negative control, and the breast cancer tissue was used for positive control. Sections were dewaxed using xylene, followed by hydration with ethanol solutions and addition of EDTA for antigen retrieval. Later, sections were blocked with normal goat serum for 30 min to eliminate non-specific binding. Sections were incubated with anti-human MYO6 polyclonal antibody (1:1,000, ab124805; Abcam, Cambridge, MA, USA). Sections were then incubated with biotin-labeled secondary antibodies for 30 min at room temperature, followed by staining with diaminobenzidine (DAB). Finally, the sections were counterstained with hematoxylin. The result of staining was determined by two doctors who did not know the clinical conditions of patients. The proportions of positive cells of 0%, 1%, 2%, 3%, and 4% were considered as negative expression, and scores of 3–4 were considered as positive expression.

Statistical Analysis
Each experiment was repeated at least three times. Data are presented as mean ± SD. Student’s t test was employed to dissect the differences between two groups, and one-way analysis of variance was used to determine the differences occurring between more than two groups. Statistical analyses were carried out with the use of SPSS 18.0 software (SPSS, Chicago, IL, USA), together with graphs generated using GraphPad Prism 6.0 (GraphPad Prism, San Diego, CA, USA). p < 0.05 was considered statistically significant.

Data Availability
The datasets used and/or analyzed during the current study are available from the corresponding author on reasonable request.
AUTHOR CONTRIBUTIONS
G.D. performed primers design and experiments. Y.Y. and F.G. contributed flow cytometry assay and animal experiments. Q.H. and G.L. collected and classified the human tissue samples. G.D. analyzed the data. Y.Y. wrote the paper. All authors read and approved the final manuscript.

CONFLICTS OF INTEREST
The authors declare no competing interests.

ACKNOWLEDGMENTS
This work was supported by Zhejiang Provincial Natural Science Foundation of China (LY18H160013) and the general research program of Zhejiang Provincial Department of Health (2018KY490).

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