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Lentiviral vector-mediated *RBM5* overexpression downregulates *EGFR* expression in human non-small cell lung cancer cells

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Abstract

Background: RNA binding motif 5 (*RBM5*) is a tumor suppressor gene that modulates apoptosis through the regulation of alternative splicing of apoptosis-related genes. Our previous studies suggested that *RBM5* expression was negatively correlated with the expression of epidermal growth factor receptor (*EGFR*) in non-small cell lung cancer (NSCLC) tissues. This study was aimed at determining whether *RBM5* is able to regulate *EGFR* expression.

Methods: Both *in vitro* and *in vivo* studies were carried out to determine the effect of *RBM5* on the expression of *EGFR*. Lentiviral vector-mediated *RBM5* overexpression was employed in lung adenocarcinoma cell line A549. A549 xenograft mice were treated with recombinant *RBM5* plasmid carried by attenuated *Salmonella typhi* Ty21a. Real-time quantitative polymerase chain reaction and Western blot were carried out to detect *RBM5* and *EGFR* expression.

Results: Both *in vivo* and *in vitro* studies indicated that the expression of *EGFR* mRNA and protein was decreased significantly in the *RBM5* overexpression group compared to control groups as shown by real-time PCR and Western blot analysis. We identified that *RBM5* overexpression inhibited *EGFR* expression both in A549 cells and in A549 xenograft mice model.

Conclusions: Our study demonstrated that *EGFR* expression is regulated by *RBM5* in lung adenocarcinomas cells either in a direct or indirect way, which might be meaningful with regards to target therapy in lung cancer.

Keywords: RNA binding motif 5, Epidermal growth factor receptor, Non-small cell lung cancer, Lentiviral vector, A549, Xenograft mice model

Background

Lung cancer is one of the most common malignant tumors and remains the leading cause of cancer death both in males and females globally [1]. Among all lung cancer subtypes, non-small cell lung cancer (NSCLC) accounts for approximately 87% of all lung cancer cases, and has a poor prognosis; the overall five-year survival rate is 18.2% [2]. Molecularly, NSCLC development is believed to be initiated by the activation of oncogenes or inactivation of tumor suppressor genes [3].

Epidermal growth factor receptor (*EGFR*) (also known as *HER-1* or *Erb1*) is a cell-surface receptor belonging to

the *ErbB* tyrosine kinase receptor family, which also includes *HER-2/neu* (*ErbB2*), *HER-3* (*ErbB3*), and *HER-4* (*ErbB4*). *EGFR* activation is associated with cell apoptosis, proliferation, angiogenesis, invasion, and metastasis, which plays an important role in carcinogenesis and tumor progression in human epithelial cancers, including NSCLC [4]. These actions are accomplished through activation of the *RAS-RAF-MEK-ERK* and *PI3K-AKT-mTOR* pathways [5]. *EGFR* and *PI3K* initiate malignant neoplastic transformation via a combinatorial genetic network composed of other pathways, including the *Tor*, *Myc*, *G1 Cyclins-Cdks*, and *Rb-E2F* pathways [6], and drive cells through the restriction point of late G(1) into S phase [7]. A series of anticancer agents directly targeting *EGFR* were developed and proved to be effective [8-13], but the clinical benefits of *EGFR*-TKIs are limited by primary or

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acquired resistance [14]. Therefore, *EGFR* inhibition by an upper regulator seems to be more attractive. Yet the *EGFR* upstream regulatory mechanisms are still not well understood. Further insights into important molecular regulators of *EGFR* are needed for the development of novel therapeutics.

RNA-binding motif protein 5 (*RBM5*) (also known as *LUCA-15* or *H37*) maps to the human chromosomal locus 3p21.3, which is strongly associated with lung cancer [15]. It is reported to be downregulated in 73% of primary NSCLC specimens [16] and is also found in other human cancers. However, the precise mechanism by which *RBM5* mediated tumor suppression still remains to be clarified. Present studies are mostly focused on the regulation of apoptosis by the alternative splicing of correlated genes, such as *Bax*, *Bcl-2*, cleaved *caspase-3*, *caspase-9*, and *P53* [17-21]. Only a few researchers noticed another mechanism of negative regulation of cell proliferation, inducing cell cycle arrest in G1 by down-regulating *cyclin A* and phosphorylated *RB* expression [17], which might also be involved in the malignant neoplastic transformation initiated by the *EGFR* and *PI3K* signaling pathway. These observations draw our interest in regard to the relationship between *RBM5* and *EGFR*. We conducted a series of investigations to clarify the relationship between *RBM5* and an important regulator of cell proliferation, *EGFR*. We detected *RBM5* and *EGFR* expression in 120 paired resected NSCLC tumor tissues and adjacent normal tissues in a previous study, which suggested that the *RBM5* expression was negatively correlated with the expression of *EGFR* in NSCLC tissues [22]. Afterwards, we inhibited *EGFR* expression in the lung adenocarcinoma cell line NCI-H1975 using small interfering RNA, and found that *RBM5* expression was not directly regulated by *EGFR* in non-smoker-related lung adenocarcinomas [23]. Herein, we hypothesized that inhibition of *EGFR* in lung adenocarcinomas might be achieved via *RBM5* overexpression. The objective of this study was to assess whether forced *RBM5* expression in lung adenocarcinoma cell line A549 cells and A549 xenografts could suppress the expression of *EGFR*, which would suggest that one of the mechanisms of potential tumor suppressor activity of *RBM5* in NSCLC is initiated via the inactivation or inhibition of *EGFR*.

Methods

Cell culture

Human lung adenocarcinoma cell line A549 cells were purchased from the Chinese Academy of Medical Sciences (Beijing, China). Cells were grown in Roswell Park Memorial Institute (RPMI) 1640 supplemented with 10% fetal bovine serum (Gibco, Grand Island, United States), and maintained at 37°C in a humidified 5% CO₂ atmosphere.

