

Original Article

Glioma-associated oncogene homolog 1 stimulates FOXP3 to promote non-small cell lung cancer stemness

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Abstract: Glioma-associated oncogene homolog 1 (GLI1), an oncogenic molecule in non-small cell lung cancer (NSCLC), promotes the growth of NSCLC by enhancing lung cancer stem cells (LCSCs). However, the mechanism responsible remains unknown. FOXP3 is known to maintain LCSCs. The aim of this study was to explore whether GLI1 enhanced LCSCs via stimulating FOXP3. Experiments were performed in NSCLC tissue samples, cell lines and the animal tumor model. The expression of GLI1- and LCSC-related molecules was assessed at protein and mRNA levels. Relevant cell functions were also determined. A tumor xenograft mouse model was established to confirm the oncogenic role of GLI1. We confirmed that the expression of GLI1 was up-regulated in the tumor tissues of NSCLC compared with adjacent non-tumor tissues. But no significant association between GLI1 and clinicopathological characteristics was found. GLI1 expression was positively correlated with FOXP3 and it could promote FOXP3 expression likely via acting on the promoter of FOXP3. Along with the upregulation of FOXP3, GLI1 increased the expression of LCSC markers, ALDH1A1 and OCT4A, and the formation of tumor spheres, whereas the inhibition of GLI1 decreased the above features. We also found the involvement of Notch1 activation in GLI1-mediated FOXP3 pathway. The *In vivo* mouse tumor model verified the positive role of GLI1 in the growth of the tumor. Collectively, this study has demonstrated that GLI1 stimulates FOXP3 to promote LCSCs.

Keywords: Glioma-associated oncogene homolog 1, FOXP3, lung cancer, cancer stem cells, Notch1

Introduction

Glioma-associated oncogene homolog 1 (GLI1), initially identified as an amplified gene in a human malignant glioma, is a member of the Kruppel family of zinc finger-containing transcription factors. As a key molecule in Hedgehog signaling pathway, GLI1 plays a positive role in the development/growth of several types of human cancers including non-small cell lung cancer (NSCLC) [1, 2]. The positive role of GLI1 in NSCLC has been demonstrated by cli-

nical observations and inhibitory experiments [3-10]. GLI1 expression is associated with poor survival, unfavorable clinical outcome and metastasis [5, 7], and contributes to the resistance to anti-tumor treatments [3, 10]. The inhibition of GLI1 can significantly arrest the growth of NSCLC and sensitize cancer cells to anti-tumor treatments [6, 8, 9].

A number of publications have further revealed that the inhibition of GLI1 contributes to the suppression of lung cancer stem cells (LCSCs)

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[11-17], a small subset of lung cancer cells that are critical for tumor growth, metastasis, recurrence and resistance to treatments [18]. A number of endogenous molecules or synthetic agents including Raf kinase inhibitory protein, arsenic trioxide, GANT61, sodium selenite, and triptonide have been demonstrated to downregulate LCSCs via inhibiting GLI1 [13-17]. These data have strongly suggested that the inhibition of GLI1 can be an alternative therapeutic strategy to improve the treatment for NSCLC. However, how GLI1 is associated with LCSCs remains largely unknown.

Forkhead box P3 (FOXP3), a classic marker for regulatory T cells, is now known to express in cancer cells [19]. Our early study has shown that the expression of FOXP3 is highly increased in NSCLC, and it can stimulate the Wnt- β -catenin signaling pathway to induce epithelial-mesenchymal transition (EMT) [20]. EMT is known to upregulate LCSCs by increasing the expression of molecules related to LCSCs [2, 20, 21]. In fact, the expression of FOXP3 has been reported to be associated with maintenance/survival of stem cells [22-24]. We therefore hypothesized that GLI1 inhibition-mediated downregulation of LCSCs was via the negative regulation of FOXP3 in NSCLC. Both *in vitro* and *in vivo* experiments were performed to explore how GLI1 regulated FOXP3 expression in NSCLCs, and to determine the impact of GLI1 and FOXP3 interaction on lung cancer cell stemness.

Materials and methods

Ethics statement

All experiments on human subjects followed the Helsinki Declaration (as revised in 2013). The human tissue specimens were collected after the written informed consent was obtained. The use of human samples in this study was approved by the joint Chinese University of Hong Kong (CUHK)-New Territories East Cluster Clinical Research Ethics Committee. All animal experiments were approved by the Animal Experimentation Ethics Committee of CUHK.

Database analysis

The UCSC Xena platform (<http://xena.ucsc.edu/>) for public and private cancer genomics

data visualization and interpretation was used in this research. This database is based on TCGA (The Cancer Genome Atlas) to provide an access to integrated TCGA data sets according to the types of tissue samples. Four sets of NSCLC data were included in this analysis: 2 sets for lung adenocarcinoma and 2 sets for lung squamous cell carcinomas. The expression of GLI1 and FOXP3 detected by RNA sequencing was extracted, and then the linear regression was used to construct the correlation between the two genes. When the *P* value was below 0.05, the correlation was deemed to be significant.

Tissue collection

87 pairs of NSCLC tissues and the corresponding adjacent non-tumor lung tissues were obtained from patients who were surgically treated in Prince of Wales Hospital from 2003 to 2016. All the patients were diagnosed with NSCLC through laboratory tests and imaging examinations before surgery, and histopathological evaluations were done after surgery. The summary of clinical characteristics was shown in **Table 1**. No patients received any local or systemic treatment before surgery. A portion of the collected tissue samples was fixed in formalin for histological evaluation, and the other portion of the samples was snap-frozen in liquid nitrogen and stored at -80°C until experiments. Chi-square analysis was used to evaluate the correlation of the clinical characteristics with the expression of GLI1.

