Association between indel polymorphism in the promoter region of IncRNA GAS5 and the risk of hepatocellular carcinoma

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Abstract

The growth arrest special 5 (GAS5) is known to be involved in various cancers. However, its expression regulation remains unclear. Polymorphisms in the promoter region of GAS5 may affect its expression and be associated with cancer susceptibility. In this research, we first evaluated the association of a 5-base pair indel polymorphism (rs145204276) in the promoter region of GAS5 with hepatocellular carcinoma (HCC) susceptibility in Chinese populations. Logistic regression analysis showed that the deletion allele of rs145204276 significantly increased the risk of HCC in two independent case control sets (1034 HCC and 1054 controls). Further genotype-phenotype association analysis revealed that the deletion allele was markedly correlated with higher expression of GAS5 in HCC tissues. The luciferase activity analysis in an in vitro reporter gene system suggested that the deletion allele improved an increased expression of GAS5 in three hepatoma cell lines. Intriguingly, overexpression of GAS5 displayed an anti-apoptosis effect in HCC cell lines, GAS5 knockdown could partially revert this anti-apoptosis effect, suggesting that GAS5 may act as a proto-oncogene in HCC, in contrast with its inhibitory role in other cancers. Further pyrosequencing revealed that the genotypes of rs145204276 were associated with methylation status of GAS5 promoter region. Taken together, our findings provided evidence that rs145204276 may contribute to hepatocarcinogenesis by affecting methylation status of the GAS5 promoter and subsequently its transcriptional activity thus serving as a potential therapy target for HCC.

Introduction

Hepatocellular carcinoma (HCC) is the most common primary malignancy of liver with a high mortality rate (1). More than 80% of the HCC cases are from Asia and Africa among which over half are from mainland China (2). HCC has a complicated carcinogenesis involving multiple risk factors for its initiation, promotion and progression. In addition to hepatitis B virus...
infection, a well-known risk factor, genetic factors also play an
important role in HCC carcinogenesis (3). In spite of great effort
for the research of HCC carcinogenesis, the molecular mecha-
nisms of HCC remain unclear (4).

Recently, high throughput transcriptome analysis has
revealed that up to 98% of human genome would transcript into
non-coding RNA (5,6). Among them, the long non-coding RNAs
(lncRNAs), which are longer than 200 nucleotides, cannot be
translated (7). The growth arrest special 5 (GASS), one lncRNA
encoded at 1q25, was identified in a functional screen for sup-
pressing apoptosis in a mouse thymoma cell line (8). A large
number of studies have shown that GASS is downregulated in
many kinds of cancer cells (9-11) and functions as a tumor-
suppressor IncRNA (12-14). More importantly, the expression
of GASS is downregulated in majority of HCC patients thus can
serve as an independent prognostic predictor (15). It is known
that polymorphisms in protein-coding genes may affect their
expression levels or their functions through different mecha-
nisms depending on their locations. For example, single-nucle-
otide polymorphisms (SNPs) in the promoter region of matrix
metalloproteinases (MMP9) affect the serum level of MMP9, and
as a result correlate with the susceptibility to metabolic syn-
drome (16). Moreover, one SNP located in the promoter region
of telomerase reverse transcriptase is associated with the progress
of malignant glioma by disturbing the binding of transcription
factor Ets2 and in turn inhibiting the transcriptional activity of
telomerase reverse transcriptase (17). There is also one report
that one SNP in the promoter region of IncRNA IRAIN can regu-
late its expression level through affecting the methylation status
of CpGs island in breast cancer (18). However, it is little known
about the association between polymorphism in the promoter
region of IncRNA GASS and susceptibility to HCC, as well as the
regulation mechanisms of GASS expression in HCC.

As one of the most abundant genetic variations in human
geno, small insertions and deletions (indels) polymorphisms
are likely to have a major impact on human biology and diseases
(19). By using a candidate-gene-based approach, we have ana-
yzed hundreds of indels within putative regulatory regions of
cancer-related genes, and identified several indels significantly
associated with HCC susceptibility (20-23). Considering the
important roles of GASS in cancer development, we analyzed
the association between a 5-base pair (bp) indel polymorphism
(rs145204276) in the promoter region of GASS and HCC suscepti-
bility in Chinese populations, and investigated the possible
mechanisms by which the SNP influenced GASS expression.

