# **Tumor and Stem Cell Biology**

## Cancer Research

# MicroRNA miR-302 Inhibits the Tumorigenecity of Human Pluripotent Stem Cells by Coordinate Suppression of the CDK2 and CDK4/6 Cell Cycle Pathways

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#### Abstract

miR-302 is the major microRNA found in human embryonic stem cells and induced pluripotent stem cells, but its function has been unclear. In mice, there is evidence that miR-302 may silence p21Cip1 (CDKN1A) to promote cell proliferation, whereas studies in human reprogrammed pluripotent stem cells suggested that elevated miR-302 expression inhibited cell cycle transit. Here, we clarify this difference, reporting that in human cells, miR-302 simultaneously suppressed both the cyclin E-CDK2 and cyclin D-CDK4/6 pathways to block >70% of the  $G_1$ -S cell cycle transition. Concurrent silencing of BMI-1, a cancer stem cell marker targeted by miR-302, further promoted tumor suppressor functions of p16Ink4a and p14/p19Arf directed against CDK4/6–mediated cell proliferation. Among all  $G_1$  phase checkpoint regulators, human p21Cip1 was found not to be a valid target of miR-302. Overall, our findings indicate that miR-302 inhibits human pluripotent stem cell tumorigenicity by enhancing multiple  $G_1$  phase arrest pathways rather than by silencing p21Cip1. *Cancer Res; 70(22); 9473–82.* ©2010 AACR.

#### Introduction

Previous studies have shown that ectopic expression of miR-302 is able to reprogram human cancer cells to human embryonic stem cell (hESC)-like pluripotent cells with a distinct slow cell cycle rate and dormant cell-like morphology (1, 2). Relative quiescence is a defined characteristic of these miR-302-reprogrammed pluripotent stem cells (mirPSC), whereas other three-/four-factor (Oct4-Sox2-Klf4-c-Myc or Oct4-Sox2-Nanog-Lin28)-induced iPSCs have dramatic proliferative ability and inexorable tumorigenic tendency (3-5). Although the mechanism underlying such a difference is still unclear, we and others have identified two involved G1-phase checkpoint regulators, cyclin-dependent kinase 2 (CDK2) and cyclin D (1, 6). Progression in the eukaryotic cell cycle is driven by the formation of functional complexes between cyclin-dependent kinases (CDK) and cyclins. Negative regulators, such as CDK inhibitors, suppress the activities of cyclin-CDK complexes to hinder cell proliferation. Major CDK inhibitors include p15Ink4b, p16Ink4a, p18Ink4c,

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p21Cip1/Waf1, and p27Kip1. In mammalian cells, different cyclin-CDK complexes are involved in regulating different cell cycle transitions, such as cyclin D-CDK4/6 for G<sub>1</sub> progression, cyclin E-CDK2 for G<sub>1</sub>-S transition, cyclin A-CDK2 for S-phase progression, and cyclin A/B-CDC2 (cyclin A/B-CDK1) for M-phase entry. Thus, it is conceivable that the antiproliferative function of miR-302 may result from the concurrent suppression of CDK2 and cyclin D during the G<sub>1</sub>-S cell cycle transition.

However, studies of the miR-291/294/295 family, an analogue to human miR-302 in mouse, revealed a different result from the miR-302 function in human mirPSCs. In mouse embryonic stem cells (mESC), ectopic expression of miR-291/ 294/295 promoted fast cell proliferation and G1-S cell cycle transition through direct silencing of p21Cip1 (also named CDKN1A) and the serine/threonine-protein kinase Lats2 (7). Transgenic mice lacking p21Cip1/Waf1 were shown to display normal development with a defect in the G<sub>1</sub>-phase checkpoint control (8). Yet, the role of Lats2 remains to be determined because of its function in the recruitment of  $\gamma$ -tubulin and spindle formation at the onset of mitosis. Loss of Lats2 in mouse embryos caused severe mitotic defects and lethality, indicating that silencing of Lats2 may hinder rather than facilitate cell division (9). Taken together, these data show that silencing of p21Cip1 seems to be the key mechanism underlying such miR-291/294/295-induced tumorigenicity. Nevertheless, our recent efforts to screen the miR-302 target site in human p21Cip1 gene were futile. Analysis using online microRNA (miRNA) target prediction programs, TARGETSCAN (10) and PICTAR-VERT (11), also showed the same negative outcomes. Therefore, miR-302 and its analogue, miR-291/294/295, likely have different

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functions in hESCs and mESCs, leading to different characteristics in human and mouse iPSCs. This finding suggests that the model of mouse miR-291/294/295 is inadequate for evaluating miR-302 function in hESCs and human iPSCs.

