

Retrospective Study

Clinical significance of HOTAIR expression in colon cancer

Zhi-Fen Luo, Dan Zhao, Xi-Qing Li, Yong-Xia Cui, Ning Ma, Chuang-Xin Lu, Ming-Yue Liu, Yun Zhou

Zhi-Fen Luo, Xi-Qing Li, Yong-Xia Cui, Ning Ma, Chuang-Xin Lu, Ming-Yue Liu, Yun Zhou, Department of Oncology, Henan Provincial People's Hospital, Zhengzhou 450003, Henan Province, China

Dan Zhao, Department of Oncology, Zhengzhou Third People's Hospital, Zhengzhou 450000, Henan Province, China

Author contributions: Luo ZF and Zhao D contributed equally to this work; Luo ZF and Li XQ designed the research; Cui YX, Ma N and Lu CX performed the research; Zhou Y contributed new reagents/analytic tools; Li XQ analyzed the data; Luo ZF, Zhao D and Li XQ wrote the paper.

Supported by National Natural Science Foundation of China, No. U1504820.

Institutional review board statement: The study was reviewed and approved by the Medical Ethics Committee of Henan Provincial People's Hospital.

Informed consent statement: All study participants, or their legal guardian, provided informed written consent prior to study enrollment.

Conflict-of-interest statement: The authors declare no conflict of interest.

Data sharing statement: No additional unpublished data are available.

Open-Access: This article is an open-access article which was selected by an in-house editor and fully peer-reviewed by external reviewers. It is distributed in accordance with the Creative Commons Attribution Non Commercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited and the use is non-commercial. See: <http://creativecommons.org/licenses/by-nc/4.0/>

Correspondence to: Yun Zhou, MD, Professor, Department of Oncology, Henan Provincial People's Hospital, Weiwu Road No. 7, Zhengzhou 450003, Henan Province, China. luozhifeng123@126.com
Telephone: +86-371-87160215

Received: March 13, 2016

Peer-review started: March 3, 2016

First decision: March 31, 2016

Revised: April 22, 2016

Accepted: May 4, 2016

Article in press: May 4, 2016

Published online: June 14, 2016

Abstract

AIM: To detect the expression of the long noncoding RNA HOTAIR in colon cancer and analyze its relationship with clinicopathological parameters of colon cancer.

METHODS: Total RNA was extracted from 80 colon cancer tissues and matched tumor-adjacent normal colon tissues and reverse transcribed. Quantitative polymerase chain reaction was used to detect the expression of HOTAIR. The relationship between the expression of HOTAIR and clinicopathological parameters of colon cancer was analyzed.

RESULTS: The expression of HOTAIR was significantly higher in colon cancer tissues than in matched tumor-adjacent normal colon tissues ($P < 0.05$). HOTAIR expression was significantly higher in cases with lymph node metastasis than in those without metastasis; in lowly differentiated and undifferentiated cases than in highly and moderately differentiated cases; and in stages III + IV cases than in stages I + II cases ($P < 0.05$).

CONCLUSION: HOTAIR expression is upregulated in colon cancer, suggesting that HOTAIR plays an important role in the tumorigenesis, development and metastasis of colon cancer. HOTAIR may act as an oncogene and represents a new molecular target for the treatment of colon cancer.

Key words: HOTAIR; Long non-coding RNA; Oncogene; Colon tumor

© The Author(s) 2016. Published by Baishideng Publishing Group Inc. All rights reserved.

Core tip: This study aimed to detect the expression of HOTAIR in colon cancer and analyze its relationship with clinicopathological parameters of colon cancer. Total RNA was extracted from 80 colon cancer tissues and matched tumor-adjacent normal colon tissues and reverse transcribed. HOTAIR expression was upregulated in colon cancer, suggesting that it may play an important role in the tumorigenesis, development and metastasis of colon cancer. HOTAIR might acts as an oncogene and could be a new molecular target for the treatment of colon cancer.

