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E-cadherin expression is silenced by DNA methylation in cervical cancer cell lines and tumours

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Abstract

A previous study showed E-cadherin expression was lost in some cervical cancer cell lines and tumours. This study was designed to clarify the significance of DNA methylation in silencing *E-cadherin* expression. We examined promoter methylation of *E-cadherin* in five cervical cancer cell lines and 20 cervical cancer tissues using methylation-specific PCR (MSP) and bisulphite DNA sequencing. The correlation of *E-cadherin* methylation and expression together with methyltransferase (*DNMT1*) were further studied. We found that hypermethylation of *E-cadherin* was involved in five cervical cancer cell lines and 40% (8/20) of cervical cancer tissues. E-cadherin protein was lost in 6/8 (75%) samples and 3/5 (60%) cell lines with promoter methylation. *E-cadherin* methylation was significantly correlated with increased *DNMT1*. Using an antisense *DNMT1* oligo to transfect into SiHa HeLa C33A cell line, E-cadherin protein was re-expressed. We concluded that loss of *E-cadherin* expression was in part correlated with DNA methylation and *DNMT1* expression in cervical cancer.

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1. Introduction

E-cadherin is a transmembrane glycoprotein that mediates calcium-dependent interactions between adjacent epithelial cells [1]. Decreased or loss of E-cadherin expression is a common finding in many human epithelial cancers including colon and prostate cancer especially in poorly differentiated, advanced-stage carcinomas [2,3]. The E-cadherin-mediated cell adhesion system is inactivated by multiple mechanisms. It may be inactivated as a result of genetic alteration, reduced gene expression or changes of other cadherin–catenin complexes [1]. It has been reported that aberrant hypermethylation of CpG islands in the *E-cadherin* promoter region [4–7], together with alterations in chromatin structure and transcription factor activity [4,5], may conspire to suppress Ecadherin expression [4,8]. However, in most cancers with reduced or absent E-cadherin gene and protein expression, mutations in *E-cadherin* are rarely detected [1].

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Epigenetic silencing of tumour suppressor or related genes such as the tissue inhibitors of metalloprotease [9], DNA repair proteins hMLH-1 [10], p16 and p15 [11] had been studied by CpG island methylation. It is known that DNA methylation results from a methyl transfer reaction by DNA methyltransferases. So far, several DNA methyltransferases are identified including DNMT1, DNMT2, DNMT3A and DNMT3B. DNMT1 is the predominant mammalian DNA methyltransferase which is considered to have both maintenance and de novo methylation activity [12]. Elevated DNMT1 activity, mRNA and protein were investigated in some human cancers such as colon cancer and hepatocarcinoma [13,14]. Over-expression of *DNMT1* mRNA was significantly associated with CpG island methylator phenotype (CIMP) [15]. Using the methylation inhibitor 5-aza deoxycytidine, 5-azacytidine [5], or antisense methyltransferase oligonucleotide [16], the methylation state of the CpG island can be changed resulting in activation of some of the silenced genes [5]. DNMT3A and DNMT3B also have de novo methylation function, however, they are not associated with CIMP [15]. There are no reports of DNMT2 because it is not essential for

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global *de novo* or maintenance methylation of DNA in embryonic stem cells [17].

In cervical cancer, previous data showed that the expression of E-cadherin at both the mRNA and protein levels was reduced especially in invasive types [18– 21]. An immunochemical staining study demonstrated that in intra-epithelial neoplasia (CIN), the presence and localisation of cytoplasmic E-cadherin were significantly correlated with cervical CIN grade. Loss of membranous E-cadherin expression was detected in 4/7 metastatic deposits, as well as in three cervical cancer cell lines (HeLa, SiHa, C33A) [22]. These data suggested that E-cadherin might be an important factor in cervical cancer. To understand the role of E-cadherin and the mechanisms of DNA methylation in the inactivation of E-cadherin in cervical cancer cell lines and tissues, we analysed the E-cadherin expression and methylation status by western blot analysis, semi-quantitative reverse transcriptase-polymerase chain reaction (RT-PCR), methylation-specific PCR (MSP), bisulphite DNA sequencing and with a methyltransferase activity assay. To further understand the role of DNA methyltransferase in E-cadherin inactivation, we designed an antisense methyltransferase oligo and a mismatch control oligo to transfect into cervical cancer cell lines.