MiRNA silences its target genes through mismatched binding. Due to this nonstringent interaction feature, miRNA concentration determines the efficiency of gene silencing. To address this dose-dependent miR-302 effect on human iPSC cell cycle, we designed an inducible *pTet-On-tTS-miR302s* expression vector (Fig. 1A, left) to reprogram both normal and cancerous human cells into a pluripotent stem state and then measured the changes in cell proliferation and tumorigenicity. Unlike previous reports using only a single miR-302 member, we placed all four miR-302 familial members, miR-302a, miR-302b, miR-302c, and miR-302d, into one intact cluster (mir-302s; Fig. 1A, right) for simultaneous expression (12). MiRNA microarray analysis revealed that all miR-302 members were efficiently expressed in transfected cells after doxycycline (Dox)-induced stimulation (Fig. 1B). After vector transfection, the biogenesis of miR-302 followed the natural intronic miRNA pathway, in which miR-302s was transcribed with a reporter gene encoding for red fluorescent protein (*RGFP*) and then further spliced into individual miR-302 members by spliceosomal components



**Figure 1.** Inducible miR-302 expression and its effect on hHFC proliferation. A, structures of the Dox-inducible *pTet-On-tTS-miR302s* vector (left) and the miR-302 familial cluster (*mir-302s*; right). B, miRNA microarray analysis of induced miR-302 expression at 6 hours after 10  $\mu$ mol/L Dox treatment (*n* = 3, *P* < 0.01). C, Northern and Western blot analyses of the dose-dependent effect of miR-302 on the expression patterns of the core reprogramming factors Oct3/4-Sox2-Nanog and the hESC-specific cell cycle regulator CDK2 (*n* = 5, *P* < 0.01). D, bar charts of flow cytometry analyses showing the dose-dependent miR-302 effect on the changes of mitotic (M phase) and quiescent (G<sub>0</sub>/G<sub>1</sub> phase) mirPS-hHFC populations.

### **Materials and Methods**

#### **Cell culture and electroporation**

Cultivation of human normal hair follicle cells (hHFC) and the cancer/tumor cell lines MCF7, HepG2, and Tera-2 was reported in Supplementary Data. hHFCs were isolated from a minimum of two hair dermal papillae. For electroporation, a mixture of pTet-On-tTS-miR302s (10 µg) and pTet-On-Adv-Neo(-) (50 µg) was added with 20,000 to 50,000 cells in a hypo-osmolar buffer (200 µL; Eppendorf), and electroporation was performed using Eppendorf Multiporator at 300 to 400 V for 150  $\mu$ s. Treated cells were grown in phenol red-free DMEM (Invitrogen) supplemented with 20% knockout serum, 1% MEM nonessential amino acids, 10 ng/mL bFGF, 1 mmol/L GlutaMax, and 1 mmol/L sodium pyruvate for 24 hours at 37°C under 5% CO2. Thereafter, 850 µg/mL G418 and >3.75 µg/mL Dox were added and refreshed daily for 3 to 5 days until the cells expressed red fluorescent RGFP. These fluorescent cells (mirPSC) were then selected by fluorescence-activated cell sorting flow cytometry with a monoclonal antibody against the miR-302 expression marker RGFP (Clontech). In the absence of Dox, the selected mirPSCs were grown and passaged in knockout DMEM/ F-12 medium (Invitrogen) supplemented with 20% knockout serum, 1% MEM nonessential amino acids, 100 µmol/L β-mercaptoethanol, 1 mmol/L GlutaMax, 1 mmol/L sodium pyruvate, 10 ng/mL basic fibroblast growth factor (bFGF), 100 IU/mL penicillin/100 µg/mL streptomycin/250 µg/mL G418, 0.1  $\mu mol/L$  A83-01, and 0.1  $\mu mol/L$  valproic acid (Stemgent) at 37°C under 5% CO<sub>2</sub>. Alternatively, in the presence of Dox (3.75-5 µg/mL; Sigma-Aldrich), the mirPSCs were cultivated and passaged in the same feeder-free cultural condition with the addition of 0.05 µmol/L SB216763, a glycogen synthase kinase inhibitor (Stemgent). Treatment with glycogen synthase kinase inhibitor facilitated mirPSC proliferation but with a slight tendency to induce neural differentiation.

