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의학 박사 학위논문

The role of HOXA11 gene in the treatment resist-
ance of glioblastomas

교모세포종의 치료내성에서의
HOXA11의 역할

2017 년 2 월

서울대학교 대학원
의 학 과 신경외과
김 승 현

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The role of HOXA11 gene in the
treatment resistance of glioblastomas

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The Department of Neurosurgery,
Seoul National University College of Medicine

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The role of HOXA11 gene in the treatment resistance of glioblastomas

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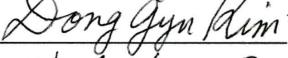
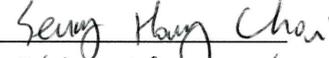
A thesis submitted to the Department of neurosurgery in partial fulfillment of the requirements for the Degree of Doctor of Philosophy in Neurosurgery at Seoul National University College of Medicine

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Abstract

The role of HOXA11 gene in the treatment resistance of glioblastomas

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Purpose. Homeobox (HOX) genes are essential developmental regulators and should normally be in the silenced state in the adult brain. Aberrant expression of HOX genes has been associated with prognosis in many cancer types including glioblastoma (GBM). In this study, the identity and role of HOX genes affecting GBM prognosis and treatment resistance were investigated.

Materials and Methods. By performing microarray analysis of 5 pairs of initial and recurrent human GBM samples, we screened the full series of HOX genes for the most plausible candidate responsible for GBM prognosis. We used another 20 newly diagnosed GBM samples for prognostic validation. *In vitro* experiments were performed to confirm the HOX role in treatment resistance. Mediators involved in HOX gene regulation were searched by using differentially expressed gene analysis, gene set enrichment tests, and network analysis.

Results. Underexpression of HOXA11 was identified as a consistent signature for poor prognosis among HOX genes. Overall survival of GBM pa-

tients indicated significantly favorable prognoses in patients with high HOXA11 expression (31 ± 15.3 months) compared to the prognoses in those with low HOXA11 expression (18 ± 7.3 months, $p=0.03$). When HOXA11 was suppressed in GBM cell lines, anticancer effect of radiotherapy and/or temozolomide was declined. In addition, we identified five candidate mediators (*TGFBR2*, *CRIM1*, *TXNIP*, *DPYSL2*, and *CRMP1*) which may confer oncologic effect after HOXA11 suppression.

Conclusion. Treatment resistance induced by underexpression of HOXA11 can contribute to a poor prognosis in GBM. Further investigation is needed to confirm the value of HOXA11 as a potential target for overcoming treatment resistance by developing chemo- or radio-sensitizers.

keywords : homeobox genes, HOXA11, glioblastoma, treatment resistance

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INTRODUCTION

Homeobox (HOX) genes are essential developmental regulators controlling numerous processes including apoptosis, differentiation, motility, and angiogenesis [1]. In humans, there are four HOX clusters (A, B, C, and D), and 39 HOX genes have been identified [1]. The HOX genes are normally active during embryogenesis, but most are not expressed or are expressed at very low levels in adult brain [2]. However, several reports have indicated that there is aberrant expression of HOX genes in brain tumors as well in as other cancers from various organs [3-6]. Moreover, growing clinical evidence has indicated a prognostic effect of HOX gene expression in several cancers [7-10].

Aberrantly expressed HOX genes in cancer cells have multicapacity functions including metastasis, tumor growth, anti-apoptosis, and differentiation suppression [1]. Overexpression of multiple HOX genes have been shown in glioblastoma (GBM) cell lines and primary astrocytoma [4]. Additionally, some studies have shown that HOX genes are important in treatment resistance in glioblastoma [11-13]. However, the exact mechanism showing the role of HOX genes and their functional relevance in glioma cells remains unclear. Glioblastomas, similar to other cancers, harbor a cell subpopulation that has a stem cell-like capacity that is associated with the development of tumor progeny and treatment resistance [9, 14, 15]. Given the roles of HOX genes in development and organogenesis, it has been postulated that a portion of the relative expression of HOX genes is integral to stem cell activity, specifically self-renewal, tissue specificity, and quiescence [1]. Among the HOX genes, the HOXA cluster is important in

human embryonic stem cell differentiation [16].

Collectively, these previous results suggest that HOX genes are plausible candidates as biomarkers for use in GBM prognosis and a credible target for overcoming treatment resistance in GBM.