Immunohistochemistry assay

Immunohistochemistry assay (IHC) was performed on formalin-fixed paraffin sections according to the standard protocol using primary antibodies to GLI1 (Novus Biologicals, 1:500) and FOXP3 (Santa Cruz, 1:50). The staining intensities were scored using the immunoreactive score (IRS) method by a pathologist and an investigator separately. The IRS method was shown in **Table 2**.

Cell lines and culture conditions

NSCLC cell lines NCH-H460 and NCH-H23 were obtained from the American Type Culture Collection (ATCC), and cultured in RPMI 1640 (Invitrogen, Carlsbad, CA) with 10% fetal bovine serum and antibiotics at 37°C in humidified air with 5% CO_2 or with 1% O_2 .

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Table 1. Clinical characteristics of the patients

	Total	GLI1		
		H	L	
Smoking Status				P>0.05
Smoker	60	49	11	
Nonsmoker	27	26	1	
Gender				
Male	59	48	11	P>0.05
Female	28	27	1	
Age (Y)	66.16±7.92	66.43±0.94	64.50±1.78	P>0.05
Tumor Differentiation				P>0.05
Adenocarcinoma	45	41	4	
Squamous Carcinoma	20	16	4	
Poor Differentiation	22	18	4	
Stage				P>0.05
IA	26	23	3	
IB	18	16	2	
IIA	13	11	2	
IIB	14	10	4	
IIIA	11	11	0	
IIIB	2	1	1	
IV	3	3	0	
T Stage				P>0.05
1	33	30	3	
2	38	33	5	
3	14	11	3	
4	2	1	1	
Lymph Metastasis				P>0.05
Positive	26	22	4	
Negative	61	53	8	

H: high expression; L: low expression.

Table 2. Expression and scoring of GLI1 in patient NSCLC tissues

Intensity	Weak Staining = 1 point	Medium Staining = 2 points	Strong Staining = 3 points
Positive Cell (%)			
<10% = 1 point	IRS = 1	IRS = 2	IRS = 3
10%-<50% = 2 points	IRS = 2	IRS = 4	IRS = 6
50%-<80% = 3 points	IRS = 3	IRS = 6	IRS = 9
≥80% = 4 points	IRS = 4	IRS = 8	IRS = 12

Transfection of cell lines and construction of stably transfected cell lines

hGli1-6x-his (a plasmid based on pcDNA3.1) was a gift from Martin Fernandez-Zapico (Addgene plasmid #84923; <http://n2t.net/addgene:84923>; RRID: Addgene_84923). The empty of pcDNA3.1 vector was used as a control for GLI1 expression. The plasmid of pLKO.1 was

used as backbone for the construction of shRNAs, and it was also used as a control for shRNAs. The shRNAs for GLI1 were constructed according to the protocol of Genetic Perturbation Platform (www.broadinstitute.org), and the sequence used was shown in **Table 3**. The overexpression plasmids of pHIV-FOXP3 and shRNAs for FOXP3 were constructed as described before [20]. The pHIV empty vector was used as a control for pHIV-FOXP3. After transfection or lentivirus infection, the cells were screened by G418 or puromycin for different durations according to the respective instructions of the suppliers.

Western blot analysis

A lysis buffer containing the mammalian protein extraction reagent RIPA (Beyotime, China), a protease inhibitor cocktail (Roche, Basel, Switzerland) and PMSF (Roche, Basel, Switzerland) were used to lyse the cells after treatments. The protein concentration was determined by the Bradford method using Bradford DC. Samples containing 20 µg of protein from each cell line were elec-

trophoresed. The protein was transferred onto 0.22 µm nitrocellulose membranes (Millipore, Bedford, MA). After the protein was blocked in 5% skim milk for 1 h at room temperature, the membrane was incubated with a relevant primary antibody at 4°C overnight. After incubation with the corresponding secondary antibody conjugated to horseradish peroxidase, the enhanced chemiluminescence chromogen-

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Table 3. Primers used for shRNA construction

shRNA	Forward	Reverse	Target Seq
shGLI1	5'-CCGGCATCCATCACAGATCGCATTCTC- GAGAAATGCGATCTGTGATGGATGTTTTG-3'	5'-AATTCAAAAACATCCATCACAGATCG- CATTTCTCGAGAAATGCGATCTGTGATGGATG-3'	5'-CATCCATCACAGATCG- CATTT-3'

ic substrate (Griffin Biotech, Hong Kong, China) and photo plates (Kodak, Rochester, NY) were used to detect specific bands on the membrane. Antibodies for GLI1 (Novus Biologicals, CO), FOXP3 (Cell Signaling, Danvers, MA), OCT4A (Cell Signaling, Danvers, MA), ALDH1A1 (Santa Cruz, CA), Notch1 (Cell Signaling, Danvers, MA) and HES1 (Cell Signaling, Danvers, MA) were used as primary antibodies. Protein expression was semi-quantified by the control β -tubulin (Santa Cruz, CA) or GAPDH (Santa Cruz, CA) (Supplemental Figure 1). The grey scale ratio was assessed by Adobe Photoshop CS6 (San Jose, CA). The photos were the representative from the triple experiments.

Cell proliferation assays

The MTT kit (Sigma, St. Louis, MO) was used to assay the cell proliferation and conducted according to the manufacturer's instruction. Transfected and negative control H460 cells or H23 cells were harvested 24 h after transfection, and then, they were cultured on 96-well plates for different periods. 10 μ l of MTT was added to each well, and the OD490 was assessed after 4 h.