Luo ZF, Zhao D, Li XQ, Cui YX, Ma N, Lu CX, Liu MY, Zhou Y. Clinical significance of HOTAIR expression in colon cancer. *World J Gastroenterol* 2016; 22(22): 5254-5259 Available from: URL: <http://www.wjgnet.com/1007-9327/full/v22/i22/5254.htm> DOI: <http://dx.doi.org/10.3748/wjg.v22.i22.5254>

INTRODUCTION

Colon cancer is a clinically common, highly malignant tumor of the digestive tract. Although drugs targeting epidermal growth factor receptor (EGFR) and KRAS mutations have significantly extended the survival of some colon cancer patients^[1-3], only a small number of patients can benefit from these drugs because of the complex etiology of this malignancy. Overall, the effects of current therapies for colon cancer are not satisfactory^[4,5].

Long noncoding RNAs (lncRNAs) are non-protein coding transcripts of around 200 nucleotides, which exist widely in the genome and can regulate gene expression^[6]. HOTAIR is one of the extensively studied lncRNAs in recent years. Many studies have indicated that HOTAIR plays an important role in breast cancer, pancreatic cancer, liver cancer, gastric cancer, esophageal cancer and non-small cell lung cancer^[7-10]. Studies in colon cancer suggest that HOTAIR is an important oncogene that affects the biological behavior of colon cancer^[11] and can serve as an independent risk factor^[12]. The latest research suggests that the expression of HOTAIR is associated with tumor metastasis^[13].

In the present study, we detected the expression of HOTAIR in 80 colon cancer tissue samples by quantitative polymerase chain reaction (qPCR). Based on the clinical and pathological parameters of colon cancer patients, we analyzed the possible role of HOTAIR in colon cancer development, metastasis and sensitivity to treatment, with an emphasis on the role of HOTAIR in colon cancer treatment. The findings will provide a theoretical basis for developing a new, targeted therapy for colon cancer.

MATERIALS AND METHODS

Clinical materials and reagents

Eighty patients with pathologically proven colon cancer who underwent surgery at our hospital from September 2011 to September 2013, and had complete clinical records, were included. All patients provided written informed consent, and the study protocol was approved by the Medical Ethics Committee of Zhengzhou University. The mean age of the patients was 64 ± 16 years. There were 46 patients with stage I or II disease, and 34 patients with stage III or IV disease. Forty-one patients had well or moderately differentiated tumors, and 34 patients had poorly differentiated or undifferentiated tumors. No patients had undergone radiotherapy or chemotherapy before surgery. Tumor tissues and normal colon tissues at least 7 cm away from the tumor were taken, frozen in liquid nitrogen within 30 min and preserved for further use.

Trizol was purchased from Invitrogen. The reverse transcription kit and DNA ladder were purchased from Takara. Primers for qPCR were designed and synthesized by Shanghai GenePharma. The qPCR kit was purchased from Thermo.

RNA preparation and reverse transcription

Tissue samples preserved in liquid nitrogen were put into an RNase-free mortar with liquid nitrogen and pulverized. For each 100 mg of tissue, 1 mL of Trizol was added. RNA preparation was then performed following the manufacturer's instructions. The obtained RNA was dissolved in DEPC-treated water, and the RNA concentration was measured using a micro UV-Vis fluorescence spectrophotometer (e-spect, Malcom, Japan). The obtained RNA was preserved at -80°C for further use.

RNA reverse transcription was performed using a reverse transcription kit in a 20- μL system, containing 11 μL of DEPC-treated water, 1 μL of total RNA, 4 μL of $5 \times$ buffer, 1 μL of RNase inhibitor, 2 μL of dNTPs, and 1 μL of reverse transcriptase. Reaction parameters were 42°C for 60 min and 95°C for 5 min. The obtained cDNA was preserved at -80°C for further use.

qPCR: qPCR was performed in a 20- μL system containing 1 μL of cDNA, 10 μL of $2 \times$ Master Mix with $0.03 \times$ ROX added, 1 μL of forward primer (final concentration of $0.5 \mu\text{mol/L}$), 1 μL of reverse primer, and 8 μL of DEPC-treated water on a Mx3005p cyclor. PCR amplification was performed in triplicate. Cycling parameters were 95°C for 7 min, followed by 40 cycles of 95°C for 15 s and 60°C for 30 s.

