

MST4 Regulates Epithelial–Mesenchymal Transition of Choriocarcinoma by Mediating TGF- β 1 Expression

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Background: Mammalian Ste20-like kinase 4 (*MST4*), also known as serine/threonine kinase 26 (*STK26*), promotes development of several cancers and is found to be highly expressed in the placenta. However, in choriocarcinoma that originated from the placenta, the expression of *MST4* was undetermined and its mechanism was unknown. In this study, the expression of *MST4* in choriocarcinoma as well as the underlying mechanism was explored. **Purpose:** To detect the expression of *MST4* in patient samples and mechanism of mediating EMT by *MST4* in choriocarcinoma.

Patients and Methods: The metastatic lesions of choriocarcinoma (n=17) and volunteer villus (n=17) were collected to determine *MST4* expression using immunohistochemistry and H&E staining. We use siRNA and lentiviral vector to knockdown *MST4* and use plasmid to overexpress *MST4* in choriocarcinoma. Then, we apply real-time polymerase chain reaction (RT-PCR), Western blot assay and immunofluorescence assay to detect target protein expressions. Cell invasion and migration and cell proliferation were detected by transwell assay and wound healing assay and CCK-8 and cell colony formation.

Results: *MST4* is lowly expressed in the metastatic lesions of choriocarcinoma patients when compared with normal villus. Knockdown of *MST4* activated epithelial–mesenchymal transition (EMT) process, significantly increasing the ability of invasion and migration in choriocarcinoma cell lines (JAR and JEG-3). In contrast, the EMT process was restrained in choriocarcinoma cell lines with overexpressed *MST4*. Meanwhile, genome-wide gene expression array, Western blot and ELISA revealed that tumor growth factor-beta 1 (TGF- β 1) has significantly increased. The EMT process and metastatic prompting biofunction were reversed after using TGF- β 1 inhibitor (LY364947) in the choriocarcinoma cell lines with *MST4* knockdown.

Conclusion: Our studies demonstrated that *MST4* was lowly expressed in patient samples. Additionally, JAR and JEG-3 increase cell invasion and migration ability while there is no influence on cell proliferation with *MST4* knockdown. Conversely, the metastatic ability of JAR and JEG-3 was decreased with overexpressed *MST4*. Moreover, TGF- β 1 was a key factor after *MST4* knockdown. In conclusion, *MST4* affects choriocarcinoma EMT by mediating TGF- β 1 expression.

Keywords: choriocarcinoma, TGF- β 1, EMT, *MST4*

Introduction

Choriocarcinoma is a rare and highly malignant epithelial tumor.¹ Accounting for 0.3% and 15.1% mortality rate in low risk and high risk patients of China, respectively.^{2,3} However, the mechanism of choriocarcinoma still remains to unclear, and lacks research to demonstrate how it develops.

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Mammalian Ste20-like kinase 4 (MST4), also known as serine/threonine kinase 26 (*STK26*), is characterized in 2001, and located on Xq25-26.3.⁴ It belongs to the germinal center kinase (GCK) group III kinase family, which includes other kinases of Ste20-like kinases, such as *MST1*, *MST2*, and *MST3*.⁵ It consists of a C-terminal regulatory domain and an N-terminal kinase domain, and the signaling cascade consists of a series of conserved elements that control cell polarity.⁶ Due to its kinase activity, *MST4* is considered to have many biological functions both physiologically and pathologically.^{7–9} For instance, *MST4* has been reported to act as an oncogene for EMT, promoting metastasis and proliferation in pancreatic cancer¹⁰ and stimulating migration in hepatocellular carcinoma.¹¹ *MST4* has been reported to be highly expressed in the placenta. Interestingly, placenta is considered as the origin of choriocarcinoma. However, it is still unclear as to whether *MST4* affects the malignant development of choriocarcinoma.

Epithelial–mesenchymal transition (EMT) is a process that is related to the function of a variety of tumors, including tumor initiation, malignant progression, tumor stemness and tumor drug resistance, promoting metastasis of various types of tumors.^{12,13} EMT has been reported to be mediated by some pathways in choriocarcinoma.^{14,15} According to the previous studies, EMT is mediated by *MST4* in hepatocellular carcinoma and evidence showed that *MST4* acts as an activator of EMT via the p-ERK signaling pathway.¹¹ However, the detailed role of *MST4* in mediating choriocarcinoma EMT still remains unknown. Alternatively, the TGF- β signaling pathway played an important role in EMT in the late stage of carcinoma.¹⁶ So far, TGF- β 1 downregulates various epithelial-derived proteins, including E-cadherin and tight junction protein ZO-1 and upregulates interstitial source proteins like fibronectin, alpha-smooth muscle actin and vimentin. The downstream molecules of TGF- β 1 like SMADs activate the EMT-associated transcriptional factor, such as SNAIL, TWIST and *ZEB1*.¹⁷ In such circumstances, epithelial cells have adopted some mesenchymal phenotype, especially susceptible to metastasis.¹⁸

In summary, although choriocarcinoma is very sensitive to chemotherapy regimens, recurrence, metastasis and drug resistance associated with it remain difficult. Hence, in this study the tissues of 17 patients with relapsed and metastatic choriocarcinoma were collected and low expression of *MST4* was found in patients' lesions when compared to normal villus. The mechanism of *MST4* in regulating the

transformation epithelial mesenchyme of choriocarcinoma was focused on to prove the potential practical value of *MST4* as a molecular marker in relapsed and metastatic choriocarcinoma.

Patients and Methods

Patient Samples and Immunohistochemistry

The samples of 17 patients who were underwent lesionectomy at the department of gynecology and obstetrics in the First Affiliated Hospital of Zhejiang University were collected from 2014–2019. All metastatic lesions were removed from the samples, and the diagnosis of these was pathologically confirmed. The paraffin-embedded lesion tissue was used for immunohistochemistry. The lesion tissues were cut into 3 μ m sections, dewaxed in xylene (20 min, 60°C), and rehydrated in a series of graded ethanol dilutions. The heat-induced epitope repair was performed in the target retrieval solution at pH 7.5 (20 min). The sections were incubated with rabbit monoclonal antibody of human *MST4* (Proteintech, USA) at a dilution of 1:100, and along with the rabbit monoclonal antibody (CST, USA) against *MST4* at a dilution of 1:200 at 4°C overnight. The slides were then incubated with HRP at room temperature (30 min), and DAB was used as chromogen for 5–10 min.

