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· 基础研究 ·

miR-186-5p 靶向 MTDH 抑制 HER2 阳性乳腺癌移植瘤生长的实验研究

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摘要

背景与目的：人表皮生长因子受体2（HER2）阳性乳腺癌侵袭性强、预后较差，微小RNA（miRNA）在其发生发展中发挥重要调控作用。miR-186-5p作为新近报道的肿瘤相关miRNA，其在HER2阳性乳腺癌中的作用机制尚未明确。本研究旨在探讨miR-186-5p对异黏蛋白（MTDH）的靶向调控关系及其对HER2阳性乳腺癌移植瘤生长的影响。

方法：采用TargetScan预测miR-186-5p与MTDH的靶向结合位点，并通过双荧光素酶报告实验验证。构建miR-186-5p过表达、MTDH过表达及联合转染的BT-474细胞系，检测各组miR-186-5p与MTDH的mRNA和蛋白表达。将转染后的细胞接种于裸鼠皮下建立HER2阳性乳腺癌移植瘤模型，动态观察肿瘤生长情况，并于第28天测定肿瘤体积与质量，同时检测移植瘤组织中miR-186-5p和MTDH的表达水平。

结果：双荧光素酶报告实验表明，miR-186-5p可直接靶向结合MTDH mRNA的3'-UTR。与阴性对照组比较，miR-186-5p过表达可明显下调MTDH mRNA及蛋白表达，而MTDH过表达可上调其表达，并可部分逆转miR-186-5p对MTDH的抑制作用（均P<0.05）。体内实验结果显示，miR-186-5p过表达组移植瘤的生长速度、肿瘤体积及质量均明显低于阴性对照组，MTDH过表达组则明显升高（均P<0.05），而miR-186-5p与MTDH联合转染组与阴性对照组差异无统计学意义（均P>0.05）。体内实验进一步证实，在移植瘤组织中，miR-186-5p过表达组miR-186-5p水平明显升高，MTDH的mRNA及蛋白表达明显下调；MTDH过表达组MTDH表达显著升高；联合转染组MTDH表达与阴性对照组差异无统计学意义（均P>0.05）。免疫组化结果与分子检测结果一致。

结论：miR-186-5p可通过靶向抑制MTDH的表达，显著抑制HER2阳性乳腺癌小鼠移植瘤的生长，二者可能构成HER2阳性乳腺癌的重要调控通路，为其分子靶向治疗提供了新的实验依据。

关键词

乳腺肿瘤；微RNAs；异黏蛋白；肿瘤移植；小鼠

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miR-186-5p suppresses the growth of HER2-positive breast cancer xenografts by targeting MTDH

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Abstract

Background and Aims: Human epidermal growth factor receptor 2 (HER2)-positive breast cancer is characterized by high aggressiveness and poor prognosis. MicroRNAs (miRNAs) play critical roles in tumor progression. miR-186-5p has recently been identified as a tumor-related miRNA, but its function in HER2-positive breast cancer remains unclear. This study aimed to investigate the regulatory relationship between miR-186-5p and metadherin (MTDH) and its effect on tumor growth in a HER2-positive breast cancer xenograft model.

Methods: The potential binding site between miR-186-5p and MTDH was predicted by TargetScan and verified by dual-luciferase reporter assay. BT-474 cells were transfected with miR-186-5p mimic, MTDH overexpression plasmid, or both. The mRNA and protein levels of miR-186-5p and MTDH were detected. Xenograft models were established by subcutaneous inoculation of transfected cells into nude mice. Tumor volume and weight were measured on day 28, and the expression of miR-186-5p and MTDH in tumor tissues was analyzed.

Results: Dual-luciferase reporter assay demonstrated that miR-186-5p directly targets the 3'-UTR of MTDH mRNA. Compared with the negative control group, overexpression of miR-186-5p significantly downregulated the mRNA and protein expression of MTDH, whereas MTDH overexpression upregulated its expression and partially reversed the inhibitory effect of miR-186-5p on MTDH (all $P < 0.05$). In vivo, tumor growth rate, volume, and weight were significantly reduced in the miR-186-5p overexpression group but significantly increased in the MTDH overexpression group compared with the negative control group (all $P < 0.05$), while no significant differences were observed in the miR-186-5p + MTDH co-transfection group (all $P > 0.05$). Further in vivo analysis revealed that miR-186-5p expression was markedly increased, whereas MTDH mRNA and protein expression were significantly decreased in xenograft tumors of the miR-186-5p overexpression group; MTDH expression was significantly elevated in the MTDH overexpression group; and no significant difference in MTDH expression was observed between the co-transfection group and the negative control group (all $P > 0.05$). Immunohistochemical findings were consistent with the molecular results.

Conclusion: miR-186-5p suppresses the growth of HER2-positive breast cancer xenografts by targeting and downregulating MTDH, suggesting that the miR-186-5p/MTDH axis may serve as a potential therapeutic target for HER2-positive breast cancer.