We have previously shown that HOX genes are genes of interest related to GBM recurrence and treatment resistance [17]. Moreover, we have reported a mechanism through which the HOXA10 gene affects temozolomide (TMZ) resistance in GBM cell lines [12]. HOXA10 induces transcription of early growth response 1, which sequentially results in phosphatase and tensin homolog (PTEN) and Rad51 paralogs. As a result, the homologous recombination DNA repair system with Rad51 genes can protect cancer cells from temozolomide-induced cytotoxicity [12].

In the present study, we extend our research to another HOX gene, HOXA11, and investigate its role in GBM prognosis.

MATERIALS AND METHODS

1. Patient samples and cell lines

Fresh frozen tumor tissue samples of 5 GBM patients who were available of pairs of initial and recurrent samples for screening, and of another 20 newly diagnosed GBM patients for validation were used in this study. All patients were managed with a standard GBM treatment protocol of concurrent radiotherapy and TMZ treatment, followed by adjuvant TMZ as a primary treatment. Tumor tissues were obtained during surgery, snap-frozen in liquid nitrogen, and stored at -80°C before use. The study was approved by an institutional review committee.

Human glioma U251, U373, and LN18 cell lines were purchased from the American Type Culture Collection (Manassas, VA, USA), and cultured in DMEM containing 10% fetal bovine serum and 5% antibiotics (streptomycin) in a humidified atmosphere of 5% CO_2 and 95% air at 37°C .

2. Reverse transcription-polymerase chain reaction

Cell lines were lysed with TRIzol[®](Life Technologies, Carlsbad, CA, USA), and RNA isolation was performed by using an RNeasy Mini Kit (#74104, Qiagen, Valencia, CA, USA). Total RNA was treated with DNase and then quantified by using spectrophotometry. Additionally, cDNA was synthesized from 1 μg of total RNA by using a reverse transcription kit (#205311, Qiagen) according to the manufacturer's protocol. The primers used were designed by using an online primer-BLAST tool (<http://www.ncbi.nlm.nih.gov/tools/primer-blast/>). The primer sequences for HOXA11 were: 5'-GATTTCTCCAGCCTCCC TTC-3'(forward) and 5'-AGAAATTGGACGAGACTGCC-3'(reverse).

Using these primers, reverse transcription-polymerase chain reaction (RT-PCR) was performed for 35 cycles. Each cycle comprising 95°C for 30seconds, 62°C for 30 seconds, and 72°C for 45 seconds with each primer set. The RT-PCR products were resolved by using 2% agarose gel electrophoresis.

3. Western blot

Whole protein extracts from the tissue samples were prepared by using PRO-PREP lysis buffer (#17081, iNtRon Biotechnology, Sungnam, Korea), and protein concentrations were determined by using a BCA protein assay (#23227, Thermo Fisher Scientific, Waltham, MA, USA). Proteins were separated by using 10% SDS-PAGE, followed by blotting onto nitrocellulose membranes, and probing with antibodies against HOXA11 (#SC-48542, 1:500 dilution, Santa Cruz Biotechnology, Santa Cruz, CA, USA). The blotted membranes were then incubated with a goat anti-rabbit IgG secondary antibody for 1h. Subsequently, the membranes were incubated in Amersham ECL-prime solution (#RPN2232, GE Healthcare Life Sciences, Pittsburgh, PA, USA) in the dark for 1 min and then exposed under Fluor ChemHD2 (Cell Biosciences, Santa Clara, CA, USA) for visualization. Only the samples with consistent result from repeated experiments are selected for analysis. The densities of bands were measured using free image analyzer software (ImageJ V1.8x; National Institutes of Health, USA, <http://rsb.info.nih.gov/ij/>). Results are presented as the mean \pm SEM calculated from independent samples.

4. RNA interference

To knock down HOXA11 expression in cells, small interfering RNA (siRNA) experiments were performed with commercially available sequences tar-

getting HOXA11 (#SASI-Hs01-00110410, #SASI-Hs01-00110413, and #SASI-Hs01-00110417, Sigma Aldrich, St. Louis, MO, USA) as well as with non-targeting control siRNA (#D-001610-01-05, Dharmacon, Lafayette, CO, USA). At 70–80% confluence, the cells were transfected with siRNA at the most efficient transfection condition as determined by the NEON[®] Transfection system(#MPK5000, Life Technologies, Carlsbad, CA, USA). The cells were cultured in media without antibiotics to increase the siRNA transfection efficiency for 24 hours.

5. Cell viability analysis after drug and radiation treatment (RT)

Control and transfected cells were grown on 96-well plates at a density of 4×10^3 cells per well for 24 hours. Subsequently, cells were either treated with TMZ (#ALX-420-044-M100, Enzo Life Sciences, Farmingdale, NY, USA) in a final concentration of 300 $\mu\text{g}/\text{mL}$ for 24 h or irradiated with 4 MV X-rays from a linear accelerator (Clinac 4/100, Varian Medical Systems, Palo Alto, CA, USA) at a dose rate of 10.0 Gy/min. For combination treatment, cells were irradiated first and then treated with TMZ.