2. Materials and methods

2.1. Cell culture and treatment with 5-aza-deoxycytidine

Cervical cancer cell lines (HeLa, SiHa, C33A, Caski and C4I) were purchased from the American Type Culture Collection (Rockville, MD, USA) and cultured in Dulbecco's Modified Minimum Essential Medium (DMEM) supplemented with antibiotics and 10% fetal bovine serum (FBS). Selected cell lines were seeded at 20% confluence and incubated with a final concentration of 3 µM 5-aza-deoxycytidine (5-Aza CdR) (Sigma) for 24 h and washed with phosphate-buffered solution (PBS) twice then changed into medium without drugs. The media were changed every other day until confluence.

2.2. Antisense methyltransferase oligo treatment

The antisense methyltransferase oligo was designed to hybridise to the 5'-untranslated region [23]. Antisense sequence (5'-AAGCATGAGCACCGTTCTCC-3'); Control sequence (5'-AATGATCAGGACCCTTGTCC-3') with six mismatch bases. The two oligos were 2'-methylphosphorothioate modified with eight 2'-O-methyl modification at the first and the last four bases. Cells were treated with these oligos at doses from 0 to 70 nM in the presence of Lipofectin (5 μg/ml) (Life Technology). Cells were seeded in 40% confluence in the first day, then transfected with antisense or control oligo for 5 h without FBS

in the following 2 days then washed with PBS twice and changed into medium with FBS. The cells were harvested 24 h later. For continuous transfection, cells were transfected with antisense oligo or control oligo every day and were split every second day.

2.3. Cervical cancer tissues and normal cervical tissues

Twenty cervical cancer samples and 10 normal cervical tissues were collected during operation in the Department of Obstetrics and Gynecology, the University of Hong Kong. The samples were quickly frozen in liquid nitrogen, DNA was extracted using proteinase K/phenol-chloroform protocol. RNA and protein were extracted by Tripure isolation reagent (Boehringer Mannheim). Among the 20 cervical cancer patients, 5 of them were stage IB, 5 were stage IIA or IIB, and the remaining 10 were stage IIIB.

2.4. Western blot

Western blot analysis of cervical cancer cell lines was performed as previously described in Ref. [4]. 50 µg protein was loaded on 8% polyacrylamide gels and samples were electrophoresed at 100 volts for 2 h at room temperature. Protein was transferred to nitrocellulose membranes by electroblotting. After the blocking of nitrocellulose membranes in 5% non-fat dry milk for 1 h, E-cadherin protein was detected by incubating at 4 °C overnight with a mouse monoclonal antibody against human E-cadherin (Transduction Lab) at a 1:2000 dilution, followed by incubating this mixture with a rabbit anti-mouse secondary antibody conjugated with horseradish peroxidase (HRP) (Amersham) at room temperature for 1 h at a 1:1000 dilution. Bands were visualised by enhanced chemiluminescence (ECL) (Amersham) and exposed to Kodak BioMax MR film for 20-30 s. The same nitrocellulose membrane was stripped and incubated with β-actin monoclonal antibody (Sigma) at a 1:2000 dilution for 1 h which acted as a control for loading and blotting.

2.5. Methylation analysis by MSP and bisulphite sequencing

1 μg of DNA was modified by CpGenome DNA modification kit (Intergen). Methylation of the E-cadherin 5' CpG islands was analysed by methylation-specific PCR (MSP). The primers used were previously described, and span the transcription start site of *E-cadherin* [24]. The primers were as follows: *E-cadherin* methylated sense primer: TTAGGTTAGAGGGTTATCGC GT; antisense primer: TAACTAAAAATTCACCTAC CGAC; *E-cadherin* unmethylated sense primer: TAAT TTTAGGTTAGAGGGTTATTGT; antisense primer: CACAACCA ATCAACAA CACA. The PCR was

started with a hot start at 95 °C for 5 min before the addition of 1.25 units of Taq polymerase, followed by 35 cycles of 95 $^{\circ}$ C 30 s, 57 $^{\circ}$ C 30 s, 72 $^{\circ}$ C 30 s, and finally 72 °C for 5 min for the methylated primer. The annealing temperature was 53 °C for the unmethylated primer. The PCR products for methylated and unmethylated Ecadherin were 116 and 97 base pairs, respectively. A human placenta DNA was used as an unmethylated positive and methylated negative control. A breast cancer DNA (known to be *E-cadherin*-methylation positive from the Department of Surgery) was selected as a methylation-positive control. Bisulphite sequencing was performed on an ABI PRISM 310 system after PCR and purification and using the sense methylated and unmethylated primers.