Cell invasion assay

At 24 h after transfection, approximately 5×10^5 transiently transfected or negative control cells in serum-free media were cultured in the upper chamber for migration assays (8 μ m pore size, Millipore, Burlington, MA) and invasion assays with 20% Matrigel (Sigma, St. Louis, MO). The lower chambers were filled with 600 μ l of RPMI 1640 media containing 20% FBS. After 24 h of incubation at 37°C, the cells that had migrated or invaded through the membrane were fixed in 4% paraformaldehyde and stained with 0.1% crystal violet (Sigma, St. Louis, MO). The cells below the surface were photographed, and the cells in three random fields were counted.

Colony formation

After 3000 stably transfected cells were cultured in each well of a 6-well plate for 10 to 14

days, colonies containing more than 50 cells were counted.

Tumor sphere formation

5000 stably transfected cells were cultured in each well of a 6-well ultra-low attachment plate (Corning) for 10 days. All the cells were cultured in Cancer Stem Premium (ProMab, CA) at 37°C in humidified air with 5% CO₂. The tumor spheres containing more than 50 cells were counted. Tumor sphere forming efficiency was calculated by dividing the number of tumor spheres formed ($\geq 50 \mu$ M) by the original number of single cells seeded and was expressed as the mean percentage of the efficiency.

Dual-luciferase reporter assay

H460 and H23 cells were plated in 12-well plates and co-transfected with various plasmids as indicated in the figures. Cells were collected 48 h after transfection, and luciferase activities were analyzed by the dual-luciferase reporter assay kit (Promega, Fitchburg, WI). Reporter activity was normalized to the control Renilla. hGli1-6x-his was a gift from Martin Fernandez-Zapico (Addgene plasmid #84923; <http://n2t.net/addgene:84923>; RRID: Addgene_84923), and it was used as GLI1 DNA here. The plasmid of pcDNA3.1 was used as a control for GLI1 DNA.

Tumor xenograft assay

Female nude mice, 6-8 weeks old, were provided by Laboratory Animal Service Center of CUHK, and kept on a 12-h light, 12-h dark cycle with free access to food and water. 2×10^6 H460-GLI1 and H460-Control cells were subcutaneously inoculated respectively into the left and right flank in the back of the nude mice for tumor xenograft experiments. Tumor size was measured every 3 days for 15 days by a micrometer. Tumor volume was calculated by length \times width \times width/2. Tumors were harvested and fixed in formalin for histological evaluation or snap frozen in liquid nitrogen for both mRNA and protein preparations.

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Statistical analysis

In this study, when the gene expression in the tumor tissue was equal or higher than in the corresponding normal tissue, the corresponding patient tissue would be defined as a high expression sample, whereas when the gene expression in the tumor tissue was lower than in the corresponding normal tissue, the patient tissue would be considered as a low expression sample. Paired t-test was used to evaluate the expression levels of GLI1 and FOXP3 in NSCLC tissues. Other data were analyzed by Student t-test. Statistical analysis was done using GraphPad Prim 6.0 software (GraphPad, La Jolla, CA). *P*-values of less than 0.05 were considered statistically significant.

Results

The expression of GLI1 and its association with clinical characteristics

The expression of GLI1 in patient tissues was evaluated by IHC. It showed that the expression of GLI1 was upregulated in tumor tissues compared with adjacent normal tissues (**Figure 1A** and **1B**). However, there was not any significant association between GLI1 levels and clinicopathological features (**Table 1**).

The influence of GLI1 on FOXP3 expression on cancer cells

As our previous report, the expression of FOXP3 was upregulated in tumor tissues compared with the adjacent normal tissues [18], and the finding was confirmed in this study (**Figure 1C** and **1D**). Furthermore, the linear regression analysis showed that there was a significantly positive correlation between the expression of GLI1 and FOXP3 (**Figure 1E** and **1F**).

The oncogenic role of GLI1 was evident in NSCLC cells with the GLI1 overexpression

The levels of FOXP3 and two CSC markers, ALDH1A1 and OCT4A were upregulated in the GLI1-overexpressed cells (**Figure 2A**). As shown by the luciferase reporter assay, GLI1 could promote the activity of FOXP3 promoter (**Figure 2B**). Cells with the GLI1 overexpression were more proliferative and invasive than the controls as demonstrated by MTT assay, transwell assay and colony formation assay res-

pectively (**Figures 3A, 4A** and **4C**). In contrast, the knockdown of GLI1 by its shRNA inhibited the expression of FOXP3 (**Figure 2A**), the cell proliferation (**Figure 3B**), invasion (**Figure 4B**), and colony formation (**Figure 4D**). H460 cells with stable expression of GLI1 were subcutaneously injected into nude mice to conduct xenograft experiments. The results indicated that GLI1 could significantly promote the growth of NSCLC tumors (**Figure 3C**).

According to the results of database analysis, among lung adenocarcinomas, there was a positive correlation in the RNA expression between GLI1 and FOXP3 (**Figure 5A** and **5C**), which was in line with the result of our own NSCLC analysis (**Figure 1**). However, there was no relationship between the two molecules in lung squamous cell carcinomas (**Figure 5B** and **5D**).

The influence of FOXP3 on cancer stemness markers and Notch pathway

When the expression of FOXP3 was upregulated in NSCLC cells, the levels of LCSC markers ALDH1A1 and OCT4A were increased (**Figure 2C**), suggesting a positive effects of FOXP3 on cancer stemness. The overexpression of FOXP3 also increased the levels of Notch1 and HES1, indicating that the Notch pathway was activated by FOXP3.