Statistical analysis

The expression levels of HOTAIR in tissues are expressed as mean \pm SD and were compared using a

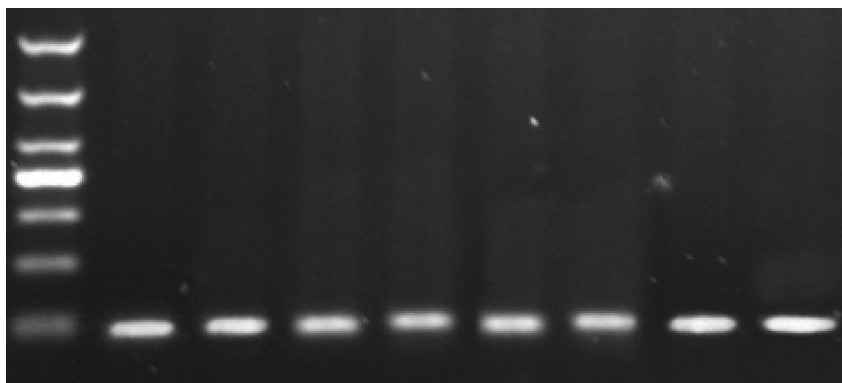


Figure 1 Quantitative polymerase chain reaction products of HOTAIR.

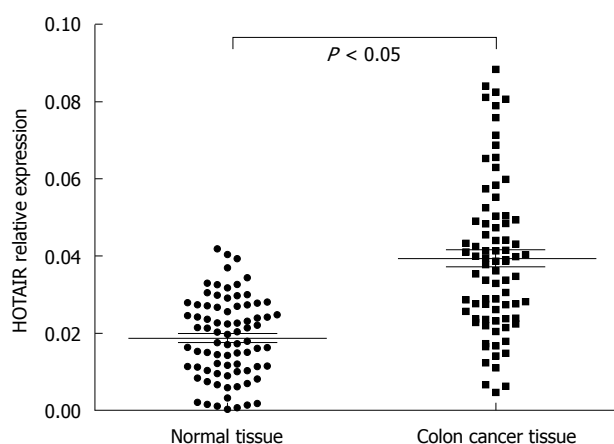


Figure 2 Expression of HOTAIR in colon cancer. The expression of HOTAIR in colon cancer is significantly higher in colon cancer tissues than in tumor-adjacent normal colonic tissues.

two-sample *t*-test. Statistical analyses were performed using SPSS13.0. *P*-values < 0.05 were considered statistically significant.

RESULTS

Agarose gel electrophoresis of qPCR products

The length of the expected PCR product for HOTAIR is 91 bp, and agarose gel electrophoresis showed that qPCR yielded PCR products of expected size (Figure 1).

Expression of HOTAIR is higher in colon cancer tissues than in tumor-adjacent normal colonic tissues

QPCR analysis showed that, although the expression of GAPDH showed no significant differences, the Ct value of HOTAIR was significantly lower in colon cancer tissues than in tumor-adjacent normal colonic tissues, suggesting that HOTAIR expression is upregulated in colon cancer. When the relative expression level is expressed as N ($N = 2^{-\Delta Ct}$, $\Delta Ct = Ct_{HOTAIR} - Ct_{GAPDH}^{[14]}$), the relative expression level of HOTAIR was significantly higher in colon cancer tissues than in tumor-adjacent normal colonic tissues ($P < 0.05$, Figure 2).

Relationship between HOTAIR expression and clinicopathological parameters in colon cancer

HOTAIR expression was significantly correlated with lymph node metastasis, tumor differentiation and TNM stage ($P < 0.05$). HOTAIR expression was significantly higher in cases with lymph node metastasis than in those without metastasis, in lowly differentiated and undifferentiated cases than in highly and moderately differentiated cases, and in stages III + IV cases than in stages I + II cases. By contrast, HOTAIR expression had no significant correlation with patient gender, age or tumor size ($P > 0.05$) (Tables 1-3).