Cell viability analysis was performed by using Colorimetric Cell Counting Kit-8(CCK; Dojindo Molecular Technologies, Kumamoto, Japan). Quantification of viable cells was performed according to the manufacturer's instructions by reading the ultraviolet absorption spectra at 450 nm on a microplate 2 h after adding 10 μL of CCK solution per well. All experiments were conducted in triplicate.

6. Microarray

For tissue sample analysis, total RNA extracted from tissue samples by using the mirVana[™] miRNA Isolation Kit (#AM1560, Ambion, Austin, TX, USA) was prepared for microarray analysis after quantification and qualification.

Total RNA quality was determined by using the Agilent 2100 Bioanalyzer (Agilent Technologies, Santa Clara, CA, USA). The cut off RNA integrity number (RIN) for RNA used in RNA amplification was 7.0 or above. The cRNA was produced by using the Illumina TotalPrep RNA Amplification Kit (#IL1791, Ambion) according to the provided protocol. The cRNA was used for hybridization to a human HT12-v4 Illumina Beadchip gene expression array (Illumina, San Diego, CA, USA) according to the manufacturer's protocol. The arrays were scanned and fluorescence signals obtained by using an Illumina BeadArray Reader (Bead Station 500GXDW; Illumina). The signal obtained from the scanned beadchip was transformed to intensity raw data by using Genome Studio software (version 2009.1, Illumina) and was used for further data analysis. Raw data were normalized by applying \log_2 transformation, quantile normalization, and gene and array centering. All data processing was performed by using the R/Bioconductor packages (version 2.14; www.bioconductor.org).

To determine gene expression changes before and after HOXA11 knock-down, extracted total RNA from LN18 cells transduced with siHOXA11 or control siRNA were analyzed by using Affymetrix GeneChip Human Gene 1.0ST Arrays (Affymetrix, Santa Clara, CA, USA). The RNA was amplified and labeled with the GeneChip® WT Sense Target Labeling and Control Reagents Kit (Affymetrix). The cDNA was synthesized, labeled, and hybridized to the GeneChip array according to the manufacturer's protocol. The GeneChips were washed and stained by using the GeneChip Fluidics Station 450 (Affymetrix) and then scanned with the GeneChip Scanner 3000 7G (Affymetrix). Expression data were normalized by using the robust multi-array average method. Affymetrix Expression Console Version 1.1 (Affymetrix) was used to compare the group signals, and data were log-transformed (base 2) for parametric analysis. Differentially expressed

genes (DEGs) were identified by using the significance analysis of microarrays method in the R package ‘samr’ (R 2.11.1).

7. Statistical analysis

Data from experiments were tested for significance by using the unpaired two-tailed Student’s *t* test. ANOVA and Student’s *t* test were used to identify significant differences in cell death rates. The Kaplan–Meier curve analysis was used for generating the overall survival curves. The differences between the survival curves were analyzed using the log-rank test. The results were analyzed by using IBM SPSS Statistics software (version 19.0; SPSS, Armonk, NY, USA).

For microarray analyses, false discovery rates (FDRs) were calculated by using three GenePattern software modules (www.broadinstitute.org/cancer/software/genepattern; Comparative Marker Selection version 10, Hierarchical Clustering version 6, and HeatMap Viewer version 13) [18]. Cutoff value for FDR significance was <0.05 . Significantly regulated genes were subjected to functional gene classification by using the DAVID Bioinformatics Resources annotation tool (version 6.7; <http://david.abcc.ncifcrf.gov/>) [19]. The selected gene IDs of the identified DEGs were entered into Gene MANIA software (<http://www.genemania.org>, version 3.1.2.8) for network analysis [20].

RESULTS

1. Down-regulation of HOXA11 is associated with poor prognosis in glioblastoma patients

Relative HOX gene expression changes between five pairs of primary and recurrent GBM samples were assessed by using microarray analysis (Figure 1). Among the 39 HOX genes, HOXA11 was the only gene that consistently showed significant down-regulation in the recurrent samples ($p=0.046$). Overall survival of a separate set of 20 GBM patients indicated significantly favorable prognoses in patients with high HOXA11 expression compared to the prognoses in those with low HOXA11 protein expression (Figure 2; survival 31 ± 15.3 months with high HOXA11 expression vs. 18 ± 7.3 months with low HOXA11 expression, $p = 0.03$; expression status determined by western blot analysis). Based on results from the clinical samples, down-regulation of HOXA11 is associated with poor prognosis in GBM patients.