Lentiviral vectors construction and lentivirus infection

Lentiviral vectors containing green fluorescence protein (*GFP*) were employed in order to achieve high efficiency of introduction and subsequent stable expression of *RBM5* in A549 cells. Recombined *pGC-LV-GV287-GFP* vector with the *RBM5* (NM_005778) gene (*LV-RBM5*) and *pGC-LV-GV287-GFP* with a scrambled control sequence (*LV-GV287*) were constructed by Genechem Company (Genechem, Shanghai, China). A549 cells were then infected with the above lentiviral vectors. A total of 5×10^5 A549 cells were seeded in a six-well cell plate and further incubated for 12 hours to reach 30% confluent, and then infected with *LV-RBM5* (*RBM5* overexpression group), *LV-GV287* (negative control group), and no infection (non-transfected control group) by replacing the infection medium containing recombinant vectors at a multiplicity of infection (MOI) of 20 plaque-forming units (p.f.u.) per cell. Plates were then incubated for 24 hours prior to having their media changed to fresh, virus-free media. Three days later, the *GFP* density contained by lentivirus was detected to evaluate the efficiency of infection, and cells were harvested for Western blot and real-time quantitative polymerase chain reaction (RT-qPCR) analysis.

Establishment of A549 xenografts

The use of animals in this study was in accordance with animal care guidelines, and the protocol was approved by Jilin University Animal Care Committee. A549 xenografts were established and the *RBM5* gene was delivered into xenografts by attenuated *Salmonella* according to a previous study [19]. Briefly, BALB/c athymic nude female mice (nu/nu); between four and five-weeks-old were purchased from the Institute of Zoology, Chinese Academy of Sciences (Beijing, China). A549 cells (1×10^7) were suspended in 100 μ l PBS and injected subcutaneously into the right flank region of nude mice.

Competent *Salmonella enterica* serovar typhimurium cells (competence) (obtained from the China-Japan Union Hospital of Jilin University, Jilin, China) were mixed with 1 μ g *GV287-RBM5* or 1 μ g *GV287* plasmids and cooled for 15 minutes on ice. The plasmids were electro-transfected into the competence under the conditions as follows: capacitance = 25 μ F, voltage = 1.25 kV (12.5 kV/cm). Then the recombinant attenuated salmonellae were quickly transferred into Luria-Bertani (LB) agar medium for proliferation at 37°C and stored at -80°C.

The tumor-bearing mice were randomly divided into three groups (six mice per group) at day 21 after cell injection. The mice were treated at day 28 and 35, respectively, through a tail vein as follows: (a) control group (50 μ l PBS); (b) negative control group (attenuated

Salmonella-carrying GV287) (10^8 colony-forming units (CFU) per 50 μ l PBS); (c) *RBM5* overexpression group (attenuated *Salmonella*-carrying GV287-*RBM5*) (10^8 CFU per 50 μ l PBS). The mice were sacrificed on day 42 and the tumors were removed. One part of the tumor was fixed in Trizol™ reagent (Invitrogen, Carlsbad, United States) for RT-qPCR, and another part was immediately snap-frozen in liquid nitrogen for Western blot analysis.

Protein extraction and Western blot

Total protein from both tumor tissues and cultured cells was extracted according to a previous study [22]. Briefly, protein concentration was measured by the Protein Assay Kit (Bio-Rad Laboratories, Richmond, United States). Equal amounts of protein samples (30 μ g) were separated by 8% SDS-PAGE and transferred onto poly(vinylidene fluoride) (PVDF) membranes (Millipore, Boston, United States). The membranes were treated with tris-buffered saline and Tween-20 solution (Sigma, California, United State) (TBST) containing 50 g/L skimmed milk at room temperature for one hour, and incubated overnight at 4°C with a monoclonal antibody against *RBM5* (Santa Cruz Biotechnology, California, United States) or *EGFR* (Proteintech Group, Chicago, United States). The mouse monoclonal antibody against β -actin (Proteintech Group, Chicago, United States) was used as a housekeeping control gene. Membranes were washed three times for 10 minutes with TBST and incubated with horseradish peroxidase-conjugated secondary antibodies (Proteintech Group, Chicago, United States) at a dilution of 1:500 for one hour at room temperature. Membranes were washed three times for 10 minutes with TBST, and bands were detected using an Amersham ECL Plus Western Blotting Detection Reagents (General Electric Company, Fairfield, United States). The protein levels were quantified by densitometry using Quantity One software (Bio-Rad Laboratories, Richmond, United States).

RNA extraction and real-time quantitative polymerase chain reaction

Total RNA was extracted using Trizol reagent (Invitrogen, California, United States) according to the manufacturer's instructions. The ratio of absorbance at 260 and 280 nm (A260/280) was used to assess RNA purity and quantity. First-strand cDNA was generated using M-MLV Reverse Transcriptase (Promega, Madison, United States) and Oligo(dT) primers (Sangon Biotech, Shanghai, China) according to the manufacturer's instructions. Primers were made by Genechem (Genechem, Shanghai, China). Selected primer sequences included *RBM5* forward 5'-CCATCACAGAGAGCGATATTCG-3', *RBM5* reverse 5'-CGGCTTACACCTGTTTTCCTC-3', *EGFR* forward 5'-ATGAGATGGAGGAAGACGG-3', *EGFR* reverse 5'-

CGGCAGGATGTGGAGAT-3', glyceraldehyde-3-phosphate dehydrogenase (*GAPDH*) forward 5'-TGACTTC AACAGCGACACCCA-3', and *GAPDH* reverse 5'-CACCTGTTGCTGTAGCCAAA-3'.

RT-qPCR was carried out using a Thermal Cycler Dice Real Time System (TaKaRa, Osaka, Japan) using Prime Script™ RT Master Mix (TaKaRa, Osaka, Japan). A two-step cycling condition was used for *EGFR*, *RBM5*, and *GAPDH* as follows: 95°C for 30 seconds followed by 40 cycles of 95°C for five seconds, and then 60°C for 30 seconds. A dissociation curve was generated for all three genes using the following conditions: 95°C for 15 seconds, 55°C for 30 seconds, and then 95°C for 15 seconds. The expression levels of the *RBM5* and *EGFR* genes were normalized to the internal control *GAPDH*, respectively, to obtain the relative threshold cycle (Δ Ct), and the relative expression between control A549 cells and infected cells was calculated using the comparative Ct ($\Delta\Delta$ Ct) method ($\Delta\Delta$ Ct = Δ Ct of control cells - Δ Ct of infected cells) or $2^{-\Delta\Delta$ Ct}.