#### Vector construction and routine assays

Methods for constructing the miR-302 familial cluster (*mir-302s*) and inducible *pTet-On-tTS-miR302s* as well as noninducible *pCMV-miR302s* vectors are reported in Supplementary Data. Routine laboratory preparations and the procedures for Northern blotting, Western blotting, immunostaining, apoptotic DNA laddering, cell invasion, and cell adhesion assays are also described in Supplementary Data.

#### DNA density flow cytometry

Cells were dissociated by collagenase/trypsin, pelleted, and fixed by resuspension in 1 mL of prechilled 70% methanol in PBS for 1 hour at  $-20^{\circ}$ C. The cells were pelleted and washed once with 1 mL of PBS. The cells were pel-

leted again and resuspended in 1 mL of 1 mg/mL propidium iodide, 0.5  $\mu$ g/mL RNase in PBS for 30 min at 37°C. Approximately 15,000 cells were then analyzed on a BD FACSCalibur. Cell doublets were excluded by plotting pulse width versus pulse area and gating on the single cells. The collected data were analyzed using the software package Flowjo using the "Watson Pragmatic" algorithm.

#### Luciferase 3'-untranslated region reporter assay

Luciferase assays were performed using a modified pMir-Report miRNA Expression Reporter Vector System (Ambion) according to the manufacturer's instruction. Either one or two miR-302 target sites (normal and/or mutant) were inserted in the 3'-untranslated region (UTR) cloning site of the pMir-Report Luciferase Reporter vector. The two target sites were synthesized and separated by 12 -CAGT- repeats. pMir-Report β-gal Control vector was used as a no-reporter control. We transfected 200 ng of the reporter vector into 50,000 mirPSCs in the absence or presence of Dox treatment, using a FuGene HD reagent (Roche Biochemicals), following the manufacturer's suggestion. Cell lysates were harvested 48 hours after transfection, and the knockdown levels of luciferase were normalized and shown by the ratio of relative luciferase activity, which was calculated by the level of luciferase activity in Dox-treated (Dox-on) mirPSCs divided by that of untreated (Dox-off) mirPSCs. Negative control miR-434-expressing cells were generated by electroporating hHFCs with pTet-On-tTS-miR434-5p vector.

#### In vivo tumorigenicity assay

In vivo tumorigenicity assay was performed as reported (13). We xenografted Tera-2 cells  $(2 \times 10^6 \text{ cells in a total vol-}$ ume of 100 µL of Matrigel-PBS) into the flanks (e.g., right hind limb) of 8-week-old male mice (BALB/c nu/nu strain). Tumors were monitored weekly and in situ injection of pCMV-miR302s or pCMV-miR302d\* vector was conducted 1 week after the Tera-2 xenograft. Five treatments (3-day intervals for each treatment) of 2 µg of polyethylenimine (PEI)-formulated pCMV-miR302s or pCMV-miR302d\* vector (total 10 µg) per gram of mouse weight were performed. In vivo jetPEI Delivery Reagent (Polyplus-transfection, Inc.) was used following the manufacturer's suggestion. Samples were collected either 3 weeks postinjection or when untreated tumors grew to an average size of approximately 100 mm<sup>3</sup>. Major organs, such as blood, brain, heart lung, liver, kidney, and spleen, and the xenografts were removed for histologic evaluation of tumor lesions and immunoreactive cytotoxicity. Tumor formation was monitored by palpation, and tumor volume was calculated using the formula (length × width<sup>2</sup>)/2. Tumor lesions were counted, dissected, weighed, and subjected to histologic examination using H&E and immunostaining assays. Histologic examination showed no detectable tissue lesions in the brain, heart, lung, liver, kidney, and spleen.

#### Statistical analysis

Any change over 75% of signal intensity in the analyses of immunostaining, Western blotting, and Northern blotting

was considered as a positive result, which in turn was analyzed and presented as mean  $\pm$  SE. Statistical analysis of data was performed by one-way ANOVA. When main effects were significant, the Dunnett's post hoc test was used to identify the groups that differed significantly from the controls. For pairwise comparison between two treatment groups, twotailed Student's *t* test was applied. For experiments involving more than two treatment groups, ANOVA was performed, followed by a post hoc multiple range test. *P* < 0.05 was considered significant. All *P* values were determined from twotailed tests.