Key words

Breast Neoplasms; MicroRNAs; Metadherin; Neoplasm Transplantation; Mice

CLC number: R737.9

人表皮生长因子受体2(HER2)阳性乳腺癌约占所有乳腺癌的20%~30%，具有高复发性和高转移性的特点^[1-3]。微小RNA(microRNA, miRNA)是由22到24个核苷酸组成的可靶向mRNA的3'端的非翻译区域(3'-untranslated region, 3'-UTR)的单链RNA，其可以与靶mRNA的结合从而抑制翻译，参与HER2阳性乳腺癌的发生和进展^[4-6]。miR-186-5p是一种新发现的肿瘤相关miRNA，最新研究^[7-9]显示miR-186-5p可以通过靶向RAB2A提高乳腺癌细胞对阿霉素的敏感性。异黏蛋白

(metadherin, MTDH)是一种跨膜蛋白，在多种癌症中过表达，并且具有促进肿瘤细胞增殖和转移的作用^[10-12]。在乳腺癌中，MTDH具有促癌作用，体外探究显示MTDH可以促进乳腺癌细胞迁移和侵袭，并且MTDH的表达受到miRNA的靶向调控^[13]。然而，MTDH是否也是miR-186-5p的下游靶点目前尚不清楚。因此，本研究探讨miR-186-5p对MTDH的靶向调控关系及作用，并在HER2阳性乳腺癌移植瘤小鼠模型中验证。

1 材料与方法

1.1 实验动物

雌性Nude裸鼠20只,3~4周龄、体质量(18 ± 2)g,购自北京维通利华(SCXK2006-0009)。本研究经山西省人民医院伦理委员会审批(批号:20211102),实验过程遵循3R原则与动物福利准则。

1.2 主要试剂与仪器

人HER2阳性乳腺癌细胞BT-474购自美国菌种保藏中心,DMEM基础培养基购自美国Invitrogen公司;胎牛血清购自美国Invitrogen公司;LipofectamineTM2000转染试剂盒购自美国Invitrogen公司;miR-186-5p模拟物、miR-186-5p阴性对照质粒、MTDH过表达质粒购自中国吉玛公司;ECL显色试剂盒、pMIR-REPORT双荧光素酶试剂盒购自美国Thermo Fisher公司;TRIzol购自美国Sigma公司;MiScript SYBR-Green PCR试剂盒、MiScript试剂盒购自德国GmbH公司;SYBR Premix Ex Taq试剂盒、PrimeScript-RT试剂盒购自日本Takara公司;MTDH兔单克隆抗体、山羊抗兔IgG H&L(HRP)购自美国Abcam公司;PVDF膜购自美国Bio-Rad公司;1000 Assay System检测系统购自美国Thermo Fisher公司。

1.3 实验方法

1.3.1 双荧光素酶报告基因检测 MTDH和miR-186-5p的碱基相结合的位点则用Targetscan获取。将MTDH序列野生型(wt-)扩增到pMIR-REPORT荧光素酶载体下游的位点,之后采用快速定点诱变的试剂盒产生MTDH突变型(mut-)。将密度为 3×10^4 /孔的BT-474细胞接种于24孔板内,每组10个复孔,利用Lipofectamine 2000将wt-/mut-MTDH的荧光素酶质粒(1μg)转染至细胞内,接下来分别转染miR-186-5p阴性对照质粒、miR-186-5p模拟物质粒50 nmol/L。将细胞置于37℃,5%CO₂条件下孵育36 h。采用双荧光素酶报告基因检测的试剂盒检测荧光素酶的活性。全部的数据均按照Renilla荧光素酶的活性实施标准化。

1.3.2 细胞转染与荷瘤鼠模型 将BT-474细胞分成四组:miR-186-5p组(转染50 nmol/L的miR-186-5p模拟物)、阴性对照组(转染空载质粒)、MTDH组(转染4 μg MTDH过表达质粒)、miR-186-5p+MTDH组(转染50 nmol/L的miR-186-5p模拟物和4 μg MTDH

过表达质粒)。转染条件:取对数生长期、密度为70%的BT-474细胞,根据LipofectamineTM 2000转染试剂盒说明书进行。转染后在5%CO₂,37℃培养条件下继续培养48 h。最后利用Western blot以及qPCR来分析转染的效果。收集各组处于对数生长期的BT-474细胞,重悬至 5×10^5 个/mL细胞悬液,将20只小鼠随机均分为四组,取上述四组细胞0.2 mL细胞悬液分别在小鼠右前腋下进行注射,接种5 d后小鼠腋下可触及5 mm左右结节,提示造模成功。继续饲养,并每隔5 d观察肿瘤生长情况,统计肿瘤质量及体积,采用游标卡尺测定皮下肿瘤长度及宽度,计算肿瘤体积=长度×宽度²×0.52。第28天通过颈脱臼处死小鼠,取出肿瘤组织用于miR-186-5p、MTDH水平检测。

1.3.3 qPCR 采用TRIzol法提取肿瘤组织中RNA。miRNA根据miScript试剂盒说明书逆转录合成DNA;mRNA根据SYBR Premix Ex Taq试剂盒说明书逆转录合成DNA;根据PrimeScript-RT试剂盒说明书进行qPCR。miR-186-5p内源参照则选用U6,MTDH内源参照则选用GAPDH,利用 $2^{-\Delta\Delta C_q}$ 方法分析RNA相对表达量。