Statistical analysis

All experiments were performed at least in triplicate. All data were presented as means \pm standard deviation (SD). Statistical significance was determined by analysis of t-test using SPSS version 17.0 (SPSS Inc., Chicago, United States). A *P* value of less than 0.05 was considered statistically significant.

Results

Infection efficiency of lentivirus vectors

In order to achieve high efficiency of introduction and subsequent stable expression of *RBM5* in A549 cells, we tried to import this gene by infecting A549 cells with *RBM5* lentiviral vectors containing *GFP*. The recombinant lentivirus vector *LV-RBM5* was successfully constructed and infected A549 cells. The stably infected A549 cells expressed *GFP* after infection by the lentiviral vectors at different MOIs. *GFP* expression was detected three days after infection using fluorescence microscopy. The efficiency of the infection (averaged proportion of *GFP*-expressing cells on the total cell count) was approximately 80% at an MOI of 20 (Figure 1). Consequently, an MOI of 20 was chosen for the next steps of this study.

Overexpression of *RBM5* in A549 cells infected with lentiviral vectors

RT-qPCR analysis demonstrated that the relative expression level of *RBM5* mRNA was markedly increased in the *RBM5* overexpression group (13.32 ± 2.16), compared with that in the negative control group (1.00 ± 0.09) and the non-transfected control group (0.65 ± 0.07 ; *P* < 0.01; Figure 2A). There was no statistical difference

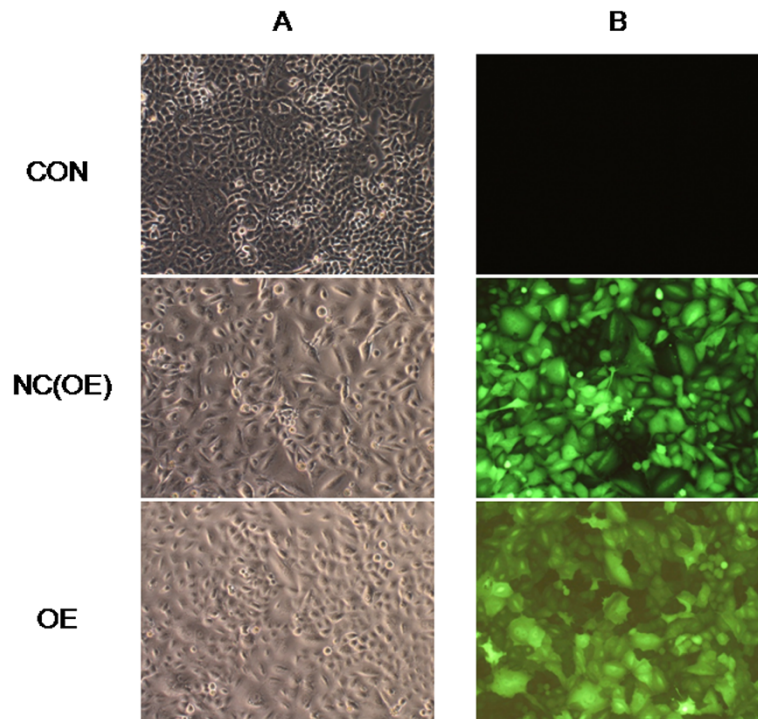


Figure 1 Infection efficiency of LV-RBM5 in A549 cells by GFP detection (100x). Lentiviral vector-mediated *RBM5* expression was visualized by fluorescence microscopy three days after infection. Comparing the assessment in a bright field with the assessment in fluorescent field revealed an infection efficiency of over 80%. **A**, bright field; **B**, fluorescent field; CON, control group with no transfection; NC(OE), negative control group transfected with *GFP* lentiviral vectors LV-GV287; OE, *RBM5* overexpression group transfected with *GFP* lentiviral vectors LV-RBM5.

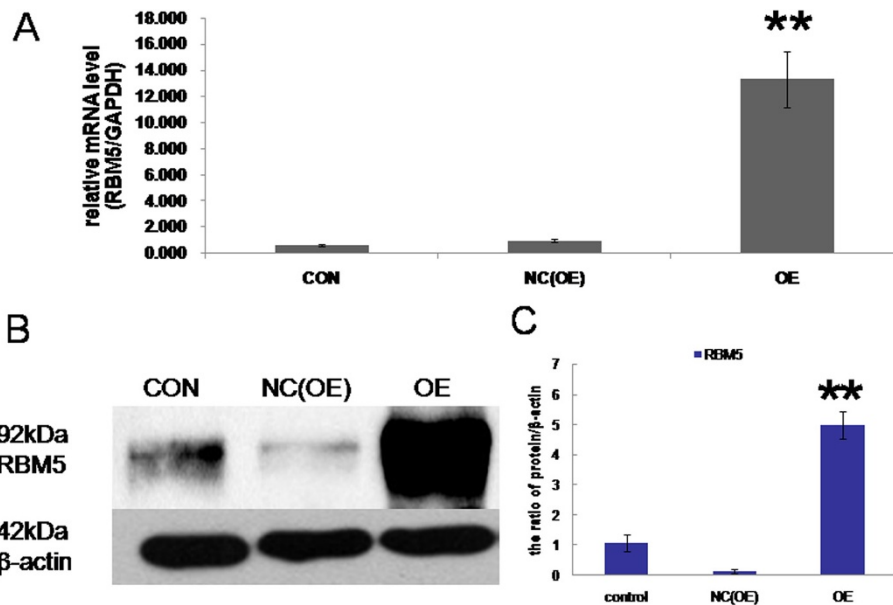


Figure 2 Overexpression of *RBM5* in A549 cells by lentivirus-mediated gene expression system. A549 cells were infected with lentiviral vector LV-RBM5. Three days after infection, the relative *RBM5* mRNA and protein expression were determined by RT-qPCR and Western blot analysis respectively. β -actin was used as an internal control. **A**, RT-qPCR analysis for *RBM5* mRNA in different groups. **B**, Western blot analysis for *RBM5* protein in different groups. **C**, Quantification of *RBM5* protein levels relative to β -actin; CON, non-transfected control group; NC(OE), negative control group; OE, *RBM5* overexpression group. Data shown are means \pm SD of three separate experiments. ****** P < 0.01 indicates significant difference as compared to the control.

of *RBMS* mRNA expression between the negative control and the non-transfected control ($P > 0.05$). Furthermore, the effectiveness of the lentiviral infection of *LV-RBMS* was also confirmed by Western blot analysis. The protein expression of *RBMS* in A549 cells was significantly higher in the *RBMS* overexpression group than that in the control groups (Figure 2B).