2.6. RT-PCR

2 μg of total RNA was reverse-transcribed using 200 U Superscript II RT (GIBCO) in a total volume of 20 ul. PCR was done using 1 ul of the cDNA. The primers used were as following: P1F 5'-CCTTCCTCCCAATA-CATCTCCC-3' and P1R 5'-TCTCCGCTCCTTCTT CATC-3' for *E-cadherin* with 432bp band, β -actin was also performed at the same time using primers: P2F 5'-TCACCAACTGGGACGACATG-3' and P2R 5'-AC CGGAGTCCATCACGATG-3' for a 242 bp band. The RT-PCR was performed at 56 °C and 30 cycles. The cycles were selected after doing the standard curve from 20, 24, 28, 32, 36 and 40 cycles (Fig. 1a). The expression level was determined by UVP Gel work 1.0. The ratio of the band volumes of *E-cadherin* and β -actin represented the mRNA level. The primers for DNMT1 were as follows: P3F 5'-GTGGCAGTGGACGGAGCAAG-3', P3R 5'-AACC AGTGGGCGTGAAACAT-3'. This *DNMT1* was performed together with β -actin using an annealing temperature of 62 °C, 30 cycles and resulted in a 361 bp band. Each RT-PCR was performed twice.

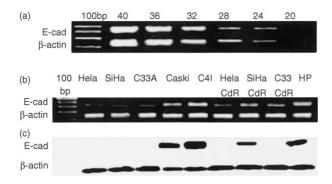


Fig. 1. *E-cadherin* expression in cervical cancer cell lines: (a) standard curve of RT-PCR for *E-cadherin* and β -actin. (b) Semi-quantitative RT-PCR. *E-cadherin* mRNA expression was determined in five cervical cancer cell lines before and after 5-aza-deoxycytidine (CdR) treatment by semi-quantitative RT-PCR. Human placenta (HP) was used as a control. (c) Western blot of E-cadherin and β -actin.

2.7. DNA methyltransferase activity assay

DNA methyltransferase activity assay [13] was performed to test DNA methyltransferase level after antisense oligo treatment as well as the methyltransferase level in the cancerous and normal cervical tissues. 2 µg of protein lysate diluted to 15 µl was mixed with 2 µl $(0.5 \mu g)$ poly [d(I-C).d(I-C)] (Amersham) and 3 μ Ci Sadenosyl-L-[methyl-3H]methionine (3H-SAM) (Amersham) in a total volume of 20 µl. This solution was incubated at 37 °C for 2 h, then stopped by 300 µl stop solution containing 1% sodium dodecyl sulphate, 2 mM ethylene diamine tetra acetic acid (EDTA), 5% butanol, 125 mM sodium chloride, 0.25 mg/ml carrier salmon testis DNA and 1 mg/ml proteinase K. After incubation for 30 min at 37 °C, DNA was purified by phenol: chloroform extraction and ethanol precipitation. RNA was removed by 0.3 M sodium hydroxide. The final solution was spotted on Whatman GF/C filters and washed in 5% trichloroacetic acid (TCA) and 70% ethanol, then placed in 5 ml scintillation fluid and counted in a Beckman scintillation counter. All reactions were performed in duplicate and included a positive control (same protein lysate) and a negative control (without poly [d(I-C).d(I-C)]. Results are shown in disintegrations per minute (DPM) per 2-hour incubation minus the negative control.

2.8. Statistics

Statistical analyses were performed using unpaired Student *t*-test, a *P* value of <0.05 was considered a significant statistical difference. The correlation between *Ecadherin*mRNA and *DNMT1* both mRNA and methyltransferase activity in the methylated and unmethylated *E-cadherin* groups were assessed by the Spearman correlation test.

3. Results

3.1. Loss of E-cadherin expression in cervical cancer cell lines and tissues is in part due to DNA methylation

Among five cervical cancer cell lines (SiHa, HeLa, C33A, Caski and C4I), three of them (SiHa, HeLa, C33A) had no E-cadherin protein and a low mRNA level (Fig. 1). MSP analysis showed that *E-cadherin* was hypermethylated in these three cell lines without unmethylated bands. The other two cell lines Caski and C4I harboured both methylated and unmethylated alleles (Fig. 2). Bisulphite DNA sequencing demonstrated that all the 10 CG sites were methylated in the five cell lines (Fig. 3).