The upregulation of cancer stemness by GLI1

As indicated above, GLI1 overexpression could significantly enhance the expression of two LCSC markers, ALDH1A1 and OCT4A (**Figure 2A**). More importantly, GLI1 markedly promoted the formation of tumor spheres in H23 and H460 cells (**Figure 4E**). Therefore, GLI1 overexpression could enhance the stemness of NSCLC cells. The positive role of GLI1 on LCSCs was confirmed by the inhibitory analysis. The knockdown of GLI1 by its shRNA obviously reduced the expression of ALDH1A1 and OCT4A (**Figure 2A**), and the formation of tumor spheres (**Figure 4F**).

Discussion

In this study, we confirmed GLI1 as an oncogenic molecule in NSCLC by the following tests. First, the expression of GLI1 was significantly higher in the tumor tissues of NSCLC than the

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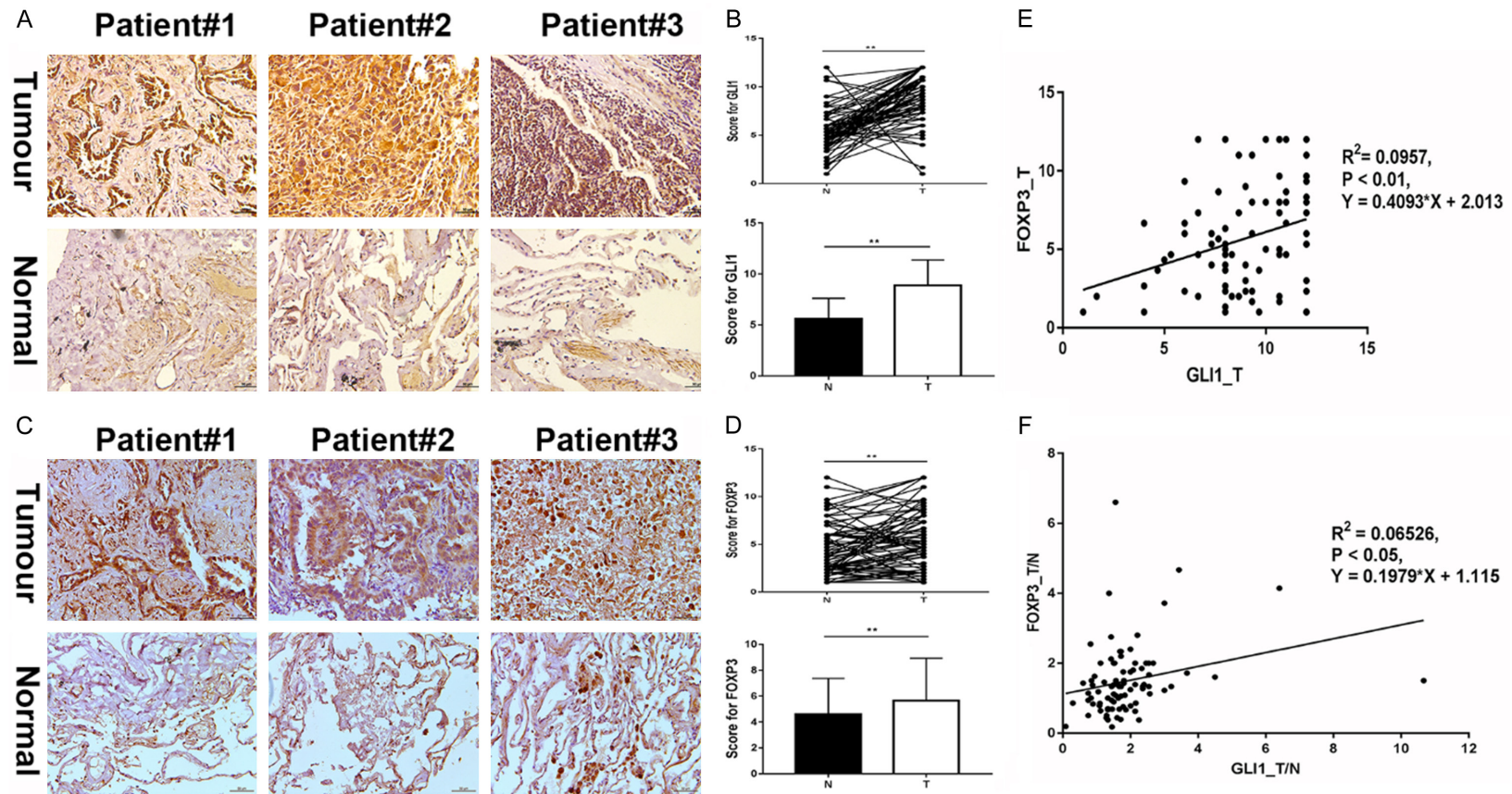


Figure 1. The expression of GLI1 and FOXP3 in NSCLC. A. The representative IHC results of GLI1 expression in patient tissues. B. The expression of GLI1 was up-regulated in tumor tissues (T) compared with adjacent normal tissues (N), $**P < 0.01$. C. The representative IHC results of FOXP3 expression in patient tissues. D. The expression of FOXP3 was upregulated in tumor tissues (T) compared with adjacent normal tissues (N), $**P < 0.01$. E. The correlation of the relative IHC scores between GLI1 and FOXP3 in tumor tissues (T). F. The correlation of the relative IHC scores between GLI1 and FOXP3. T/N: Values that derived from scores of tumor tissues divided by the corresponding scores of adjacent normal tissues. Data were analyzed by paired t-test. Linear regression was used to construct the correlation between the two genes. When the P value was below 0.05, the correlation was deemed to be significant.