Overexpression of *RBMS* inhibits *EGFR* expression in A549 cells

To explore whether *RBMS* is able to directly regulate *EGFR* expression, we examined *EGFR* mRNA by RT-qPCR, and *EGFR* protein by Western blot analysis in A549 cells infected by different lentiviral vectors. As seen in Figure 3A, compared to negative control group and non-transfected control group, cells in the *RBMS* overexpression group showed a significant decrease in *EGFR* expression (by 28.5% and 26.6%, respectively; $P < 0.001$ and $P < 0.001$, respectively). Additionally, Western blot analysis showed that the protein expression of *EGFR* in the *RBMS* overexpression group was significantly lower than that in the control groups (Figure 3B).

Suppression of *EGFR* expression by *RBMS* overexpression in A549 xenograft tumors

To further test our hypothesis, the mice model of A549 xenograft was established as described in the Methods section. To ensure that the recombinant attenuated salmonellae-carrying plasmids preferentially localized in the xenograft tumors, the kinetics of bacterium distribution in the xenograft tumor and different organs of the tumor-bearing mice were monitored in a previous study [18]. At the 28th and 35th day after implantation, the tumor-bearing mice were treated with attenuated *Salmonella*-carrying plasmid through a tail vein. The mice were sacrificed 42 days after implantation and the tumors were removed to monitor the tumor sizes and to determine *RBMS* and *EGFR* expression by RT-qPCR and Western blot analysis. H&E staining were performed to observe histopathological performance on A549 xenografts. We observed that the mRNA and protein expression of *RBMS* were significantly increased in the *RBMS* overexpression group as compared to those in control groups, while *EGFR* expression was decreased significantly in the *RBMS* overexpression group as compared to those in control groups (Figure 4). H&E staining

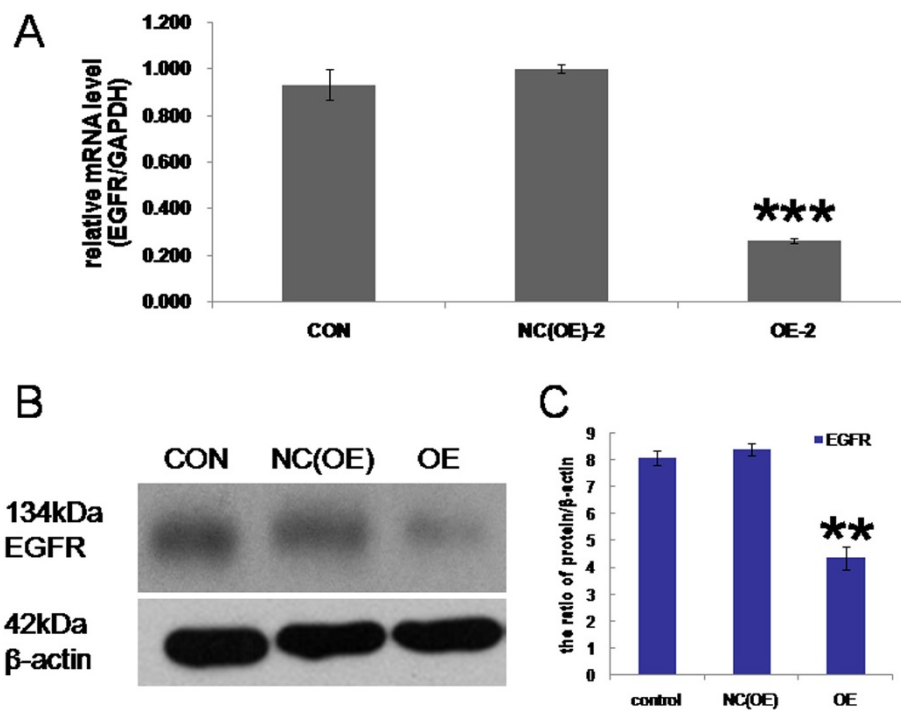


Figure 3 *EGFR* expression was suppressed by *RBMS* overexpression in A549 cells. A549 cells were infected with lentiviral vector *LV-RBMS*. Three days after infection, the relative *EGFR* mRNA and protein expression were detected by RT-qPCR and Western blot analysis, respectively. β -actin was used as an internal control. **A**, RT-qPCR analysis for *EGFR* mRNA in different groups. **B**, Western blot analysis for *EGFR* protein in different groups. **C**, Quantification of *EGFR* protein levels relative to β -actin; CON, non-transfected control group; NC(OE), negative control group; OE, *RBMS* overexpression group. Data shown are means \pm SD of three separate experiments. ** $P < 0.01$ and *** $P < 0.001$ indicates significant difference as compared to the control.

