

doi: 10.13241/j.cnki.pmb.2017.12.022

肝癌组织中 miR-338-3p 的表达及与临床病理参数的关系

窦春青 金鑫 孙丽媛 韩明明 张宝 王大东 王有龙 李涛

(解放军总医院第一附属医院肝胆外科 北京 100048)

摘要 目的:探讨肝癌组织中微小 RNA-338-3p(miR-338-3p)的表达及与临床病理参数的关系。**方法:**选取 2015 年 1 月至 2016 年 6 月我院手术获得的 67 例肝癌组织标本,同时每例标本均取癌旁正常组织标本作为配对对照,采用实时定量逆转录聚合酶链反应(RT-qPCR)对两组组织标本中的 miR-338-3p 进行检测,并分析其与肝癌临床病理特征的关系。**结果:**45 例(67.16%)miR-338-3p 表达下调,22 例(32.85%)表达上调;RT-qPCR 结果显示,肝癌组织中 miR-338-3p 的相对含量为 (0.76 ± 0.38) ,低于癌旁正常组织中的 (1.23 ± 0.45) ,差异有统计学意义($t=-6.259, P=0.000$)。miR-338-3p 在低分化、TNM 分期 III+IV 期、肿瘤浸润深度 T3+T4 期、有淋巴结转移肝癌患者肝癌组织中的表达下调率高于中高分化、I+II 期、T1+T2 期、无淋巴结转移肝癌患者,差异有统计学意义($P<0.05$)。不同性别、年龄、病理类型、肿瘤大小肝癌患者肝癌组织中 miR-338-3p 表达下调率差异无统计学意义($P>0.05$)。**结论:**miR-338-3p 在肝癌组织中呈低表达水平,与分化程度、TNM 分期、肿瘤浸润深度、淋巴结转移有关,可能参与了肝癌的发生发展过程,早期检测可作为评估肝癌病情的指标。

关键词:肝癌;组织;miR-338-3p;病理参数;临床意义

中图分类号:R735.7 文献标识码:A 文章编号:1673-6273(2017)12-2290-04

Expression of miR-338-3p and its Relationship with Clinicopathological Parameters in Hepatocellular Carcinoma

DOU Chun-qing, JIN Xin, SUN Li-yuan, HAN Ming-ming, ZHANG Bao, WANG Da-dong, WANG You-long, LI Tao

(Department of Hepatobiliary Surgery, The First Affiliated Hospital of Chinese PLA General Hospital, Beijing, 100048, China)

ABSTRACT Objective: To explore the expression of microRNA-338-3p (miR-338-3p) in hepatocellular carcinoma and its relationship with clinicopathological parameters. **Methods:** A total of 67 hepatocellular carcinoma tissue samples obtained by surgery from January 2015 to June 2016 in our hospital were selected, and adjacent normal tissue samples matched to each hepatocellular carcinoma tissue sample were selected. The miR-338-3p in tissue samples of the two groups were detected by the real-time quantitative reverse transcription polymerase chain reaction (RT-qPCR), and the relationship between miR-338-3p and clinicopathologic features of hepatocellular carcinoma was analyzed. **Results:** There were 45 cases (67.16%) of miR-338-3p down expression, 22 cases (32.85%) of up expression; RT-qPCR results showed that the relative content of miR-338-3p in hepatocellular carcinoma tissues was (0.76 ± 0.38) , lower than (1.23 ± 0.45) in the adjacent normal tissues, the difference was statistically significant ($t=-6.259, P=0.000$). The expression down-regulation rate of miR-338-3p in hepatocellular carcinoma tissue samples of patients with poorly differentiated, III&IV stages of TNM, T3&T4 stages of tumor infiltrating depth, lymph node metastasis were higher than those with well differentiated, I&II stages, T1&T2 stages, without lymph node metastasis, the differences were statistically significant ($P<0.05$). The differences of the expression down-regulation rate of miR-338-3p in different gender, age, pathological type and tumor size were not statistically significant ($P>0.05$). **Conclusion:** MiR-338-3p expression was low in hepatocellular carcinoma tissues, which may be related to the degree of differentiation, TNM stage, depth of tumor invasion and lymph node metastasis. MiR-338-3p may be involved in the development and progression of hepatocellular carcinoma, and early detection of miR-338-3p can be used as an indicator to evaluate hepatocellular carcinoma condition.