1.3.4 Western blot 采用裂解液裂解细胞或组织,通过离心提取细胞总蛋白,根据BCA试剂盒说明书检测蛋白含量。配制SDS-PAGE胶,采用110 V,100 min分离不同分子量蛋白;将蛋白质转移到PVDF膜上,配置5%脱脂奶粉孵育30 min封闭非特异性蛋白,TBST洗涤3次,4℃条件下孵育MTDH抗体(1:500稀释)过夜,TBST洗涤3次,37℃条件下孵育HRP标记的二抗(1:5 000稀释)1 h,TBST洗涤3次,采用ECL试剂盒检测蛋白印迹带。GAPDH作为内参。

1.3.5 免疫组化 采用4%多聚甲醛固定小鼠肿瘤组织,根据50%、75%、85%、95%、100%乙醇进行梯度脱水,包埋在石蜡中,制成厚度为4 μm的组织玻片标本并保存。通过梯度乙醇脱蜡并水化,放置于柠檬酸钠溶液中煮10 min进行抗原修复,洗片后滴加5%山羊血清放置于室温孵育2 h进行封闭;参照抗体说明书对一抗进行稀释并滴加至切片,放置于4℃冰箱中孵育过夜;取出切片放置于室温中复温并洗片,滴加对应二抗,放置于室温下孵育2.5 h;孵育完成后洗片,并加入DAB显色,进行脱水、透明,并使用树脂封片;使用正置白光显微镜观察并拍照。

1.4 统计学处理

使用SPSS 19.0软件进行统计分析，实验数据以平均数 \pm 标准差($\bar{x} \pm s$)表示，多组间比较采用进行单因素方差分析，两两比较通过LSD-t, $P < 0.05$ 为差异有统计学意义。

2 结果

2.1 miR-186-5p与MTDH mRNA的靶向关系

生物信息学预测网站(www.targetscan.org)显示miR-186-5p有潜在位点与MTDH结合(图1)。双荧光素酶报告实验显示，在同时转染wt-MTDH和miR-186-5p模拟物后，转染wt-MTDH后的荧光活性下降($P < 0.05$)，说明miR-186-5p可以与MTDH mRNA靶向结合(图2)。

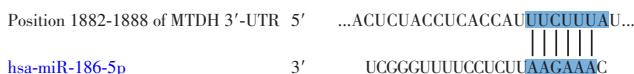


图1 miR-186-5p与MTDH mRNA的3'-UTR结合位点

Figure 1 Binding sites between miR-186-5p and the 3'-UTR of MTDH mRNA

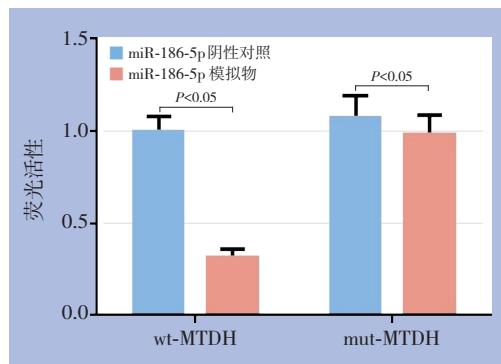


图2 两组细胞荧光活性对比

Figure 2 Comparison of luciferase activity between the two groups of cells

2.2 转染后各组细胞miR-186-5p与MTDH表达的变化

与阴性对照组比较，miR-186-5p组miR-186-5p表达明显升高，MTDH组的mRNA与蛋白表达明显降低(均 $P < 0.05$)；MTDH组miR-186-5p表达无明显变化($P > 0.05$)，MTDH组的mRNA与蛋白表达明显升高(均 $P < 0.05$)。miR-186-5p+MTDH组的结果显示，同时过表达MTDH，可部分逆转转染miR-186-5p模拟物对MTDH表达的抑制作用(均 $P < 0.05$) (图3)。

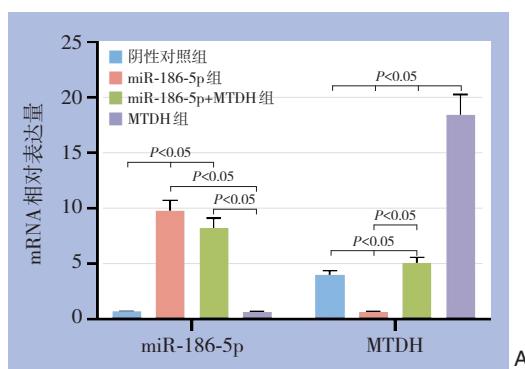
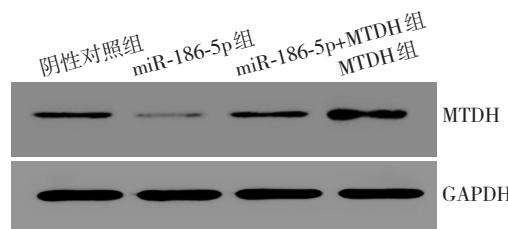
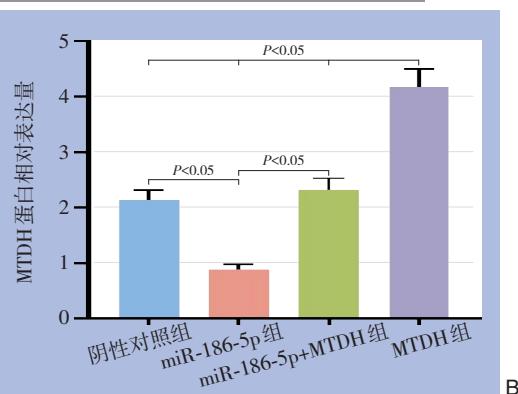