### **Results**

# miR-302 attenuates the normal cell cycle rate without causing apoptosis

Our previous studies have shown that increasing miR-302 expression in human melanoma Colo-829 and prostate cancer PC3 cells reprogrammed these malignant cancer cells into a hESC-like pluripotent state (1, 2). During this somatic cell reprogramming (SCR) process, miR-302 induced apoptosis in >98% of the cancer cell population and greatly reduced the proliferation rate of the remaining (<2%) reprogrammed cells. This feature may benefit cancer therapy, yet its effect on normal cells is uncertain. To evaluate this effect, we introduced the inducible pTet-On-tTS-miR302s expression vector into normal human hair follicle cells (hHFC). hHFCs were chosen due to their abundance, accessibility, and fast growth. Following an increase of Dox concentration up to 10 µmol/L, we observed that the core reprogramming factors Oct4-Sox2-Nanog were concurrently stimulated at a threshold of Dox  $\geq$ 7.5 µmol/L, whereas the expression of CDK2 was correspondingly reduced (Fig. 1C). No change of p21Cip1 expression indicated that human p21Cip1 is not a miR-302 target. The mitotic M-phase cell population was reduced by 70% from 37 ± 2% to 11 ± 2%, whereas the quiescent  $G_0/G_1$ -phase cell population was increased by 41% from 56  $\pm$  3% to 79  $\pm$ 5% (Fig. 1D), reflecting a strong antiproliferative effect similar to our previous observation in miR-302-reprogrammed cancer cells (1). However, most (>95%) of the miR-302reprogrammed hHFCs (mirPS-hHFC) survived and displayed very limited apoptotic DNA laddering or programmed cell death (Fig. 2A and B), suggesting that normal cells are highly tolerable to the antiproliferative effect of miR-302. It is conceivable that tumor/cancer cells may not survive in such a quiescent state due to their high metabolism and rapid consumption rates.

In the presence of  $\geq$ 7.5 µmol/L Dox, mirPS-hHFCs presented a quiescent cell morphology (Fig. 2C, red RGFPpositive round cells). Northern blot analysis indicated that the cellular miR-302 concentration in these mirPS-hHFCs was more than 1.3-fold of the level in the hESCs H1 and H9 (Supplementary Fig. S2A). At this specific miR-302 concentration, mirPS-hHFCs strongly expressed Oct3/4, Sox2, Nanog, Lin28, and other major hESC markers (Supplementary Fig. S2A). Microarray analysis of global gene expression further revealed that the transcriptome was changed from a somatic hHFC profile to a hESC-like expression pattern, sharing a total of >93% similarity to H1/H9 cells (Supplementary Fig. S3A). Genomic DNA demethylation, the first sign of SCR, was also detected in these mirPS-hHFCs, resembling the global demethylation patterns observed in H1/H9 cells (Supplementary Fig. S3B and C). Moreover, each individual mirPS-hHFC was able to grow into a single embryoid body with a slow cell cycle rate of approximately 20 to 24 hours (Fig. 2D). We particularly noted that these mirPS-hHFCs were pluripotent but not tumorigenic, as they formed teratoma-like tissue cysts only in the uteri and peritoneal cavities of pseudopregnant female immunocompromised severe combined immunodeficient (SCID)-beige mice. The teratoma-like cysts contained various tissues derived from all three embryonic germ layers: ectoderm, mesoderm, and definitive endoderm (Supplementary Fig. S3D). Alternatively, when xenografted into normal male mice, mirPS-hHFCs were assimilated by the surrounding tissues and expressed the same tissue markers, showing a possible application for regenerating damaged tissues (Supplementary Fig. S2B). Therefore, these findings suggest that miR-302 reprogrammed somatic hHFCs to hESC-like pluripotent stem cells with a relatively slow cell cycle, but not apoptosis.