<table>
<thead>
<tr>
<th>Abbreviations</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>bp</td>
<td>base pair</td>
</tr>
<tr>
<td>GASS</td>
<td>growth arrest special 5</td>
</tr>
<tr>
<td>HBV</td>
<td>hepatitis B virus</td>
</tr>
<tr>
<td>HCC</td>
<td>hepatocellular carcinoma</td>
</tr>
<tr>
<td>indels</td>
<td>insertions and deletions</td>
</tr>
<tr>
<td>lncRNA</td>
<td>long non-coding RNA</td>
</tr>
<tr>
<td>SNP</td>
<td>single-nucleotide polymorphism</td>
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</table>

**Materials and methods**

**Study populations**

This study was composed of two independent case-control sets, Suzhou
case-control set and Shanghai case-control set. A total of 1034 newly diag-
nosed patients with HCC and 1054 non-cancer controls were enrolled.
Six hundred four HCC patients were diagnosed, hospitalized and treated
in the affiliated hospitals of Soochow University from 2010 to 2013; the
remaining 430 HCC patients were recruited from Qidong Liver Cancer
Research Institute of Jiangsu Province from 2010 to 2013. All patients
were newly diagnosed without treatment of any medications. The inclu-
sion and exclusion criteria for both cases and controls were the same as
described previously (20-22). A total of 1054 age- and gender-matched con-
trols (634 from Suzhou and 420 from Shanghai) were recruited from the
community nutritional survey conducted in the same regions during the
same period as the HCC patients. Peripheral blood was collected from both
cases and controls after informed consent was obtained from each par-
ticipant. All participants were negative for antibodies to hepatitis C virus,
hepatitis D virus or HIV. The demographic data and related risk factors
including smoking and drinking status were obtained through a struc-
tured questionnaire. The definitions of current, former or non-smokers
and heavy, light or non-drinkers were described as before (23). The tumor
tissues from 72 patients with HCC were collected after surgical resection
and immediately stored at -80°C till use. All the 72 HCC cases were newly
diagnosed and confirmed by pathologic diagnosis without preoperative
chemotherapy or radiotherapy. A modified American Joint Committee
on Cancer and International Union Against Cancer standard was used to
determine tumor stages. The research design was approved by the Ethical
Committee of Soochow University.

**DNA extraction and genotyping**

Genomic DNA purification kit (Qiagen) was used for extraction of the
genomic DNA from blood samples and HCC tumor tissues. DNA frag-
ments containing the indel polymorphism were amplified using geno-
typing primers (genotyping-F and genotyping-R) listed in Supplementary
Table S1, available at Carcinogenesis Online. Genotyping was conducted as
described previously in a double-blinded way (23). The quality control was
done as follow: 50 randomly selected DNA samples were sequenced follow-
ng genotyping in order to validate the genotyping method; approximately
10% of the total DNA samples were randomly selected for genotyping in
duplicate by two independent technicians to confirm a 100% consistency.

**Real-time PCR analysis**

Total RNA was extracted from HCC tissue samples with different geno-
types according to the manufacturer’s protocol (Cat #74106, QiaGen),
and reversely transcribed using the Superscript II reverse transcriptase
(Cat #18064-014, Invitrogen). Next, SYBR Green real-time PCR (reverse
transcriptase-PCR) was performed on Roche Light Cycler 480 system to
quantify relative GASS expression in these samples. Glyceraldehyde
3-phosphate dehydrogenase was chosen as the internal control. Primer
sequences used for GASS (GASS-F and GASS-R) and glyceraldehydes
3-phosphate dehydrogenase were shown in Supplementary Table S1,
available at Carcinogenesis Online. The amplification system was described
previously (23). The 2-△△CT algorithm was applied to calculate the expres-
sion levels for different groups.

**Cell culture**

Three human HCC cell lines, Sk-Hep-1, BEL-7404 and Huh7, were
obtained from Shanghai Cell Bank of Chinese Academy of Sciences on
9 December 2013. All cell lines were cultured in Dulbecco’s modified
Eagle’s medium supplemented with 10% fetal bovine serum and 1%
penicillin-streptomycin at 37°C in a humidified chamber supplemented
with 5% CO2. Upon resuscitation, the Sk-Hep-1 and Huh7 cell lines used
were re-authenticated by DNA fingerprinting analysis using short tand-
em repeat markers.