Relationship between HOTAIR expression and survival in colon cancer

The Kaplan-Meier method was used to assess the impact of HOTAIR expression on survival of patients with colon cancer. The cumulative survival rate was significantly higher in patients with low HOTAIR expression than in those with high HOTAIR expression ($P < 0.05$) (Figure 3).

Risk factors for prognosis of colon cancer patients

Using prognosis of colon cancer patients as the dependent variable and factors possibly influencing the prognosis as independent variables, Cox multiple regression analysis was performed. The results showed that TNM stage, lymph node metastasis and HOTAIR expression were independent risk factors for prognosis of colon cancer patients.

Relationship between HOTAIR expression and prognosis in colon cancer

The relationship between prognosis of colon cancer patients after chemotherapy and HOTAIR expression was analyzed. The results showed that high HOTAIR expression was associated with poorer prognosis (Figure 4).

DISCUSSION

Colon cancer is a common malignancy^[15,16]. With the

Table 1 Primers used for quantitative polymerase chain reaction

Primer	Sequence
HOTAIR	
Forward	5'-CAGTGGGGAACCTCTGACTCG-3'
Reverse	5'-GTGCTGGTGCTCTCTTACC-3'
GAPDH	
Forward	5'-GTCAACGGATTGGTCTGTATT-3'
Reverse	5'-AGTCTTCTGGGTGGCAGTGAT-3'

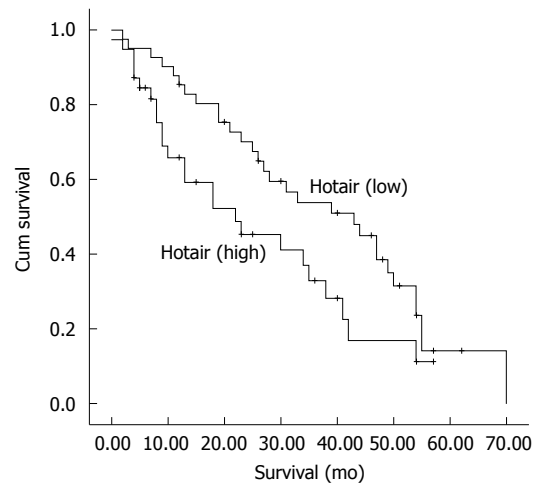
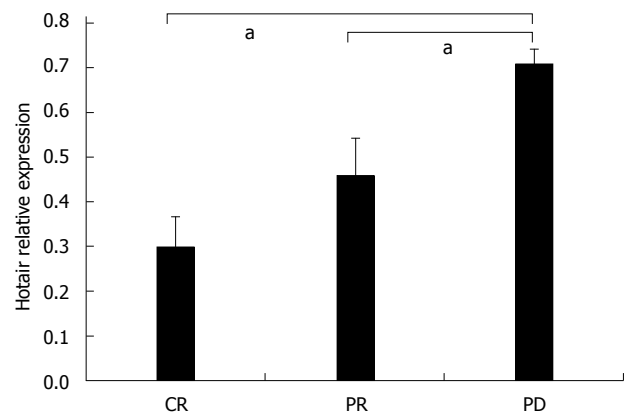
Table 2 Relationship between HOTAIR expression and clinicopathological parameters in colon cancer

Clinicopathological parameter	No. of cases	HOTAIR expression	P value
Age (yr)			
< 6	49	3.69 ± 1.94	0.188
≥ 60	31	3.45 ± 1.55	
Gender			
Male	43	3.91 ± 1.85	0.761
Female	37	3.23 ± 1.68	
Tumor size (cm)			
< 7	38	3.59 ± 1.59	0.599
≥ 7	42	3.60 ± 1.81	
Lymph node metastasis			
Yes	48	4.27 ± 1.54	0.024
No	32	3.11 ± 1.92	
Tumor differentiation			
High and moderate	41	2.93 ± 1.62	0.019
Low and undifferentiated	39	4.35 ± 1.82	
TNM stage			
I + II	46	3.17 ± 1.77	0.034
III + IV	34	3.87 ± 1.66	

Table 3 Cox multiple regression analysis of risk factors for prognosis of colon cancer patients