Promoter methylation was found in 40% (8/20) of cervical cancer tissues. E-cadherin protein was lost in 75% (6/8) of the cervical cancer tissues with promoter

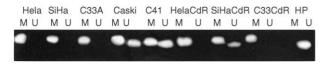
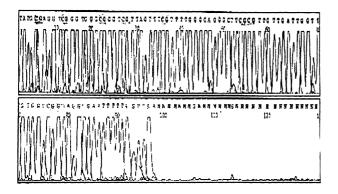


Fig. 2. Methylation analysis of *E-cadherin* using MSP in cervical cancer cell lines. Methylation analysis was determined in five cervical cancer cell lines before and after 5-aza-deoxycytidine (CdR) treatment. Human placenta (HP) was used as a control for unmethylated band. M, methylated; U, unmethylated.



Genomic DNA sequences: (116bp)
CCAGGCTAGAGGGTCACCGCGTCTATGCGAGGCCGGGTGGGCGGGCCGTCAGCTCCGCCCTGGGGA
GGGGTCCGCCCTGCTG

-ATTGGCTGTGGCCGGCAGGTGAACCCTCAGCCA

Bisulphite modification sequences:

TTAGGTTAGAGGGTTATATCGCGTT-

TATGCGAGGTCGGTGGGCGGTCGTTAGTTTCGTTTTGGGGA GGGGTTCGCGTTGTTG

-ATTGGTTGTGGTCGGTAGGTGAATTTTTAGTTA

Bisulphite modification sequencing in cervical cancer cell lines showed that C changed to T, if it was not methylated as shown in underlined. 10 CG dinucleotides remained CG suggesting that all the CGs were methylated.

Fig. 3. DNA bisulphite sequencing in cervical cancer cell lines. Genomic DNA sequences (116 bp): ccaggctagagggtcac cgcg tc-tatg cg aggc cg ggtggg cg ggc cg tcagctc cg ccctggggaggggtc cgcg ctgctg-attggctgtggc cg gcaggtgaaccctcagcca. Bisulphite modification sequences: ttaggttagagggttat cgcg tc-tatg cg aggt cg ggtggg cg ggt cg ttagttt cg ttttggggaggggtt cgcg ttgtg- attggttgtgt cg gtaggtgaatttttagtta Bisulphite modification sequencing in cervical cancer cell lines showed that C changed to T, if it was not methylated as shown in underlined. 10 CG dinucleotides remained CG suggested that all CGs were methylated.

methylation. The mRNA level of *E-cadherin* was lower in the methylated (8/20; 40%) group than unmethylated (12/20; 60%) group. This difference was statistically significant.

3.2. Increased DNMT1 mRNA and activity in methylated E-cadherin group

The *DNMT1* mRNA and enzyme activity were elevated in cervical cancer tissues to approximately 2- and 4-fold compared with normal cervical tissues, respectively (P < 0.05) (Table 1). The differences of the *DNMT1* mRNA level and activity were also significant between the methylated and unmethylated *E-cadherin* cancerous groups (Table 2; Fig. 4).

In the cervical cancer cell lines, DNMT1 mRNA and activity were higher in the cell lines that lacked E-cadherin expression. E-cadherin expression had a negative coefficient correlation with both DNMT1 mRNA and enzyme activity (Spearman r = -0.5742, P = 0.007; and r = -0.44, P = 0.046, respectively). There was no correlation of either E-cadherin or DNMT1 expression with clinical stage and pathological differentiation in this study.

3.3. Inhibition of DNMT1 by methylation inhibitor or antisense DNMT1 oligo can upregulate E-cadherin expression in cervical cancer cell lines

As DNA methyltransferase was upregulated in cervical cancer, especially the methylated *E-cadherin* cervical cancer tissues and cell lines, we designed an antisense (AS) DNMT1 oligo and a control oligo with six mismatch bases to abrogate DNMT1. The DNMT1 was significantly downregulated in the three cell lines in the AS groups in a dose-dependent manner after 2 days transfection (Fig. 5). The upregulation of E-cadherin mRNA was found on the third day in all cell lines, and E-cadherin protein was present in SiHa cell line on the sixth day after continuous transfection (Fig. 6). E-cadherin protein and mRNA were upregulated in a dosedependent manner after AS oligo transfection in concentrations of 20, 40 and 70 nM. (Fig. 6a and b). Simultaneously, MSP showed that the unmethylated band appeared in SiHa cell line after AS oligo treat-

