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·专论与综述·

上皮剪接调节蛋白 1 的研究进展 *

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摘要:上皮剪接调节蛋白 1(Epithelial splicing regulatory protein 1,ESRP1)是近年来发现的一种上皮细胞特异性剪接因子,主要通过选择性剪接在转录后水平调节基因的表达,继而影响细胞的功能。研究表明,ESRP1 通过调控上皮间质转化、细胞周期进展、氧化还原反应以及脂肪酸代谢等过程,多方面参与肿瘤的发生、发展和对治疗药物的反应。小鼠实验研究表明,ESRP1 基因敲除可以导致多种器官发育异常,包括颅面部畸形、皮肤屏障功能受损、肾脏以及耳蜗发育不良等。此外,ESRP1 还可以通过调控转录因子的活性以及非编码 RNA 的生成,提高小鼠成纤维细胞重编程为多能干细胞的效率并维持人胚胎干细胞的多能性。鉴于 ESRP1 在多个研究领域的重要性,本文对 ESRP1 常见的下游靶分子、信号通路、以及在生理病理环境下所发挥的功能进行阐述,以期进一步指导基础研究和临床应用。

关键词:上皮剪接调节蛋白 1;选择性剪接;上皮间质转化;胚胎发育

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Research Progress of Epithelial Splicing Regulatory Protein 1*

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ABSTRACT: Epithelial splicing regulatory protein 1(ESRP1) is an epithelial cell-specific splicing factor discovered in recent years, which mainly regulates gene expression through alternative splicing after transcription and then affects cell functions. Numerous studies have shown that ESRP1 is involved in the occurrence, development and response to therapeutic drugs of tumors by regulating epithelial-mesenchymal transition, cell cycle, redox reaction and fatty acid metabolism. Mouse experiments have shown that ESRP1 knockout can lead to a variety of organ development abnormalities, including cranial and facial deformity, impaired skin barrier function, kidney and cochlear dysplasia. In addition, ESRP1 can also improve the efficiency of mouse fibroblast reprogramming into pluripotent stem cells and maintain the pluripotency of human embryonic stem cells by regulating the activity of transcription factors and the generation of non-coding RNA. In view of the importance of ESRP1 in various research fields, this paper describes the common downstream target molecules, signaling pathways and functions of ESRP1 in physiological and pathological environments, in order to further guide basic research and clinical applications.

Key words: Epithelial splicing regulatory protein 1; Alternative splicing; Epithelial-mesenchymal transition; Embryonic development

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前言

研究指出,真核细胞中 95%以上的前体 mRNA(Pre-mRNA)都会经过剪切(Cleavage)或 / 和剪接(Splicing)加工生成为结构不同的 mRNA 异构体,这一现象称为可变剪接(Alternative splicing),又称选择性剪接^[1]。可变剪接是一种常见的、重要的转录后调控机制,可使一个基因在不同发育阶段、不同组织

细胞、不同病理条件下采取不同的剪接方式,编码为多种形式的 mRNA 剪接异构体和蛋白质异构体^[2]。mRNA 异构体通常具有不同的生物学特性,如细胞内定位、稳定性和翻译效率。蛋白质异构体往往具有不同甚至相反的生物功能,继而影响蛋白-蛋白相互作用、蛋白活性(蛋白酶、转录因子、离子通道蛋白等)和稳定性,以及蛋白定位(胞浆、胞核或胞外分泌)^[3-5]。可变剪接受到顺式作用元件(外显子剪接增强子和沉默子、内含子剪接

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增强子和沉默子)和反式作用因子(基本剪接因子、特异性剪接因子)的协同调控^[6,7]。顺式作用元件和反式作用因子的突变可影响基因的编码能力或不同异构体的生成比例,继而导致疾病发生,或与疾病的易感性和表型严重程度紧密相关(精神分裂症、自身免疫性疾病、哮喘等)^[8]。基本剪接因子在组织细胞中普遍表达,例如SR蛋白家族和核内不均一性核糖核蛋白(hn-RNP)家族。特异性剪接因子只在特定组织、细胞或发育阶段表达,例如上皮组织特异性ESRP1^[9]、肌肉组织特异性RBM20/RBM24^[10]和脑组织特异性NOVA1/2^[7]。

ESRP1作为一种上皮细胞特异性剪接因子,在转录后水平参与多个上皮-间质转化(Epithelial-mesenchymal transition, EMT)相关靶基因的调控,包括成纤维细胞生长因子受体2(FGFR2),p120-catenin,CD44和MENA。此外,ESRP1还可通过其它信号通路和作用机制影响细胞的功能,包括自噬^[11]、脂肪酸代谢^[12]、氧化还原反应^[13]和细胞周期^[14]等。查阅文献发现ESRP1的研究主要聚焦于肿瘤、器官发育和多能性干细胞。本文对ESRP1的研究进行归类,并对其下游靶分子/通路、以及ESRP1异常表达所致的功能结局进行汇总和讨论,以期为今后的研究奠定理论基础。