Key words: Hepatocellular carcinoma; Tissue; miR-338-3p; Pathological parameters; Clinical significance

Chinese Library Classification(CLC): R735.7 **Document code:** A

Article ID: 1673-6273(2017)12-2290-04

前言

肝癌是临床常见的恶性肿瘤,具有发病率高、预后差等特点,报道显示^[1,2],肝癌的发病率呈逐渐上升趋势,我国每年的肝癌死亡人数占全球 45%,高达 11 万人。肝癌发病隐匿,早期无

特异性的临床症状和体征,很多患者确诊时已处于中晚期。根治性切除手术联合术后放、化疗是目前临床治疗肝癌的常见方式,但是临床报道显示,患者术后易发生淋巴结转移,预后差,5 年生存率低^[3]。早发现、早诊断及早治疗是有效改善肝癌患者预后的重要措施^[4]。近年来,在分子水平上研究恶性肿瘤的发生发展过程成为研究热点。微小 RNA(microRNA, miRNA)长约 22 个核苷酸,是真核生物中的非编码小分子 RNA。miR-338-3p 是新近发现的 miRNA,报道表明^[5,6],它通过介导肿瘤细胞的侵

作者简介:窦春青(1979-),男,博士,主治医师,从事肝胆胰肿瘤微创治疗方面的研究,E-mail: douqingchuanmmm@sina.com

(收稿日期:2016-12-26 接受日期:2017-01-22)

袭、转移而参与结直肠癌、肝癌的发生发展过程。关于 miR-338-3p 在肝癌中的表达,目前相关的研究相对较少,本研究通过检测肝癌组织中 miR-338-3p 的表达水平,并分析其与临床病理特征的关系,旨在探讨 miR-338-3p 在肝癌发生发展过程中的作用。

1 资料与方法

1.1 一般资料

选取 2015 年 1 月至 2016 年 6 月我院手术获得的 67 例经病理组织学确诊为肝癌的组织标本,同时对于每 1 例肝癌患者,均取距离癌组织边缘 >5 cm 的癌旁正常组织标本为配对对照,其中肝癌患者男 39 例,女 28 例;年龄 41~76 岁,平均 (59.5±8.2) 岁;分化程度:低分化 23 例,中、高分化 44 例;病理类型:腺癌 35 例,鳞癌 24 例,腺鳞癌 8 例;肿瘤大小:<5 cm 24 例,≥5 cm 43 例;根据 UICC 第 7 版 TNM 分期^[7]:I+II 期 38 例,III+IV 期 29 例;浸润深度:T1+T2 33 例,T3+T4 34 例;有淋巴结转移 36 例,无淋巴结转移 31 例。手术切除的两种组织在 30 min 内制成标本以提取 RNA,将采集到的标本迅速置于液氮中进行冷冻,并放在 -80℃ 的环境下保存。研究中纳入标本的患者在手术前及手术后均未接受放、化疗及其它抗肿瘤治疗,同时排除其它类型的恶性肿瘤,标本的使用获得患者或家属知情同意。本研究获得医院伦理委员会的批准。

1.2 方法

1.2.1 主要仪器及试剂 总 TRIzol 试剂盒由美国 Invitrogen 公司提供,Toyobo 公司提供 RNA 逆转录试剂盒,ABI 公司提供 miR-338-3p 试剂盒,美国 Thermo Scientific 公司提供的 Revert Aid First Strand cDNA Synthesis 试剂盒。

1.2.2 提取及鉴定 RNA 将保存于液氮中的肝癌组织标本及癌旁正常组织标本碾碎为粉末,严格按照 TRIzol 试剂盒上的说明提取总 RNA,并通过紫外分光光度法提取 RNA 的纯度和浓度,在 RNA 的 OD260/OD280 吸光度值为 1.8~2.1 时,提取得到的总 RNA 的纯度较好。采用琼脂糖电泳实验对 RNA 的完整性进行检测。

1.2.3 逆转录聚合酶链反应 (RT-qPCR) miR-338-3p 的基因序列为,根据该基因序列设计反转录引物以及上下游引物(由华大基因科技有限公司操作),反向通用引物为:,上游引物为:,下游引物为:,内参为 RNU6B。