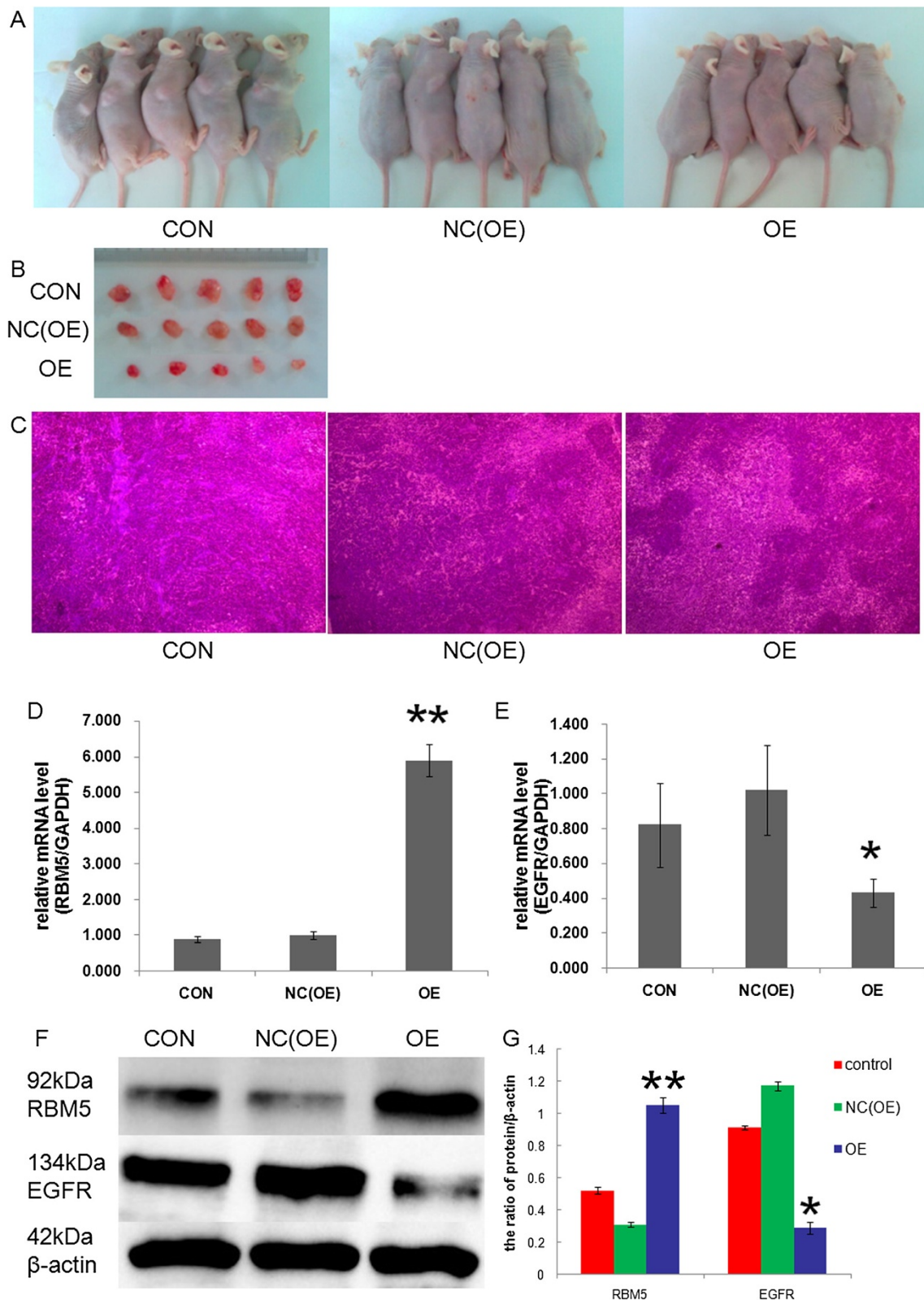


Figure 4 (See legend on next page.)

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Figure 4 *EGFR* expression was suppressed by *RBM5* overexpression in A549 xenograft tumors. A549 xenografts were established and the *RBM5* gene was delivered into xenografts by attenuated *Salmonella*. The mice were sacrificed on day 42. (A) Tumor sizes in nude mice in different groups. (B) Comparison of A549 xenografts taken out from different groups. (C) H&E staining of tumors of nude mice in different groups (40x). (D) RT-PCR analysis of the expression of relative *RBM5* mRNA in the xenograft tumors. (E) RT-PCR analysis of the expression of relative *EGFR* mRNA in the xenograft tumors. (F) Western blot analysis of *RBM5* and *EGFR* protein expression in the xenograft tumors. (G) Quantification of protein expression relative to β -actin. β -actin was used as an internal control. CON, non-transfected control group; NC(OE), negative control group; OE, *RBM5* overexpression group. Data shown are means \pm SD of three separate experiments. * $P < 0.05$ and ** $P < 0.01$ indicate significant difference as compared to the negative control.

showed that there were a large number of cancer nests in control, and that the tumor tissue could survive in a good state (Figure 4).

Discussion

The *RBM5* gene is a tumor suppressor gene (*TSG*) that is located within a 370 kb overlapping lung cancer allelic loss region on 3p21.3 [24]. There is increasing evidence suggesting that downregulation of *RBM5* plays an important role in NSCLC occurrence, progression, metastasis, and drug resistance [16,18,21,22,25,26], yet the mechanisms are still not well clarified. Present studies on *RBM5* anti-tumor mechanisms are mostly focused on its apoptosis induction role, such as: *RBM5* overexpression enhanced *TRAIL*-, *TNF-alpha*-, *Fas*-, and *P53*-mediated apoptosis [20,27,28], increased the expression of *Stat5b*, *BMP5* [29], *Bax* [17], and *proapoptotic Casp-2 L* [30], and decreased the expression of *Amplified In Breast Cancer 1 (AIB1)*, *proto-oncogene Pim-1*, *caspase antagonist BIRC3 (cIAP-2, MIHC)*, and *cyclin-dependent kinase 2 (CDK2)* [29]. *Rac1* and β -catenin were upregulated when *RBM5* was knocked down [26]. Our previous study confirmed previous findings and further demonstrated that exogenous expression of *RBM5* inhibited the A549 cell growth *in vivo* and *in vitro*, and re-sensitized A549/DDP cells to cisplatin by enhancement of mitochondria apoptosis [18,19,21]. Our recent study demonstrated for the first time an inverse correlation between the expression levels of *RBM5*, and transforming growth factor alpha (*TGF- α*) signaling factors, *EGFR*, and *KRAS* in NSCLC tissues [22], which suggested that the presence of a complex regulatory network between those genes was involved in tumor suppression and oncogenic expression. Although several studies found that the molecular mechanism of *RBM5* tumor suppression involved cell proliferation inhibition [17,29,31], the precise mechanisms underlying such inhibition have been poorly understood. Here, we demonstrate that overexpression of *RBM5* suppressed *EGFR* expression, both in lung adenocarcinoma cell line A549 cells and in A549 xenograft tumors. This effect occurs in NSCLC cells expressing a lower level of *RBM5* [17]. Previously, we have proved that *RBM5* expression was not directly regulated by *EGFR* [23], however, the results in the current study

indicate that *RBM5* might manipulate *EGFR* expression as an upstream gene, which may be a predominant mechanism by which *RBM5* mediates tumor suppression.