Table 1
E-cad herin, DNMT1 mRNA and DNMT1 activity in cervical cancer and normal cervical tissues

| | No | E-cadherin mRNA | Methylated alleles No.% | <i>DNMT1</i> mRNA | DNMT1 activity DPM (×10 ³) |
|-------------|----|----------------------------|-------------------------|-------------------------------|---|
| Cervical Ca | 20 | 0.86 ± 0.34 | 8/20 40 | 1.06±0.35 | 1.80±0.85 |
| Normal Cx | 10 | 0.96 ± 0.24 $P > 0.05$ | 0/10 0 | 0.49 ± 0.35 P = 0.0003 | 0.45 ± 0.30 $P < 0.0001$ |

4. Discussion

ment, no unmethylated band was shown in the control oligo groups (Fig. 6c). The *E-cadherin* mRNA was also increased in a time-dependent manner in the AS oligos group within 48 h in three cervical cancer cell lines and down to approximately the previous levels after 2–4 weeks (Fig. 7).

Table 2 E-cadherin and DNMT1 mRNA and activity in E-cadherin methylated and unmethylated groups

| Group | No. | E-cadherin mRNA | DNMT1 mRNA | DNMT activity DPM (×10 ³) |
|--------------|-----|----------------------------------|----------------------------------|---------------------------------------|
| Methylated | 8 | $0.52\pm0.08(a)$ | $1.30 \pm 0.07(c)$ | 2.44±0.30(e) |
| Unmethylated | 12 | $1.08 \pm 0.05(b)$ P < 0.0001 | 0.90 ± 0.09 (d) P = 0.002 | $1.36 \pm 0.15(f)$ $P < 0.0001$ |

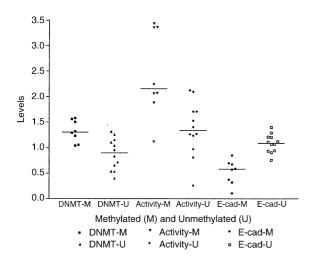


Fig. 4. *DNMT1* mRNA, DNMT1 activity and *E-cadherin* mRNA in methylated and unmethylated *E-cadherin* groups in cervical cancer tissues. The methylated *E-cadherin* group (M) n = 8, and unmethylated group (U) n = 12. Data shown in Table 2.

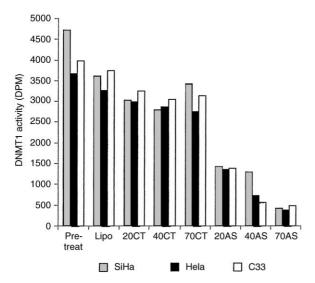
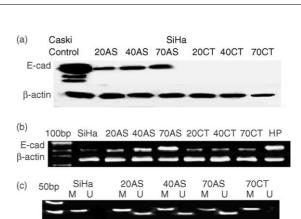


Fig. 5. DNMT1 activity in three cervical cancer cell lines after antisense and control oligo treatment. 2 μg protein lysate was analysed using methyltransferase activity assay in SiHa, HeLa and C33-A cell lines before treatment (pre-treat), lipofectin alone (Lipo), and CT oligo treatment in doses from 20, 40 and 70 nM.



In this study, we provided evidence that promoter

methylation of E-cadherin was involved in five cervical

cancer cell lines and 40% (8/20) of cervical cancer tissues. Loss of *E-cadherin* gene expression was correlated

Fig. 6. *E-cadherin* expression after antisense oligo treatment: (a) western blot for *E-cadherin* re-expression after antisense oligo (AS) and control oligo (CT) transfection in SiHa cell line in concentrations of 20, 40 and 70 nM. (b) RT-PCR for *E-cadherin* in the SiHa cell line after AS and CT treatment in concentrations of 20, 40 and 70 nM. (c) MSP of *E-cadherin* in the SiHa cell line after AS and CT oligo treatment.