# miR-302 inhibits tumorigenicity and induces apoptosis in various tumor/cancer cells

The findings of miR-302-mediated cancer cell apoptosis and cell cycle attenuation lead us to investigate the possibility of using miR-302 as a universal tumor/cancer drug. Because our previous studies have shown the feasibility of this approach in skin melanoma and prostate cancer cells (1, 2), we further extended our tests to human breast cancer MCF7, hepatocellular carcinoma HepG2, and embryonal teratocarcinoma Tera-2 cells in this study. After pTet-OntTS-miR302s transfection and Dox stimulation, we found that miR-302 induced massive apoptosis in the transfected tumor/cancer cells (Fig. 2A and B). Ectopic miR-302 expression and miR-302-induced Oct3/4-Sox2-Nanog coactivation were confirmed by Northern and Western blot assays, respectively (Supplementary Fig. S4). Flow cytometry analysis comparing DNA content to cell cycle stages further revealed that the apoptotic cell population was increased from 2.6% to 50.1% in mirPS-MCF7, from 1.5% to 39.4% in mirPS-HepG2, and from 2.3% to 29.4% in mirPS-Tera2 cells. The accumulative effect of apoptosis during the whole reprogramming period could eliminate more than 98% of the tumor/cancer cell population. Despite this majority of apoptotic cells, miR-302 reprogrammed a small number (<2%) of the tumor/cancer cells to relatively quiescent mirPSCs that formed embryoid body-like colonies. Compared with their cancer/tumor counterparts, the mitotic cell population in these viable mirPSCs was decreased by 78% from 49  $\pm$  3% to 11  $\pm$  2% in mirPS-MCF7, by 63% from 46  $\pm$  4% to 17  $\pm$  2% in mirPS-HepG2, and by 62% from 50  $\pm$  6% to 19  $\pm$  4% in mirPS-Tera2 cells, whereas the G<sub>0</sub>/G<sub>1</sub>-phase cell population was increased by 80% from 41  $\pm$  4% to 74  $\pm$  5% in mirPS-MCF7, by 65% from 43 ± 3% to 71 ± 4% in mirPS-HepG2, and by 72% from 40  $\pm$  7% to 69  $\pm$  8% in mirPS-Tera2 cells, respectively (Fig. 3A and B). These results indicate that



Figure 2. Changes in mirPS-hHFC cell properties following Dox-induced miR-302 expression (Dox, 5 or 10  $\mu$ mol/L). A, miR-302–induced apoptotic DNA laddering observed in various tumor/cancer-derived mirPSCs, but not in normal hair follicle–derived mirPS-hHFCs. B, comparison of cell apoptosis/ proliferation rates between mirPS-hHFCs and other tumor/cancer-derived mirPSCs before and after 10  $\mu$ mol/L Dox stimulation. Plot charts of flow cytometry analysis show each cell DNA content respective to cell cycle stages, labeled as C (apoptotic cell population), D (G<sub>0</sub>/G<sub>1</sub> phase), and E (M phase). C, changes of cell morphology and cell cycle rate before and after miR-302–induced reprogramming in hHFCs (n = 3, P < 0.01). Bar, 100  $\mu$ m. D, time course formation of embryoid body from a single mirPS-hHFC after limiting dilution. The cell cycle was estimated to be approximately 20 to 24 h at start but gradually accelerated after 72 h. Bar, 100  $\mu$ m.

miR-302 effectively inhibited cell proliferation and induced apoptosis in these tumor/cancer cells.

*In vitro* tumorigenicity assays, using Matrigel chambers (cell invasion assay) and cell adhesion to the human bone marrow endothelial cell (hBMEC) monolayer (cell adhesion assay), revealed two more antitumorigenic effects of miR-302 in addition to its antiproliferative tendencies. Cell invasion assay showed that all three mirPS-tumor/cancer cells

lost their ability to migrate (reduced to ~0%), whereas the original tumor/cancer cells aggressively invaded into the chambered areas supplemented with higher nutrients, representing more than  $9 \pm 3\%$  of MCF7,  $16 \pm 4\%$  of HepG2, and  $3 \pm 2\%$  of Tera-2 cell populations (Fig. 3C). Consistently, cell adhesion assay showed that none of these mirPS-tumor/cancer cells could adhere to hBMECs, whereas a significant population of original MCF7 ( $7 \pm 3\%$ ) and HepG2 ( $20 \pm 2\%$ )



Figure 3. *In vitro* tumorigenicity assays of various tumor/cancer-derived mirPSCs in response to the miR-302 expression induced by 10  $\mu$ mol/L Dox. A, changes of cell morphology and cell cycle rate between original tumor/cancer cells and their miR-302–reprogrammed mirPSCs, respectively (*n* = 3). Apoptotic cells were excluded to show the mitotic cell population in all viable cells. B, bar charts of flow cytometry analyses showing the dose-dependent miR-302 effects on the changes of mitotic (M phase; *P* < 0.01) and quiescent (G<sub>0</sub>/G<sub>1</sub> phase; *P* < 0.05) cell populations of various tumor/cancer-derived mirPSCs. C, functional analysis of miR-302–suppressed tumor invasion in Matrigel chambers (*n* = 4, *P* < 0.05). D, comparison of cell adhesion to the hBMEC monolayer before and after Dox-induced miR-302 expression (*n* = 4, *P* < 0.05).