图3 各组细胞中miR-186-5p与MTDH的表达比较

Figure 3 Expression of miR-186-5p and MTDH in different cell groups expression; B: Comparison of MTDH protein expression



A: Comparison of miR-186-5p and MTDH mRNA

B: Comparison of MTDH protein expression

2.3 各组小鼠乳腺癌移植瘤生长情况

移植瘤生长曲线结果显示,与阴性对照组比较,miR-186-5p组的肿瘤生长速度明显减慢,MTDH组的肿瘤生长速度明显加快,miR-186-5p组的肿瘤体积和质量较阴性对照组下降,而miR-186-5p+MTDH组的肿瘤生长速度与阴性对照组差异无统计学意义(图4)。造模后28 d各组移植瘤的体积与质量比较结果显示,miR-186-5p组的肿瘤体积和质量较阴性对照组明显降低,MTDH组的肿瘤体积和质量较阴性对照组明显增加(均P<0.05),而miR-186-5p+MTDH组的肿瘤体积和质量与阴性对照组无明显差异(P>0.05)(表1)。

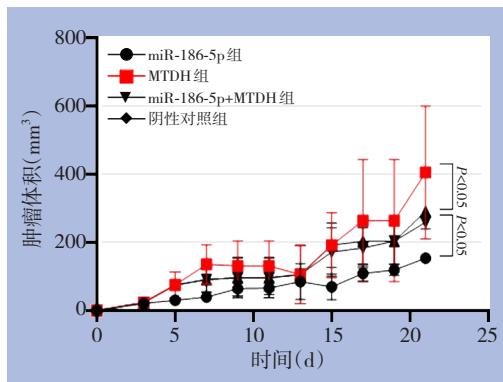


图4 小鼠移植瘤生长曲线

Figure 4 Growth curves of xenograft tumors in nude mice

表1 各组28 d移植瘤体积和质量比较(n=5)

Table 1 Comparison of tumor volume and weight among different groups 28 d after transplantation (n=5)

组别	体积(mm^3)	质量(mg)
阴性对照组	267.74±46.32	226.32±39.05
miR-186-5p组	168.36±33.65 ¹⁾	160.79±26.97 ¹⁾
miR-186-5p+MTDH组	293.63±56.29 ²⁾	259.35±51.23 ²⁾
MTDH组	382.46±65.34 ^{1),2)}	347.53±58.21 ^{1),2)}

注:1)与阴性对照组比较,P<0.05;2)与miR-186-5p组比较,P<0.05

Note: 1) P<0.05 vs. negative control group, P<0.05; 2) P<0.05 vs. miR-186-5p group

2.4 各组移植瘤组织中miR-186-5p和MTDH表达情况

各组移植瘤组织中miR-186-5p及MTDH mRNA及蛋白的表达趋势与体外细胞中的表达趋势一致(图5)。MTDH免疫组化结果同样显示,miR-186-5p组肿瘤组织内MTDH蛋白表达水平较阴性对照组明显降低,MTDH组MTDH蛋白表达水平较阴性对照组明显升高,而miR-186-5p+MTDH组MTDH蛋白表达水平与阴性对照组差异不大(图6)。