1 ESRP1 对下游靶分子的调控

ESRP1定位于人类8号染色体8q22.1,cDNA长2046bp,编码产物含681个氨基酸残基,分子质量为76kDa。ESRP1与Pre-mRNAs上UGG或GGU重复序列结合,调控外显子的可变剪接^[15]。ESRP1通过转录后的可变剪接调控其下游靶分子FGFR2,p120-catenin,CD44和MENA等上皮型异构体的生成。FGFR2是受体酪氨酸激酶家族的一员,经选择性剪接和翻译后修饰产生大量的异构体。FGFR2异构体的表达具有一定的组织特异性,例如包含IIIb外显子的异构体(FGFR2-IIIb)主要在上皮细胞中表达,而包含IIIc外显子的异构体(FGFR2-IIIc)主要在间质细胞中表达。不同的异构体具有不同的配体结合能力,继而影响细胞的功能^[9]。p120-catenin结合钙黏蛋白(Cadherins)的胞质结构域,阻止其被蛋白酶体降解,继而调节Cadherin的稳定性和功能。此外,p120-catenin亦可调节Rho-GTPases和Wnt信号通路。编码p120-catenin的基因含有四个不同的翻译起始位点和四个可变剪接的外显子。其中包含外显子2和3的异构体通常在间质细胞中表达,参与细胞的运动^[16]。CD44是一种普遍表达的胞膜糖蛋白,通过与细胞外基质组分(如透明质酸)的结合,调控细胞的运动和信号转导。CD44外显子1-5和外显子16-20通常被拼接在一起,编码成为CD44s^[16]。外显子6-15,又称V1-V10,通常被选择性剪接,编码成为形式多样的CD44v(如CD44v3,CD44v4-5,CD44v6,CD44v8-10等)。MENA是肌动蛋白调节蛋白Ena/VASP家族的成员之一,调节细胞形态、细胞骨架排列和细胞运动。除了普遍表达的人MENA(hMENA)之外,肿瘤细胞通常还表达在正常组织中不存在的一种或多种剪接异构体。其中,不含外显子6的hMENA Δ v6通常在间质细胞中表达,而包含外显子11a的hMENA11a通常在上皮细胞中表达^[17]。此外,ESRP1还参与Arhgef11外显子37^[18],Gpr137外显子2^[19]和Grhl1外显子5^[20]的可变剪接。新一代剪接敏感芯片(Splicing-sensitive microarray)

和高通量RNA测序技术(RNA-Seq)极大地促进了对以ESRP1为中心的可变剪接网络的研究。结果表明,ESRP1调控成百上千的可变剪接事件,多方面参与细胞的黏附、极性、迁移以及囊泡运输,是维持细胞上皮特性和功能不可或缺的因子之一。2010年,Warzecha et al等研究者^[15]联合使用剪接敏感芯片和高通量RT-PCR技术,在人前列腺上皮细胞PNT2(siRNA介导ESRP1沉默)和人乳腺癌间质细胞MDA-MB-231(逆转录病毒介导ESRP1过表达)中筛选并验证了大量ESRP1调控的可变剪接事件,涉及的靶基因包括ITGA6,RALGPS2,MAGI1,OSBPL3和MAP3K7等。结果显示,ESRP1可分别提高ITGA6和RALGPS2成熟mRNA中外显子25和外显子15的纳入,同时降低MAGI1和OSBPL3成熟mRNA中外显子7和外显子9的纳入。与此同时,ESRP1沉默可诱导PNT2细胞中vimentin,fibronectin,MMP-2和N-cadherin等间质型分子的表达,并抑制E-cadherin上皮型分子的表达。研究表明,ESRP1的表达水平受到多种转录因子(δ EF1,ZEB1/2,Twist,Snail和GRHL2)^[16,21-23]、细胞因子(TGF- β)、人乳头瘤病毒16型E5癌蛋白(HPV16 E5)^[24]、基因突变以及表观遗传修饰(DNA甲基化水平,miRNA-23a)^[25,26]等多种因素的调控。此外,ESRP1的活性通常受到其它RNA结合蛋白的调控^[16],包括RBFOX2,PNN,Arkadia和hnRNPM。例如,有研究者提出癌组织中ESRP1/RBFOX2比值降低与乳腺癌转移风险增高相关^[27];hnRNPM可与ESRP1竞争性结合pre-mRNA上的顺式作用元件,调控乳腺癌细胞中CD44s的表达^[28]。