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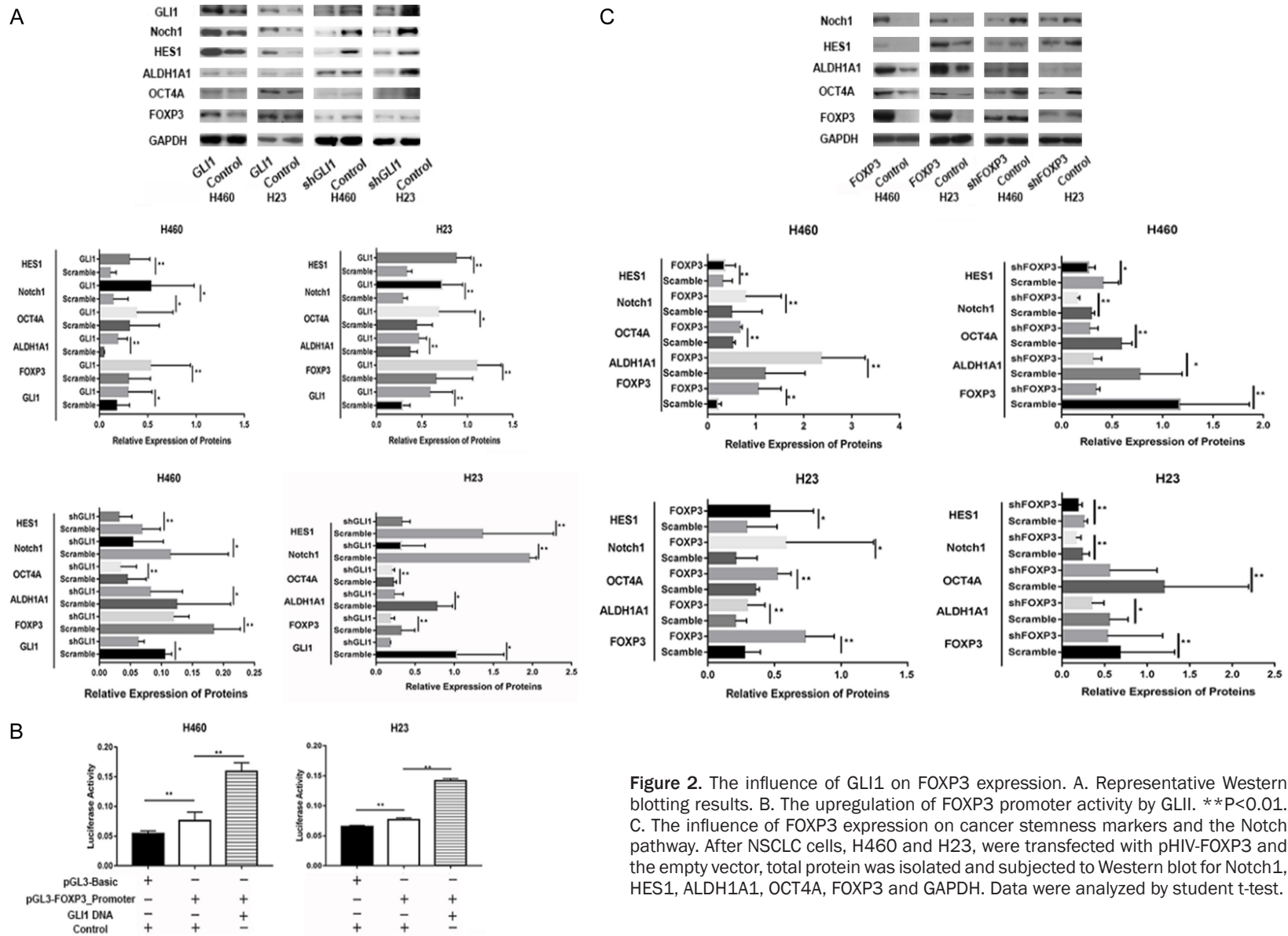


Figure 2. The influence of GLI1 on FOXP3 expression. A. Representative Western blotting results. B. The upregulation of FOXP3 promoter activity by GLI1. $**P < 0.01$. C. The influence of FOXP3 expression on cancer stemness markers and the Notch pathway. After NSCLC cells, H460 and H23, were transfected with pHIV-FOXP3 and the empty vector, total protein was isolated and subjected to Western blot for Notch1, HES1, ALDH1A1, OCT4A, FOXP3 and GAPDH. Data were analyzed by student t-test.