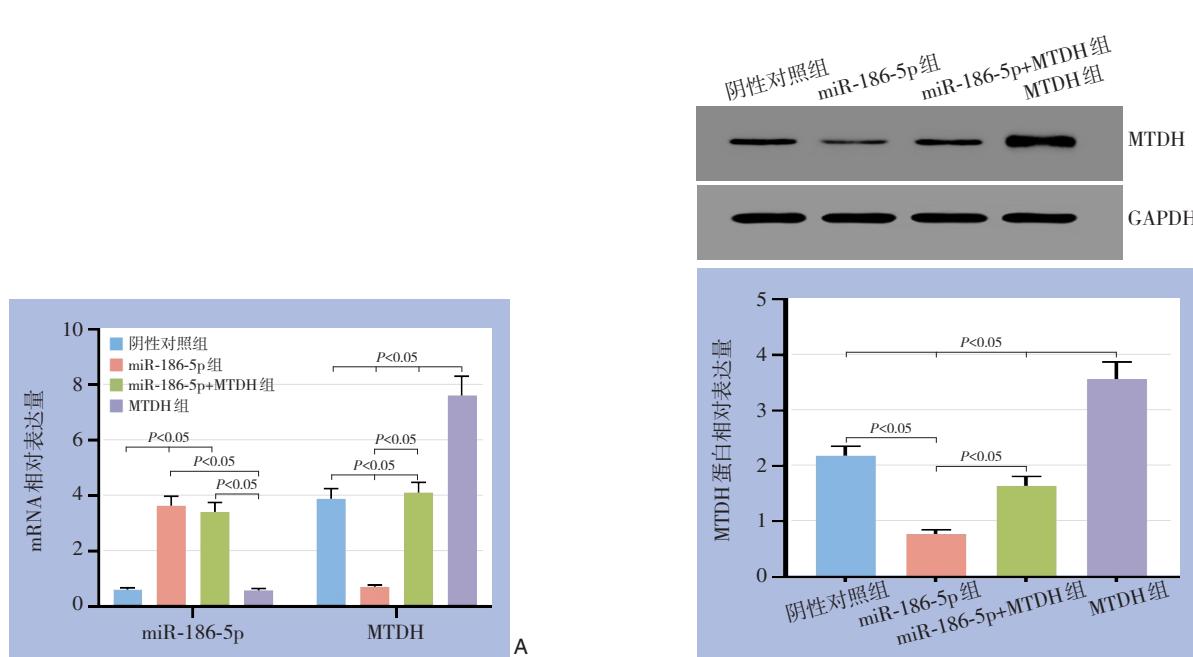


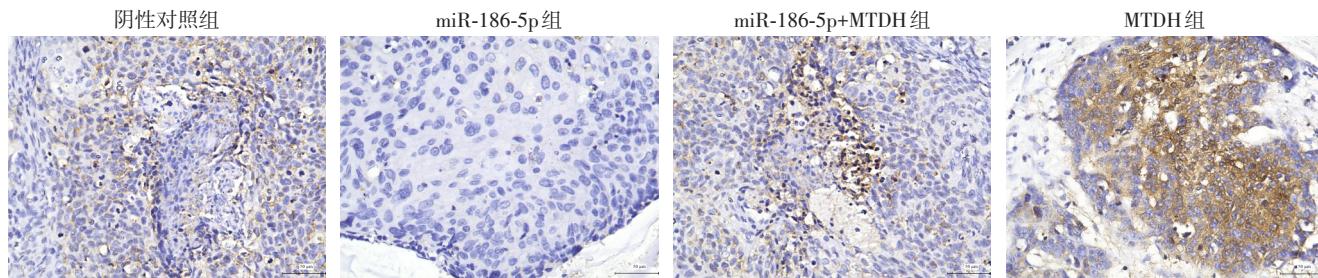
图5 各组移植瘤组织中miR-186-5p与MTDH的表达
A: 各组miR-186-5p与MTDH mRNA表达比较; B: 各组MTDH蛋白表达比较

Figure 5 Expression of miR-186-5p and MTDH in xenograft tumors expression; B: Comparison of MTDH protein expression

A: Comparison of miR-186-5p and MTDH mRNA

expression

B: Comparison of MTDH protein expression

图6 免疫组织化学检测各组 MTDH 蛋白表达水平 ($\times 400$)Figure 6 Immunohistochemical detection of MTDH protein expression in tumor tissues ($\times 400$)

3 讨 论

乳腺癌是全球女性最常见的恶性肿瘤之一，其中HER2阳性乳腺癌因其生物学侵袭性强、复发率高、转移风险大，整体预后仍不理想^[14-16]。尽管以曲妥珠单抗为代表的靶向治疗显著改善了部分患者的生存结局，但耐药问题普遍存在，肿瘤进展机制仍未完全阐明^[17]。因此，从转录后调控层面深入挖掘HER2阳性乳腺癌的关键分子调控网络，对于发现新的治疗靶点具有重要意义。

近年来，miRNA作为重要的转录后调控因子，在HER2阳性乳腺癌发生、发展及耐药中的作用逐渐受到关注。miRNA可通过与靶mRNA 3'-UTR特异性结合，介导mRNA降解或翻译抑制，从而精细调控蛋白表达网络^[18]。已有研究^[19-20]表明，miR-30a、miR-148a等多种miRNA参与HER2阳性乳腺癌的增殖、侵袭和转移调控。miR-186-5p作为近年来新发现的抑癌型miRNA，在结直肠癌、胃癌、前列腺癌等多种实体肿瘤中均表现出抑制肿瘤增殖、转移和上皮-间充质转化的作用^[21-25]。最新体外研究^[26]显示miR-186-5p会抑制乳腺癌细胞的增殖和上皮-间充质转化，并且抑癌作用通过靶向Twist1实现。然而，其在HER2阳性乳腺癌中的具体调控机制仍缺乏系统研究。

本研究首先通过生物信息学预测及双荧光素酶报告实验，明确miR-186-5p可直接靶向结合MTDH mRNA的3'-UTR区域，从分子层面证实了二者之间存在直接调控关系。体外实验进一步发现，过表达miR-186-5p可显著下调MTDH的mRNA及蛋白表达，而MTDH过表达则显著上调其表达，并可部分逆转miR-186-5p对MTDH的抑制作用，提示miR-186-5p对MTDH具有明确的负向调控效应。这一结果不仅验证了miR-186-5p/MTDH轴的存在，也