**GASS promoter-reporter and GASS expression vector constructs**

The fragment about 300bp including the insert allele of rs145204276 in
the upstream of GASS transcript start point was directly synthesized by
Genewiz Company (Suzhou, China) and cloned into Hind III and Bgl II
sites of pGL3-basic (Cat # E1751, Promega) yielding the wild-type vector
(pGL3-GASS-WT). The mutant-type vector (pGL3-GASS-MT) including the
delete allele of rs145204276 was generated using QuickChange Lightening
Site-Directed Mutagenesis Kit (Cat # 210518, Stratagene). The resulting
constructs were verified by direct sequencing. The mature IncRNA GASS
sequence (651-bp, NR_002578.2) was synthesized and subcloned into
pCDH-CMV-MCS-EF1-copGFP vector to construct the GAS5 expression vector pCDH-CMV-MCS-EF1-copGFP-GAS5.

**Knockdown of GAS5**

For depletion of GAS5, three small interfering RNAs targeting different regions of human GAS5 were designed and commercially synthesized (RiboBio, Guangzhou, China). The sequences of three small interfering RNAs were shown in Supplementary Table S1, available at Carcinogenesis Online. Scrambled sequence was used as a negative control. Cells were transiently transfected with 100 nmol of these small interfering RNA sequences using Lipofectamine 2000.

**Flow cytometry**

Cell apoptosis was detected by using the PE Annexin V apoptosis kit (BD Biosciences). Briefly, cells were plated in 96-well plates (2×10^4 cells/well), after 24 h treatment with pCDH-CMV-MCS-EF1-copGFP-GAS5, cells were double stained with Annexin V-FTTC and 7-aminoactinomycin D and incubated at room temperature for 15 min in dark. Flow cytometer (FACS Calibur, Becton-Dickinson) was used to detect apoptosis of the transfected HCC cells by determining the relative amount of Annexin V-FTTC-positive/7-aminoactinomycin D-positive cells. Each experiment was repeated at least three times with three replicates for each group.

**Western blot**

Total protein was obtained from HCC cell lines and approximately 50 µg was separated on a 12% polyacrylamide gel followed by transferring to a polyvinylidene difluoride membrane (GE Healthcare) and probed with primary antibodies against caspase3 (Cat # sc-65496, 1:1000, Santa Cruz Biotechnology), Bcl-2 (Cat # sc-7382, 1:1000, Santa Cruz Biotechnology) and glyceraldehydes 3-phosphate dehydrogenase (Cat # sc-48167, 1:2000, Santa Cruz Biotechnology). Enhanced chemiluminescence system was used to visualize the bands and the intensity of the bands (Cell Signaling Technologies).

**Luciferase reporter assay**

Cells were seeded at a density of 1×10^4 cells/well in 24-well plates (Cat # 3524, Corning). Sixteen hours later, cells were transfected by Lipofectamine 2000 (Cat #11668-019, Invitrogen) according to manufacturer’s protocol. In each well, 500 ng reconstructed vector pGL3-GAS5-WT or pGL3-GAS5-MT and 50 ng PRL-CMV vector (Promega) were cotransfected. The empty pGL3-basic vector cotransfected group was regarded as a negative control. Twenty-four hours after transfection, cells were harvested immediately after addition of 100 µl passive lysis buffer. Firefly luciferase activity in cell lysate was measured with the Dual Luciferase assay system (Cat #E1910, Promega) in FilterMax F5 and normalized with the Renilla luciferase activity. Each experiment was repeated at least three times with six replicates for each group.

**DNA methylation by pyrosequencing**

The bisulfite conversion was carried out with 50 ng extracted DNA using the EpiTect Bisulfite Kit (QIAGEN) according to the manufacturer’s protocol. The methylation status of the GAS5 promoter region was assayed by quantitatively bisulfite pyrosequencing. The bisulfite converted DNA was amplified using PyroMark PCR Kit (QIAGEN) with primers GAS5-F and GAS5-R. A total of 25 µl final reaction mixture consisted of 12.5 µl PyroMark PCR Master Mix (QIAGEN), 2.5 µl CoroLad Concentrate, 5 µl Q-solution, 0.2 µmol/l of each primer and 50 ng DNA. The reaction began with 95°C for 15 min followed by 45 cycles of denature at 94°C for 30 s, annealed at 56°C for 30 s, extended at 72°C for 30 s and finally extended at 72°C for 10 min. Three independent PCR replicates were performed for each sample and the biotin labeled products were sequenced using the PyroMark Q96 ID system. Three primers (GAS5-S1, GAS5-S3 and GAS5-S4) were used in pyrosequencing and PyroMark CpG software 1.011.14 was used to exclude samples that did not meet the bisulfite conversion criteria for quantification of methylation.