The slides were given scores that are as follows: (negative), 0% immunoreactive cells; + \leq 5% immunoreactive cells; ++>5–50% immunoreactive cells; +++ \geq 50 immunoreactive cells. Statistical analysis of the cases with scores 0 and + were regarded as low expression, while those with scores ++ and +++ were regarded as high expression.

Cell Culture

JAR and JEG-3 JAR and JEG-3 were obtained from the cell library of the Chinese Academy of Sciences (Shanghai, China). JAR was maintained in RPMI1640 (Biological Industries, Israel) and JEG-3 was maintained in MEM (Biological Industries, Israel). All the cell lines were cultured in the culture medium with 10% FBS, 100 μ g/mL streptomycin and 100 μ g/mL penicillin in 5% CO₂, at 37°C with saturated moisture content.

Stable *MST4* Knockdown Cell Lines Transfection

JAR and JEG-3 were seeded at a density of 2×10^5 per well in a six-well plate. The target sequencing of *MST4* (5'-

GATCCCCAGATTGCTACCATGCTAAACTTCCTGTC-AGATTTAGCATGGTAGCAATCTGGTTTTTG-3') and the negative control sequencing (5'-TTCTCCGAA CGTGTCACGT-3') were purchased from Zuorun Biotechnology Company (Shanghai, China). After 72 h transfection, all the cell culture medium was collected for ELISA experiment. Puromycin was then applied in 4 µg/mL of 1640 RPMI and 2 µg/mL of MEM. As lentivirus consists of puromycin resistance, cell culture medium with puromycin to screen the transfected cells was used. The efficiency of transfection was evaluated by polymerase chain reaction (PCR) outcome.

Small RNA Transient Infection

JAR and JEG-3 were seeded at a density of 1×10^5 per well in a six-well plate. All the cell lines were cultured for 48 h using 10 nm siRNA (siMST4 5'-GATTGAAGAA CTCGAGAAA-3') and negative-control (siNC 5'-UUCU CCGAACGUGUCACGU-3') at a transfection concentration of 5 µg/mL lipofectamine 3000 (Invitrogen, USA). After completion of transfection, all the cell culture medium was collected for ELISA.

Plasmid Transfection

The *MST4* expression plasmid pCMV-Entry/*MST4* and the control vector pCMV-Entry were purchased from Origene (Rockville, MD, USA).¹² The *MST4* plasmid (1 µg) was transfected with LTX (Invitrogen, USA) (2.5 µL), and the cells were transfected for 48 h and then replaced with complete medium.

Colony Formation

All cell lines of 1000 per well were seeded in a six-well plate with 10% FBS culture medium. Cell culture medium was updated every three days. After generating ten to twelve days plating, colony formation was then harvested. One milliliter of 4% paraformaldehyde was added into each well for 20 min after removing the culture medium and 0.2% crystal violet was used for staining each well of the plate for 15 min. The plate was then counted.

Migration and Invasion Assay

For migration assay, 5×10^4 cells (JAR and JEG-3) were placed on the upper chamber in 100 µL serum free culture medium and 700 µL culture medium with 10% FBS in the bottom chamber. For invasion assay, 5×10^4 cells (JAR and JEG-3) were placed in the upper chamber that was coated with Matrigel membrane in 100 µL serum-free culture

medium and 700 µL culture medium with 10% FBS was placed in the bottom chamber. After incubating for 48 h (migration assay) and 72 h (invasion assay), we used Reggie dye solution A and B (Jiancheng Technology Company, China) to fix and stain the chamber.

Immunofluorescence Assay

Cells grown at a density of 1×10^5 per confocal dish were fixed with 4% paraformaldehyde (20 min) at room temperature along with permeabilization in 0.1% Triton X-100 (Sangon, China) for 20 min. After blocking with 5% BSA solution at room temperature for 30 min, the cells were incubated sequentially with primary antibodies for overnight (E-cadherin 1:200, Proteintech, USA, Fibronectin 1:200, Abcam, USA) and secondary fluorophore-conjugated antibodies (CST, USA) for 30 min. DAPI (Beyotime Biotechnology, China) was applied to stain nuclear DNA.

RNA Isolation and Library Preparation

Total RNA was extracted using TRIzol reagent according to the manufacturer's protocol. A NanoDrop 2000 spectrophotometer (Thermo Scientific, USA) was used to assess RNA purity and quantification. An Agilent 2100 bioanalyzer (Agilent Technologies, Santa Clara, California, USA) was used to assess RNA integrity. The library was then constructed using TruSeq Chained mRNA LT sample preparation kit (Illumina, San Diego, CA, USA) according to the manufacturer's instructions. Transcriptome sequencing and analysis were performed by OE Biotech Co., Ltd (Shanghai, China).

HISAT2 maps clean reads to the human genome (GRCh38) were used. The cufflinks calculate the FPKM of each gene and obtain the reading of each gene through HTSeq-count. The DESeq (2012) R package was used for differential expression analysis. A *P*-value of <0.05 and fold change of >2 or fold change of <0.5 were used as threshold for significant differential expression. Hierarchical cluster analysis was performed on differentially expressed genes (DEG) to prove the expression patterns of genes in different groups and samples. Based on hypergeometric distribution, DE was used to perform GO enrichment and KEGG enrichment analyses.

After reading with StringTie, the gene structure expansion and new transcript identification were performed by comparing the reference genome with known annotated genes using Cuffcompare software.

Western Blot Assay

The cells were collected into an EP tube, followed by lysis and sonication. The cells were then centrifuged at 12,000–16,000 g at 4°C for 15 min. The protein concentration was determined by BCA assay. After denaturation, the protein would be separated by gel electrophoresis by using 4–12% SDS-PAGE. The protein was then transferred from SDS-PAGE to PVDF membranes for one hour, followed by incubation of the membrane at room temperature, and then sealing with 5% milk. After washing three times with TBST, the membrane was cut at its targeted position and incubated at 4°C overnight in primary antibodies (1:1000). The membrane was then washed by TBST another three times. After incubation in secondary antibodies (1:3000) for one hour at room temperature, the membrane was washed by TBST. ECL was then added to the membrane and scanned using BIO-RAD image machine. *GAPDH* was used as positive control.

