

Long non-coding RNAs as new players in cervical carcinogenesis: an update

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Abstract. Cervical cancer (CC) is the fourth most common cancer in women worldwide. Therefore, it is very important to understand cervical carcinogenesis, as well as the molecular mechanisms and signaling pathways involved in this process, in order to develop new strategies that contribute to diagnosis, prognosis and treatment of cervical cancer. Infection by high risk-human papillomavirus (HR-HPV) is a key event in cervical carcinogenesis, as well as, other factors, such as sociodemographics, lifestyle, sexual behavior, etc. In recent years, it has been shown that long non-coding RNA (lncRNA) are involved in CC and can be classified into tumor promoters or suppressors. Currently, several studies have analyzed the molecular mechanisms of some lncRNA in CC that might be acting, such as 1) competing endogenous RNAs (ceRNAs), 2) activators of signaling pathways, and 3) transcriptional regulators of genes. In this review, we summarized the more recent information on lncRNA and their role in the development of CC.

Key Words:

Cervical cancer, High Risk-Human Papillomavirus, Long non-coding RNA.

Introduction

During cervical carcinogenesis, the expression of several proteins involved in cell cycle/proliferation^{1,2}, apoptosis³⁻⁵ and invasion/metastasis⁶⁻⁸ are altered and their use as prognostic biomarkers has

been proposed^{6,7,9}. However, it is currently recognized that only 2% of human genome RNA encode proteins and that the majority of RNAs are transcribed into non-coding RNA¹⁰; interestingly, it has been estimated that 76% of the human genome is transcribed into generating thousands of long non-coding RNA (lncRNA)^{11,12}. lncRNA are RNA >200 nucleotides (nt) transcribed by RNA polymerase II, do not present conserved an open reading frame (ORF) and contain a poly(A) tail, a 5-cap and a promoter region^{13,14}. lncRNAs possess greater structural complexity than messenger RNA^{15,16}, the structural versatility of RNA allows protein recognition^{17,18}, metabolite sensing^{19,20}, competing endogenous RNA (ceRNA)²¹, etc. lncRNAs are involved in the activation and inhibition of gene expression through molecular mechanisms, such as the following: a) the signal, which modulates of miRNAs regulation; b) the decoy, mRNA degradation and RNA-RNA interaction (transcriptional inhibition), and c) the guide, which participates in splicing, editing, turnover and miRNA sequestration, and the scaffold, which also participates in chromatin modification and epigenetic modification²².

Biogenetic control of lncRNA is cell type-specific, stage-specific and lncRNA-specific, furthermore, different classes of lncRNA are transcribed from several DNA elements, such as enhancers, promoters and intergenic regions in eukaryotic genomes^{22,23}. Different mechanisms are involved in the biogenesis of lncRNA, such as

cleavage by ribonuclease P (RNase P) to generate mature ends, the formation of small nucleolar RNA (snoRNA)/protein (snoRNP) complex caps at their ends, and the formation of circular structures and subnuclear structures (paraspeckles)²².

Current research in cervical carcinogenesis focuses on lncRNA, which is a novel area at present; some studies have demonstrated the regulation, function, signaling pathways and expression of lncRNA in CC. Previous studies^{12,24-27} have shown that lncRNA play a critical role in a wide range of biological processes, such as metabolism, migration, invasion, proliferation, cell cycle progression, apoptosis and metastasis. In this review, we recapitulate and summarize new and recent information on the role of the most studied lncRNA and infection by HR-HPV in cervical carcinogenesis.

Cervical Cancer

Cervical cancer (CC) is the fourth most common cancer in women, with an estimated incidence of 560,481 and 300,054 deaths annually, representing an age-standardized mortality rate of 6.8²⁸. CC is preceded by precursor lesions, which are characterized by alterations in cellular differentiation, stratification and nuclear atypia, and which can be classified histologically as cervical intraepithelial neoplasia (CIN), according to the Richart classification or cytologically as squamous intraepithelial lesions (SIL) and according to the Bethesda classification^{29,30}, although CC is associated with sociodemographic and gynecological factors³¹. However, the most important factor comprises persistent infection with high-risk human papillomavirus (HR-HPV)³². A high prevalence of HPV 16 infection has been demonstrated in precancerous lesions and cervical cancer^{33,34}. Specifically the E6 and E7 oncoproteins of HR-HPV induce cellular transformation by the interaction/regulation of cellular proteins, miRNA and lncRNA^{35,36}.