Bonnal *et al.* found that *RBM5* was a component of complexes involved in 3' splice site recognition, and regulates alternative splicing of apoptosis-related genes, including the Fas receptor, switching between isoforms with antagonistic functions in programmed cell death [28]. It may be the same mechanism that explains how *EGFR* expression was suppressed by overexpression of *RBM5*. That is, upregulated *RBM5* recognized the 3' splice site of the pre-mRNAs of *EGFR* and led to more alternatively spliced mRNAs and less matured mRNAs of *EGFR*. However, we could not definitively conclude what the alternatively spliced mRNAs are. The alternatively spliced mRNAs might be mRNAs of other genes, generate protein isoforms of the same gene which harbor different functions, or degenerated.

For many years, chemotherapy has been the standard first-line systemic treatment for advanced NSCLC, but the clinical outcomes were unpromising. The advent of *EGFR* tyrosine kinase inhibitors (TKIs) changed the treatment paradigm. Nevertheless, the clinical application is restricted by limitations [8-14], including: (1) patients should be selected on the basis of *EGFR* mutations rather than *EGFR* amplification or overexpression; and (2) primary or acquired drug resistance after a short time of usage. Previous studies found that in tumor biopsy samples, 55 to 61% of the samples were *EGFR*-positive and 32 to 45% had *EGFR* amplification, without fully overlapping each other [32-34]. Yet, the occurrence of *EGFR* gene mutations was only 10 to 40% [35-38]. Our present findings suggest that overexpression of *RBM5* could inhibit *EGFR* expression by either direct or indirect ways in A549 cells. The cell line A549 was chosen for this study not only because it has the lowest *RBM5* expression in seven different lung cancer cell lines [17], but also because it has wild-type *EGFR*-positive expression and gene amplification [39,40], which are more common in NSCLC. It might be concluded that NSCLC with *EGFR*-positive expression or gene amplification could be treated by exogenous *RBM5*, resulting in *EGFR* suppression. Our results could have a potential implication for lung cancer treatment, and uncover a

new promising therapeutic strategy to suppress the *EGFR* pathway, which is induced by the overexpression of *RBMS*. Taken together, our study demonstrates a prospective meaning that overexpression of *RBMS* in NSCLCs would lead to tumor suppression through *EGFR* inhibition. *RBMS* may act as a novel therapeutic target in terms of gene therapy.

Nevertheless, there were still several limitations in the present study. Firstly, as we have focused on the A549 cell line, additional experiments involving other cancer cell lines or normal and/or immortalized cell lines would help to verify this relationship between these two genes. Secondly, as the upstream regulation of *EGFR* is still not well understood, further studies concerning whether there are other mechanisms involving in this process are warranted in order to confirm the specific mechanisms of *EGFR* expression suppression. Thirdly, the relationship between *RBMS* and *EGFR* mutation is yet unknown. Further investigation is required to determine whether *RBMS* is able to modulate *EGFR* expression when *EGFR* mutations exist.

Conclusions

We demonstrate that *EGFR* expression is regulated by *RBMS* *in vivo* and *in vitro* in a direct or indirect way, and that may be one of the predominant mechanisms by which *RBMS* mediated tumor suppression. These findings also indicate that *RBMS* is the upstream regulator of the *EGFR* pathway.

Abbreviations

RBMS: RNA binding motif 5; EGFR: epidermal growth factor receptor; NSCLC: non-small cell lung cancer; RPMI: Roswell Park Memorial Institute; GFP: green fluorescence protein; LV-RBMS: Recombined pGC-LV-GV287-GFP vector with the RBMS (NM_005778) gene; LV-GV287: pGC-LV-GV287-GFP with a scrambled control sequence; MOI: multiplicity of infection; p.f.u.: plaque-forming units; RT-qPCR: real-time quantitative polymerase chain reaction; CFU: colony-forming units; TBST: tris-buffered saline and Tween-20 solution; GAPDH: glyceraldehyde-3-phosphate dehydrogenase; SD: standard deviation; TSG: tumor suppressor gene; TKIs: tyrosine kinase inhibitors.

Competing interests

The authors declare that they have no competing interests.

Authors' contributions

ZZS performed all the experiments and drafted the manuscript. JZY and RWL participated in the RNA and protein extraction. HL and JZ participated in the data analysis. KW contributed to the research design, data collection, and interpretation. KW oversaw the design of the study, and was involved in critically revising the manuscript. All authors have read and approved the final version of the manuscript.