Reverse-transcription Polymerase Chain Reaction

The detected cells were collected in a six-well plate. TRIzol (Gibco Laboratories, USA) was used to isolate total RNA from each group. PrimeScript reverse transcription kit (Takara Biotechnology, Dalian, China) was used for reverse transcription. The gene-specific primers for human *MST4* and *GAPDH* were produced by Sangon Biotech (Shanghai, China). The following primer sequences were used: *MST4*: F-5'-TTCGAGCTGGTCCATTTGATG-3', R-5'-TGA ATG CAGATAGTCCAGACCT-3'; *GAPDH*: F-5'-TGTG GGCATCAATGGATTTGG-3', R-5'-ACACCATGTATTC CGGGTCAAT-3'. Amplification and detection were performed using iCycler and iQ RT-PCR (Bio-Rad, Hercules, California, USA) and SYBR-Green PCR Master Mix (Osaka, Japan, Toyobo). The amplification steps are 95°C for 30 seconds, 60°C for 30 seconds and 72°C for 30 seconds in 40 cycles. The RT-PCR analysis software Bio-Rad iQ5 was used to analyze the data. All experiments were repeated three times.

Data Analysis

All experiments were repeated three times. In vitro experiments were analyzed using unpaired Student's *t*-test and ordinary one-way ANOVA test for multiple comparisons.

Results

MST4 is Lowly Expressed in Choriocarcinoma

In this study, the immunohistochemical staining of choriocarcinoma and normal villi samples were tested, and the results showed that *MST4* was strongly positive in normal villi tissues while weakly positive in choriocarcinoma metastasis samples. The expression level of *MST4* in choriocarcinomas with metastasis was lower than that of normal villi, indicating the correlation between the levels of *MST4* and metastatic potential of choriocarcinoma (Figure 1A). The protein expression of *MST4* in choriocarcinoma metastasis was detected, where in the normal villus and choriocarcinoma cell lines showed different metastatic abilities. The levels of *MST4* detected in choriocarcinoma cell lines (JAR and JEG-3) are lower than normal villus (Figure 1B).

These results indicate that the low expression of *MST4* was closely related to the aggressive metastasis of choriocarcinoma.

MST4 Inhibits Metastatic Ability in Choriocarcinoma Cell Lines

Considering that the low expression of *MST4* was closely related to choriocarcinoma metastasis, whether low *MST4* levels plays a key role in choriocarcinoma invasion and migration were investigated. To verify this, *MST4* in choriocarcinoma cell lines was knocked down and overexpressed (Figure 2A), and the results revealed that knockdown of *MST4* caused changes in the levels of EMT-related proteins (Figure 2B) as well as invasion and migration ability (Figure 2C and D). In addition, immunofluorescence revealed increased fibronectin levels and decreased E-cadherin levels (Figure 3A and B), indicating increased cell motility and promoted the metastasis of choriocarcinoma, while the increased levels of SLUG and SNAIL promoted the changes in EMT-related proteins (Figure 2B). However, with *MST4* overexpression, the results of transwell and wound healing experiments also showed opposite results of knockdown *MST4* (Figure 4A and B) and the EMT-associated protein level showed opposite results (Figure 4C). Interestingly, high levels of TGF- β 1 were detected in choriocarcinoma cells after knockdown of *MST4* (Figure 2B), while TGF- β 1 was reduced after overexpression of *MST4* (Figure 4C). However, there was little effect on proliferation with *MST4* knockdown (Supplementary Figure S1) or *MST4* overexpression. (Supplementary Figure S2) in JAR and JEG-3.

