

Assessment of LncRNA CASC2 and TUG1 expression in Hepatocellular Carcinoma

Thesis

Submitted for Partial Fulfillment of Master Degree in Medical Biochemistry and Molecular Biology

By

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سورة البقرة الآية: ٣٢

Acknowledgment

First of all, my utmost gratitude is to **Allah**, the most gracious and the most merciful for all the blessings He has given me, and for helping me to complete this work.

Then, I would like to express my great appreciation and profound respect to my honored **Prof. Dr. Hany Youssef Halim**, Professor of Medical Biochemistry and Molecular Biology, Faculty of Medicine, Ain Shams University, for his masterly teaching, valuable advice, generous help and great support. I was honored to be his candidate and to be guided throughout this work by his great thoughts.

My deepest gratitude to **Dr. Manal Louis Louka**, Assistant Professor of Medical Biochemistry and Molecular Biology, Faculty of Medicine, Ain Shams University, for her dynamic effort, consistent supervision and precious guidance.

Special thanks are due to **Dr. Iman Fawzy Montasser**, Assistant Professor of Tropical Medicine, Faculty of Medicine, Ain Shams University, for her sincere efforts, cooperation and fruitful encouragement.

I would also like to thank **Dr. Nashwa EL-Khazragy**, Consultant of Clinical Pathology L Hematology, Faculty of Medicine, Ain Shams University, for her great support and kind supervision.

I would also like to thank my friends and colleagues for their valuable help and advice.

A special thanks to my family. Words cannot express how grateful I am to my Mother for her care, support, encouragement and sacrifices that she had made on my behalf.

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List of Abbreviations

Abb.	Full term
AASLD	American Association for the Study of Liver Diseases
AF	Aflatoxin
AFP	α-fetoprotein
	Alkaline phosphatase
	Alanine transaminase
ANOVA	Analysis of variance
	antisense non-coding RNA in the INK4 locus
	Aspartate transaminase
AUC	Area under the curve
BCLC	Barcelona Clinic Liver Cancer
BUN	Blood urea nitrogen
	Cancer susceptibility candidate 2
cDNA	Complementary DNA
CHC	Chronic hepatitis C
CRNDE	Colorectal Neoplasia Differentially Expressed Long Non-Coding RNA
Ct	Threshold Cycle
CUDR	Cancer upregulated drug-resistant
DM	Diabetes mellitus
DNA	Deoxyribonucleic acid
dT	Deoxythymidine
EASL	European Association for the Study of the Liver
EDTA	Ethylenediaminetetraacetic acid
	extracellular signal-regulated kinases
	Oesophageal squamous cell carcinoma
	Enhancer of zeste homolog 2
FN	
FP	

List of Abbreviations (Cont...)

Abb.	Full term
GAPDH	Glyceraldehyde 3-phosphate dehydrogenase
GPC-3	
	Hepatitis B virus
	Hepatocellular carcinoma
HCV	Hepatitis C virus
HEIH	Highly Expressed In Hepatocellular
	Carcinoma Long Non-Coding RNA
HOTAIR	HOX transcript antisense RNA
HOXB7	Homeobox B7
hr	Hour
HULC	Hepatocellular Carcinoma Up-Regulated Long Non-Coding RNA
IFN	Interferon
IL-6	Interleukin 6
INR	International Normalised Ratio
JNK	c-Jun N-terminal kinases
kb	Kilobase
kDa	Kilodalton
lncRNA DBH-AS1.	.DBH (Dopamine Beta-Hydroxylase) Antisense RNA
lncRNA	Long non-coding ribonucleic acid
lncRNA-Dreh	down-regulated in hepatocellular carcinoma Long Non-Coding RNA
lncRNA-LET	lncRNA Low Expression in Tumor
MALAT-1	Metastasis Associated Lung Adenocarcinoma Transcript 1
MAPK	Mitogen-activated protein kinase
MEG3	maternally expressed Gene 3
min	Minute
miRNA	Microribonucleic acid

List of Abbreviations (Cont...)

Full term Abb. mRNA Messenger ribonucleic acid MVIH..... Long noncoding RNA associated with microvascular invasion in hepatocellular nNumber NAFLD Non alcoholic fatty liver disease NaSe Sodium selenite NASH Non alcoholic steatohepatitis NASH...... Nonalcoholic steatohepatitis ncRNA Non coding ribonucleic acid NFE2L2 Nuclear Factor, Erythroid 2 Like 2 NF-κB Nuclear factor kappa-light-chain-enhancer of activated B cells NPV Negative predictive value NRF2.....Nuclear factor-like 2 NSCLC...... Non-squamous cell lung carcinoma nt Nucleotide O.D Optical density °C Centigrade p Probability of being by chance value PAMP...... Pathogen-Associated Molecular Pattern PCRPolymerase chain reaction PPVPositive predictive value PT..... Prothrombin time qRT-PCR Quantitative reverse transcription polymerase chain reaction r Correlation coefficient RNA Ribonucleic acid ROC Receiver operating characteristic rpm Revolutions per minute

List of Abbreviations (Cont...)