The HR-HPV E6 protein interacts with the cellular E3 ubiquitin ligase to binding E6AP to p53, resulting in the transfer of ubiquitin peptides from E6AP to p53 for its degradation by the 26S proteasome³⁷. However, E6 is involved in the regulation of several processes by means of the interaction with proteins, the regulation of transcription and DNA replication (p300/CBP, Gps2, IRF-3, hMCM7, E6TP1 and ADA3); proteins involved in apoptosis and immune response evasion [Procaspase 8, Bak, TNF receptor 1 (TNF R1),

FADD, and c-Myc]; proteins involved in epithelial organization and differentiation (paxillin, E6BP/ERC-55, zyxin and fibulin-1); proteins involved in cell-cell adhesion, polarity and proliferation regulation, which contain a PDZ-binding motif (NFX1, hDLG, hScrib, PKN, MAGI-1, MAGI-2, MAGI-3 or MUPPI), proteins involved in DNA repair [XRCC1 and 6-O-methylguanine-DNA methyltransferase (MGMT)]^{37,38} and proteins involved in cellular metabolism (HIF1- α , VHL and PI3K/AKT)^{39,40}. HR-HPV E7 can interact with pRb, resulting in enhanced phosphorylation and degradation. pRb destruction leads to the release of the family of E2F transcription factors and the subsequent activation of genes promoting cell proliferation. However, E7 can also regulate several cellular transcription factors (c-Myc, HIF1 α , AP-1, p48, interferon regulatory factor-1 (IRF-1), forkhead transcription factor MPP2, TATA-box binding protein (TBP), TATA-box binding protein-associated factor (TAF110) and Mi2 histone deacetylase activity), proliferation (gamma-tubulin, cyclin A, cyclin E, BRCA, cyclin-dependent kinase inhibitor p21Cip1 and p27^{kip1}) and proteins involved in cellular metabolism (acid- α -glucosidase and pyruvate kinase M2)^{37,41,42}.

In relation to miRNA regulation by E6 and/or E7, miR-218 is downregulated in several HPV-16 positive cervical cancer cell lines and tissues, and this effect is mediated by the HPV-16 E6⁴³. Hsa-miR-139-3p target HPV-16 oncoprotein and induces the expression of tumor suppressor proteins (p53, p21, and p16), this result in inhibition of proliferation and cell migration, cell cycle arrest at the G2-M phase and the increase of cell death in HPV-16-positive cells⁴⁴. E6/E7 maintains the expression levels of members of the miR-17-92 cluster, which reduce the expression of *p21* anti-proliferative gene in HPV-positive cancer cells. In exosomes secreted by HeLa cells, a distinct seven-miRNA-signature was identified, with significant downregulation of let-7d-5p, miR-20a-5p, miR-378a-3p, miR-423-3p, miR-7-5p and miR-92a-3p and the upregulation of miR-21-5p, upon E6/E7 silencing⁴⁵.

Recent studies⁴⁶⁻⁵² have shown that E6 and E7 have the ability to regulate lncRNA PVT1, HOTAIR and MALAT1, which make them new players in cervical carcinogenesis. Previously, we mentioned that E6 and E7 oncoproteins can regulate lncRNAs, miRNA, mRNA and proteins^{36,48,53-55}, which in turn can also be regulated among themselves, interestingly, in agreement with their function lncRNA can be classified into tumor promoters and tumor suppressors.

Long Non-Coding RNA as Tumor Promoters

HOTAIR

Hox transcript antisense intergenic RNA (HOTAIR) was discovered in primary foreskin fibroblasts by tiling array. It is located in chromosome (chr) 12q13.13 in locus HOXC and encodes a 2.158 kb lncRNA⁵⁶. Currently, eight isoforms of HOTAIR has been reported as the result of alternative splicing, alternative promoters and polyadenylation sites^{57,58}.

HOTAIR is up-regulated in tissues and plasma samples from patients with CC. Its expression correlates with tumor progression⁵⁹⁻⁶², and could be a diagnostic biomarker⁶³⁻⁶⁵.

HOTAIR over-expression increases proliferation, cell migration, invasion and tumor growth; and decreases apoptosis *in vitro*^{59,60,62,66-69}. Mechanistically, HOTAIR promotes cell migration and invasion through the downregulation of vimentin followed by the collapse of the vimentin fibers, an increase of cytoplasmatic stiffness, and the downregulation of Ubiquinol-Cytochrome C Reductase, Complex III Subunit VII (UQCRCQ), which promotes mitochondrial dysfunction and increase the generation of reactive oxygen species in HeLa cells⁷⁰. HOTAIR activates Notch, STAT3, mTOR signaling pathways and promotes the epithelial-mesenchymal transition (EMT)^{61,62,71,72}. HOTAIR downregulates TET1 expression by the methylation of its promoter and significantly increases the Wnt/ β catenin signaling pathway, but does not affect the mRNA level of β -catenin. Its effect is through alteration in the methylation and expression of the negative regulators (SOX17, AJAP1, MAGI2 and PCDH10) of this pathway in HeLa cells⁷³.

