

长链非编码RNA作为胃癌诊断标志物的研究新进展

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收稿日期: 2022年3月28日; 录用日期: 2022年4月22日; 发布日期: 2022年4月29日

摘要

胃癌是常见的恶性肿瘤之一, 早期诊断的效果还不理想。近几年研究表明, 胃癌患者中一些长链非编码RNA表达异常, 可作为胃癌诊断的标志物, 治疗及预后监测的指标。本文就长链非编码RNA作为胃癌诊断标志物的研究新进展作一综述。

关键词

胃癌, 长链非编码RNA, 肿瘤标志物

New Progress of Long Non-Coding RNA as a Diagnostic Marker for Gastric Cancer

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Received: Mar. 28th, 2022; accepted: Apr. 22nd, 2022; published: Apr. 29th, 2022

Abstract

Gastric cancer is one of the common malignant tumors, and the early diagnosis is not satisfactory. Research in recent years has shown that abnormal expression of some lncRNAs in patients with gastric cancer can be used as markers for diagnosis, treatment and prognostic monitoring of gastric cancer. This article reviews the recent progress of long non-coding RNA as a diagnostic marker for gastric cancer.

Keywords

Gastric Cancer, lncRNA, Tumor Marker

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1. 引言

胃癌是世界上所有恶性肿瘤中诊断率第五高的癌症，是全球癌症死亡的第三大原因[1]。尽管内窥镜活检和病理检查被认为是诊断胃癌的金标准，但目前缺乏非侵入性的方法或有效的早期胃癌生物标志物。因此，大多数患者在被发现时已是晚期胃癌，预后很差。迄今为止，碳水化合物抗原癌胚抗原(CEA)、碳水化合物抗原 CA19-9 和 CA72-4 是目前在临幊上被用作胃癌相关的循环肿瘤标志物，其敏感性和特异性都比较低[1] [2]。因此，寻找新的非侵入性的胃癌诊断生物标志物是非常迫切的。随着第八次测序技术的发展，肿瘤血浆中的循环 RNA 水平已被确定为几种癌症类型的新的非侵入性诊断生物标志物[3]。

最初，lncRNA (Long non-coding RNA) 被认为是基因组的“噪音”转录，是 RNA 聚合酶转录的副产品，不具有任何生物功能。但越来越多的研究表明，lncRNA 起着重要的作用[4] [5] [6]。长链非编码 RNA (lncRNA) 是一类长于 200 个核苷酸的非编码 RNA，具有有限的蛋白质编码能力[7]。lncRNA 可以在多个层面上调控生物过程，如转录、转录后和表观遗传调控[8]。已经证明，lncRNA 在胃癌生物学的调控中发挥了重要作用，并与胃癌的发生、发展、侵袭转移和预后密切相关[9] [10] [11] [12]。lncRNA 可以参与许多重要的调控过程，如 X 染色体剪裁、基因组印记、染色质修饰、转录激活和核运输[13] [14] [15] [16]。lncRNA 在生物过程中也发挥着重要作用，如细胞凋亡和细胞周期，以及肿瘤的发生和发展[17] [18] [19] [20]。lncRNA 通过调节涉及细胞周期、增殖、凋亡、侵袭、转移和上皮细胞向间质转化的基因表达网络，在表观遗传、转录和转录后水平上参与胃癌的进展[21] [22]。