2 ESRP1与肿瘤

研究者通过分析TCGA数据库中13种肿瘤的RNA测序数据(乳腺癌、胶质母细胞瘤、肺腺癌、肺鳞状细胞癌、肾透明细胞癌、卵巢癌、直肠腺癌、前列腺癌、结肠腺癌、皮肤黑色素瘤、甲状腺癌、头颈部鳞状细胞癌和子宫内膜癌),发现ESRP1表达水平与乳腺癌、肾透明细胞癌患者的生存率呈正相关^[29]。近来,一项基于26个数据集的研究指出,ESRP1表达水平与雌激素受体阳性(ER+)乳腺癌患者的总生存率呈负相关,而与雌激素受体阴性(ER-)患者的总生存率无关^[12]。体外细胞研究表明,ESRP1促进FGFR2-IIIb蛋白表达,抑制胰腺癌细胞PANC-1的迁移、侵袭、裸鼠体内成瘤和肝转移的能力^[30];ESRP1降低cyclin A2 mRNA稳定性和cyclin A2蛋白表达,并促进CDC20表达,继而导致宫颈癌HeLa细胞G1期阻滞和增殖受限^[14];ESRP1促进乳腺癌细胞系MDA-MB-231中hMENA11a表达,继而重塑细胞骨架蛋白、抑制细胞侵袭^[17]。相反,ESRP1沉默可促进卵巢癌细胞HO-8910中CD44s蛋白表达,继而促进EMT和癌细胞在小鼠腹腔内的种植和转移^[31];ESRP1沉默促进头颈鳞状癌细胞HNSCC中Rac1b表达和长丝状伪足的形成,继而促进癌细胞的迁移^[32];ESRP1沉默促进乳腺上皮细胞HMLE中CD44s表达、激活Akt和PDGFR β /Stat3信号通路,继而维持肿瘤干细胞状态、促进非黏附性微球体的形成^[33,34]。然而,近来的一项研究表明^[35],ESRP1通过激活结肠腺癌细胞Caco-2中PI3K/Akt信号通路和Snail的表达,促进癌细胞增殖、转化和裸鼠体内成瘤。Yae等报道^[13]在小鼠体内原位移植ESRP1沉默的小鼠乳腺癌细胞系(4T1)后,肺转移发生的机率与对照组

相比表现出下降的趋势。功能研究表明,ESRP1 沉默抑制了 CD44v 和谷氨酸 - 脯氨酸转运体 xCT 的表达,降低了半胱氨酸摄取和还原型谷胱甘肽(GSH)的生成,继而抑制了肿瘤细胞抵御外界活性氧(ROS)的能力和小鼠体内肺转移的程度。此外,ESRP1 沉默亦可抑制 ER+ 乳腺癌细胞系 MCF-7-LCC2 的增殖、克隆形成以及小鼠体内原位成瘤能力。功能研究表明,ESRP1 沉默主要影响 MCF-7-LCC2 细胞脂肪酸代谢和氧化还原过程,并不影响细胞 EMT 过程^[12]。ESRP1 除了参与肿瘤的发生发展外,还参与肿瘤对治疗药物的反应。例如,ESRP1 通过降低化疗耐药基因 AXL、IFI16 和 CAV1 的表达水平,增加乳腺癌细胞系对一种组蛋白去乙酰化酶拮抗剂(苯基丁酸)治疗的敏感性^[36]。由此可见,ESRP1 在肿瘤进展中似乎扮演着双重角色,这或许与肿瘤类别、肿瘤异质性以及肿瘤微环境相关^[37]。鉴于 ESRP1 在不同肿瘤类型,甚至不同肿瘤亚型(ER+ 和 ER- 乳腺癌)中通过不同的作用机制发挥肿瘤促进或者抑制作用,ESRP1 目前尚不能作为肿瘤的预后指标抑或治疗靶标。然而,ESRP1 所调控的剪接异构体或许具有很好的应用前景。某些异构体在正常组织中不表达或者低表达,而在肿瘤组织中选择性高表达,或许可以作为肿瘤早期诊断的分子标志物、预后指标、参与肿瘤的分子分型和指导肿瘤的精准化、个体化治疗^[38]。使用反义寡核苷酸(Antisense oligonucleotides, ASOs)来调控可变剪接的治疗方法具有一定的借鉴意义^[39]。目前研究较多的是脊髓性肌萎缩(Spinal muscular atrophy, SMA),β-地中海贫血和杜氏肌营养不良(Duchenne muscular dystrophy, DMD)^[40]。在 DMD 各种类型的突变中,单个或多个外显子缺失或框移突变的患者占大多数,这些突变破坏了 mRNA 开放阅读框并干扰了功能性抗肌萎缩蛋白(dystrophin)的合成。ASOs 可以调控外显子跳跃来调节 pre-mRNA 的剪接,恢复阅读框,继而产生具有部分功能的抗肌萎缩蛋白。