2. Suppression of HOXA11 mediates treatment resistance in vitro

To confirm the effect of HOXA11 expression on resistance to the current standard treatment protocol for GBM, three malignant glioma cell lines (U251, U373, and LN18) were transduced with HOXA11 siRNA to assess cell viability. Viable cell fractions were analyzed 72 hours after treatment with either single or combination applications of RT and TMZ. There were significant increment in cells with HOXA11 suppression after either RT or TMZ. (Table 1, Figure 3). When HOXA11 was suppressed, the treatment resistance effect was more pronounced following treatment with a combination of RT and TMZ ($p=0.022$ for RT vs RT/TMZ, and $p=0.053$ for TMZ

vs RT/TMZ).

3. Mediators of HOXA11-related oncologic effect

To identify genes under the regulation of HOXA11, we compared the microarray expression profiling data of control LN18 cells with that of HOXA11-silenced cells with HOXA11 siRNA. LN18 was chosen because it showed the most significant reduction of HOXA11 expression after siRNA transduction among the 3 cell lines tested.(Figure 4) After normalization of values and DEG analysis, we identified 11 up-regulated and 51 down-regulated genes that exhibited more than two-fold changes after HOXA11 suppression (Figure 5, Supplementary dataset 1).

We then used the functional annotation tools within DAVID Bioinformatics Resources (<http://david.abcc.ncifcrf.gov/home.jsp>) to perform gene annotation enrichment analysis for the identified DEGs [19, 21]. Three gene ontology categories (GO:0040008 regulation of growth, GO:0005739 mitochondrion, and GO:0004157 dihydropyrimidinase activity) were significantly enriched (EASE score <0.05) in 11 genes (*EI24*, *CRIMI*, *MULL1*, *TGFBR2*, *TXNIP*, *STXBPI*, *ELK3*, *COX7A2*, *NRAS*, *DPYSL2*, *CRMP1*) among the DEG set (Table 2). For a deeper insight into the HOXA11 regulatory mechanism, a network analysis was performed by using GeneMANIA software (version 3.1.2.8) [20].The network was constructed with coexpression relationships, which revealed *TGFBR2* (transforming growth factor, beta receptor 2), *CRIMI* (cysteine rich transmembrane BMP regulator 1), *TXNIP* (thioredoxin interacting protein), *DPYSL2* (dihydropyrimidinase-like 2), and *CRMP1* (collapsin response mediator protein 1) genes as key hub regulators associated with HOXA11 suppression (Figure 6).

DISCUSSION

Homeobox genes, a cluster of master regulators of embryogenesis, are expressed temporarily during the developmental phase in vertebrates, and they should be silenced in the adult central nervous system [2, 21, 22]. Accumulating evidence of aberrant expression of HOX genes in cancers imply that these genes have diverse roles in oncogenesis [2, 3, 21-26]. In addition, a relationship between HOX genes and treatment resistance or prognosis in cancer has been frequently proposed [9, 11, 12, 27, 28]. There are reports that have shown the tumor suppressor roles of HOX genes in many cancers [1]. Moreover, there are evidences that restoration of expression of tumor suppressor HOX genes can attenuate the cancer progression *in vitro* and *in vivo* [29-31]. We previously presented experimental evidence of an association between HOXA10 and TMZ resistance in GBM [12]. Subsequent reports into the oncogenic role of HOXA10 in various cancers have been published by other study groups [32-40]. However, based on the previous experimental data we suspected that HOXA11 acts as a tumor suppressor in opposition to HOXA10, which encouraged us to study further the function of HOXA11 in GBM.

In this study, we propose a tumor suppressor function of HOXA11 in GBM based on results from both *in vitro* experiments and human samples. There are reports on the role HOXA11 in diverse cancers. In gastric cancer, epigenetic down-regulation of HOXA11 has been related to carcinogenesis, proliferation, migration, and invasion [41, 42]. Similarly, in lung and ovarian cancers down-regulation of HOXA11 was shown to be a poor prognostic factor [43, 44]. In GBM, the epigenetic down-regulation rate of HOXA11

was reported to be 51-75%, and HOXA11 was one of the most frequently methylated genes in GBM [45-47]. The methylation of HOXA11 was significantly associated with older patient age and poor survival in GBM [47]. Beyond that evidence of epigenetic characteristics of HOXA11 as a prognostic marker, we provide direct evidence of the prognostic value of HOXA11 expression in GBM samples (Figures 1 and 2). Based on results in previous reports and those in the present study, it is obvious that HOXA11 is a tumor suppressor in GBM and other cancers.