Variable	Regression coefficient	SE	χ^2	P value	OR	95%CI for OR	
						Lower	Upper
TNM stage	0.732	0.345	4.489	0.034	2.0790	1.056	4.090
Lymph node metastasis	-2.512	1.088	5.325	0.021	0.0081	0.010	0.685
HOTAIR expression	-2.048	0.785	6.806	0.090	0.1290	0.028	0.601

development of diagnostic technology, advances in endoscopy and imaging techniques, as well as the clinical application of the carcinoembryonic antigen assay, have greatly improved the early diagnosis and treatment effect of colon cancer^[17,18]. Patients with early colon cancer have localized lesions, and surgery with adjuvant radiochemotherapy is the preferred treatment, which is often associated with a good prognosis. However, because of the unbalanced regional development in China, many patients with colon cancer, especially those in rural regions, are diagnosed at advanced stages, and some patients even present with metastases as the first manifestation. Although drugs targeting EGFR and

**Figure 3** Relationship between HOTAIR expression and survival in colon cancer. The cumulative survival rate was significantly higher in patients with low HOTAIR expression than in those with high HOTAIR expression ($P < 0.05$).**Figure 4** Relationship between HOTAIR expression and prognosis in colon cancer. ^a $P < 0.05$ vs PD group.

KRAS mutations have been effective in some patients with colon cancer^[1-3], molecular targeted drugs, which often target only one or several molecules, are not suitable for all patients because of the complexity etiology of colon cancer. Therefore, there is an urgent need to find new therapeutic targets.

LncRNAs are non-protein coding transcripts of around 200 nucleotides that are widely distributed in the genome. Many lncRNAs can bind to DNA binding proteins and alter the chromosome state to participate in the regulation of many genes^[6,19]. HOTAIR is an lncRNA located in the *HOXC* locus, and it can interact with polycomb repressive complex 2 and mediate the histone H3 lysine 27 methylation and lysine 4 demethylation in the *HOXD* locus, in which EZH2 also plays an important role^[9,20,21]. HOTAIR can alter the state of chromosomes, thus affecting the expression of many genes. Researchers have found that HOTAIR expression is upregulated in cancer tissue samples from patients with breast cancer, pancreatic cancer, liver cancer, gastric cancer, or non-small cell lung cancer, and the expression is even higher in metastatic tissue.

Both *in vivo* and *in vitro* studies have confirmed that upregulated expression of HOTAIR enhances the ability of tumors to invade and metastasize^[7-9]. The aim of this study was to detect the expression of HOTAIR in tissue samples from patients with colon cancer, analyze the relationship between HOTAIR expression and clinicopathological parameters and explore the role of HOTAIR in colon cancer development and metastasis.

The results showed that the expression of HOTAIR is upregulated in colon cancer, suggesting that HOTAIR may act as an oncogene in the development of colon cancer. We also discovered that HOTAIR expression was significantly higher in lowly differentiated and undifferentiated cases compared with highly and moderately differentiated cases; in stages III + IV cases compared with stages I + II cases; and in cases with lymph node metastasis compared with those without. These results are similar to the findings of a previous study^[22]; however, that study found that the expression of HOTAIR did not differ significantly between cases with and without lymph node metastasis, but was significantly higher in cases with liver metastasis compared with those without. The present study did not compare the HOTAIR expression between cases with and without liver metastasis. Low differentiation, late stage or lymph node metastasis in colon cancer are often associated with poor prognosis; therefore, our findings need to be validated by studies with a larger sample size.

Although HOTAIR might affect response to therapy in some tumors; for example, HOTAIR is associated with resistance to chemotherapy in ovarian cancer and sarcoma^[23,24], there have been no reports in colon cancer. Our study, together with previous research, found that HOTAIR has an impact on the biological behavior of colon cancer^[13], and detecting the level of HOTAIR in blood could be used to predict prognosis of colon cancer. We speculated that this finding may be related to the role of HOTAIR in chemotherapy resistance, and this, therefore, was the focus of this study. We found that tumors with high expression of HOTAIR tended to develop resistance to chemotherapy, which may be the reason that high expression of HOTAIR is associated with a poor prognosis.