cells quickly metastasized onto the hBMEC monolayer after a 50-min incubation period (Fig. 3D). Taken together, all of the findings thus far strongly and repeatedly show that miR-302 is a human tumor suppressor capable of attenuating fast cell growth, causing tumor/cancer cell apoptosis, inhibiting tumor/cancer cell invasion, and preventing metastasis. Most importantly, this novel miR-302 function may offer a universal treatment against a multitude of human cancers and tumors, such as malignant skin, prostate, breast, and liver cancers and various forms of tumors.

# miR-302-mediated antiproliferation functions through cosuppression of CDK2, cyclin D1/D2, and BMI-1

To validate the direct interactions between miR-302 and its target sites in  $G_1$ -phase checkpoint regulators, we used a luciferase 3'-UTR reporter assay (Fig. 4A) to measure the inhibitory effects of different miR-302 concentrations on the target sites of *CDK2*, *cyclin D1/D2*, and *BMI1 polycomb*  ring finger oncogene (BMI-1). In the presence of 10 µmol/L Dox, miR-302 effectively bound to these target sites and successfully silenced >80% of the reporter luciferase expression in all targets (Fig. 4B). Consistent with this result, suppression of the real target genes in mirPSCs was also confirmed by Western blot analysis (Fig. 4C). In contrast, a lower miR-302 concentration induced by 5 µmol/L Dox failed to trigger any significant silencing effect (>50%) on either the target sites of the reporter gene or the targeted G<sub>1</sub>-phase checkpoint regulators (Fig. 4B and D), indicating that miR-302 modulates the cell cycle rate in a dose-dependent manner. Given that the G<sub>1</sub>-S phase transition of mammalian cell cycle is normally controlled by two compensatory cyclin-CDK complexes, cyclin D-CDK4/6 and cyclin E-CDK2 (14), we found that miR-302 over a certain threshold concentration is able to inactivate both complexes through simultaneous suppression of CDK2 and cyclin D1/D2 activities, thereby blocking both G<sub>1</sub>-S transition pathways and attenuating the

cell cycle rate of the reprogrammed mirPSCs. In hHFCs and mirPSCs, cyclin D3 was expressed at an insufficient level to compensate for the loss of cyclin D1/D2 in the mirPSCs.

Accompanying miR-302–mediated BMI-1 silencing, we further detected a mild increase in p16Ink4a and p14Arf expression (gain of  $63 \pm 17\%$  and  $57 \pm 13\%$  of the levels in hHFCs, respectively), whereas no change was observed in p21Cip1 expression (Fig. 4C). Deficiency of BMI-1, an oncogenic cancer stem cell marker, has been shown to inhibit G<sub>1</sub>-S cell cycle transition through enhancement of p16Ink4a and p14Arf tumor suppressor activities (15). In this scenario, 16Ink4a directly inhibits cyclin D–dependent CDK4/6 activity through phosphorylation of retinoblastoma protein Rb and thus prevents Rb from inducing the E2F-dependent transcription required for S-phase entry (16, 17). In addition, p14Arf prevents HDM2 from binding to p53 and permits the p53-dependent transcription responsible for  $G_1$  arrest or apoptosis (18). However, because knockdown of CDK2 has been shown to be sufficient to arrest hESCs at  $G_1$  phase (19), silencing of BMI-1 as well as coactivation of p16Ink4a and p14Arf in mirPSCs may offer an extra function in suppressing SCR-associated tumorigenicity, of which the mechanism remains to be determined.

#### Treatment of miR-302 eliminates >90% of teratoma cell growth *in vivo* without changing stem cell pluripotency

After understanding the tumor suppressor mechanism of miR-302, we tested the use of miR-302 as a drug for treating



Figure 4. Luciferase 3'-UTR reporter assays of miR-302–induced gene silencing effects on targeted  $G_1$ -phase checkpoint regulators. A, constructs of the luciferase 3'-UTR reporter genes, which carried either two normal (T1 + T2) or two mutant (M1 + M2), or a mixture of both (T1 + M2 or M1 + T2), miR-302 target sites in the 3'-UTR. The mutant sites contained a mismatched TCC motif in place of the uniform 3'-CTT end of the normal target sites. B, effects of Dox-induced miR-302 elevation on the luciferase expression (n = 5, P < 0.01). Dox = 5 or 10 µmol/L. CCND1 and CCND2 refer to cyclin D1 and cyclin D2, respectively. C and D, Western blot analyses showing the changes of major miR-302–targeted  $G_1$ -phase checkpoint regulators induced by high (10 µmol/L Dox) and low (5 µmol/L Dox) miR-302 concentrations in mirPSCs compared with those found in the hESCs H1 and H9 (n = 4, P < 0.01).