参照 Revert Aid First Strand cDNA Synthesis 试剂盒上的说明书逆转录合成 cDNA 第 1 链子,RT-qPCR 总反应体系为 2020 μL,分别为 2 μL 稀释比例为 1:10 的 cDNA,10 μL 的 miRcute miRNA Premix(with SYBR&ROX)(2×),7.2 μL 的灭菌用水,0.4 μL 的前向引物,0.4 μL 的反向引物。PCR 反应条件:94℃ 环境下变性 2 min,94℃ 12 s,60℃ 34s,如此反复 40 个循环,采用比较 Ct 法(2^{-ΔΔCt} 法)对实验数据进行相对定量分析,ΔCt=Ct 标本-CtRNU6B,ΔΔCt=ΔCt 癌组织-ΔCt 癌旁正常组织,其中 RNU6B 为内参照,组织标本中 miR-338-3p 相对含量采用 2^{-ΔΔCt} 表示,即肝癌组织中 miR-338-3p 相对癌旁正常组织的倍数。miR 呈高水平表达则 ΔΔCt 为负值,反之,miR 表达下调则 ΔΔCt 为正值。

1.3 统计学处理

实验中所有数据采用 SPSS19.0 软件录入及统计学分析,采用 ($\bar{x} \pm s$) 对定量资料进行描述,配对样本的比较采用配对 t 检验,定性资料采用率 (%) 表示,比较采用 χ^2 检验,P<0.05 提示差异有统计学意义。

2 结果

2.1 miR-338-3p 在肝癌组织及癌旁正常组织中的表达比较

本研究中,45 例 (67.16%) miR-338-3p 表达下调,22 例 (32.85%) 表达上调;RT-qPCR 结果显示,肝癌组织中 miR-338-3p 的相对含量为 (0.76±0.38),低于癌旁正常组织中的 (1.23±0.45),差异有统计学意义 (t=-6.259, P=0.000),说明 miR-338-3p 在肝癌组织中呈低表达水平。

2.2 肝癌组织中 miR-338-3p 与临床病理特征的关系

miR-338-3p 在低分化、TNM 分期 III+IV 期、肿瘤浸润深度 T3+T4 期、有淋巴结转移肝癌患者肝癌组织中表达下调率高于中高分化、I+II 期、T1+T2 期、无淋巴结转移肝癌患者,差异有统计学意义 (P<0.05),不同性别、年龄、病理类型、肿瘤大小肝癌患者肝癌组织中 miR-338-3p 表达下调率差异无统计学意义 (P>0.05)。见表 1。

3 讨论

肝癌是临床常见的恶性肿瘤,严重威胁人类健康和生命质量,随着医学技术的不断进步,肝移植、外科切除等为肝癌的治愈提供了途径,但是,报道显示,肝癌术后复发和转移率较高,预后较差,5 年生存率低^[8]。miRNAs 在胚胎发育、细胞分裂、分化、凋亡过程,以及恶性肿瘤的发生等方面有重要作用,Zhang Y^[10] 的研究显示,超过 50% 的 miRNAs 基因在肿瘤相关的基因组,如容易发生移位、断裂、重复或者缺失区域等脆弱位点,通过调控致癌基因或者抑癌基因而参与恶性肿瘤的侵袭、转移等过程。有研究显示,miR-193b、miR-125a-5p、miR-133b 等在胃癌的形成过程中呈低水平表达,miR-421、miR-106a、miR-19a 等在胃癌发生过程中表达上调,而 miR-192 与胃癌细胞的增殖及浸润密切关系,miR-451 的表达下调则与胃癌的预后有关,可见 miRNA 参与了胃癌发生发展的整个过程^[11-13]。此外,miRNAs 中的 miR-122a 在肝癌组织中表达下调,宫颈癌中 miR-143、miR-126 表达下调,而在甲状腺瘤中 miR-222、miR-221 表达上调^[14,15]。可见,miRNA 表达谱在不同类型肿瘤发生过程中发生不同程度的改变。

miR-338-3p 是由 22 个核苷酸所组成的位于第 17 号染色体上的单链非编码 RNA 小分子^[16],miR-338-3p 通过特异性的识别并且指导沉默复合体降解靶 mRNA,以及结合靶 mRNA 3' 端非翻译区,或者抑制靶 mRNA 的翻译而介导基因的表达过程^[17]。有研究表明^[11],在胃癌的发生及发展过程中,miRNA-338-3p 通过调控 P-Rex2a/PTEN/AKT 通路而参与恶性肿瘤细胞的增殖、侵袭。Sun K^[18] 的研究显示,miR-338-3p 在结直肠癌组织中低表达,作为抑癌基因,与结肠癌的侵袭、转移高度相关,可将其作为判断结直肠癌预后的重要生物标志物。关于 miR-338-3p 在肝癌组织中的表达情况,目前相关的研究相对较少。