Treatment resistance induced by HOXA11 down-regulation, as detected by *in vitro* experiments in this study, is a mechanism contributing to a poor prognosis. In addition, we detected candidate mediators (*TGFBR2*, *CRIM1*, *TXNIP*, *DPYSL2*, and *CRMP1*) that may impart treatment resistance after HOXA11 suppression. Reportedly, HOXA11 is one of the tumor suppressor genes that can sensitize a chemotherapeutic agent in ovarian cancer [48, 49]. However, there is little direct evidence of treatment resistance induced by HOXA11 suppression in other cancer types. Regardless, our results provide a promising basis for developing HOXA11 applications that target chemo- or radio-sensitizers in GBM.

Among the five candidate mediators (*TGFBR2*, *CRIM1*, *TXNIP*, *DPYSL2*, and *CRMP1*) of HOXA11 suppression-induced oncologic effect, none have been reported to be associated with a HOXA11 regulatory mechanism.

There are several previous reports that TGF- β signaling plays an important role in the regulation of proliferation, migration, and apoptosis regarding glioblastoma [50]. High activity of TGF- β -SMAD signaling was observed in aggressive glioblastomas and conferred poor prognosis in the patients [51]. Only HOXA13, SMAD2/p-SMAD2 and SMAD3/p-SMAD3 primarily co-localize in the nucleus in GBM cells and that HOXA13 may stabilize phosphorylated R-SMAD by interacting with the MH2 domain in order to

activate the TGF- β signaling pathway [52] .

However, *CRMP1* is of note as it is an invasion-suppressor gene in cancer cells [53]. Recently, it was suggested that decreased CRMP1 expression in GBMs harboring EGFRvIII positivity is responsible for promoting invasion [54]. Moreover, those authors proposed counter-activation of Rac-1 after CRMP1 suppression as a mechanistic hypothesis for the invasive phenotype [54]. Other evidence regarding to the role of HOXA11 in oncogenesis includes a report on the regulation of MMP-2 expression, which can affect cancer cell migration and invasion [55]. Based on these results and those in the present study, we postulate an oncogenic pathway involving EGFRvIII, HOXA11, CRMP1, and Rac-1 in GBM; a pathway worthy of investigation in future studies.

CONCLUSION

In summary, treatment resistance induced by underexpression of HOXA11 can contribute to a poor prognosis in GBM. Further investigation is needed to confirm the value of HOXA11 as a potential target for overcoming treatment resistance by developing chemo- or radio-sensitizers.

Table 1. Differences in survival fraction after direct inhibition of HOXA11 by siRNA compared with control in cells 72 hours after treatment with single or combination applications of radiation (RT) and temozolomide (TMZ) treatments.

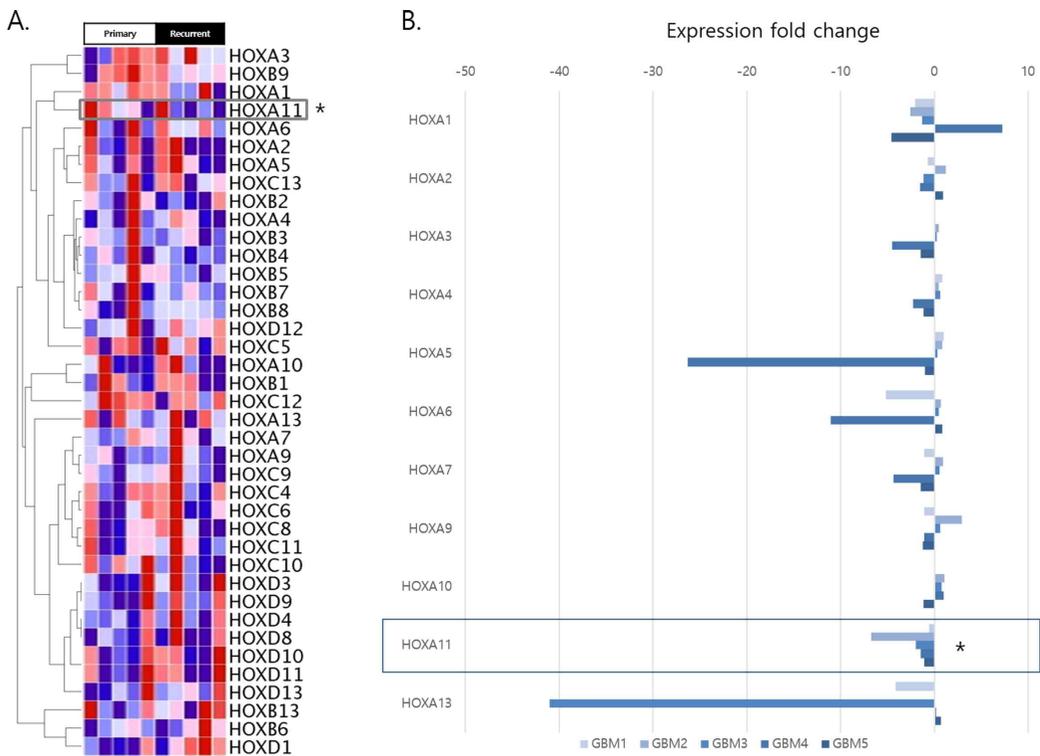
	RT	TMZ	RT/TMZ
U251	10.6%	19.7%	45.5%
U373	36.8%	34.6%	55.8%
LN18	7.0%	24.6%	29.1%