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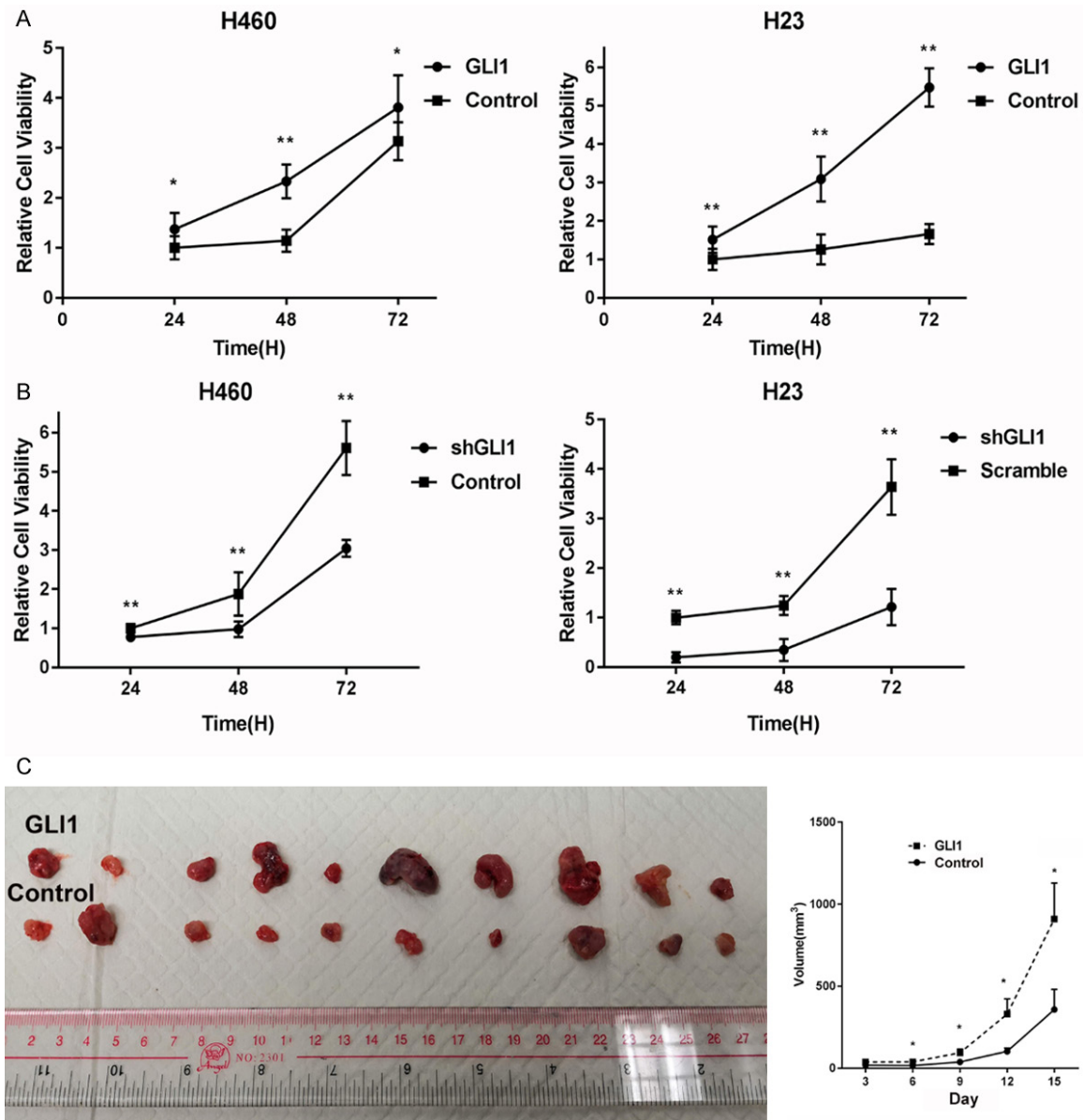


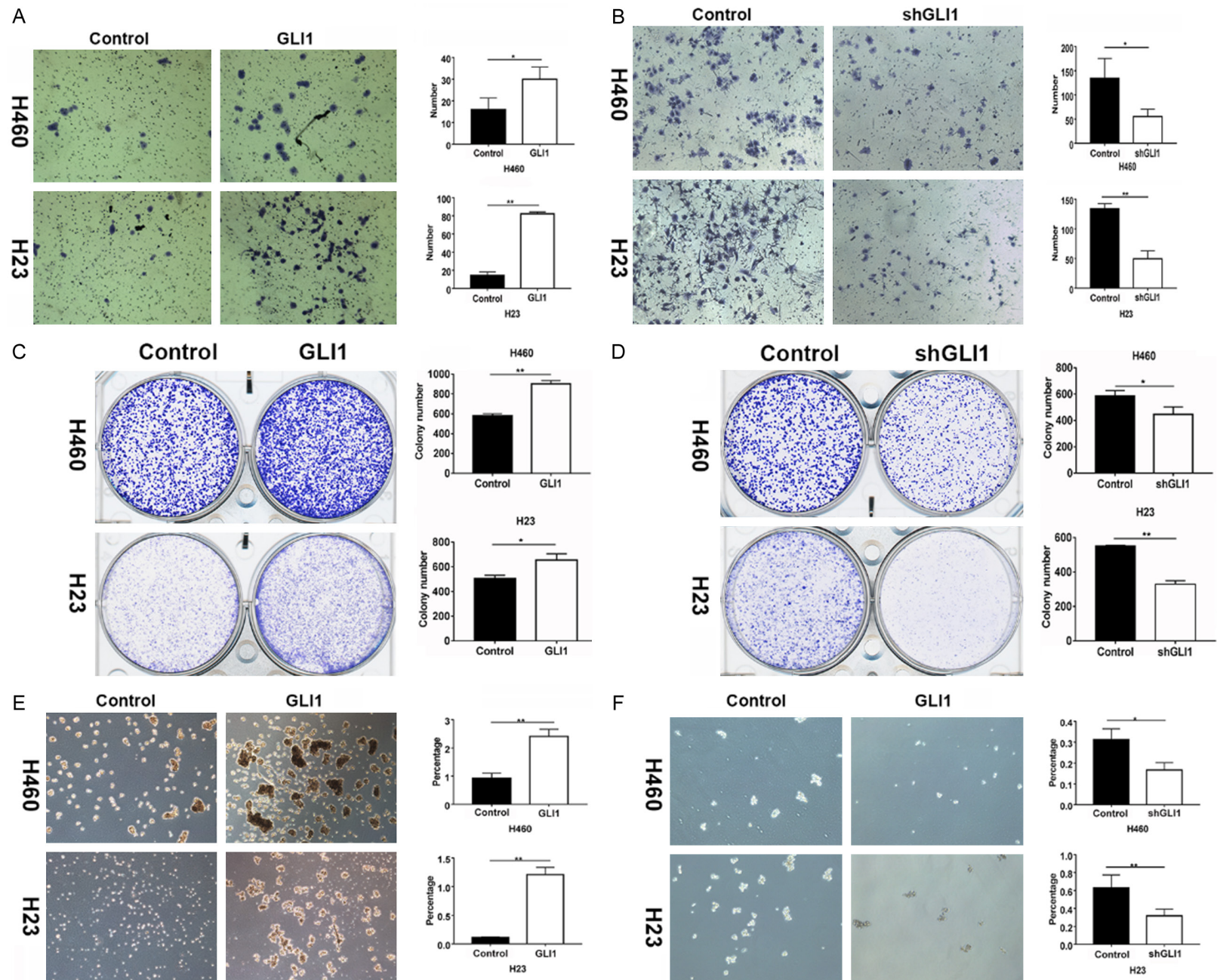
Figure 3. GLI1 promotes NSCLC cell proliferation and growth *in vitro* and *in vivo*. A. After NSCLC H460 and H23 cells were transfected with GLI1 DNA and the empty vector, MTT assay was performed to measure cell proliferation. * $P < 0.05$, ** $P < 0.01$. B. After NSCLC H460 and H23 cells were treated with GLI1 shRNA, MTT assay was performed to measure cell proliferation. ** $P < 0.01$. C. Nude mice were subcutaneously implanted with GLI1-overexpressed H460 cells. The growth of the tumor was monitored every 3 days for 15 days. At the end of the study, the tumor was collected and the size of tumor was measured. * $P < 0.05$. Data were analyzed by student t-test.