本研究结果显示,肝癌组织中 miR-338-3p 的相对含量低

表 1 肝癌组织中 miR-338-3p 与临床病理特征的关系

Table 1 Relationship between clinicopathologic features and miR-338-3p in hepatocellular carcinoma tissues

Pathologic features		Cases	MiR-338-3p expression		χ^2	P
			Down-regulation	Up-regulation		
Gender	male	39	24(61.54)	15(38.46)	1.339	0.247
	female	28	21(75.00)	7(25.00)		
Age(year)	<50	21	13(61.90)	8(38.10)	0.384	0.536
	≥ 50	46	32(69.57)	14(30.43)		
Histological grade	low differentiation	23	20(86.96)	3(13.04)	6.221	0.013
	high/medium differentiation	44	25(56.82)	19(43.18)		
Pathological type	adenocarcinoma	35	27(77.14)	8(22.86)	3.498	0.174
	squamous cell carcinoma	24	13(54.17)	11(45.83)		
	adenosquamous carcinoma	8	5(62.50)	3(37.50)		
Tumor size(cm)	<5	24	13(54.17)	11(45.83)	2.865	0.091
	≥ 5	43	32(74.42)	11(25.58)		
TNM staging	I+II	38	21(55.26)	17(44.74)	5.638	0.018
	III+IV	29	24(82.76)	5(17.24)		
Depth of infiltration	T1+T2	33	18(54.55)	15(45.45)	4.695	0.030
	T3+T4	34	27(79.41)	7(20.59)		
Lymph node metastasis	yes	36	33(91.67)	3(8.33)	21.181	0.000
	no	31	12(38.71)	19(61.29)		

于癌旁正常组织,说明 miR-338-3p 在肝癌组织中呈低表达水平,其中 67.16%的肝癌组织 miR-338-3p 表达水平低于癌旁正常组织,提示 miR-338-3p 可能通过介导细胞周期蛋白 D1 而对 HBx 缺失突变体产生影响,进而参与肝癌的发生过程,可作为早期辅助诊断肝癌的重要分子标志物,与有关研究结果一致^[9],即 miR-338-3p 能够抑制肝癌细胞的侵袭和转移。肿瘤的 TNM 分期、分化程度、淋巴结转移等临床病理特征与肿瘤的发展过程密切相关,TNM 分期越晚,分化程度越低,淋巴结转移的患者肿瘤恶性程度越高,预后则越差。有研究显示^[20],miR-338-3p 与胃癌的 TNM 分期、病灶浸润深度以及淋巴结转移呈显著的相关性,TNM 分期越晚,病灶浸润越深、有淋巴结转移时,miR-338-3p 表达越下调,可作为评估胃癌预后的指标。本研究结果显示,miR-338-3p 在低分化、III+IV 期、T3+T4 期以及淋巴结转移肝癌患者肝癌组织中的表达下调率较高,而与性别、年龄、病理类型、肿瘤大小等特征无明显关系,miR-338-3p 与肝癌分化程度、TNM 分期、肿瘤浸润深度以及淋巴结转移明显相关,提示 miR-338-3p 可能参与了肝癌的发展过程。

综上所述,miR-338-3p 在肝癌组织中呈低表达水平,且和分化程度、TNM 分期、肿瘤浸润深度、淋巴结转移有关,可能参与了肝癌的发生及发展进程,早期检测有助于辅助诊断,以及评估肝癌病情严重程度,从而为临床制定干预措施改善预后提供指导。

参考文献(References)

[1] 张金梁,翟博,方泰石,等.晚期肝癌和复发性肝癌治疗的研究进展[J].

