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· 综述 ·

lncRNA 与白血病

lncRNA and leukemia

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[摘要] 在基础研究方面,业已证实 lncRNA 主要以癌基因或抑癌基因两种形式参与白血病细胞的增殖、分化或凋亡过程,是白血病发生和发展的重要因素。临床研究表明, lncRNA 与白血病的诊断、分型、风险分级和预后判断有关,具有成为临床病情监测的生物标志物潜力。以 lncRNA siRNA 为代表的白血病治疗性分子产品也表现出了良好的应用前景。但是, lncRNA 在 AML 领域的研究依然面临着许多问题和挑战,需要进一步筛选特异性较高的关键标志性和功能性 lncRNA,通过大型队列非干预性临床试验验证其作为生物标志物或治疗靶点的可行性。

[关键词] lncRNA;白血病;诊断;预后

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在人类基因组中, lncRNA 在表观遗传水平、转录和转录后水平、翻译和翻译后水平等多种层面调控病理生理过程^[1-2],可以癌基因或抑癌基因形式参与白血病的发生、发展、耐药或转移^[3-4]。越来越多的研究^[3,5]发现, lncRNA 与白血病的诊断、分型、预后或风险分层密切相关,并且具有成为监测白血病病情演化的生物标志物的潜力。针对白血病特异性和功能性 lncRNA 的 siRNA 等干预技术或分子产品有望给白血病患者提供新的治疗方法^[5-6]。本文依据文献报道和数据库分析的结果,对 lncRNA 和白血病之间的关系进行分析和总结,同时对该研究领域的发展趋势进行展望。

1 lncRNA 与白血病细胞的生物学活性

lncRNA 在多种类型的白血病中表达异常或紊乱,并以癌基因或抑癌基因的形式发挥着促进或抑制白血病细胞增殖、分化或凋亡的不同作用。

以促进白血病细胞增殖为主的 lncRNA 包括: lncRNA IRAIN^[7-10]、 lncRNA CCAT1^[11]、 lncRNA RUNXOR^[12]、 lncRNA ANRIL^[13], 与 T-ALL^[14-15] 或 CLL^[5,16-17] 相关的 lncRNA NALT1, 以及 lncRNA KCNQ1OT1 (KCNQ1 opposite strand/antisense transcript 1, KCNQ1OT1)^[18-19]。而 lncRNA Xist 则是发挥抑癌基因作用的典型代表^[20-21]。

对 lncRNA 与白血病细胞分化的研究结果发现, lncRNA NEAT1 与急性早幼粒细胞白血病 (acute promyelocytic leukemia, APL) NB4 细胞株的粒系分化程度正相关,干扰 NEAT1 表达可以阻滞其分化水平^[22-23]。在慢性髓系白血病 (chronic myeloid leukemia, CML) 细胞中,下调 lncRNA SNHG5 的表达

可以显著增加 CML 细胞的分化水平^[24-25]。 lncRNA HOTAIRM1 在 ATRA 诱导的 NB4 细胞粒细胞成熟分化过程中表达水平升高,敲除 HOTAIRM1 基因会阻滞粒细胞的成熟^[26-27]。与急性髓系白血病分化有关的 lncRNA NR-104098^[28-29], lncRNA PVT1^[30-31] 和 lncRNA UCA1^[32-33] 等也相继被发现和公开报道。

除了上述增殖和分化两个角度的报道外, lncRNA 对白血病细胞凋亡也有重要的调控作用。例如, lncRNA UCA1 以 UCA1/miR-296-3p/Myc 信号轴的形式发挥抑制 AML 细胞凋亡的作用^[34-35]; lncRNA HOXA-AS2 通过抑制 TRAIL 的表达而抑制白血病细胞的凋亡水平^[36]; lncRNA HULC 通过 PI3K/Akt 途径或 miRNA-150-5p 阻止 CML 细胞的凋亡^[37-39]。

有研究^[40-41]利用数据库对众多与白血病有关的 lncRNA 进行了系统性的分析和总结,结果发现,癌基因 lncRNA 包括 H19、HOTAIR、TUG1、UCA1、PANDAR、RUNXOR、SNHG5、ANRIL、PVT-1、CCAT1、HOTAIRM1、CCDC26、XLOC_109948、DANCR、MALAT1、PACT-1 和 TUC338 等;抑癌基因 lncRNA 主要包括 IRAIN、NEAT1、MEG3、CASC15、

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GAS5、lincRNA-p21 和 PTENP1 等。其中,以 MEG3 为代表的部分 lincRNA 同时具有致癌性和抑癌性双重作用。总之,随着研究的不断深入,高通量筛选平台和技术提高,将会有更多的增殖、分化或凋亡关联 lincRNA 被逐渐发现,而如何发现和筛选关键的白血病关联性和相对特异性 lincRNA,对于其作为生物标志物或治疗靶点的价值至关重要。