从功能层面揭示了该轴在HER2阳性乳腺癌中的调控特征。

MTDH是一种多功能促癌蛋白，可通过激活NF-κB等多条信号通路，促进肿瘤细胞的增殖、侵袭和远处转移^[27]。在乳腺癌中，MTDH的高表达已被证实与肿瘤分期进展、耐药及不良预后密切相关^[28]。既往研究^[29-31]显示，MTDH可受多种miRNA靶向调控，如miR-145-5p、miR-182-5p等，提示MTDH位于miRNA调控网络的重要枢纽位置。本研究首次在HER2阳性乳腺癌模型中证实，miR-186-5p同样可作为MTDH的重要上游抑制因子，这为完善MTDH相关调控网络提供了新的实验证据。

更为重要的是，本研究通过荷瘤裸鼠模型，从整体水平验证了miR-186-5p/MTDH轴对肿瘤生长的真实生物学效应。结果显示，miR-186-5p过表达可显著抑制HER2阳性乳腺癌移植瘤的生长，表现为肿瘤生长速度减慢、体积及质量明显降低；而MTDH过表达则显著促进肿瘤生长。联合转染实验进一步证实，MTDH过表达可部分抵消miR-186-5p对肿瘤生长的抑制作用。移植瘤组织中miR-186-5p和MTDH的mRNA、蛋白及免疫组化表达趋势与体外实验结果高度一致，从“分子-细胞-整体动物”三个层面完整构建了miR-186-5p通过靶向抑制MTDH进而抑制HER2阳性乳腺癌生长的因果链条。

从生物学意义上讲，miR-186-5p可能通过下调MTDH，进而抑制其介导的NF-κB信号通路激活、细胞增殖增强及上皮-间质转化过程，从而实现对HER2阳性乳腺癌生长的整体抑制。这一调控模式不仅与miR-186-5p在其他肿瘤中的抑癌作用相一致，也从新的角度解释了HER2阳性乳腺癌中miRNA-MTDH调控网络的复杂性。从临床转化角度分析，本研究提示miR-186-5p的低表达或MTDH的高表达可能参与HER2阳性乳腺癌的进展过程，

二者有望作为潜在的分子分型标志物和治疗干预靶点。通过恢复miR-186-5p水平或靶向抑制MTDH表达,可能为HER2阳性乳腺癌的靶向治疗及耐药逆转提供新的治疗思路。当然,本研究仍存在一定局限性,如尚未进一步深入分析miR-186-5p/MTDH轴对下游信号通路的具体调控机制,也缺乏大样本临床组织验证其与患者预后之间的关系。后续研究可结合临床标本及信号通路实验,进一步阐明该轴在HER2阳性乳腺癌中的精细调控网络及其临床应用价值。

综上所述,本研究从体内外层面证实,miR-186-5p通过靶向抑制MTDH的表达,显著抑制HER2阳性乳腺癌移植瘤的生长,miR-186-5p/MTDH轴可能成为HER2阳性乳腺癌新的潜在分子靶点。