现代生物医学进展,2016,16(2): 358-361

- Zhang Jin-liang, Zhai Bo, Fang Tai-shi, et al. Progress of Treatments in Advanced or Recurrent Hepatocellular Carcinoma [J]. Progress in Modern Biomedicine, 2016, 16(2): 358-361
- [2] Li J, Gao JZ, Du JL, et al. Prognostic and clinicopathological significance of glypican-3 overexpression in hepatocellular carcinoma: a meta-analysis [J]. World J Gastroenterol, 2014, 20(20): 6336-6644
- [3] Tai CJ, Huang MT, Wu CH, et al. Contrast-Enhanced Ultrasound and Computed Tomography Assessment of Hepatocellular Carcinoma after Transcatheter Arterial Chemo-Embolization: A Systematic Review[J]. J Gastrointest Liver Dis, 2016, 25(4): 499-507
- [4] Best J, Bilgi H, Heider D, et al. The GALAD scoring algorithm based on AFP, AFP-L3, and DCP significantly improves detection of BCLC early stage hepatocellular carcinoma [J]. Z Gastroenterol, 2016, 54(12): 1296-1305
- [5] Xue Q, Sun K, Deng HJ, et al. MicroRNA-338-3p inhibits colorectal carcinoma cell invasion and migration by targeting smoothened[J]. Jpn J Clin Oncol, 2014, 44(1): 13-21
- [6] Wang G, Sun Y, He Y, et al. MicroRNA-338-3p inhibits cell proliferation in hepatocellular carcinoma by target forkhead box P4 (FOXP4)[J]. Int J Clin Exp Pathol, 2015, 8(1): 337-344
- [7] Tang X, Lan Z, Chen Y, et al. The 7th AJCC/UICC TNM staging system may be not suitable in predicting prognosis of synchronous multiple gastric carcinoma patients with D2 gastrectomy [J]. Tumour Biol, 2015, 36(5): 3653-3659

- [8] Ribeiro OD, Canedo NH, Pannain VL. Immunohistochemical angiogenic biomarkers in hepatocellular carcinoma and cirrhosis: correlation with pathological features [J]. *Clinics (Sao Paulo)*, 2016, 71(11): 639-643
- [9] Lanza E, Donadon M, Poretti D, et al. Transarterial Therapies for Hepatocellular Carcinoma[J]. *Liver Cancer*, 2016, 6(1): 27-33
- [10] Zhang Y, Tang W, Peng L, et al. Identification and validation of microRNAs as endogenous controls for quantitative polymerase chain reaction in plasma for stable coronary artery disease [J]. *Cardiol J*, 2016, 23(6): 694-703
- [11] Shin VY, Chu KM. MiRNA as potential biomarkers and therapeutic targets for gastric cancer [J]. *World J Gastroenterol*, 2014, 20(30): 10432-10439
- [12] Huang T, Wang-Johanning F, Zhou F, et al. MicroRNAs serve as a bridge between oxidative stress and gastric cancer (Review)[J]. *Int J Oncol*, 2016, 49(5): 1791-1800
- [13] da Silva Oliveira KC, Thomaz Araújo TM, Albuquerque CI, et al. Role of miRNAs and their potential to be useful as diagnostic and prognostic biomarkers in gastric cancer [J]. *World J Gastroenterol*, 2016, 22(35): 7951-7962
- [14] El-Garem H, Ammer A, Shehab H, et al. Circulating microRNA, miR-122 and miR-221 signature in Egyptian patients with chronic hepatitis C related hepatocellular carcinoma [J]. *World J Hepatol*, 2014, 6(11): 818-824
- [15] Zeng K, Zheng W, Mo X, et al. Dysregulated microRNAs involved in the progression of cervical neoplasm [J]. *Arch Gynecol Obstet*, 2015, 292(4): 905-913
- [16] Jikuzono T, Kawamoto M, Yoshitake H, et al. The miR-221/222 cluster, miR-10b and miR-92a are highly upregulated in metastatic minimally invasive follicular thyroid carcinoma [J]. *Int J Oncol*, 2013, 42(6): 1858-1868
- [17] Huang N, Wu Z, Lin L, et al. MiR-338-3p inhibits epithelial-mesenchymal transition in gastric cancer cells by targeting ZEB2 and MACC1/Met/Akt signaling [J]. *Oncotarget*, 2015, 6(17): 15222-15234
- [18] Sun K, Deng HJ, Lei ST, et al. miRNA-338-3p suppresses cell growth of human colorectal carcinoma by targeting smoothelin [J]. *World J Gastroenterol*, 2013, 19(14): 2197-2207
- [19] Nie H, Li J, Yang XM, et al. Mineralocorticoid receptor suppresses cancer progression and the Warburg effect by modulating the miR-338-3p-PKLR axis in hepatocellular carcinoma[J]. *Hepatology*, 2015, 62(4): 1145-1159
- [20] Guo B, Liu L, Yao J, et al. miR-338-3p suppresses gastric cancer progression through a PTEN-AKT axis by targeting P-REX2a[J]. *Mol Cancer Res*, 2014, 12(3): 313-321