matched non-tumor tissues. Second, the overexpression of GLI1 promoted the oncogenic functions of NSCLC cells including cell proliferation, invasion and colonic formation, whereas the inhibition of GLI1 diminished these the oncogenic functions. Third, GLI1 was able to stimulate the expression of LCSC biomarkers including ALDH1A1 and OCT4A [2, 18], and to increase the formation of tumor spheres. And

finally, the tumor formed by NSCLC cells with GLI1 overexpression grew much larger than the cells without GLI1 overexpression *in vivo*.

Our study has for the first time demonstrated that the overexpression of GLI1 enhanced the expression of FOXP3 in NSCLC cells, and furthermore, the GLI1-mediated upregulation of FOXP3 was likely through a positive effect of

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Figure 4. GLI1 promotes NSCLC cell invasion, anchorage-independent growth ability and cancer stemness. A. Transwell assays for cells with GLI1 overexpression. *P<0.05, **P<0.01. B. Transwell assays for cells with GLI1 knockdown. *P<0.05, **P<0.01. C. The number of colony formation by GLI1-overexpressed cells was counted. *P<0.05, **P<0.01. D. The number of colony formation by GLI1 shRNA-treated cells was counted. *P<0.05, **P<0.01. E. Cancer stem cell sphere formation assay was performed to test GLI1-overexpressed cells. **P<0.01. F. Cancer stem cell sphere formation assays for cells with GLI1 knockdown. *P<0.05, **P<0.01. Data were analyzed by student t-test.

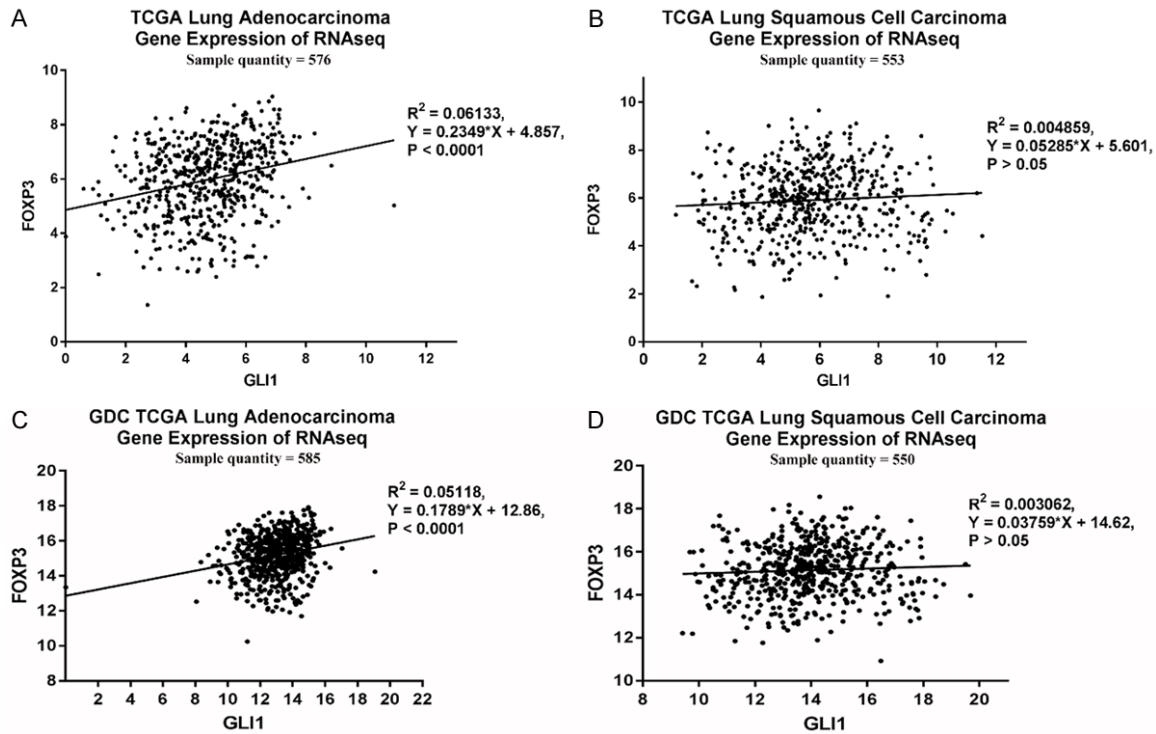


Figure 5. The correlation between GLI1 mRNA and FOXP3 mRNA. A. 576 lung adenocarcinoma samples were included in this data set. B. 553 lung squamous cell carcinoma samples were included in this data set. C. 585 lung adenocarcinoma samples were included in this data set. D. 550 lung squamous cell carcinoma samples were included in this data set. Linear regression was used to construct the correlation between the two genes. When the P value was below 0.05, the correlation was deemed to be significant.