HOTAIR acting as miRNA “sponge” by direct interaction with miR-326 and miR-17-5p in HeLa, SiHa and CaSki cells^{66,68}. HOTAIR promotes this cellular process through an increase of the human leukocyte antigen-G (HLA-G), mitogen-activated protein kinase 1 (MAPK1), megakaryoblastic leukemia 1 (MKL1), BCL2 (B-Cell-CLL) and Neupilin 2 (NRP2), as well as the expression by competitively binding (ceRNA) to miR-148a⁷⁴, miR-23b⁷⁵, miR-206⁷⁶, miR-143-3p⁷⁷ and miR-331-3p⁷⁸.

HOTAIR has a single nucleotide polymorphism (SNP) in a potential enhancer located in intron 2 (rs920778) and the TT genotype correlates with HOTAIR over-expression, the risk of CC and poor prognosis in Chinese population⁷⁹. This SNP is significantly associated with HR-HPV infection and non-response to chemo-radiotherapy⁸⁰.

The GG genotype of this SNP is associated with worse overall survival in Taiwanese population⁸¹. Another SNP is rs2366152, which is located in the 3' region of HOTAIR, a LSD1 binding domain; the TC genotype and T allele are frequent in patients with CC, low HOTAIR expression and the patients being HPV16 positive. This SNP significantly change the HOTAIR secondary structure and creates a binding site to miR-22, leading to its down regulation in patients with CC⁸².

It is well known that in CC the main risk factor is HR-HPV infection. In this regard, HOTAIR is enriched in cervicovaginal lavage samples of patients with CC and HPV (+) infection⁸³. HOTAIR expression correlates with HPV16 E7 expression in CC samples and cell lines. E7 overexpression increases HOTAIR expression in C-33A cells, It also interacts with HOTAIR to reduce the recruitment of PRC2 leading to a loss of global H3K27me3, which increases the expression of PRC2 target genes involved in metastasis in cases of CC with high levels of E7/HOTAIR⁴⁸. The HPV16 E7/HOTAIR/miR-331-3p/NRP2 complex forms a regulator feedback loop to promote cervical carcinogenesis; E7 overexpression decreases the expression of HOTAIR, NRP2 and p53, moreover, it increases miR-331-3p expression, inhibiting the apoptosis and increasing the growth rate of MRI-H196 and MRI-H186 cells⁷⁸.

HOTAIR might be a therapeutic target, given that its downregulation decreases radio-resistance in C-33A cells via up-regulation of p21⁸⁴ and decreases the Wnt/ β catenin signaling pathway, which inhibits EMT in radioresistant HeLa cells⁸⁵, while its overexpression increases resistance to radiotherapy *via* the downregulation of p21 in HeLa cells⁸⁴ and increases resistance to radiotherapy *via* upregulation of HIF-1 α in HeLa and C-33A cells⁸⁶. Recently, it was shown⁸⁷ that Bleomycin, a drug used in the treatment of CC, decreased HOTAIR expression in HeLa cells through activation of the genotoxic stress-induced intrinsic apoptotic pathway. Moreover, Artesunate, an active component from *Artemisia annua* used in Chinese traditional medicine and a semi-synthetic analog of artemisinin, inhibited HOTAIR expression, decreasing the stability and catalytic activity of COX-2, which promotes cell migration and invasion in CaSki and HeLa cells⁸⁸. On the other hand, the anesthetic agent Propofol, decreases cell proliferation and promotes apoptosis by inhibition of the mTOR/p70S6K signaling pathway mediated by HOTAIR in C-33A, HeLa and CaSki cells⁷¹. Finally, HOTAIR expression increases in spheroid cervical cancer cells and promotes resistance to cisplatin-induced cytotoxicity⁸⁹ (Figure 1).

PVT1

Plasmacytoma variant translocation 1 (*PVT1*) was first discovered as an activator of *MYC* in murine plasmacytoma variant translocations and acts as a retroviral integration site in murine leukemia virus (MLV)-induced T lymphomas^{90,91}. Fusion of the *PVT1* region and the immunoglobulin region could directly activate *MYC* by interrupting the gene itself or indirectly by disrupting protein production^{92,93}. The human *PVT1* is encoded in a large locus (>30 kb) spanning 128806779-129113499, 57 kb downstream of the *MYC* gene, it is located in the chr 8q24.21 region⁹⁴⁻⁹⁶.