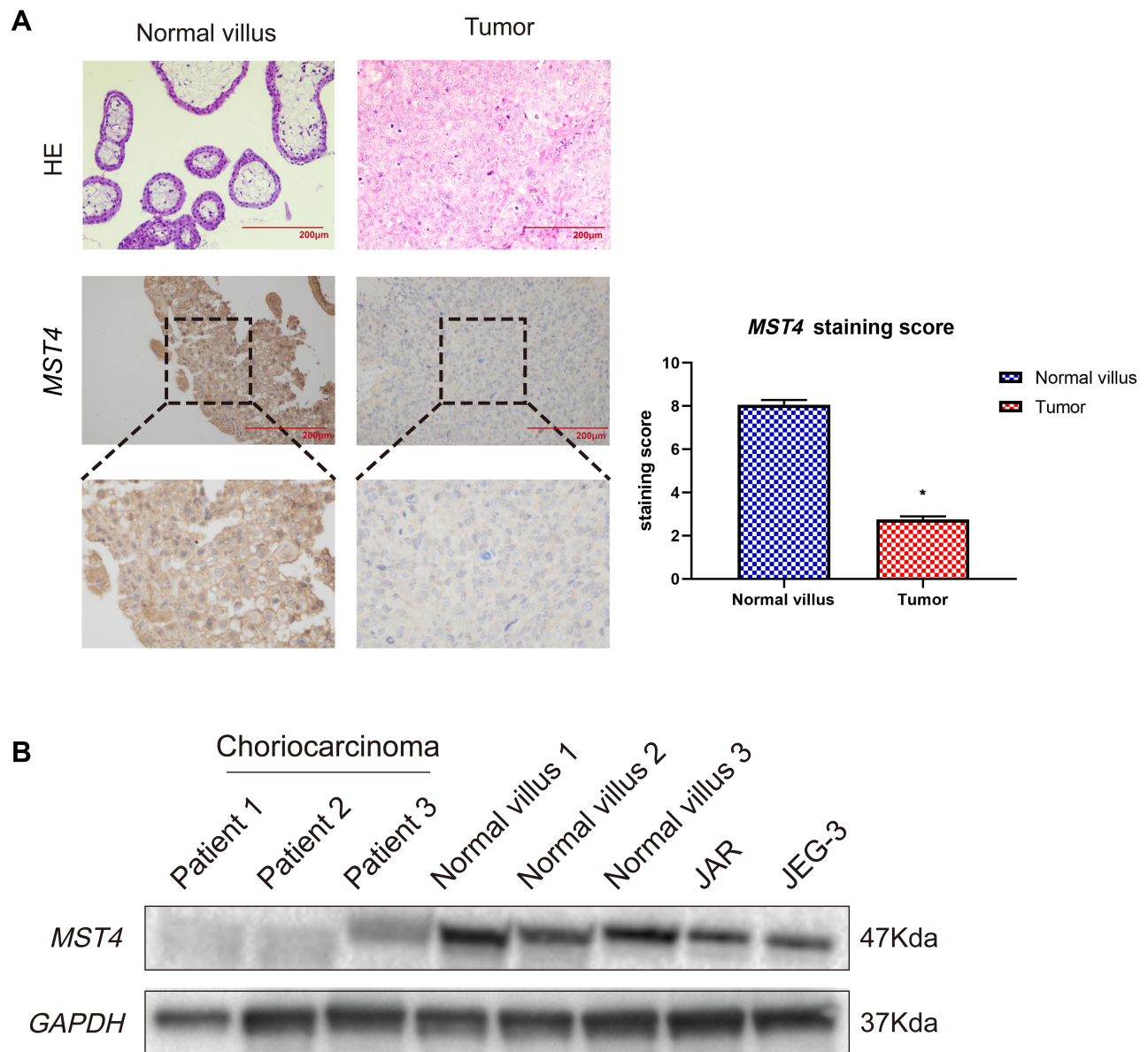


Figure 1 (A) Immunohistochemical detection of *MST4* expression in choriocarcinoma tissues and normal early pregnancy villous tissues: the lesions of patients with relapsed and metastatic choriocarcinoma showed weak positive, and normal early pregnancy villous tissue showed strong positive. * $P < 0.0001$. **(B)** Analysis of *MST4* protein expression in choriocarcinoma tissue of patients with relapsed and metastatic choriocarcinoma and their corresponding normal early pregnancy chorionic villous tissue.

In summary, these results indicate that *MST4* plays an inhibitory role in the invasion and migration of choriocarcinoma.

Suppression of *MST4* Increased the Expression of TGF- β 1

Furthermore, the gene expression of stable *MST4* knock-down cell lines was analyzed by illumina sequencing assay to investigate the downstream of *MST4*. It is also noteworthy that the secretion of TGF- β 1 has brought great change with *MST4* suppression in choriocarcinoma cell

lines (Figure 5A). Through KEGG enrichment analysis, the cytokine-cytokine receptor interaction pathway was significantly changed (Figure 5B). Thus, TGF- β 1 was selected as the main subject for further study. Moreover, TGF- β 1 illustrated an obvious increase in si*MST4* transfected JAR and JEG-3 cell lines by ELISA (Figure 5C).

Inhibition of TGF- β 1 Suppressed EMT of Choriocarcinoma Cell Lines

Based on in vitro cytology experiments and sequencing results, we assumed that TGF- β 1 showed negative

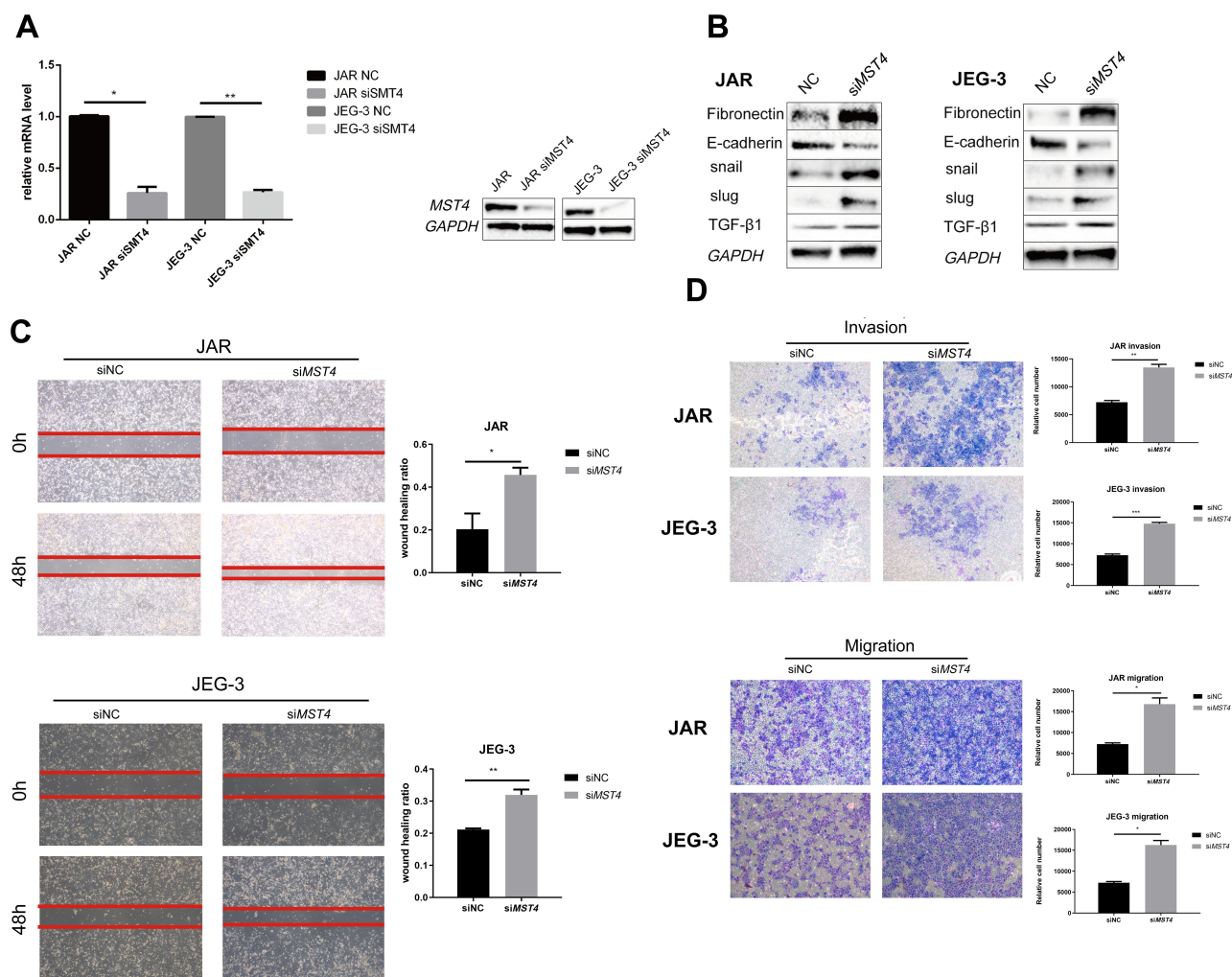


Figure 2 (A) RT-PCR detection of *MST4* mRNA expression in choriocarcinoma cell lines after transient transfection, *GAPDH* was chosen as the loading control. Western blotting was used to detect the protein expression levels of choriocarcinoma cells after transient transfection *MST4* knockdown. *GAPDH* serves as an internal reference. (B) Western Blot analyzed EMT related proteins including fibronectin, E-cadherin, Snail, and Slug were detected in choriocarcinoma cell line and the expression levels of TGF- β 1 with transient *MST4* knockdown (*GAPDH* was used as an internal reference). (C) In vitro wound healing experiments found that migration ability of choriocarcinoma cells that knocked down *MST4* expression has significantly improved. (D) In vitro transwell experiment found that the invasion and migration abilities of choriocarcinoma cells were significantly improved with *MST4* knockdown. * $P < 0.01$, ** $P < 0.001$, *** $P < 0.0001$.