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References

1. Siegel R, Ma J, Zou Z, Jemal A: **Cancer statistics, 2014.** *CA Cancer J Clin* 2014, **64**:9–29.
2. DeSantis CE, Lin CC, Mariotto AB, Siegel RL, Stein KD, Kramer JL, Alteri R, Robbins AS, Jemal A: **Cancer treatment and survivorship statistics, 2014.** *CA Cancer J Clin* 2014, **64**:252–271.
3. Wang L, Xiong Y, Sun Y, Fang Z, Li L, Ji H, Shi T: **HLungDB: an integrated database of human lung cancer research.** *Nucleic Acids Res* 2010, **38**:D665–D669.
4. Wei Y, Zou Z, Becker N, Anderson M, Sumpter R, Xiao G, Kinch L, Koduru P, Christodass CS, Veltri RW, Grishin NV, Peyton M, Minna J, Bhagat G, Levine B: **EGFR-mediated Beclin 1 phosphorylation in autophagy suppression, tumor progression, and tumor chemoresistance.** *Cell* 2013, **154**:1269–1284.
5. Salomon DS, Brandt R, Ciardiello F, Normanno N: **Epidermal growth factor-related peptides and their receptors in human malignancies.** *Crit Rev Oncol Hematol* 1995, **19**:183–232.
6. Read RD, Cavenee WK, Furnari FB, Thomas JB: **A drosophila model for EGFR-Ras and PI3K-dependent human glioma.** *PLoS Genet* 2009, **5**:e1000374.
7. Pennock S, Wang Z: **Stimulation of cell proliferation by endosomal epidermal growth factor receptor as revealed through two distinct phases of signaling.** *Mol Cell Biol* 2003, **23**:5803–5815.
8. Passaro A, Gori B, De Marinis F: **Afatinib as first-line treatment for patients with advanced non-small-cell lung cancer harboring EGFR mutations: focus on LUX-Lung 3 and LUX-Lung 6 phase III trials.** *J Thorac Dis* 2013, **5**:383–384.
9. Rosell R, Carcereny E, Gervais R, Vergnenegre A, Massuti B, Felip E, Palmero R, Garcia-Gomez R, Pallares C, Sanchez JM, Porta R, Cobo M, Garrido P, Longo F, Moran T, Insa A, De Marinis F, Corre R, Bover I, Illiano A, Dansin E, de Castro J, Milella M, Reguart N, Altavilla G, Jimenez U, Provencio M, Moreno MA, Terrasa J, Muñoz-Langa J, et al: **Erlotinib versus standard chemotherapy as first-line treatment for European patients with advanced EGFR mutation-positive non-small-cell lung cancer (EURTAC): a multicentre, open-label, randomised phase 3 trial.** *Lancet Oncol* 2012, **13**:239–246.
10. Han JY, Park K, Kim SW, Lee DH, Kim HY, Kim HT, Ahn MJ, Yun T, Ahn JS, Suh C, Lee JS, Yoon SJ, Han JH, Lee JW, Jo SJ, Lee JS: **First-SIGNAL: first-line single-agent irressa versus gemcitabine and cisplatin trial in never-smokers with adenocarcinoma of the lung.** *J Clin Oncol* 2012, **30**:1122–1128.
11. Zhou C, Wu YL, Chen G, Feng J, Liu XQ, Wang C, Zhang S, Wang J, Zhou S, Ren S, Lu S, Zhang L, Hu C, Hu C, Luo Y, Chen L, Ye M, Huang J, Zhi X, Zhang Y, Xiu Q, Ma J, Zhang L, You C: **Erlotinib versus chemotherapy as first-line treatment for patients with advanced EGFR mutation-positive non-small-cell lung cancer (OPTIMAL, CTONG-0802): a multicentre, open-label, randomised, phase 3 study.** *Lancet Oncol* 2011, **12**:735–742.
12. Mitsudomi T, Morita S, Yatabe Y, Negoro S, Okamoto I, Tsurutani J, Seto T, Satouchi M, Tada H, Hirashima T, Asami K, Katagami N, Takada M, Yoshioka H, Shibata K, Kudoh S, Shimizu E, Saito H, Toyooka S, Nakagawa K, Fukuoka M, West Japan Oncology Group: **Gefitinib versus cisplatin plus docetaxel in patients with non-small-cell lung cancer harbouring mutations of the epidermal growth factor receptor (WJTOG3405): an open label, randomised phase 3 trial.** *Lancet Oncol* 2010, **11**:121–128.
13. Mok TS, Wu YL, Thongprasert S, Yang CH, Chu DT, Saijo N, Sunpaweravong P, Han B, Margono B, Ichinose Y, Nishiwaki Y, Ohe Y, Yang JJ, Chewaskulyong B, Jiang H, Duffield EL, Watkins CL, Armour AA, Fukuoka M: **Gefitinib or carboplatin-paclitaxel in pulmonary adenocarcinoma.** *N Engl J Med* 2009, **361**:947–957.
14. Hrustanovic G, Lee BJ, Bivona TG: **Mechanisms of resistance to EGFR targeted therapies.** *Cancer Biol Ther* 2013, **14**:304–314.
15. Timmer T, Terpstra P, van den Berg A, Veldhuis PM, Ter Elst A, van der Veen AY, Kok K, Naylor SL, Buys CH: **An evolutionary rearrangement of the**