Table 2. Enriched gene ontology categories in genes expressed differently after HOXA11 suppression in LN18 cells.

Gene ontology category	EASE Score	iHOXA11/Control		Gene Accession	Gene Symbol	Gene Description	Cytoband
		log2 ratio	Absolute fold change				
GO:0040008 Regulation of growth	0.0390089	-1.01254	2.0174599	NM_004879	<i>EI24</i>	etoposide induced 2.4 mRNA	11q24
		-1.0791	2.1127177	NM_016441	<i>CRIMI</i>	cysteine rich transmembrane BMP regulator 1 (chordin-like)	2p21
		-1.105641	2.1519447	NM_024544	<i>MUL1</i>	mitochondrial E3 ubiquitin protein ligase 1	1p36.12
		-1.645323	3.1281789	NM_001024847	<i>TGFBR2</i>	"transforming growth factor, beta receptor II (70/80kDa) "	3p22
GO:0005739 Mitochondrion	0.0436296	1.06418	2.0909811	NM_006472	<i>TXNIP</i>	thioredoxin interacting protein	1q21.1
		-1.10251	2.1472795	NM_003165	<i>STXBP1</i>	syntaxin binding protein 1	9q34.1
		-1.105641	2.1519447	NM_024544	<i>MUL1</i>	mitochondrial E3 ubiquitin protein ligase 1	1p36.12
		-1.191529	2.2839467	NM_005230	<i>ELK3</i>	"ELK3, ETS-domain protein (SRF accessory protein 2) "	12q23
		-1.229528	2.3449026	NM_001865	<i>COX7A2</i>	cytochrome c oxidase subunit VIIa polypeptide 2 (liver)	6q12
		-1.43432	2.7025475	NM_002524	<i>NRAS</i>	neuroblastoma RAS viral (v-ras) oncogene homolog	1p13.2
		-1.627447	3.0896577	NM_001386	<i>DPYSL2</i>	dihydropyrimidinase-like 2	8p22-p21
GO:0004157 Dihydropyrimidinase activity	0.0101296	-1.017135	2.0238958	NM_001313	<i>CRMP1</i>	collapsin response mediator protein 1	4p16.1
		-1.627447	3.0896577	NM_001386	<i>DPYSL2</i>	dihydropyrimidinase-like 2	8p22-p21