regulation by *MST4*. The efficiency of stable knockdown of *MST4* cell lines was detected (Figure 6A). To prove the above hypothesis, choriocarcinoma cell lines were divided into control and sh*MST4* groups. The same dose of TGF- β 1 inhibitor LY364947 was added to the above groups. Firstly, fibronectin and E-cadherin were reversed with LY364947 treatment in sh*MST4* choriocarcinoma cell lines (Figure 6B). In addition, the results showed that LY364947 had no effect on invasion and migration ability of the control group (Figure 6C and D), but LY364947 treatment showed a significant inhibitory effect on the invasion and migration ability of the sh*MST4* group (Figure 6C and D). Based on the above experimental results, TGF- β 1 was determined to be the

downstream effector of *MST4* that mainly regulates the invasion and migration of choriocarcinoma cell lines.

Discussion

Choriocarcinoma is one of the gestational trophoblast neoplasms (GTN) originating from chorionic villi and extravillous trophoblasts.¹⁹ It is totally different from other cancers derived from somatic cancer including pancreatic and gastric cancer. *MST4* has been shown to be an oncogene for several somatic cancers, while it is reported to be highly expressed in normal placenta. In this study, we found it plays different biological roles because of tumor heterogeneity.

MST4 is a protein kinase that is distributed in the cytoplasmic serine/threonine kinase family. Further studies

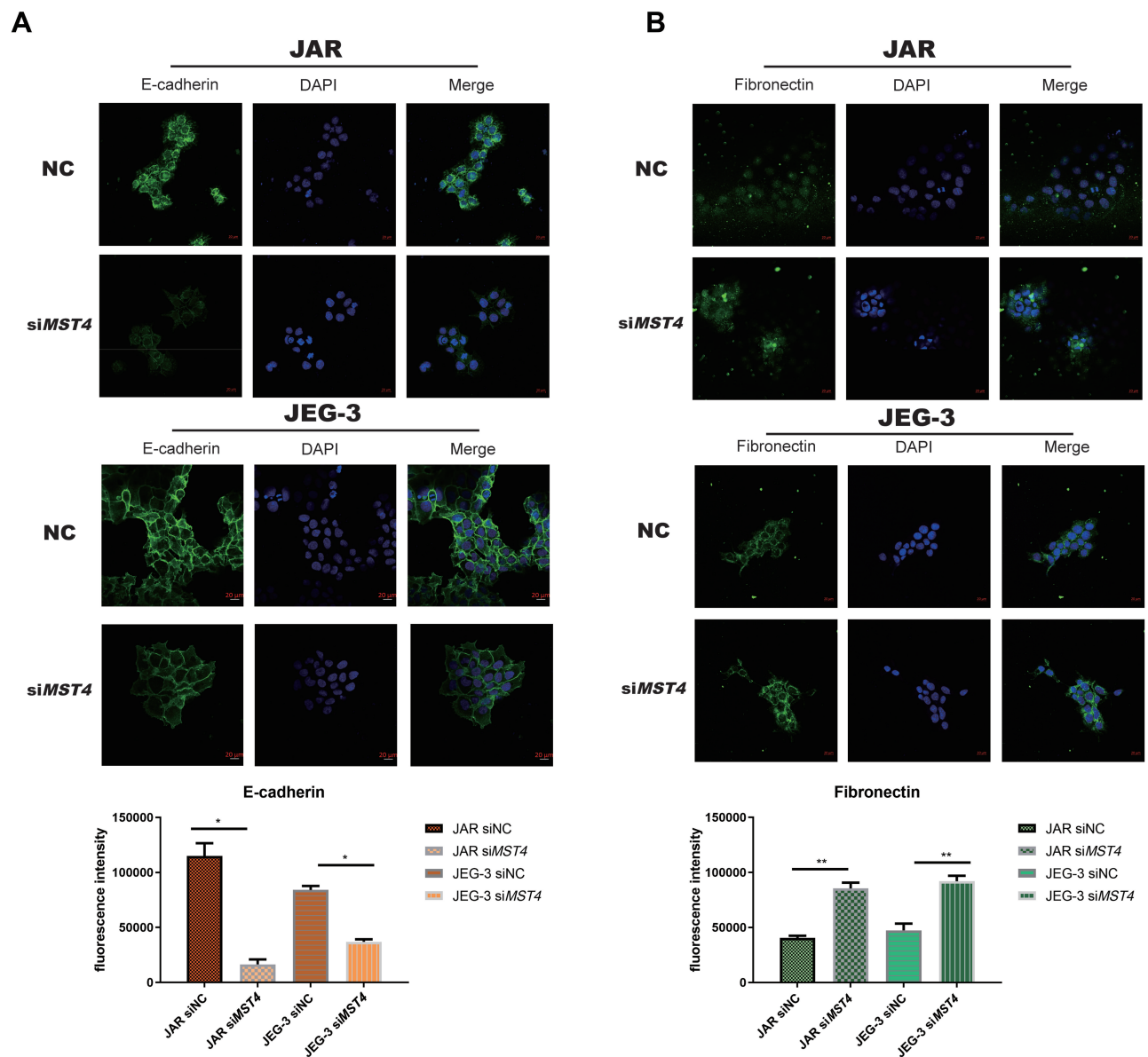


Figure 3 (A) Immunofluorescence imaging of JAR E-cadherin and fibronectin are significantly different from negative control (E-cadherin: $*P < 0.0001$). (B) Immunofluorescence imaging of JEG-3 E-cadherin and fibronectin showed significant differences when compared with negative controls, (fibronectin: $**P < 0.001$).

have shown that *MST4* has limited actin-dependent cell polar movement in HeLa cells.²⁰ *MST4* is a tumor promoter in other cancer types such as prostate cancer and pancreatic cancer,^{10,21} where *MST4* is highly expressed in paracancerous lesions, comparing with tumors.