**Statistical analysis**

The genotype distribution was analyzed by Hardy–Weinberg equilibrium using chi-square test. Logistic regression was used to analyze the association between rs145204276 and HCC risk, adjusted by gender, age, smoking, drinking, tumor stage and hepatitis B virus (HBV) infection. The relative expression levels of GAS5 in tissue samples among different genotypic groups were compared using non-parametric Mann-Whitney U-test. Student’s t test was used to examine the difference of the luciferase activity. The methylation status of HCC tissues with variant genotypes were analyzed by one-way analysis of variance. When necessary, Bonferroni correction for multiple comparisons was performed. These statistical analyses were implemented with Statistic Analysis System software (version 8.0, SAS Institute, Cary, NC). P<0.05 was considered to be statistically significance and all statistical tests were two-sided.

**Results**

The associations of rs145204276 with HCC susceptibility

The demographic characteristics of HCC patients and controls recruited in this study were shown in Table 1. There were no differences in the frequency based on age, gender, smoking and drinking status between HCC patients and controls. As expected, the HBsAg positive rate was 69% in the patients, whereas 11% in the controls, suggesting that HBV infection was an obvious risk factor for HCC. Data from sequencing and genotyping assays for rs145204276 were presented in Figure 1. The observed genotypic frequencies of rs145204276 in the controls were in Hardy-Weinberg equilibrium (P > 0.05). As shown in Table 2, in either a single case-control set or pooled analysis, the ins/del or del/del genotype had a significantly increased risk of HCC as compared with the ins/ins genotype under a codominant model (adjusted odds ratio: 1.24 and 2.09, respectively). Similar results were also observed in other genetic models (Table 2). Moreover, the 5-bp deletion allele was associated with a 36% increased risk in pooled analysis (odds ratio: 1.36, 95% confidence interval: 1.19–1.55). Collectively, these results suggest an association of rs145204276 with susceptibility to HCC.

The genotype–phenotype correlation between rs145204276 and GAS5 expression

Next, we further examined the expression of GAS5 in HCC tissue samples with different genotypes. As illustrated in Figure 2, the relative GAS5 expression level in samples with del/del genotype was significantly higher than that in samples with ins/del and ins/ins genotype (fold change, 2.55).

The influence of rs145204276 on GAS5 transcription activity

Due to the location of rs145204276 (at 268-bp upstream of GAS5 transcription start site) and variability of the expression level in HCC tissues with different genotypes, we wanted to know whether the differential promoter polymorphism as a regulatory mechanism may contribute to genotype–phenotype correlation. We utilized luciferase transfection system to examine the effects of the polymorphism on the promoter activity. As predicted, we found that the luciferase activity of the cells transfected with pGL3-GAS5-WT or pGL3-GAS5-MT was higher than that of cells transfected with control constructs. Furthermore, the luciferase activity of the cells transfected with pGL3-GAS5-MT was higher than that of the cells transfected with pGL3-GAS5-WT in all of the three cell lines tested (Figure 3). Taken together, these data indicate an effect of the promoter polymorphism on GAS5 transcription activity.

The effect of overexpression/knockdown of GAS5 on apoptosis in HCC lines

To next determine the role of overexpressed GAS5 in apoptosis of HCC cells, flow cytometry analysis and western blot were performed. The results from flow cytometry analysis revealed that
the rate of apoptosis in GAS5-overexpressed groups was significantly lower than that in control group (36.52 ± 0.97% versus 47.95 ± 1.26%, P < 0.001; Figure 4A). Moreover, western blot results showed the expression level of caspase 3 (an apoptosis-associated key player) was lower in GAS5-transfected group than in control group (Figure 4B). In contrast, the expression level of Bcl-2 (a survival-associated crucial mediator) was higher in GAS5-transfected group than that in control group (Figure 4C). Therefore, these results indicated that overexpression of GAS5 inhibits apoptosis of HCC. To further evaluate the specificity of GAS5 on HCC cell apoptosis, a GAS5 gene silence group was also included. As shown in Figure 4D and Figure 4E, with the knockdown of GAS5, the anti-apoptosis effect of GAS5 could be at least partially reverted.