(上接第 2281 页)

- [5] Calvo RV, Hernández JL, Ortiz SF, et al. Relapses in patients with Henoch-Schönlein purpura: Analysis of 417 patients from a single center[J]. *Medicine (Baltimore)*, 2016, 95(28): 217-223
- [6] Iorio N, Bernstein GR, Malik Z, et al. Acute Esophageal Necrosis Presenting With Henoch-Schönlein Purpura [J]. *ACG Case Rep J*, 2015, 3(1): 17-19
- [7] Mohtat D, Thomas R, Du Z, et al. Urinary transforming growth factor beta-1 as a marker of renal dysfunction in sickle cell disease [J]. *Pediatr Nephrol*, 2011, 26(2): 275-280
- [8] Iekushi K, Taniyama Y, Azuma J, et al. Hepatocyte growth factor attenuates renal fibrosis through TGF- β 1 suppression by apoptosis of myofibroblasts[J]. *Hypertens*, 2010, 28(12): 2454-2461
- [9] Zhao Hui-juan, Sun Li-dong, Zhang Lin-xia. Adult allergic purpura nephritis patients serum levels of hepatocyte growth factor and the study of blood in the urine of connective tissue growth factor [J]. *Journal of cellular and molecular immunology journal*, 2011, 27 (3): 309-310
- [10] Baum E, Pawlaczyk K, Maćkowiak B, et al. Levels of hepatocyte growth factor in serum correlate with quality of life in hemodialysis patients[J]. *Int J Clin Exp Pathol*, 2015, 8(10): 3477-3482
- [11] Jacobi A, Pedersen JS, Morth JP, et al. Crystal structure of a two-domain fragment of hepatocyte growth factor activator inhibitor-1: functional interactions between the kunitz-type inhibitor domain-1 and the neighboring polycystic kidney disease-like domain [J]. *J Biol Chem*, 2016, 291(27): 1434-1455
- [12] Mizerska WM, Skrzypczyk P, Kisiel A, et al. Abdominal symptoms necessitating surgical intervention as the initial presentation of Henoch-Schönlein purpura in children-case reports [J]. *Pol Merkuriusz Lekarski*, 2016, 40(240): 377-379
- [13] Tripathi YB, Shukla R, Pandey N, et al. Pueraria tuberosa (PTY-2) attenuates diabetic nephropathy by up-regulating the MMP-9 expression in the kidney of diabetic rats [J]. *J Diabetes*, 2016, 29(2): 1132-1136
- [14] Pulido OH, García CF, Álvarez LG, et al. Role of matrix metalloproteinase-9 in chronic kidney disease: a new biomarker of resistant albuminuria[J]. *Clin Sci (Lond)*, 2016, 130(7): 525-538
- [15] Shi Jian, Teng Hua. Serum leukotriene B₄, thrombosis, regulatory proteins, matrix metalloproteinases 9, interleukin 4 and the incidence of pediatric allergic purpura relationship [J]. *Chinese journal of clinical physicians (electronic)*, 2015, 9(23): 4344-4347
- [16] Li Cui-cui, Chen Qu-bo, Zhang Yun-jiao, et al. Children with allergic purpura matrix metalloproteinases 9 levels of change and clinical significance[J]. *Guangdong medicine*, 2011, 32(22): 2945-2946
- [17] Danilewicz M, Wagrowska DM. Differential glomerular immunoexpression of matrix metalloproteinases MMP-2 and MMP-9 in idiopathic IgA nephropathy and Schoenlein-Henoch nephritis [J]. *Folia Histochem Cytobiol*, 2010, 48(1): 63-67
- [18] Libetta C, Esposito P, Martinelli C, et al. Hepatocyte growth factor (HGF) and hemodialysis: physiopathology and clinical implications [J]. *Clin Exp Nephrol*, 2016, 20(3): 371-378