Tera-2-derived teratomas in 8-week-old male athymic mice (BALB/c nu/nu strain). Tera-2 cells are pluripotent human embryonal carcinoma (hEC) cells that can differentiate into a variety of somatic tissues in vivo, in particular primitive glandular and neural tissues (20). Due to its pluripotency, Tera-2-derived teratoma may serve as a model for treating various tumor types in vivo. For drug delivery, we adopted in situ injection of PEI-formulated pCMV-miR302s expression vector in close proximity to the tumor site. The pCMV-miR302s vector was formed by changing the TRE-controlled CMV promoter to a regular CMV promoter, of which the expression duration was approximately 1 month in human cells due to DNA methylation. By injecting up to 10 µg of the pCMV-miR302s vector per gram of mouse weight (the maximal amount for single injection in a mouse), we observed no signs of sickness or cachexia in all tested mice, indicating the safety of this approach.

We detected a significant inhibitory effect on teratoma growth after five treatments (3-day intervals for each treatment) of 2 µg of *pCMV-miR302s* vector (total 10 µg) per gram of mouse weight. As shown in Fig. 5A, treatment with the pCMV-miR302s vector resulted in a marked decrease of the average teratoma size by >89% ( $11 \pm 5 \text{ mm}^3$ ; n = 6) compared with that of nontreated ones (104  $\pm$  23 mm<sup>3</sup>; n = 4). In contrast, treatment with the same amount of PEI-formulated antisense-miR-302d expression vector (pCMV-miR302d\*) increased the average teratoma size by 140% (250 ± 73 mm<sup>3</sup>; n = 3). Tera-2 cells were known to express a moderate amount of miR-302 (Fig. 5B). Northern blotting confirmed that miR-302 expression levels were inversely correlated with the teratoma sizes (Fig. 5B), suggesting that modulating cellular miR-302 expression is an effective means to control the growth of teratomas in vivo. We also performed Western blotting to show the cosuppression of CDK2-cyclin D1/D2-BMI-1 and the coactivation of the core reprogramming



Figure 5. In vivo tumorigenicity assays of mirPS-Tera2 cells in response to constitutive miR-302s (Tera2 + mir-302s) or miR-302d\* (Tera2 + mir-302d\*) expression (n = 3, P < 0.05). miR-302s and miR-302d\* were transcribed from the *pCMV-miR302s* and *pCMV-miR302d\** vectors in the transfected Tera-2 cells, respectively. A, morphologic evaluation of average tumor sizes 3 wk after *in situ* injections (post-is). All tumors were localized in the original implant sites (black arrows). No signs of cachexia or tumor metastasis were observed in all tested mice. B and C, Northern and Western blot analyses (B) and immunohistochemical staining analyses (C) of the *in vivo* miR-302 effect on the expression patterns of the core reprogramming factors Oct3/4-Sox2-Nanog and the miR-302–targeted G<sub>1</sub>-phase checkpoint regulators CDK2, cyclin D1/D2, and BMI-1 as well as p16lnk4a and p14Arf.





factors Oct3/4-Sox2-Nanog in the pCMV-miR302s-treated teratomas (Fig. 5B), consistent with the previous findings in vitro (Figs. 1C and 4C). The same results were further confirmed by immunohistochemical staining for respective proteins in teratoma tissue sections (Fig. 5C). Most noteworthily, we found that miR-302 inhibited teratoma cell growth without affecting its nature in pluripotent differentiation, indicating that miR-302 plays a dual role in tumor suppression and SCR. Based on this dual function of miR-302 and our validation in vitro and in vivo, we conclude that the same antiproliferative mechanism of miR-302 observed in vitro can be applied to inhibit teratoma growth in vivo, which may serve as a potential treatment for a variety of human tumors. This finding also explains why mirPSC implantation preferably forms teratoma-like tissue cysts in the uteri of pseudopregnant SCID-beige mice (ref. 1; Supplementary Fig. S3D), which may secrete certain growth/differentiation factors to reduce the antiproliferative effect of miR-302.