The methylation status of GAS5 promoter region in different genotypes
To further investigate the association between the genotype of rs145204276 and methylation rate of GAS5 promoter region,

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Table 1. Demographic characteristics of HCC cases and controls recruited from Suzhou and Shanghai during 2010–13

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Suzhou</th>
<th>Shanghai</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Case (n = 604)</td>
<td>Control (n = 634)</td>
<td>Case (n = 430)</td>
</tr>
<tr>
<td>Age (mean ± SD)</td>
<td>54.5 ± 9.7</td>
<td>53.9 ± 10.1</td>
<td>52.8 ± 10.5</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>399 (0.66)</td>
<td>418 (0.66)</td>
<td>267 (0.62)</td>
</tr>
<tr>
<td>Female</td>
<td>205 (0.34)</td>
<td>216 (0.34)</td>
<td>163 (0.38)</td>
</tr>
<tr>
<td>Smoking status</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-smokers</td>
<td>441 (0.73)</td>
<td>476 (0.75)</td>
<td>297 (0.69)</td>
</tr>
<tr>
<td>Former smokers</td>
<td>97 (0.16)</td>
<td>76 (0.12)</td>
<td>65 (0.15)</td>
</tr>
<tr>
<td>Current smokers</td>
<td>66 (0.11)</td>
<td>82 (0.13)</td>
<td>68 (0.16)</td>
</tr>
<tr>
<td>Drinking status</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-drinkers</td>
<td>381 (0.63)</td>
<td>431 (0.68)</td>
<td>249 (0.58)</td>
</tr>
<tr>
<td>Light drinkers</td>
<td>151 (0.25)</td>
<td>165 (0.26)</td>
<td>116 (0.27)</td>
</tr>
<tr>
<td>Heavy drinkers</td>
<td>72 (0.12)</td>
<td>38 (0.06)</td>
<td>65 (0.15)</td>
</tr>
<tr>
<td>Tumor stages</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Ia+Ib</td>
<td>428 (0.71)</td>
<td>298 (0.69)</td>
<td>726 (0.70)</td>
</tr>
<tr>
<td>IIa+IIb</td>
<td>133 (0.22)</td>
<td>82 (0.19)</td>
<td></td>
</tr>
<tr>
<td>IIIa+IIib</td>
<td>43 (0.07)</td>
<td>50 (0.12)</td>
<td></td>
</tr>
<tr>
<td>HBsAg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive</td>
<td>417 (0.69)</td>
<td>51 (0.08)</td>
<td>292 (0.68)</td>
</tr>
<tr>
<td>Negative</td>
<td>187 (0.31)</td>
<td>583 (0.92)</td>
<td>138 (0.32)</td>
</tr>
</tbody>
</table>

Figure 1. Example output from sequencing and genotyping assays of rs145204276. The upper (A) panel shows the sequence of insertion and deletion allele. The underlined base-pairs indicate the “AGGCA” insertion. The lower panel (B) displays the genotyping results by using 7% non-denaturing polyacrylamide gel electrophoresis (PAGE) and silver staining (lane 5 and 9, del/del genotype; lane 1, 2 and 7, ins/del genotype; remaining lanes, ins/ins genotype).
we analyzed the methylation status of the CpG islands in the promoter region of GAS5 in different genotypes. Based on the predicted results from PyroMark CpG software (version 1.0.11), there were totally 14 potential CpG sites within this region. As seen in Figure 5, there were no differences in the mean methylation index in most of the CpG sites among three genotypes. However, in the seventh site next to the indel polymorphism rs145204276, the mean methylation index of del/del genotype was markedly higher than that of either ins/del genotype or ins/ins genotype (P < 0.01, versus ins/del genotype or ins/ins genotype). This difference was still significant after Bonferroni correction for multiple comparisons (corrected α level = 0.017). Together, these results suggested that the indel polymorphism rs145204276 may influence GAS5 transcription activity by an epigenetic mechanism.