- Xp11.3–11.23 region in 3p21.3, a region frequently deleted in a variety of cancers. *Genomics* 1999, **60**:238–240.
16. Oh JJ, West AR, Fishbein MC, Slamon DJ: A candidate tumor suppressor gene, H37, from the human lung cancer tumor suppressor locus 3p21.3. *Cancer Res* 2002, **62**:3207–3213.
 17. Oh JJ, Razfar A, Delgado I, Reed RA, Malkina A, Boctor B, Slamon DJ: 3p21.3 tumor suppressor gene H37/Luca15/RBM5 inhibits growth of human lung cancer cells through cell cycle arrest and apoptosis. *Cancer Res* 2006, **66**:3419–3427.
 18. Shao C, Zhao L, Wang K, Xu W, Zhang J, Yang B: The tumor suppressor gene RBM5 inhibits lung adenocarcinoma cell growth and induces apoptosis. *World J Surg Oncol* 2012, **10**:160.
 19. Shao C, Yang B, Zhao L, Wang S, Zhang J, Wang K: Tumor suppressor gene RBM5 delivered by attenuated *Salmonella* inhibits lung adenocarcinoma through diverse apoptotic signaling pathways. *World J Surg Oncol* 2013, **11**:123.
 20. Kobayashi T, Ishida J, Musashi M, Ota S, Yoshida T, Shimizu Y, Chuma M, Kawakami H, Asaka M, Tanaka J, Imamura M, Kobayashi M, Itoh H, Edamatsu H, Sutherland LC, Brachmann RK: p53 transactivation is involved in the antiproliferative activity of the putative tumor suppressor RBM5. *Int J Cancer* 2011, **128**:304–318.
 21. Li P, Wang K, Zhang J, Zhao L, Liang H, Shao C, Sutherland LC: The 3p21.3 tumor suppressor RBM5 resensitizes cisplatin-resistant human non-small cell lung cancer cells to cisplatin. *Cancer Epidemiol* 2012, **36**:481–489.
 22. Liang H, Zhang J, Shao C, Zhao L, Xu W, Sutherland LC, Wang K: Differential expression of RBM5, EGFR and KRAS mRNA and protein in non-small cell lung cancer tissues. *J Exp Clin Cancer Res* 2012, **31**:36.
 23. Masilamani TJ, Rintala-Maki ND, Wang K, Sutherland LC: Downregulating activated epidermal growth factor receptor has no effect on RBM5 expression. *Chin Med J (Engl)* 2012, **125**:2378–2381.
 24. Lerman MI, Minna JD: The 630-kb lung cancer homozygous deletion region on human chromosome 3p21.3: identification and evaluation of the resident candidate tumor suppressor genes. The international lung cancer chromosome 3p21.3 tumor suppressor gene consortium. *Cancer Res* 2000, **60**:6116–6133.
 25. Sutherland LC, Wang K, Robinson AG: RBM5 as a putative tumor suppressor gene for lung cancer. *J Thorac Oncol* 2010, **5**:294–298.
 26. Oh JJ, Taschereau EO, Koegel AK, Ginther CL, Rotow JK, Isfahani KZ, Slamon DJ: RBM5/H37 tumor suppressor, located at the lung cancer hot spot 3p21.3, alters expression of genes involved in metastasis. *Lung Cancer* 2010, **70**:253–262.
 27. Rintala-Maki ND, Sutherland LC: LUCA-15/RBM5, a putative tumour suppressor, enhances multiple receptor-initiated death signals. *Apoptosis* 2004, **9**:475–484.
 28. Bonnal S, Martinez C, Forch P, Bachi A, Wilm M, Valcarcel J: RBM5/Luca-15/H37 regulates Fas alternative splice site pairing after exon definition. *Mol Cell* 2008, **32**:81–95.
 29. Mourtada-Maarabouni M, Keen J, Clark J, Cooper CS, Williams GT: Candidate tumor suppressor LUCA-15/RBM5/H37 modulates expression of apoptosis and cell cycle genes. *Exp Cell Res* 2006, **312**:1745–1752.
 30. Fushimi K, Ray P, Kar A, Wang L, Sutherland LC, Wu JY: Up-regulation of the proapoptotic caspase 2 splicing isoform by a candidate tumor suppressor, RBM5. *Proc Natl Acad Sci U S A* 2008, **105**:15708–15713.
 31. Xiao J, Li N, Xing X, He B: [Construction of RBM5 vector, establishment of stably transfected A549 cell line and preliminary research on the function of RBM5 gene]. *Zhong Nan Da Xue Xue Bao Yi Xue Ban* 2014, **39**:994–1000.
 32. Pinter F, Papay J, Almasi A, Sapi Z, Szabo E, Kanya M, Tamasi A, Jori B, Varkondi E, Moldvay J, Szondy K, Keri G, Dominiçi M, Conte P, Eckhardt S, Kopper L, Schwab R, Petak I: Epidermal growth factor receptor (EGFR) high gene copy number and activating mutations in lung adenocarcinomas are not consistently accompanied by positivity for EGFR protein by standard immunohistochemistry. *J Mol Diagn* 2008, **10**:160–168.
 33. Hirsch FR, Varella-Garcia M, Cappuzzo F, McCoy J, Bemis L, Xavier AC, Dziadziuszko R, Gumerlock P, Chansky K, West H, Gazdar AF, Crino L, Gandara DR, Franklin WA, Bunn PA Jr: Combination of EGFR gene copy number and protein expression predicts outcome for advanced non-small-cell lung cancer patients treated with gefitinib. *Ann Oncol* 2007, **18**:752–760.
 34. Li C, Sun Y, Fang Z, Han X, Fang R, Zhang Y, Pan Y, Zhang W, Ren Y, Ji H, Chen H: Comprehensive analysis of epidermal growth factor receptor gene status in lung adenocarcinoma. *J Thorac Oncol* 2011, **6**:1016–1021.
 35. Krawczyk P, Ramlau R, Chorostowska-Wynimko J, Powrózek T, Lewandowska MA, Limon J, Wasąg B, Pankowski J, Kozielski J, Kalinka-Warzocha E, Szczęśna A, Wojas-Krawczyk K, Skroński M, Dziadziuszko R, Jaguś P, Antoszewska E, Szumiło J, Jarosz B, Woźniak A, Józwicki W, Dyszkiewicz W, Pasięka-Lis M, Kowalski DM, Krzakowski M, Jassem J, Milanowski J: The efficacy of EGFR gene mutation testing in various samples from non-small cell lung cancer patients: a multicenter retrospective study. *J Cancer Res Clin Oncol* 2014 [Epub ahead of print].
 36. Locatelli-Sanchez M, Couraud S, Arpin D, Riou R, Bringuier PP, Souquet PJ: Routine EGFR molecular analysis in non-small-cell lung cancer patients is feasible: exons 18–21 sequencing results of 753 patients and subsequent clinical outcomes. *Lung* 2013, **191**:491–499.
 37. Hwang KE, Kwon SJ, Kim YS, Park DS, Kim BR, Yoon KH, Jeong ET, Kim HR: Effect of simvastatin on the resistance to EGFR tyrosine kinase inhibitors in a non-small cell lung cancer with the T790M mutation of EGFR. *Exp Cell Res* 2014, **323**:288–296.
 38. Noronha V, Prabhaskar K, Thavamani A, Chougule A, Purandare N, Joshi A, Sharma R, Desai S, Jambekar N, Dutt A, Mulherkar R: EGFR mutations in Indian lung cancer patients: clinical correlation and outcome to EGFR targeted therapy. *PLoS One* 2013, **8**:e61561.
 39. He S, Yin T, Li D, Gao X, Wan Y, Ma X, Ye T, Guo F, Sun J, Lin Z, Wang Y: Enhanced interaction between natural killer cells and lung cancer cells: involvement in gefitinib-mediated immunoregulation. *J Transl Med* 2013, **11**:186.
 40. Lauand C, Rezende-Teixeira P, Cortez BA, Niero EL, Machado-Santelli GM: Independent of ErbB1 gene copy number, EGF stimulates migration but is not associated with cell proliferation in non-small cell lung cancer. *Cancer Cell Int* 2013, **13**:38.

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