2. 胃癌组织中 lncRNAs H19 和 UCA1

幽门螺旋杆菌是 75% 的胃癌病例的罪魁祸首[23]，幽门螺杆菌感染的作用机制涉及控制癌细胞生存代谢的细胞途径[24]，其他生物标志物可能通过影响幽门螺杆菌作用的基本途径或增加幽门螺杆菌感染的风险而对胃癌作出贡献[25]。长链非编码 RNAs 有能力改变对幽门螺杆菌的敏感性，从而改变胃癌的发病率[26]。Sajjad Ghalib Ibrahim Alnajar 等人[27]研究了 lncRNAs H19 和 UCA1 在考虑幽门螺杆菌感染的胃癌组织中的表达水平及其与临床病理特征的关系。通过 101 个胃肿瘤和邻近的非肿瘤组织，然后分离出总 RNA，使用 qRT-PCR 测量 H19 和 UCA1 的表达，结果显示与边缘非肿瘤组织相比，H19 和 UCA1 在肿瘤组织中的表达明显较高，此外，H19 在胃癌中的过量表达与淋巴结转移和幽门螺杆菌感染有关。然而，UCA1 的表达与患者的临床病理特征(包括年龄、性别、肿瘤大小、淋巴结转移、分期和幽门螺杆菌)之间没有发现明显的关联。此外，还评估了 H19 与 UCA1 与之前研究的 lncRNA DLEU1 [28]、KRT18P55 [29] 和 HOXA-AS2 [30] 在同一队列中的相关性，结果显示 H19 和 KRT18P55、H19 和 HOXA-AS2 以及 HOXA-AS2 和 KRT18P55 之间存在着明显的正相关，而 UCA1 与 DLEU1、KRT18P55、HOXA-AS2 没有明显的相关性。将 H19 和 UCA1 与之前在同一队列中调查的 lncRNAs DLEU1 [28]、KRT18P55 [29] 和 HOXA-AS2 [30] 进行比较，HOXA-AS2 的 AUC 为 0.82，敏感性为 92%，特异性为 70%，诊断价值最高；UCA1 的 AUC 为 0.62，敏感性为 63%，特异性为 57%，诊断价值最低。

一项对 15 项研究 1505 名患者进行的荟萃分析表明，有 5 个 lncRNAs 与胃癌相关。其中，H19 和 UCA1 在 GC 组织中表现出过量表达，它们的上调表现出不良的预后价值[31]。以前的一项研究表明，与相应的

非肿瘤样本相比, H19 在 74 个 GC 组织中的过表达量为 6 倍[32], 他们还显示了 H19 的表达与淋巴结转移之间的显著关联[32], 通过生成 H19 的突变转录本, 作者发现 H19 与 miR-675 一起介导胃癌的细胞迁移和入侵, 因此, 有助于转移[32]。UCA1 的上调已被证明可以通过 PI3K、Wnt 或 Akt 信号通路在各种癌症类型中增强细胞增殖和转移, 包括食道鳞状细胞癌、肝细胞癌、结肠直肠癌和卵巢癌[33] [34]。

3. 循环长链非编码 RNA PCGEM1

Hong Jiang 等[35]共招募了 317 名 GC 患者和 100 名健康人, 通过 qRT-PCR 检测循环 PCGEM1, 表明胃癌组中 PCGEM1 的表达水平明显高于健康对照组。此外, 血浆中 PCGEM1 的表达水平与 TNM 阶段相关, 并随着恶性肿瘤的加重而增加。此外, 手术后血浆中 PCGEM1 的主表达量明显减少, 表明肿瘤组织和循环中 PCGEM1 的表达有直接关系。然而, PCGEM1 的表达与其他临床特征如年龄、性别、肿瘤大小、位置、Bormann 类型和 Laurent 类型没有关系。此外, Hong Jiang 等[35]还评估了 CEA、CA12-5、CA72-4、AFP、CA19-9 和 PCGEM1 联合诊断 GC 的价值, 发现其 AUC 值高于任何生物标志物, PCGEM1 的敏感性和特异性分别为 72.9% 和 88.9%。该研究还表明了 PCGEM1 诊断的敏感性和特异性比 H19 [36]更高。

PCGEM1 位于染色体 2q32.3, 其致癌作用最初在侵袭性前列腺癌中得到证明, 是一种与前列腺相关的基因, 受雄性激素调控[37] [38]。同样, P54/nrb 可以调节 PCGEM1 的表达, 而 PCGEM1 的表达与前列腺癌的抗肿瘤性有关[39]。此外, PCGEM1 可以通过调节 RhoA [40] 或 STAT3 [41] 途径, 加剧变异性癌症的侵袭和转移, PCGEM1 也是子宫内膜癌[41] 和胶质瘤[42] 的恶性生物标志物。