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参考文献

- [1] 朱开源,陈晰,张建国.晚期三阴性乳腺癌全身治疗的研究进展[J].中国全科医学,2018,21(8):1003-1008. doi: 10.3969/j.issn.1007-9572.2017.00.115.
Zhu KY, Chen X, Zhang JG. Advances in Systemic Therapy for Advanced Triple Negative Breast Cancer[J]. Chinese General Practice, 2018, 21(8): 1003-1008. doi: 10.3969/j. issn. 1007-9572.2017.00.115.
- [2] 张华,李志,袁杰,等.HER2阳性乳腺癌病人肿瘤特异性死亡风险预测模型构建及验证[J].中国实用外科杂志,2023,43(7):796-802. doi:10.19538/j.cjps.issn1005-2208.2023.07.17.
Zhang H, Li Z, Yuan J, et al. Establishment and verification of a nomogram to predict cancer-specific mortality risk in HER-2-positive breast cancer[J]. Chinese Journal of Practical Surgery, 2023, 43(7): 796-802. doi: 10.19538/j. cjps. issn1005-2208.2023.07.17.
- [3] Dempsey N, Sandoval A, Mahtani R. Metastatic HER2-positive breast cancer: is there an optimal sequence of therapy? [J]. Curr Treat Options Oncol, 2023, 24(9):1120-1137. doi:10.1007/s11864-023-01108-w.
Dempsey N, Sandoval A, Mahtani R. Metastatic HER2-positive breast cancer: is there an optimal sequence of therapy? [J]. Curr Treat Options Oncol, 2023, 24(9):1120-1137. doi:10.1007/s11864-023-01108-w.
- [4] Tormo E, Ballester S, Adam-Artigues A, et al. The miRNA-449 family mediates doxorubicin resistance in triple-negative breast cancer by regulating cell cycle factors[J]. Sci Rep, 2019, 9(1):5316. doi:10.1038/s41598-019-41472-y.
Tormo E, Ballester S, Adam-Artigues A, et al. The miRNA-449 family mediates doxorubicin resistance in triple-negative breast cancer by regulating cell cycle factors[J]. Sci Rep, 2019, 9(1):5316. doi:10.1038/s41598-019-41472-y.
- [5] Cheng X, Huang Z, Pan A, et al. ORLNC1 suppresses cell growth in HER2-positive breast cancer via miRNA-296 sponging[J]. Curr Mol Med, 2023, 23(4): 289-299. doi: 10.2174/156652402266220603113550.
- [6] Liu Y, Yang H. miR-18a-5p attenuates HER2-positive breast cancer development by regulating PI3K/AKT pathway[J]. Cancer Biol Ther, 2023, 24(1):2224512. doi:10.1080/15384047.2023.2224512.
- [7] 孙玉国,王照岩,杨玉玲,等. MiR-186-5p通过靶向调控RAB2A在乳腺癌细胞阿霉素耐药性中的逆转作用机制[J].中国药理学通报,2018,34(12):1668-1673. doi: 10.3969/j. issn. 1001-1978.2018.12.009.
Sun YG, Wang ZY, Yang YL, et al. Reverse effect of miR-186-5 p on adriamycin resistance of breast cancer cells through targeting RAB2 A and its mechanism[J]. Chinese Pharmacological Bulletin, 2018, 34(12): 1668-1673. doi: 10.3969/j. issn. 1001-1978.2018.12.009.
- [8] 梁琴,王江芬,王嘉伟.LINC00662/微小RNA-186-5p/叉头框转录因子D1调控乳腺癌MCF-7细胞生物学行为的研究[J].中华实验外科杂志,2022,39(4):625-628. doi:10.3760/cma.j.cn421213-20211216-00976.
Liang Q, Wang JF, Wang JW. LINC00662/microRNA-186-5p/forkhead box transcription factor D1 regulating the biological behavior of breast cancer MCF-7 cells[J]. Chinese Journal of Experimental Surgery, 2022, 39(4): 625-628. doi: 10.3760/cma. j.cn421213-20211216-00976.
- [9] 王玉龙,张美荣,周昱.乳腺癌患者血清微小RNA-135b、微小RNA-148a-3p、微小RNA-186-5p表达水平及其与新辅助化疗效果相关性研究[J].陕西医学杂志,2024,53(5):684-687. doi: 10.3969/j.issn.1000-7377.2024.05.024.
Wang YL, Zhang MR, Zhou Y. Levels of serum miR-135b, miR-148a-3p and miR-186-5p in breast cancer patients and their correlation with the effect of neoadjuvant chemotherapy[J]. Shaanxi Medical Journal, 2024, 53(5): 684-687. doi: 10.3969/j. issn.1000-7377.2024.05.024.
- [10] 李文超,张蓓,谢玲玲.MTDH基因沉默对B淋巴瘤细胞增殖及侵袭的影响[J].临床和实验医学杂志,2020,19(2):144-148. doi: 10.3969/j.issn.1671-4695.2020.02.009.
Li WC, Zhang B, Xie LL. Study on the effect of MTDH gene silencing on proliferation and invasion of B cell lymphoma[J]. Journal of Clinical and Experimental Medicine, 2020, 19(2): 144-148. doi:10.3969/j.issn.1671-4695.2020.02.009.
- [11] 杨晨晨.miR-26a通过靶向MTDH抑制食管癌细胞增殖侵袭迁移和裸鼠成瘤[J].中国组织化学与细胞化学杂志,2023,32(2):136-145. doi:10.16705/j.cnki.1004-1850.2023.02.003.
Yang CC.miR-26a inhibits the proliferation, invasion and migration of esophageal cancer cells and tumor formation in nude mice by targeting MTDH[J]. Chinese Journal of Histochemistry and Cytochemistry, 2023, 32(2): 136-145. doi: 10.16705/j. cnki. 1004-1850.2023.02.003.
- [12] 王伟,刘振辉.血清TGF-β1、Bcl-2及食管鳞癌组织MTDH表达