This finding also suggested that it is essential to explore the relationship between HOTAIR and resistance to chemotherapy *in vitro*, as well as the impact of HOTAIR on the biological behavior of tumor cells. Several studies have revealed that HOTAIR has an important role in tumor metastasis. On the basis of these findings, our subsequent follow-up study will expand the sample size to conduct prognostic and survival analyses to further define the relationship between HOTAIR and tumor metastasis in colon cancer, to explore the mechanism of pathogenesis of this malignancy and provide new targets for molecular therapy for colon cancer patients.

COMMENTS

Background

Long noncoding RNAs are non-protein coding transcripts of around 200 nucleotides that are widely distributed in the genome.

Research frontiers

The expression of HOTAIR, a long noncoding RNA, is upregulated in cancer tissue samples from patients with breast cancer, pancreatic cancer, liver cancer, gastric cancer, or non-small cell lung cancer, and the expression is even higher in metastatic tissue.

Innovations and breakthroughs

High expression of HOTAIR tended to develop resistance to chemotherapy, which may be the reason that high expression of HOTAIR is associated with a poor prognosis.

Applications

By exploration of the mechanism of HOTAIR expression in colon cancer, the authors might identify new targets for molecular therapy for colon cancer patients.

Terminology

HOTAIR might act as an oncogene and represents a new molecular target for the treatment of colon cancer.

Peer-review

It is a very good and interesting study. The authors found that the expression of HOTAIR was significantly higher in colon cancer tissues than in matched tumor-adjacent normal colon tissues. HOTAIR expression was significantly higher in cases with lymph node metastasis than in those without metastasis, in lowly differentiated and undifferentiated cases than in highly and moderately differentiated cases. HOTAIR expression is upregulated in colon cancer, which may play an important role in tumorigenesis, development and metastasis of colon cancer.

REFERENCES

- 1 Ahmed D, Eide PW, Eilertsen IA, Danielsen SA, Eknæs M, Hektoen M, Lind GE, Lothe RA. Epigenetic and genetic features of 24 colon cancer cell lines. *Oncogenesis* 2013; **2**: e71 [PMID: 24042735 DOI: 10.1038/oncsis.2013.35]
- 2 Corso G, Pascale V, Flauti G, Ferrara F, Marrelli D, Roviello F. Oncogenic mutations and microsatellite instability phenotype predict specific anatomical subsite in colorectal cancer patients. *Eur J Hum Genet* 2013; **21**: 1383-1388 [PMID: 23572025 DOI: 10.1038/ejhg.2013.66]
- 3 Mouradov D, Domingo E, Gibbs P, Jorissen RN, Li S, Soo PY, Lipton L, Desai J, Danielsen HE, Oukrif D, Novelli M, Yau C, Holmes CC, Jones IT, McLaughlin S, Molloy P, Hawkins NJ, Ward R, Midgely R, Kerr D, Tomlinson IP, Sieber OM. Survival in stage II/III colorectal cancer is independently predicted by chromosomal and microsatellite instability, but not by specific driver mutations. *Am J Gastroenterol* 2013; **108**: 1785-1793 [PMID: 24042191 DOI: 10.1038/ajg.2013.292]
- 4 Cekaite L, Eide PW, Lind GE, Skotheim RI, Lothe RA. MicroRNAs as growth regulators, their function and biomarker status in colorectal cancer. *Oncotarget* 2016; **7**: 6476-6505 [PMID: 26623728 DOI: 10.18632/oncotarget.6390]
- 5 Esin E, Yalcin S. Maintenance strategy in metastatic colorectal cancer: A systematic review. *Cancer Treat Rev* 2016; **42**: 82-90 [PMID: 26608114 DOI: 10.1016/j.ctrv.2015.10.012]
- 6 Ponting CP, Oliver PL, Reik W. Evolution and functions of long noncoding RNAs. *Cell* 2009; **136**: 629-641 [PMID: 19239885 DOI: 10.1016/j.cell.2009.02.006]