2 lincRNA 与白血病的诊断

lincRNA 的表达水平或其差异表达谱可以用作白血病诊断、分型、风险分级和预后判断的生物标志物^[3-5]。例如, Lnc-SOX6-1^[42]和 lincRNA HOTAIR 的表达上调是 AML 患者诊断的辅助指标^[20,43-44], lincRNA PVT1 是 APL 患者的特异诊断指标^[45-46], T-ALL-R-lincR1 是 T-ALL 临床诊断辅助指标^[46], 而 NONHSAT027612.2 和 NONHSAT134556.2 两个新发现的 lincRNA 是 C-ALL 患者的相对特异性诊断指标^[47]。目前,被认为可用于白血病患者辅助诊断的高表达 lincRNA 包括 CCAT1、CCDC26、CRNDE、HOTAIR、KCNQ5IT1、LINC00265、MALAT1、PVT1、SNHG5 和 TUG1, 而低表达 lincRNA 包括 MEG3 和 NEAT1^[48]。

lincRNA 对于白血病的分型也有一定的参考价值。研究^[3-5,20]发现了部分白血病亚型特征性 lincRNA, 例如, lincRNA H19 在 M1-2 型 AML 患者中表达上调, LINC00877、lincRNA RP11-84C10.2、lincRNA RP11-848P1.3 和 lincRNA ZNF667-AS1 在 M3 型 AML 中表达下调, LINC02082-201 和 lincRNA AC009495.2 在 M3 AML 中则表达上调, lincRNA HOTTIP、lincRNA SNHG5 和 lincRNA CCAT1 在 M4-5 型 AML 中表达上调, CCAT1、PVT1 和 XLOC_109948 则是在携带风险突变基因的 AML 患者中过度表达。PAPAIOANNOU 等^[49]检测了 148 名细胞遗传学正常 AML (CN-AML) 老年患者的 lincRNA 表达, 发现与 FLT3-ITD、NPM1、CEBPA、IDH2、ASLX1 或 RUNX1 等突变相关的独特 lincRNA 表达谱可以区别不同突变类型的白血病。GOURVEST 等^[50]通过 RNA 测序破译了与复发性 AML 突变相关的 lincRNA 转录组, 发现 12 种 lincRNA 的不同表达谱能够区分 NPM1 突变和 NPM1 野生型患者。此外, DIAZ-BEYA 等^[51]通过微阵列研究了与染色体异常相关的 AML 患者的 lincRNA 表达, 发现在 t(8; 16) 阳性病例 linc-HOXA11、HOXA11-AS、HOTTIP 和 NR_038120 表达上调。当然, 上述 lincRNA 在临床诊断或亚型鉴别中的作用价值, 还需要进一步的多中心大样本研究结果来证实。

3 lincRNA 与白血病的治疗

lincRNA 在白血病的发生发展中有重要作用, 因此其发挥作用的各个环节均具有成为白血病靶向干预治疗靶点的潜力。虽然尚无成功用于临床或上市的 lincRNA 干扰药物, 但是针对 lincRNA 靶向治疗的研究依然是目前国内外学者关注的重点方向之一。但是, 研究人员逐渐认识到, 与蛋白质编码转录本相比, 靶向 lincRNA 具有一定的挑战性。因为缺乏蛋白质产物就意味着只能使用基于 RNA 的干预治疗工具。此外, 与具有小分子药物靶向结合的特定结构域的蛋白质不同, 研究者对 lincRNA 的构象知之甚少, 使得基于结构的策略也难以实施。即使如此, 国内外学者依然尝试了几种比较可行的方法: 其一是基于传统的 siRNA 技术的策略^[40], 在这方面, lincRNA DANCR siRNA 纳米颗粒^[52]和 UCA1 siRNA 都在白血病细胞体外实验中获得明显效果^[53]; 另一种方法是使用反义寡核苷酸抑制 lincRNA 表达^[54-56]。目前, 研究人员正在积极开发基于寡核苷酸的白血病治疗策略, 但面临着如何提高药物递送效率和延长体内半衰期的问题。另外, 也有学者^[57]尝试使用基于破坏 lincRNA-蛋白质相互作用的小分子抑制剂的创新治疗策略。

针对抑癌基因类 lincRNA, 可以通过病毒或非病毒载体转染而诱导特定的抑癌 lincRNA 过表达, 从而抑制白血病细胞的生长。例如, 增强 HOTAIRM1 表达可以诱导 APL 细胞中 PML/RAR α 癌蛋白的降解, 恢复白血病细胞的正常分化过程^[26]。另外, 新的基因组编辑策略, 如 CRISPR/Cas9, 也可用于插入抑癌基因或敲除癌基因 lincRNA。甚至改进后的 CRISPR 系统还可以纠正致癌 lincRNA 的 SNP, 如 ANRIL、MALAT1、HULC 中的 SNP^[40,58]。