3 ESRP1 与器官发育

动物实验表明,ESRP1 参与多种器官和组织的发育成熟。全身性 / 条件性 ESRP1 基因敲除可导致胚胎和幼鼠的死亡率增加,主要畸形包括唇腭裂^[41]、肾脏发育不良^[42]、肺和唾液腺分支缺陷、皮肤屏障功能障碍^[18]、感音神经性耳聋^[43]、以及肠炎和结直肠癌易感性增加等^[19]。分子机制研究表明,ESRP1 缺失可导致多种 Pre-mRNAs 可变剪接异常。例如,ESRP1 基因敲除抑制 FGFR2-IIIb 蛋白表达、促进 FGFR2-IIIc 蛋白表达,继而导致小鼠输尿管分支障碍、肾单位数目减少以及听觉毛细胞发育异常^[42,43];ESRP1 基因敲除促进间质型 Arhgef11 表达、下调 RhoA 活性和肌球蛋白轻链(MLC)磷酸化水平,继而破坏上皮细胞之间紧密连接,导致皮肤炎症反应和毛囊丢失、增加鼠崽死亡率^[18];Esrp1Triaka/Triak 突变小鼠中 ESRP1 功能的降低影响 Gpr137 的可变剪接和 Wnt 信号通路,继而破坏肠粘膜屏障、增加结肠炎和结直肠癌的易感性^[19]。此外,鸡胚实验表明,ESRP1 亦可调控胃平滑肌的发育和重塑^[44]。研究者对严重的家族性双侧感音神经性耳聋患者进行全外显子组测序,发现 ESRP1 双等位基因突变是导致耳聋的原因^[43]。另有病例报道指出,染色体 8q22.1 微缺失(包含 ESRP1 基因)可导致颅面部发育畸形(Nabulus Mask-Like Facial Syndrome),患者通常表现为睑裂狭

小、内眦距过宽、颈部短而宽和发育迟缓等异常^[45]。

4 ESRP1 与体细胞重编程

诱导多能性干细胞(Induced pluripotent stem cell, iPSC)是通过在已分化的体细胞中表达特定的基因或基因产物等方式,以诱导体细胞的重编程而获得不断自我更新且具有多向分化潜能的细胞。自 2006 年报道的通过外源性表达 4 个转录因子 Oct4、Sox2、Klf4 和 c-Myc(称为 OSKM 因子)能够将体细胞重编程为类似于胚胎干细胞的 iPSC 以来,该技术成为了再生医学领域的又一研究热点^[46]。近年来,多种组学研究系统地揭示了体细胞重新编程为 iPSCs 过程中所发生的分子事件,包括表观遗传调控、转录调控、以及转录后调控等。维生素 C、miR-302/372 和 miR-290 可通过修饰组蛋白和 DNA 的甲基化状态、调控细胞周期、囊泡运输以及 EMT 过程,提高 OSKM 因子诱导的体细胞重编程效率^[47-49]。研究指出,可变剪接作为一种重要的转录后调控机制,参与了体细胞的重编程。例如,OCT4^[50] 和 NANOG^[51] 等核心转录驱动因子的选择性剪接,可直接影响体细胞的重编程效率。高通量 RNA 测序结果表明,小鼠成纤维细胞诱导为 iPSC 的过程受到多种可变剪接因子的调控,包括 Mbnl1/2, Zcchc24, Rbm47 和 ESRP1^[20]。有研究者汇总了体细胞重编程为 iPSCs 的 14 项研究(9 项小鼠研究,4 项人类研究,1 项人类和黑猩猩研究),并对其 RNA 测序数据集进行了综合性分析^[52]。结果表明,在体细胞重编程为 iPSCs 的过程中,9 个剪接因子的表达水平存在一致性变化,其中最为显著的是 ESRP1。功能实验表明,ESRP1 过表达可提高小鼠胚胎成纤维细胞(MEF)重编程为 iPSCs 的效率,主要通过调控间质上皮转化(MET)相关基因的表达,包括 CD44v, Cdh1 和 Cdh2^[20,52]。最新的研究指出,ESRP1 亦可通过调控转录因子 Grhl1 的可变剪接,提高 MEF 重编程为 iPSCs 的效率^[20]。此外,人胚胎干细胞(hESCs)中 ESRP1 表达的下降,可抑制环状 RNA(circBIRC6)的生成,继而降低 hESCs 的多能性^[53]。

5 结论

本文探讨了 ESRP1 对 Pre-mRNAs 可变剪接的调控,以及这些剪接异构体参与的生理病理过程。随着剪接敏感芯片和高通量测序技术的进步,大量 ESRP1 调控的可变剪接事件已经被揭晓。我们对研究较多、功能相对明确的异构体进行了汇总,值得注意的是,目前仍有许多异构体的功能尚未被阐释。随着研究技术的进步和对 ESRP1 功能的进一步挖掘,以 ESRP1 为中心的可变剪接网络有望成为疾病的预后指标或者治疗靶标。

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