- 7 **Ishibashi M**, Kogo R, Shibata K, Sawada G, Takahashi Y, Kurashige J, Akiyoshi S, Sasaki S, Iwaya T, Sudo T, Sugimachi K, Mimori K, Wakabayashi G, Mori M. Clinical significance of the expression of long non-coding RNA HOTAIR in primary hepatocellular carcinoma. *Oncol Rep* 2013; **29**: 946-950 [PMID: 23292722 DOI: 10.3892/or.2012.2219]
- 8 **Kim K**, Jutooru I, Chadalapaka G, Johnson G, Frank J, Burghardt R, Kim S, Safe S. HOTAIR is a negative prognostic factor and exhibits pro-oncogenic activity in pancreatic cancer. *Oncogene* 2013; **32**: 1616-1625 [PMID: 22614017 DOI: 10.1038/ncr.2012.193]
- 9 **Gupta RA**, Shah N, Wang KC, Kim J, Horlings HM, Wong DJ, Tsai MC, Hung T, Argani P, Rinn JL, Wang Y, Brzoska P, Kong B, Li R, West RB, van de Vijver MJ, Sukumar S, Chang HY. Long non-coding RNA HOTAIR reprograms chromatin state to promote cancer metastasis. *Nature* 2010; **464**: 1071-1076 [PMID: 20393566 DOI: 10.1038/nature08975]
- 10 **Niinuma T**, Suzuki H, Nojima M, Noshio K, Yamamoto H, Takamaru H, Yamamoto E, Maruyama R, Nobuoka T, Miyazaki Y, Nishida T, Bamba T, Kanda T, Ajioka Y, Taguchi T, Okahara S, Takahashi H, Nishida Y, Hosokawa M, Hasegawa T, Tokino T, Hirata K, Imai K, Toyota M, Shinomura Y. Upregulation of miR-196a and HOTAIR drive malignant character in gastrointestinal stromal tumors. *Cancer Res* 2012; **72**: 1126-1136 [PMID: 22258453 DOI: 10.1158/0008-5472.can-11-1803]
- 11 **Xue Y**, Ma G, Gu D, Zhu L, Hua Q, Du M, Chu H, Tong N, Chen J, Zhang Z, Wang M. Genome-wide analysis of long noncoding RNA signature in human colorectal cancer. *Gene* 2015; **556**: 227-234 [PMID: 25456707 DOI: 10.1016/j.gene.2014.11.060]
- 12 **Xue Y**, Gu D, Ma G, Zhu L, Hua Q, Chu H, Tong N, Chen J, Zhang Z, Wang M. Genetic variants in lncRNA HOTAIR are associated with risk of colorectal cancer. *Mutagenesis* 2015; **30**: 303-310 [PMID: 25432874 DOI: 10.1093/mutage/geu076]
- 13 **Wu ZH**, Wang XL, Tang HM, Jiang T, Chen J, Lu S, Qiu GQ, Peng ZH, Yan DW. Long non-coding RNA HOTAIR is a powerful predictor of metastasis and poor prognosis and is associated with epithelial-mesenchymal transition in colon cancer. *Oncol Rep* 2014; **32**: 395-402 [PMID: 24840737 DOI: 10.3892/or.2014.3186]
- 14 **Chikamatsu K**, Aono A, Kato T, Takaki A, Yamada H, Sasaki Y, Izumi K, Yi L, Mitarai S. COBAS® TaqMan® MTB, smear positivity grade and MGIT culture; correlation analyses of three methods for bacillary quantification. *J Infect Chemother* 2016; **22**: 19-23 [PMID: 26527538 DOI: 10.1016/j.jiac.2015.09.005]
- 15 **Shahbazian H**, Nasuri Y, Hosseini SM, Arvandi S, Razzaghi S. A report of the frequency of colorectal carcinoma and involved lymph nodes in South-West Iran. *Indian J Med Paediatr Oncol* 2016; **37**: 38-41 [PMID: 27051156 DOI: 10.4103/0971-5851.177014]
- 16 **Lien GS**, Lin CH, Yang YL, Wu MS, Chen BC. Ghrelin induces colon cancer cell proliferation through the GHS-R, Ras, PI3K, Akt, and mTOR signaling pathways. *Eur J Pharmacol* 2016; **776**: 124-131 [PMID: 26879868 DOI: 10.1016/j.ejphar.2016.02.044]