At present, it has been reported that *MST4* is involved in the regulation of apoptosis and proliferation of the Hippo pathway.¹⁰ Studies have illustrated that *MST4* phosphorylated YAP to suppress YAP activation in the Hippo pathway.²² Biofunction of *MST4* in choriocarcinoma is different from other tumors. It is fascinating that *MST4* was more lowly expressed in choriocarcinoma lesions than

in normal villus. Thus, the function of *MST4* in the progression of choriocarcinoma still requires investigation.

To illuminate this ravishing topic, choriocarcinoma lesions and choriocarcinoma cell lines were used as research objects. The results revealed that *MST4* was more lowly expressed in choriocarcinoma than in normal villus, and downregulation of *MST4* in choriocarcinoma cell lines brought a positive progression when compared with normal choriocarcinoma cell lines. With the results of migration and invasion assays, the migratory ability was found to be apparently declined in the siMST4 cell lines when compared with negative controls. However, it is

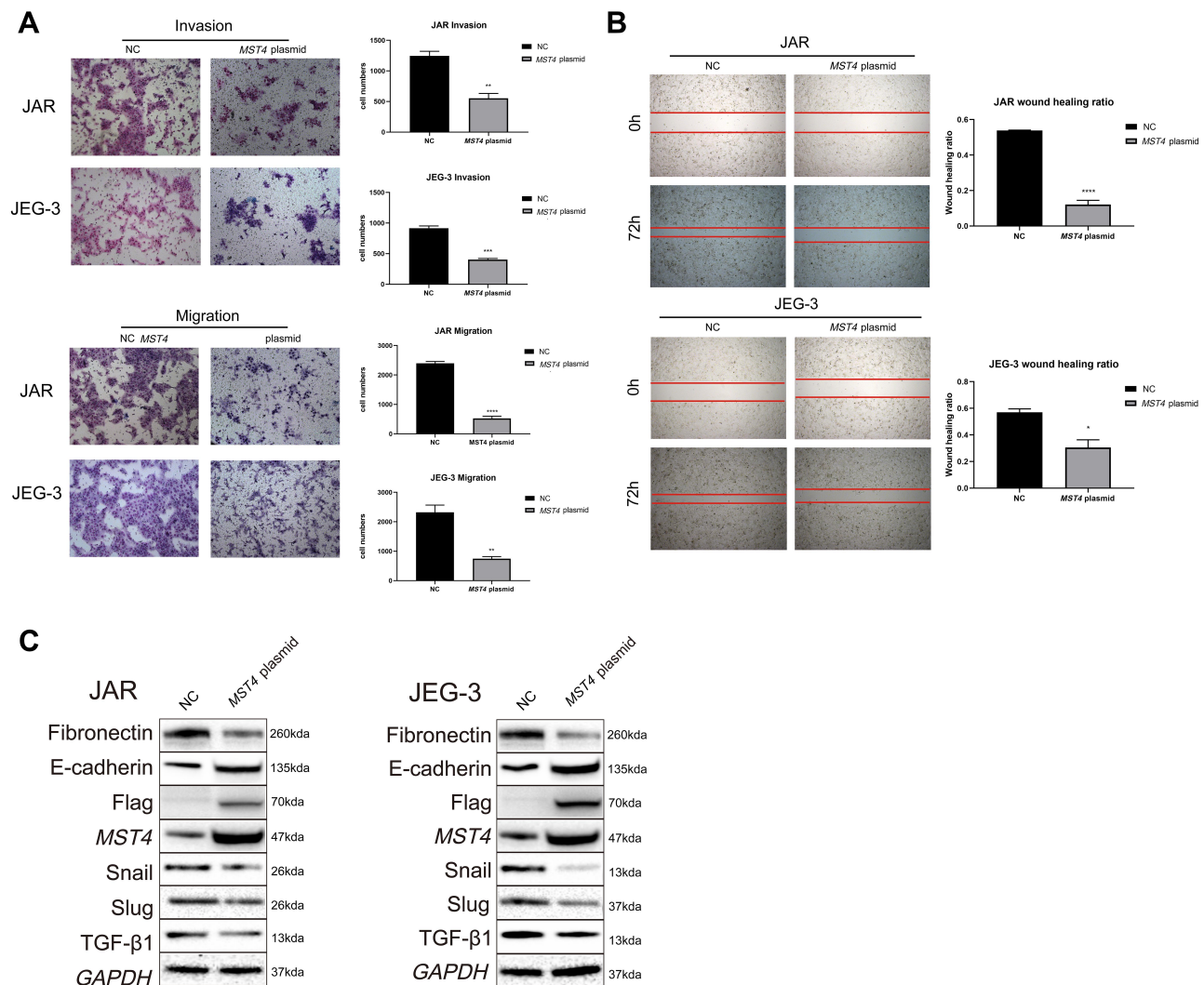


Figure 4 (A) In vitro transwell experiment found that the invasion and migration abilities of choriocarcinoma cells with overexpression of *MST4* was significantly reduced. (B) In vitro wound healing experiments found that the migration ability of choriocarcinoma cell lines (JAR and JEG-3) that knocked down *MST4* expression has significantly reduced. (C) EMT related proteins in choriocarcinoma cell lines (JAR and JEG-3) and the expression levels of TGF-β1, overexpressing *MST4*: fibronectin, Snail, and Slug were decreased, E-cadherin was increased, TGF-β1 was decreased (*GAPDH* is an internal reference). * $P < 0.05$, ** $P < 0.01$, *** $P < 0.001$, **** $P < 0.0001$.

totally opposite in choriocarcinoma cell lines with overexpression of *MST4*. In a word, we regard *MST4* as a suppressor of choriocarcinoma.