## Discussion

There is increasing evidence that abnormal expression of GAS5 is involved in many kinds of cancers and its low expression is associated with poor prognosis of gastric cancer, cervical cancer and HCC (12,13,15). Also, SNP in the promoter region of lncRNA IRAIN can regulate the expression level of GAS5 in breast cancer and HCC (18). In this study, we found that the indel polymorphism rs145204276 in the promoter region of GAS5 was associated with susceptibility to HCC and may play its role by influencing one CpG island methylation status in the GAS5 promoter region, in turn GASS transcriptional activity and eventually GAS5 expression level.

GASS was identified in a mouse thymoma cell line and further its potential promoter region was suggested (8). Previous studies reported the role of GAS5 in multiple cancers. For example, the low expression level of GAS5 was an indicator of poor prognosis for colorectal cancer, gastric cancer and cervical cancer (12–15). Moreover, the expression level of GAS5 was down-regulated in pancreatic cancer, bladder cancer and renal cancer (10,24-25); downregulation of GAS5 attenuates cell responses to apoptotic stimuli including classical chemotherapeutic agents (26,27). In contrast, overexpression of GAS5 inhibits cancer cell proliferation and promotes cancer cell apoptosis (10,24,25). These data suggested a tumor-suppressing role of GAS5. To date, there is no evidence on associations of the polymorphism within GAS5 with the risk for human diseases. In the present study we evaluated the association of the indel polymorphism with the risk of HCC and found that the del allele had a significantly increased risk of HCC in all genetic models. The indel polymorphism (rs145204276) is located within the upstream of GAS5 transcriptional start site where there is a CG rich region. Thus, it is possible that rs145204276 affects the expression level of GAS5 by disturbing its transcript activity and consequently correlates with the risk to HCC. Our results from the expression of GAS5 in different genotypes and luciferase activity supported its potential promoter region was suggested (18). Previous studies reported the role of GAS5 in multiple cancers. For example, the low expression level of GAS5 was an indicator of poor prognosis for colorectal cancer, gastric cancer and cervical cancer (12–15). Moreover, the expression level of GAS5 was down-regulated in pancreatic cancer, bladder cancer and renal cancer (10,24-25); downregulation of GAS5 attenuates cell responses to apoptotic stimuli including classical chemotherapeutic agents (26,27). In contrast, overexpression of GAS5 inhibits cancer cell proliferation and promotes cancer cell apoptosis (10,24,25). These data suggested a tumor-suppressing role of GAS5. To date, there is no evidence on associations of the polymorphism within GAS5 with the risk for human diseases. In the present study we evaluated the association of the indel polymorphism with the risk of HCC and found that the del allele had a significantly increased risk of HCC in all genetic models. The indel polymorphism (rs145204276) is located within the upstream of GAS5 transcriptional start site where there is a CG rich region. Thus, it is possible that rs145204276 affects the expression level of GAS5 by disturbing its transcript activity and consequently correlates with the risk to HCC. Our results from the expression of GAS5 in different genotypes and luciferase activity supported this possibility. Furthermore, flow cytometry and western blot assay revealed that overexpression of GAS5 leads to an anti-apoptosis effect in HCC cell lines. Taken together, our findings

### Table 2. Associations between rs145204276 and HCC susceptibility in Suzhou and Shanghai case control sets recruited during 2010-13