- 水平与食管鳞癌患者临床预后的相关性[J]. 中国医药导刊, 2023, 25(10): 1023–1028. doi: 10.3969/j.issn.1009-0959.2023.10.011.
- Wang W, Liu ZH. Correlation of the Expression Levels of Serum TGF- β 1, Bcl-2 and MTDH in Esophageal Squamous Cell Carcinoma Tissues with Clinical Prognosis[J]. Chinese Journal of Medical Guide, 2023, 25(10):1023–1028. doi:10.3969/j.issn.1009-0959.2023.10.011.
- [13] Tong L, Chu M, Yan B, et al. MTDH promotes glioma invasion through regulating miR-130b-ceRNAs[J]. Oncotarget, 2017, 8(11): 17738–17749. doi:10.18632/oncotarget.14717.
- [14] Magbanua MJM, Swigart LB, Ahmed Z, et al. Clinical significance and biology of circulating tumor DNA in high-risk early-stage HER2-negative breast cancer receiving neoadjuvant chemotherapy[J]. Cancer Cell, 2023, 41(6): 1091–1102. doi: 10.1016/j.ccr.2023.04.008.
- [15] Du R, Zhang X, Lu X, et al. PDPN positive CAFs contribute to HER2 positive breast cancer resistance to trastuzumab by inhibiting antibody-dependent NK cell-mediated cytotoxicity[J]. Drug Resist Updat, 2023, 68:100947. doi:10.1016/j.drup.2023.100947.
- [16] Liu X, Zhang X, Shao Z, et al. Pyrotinib and chrysin synergistically potentiate autophagy in HER2-positive breast cancer[J]. Signal Transduct Target Ther, 2023, 8(1): 463. doi: 10.1038/s41392-023-01689-w.
- [17] Savas P, Virassamy B, Ye C, et al. Single-cell profiling of breast cancer T cells reveals a tissue-resident memory subset associated with improved prognosis[J]. Nat Med, 2018, 24(7):986–993. doi: 10.1038/s41591-018-0078-7.
- [18] Chen J, Jiang Y, Zhou J, et al. Evaluation of CpG-SNPs in miRNA promoters and risk of breast cancer[J]. Gene, 2018, 651:1–8. doi: 10.1016/j.gene.2018.01.070.
- [19] Wang X, Qiu HS, Tang RM, et al. miR-30a inhibits epithelial-mesenchymal transition and metastasis in triple-negative breast cancer by targeting ROR1[J]. Oncol Rep, 2018, 39(6):2635–2643. doi:10.3892/or.2018.6379.
- [20] Xu X, Zhang Y, Jasper J, et al. miR-148a functions to suppress metastasis and serves as a prognostic indicator in triple-negative breast cancer[J]. Oncotarget, 2016, 7(15): 20381–20394. doi: 10.18632/oncotarget.7953.
- [21] Li J, Xia L, Zhou Z, et al. miR-186-5p upregulation inhibits proliferation, metastasis and epithelial-to-mesenchymal transition of colorectal cancer cell by targeting ZEB1[J]. Arch Biochem Biophys, 2018, 640:53–60. doi:10.1016/j.abb.2018.01.002.
- [22] Ouyang Y, Li Y, Huang Y, et al. CircRNA circPDSS1 promotes the gastric cancer progression by sponging miR-186-5p and modulating NEK2[J]. J Cell Physiol, 2019, 234(7): 10458–10469. doi:10.1002/jcp.27714.
- [23] Jones DZ, Schmidt ML, Suman S, et al. Micro-RNA-186-5p inhibition attenuates proliferation, anchorage independent growth and invasion in metastatic prostate cancer cells[J]. BMC Cancer, 2018, 18(1):421. doi:10.1186/s12885-018-4258-0.
- [24] Lei J, Liu L, Zhang MX, et al. METTL3/LINC00662/miR-186-5p feedback loop regulates docetaxel resistance in triple negative breast cancer[J]. Sci Rep, 2022, 12(1):16715. doi:10.1038/s41598-022-20477-0.
- [25] 莫丹, 陈喜裕, 何婕, 等. 血清microRNA-186-5p、microRNA-328-5p表达和乳腺癌患者临床病理特征与新辅助化疗效果的关系[J]. 中国现代医学杂志, 2023, 33(5):9–15. doi: 10.3969/j.issn.1005-8982.2023.05.002.
- Mo D, Chen XY, He J, et al. Relationship of serum microRNA-186-5p and microRNA-328-5p expression with clinical characteristics and efficacy of neoadjuvant chemotherapy in breast cancer patients[J]. China Journal of Modern Medicine, 2023, 33(5):9–15. doi:10.3969/j.issn.1005-8982.2023.05.002.
- [26] Sun WJ, Zhang YN, Xue P. miR-186 inhibits proliferation, migration, and epithelial-mesenchymal transition in breast cancer cells by targeting Twist1[J]. J Cell Biochem, 2019, 120(6):10001–10009. doi:10.1002/jcb.28283.
- [27] El-Ashmawy NE, El-Zamarany EA, Khedr EG, et al. Activation of EMT in colorectal cancer by MTDH/NF- κ B p65 pathway[J]. Mol Cell Biochem, 2019, 457(1/2): 83–91. doi: 10.1007/s11010-019-03514-x.
- [28] Song Z, Wang Y, Li C, et al. Molecular modification of metadherin/MTDH impacts the sensitivity of breast cancer to doxorubicin[J]. PLoS One, 2015, 10(5): e0127599. doi: 10.1371/journal.pone.0127599.
- [29] Lu QC, Shan S, Li YY, et al. Long noncoding RNASNHG1 promotes non-small cell lung cancer progression by up-regulating MTDH via sponging miR-145-5p[J]. FASEB J, 2018, 32(7):3957–3967. doi:10.1096/fj.201701237rr.
- [30] Jin Y, Zhang ZL, Huang Y, et al. miR-182-5p inhibited proliferation and metastasis of colorectal cancer by targeting MTDH[J]. Eur Rev Med Pharmacol Sci, 2019, 23(4):1494–1501. doi:10.26355/eurrev_201902_17107.
- [31] He M, Jin Q, Chen C, et al. The miR-186-3p/EREG axis orchestrates tamoxifen resistance and aerobic glycolysis in breast cancer cells[J]. Oncogene, 2019, 38(28):5551–5565. doi: 10.1038/s41388-019-0817-3.

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