PVT1 is up-regulated in tissues and serum from patients with CC; its expression is associated with the size of the tumor, advanced FIGO stage and the poor prognosis of patients with CC^{52,97-100}. The *PVT1* level is not changed in patients with breast cancer and ovarian cancer patients, these results suggest that *PVT1* expression might be a specific diagnostic biomarker for CC and *PVT1* overexpression promotes cell cycle progression, proliferation and cell migration^{52,100,101}.

Bioinformatics analysis and Dual-Luciferase Reporter Assays System reveal that *PVT1* is targeted by several miRNA. *PVT1* downregulates mir-424 expression, acting as a ceRNA in CC⁹⁸; miR-486-3p induces ECM1 expression to promote proliferation and viability¹⁰²; and miR-140-5p induces Smad3 expression to promote proliferation, migration and invasion¹⁰³.

PVT1 interacts with EZH2, increasing H3K27me3 levels in miR-200b and miR-195 promoters, silencing miR-200b expression to promote proliferation, cell cycle progression and migration. On the other hand, the *PVT1*/miR-195 axis can inhibit the response of the cancer cells to Paclitaxel *via* the regulation of EMT, HPV16 E7 knockdown also significantly inhibits *PVT1* and restores miR-195 expression^{50,52}.

In addition, *PVT1* interacts with Nucleolin, a multifunctional protein located in the cytoplasm and cell membrane, that induce ribosomal DNA transcription and regulate some oncogene expression¹⁰¹, the dysregulation of cancer-related genes or their pathways is an important factor for the transformation of normal into cancer cells; once a structural or regulatory abnormality occurs, the resulting products or activity will accelerate the formation of cancer¹⁰⁴. Finally, *PVT1* negatively regulates TGF- β 1 expression, which inhibits the growth of tumors through its antiproliferative function⁹⁹ (Figure 1).

H19

H19 was the first maternally expressed lncRNA reported (*H19/IGF2* gene cluster). *H19* was discovered in mouse fetal liver by hybridization of the cDNA library. It is transcribed from chr 11.p15.5 and encodes a 2.5 kb lncRNA¹⁰⁵. *H19* has two isoforms (one without part of exon 1 and another without exon 4)^{106,107}.

H19 expression is down-regulated in CC samples with a loss of imprinting by the usage of promoter P1 of the Insulin Like Growth Factor gene^{108,109}, which could be mediated by aberrant methylation in the *IGF2/H19* cluster^{110,111}.

H19 is up-expressed in high-grade lesions (CIN3) and HeLa cells, but not in CaSki and SW756 cells, suggesting that the de-regulation of *H19* expression could be an early event in cervical carcinogenesis¹¹². *H19* overexpression promotes proliferation by down-regulation of miR-138-5p¹¹³, and the tumor spheroid forming ability in CC cells¹¹⁴. Finally, the C>T genotype of SNP located in exon 5 of *H19* (rs217727), is associated with the risk of CC development in Chinese population¹¹⁵, while the C>T genotype of SNP (rs2839698) and the A>G genotype of SNP (rs3741219) are related to poor clinical and pathological parameters in Taiwanese population¹¹⁰.

MALAT1

Metastasis-associated lung adenocarcinoma transcript 1 (*MALAT1* or *MALAT-1*), also known as nuclear-enriched abundant transcript 2 (*NEAT2*), is an lncRNA with a length of ~8 kb and it derives from chromosome 11q13. *MALAT1* was first associated with high metastatic potential in patients with non-small cell lung cancer¹¹⁶, however is currently associated with metastasis in several types of cancer^{69,117-119}.

MALAT1 expression is upregulated in tissues with CC and HeLa, SiHa and CaSki cells^{26,120,121}. *MALAT1* expression is correlated with tumor size, FIGO stage, vascular invasion and lymph nodes metastasis. Its expression is a predictor for poor overall survival of CC^{120,122}.

MALAT1 knockdown reduces proliferation, invasion, cell migration, number of colonies and apoptosis, moreover, it induces the mesenchymal-epithelial transition (MET) and cell cycle arrest^{26,46,120,122,123}. A microarray analysis showed that *MALAT1* knockdown upregulated 2,819 genes and downregulated 1,944 genes related to carcinogenesis (proliferation, apoptosis, transformation, etc.) in CaSki cells. *MALAT1* expression is higher in HPV positive cervical cells compared