GLI1 on the FOXP3 promoter as GLI1 could significantly increase the FOXP3 promoter activity. Along with the GLI1-mediated upregulation of FOXP3, the expression of LCSC biomarkers including ALDH1A1 and OCT4A, and the formation of tumor spheres were increased. These results were verified by the inhibitory experiments as the inhibition of GLI1 by its shRNA downregulated FOXP3, ALDH1A1 and OCT4A, and decreased the formation of tumor spheres. Therefore, the above data have indicated that GLI1 may promote FOXP3 to upregulate LCSCs. This novel mechanism identified is supported by the fact that FOXP3 is a known regulator for stem cells and that FOXP3 can promote the growth of NSCLC by inducing EMT [20, 22-24], an oncogenic feature linked to the

induction and maintenance of LCSCs [2, 20, 21]. The connection between GLI1-mediated FOXP3 and LCSCs is in agreement with early studies showing the upregulation of EMT by GLI1 in NSCLC [25, 26].

Our experiment also showed that GLI1-mediated FOXP3 could increase the expression of Notch1 and its downstream target HES1, suggesting the activation of the Notch1 pathway by GLI1-mediated FOXP3. This finding is also supported by the observations that Notch1 can protect the LCSCs from antitumor agent-induced cell death in NSCLC whereas the inhibition of Notch1 facilitates the death of LCSCs [27, 28]. Nevertheless, the detailed Notch1 pathway induced by GLI1-FOXP3 needs further investigation in LCSCs.

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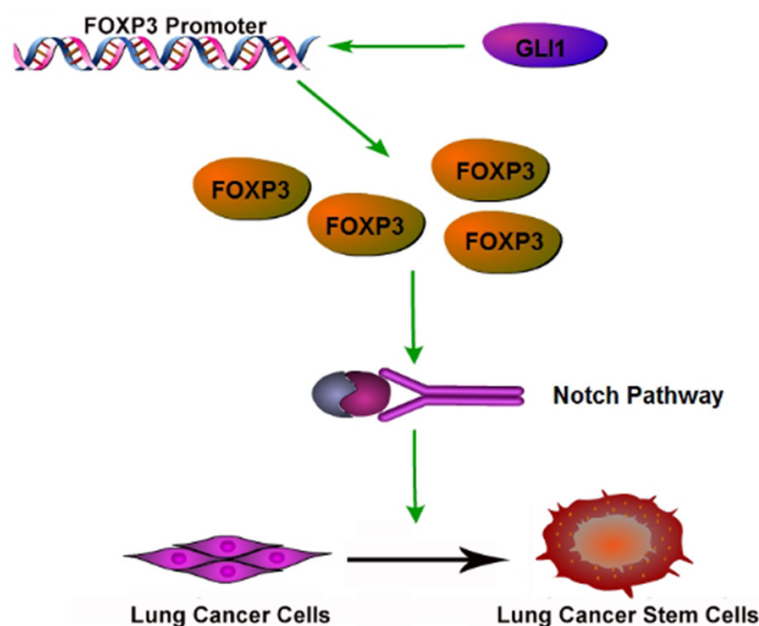


Figure 6. Proposed GLI1-mediated induction of the FOXP3 pathway in the upregulation of LCSCs. GLI1 promotes the expression of FOXP3, and then FOXP3 activates the Notch pathway, resulting in the increase of lung cancer stemness.

In conclusion, we have confirmed the oncogenic role of GLI1 in NSCLC. The expression of GLI1 is positively correlated with the level of FOXP3. Importantly the expression of FOXP3 can be positively regulated by GLI1 likely via stimulating the FOXP3 promoter. The GLI1-mediated FOXP3 can lead to the enhancement of NSCLC cancer stemness, which is associated with the induction of Notch1 (**Figure 6**). We believe that the novel mechanism identified in this study will not only help us to understand how GLI1 induces LCSCs but also provides the new opportunity to improve current NSCLC treatments by interfering with the GLI1-FOXP3 pathway.

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Disclosure of conflict of interest

None.

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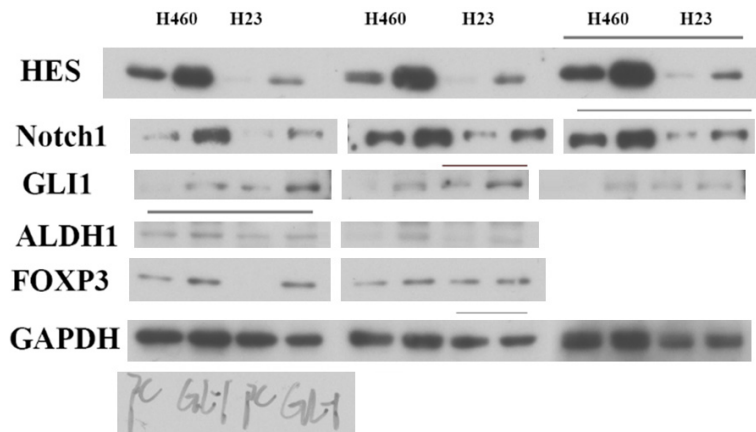
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GL1 promotes lung cancer cell stemness via FOXP3



Supplementary Figure 1. Example of Western blot results.