<table>
<thead>
<tr>
<th>Genetic model</th>
<th>Genotype</th>
<th>Cases</th>
<th>%</th>
<th>Control</th>
<th>%</th>
<th>OR (95% CI)</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suzhou</td>
<td>Codominant model</td>
<td>ins/ins</td>
<td>242</td>
<td>40.1</td>
<td>299</td>
<td>47.2</td>
<td>1.00 (Reference)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ins/del</td>
<td>282</td>
<td>46.7</td>
<td>285</td>
<td>45.0</td>
<td>1.23 (0.96–1.56)</td>
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<tr>
<td></td>
<td></td>
<td>del/del</td>
<td>80</td>
<td>13.2</td>
<td>50</td>
<td>7.9</td>
<td>1.95 (1.29–2.95)</td>
</tr>
<tr>
<td></td>
<td>Pooled</td>
<td></td>
<td>906</td>
<td></td>
<td>834</td>
<td></td>
<td>7.45 × 10⁻³</td>
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<tr>
<td></td>
<td>Dominant model</td>
<td>ins/ins</td>
<td>242</td>
<td>40.1</td>
<td>299</td>
<td>47.2</td>
<td>1.00 (Reference)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ins/del + del/del</td>
<td>362</td>
<td>59.9</td>
<td>335</td>
<td>52.8</td>
<td>1.34 (1.06–1.68)</td>
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<td>Recessive model</td>
<td>ins/ins + ins/del</td>
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<td>86.8</td>
<td>584</td>
<td>92.1</td>
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<tr>
<td></td>
<td></td>
<td>del/del</td>
<td>80</td>
<td>13.2</td>
<td>50</td>
<td>7.9</td>
<td>1.76 (1.19–2.60)</td>
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<td>Additive model</td>
<td>ins allele</td>
<td>766</td>
<td>63.4</td>
<td>883</td>
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<tr>
<td></td>
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<td>del allele</td>
<td>442</td>
<td>36.6</td>
<td>385</td>
<td>30.3</td>
<td>1.32 (1.12–1.57)</td>
</tr>
<tr>
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<td>Codominant model</td>
<td>ins/ins</td>
<td>172</td>
<td>40.0</td>
<td>205</td>
<td>48.8</td>
<td>1.00 (Reference)</td>
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<tr>
<td></td>
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<td>ins/del</td>
<td>198</td>
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<td>183</td>
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<td>1.30 (0.97–1.75)</td>
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<tr>
<td></td>
<td>Pooled</td>
<td></td>
<td>370</td>
<td></td>
<td>388</td>
<td></td>
<td>6.89 × 10⁻⁴</td>
</tr>
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<td>ins/ins</td>
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<td>40.0</td>
<td>205</td>
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<td></td>
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<td>ins/del + del/del</td>
<td>258</td>
<td>60.0</td>
<td>215</td>
<td>51.2</td>
<td>1.44 (1.09–1.91)</td>
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<tr>
<td></td>
<td>Recessive model</td>
<td>ins/ins + ins/del</td>
<td>370</td>
<td>86.0</td>
<td>388</td>
<td>92.4</td>
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<tr>
<td></td>
<td></td>
<td>del/del</td>
<td>60</td>
<td>14.0</td>
<td>32</td>
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<tr>
<td></td>
<td>Additive model</td>
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<td>63.0</td>
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<tr>
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<td>Codominant model</td>
<td>ins/ins</td>
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<td>40.0</td>
<td>504</td>
<td>47.8</td>
<td>1.00 (Reference)</td>
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<tr>
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<td>Pooled</td>
<td></td>
<td>894</td>
<td></td>
<td>972</td>
<td></td>
<td>1.10 × 10⁻⁶</td>
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<td>47.8</td>
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<td></td>
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<td>550</td>
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</tr>
<tr>
<td></td>
<td>Recessive model</td>
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<td>86.4</td>
<td>972</td>
<td>92.2</td>
<td>1.00 (Reference)</td>
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<td>36.8</td>
<td>632</td>
<td>30.0</td>
<td>1.36 (1.19–1.55)</td>
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CI, confidence interval; OR, odds ratio.

*Adjusted for age, sex, smoking status, drinking status, tumor stage and HBV infection.*
suggested that GAS5 may act as a proto-oncogene in HCC in contrast with its inhibitory role in other cancer types. The tumor-promoting role of GAS5 in HCC may reflect the differential roles of GAS5 in carcinogenesis of different types of cancer. Of note, GAS5 expression was low in liver or spleen but abundant in other adult mouse tissues including brain, heart, thymus, lung, kidney and testis (8). The difference may suggest the differential role of GAS5 in carcinogenesis of different tissues. Importantly, gene-environment interactions in different tissues contribute to its paradoxical role. For example, HBV/hepatitis C virus infection, an independent risk factor for HCC, leads to massive inflammation, fibrosis and eventually cirrhosis, accounting for 80% of HCC (28). Tumor necrosis factor is overexpressed in HBV/hepatitis C virus infection and plays an important role in the immune pathogenesis of HCC (29,30). Recently, it was reported that the pro-inflammatory tumor necrosis factor stimulation can up-regulate GAS5 expression in both epithelial and smooth muscle cells in airway (31). Thus, the higher level of GAS5 in HCC may be associated with overexpression of tumor necrosis factor.