### **Discussion**

The stringency of miRNA-mRNA interaction determines the real function of a miRNA. Different cellular conditions may affect the way of miRNA-mRNA interaction to change the preference of miRNA-mediated gene targeting. However, there is currently no report related to either the dose-dependent effect of miR-302 or the stringency of miR-302-target interaction. Our study provides important insights on these issues and, for the first time, revealed that miR-302 functions differently between humans and mice. In humans, miR-302 strongly targets CDK2, cyclin D1/D2, and BMI-1, but not p21Cip1. Unlike mouse p21Cip1, human p21Cip1 does not contain any target site for miR-302. This difference in gene targeting leads to a significant schism between respective cell cycle regulations. In mESCs, miR-302 silences mouse p21Cip1 to promote cell proliferation (7, 21), whereas in humans, p21Cip1 expression is preserved and may reduce cell proliferation. In addition, we found that miR-302 suppresses BMI-1 to slightly stimulate p16Ink4a/p14ARF expression. Because p16Ink4a and p14ARF are elevated while p21Cip1 remains unchanged in human mirPSCs, the antiproliferative and antitumorigenic effects of miR-302 likely result from a synergistic mechanism involving the suppression of cyclin E-CDK2 and cyclin D-CDK4/6 activities and the activation of p16Ink4a-Rb and p14/19Arf-p53 cell cycle regulations. This distinct miR-302-mediated mechanism in human pluripotent stem cells is fundamentally different from the previously reported p21Cip1 silencing in mESCs. Therefore, the previous mouse model cannot explain the miR-302 function in human cells.

miR-302-induced SCR and cell cycle attenuation are two collateral events dependent on the cellular miR-302 concentration. We observed that both events occur almost simultaneously at a miR-302 concentration more than 1.3-fold the level found in hESCs H1/H9, indicating that this specific concentration is the minimal threshold for initiating both events. Previous studies using a single miR-302 member at a miR-302 concentration below this threshold failed to effectively elicit SCR and cell cycle attenuation. Furthermore, we have shown in this study that the miR-302 concentration induced by 5 µmol/L Dox failed to silence the target sites of the reporter gene as well as the targeted G<sub>1</sub>-phase checkpoint regulators. Comparatively, early embryonic cells before the morula stage (32-64 cell stage) often exhibit a relatively slow cell cycle rate, similar to that of mirPSCs, whereas such stringent cell cycle regulation is not found in late blastocyst-derived hESCs. We therefore hypothesized that a lower miR-302 concentration in blastocyst-derived hESCs may not be sufficient to silence the targeted G<sub>1</sub>-phase checkpoint regulators and oncogenes. This also explains why hESCs have dramatic proliferative ability and tend to form tumors instead. However, the real reason may never be unveiled due to the restriction and controversy on stem cell research using early embryonic cells.

In sum, our studies show that miR-302–mediated cell cycle regulation involves a highly coordinated mechanism between cosuppression of multiple  $G_1$ -phase checkpoint regulators

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and activation of CDK inhibitors. All genetic events of this mechanism must occur simultaneously to prevent any rapid  $G_1$ -S progression. Relative quiescence at  $G_0/G_1$  phase cell cycle is an important step for reprogrammed pluripotent stem cells to adapt their new hESC-like state and subsequently prevent tumorigenic transformation. Through deciphering the interactions between miR-302 and its target genes, we propose here the intricate mechanism for miR-302-associated cell cycle regulation during SCR, as shown in Fig. 6. We have previously shown that miR-302 silences its targeted epigenetic regulators to activate Oct3/4-Sox2-Nanog coexpression and induce SCR (1). In this study, we further showed that miR-302 concurrently silences CDK2, cyclin D1/D2, and BMI-1 to attenuate cell division during SCR. The inhibition of BMI-1 also enhances the tumor suppressor activities of p16Ink4a and p14/p19Arf in the reprogrammed cells. Proper control of the cell cycle rate is of critical biological importance in preventing the tumorigenicity of oncogenes that are often activated during SCR. Through these synergistic cell cycle regulation pathways, miR-302 is able to initiate SCR while preventing stem cell tumorigenicity.

#### **Disclosure of Potential Conflicts of Interest**

No potential conflicts of interest were disclosed.

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