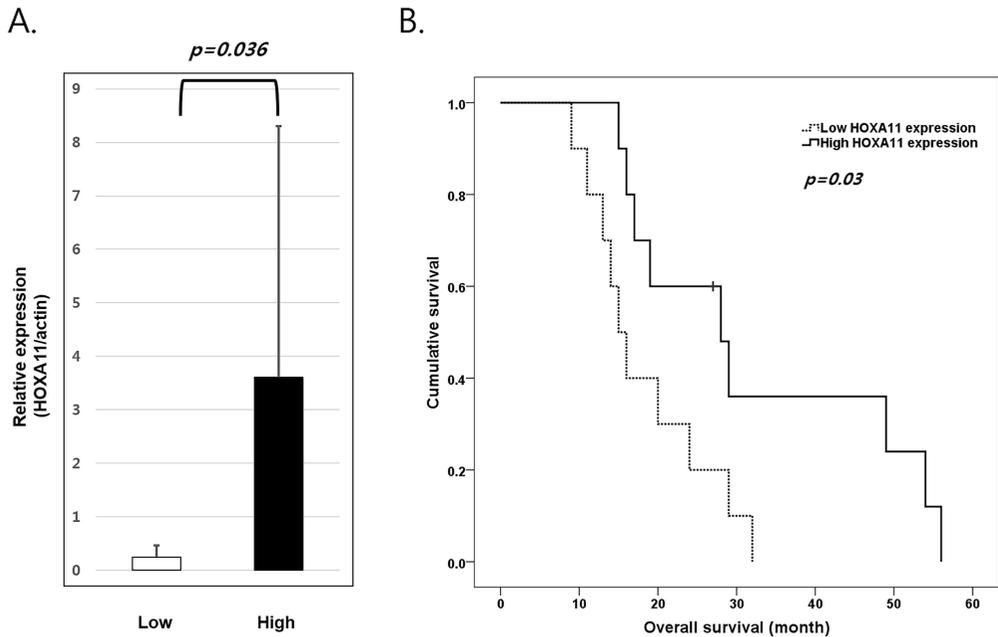
Figure legends

Figure 1



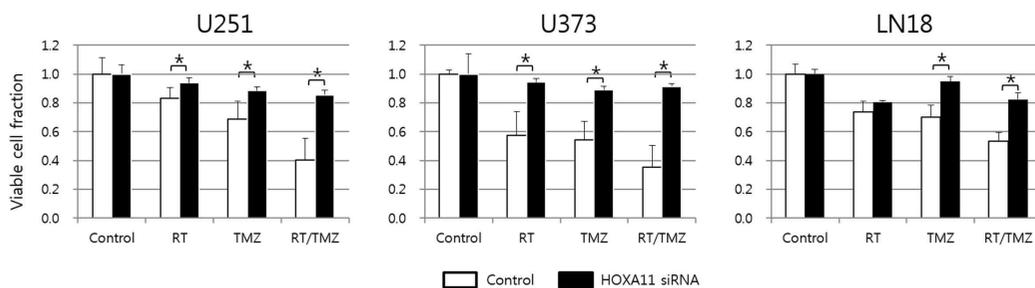
Relative expression changes in homeobox (HOX) genes among five pairs of primary and recurrent glioblastoma (GBM) samples as determined by using microarray analysis **A**. Heatmap and hierarchical clustering analysis shows inconsistent results in sequential HOX gene expression changes between primary and recurrent samples, except for HOXA11. **B**. HOXA11 gene is the only HOX gene that consistently down-regulated in recurrent GBM samples compared to primary samples for all five sample pairs.

Figure 2



A. Result of western blot analysis for normalized HOXA10 expression. Patients were grouped according to the HOXA10 expression macroscopically, and confirmed the difference in expression level by intensity measurement of the bands. **B.** Overall survival of a separate cohort of GBM patients by HOXA11 expression. Survival was significantly longer in patients with high HOXA11 expression (31 ± 15.3 months) than in those with low HOXA11 expression (18 ± 7.3 months, $p = 0.037$).

Figure 3



Treatment resistance of glioma cell lines (U251, U373, and LN18) assessed by cell viability tests after inhibition of HOXA11 and presented as relative viable cell fractions. Direct inhibition of HOXA11 by siRNA resulted in a significant increase in cell survival, 72 hours after single or combination applications of radiation (RT) and temozolomide (TMZ) treatments (* indicates $p < 0.05$).

Figure 4. LN18 was chosen because it showed the most significant reduction of HOXA11 expression after siRNA transduction among the 3 cell lines tested.