耐药性是白血病治疗失败的主要原因之一, lincRNA 干预可在一定程度上逆转白血病细胞的耐药。lincRNA FENDRR 在多柔比星耐药的 CML 细胞中表达明显下调, 诱导 FENDRR 表达有望成为 CML 耐药性逆转的重要手段^[59]。YANG 等^[60]证明, linc00239 主要通过调控 PI3K/Akt/mTOR 轴而促进 AML 细胞增殖, 降低其对多柔比星的敏感性, 表明干预 linc00239 表达是治疗 AML 的潜在途径。与癌症化疗耐药性相关的 lincRNA TUG1^[61]在多柔比星耐药的 AML 细胞中也表达上调, 下调 TUG1 的表达则提高耐药 AML 细胞的凋亡水平^[23,62]。但尚未见有关靶向干预 lincRNA 用于临床治疗的成功案例的报道。

4 lincRNA 与白血病的预后

部分 lincRNA 在监测白血病患者预后中均表现

出了较好的应用潜力。如 lncRNA CASC15 高表达是儿童 B-ALL 和 AML 患者良好预后指标^[63]; lncRNA MEG3 甲基化水平较高的 AML 患者具有更长的总体生存期(overall survival, OS)和较高的 5 年无病生存率(disease free survival, DFS)^[64-65]。然而,更多的研究结果显示 lncRNA 高表达与预后不良有关,如较低的完全缓解(complete remission, CR)率、较短的 OS、较低的 DFS 或者无事件生存率(event-free survival, EFS)。例如,各个亚型的非 M3 型 AML 患者中的 lncRNA PANDAR^[66-67]、细胞遗传学异常的 AML 患者中的 lncRNA SNHG5^[68]、NPM1 突变的中风险亚组 AML 患者的 lncRNA HOTAIRM1^[69]、AML 患者的 lncRNA LOC285758^[70]、t(8;21) 阳性 AML 患者的 lncRNA CCAT1 和 lncRNA PVT1^[71], 以及 AML 患者的 lncRNA H19^[72-73] 的高表达等。

一些较大规模或多中心的研究结果进一步证实了 lncRNA 在白血病预后中的作用。例如,分析 148 例未经治疗的正常核型 AML 老年患者 lncRNA 的丰度和表达谱,筛选出与预后相关程度最高的 48 个 lncRNA 并确定了评分标准,证明 lncRNA 表达谱与 AML 的复发和预后有关,有助于制定白血病精准治疗方案^[49]。在另一项涉及 AML 患者 lncRNA 表达谱的临床研究中发现, P11-222K16.2、AC092580.4 和 RP11-3050.6 三种 lncRNA 的表达与 AML 复发或 OS 有关^[74]。PAPAIOANNOU 等^[75]确定了 24 个 lncRNA 的评分体系,并证实它们是无病生存和无事件生存的独立预后指标。TANG 等^[76]在一组细胞遗传学正常的 AML 患者中选择了 DIRC3-AS1 等 10 个 lncRNA,基于 Cox 系数生成了 10-lncRNA 风险评分系统,发现 DIRC3-AS1 的功能失常与 AML 患者预后相关。尽管发现了某些个体 lncRNA 或 lncRNA 组可能具有独立或辅助评估白血病预后的生物标志物作用,但是其预后判断价值仍然需要多中心和大规模的临床验证来佐证。

5 小结

目前, lncRNA 是白血病 RNA 基因组研究领域的热点,其不仅可以通过癌基因或抑癌基因等形式参与白血病的发生和发展过程,也是白血病诊断、分型、风险分层和预后判断的生物标志物。随着研究的不断深入和高通量测序技术的不断发展,越来越多的与白血病相关的 lncRNA 被发现,以 lncRNA siRNA 为代表的靶向干预治疗技术或分子产品也将会给白血病患者带来新的希望。但要实现从基础研究过渡到临床应用的真正转化,依然面临着许多问题和挑战。首先是需要进一步明确白血病亚型或分

子遗传背景不同的患者中,特异性或相对特异性的癌基因或抑癌基因 lncRNA;其次, lncRNA 在用作诊断生物标志物或治疗靶标方面的研究更是处于起步阶段,需要精心设计的队列研究,特别是大型队列非干预性临床试验数据的支持;第三, siRNA 等干预技术或分子产品的载体或递送技术仍仍需优化;最后,抑癌基因 lncRNA 的表达恢复、其下游信号的抑制剂和耐药逆转等策略均尚不成熟,有待进一步研究。

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