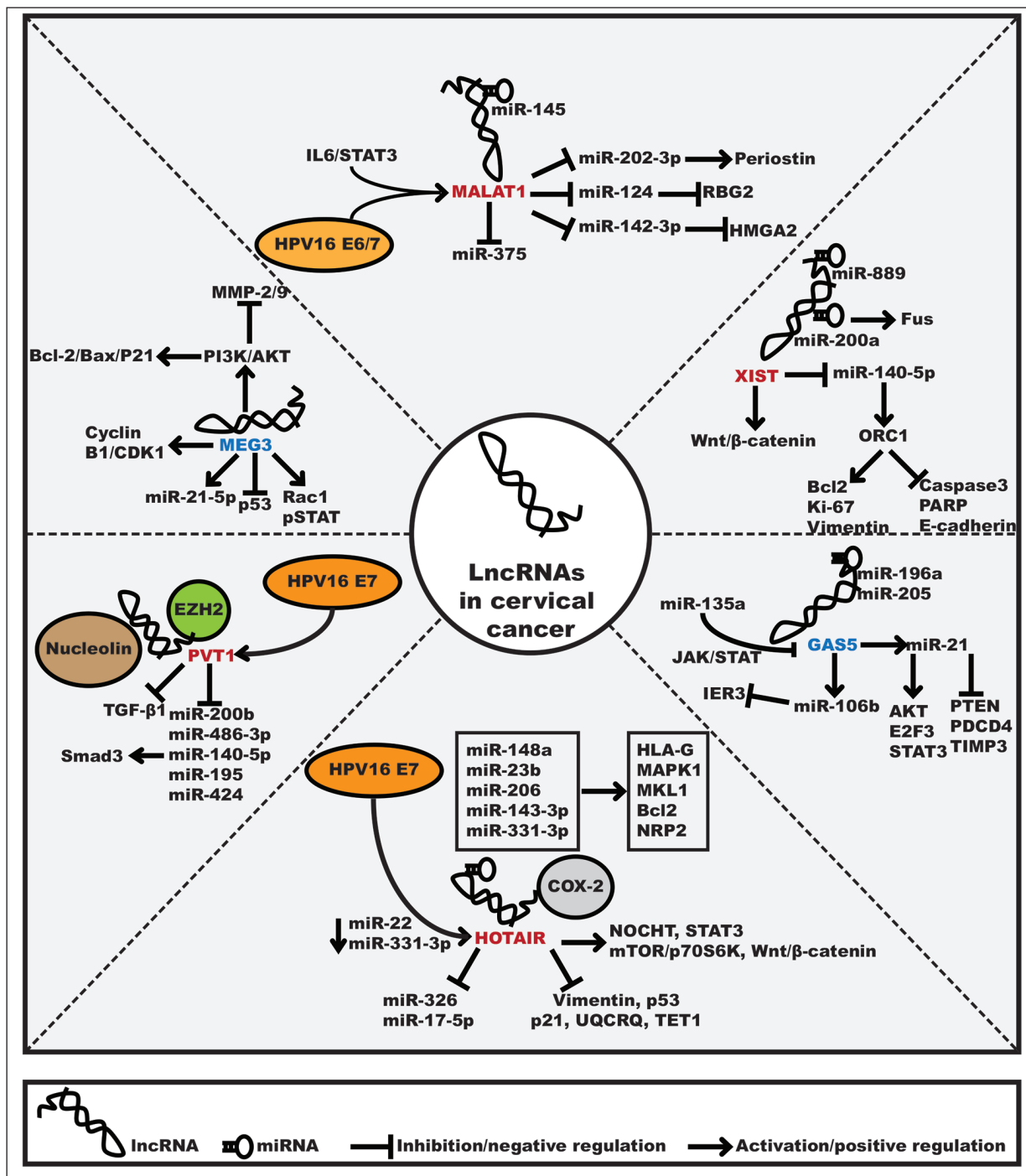


Figure 1. Molecular mechanisms of lncRNA in cervical carcinogenesis. Tumor suppressor lncRNA (Blue) inhibit onco-miRNA expression and the activation of cellular signaling pathways that promote CC. Tumor promoting lncRNA (red) inhibit tumor suppressor genes and miRNA expression, stabilize proteins through direct interaction and active cellular signaling pathways that promote CC. Ubiquinol-Cytochrome C Reductase, Complex III Subunit VII (UQCQRQ), human leukocyte antigen-G (HLA-G), mitogen-activated protein kinase 1 (MAPK1), megakaryoblastic leukemia 1 (MKL1), B-Cell-CLL (BCL2), Neuropilin 2 (NRP2), Signal Transducer and Activator of Transcription 3 (STAT3), Transforming Growth Factor Beta 1 (TGF-β1), Enhancer of Zeste 2 Polycomb Repressive Complex 2 Subunit (EZH2), Ribosome-interacting GTPase 2 (RBG2), High Mobility Group AT-Hook 2 (HMGA2).