Abb. Full term RQ Relative quantification RT Reverse Transcription SD Standard deviation TN True negative TNF α Tumor necrosis factor α TNM Tumor, node, metastasis TLR3 Toll-like receptor 3 TP True positive TUG1 Taurine Up-regulated Gene 1 Δ Ct Delta Threshold Cycle

Introduction

epatocellular carcinoma (HCC) is the dominant histological type of primary liver cancer which accounts for 70–85 % of primary malignancies in liver.

HCC represents the sixth most common neoplasm in humans, and it is now the third leading cause of cancer deaths worldwide. Its incidence is increasing, ranging between 3% and 9% annually (*Allan et al.*, *2014*).

HCC is the most common cancer among males in Egypt, where it is responsible for 33.63% and 13.54% of all cancers in males and females respectively (*Anwar et al., 2008*). Its prevalence is 10% and it represents about 45.3% of the new cases of the digestive system cancers (*Miller and Abu-Raddad*, 2010).

Unfortunately, treatment options for HCC patients are limited, and the disease is often diagnosed at an advanced stage. The usual outcome is poor, because only 10–20% of hepatocellular carcinomas can be removed completely using surgery (*Lehman et al.*, 2008).

If the cancer cannot be completely removed, the disease is usually killing within 3 to 6 months (*Venook et al.*, *2010*).

Generally, hepatocarcinogenesis is a multistep process involving a number of genetic or epigenetic alterations that

eventually result in the malignant transformation of hepatocytes. There have been significant advances in diagnosis and management of HCC and lots of therapeutic strategies have been improved. However, the 5-year overall survival rate remains very low and the biology of HCC remains poorly understood. Therefore, the identification of the new biomarkers for HCC and a detailed understanding of the molecular mechanisms underlying hepatic carcinogenesis will supply an arm for improving diagnosis and management (Wang et al., 2002).

With the completion of the human genome work, it was realized that more than 90 % of the genomic DNA could transcript into noncoding RNAs (ncRNAs) (van Bakel et al., *2010*).

Long ncRNAs (lncRNAs), which are defined as being longer than 200 nucleotides, emerge as essential regulators in almost all aspects of biology, via regulation of chromatin organization, at transcriptional and post- transcriptional level. Additionally, a number of studies demonstrated that lncRNAs play an important role in tumorigenesis, and their mis-expression confers tumor initiation, cancer cell growth and metastasis.

Mounting evidence has shown that lncRNAs are capable of influencing various cellular processes such as proliferation, cell cycle progression, cell growth, and apoptosis, and thus play important roles in carcinogenesis and cancer metastasis (*Jeffares et al.*, 1998).

Taurine Up-regulated Gene 1 (TUG1), a 7.1-kb lncRNA, was originally identified as a contributor in the formation of photoreceptors and in retinal development in mice. Recently, TUG1 was found to be generally down-regulated in NSCLC (non-squamous cell lung carcinoma) (*Zhang et al., 2014*). On the contrary, some studies showed that TUG1 can promote the cell proliferation of ESCC (oesophageal squamous cell carcinoma) (*Xu et al., 2014*), urothelial carcinoma of the bladder (*Han et al., 2013*) and osteosarcoma (*Zhang et al., 2013*).

A new lncRNA, cancer susceptibility candidate 2 (CASC2), located at chromosome 10q26, was originally identified as a down-regulated gene in endometrial cancer and acted as a tumor suppressor gene (*Baldinu et al.*, 2007). It was also reported that CASC2 suppresses malignancy in human gliomas by miR-21 (*Wang et al.*, 2015) and was down-regulated in non-small cell lung carcinoma as well (*Han et al.*, 2016). But little is known about CASC2 and HCC, and also its relation with TUG1 remains unclear (*Huang et al.*, 2015).

AIM OF THE WORK

- 1. To evaluate both LncRNA TUG1 and CASC2 gene expression in whole blood and/or sera of HCC patients, as well as normal healthy subjects.
- 2. To relate LncRNA TUG1 and CASC2 to each other and to the different clinicopathological factors in HCC.
- 3. Explore new potential biomarkers with a valid non-invasive technique.