As an important biological process, cell adhesion can affect tumorigenesis by regulating cell-cell contact, dedifferentiation, invasion and microenvironment.²³ Based on the recent studies, TGF-β1 has been discovered as a multifunctional protein, in which it regulates tumor progression such as metastasis, proliferation as well as embryonic development, morphogenesis, immune response, and stem cell differentiation.²⁴ Current research also illustrated that TGF-β1 promotes the progression of choriocarcinoma, which might in turn affect the downstream p38MAPK pathway.²⁵ Moreover, the Smad-

dependent pathway of TGF-β1 regulates MMP-9 and TIMP-1 to promote the invasion and metastatic ability of choriocarcinoma cells.²⁶ The results of TGF-β1 ELISA and genome-wide gene expression array suggested that TGF-β1 was subsequently upregulated after stable knock-down of *MST4*. To figure out TGF-β1 as the key factor in *MST4*-knockdown choriocarcinoma cell lines, sh*MST4* cell lines were stimulated with TGF-β1 inhibitor Ly364947 for 24 h. Using TGF-β1 inhibitor, the metastatic ability of JAR and JEG-3 was predominantly suppressed according to the results of cellular experiment and protein imprint assay. However, the relevant mechanism pathways of low expression of *MST4* that promotes high expression of TGF-β1 in choriocarcinoma have not been clarified in

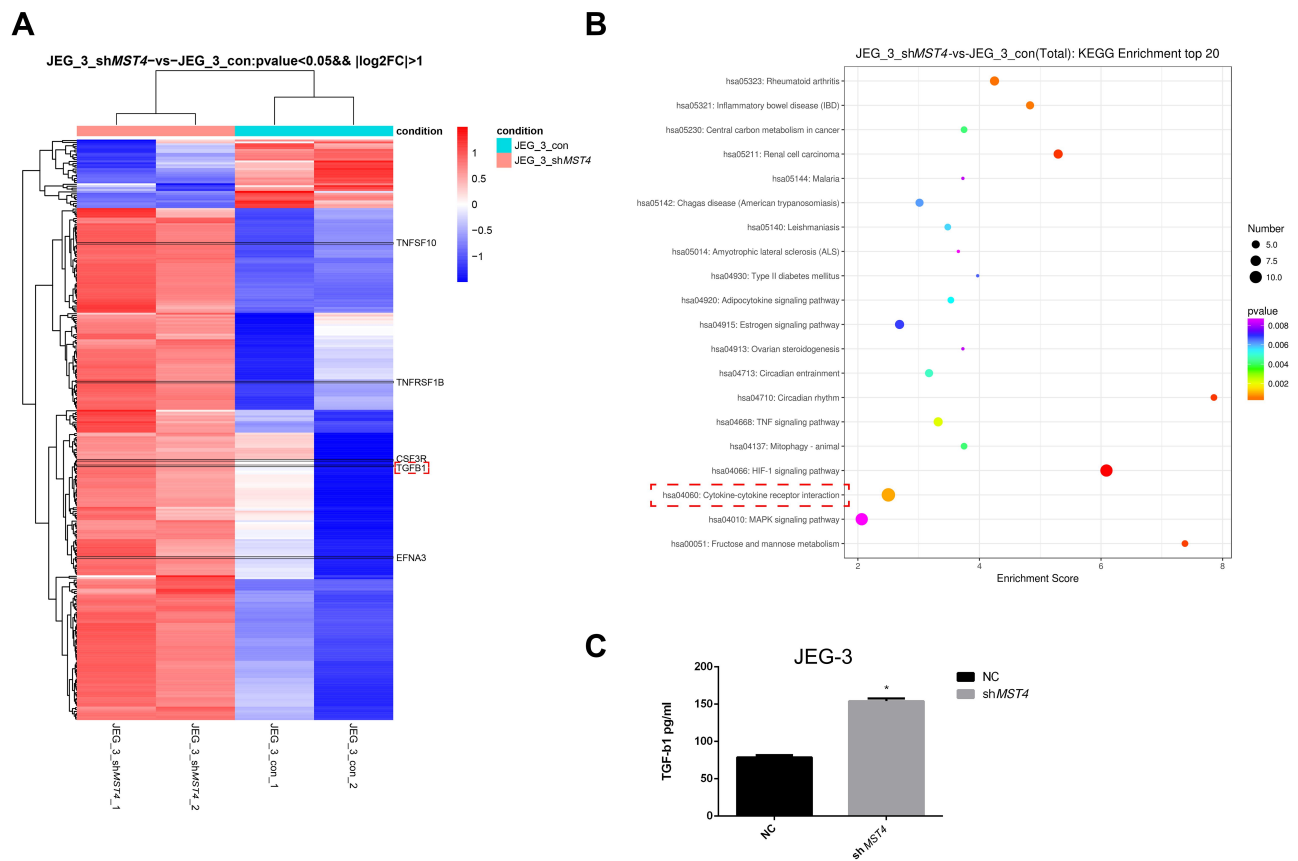


Figure 5 (A) Differential gene expression of JEG-3: all clean reads were mapped to the human genome (GRCh38) using HISAT2. FPKM of each gene was calculated using Cufflinks, and the read counts of each gene were obtained by HTSeq count. (Fold change >2.0 and $P<0.05$), $P=0.005352615$. **(B)** KEGG analysis of genes regulated by shMST4 knockdown of JEG-3. Cytokine-cytokine receptor interaction: orange dot, $P=0.000950845$. **(C)** shMST4-transfected cell supernatant TGF- β 1 ELISA: JEG-3 shMST4 * $P<0.01$.

this article, and so the mechanism pathways related to this study are a significant focus of our subsequent research.