with normal cervical cells²⁶, promoting the cell growth and invasion of the HR-HPV-positive CC cells through the MALAT1-miR-124-RBG2 axis⁴⁷. In the presence of HR-HPV, MALAT1 is involved in radio-resistance and its knockdown with irradiation exposure increases apoptosis, cell cycle regulation and the number of cells in G2 phase in CaSki and HeLa cells. Also, MALAT1 expression also negatively correlates with miR-145 expression, which directly interacts with the RNA-induced silencing complex (RISC) to promote miR-145 degradation¹²⁴. In relation to HR-HPV oncoproteins, HPV16 E6 promotes MALAT1 and DNMT1 expression, decreasing miR-375 expression via methylation in SiHa and CaSki cells, in turn, miR-375 decreases cell invasion and inhibits EMT via MALAT1 downregulation in SiHa cells¹²⁵. HPV16 E6/E7 knockdown reduces MALAT1 expression in CaSki cells⁴⁶; in contrast, up-expression E6/E7 synergistically with IL6/STAT3 induces MALAT1 expression¹²⁶.

Periostin promotes metastatic growth by inducing cancer cell survival, invasion, and angiogenesis in several types of human cancer. Periostin expression positively correlates with MALAT1 expression and negatively correlates with miR-202-3p expression in CC; MALAT1 positively regulates the expression of periostin by negatively modulating miR-202-3p, MALAT1/miR-202-3p/periostin axis, regulating viability, cell migration, invasion and EMT in CC cells¹²⁷. MALAT1 knockdown inhibits proliferation, invasion, tumor size, and active apoptosis by interaction with miR-429¹²⁸. During the process of tumor metastasis, miR142-3p is significantly upregulated, whereas MALAT1 and HMGA2 are suppressed by metformin¹²⁹.

In radiotherapy, MALAT1 expression is significantly elevated compared with that of non-irradiated control cells. MALAT1 knockdown enhances radiotherapy sensitivity, depresses survival percentage and cell cycle. Additionally, it enhances apoptosis in CaSki cells. Similar results are obtained by silencing miR-143/MALAT1¹²¹, while, in treatment with Cisplatin, MALAT1 silencing promotes cisplatin-induced apoptosis in HeLa and C-33A cells¹³⁰ (Figure 1).

ANRIL

Antisense non-coding RNA in the INK4 locus (ANRIL) was discovered in the Melanoma-Neural System Tumor syndrome by sequence-tagged site real-time PCR-based gene dose mapping, long-range PCR and sequencing¹³¹. It is transcribed from

chr 9p21 (*p15/CDKN2B-p16/CDKN2A-p14ARF* gene cluster) and encodes a 3.834 kb lncRNA^{132,133}.

ANRIL expression is upregulated in CC tissues and in HeLa, SiHa and CaSki cervical cancer cell lines. ANRIL expression correlates with advanced FIGO stage, lymph node metastasis and shorter overall survival^{134,135}. ANRIL knockdown decreases cell migration, invasion and proliferation, and increases apoptosis in CC cell lines¹³⁵ by decreasing pPI3K/pAKT levels¹³⁴, to act as a sponge of miR-186¹³⁶ and increasing p15 expression¹³⁷.

XIST

LncRNA X-inactive specific transcript (XIST) is produced by the *XIST* gene; it is a master regulator of X inactivation in mammals^{138,139}. *XIST* presents a size of 15–17 kb and is transcribed on chr Xq13^{140,141}. It has six conserved regions of tandem repeats denominated A to F essentials due to its function^{142,143}. XIST is known to act as scaffolding for protein recruitment, as well as an organizer of the inactive X chr (Xi) in a 3D-space¹⁴⁴.

In mammalian cells, one X chromosome is inactivated to achieve dosage compensation between male and female cells; XIST is important in this process. Random Xi takes place during early embryonic development and is initiated by upregulation of the *Xist* gene; *Xist* encodes an untranslated RNA and its accumulation in the X chromosome in cis creates a silent nuclear compartment that excludes RNA polymerase II and associated transcription factors. Upon the accumulation of *Xist* RNA, various proteins involved in silencing are recruited to the X chromosome; the final outcome is that the majority of genes on the Xi are stably silenced. Interestingly, some genes can escape inactivation; conditional deletion of *Xist* shows that, once established, *Xist* RNA no longer appears to be required to maintain XCI. Intriguingly, after the establishment of XCI, silenced genes remain inactive¹⁴⁴.

XIST overexpression in CC cells is closely related with larger tumor size, FIGO stage and distant metastasis, as well as with a low survival rate¹⁴⁵⁻¹⁴⁸.

XIST over-expression contribute to tumor progression in CC cells by inhibiting miR-140-5p through the XIST/miR-140-5p/ORC1 axis. XIST or ORC1 knockdown suppresses cell proliferation, blocks the cell cycle and decreases the expression of Bcl-2, while increasing the apoptosis rate and the expression of c-caspase3 and cleaved PARP, improving E-cadherin expression and decreasing Ki-67 and vimentin expression in HeLa and C-33A cells¹⁴⁹.