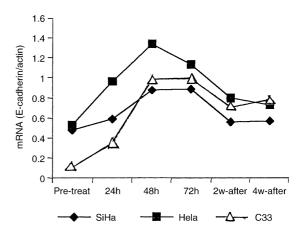


Fig. 7. *E-cadherin* mRNA was upregulated in three cervical cancer cell lines after AS *DNMT1* oligo treatment. Three cell lines (SiHa, HeLa and C33) were treated with antisense oligo for 2 days, cells were collected every day after treatment for 24, 48, 72 h, 2 weeks (2w-after) and 4 weeks (4w-after), respectively.

with CpG island methylation in 60% (3/5) cell lines and 75% (6/8) of cervical cancer tissues. Our findings corroborate previous studies of E-cadherin expression in cervical cancer [22], in which a reduction of E-cadherin expression was observed in approximately 50% of cervical carcinomas, especially in more advanced cervical cancers. However, these previous reports did not evaluate *E-cadherin* promoter hypermethylation. The high association between absent E-cadherin protein expression in SiHa, HeLa and C33A cell lines and hypermethylation warrants further study on the regulatory control of methylation in cervical cancer. Although loss of E-cadherin expression by DNA methylation has been reported in many cancers and our study only demonstrated 40% of methylation in cervical cancer, it can also partly explain the mechanisms of E-cadherin expression suppression in cervical cancer. In this study, we cannot rule out other causes of suppression of Ecadherin gene expression. Genetic or epigenetic alteration such as allelic loss or mutations were not studied in this report. In previous reports, approximately 11–16% of allelic loss was found in cervical cancers [25] and a low frequency of mutation was identified [1]. Another study showed that changes in chromatin structure [8] and alterations of specific transcription factor pathways also regulated E-cadherin gene expression [26]. This study demonstrates that hypermethylation of the CpG islands within the 5' promoter is a prevalent mechanism by which *E-cadherin* expression is inactivated.

E-cadherin methylation is in accordance with an increase of DNMT1 mRNA and activity of the enzyme in this study. After the MSP analysis and bisulphite DNA sequencing, we demonstrated direct evidence of DNA methylation in cervical cancer cell lines and tissues. We also found a high level of DNA methyltransferase was related to low E-cadherin expression and methylation of the promoter site. The effective antisense methyltransferase oligo in reactivating this gene further identified the role of *DNMT1* in *E-cadherin* gene silencing. Over-expression of DNMT1 in cervical cancer is compatible with previous reports observed in colorectal cancer, stomach carcinoma and rhabdomyosarcomas [13,27,28]. A recent report showed overexpression of DNMT1 mRNA was significantly associated with CpG island methylator phenotype (CIMP) in 23% of colorectal cancers and 31% of stomach cancers [15]. However, some studies have failed to demonstrate a correlation between the level of *DNMT1* expression in cancer cells and the state of methylation of the tumour suppressors [29,30]. Our study support the hypothesis that E-cadherin gene silencing through DNA methylation may be mediated by an increase of DNA methyltransferase in cervical cancer cell lines and tissues.

To further understand the role of *DNMT1* in *E-cadherin* gene silencing in cervical cancer, we designed an antisense methyltransferase oligo to test the hypothesis

that a high level of DNA methyltransferase is the main cause of the hypermethylation in the CpG island and contributes to the loss of E-cadherin gene expression and tumour progression. Although DNA methyltransferase inhibitors 5-aza and 5-aza-CdR can produce similar results, these inhibitors are mutagenic and may cause DNA damage. To exert their effect, they must be incorporated into the DNA where they covalently trap the bulky 190 KD DNA methyltransferase, so they may alter gene expression by mechanisms unrelated to the inhibition of DNA methyltransferase [31]. Antisense oligos have been proven to be an effective approach in many areas of cancer research and have been shown to act through an RNase H-dependent cleavage of the target mRNA and then turnover of previously synthesised protein, and lead to a reduction in target protein [23]. In our study, we compared the effect of antisense DNA DNMT1 oligo and a control oligo with 6 mismatch bases. We found that DNA methyltransferase can be reduced to a very low level on the third day after antisense oligo transfection. E-cadherin mRNA level was upregulated in all three cell lines and the protein was present in SiHa cells. This suggested that DNA methyltransferase plays an important role in *E-cadherin* gene silencing and promoter CpG methylation. A previous study also demonstrated that blocking DNMT1 by antisense oligo can activate the p16 gene through demethylation [32]. This study suggests that antisense DNMT1 can reactivate the E-cadherin gene in human cancer cell lines.

In summary, reduced E-cadherin expression in cervical cancer cell lines and tissues was in part related to DNA methylation and a high level of DNA methyltransferase. Antisense methyltransferase oligo can abrogate *DNMT1* and increase *E-cadherin* expression. We conclude that DNA methylation plays an important role in *E-cadherin* gene silencing in cervical cancer.

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