As reported, the tumor necrosis factor-related apoptosis-inducing ligand (TRAIL/TNFSF10) acts as a potential anticancer agent undergoing preclinical and clinical studies, including lung cancer.²⁷ The tumor necrosis factor superfamily 1B (TNFRSF1B) is also known as tumor necrosis factor (TNF) receptor 2 (TNFR2).²⁸ TNFR2 acts as a signaling molecule, and is expressed on the surface of a subclass of powerful regulatory T cells (Tregs) that activates proliferation of these cells via nuclear factor kappa B (NF- κ B).²⁹ It is also noteworthy that TNFR2 is expressed on the surface of many human tumors including ovarian cancer.^{29,30} By binding to granulocyte colony stimulating factor receptor (G-CSFR) including colony stimulating factor receptor (CSFR3), G-CSF stimulates the production of granulocytes and the differentiation and mobilization of neutrophils.³¹ Recent in vitro studies have shown that cancer cells and tumor stromal fibroblasts (including gastric cancer) can produce G-CSF.³² In addition, G-CSF might induce

tumor proliferation, migration, and angiogenesis.³³ Another study showed that ephrin A3 (*EFNA3*) acts as a promoter in increasing the number of angiosarcoma cells.³⁴ Based on the differential gene expression array, *TNFSF10*, *TNFRSF1B*, *EFNA3*, and *CSF3R* were also found to be increased in choriocarcinoma cell lines with *MST4* knockdown. Our research illustrated that increased TGF- β 1 expression was the main factor that promotes the invasion and migration of choriocarcinoma in choriocarcinoma cell lines with low *MST4* expression. Based on the fact that *EFNA3*, *CSF3R*, and *TNFRSF1B* also increase, it is not difficult to conclude that overexpression of these oncogenes after low expression of *MST4* can also promote choriocarcinoma. Therefore, this strongly proves that *MST4* is a tumor suppressor gene in choriocarcinoma. And the association between low expression of *MST4* and high expression of *EFNA3*, *CSF3R* and *TNFRSF1B* is focused on in the future research. However, knockdown of *MST4* causes high expression of *TNFSF10*, a tumor suppressor gene, which might reflect the negative feedback in the development of cancer.

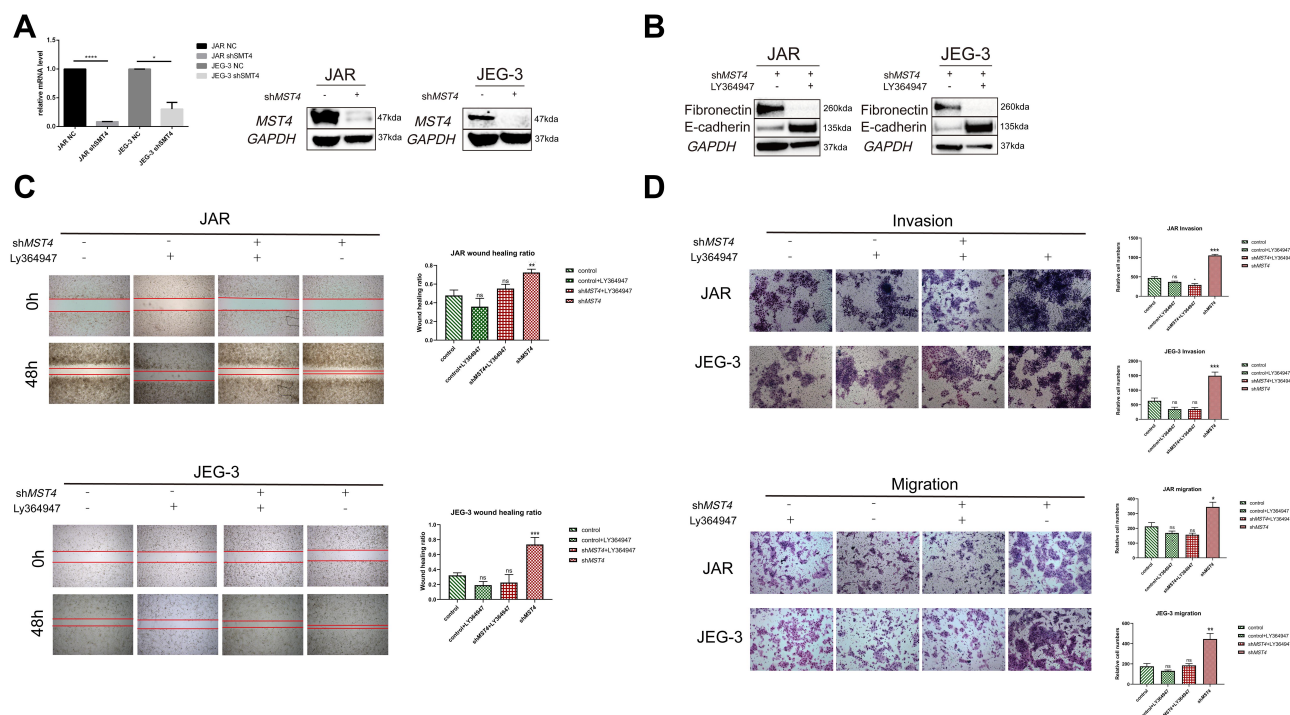


Figure 6 (A) RT-PCR detection of mRNA levels of lentiviral knockdown efficiency. The protein levels were used to verify the efficiency of lentivirus knockdown, and *GAPDH* was used as an internal reference. (B) Western blotting of EMT-related proteins after stimulation of chorionic carcinoma cell lines JAR and JEG3 with stable knockdown of *MST4* using TGF- β 1 inhibitor LY364947, and *GAPDH* as a reference. (C) In vitro wound healing experiments found that TGF- β 1 inhibitor LY364947 inhibits the healing of JAR and JEG-3 wounds that stably knocked down *MST4* expression and there is no apparent change in control group with or without LY364947. (D) In vitro transwell experiments found that TGF- β 1 inhibitor LY364947 inhibited the invasion and migration abilities of JAR and JEG-3 that stably knocked down the expression of *MST4* while there is no significant change in control group with or without LY364947. * $P < 0.05$, ** $P < 0.01$, *** $P < 0.001$, **** $P < 0.0001$.

Abbreviation: ns, non-significance.

Conclusion

In summary, the study findings encourage us to speculate that *MST4* mediates EMT by regulating the expression and secretion of TGF- β 1. Considering the low expression of *MST4* in choriocarcinoma lesions, it might act as a protein marker in choriocarcinoma. Moreover, *MST4* was also considered to effect drug resistance because of its mediation with EMT.

Ethical Statement

This research was approved by Research Ethics Committee of the First Affiliated Hospital, College of Medicine, Zhejiang University and the ethic approval number was 2014-370. We declared that this project complied with the Declaration of Helsinki. The informed consent of this project was received from all the patients.

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Author Contributions

All authors made substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data; took part in drafting the article or revising it critically for important intellectual content; agreed to submit to the current journal; gave final approval of the version to be published; and agree to be accountable for all aspects of the work. Hanxi Yu, Weichen Zhang are co-first authors, Jianhua Qian and Jun Yu are the co-corresponding authors.

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Disclosure

The authors report no conflicts of interest in this work.

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