4. 长链非编码 RNA LINC01279

Song Meng 等[43]收集了 90 位经手术治疗的胃癌患者的血清、胃癌和邻近组织样本以及 90 位健康成人的血清样本, 通过 RT-PCR 分析 LINC01279 的表达水平, AUC 值为 0.82, 敏感性和特异性分别为 62.2% 和 95.6%, 因此 LINC01279 的诊断价值比 CEA 和 CA199 要高。LINC01279 的表达与神经侵袭、血管侵袭、临床阶段、T 分类和 N 分类之间存在显著关联。LINC01279 的表达水平与患者的生存时间相关, 使用多变量 Cox 回归分析, 高 LINC01279 表达水平的患者与低 LINC01279 表达水平的患者相比, 生存时间更短。LINC01279 的表达与胃癌患者不利的临床特征和不良的预后有关, 这表明 LINC01279 可能通过作为诱因或促进基因而对胃癌起到积极的调节作用。

5. 循环长链非编码 RNA FEZF1-AS1 和 AFAP1-AS1

Wenwen Liu 等[44]为了验证 FEZF1-AS1 和 AFAP1-AS1 的血清表达水平, 通过 qRT-PCR 进行测量, 这些物质在 GC 患者中的表达量上升, 而且高表达水平与肿瘤大小、肿瘤结节转移(TNM)阶段和淋巴结转移有关。为了确定这些 lncRNAs 的诊断能力, 将两个 lncRNA 组合来构建诊断模型, 该模型产生的 AUC 值为 0.866, 高于单独的 lncRNAs, 表明其对胃癌的预测性更好, 此外, 当将模型与 CEA、模型与 CA19-9 或模型与 CEA 和 CA19-9 相结合时, 诊断效用和敏感性可得到明显改善, 最高 AUC 值为 0.894。因此, 所有这些结果表明, 将 FEZF1-AS1 和 AFAP1-AS1 与 CEA 和 CA19-9 结合在一起, 可以提高诊断 GC 的敏感度。此外, 循环的 FEZF1-AS1 和 AFAP1-AS1 在胃癌患者接受手术后明显减少, 这两个 lncRNA 的组合可能被用作胃癌的潜在预后指标。

机制研究表明, FEZF1-AS1 招募了 LSD1 并导致 H3K4me2 去甲基化, 从而促进了胃癌的 p21 转录并加速了细胞增殖。另一项研究表明, 上调的 FEZF1-AS1 可以激活 Wnt/β-catenins 信号, 促进胃癌的发生[45]。另一方面, Guoetal 发现 AFAP1-AS1 在 GC 细胞中高度表达, 并能通过 PTEN/p-AKT 途径调控细胞周期和凋亡[46]。

6. 血清长链非编码 RNA RP11-731F5.2

Sinan Liu 等[47]用 qRT-PCR 技术比较了 104 名 GC 患者和 80 名健康对照者的血清 RP11-731F5.2 水平, 发现 RP11-731F5.2 的表达水平明显高于健康对照, 相应的 AUC 为 0.78, 敏感性为 81.63%, 特异性为 63.64%。为了验证循环 lncRNA 的稳定性, 将血清在室温下放置 24 小时, 反复冻融 7 次, 血清 RP11-731F5.2 的表达水平变化不大, 说明血清受外界影响较小, 相对稳定。此外, 用 CEA、CA19-9 及 RP11-731F5.2 做了一个联合诊断模型, 发现 AUC 值为 0.84, RP11-731F5.2 的诊断性能远远优于两个传统生物标志物, 联合诊断可以提高诊断价值。同时, 胃癌术后样本中血清 RP11-731F5.2 的水平与术前样本相比明显下降。RP11-731F5.2 的水平与患者年龄、性别、肿瘤大小、分期、CEA 或 CA19-9 之间没有相关性。

7. 小结

由于胃癌早期临床症状不明显, 就诊时大多是晚期, 因此, 寻找肿瘤标志物是实现胃癌早期检测, 改善预后的有效手段, 除了 CA199、CA125、CA724 等用于胃癌诊断, 但由于它们的敏感度及特异性都不够理想, 因此许多研究一直在致力于发现新的血液肿瘤标志物用于胃癌诊断, 近几年, 越来越多的 lncRNA 分子的发现, 为早期发现和诊断胃癌提供了手段。大量的研究发现, lncRNA 分子和其他肿瘤标志物联合检测可提高诊断精确度。进一步的研究应着重于大规模、长期的随访, 以证实这种临床应用, 而这些 lncRNAs 在胃癌中的机理也有待于完全探索。

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