XIST knockdown decreases proliferation, invasion and EMT and increases apoptosis by the up-regulation of miR-200a, which decreases Fus expression¹⁴⁷, decreasing the Wnt/ β -catenin signaling pathway¹⁴⁶ and binding to miR-889-3p, decreasing miR-889-3p expression¹⁴⁸ (Figure 1).

NEAT1

Nuclear enriched abundant transcript 1 (NEAT1) was discovered through microarrays in WI-38 and GM00131 cells. It is transcribed from Chr11q13.1 and encodes a 3.7 kb transcript¹⁵⁰.

NEAT1 expression is upregulated in CC tissues and in MS751, C-33A, CaSki, HeLa, ME-180 and SiHa cell lines¹⁵¹⁻¹⁵⁶. NEAT1 expression correlates with larger tumor size, poor differentiation, depth of cervical invasion, advanced FIGO stage, lymph node metastasis, and with short overall and disease-free survival¹⁵²⁻¹⁵⁴.

NEAT1 overexpression promotes cell proliferation, invasion and migration¹⁵¹⁻¹⁵⁴. It bound to miR-361 on order to up-regulate the expression of HSP90, thereby promoting EMT¹⁵⁶. In non-sensitive tissues and radio-resistant cells (SiHa-R and HeLa-R), NEAT1 expression is increased and is more up-regulated in non-responsive patients¹⁵⁷. Interestingly, NEAT knockdown exerts an effect as follows: 1) it decreases cell proliferation and migration in C-33A, SiHa, HeLa and CaSki cells through the activation of the PI3K/AKT signaling pathway and by ceRNA for miR-9-5p and miR-101¹⁵¹⁻¹⁵⁴, 2) it decreases cell proliferation and increases apoptosis by competitively sponging miR-193b-3p, which increases CCND1 expression in SiHa-R and HeLa-R cells, and *in vivo*¹⁵⁷, and 3) it decreases proliferation, colony formation, capacity of migration and invasion, also induces apoptosis due to NEAT1 negatively modulating miR-133a expression and regulating SOX4¹⁵⁵.

Long Non-Coding RNA as Tumor Suppressors

GAS5

Growth arrest-specific transcript 5 (GAS5) was initially identified in the cDNA library specifically from mouse NIH 3T3 cells with cycle cell arrested in G1/S phase. It is transcribed from chr 1q25 and encodes a 656 bp lncRNA^{158,159}. GAS5 is spliced in two isoforms (GAS5a and GAS5b) and hosts 10 Small Nucleolar RNAs¹⁵⁹⁻¹⁶¹.

GAS5 expression is downregulated in CC tissues and in HeLa, C-33A, CaSki, SiHa, HT-3,

SW756 and ME-180 cell lines. GAS5 down-regulation is associated with advanced FIGO stage, vascular invasion, lymph node metastasis and poor prognosis in patients with CC^{69,162-164}.

GAS5 knockdown increases cell migration, invasion and proliferation^{69,162,163} and decreases apoptosis by the up-regulation of miR-21, phosphorylation E2F3 and STAT3 and the down-regulation of TIMP3 and PDCD4 in HeLa and SiHa cells¹⁶⁵.

Conversely, GAS5 overexpression decreases cell viability, anchorage-independent growth and invasion, and increases apoptosis by acting as a molecular sponge of miR-196a and miR-205 in SiHa and ME-180 cells. Moreover, it decreases tumor growth *in vivo* through the downregulation of miR-196a, miR-205¹⁶⁶ and miR-21 expression, which increases PTEN and PDCD4 expression and inhibits proliferation, cell migration and invasion in HeLa, SiHa and CaSki cells¹⁶⁴. GAS5 is targeted by miR-135a through the JAK/STAT signaling pathway that participates in the development of CC. GAS5 overexpression inhibits proliferation, cell cycle, migration, invasion, EMT and tumor growth and metastasis (nude mice), also activates apoptosis^{167,168}.

GAS5 expression could be a therapeutic target. Its overexpression increases sensitivity to cisplatin-induced apoptosis¹⁶⁵, decreases miR-106b expression, which increases IER3 expression¹⁶⁹ and decreases tumor growth *in vivo* and the pAKT level, which decreases the survival of SiHa/cDDP cells and cisplatin-resistant CC cells¹⁶⁴.

The hypermethylation of GAS5 induce its downexpression in CC tissues as well as in HeLa, SiHa, CaSki and C-33A cells¹⁶⁸, and finally, to the down expression of GAS5 in HEK293 cells transfected with E6¹⁷⁰ (Figure 1).