Accumulating evidence suggests that SNPs in the promoter region of lncRNA regulates lncRNA expression by influencing the binding of transcription factor or the methylation status of CpG islands (17,32). It is known that methylation imbalance, including hypermethylation of tumor suppressor genes and hypomethylation of oncogenes (33,34), is one obvious character of cancer. In our study, we found that the methylation of the seventh CpG site (adjacent to rs145204276) located in the promoter region of GAS5 was much higher in del/del genotype as compared with ins/del or ins/ins genotype. Based on our in vitro experiments and GAS5 expression in HCC tissues, we propose that hypermethylation in del/del genotype is linked to an increased expression of GAS5. Hypermethylation of CpG islands usually associates with low transcriptional activity with occasional exceptions. For instance, one report demonstrated that in some conditions hypermethylation activates transcription: new methylation of CpG sites generates active transcription start site; the hypermethylation status disturbs the bind of repressor elements, leading to active transcription; the hypermethylation status results in the transcription start site from one to another, causing active transcription (35). Therefore, the indel polymorphism in the promoter region of GAS5 may play its role by these mechanisms. Further studies are needed to address this observation.

Finally, one limitation in this study should be emphasized. Although we observed a strong correlation between rs145204276 and GAS5 expression, as well as between GAS5 transcriptional activity and CpG methylation status, how genetic variability at this locus can influence methylation status of the GAS5 promoter still need to be further investigated and discussed. In addition, it should be taken into account of the possibility that there are other possible presence of CpG sites in this regulatory region that can be influenced by rs145204276. Genome wide DNA methylation studies on normal and pathological conditions are now warranted to confirm our data.

In summary, we provided evidence that rs145204276 may play a functional role in carcinogenesis of HCC by regulating methylation status of the CpG island in the promoter region of lncRNA GAS5 and subsequently affecting the expression of GAS5. Furthermore, in contrast with the tumor-suppressing role of GAS5 in other cancers, GAS5 may act as a proto-oncogene in HCC. Therefore, GAS5 may be a promising marker for personalized diagnosis and therapy for HCC. The replications of our studies in other populations as well as further systematic
Figure 4. The influence of GAS5 on cell apoptosis as evaluated by flow cytometry and western blot. A. Flow cytometry analysis of cell apoptosis. Cells (1 × 10^5/well) were transfected with copGFP or copGFP-GAS5 for 24 h, and then harvested and double-stained with Annexin V and 7-aminoactinomycin D (7-AAD). Next, apoptotic cell (Annexin V+ and 7-AAD cells) percentage was determined by flow cytometry. The cells analyzed were GFP+, as shown in the R1 region. Data are representative of three independent experiments. B. Western blot analysis of Bcl-2 expression level in sk-hep-1 cell line overexpressed GAS5. Line 3 and 4 represent GAS5 transfected group; line 1 and 2 represent the control group. C. Western blot analysis for the expression level of caspase3 in sk-hep-1 cell line in the GAS5 transfected group and the empty vector transfected group. Line 4, 5 and 6 represent GAS5 transfected group; line 1, 2 and 3 represent control group. D. Bcl-2 expression level in sk-hep-1 cell line with small interfering RNA (siRNA)-GAS5. Line 1, 2 and 3 represent siRNA-GAS5 group; Line 4, 5 and 6 represent negative group. E. Caspase3 expression level in sk-hep-1 cell line with siRNA-GAS5. Line 1, 2 and 3 represent siRNA-GAS5 group; Line 4, 5 and 6 represent negative group.

Figure 5. The effect of rs145204276 on methylation status of the GAS5 promoter region A. The potential CpG sites (1–14) within the GAS5 promoter region. The underlined basepairs indicates the exact locations. B. The mean methylation index in most of the CpG sites was undifferentiated among three genotypes. However, the mean methylation index on site 7 (adjacent to rs145204276) of del/del genotype is significantly higher than that of both ins/del genotype and ins/ins genotype (** P < 0.01).
investigations are needed to clarify the molecular mechanisms underlying GAS5 regulation.

Supplementary material

Supplementary Table S1 can be found at http://carcin.oxfordjournals.org/

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References