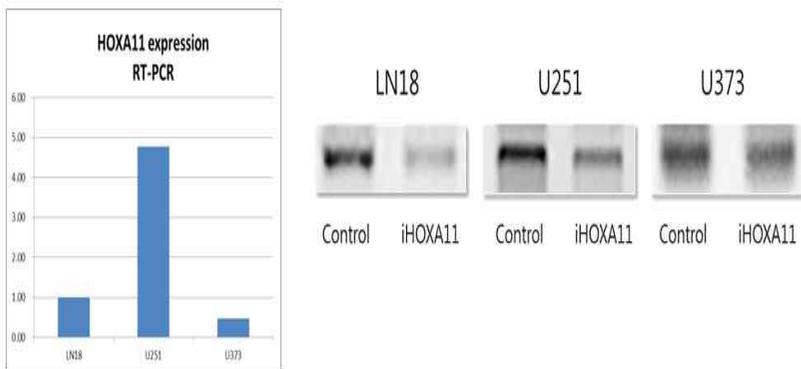
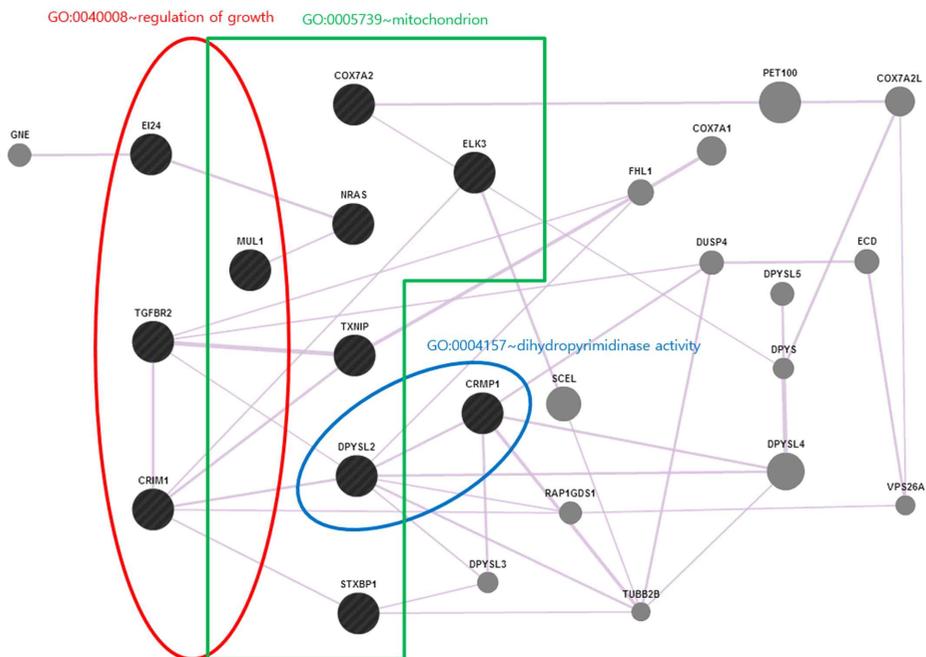


Figure 6. Coexpression network incorporating selected gene sets drawn from the functional gene annotation enrichment analysis of differentially expressed genes after HOXA11 suppression. Network was constructed based on coexpression interactions by using GeneMANIA software (version 3.1.2.8). The key hub regulators associated with HOXA11 suppression are expressed as black solid circles.



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국문초록

교모세포종의 치료내성에서의 HOXA11의 역할

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연구 배경: Hox(homeobox) 유전자의 이상발현이 교모세포종(Glioblastoma)을 포함한 다양한 유형의 암의 예후와 연관되어 있음이 밝혀지고 있다. 우리는 교모세포종의 예후와 치료내성(treatment resistance)과 연관된 Hox 유전자의 역할을 연구하고자 하였다.

연구 방법: 본 연구는 인간 교모세포종 조직표본의 미세정렬분석(microarray analysis)을 이용하여 치료내성과 예후에 영향을 미치는 가장 타당한 후보(candidate)를 찾기 위해 HOX 유전자 전체를 검색하였다. 또한 치료내성에 대한 역할을 입증하기 위한 생체의 실험을 수행하였으며 유전자 분석(expressed gene analysis)과 유전자 집단 농축시험(gene set enrichment test) 과 회로 분석(network analysis)를 별도로 수행하여 Hox 유전자의 조절을 포함한 매개체(mediators)들을 검색하였다.

연구 결과: HOX 유전자 중 HOXA11의 저발현이 나쁜 예후를 예측할 수 있는 일관된 특성으로 확인되었다. 교모세포종 환자의 전체 생존률은 높은 HOXA11 발현률을 보인 환자군(31 ± 15.3 months)에서 낮은 HOXA11 발현률을 보인 환자군(18 ± 7.3 months)보다 통계학적으로 의미있는($p=0.03$) 좋은 예후를 보였다. 교모세포종 세포주 (GBM cell lines)에 HOXA11을 억제

했을때, 방사선 치료 및 temozolomide의 항종양효과가 감소했다. 더욱이 우리는 HOXA11 억제 이후 발암 효과를 매개하는 5개의 후보 중개자 (candidate mediators ; *TGFBR2*, *CRIM1*, *TXNIP* ,*DPYSL2*, *CRMP1*)를 발견하였다.

결론: HOXA11의 저발현으로 인한 치료 내성은 교모세포종의 나쁜 예후의 한 원인이 될 수 있다. 항암 및 방사선치료에 대한 치료 내성을 극복하기 위한 가능성 있는 지표로서의 HOXA11의 가치를 확립하는 추가적인 연구가 더 필요할 것으로 생각된다.

주요단어: Hox(homeobox) 유전자, HOXA11, 교모세포종, 치료 내성

학번: 2011-31116