- 17 **Lloyd JM**, McIver CM, Stephenson SA, Hewett PJ, Rieger N, Hardingham JE. Identification of early-stage colorectal cancer patients at risk of relapse post-resection by immunobead reverse transcription-PCR analysis of peritoneal lavage fluid for malignant cells. *Clin Cancer Res* 2006; **12**: 417-423 [PMID: 16428481]
- 18 **Zaenker P**, Ziman MR. Serologic autoantibodies as diagnostic cancer biomarkers—a review. *Cancer Epidemiol Biomarkers Prev* 2013; **22**: 2161-2181 [PMID: 24057574 DOI: 10.1158/1055-9965.epi-13-0621]
- 19 **Khalil AM**, Guttman M, Huarte M, Garber M, Raj A, Rivea Morales D, Thomas K, Presser A, Bernstein BE, van Oudenaarden A, Regev A, Lander ES, Rinn JL. Many human large intergenic noncoding RNAs associate with chromatin-modifying complexes and affect gene expression. *Proc Natl Acad Sci USA* 2009; **106**: 11667-11672 [PMID: 19571010 DOI: 10.1073/pnas.0904715106]
- 20 **Rinn JL**, Kertesz M, Wang JK, Squazzo SL, Xu X, Bruggmann SA, Goodnough LH, Helms JA, Farnham PJ, Segal E, Chang HY. Functional demarcation of active and silent chromatin domains in human HOX loci by noncoding RNAs. *Cell* 2007; **129**: 1311-1323 [PMID: 17604720 DOI: 10.1016/j.cell.2007.05.022]
- 21 **Tsai MC**, Manor O, Wan Y, Mosammaparast N, Wang JK, Lan F, Shi Y, Segal E, Chang HY. Long noncoding RNA as modular scaffold of histone modification complexes. *Science* 2010; **329**: 689-693 [PMID: 20616235 DOI: 10.1126/science.1192002]
- 22 **Kogo R**, Shimamura T, Mimori K, Kawahara K, Imoto S, Sudo T, Tanaka F, Shibata K, Suzuki A, Komune S, Miyano S, Mori M. Long noncoding RNA HOTAIR regulates polycomb-dependent chromatin modification and is associated with poor prognosis in colorectal cancers. *Cancer Res* 2011; **71**: 6320-6326 [PMID: 21862635 DOI: 10.1158/0008-5472.can-11-1021]
- 23 **Milhem MM**, Knutson T, Yang S, Zhu D, Wang X, Leslie KK, Meng X. Correlation of MTDH/AEG-1 and HOTAIR Expression with Metastasis and Response to Treatment in Sarcoma Patients. *J Cancer Sci Ther* 2011; **S5**: pii 004 [PMID: 23543869]
- 24 **Teschendorff AE**, Lee SH, Jones A, Fiegl H, Kalwa M, Wagner W, Chindera K, Evans I, Dubeau L, Orjalo A, Horlings HM, Niederreiter L, Kaser A, Yang W, Goode EL, Fridley BL, Jenner RG, Berns EM, Wik E, Salvesen HB, Wisman GB, van der Zee AG, Davidson B, Trope CG, Lambrechts S, Vergote I, Calvert H, Jacobs IJ, Widschwendter M. HOTAIR and its surrogate DNA methylation signature indicate carboplatin resistance in ovarian cancer. *Genome Med* 2015; **7**: 108 [PMID: 26497652 DOI: 10.1186/s13073-015-0233-4]

P- Reviewer: Ong J, Osuga T, Roman ID S- Editor: Ma YJ

L- Editor: Stewart G E- Editor: Ma S





Published by **Baishideng Publishing Group Inc**

8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: bpgoffice@wjgnet.com

Help Desk: <http://www.wjgnet.com/esps/helpdesk.aspx>

<http://www.wjgnet.com>



ISSN 1007-9327