MEG3

The maternally expressed gene 3 (MEG3) is a maternally expressed imprinted lncRNA. *MEG3* was discovered in normal fertilized embryos by subtraction and hybridization. *MEG3* is transcribed from Chr14q32 and encodes a ~7 kb lncRNA¹⁷¹. Twelve isoforms has been reported of *MEG3* in human fetal liver identified by RT-PCR and sequencing. These isoforms stimulate p53-mediated transactivation and decrease DNA synthesis in HCT116 cells¹⁷². The *MEG3* gene is the host gene for miR-770 tumor suppressor¹⁷³.

MEG3 expression is down-regulated in CC tissues and in C-33A, C4-1, CaSki, SiHa and HeLa cell lines^{174,175}. *MEG3* expression is decreased in the exosomes of cervicovaginal lavage speci-

mens with CC patients compared with those of patients who are HPV-positive and HPV-negative, cancer-free patients⁸³. On the other hand, *MEG3* methylation is increased in the plasma and tissue of patients with CC compared with healthy volunteers. The ROC curve analysis showed that this could be useful as a diagnostic biomarker, and Kaplan-Meier plots revealed that the hypermethylation of *MEG3* was associated with poorer recurrence-free survival and overall survival. These data suggest that *MEG3* methylation in plasma and tissues from patients with CC can serve as a diagnostic and prognostic biomarker in CC^{176,177}. Methylation in *MEG3* promoter is increased in patients with CC and cell lines (HeLa and CaSki); the de-methylation of the *MEG3* promoter increases its expression, decreasing cell proliferation in HeLa and CaSki cells¹⁷⁶.

MEG3 overexpression gives rise to the following: 1) it inhibits proliferation, cell migration and invasion, and induces cell cycle arrest at the G2/M phase and apoptosis through p53 and the cyclin B1-CDK 1 signaling pathway in HeLa and C-33A cells¹⁷⁵, 2) it decreases cell proliferation and increases apoptosis by the downregulation of miR-21-5p in HeLa and CaSki cells¹⁷⁸, 3) it decreases cell invasion and proliferation by the downregulation of Rac1 in HeLa cells¹⁷⁴ and by promoting the degradation of pSTAT¹⁷⁹; and 4) it decreases cell proliferation, invasion and migration, and increases apoptosis/ cell cycle arrest at the G1 phase by the down-regulation of PI3K, AKT, Bcl-2, and MMP-2/9, as well as the up-regulation of Bax and P21 in HeLa cells¹⁸⁰. Finally, Lidocaine inhibits cell viability and apoptosis by inducing the expression of *MEG3*, which acts as a ceRNA, downregulating miR-421 expression and inducing BTG1 expression in HeLa cells¹⁸¹ (Figure 1).

Other LncRNAs

Recently, it has been reported that the expression of other lncRNA are altered in CC (with <5 papers for each of these) which could acts as onco-lncRNA or tumor suppressor lncRNA. In **Supplementary Table I**, we summarized the main characteristics, such as expression level (up or down-regulated), samples analyzed (tissues or cell lines), association with clinicopathological characteristics (tumor size, FIGO stage, survival, etc.), affected cell processes (migration, invasion, apoptosis, etc.) and involved molecular mechanisms (activation of cell signaling pathways, acting as a molecular sponge, target genes, etc.).

Future Perspectives

The de-regulation of lncRNA is a key event in carcinogenesis and knowing more about its role will contribute to our understanding of cervical carcinogenesis. Nonetheless, little is known about many lncRNAs, which represent a new field in investigation. In this regard, it will be important to determine the following: 1) the mechanisms of de-regulation of tumor suppressor and oncogenic lncRNA (promoter hypermethylation and genomic DNA deletions); 2) the molecular mechanisms by which lncRNA suppress or promote CC (de-regulation of signaling pathways and de-regulation of tumor suppressor genes/oncogenes); 3) their importance as a therapeutic target as well of as a prognostic or diagnostic biomarker; 4) the role of lncRNA isoforms and SNP and 5) the role of HR-HPV in the de-regulation of these lncRNA, considering the role of HR-HPV E6/E7 in the regulation of lncRNAs, miRNA, mRNA and proteins expression.

Conclusions

The study of lncRNA comprises an emerging field in cervical carcinogenesis given that alteration in its expression modulates the cellular processes involved in tumor progression. These studies show that lncRNA expression might serve as prognostic or diagnostic biomarkers. Notwithstanding this, the complete understanding of the molecular mechanisms is necessary to develop drugs against novel targets in CC.

Authors' Contributions

All of the authors made a substantial, direct and intellectual contribution to the work, and approved it for publication.

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Conflict of Interests

The authors declare no conflicts of interest.

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