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MiR-30e-3p influences tumor phenotype through MDM2/TP53 axis and predicts sorafenib resistance in hepatocellular carcinoma

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1 MiR-30e-3p influences tumor phenotype through *MDM2/TP53* axis and predicts sorafenib

2 resistance in hepatocellular carcinoma

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- 28 **Conflict of interest**: The Authors have no conflict of interest to declare
- 29

30 Abstract

31 The molecular background of hepatocellular carcinoma (HCC) is highly heterogeneous and 32 biomarkers predicting response to treatments are an unmet clinical need. We investigated miR-33 30e-3p contribution to HCC phenotype and response to sorafenib, as well as the mutual 34 modulation of TP53/MDM2 pathway, in HCC tissues and preclinical models. MiR-30e-3p was 35 downregulated in human and rat HCCs and its downregulation associated with TP53 mutations. 36 TP53 contributed to miR-30e-3p biogenesis and MDM2 was identified among its target genes, 37 establishing a miR-30e-3p/TP53/MDM2 feedforward loop and accounting for miR-30e-3p dual 38 role based on TP53 status.

EpCAM, PTEN and p27 were demonstrated as miR-30e-3p additional targets mediating its
contribution to stemness and malignant features. In a preliminary cohort of HCC patients treated
with sorafenib, increased miR-30e-3p circulating levels predicted the development of resistance.

In conclusion, molecular background dictates miR-30e-3p dual behavior in HCC. Mdm2 targeting/p53 axis plays a predominant tumor-suppressor function in wild type *TP53* contexts, whereas other targets such as PTEN, p27 and EpCAM gain relevance and mediate miR-30e-3p oncogenic role in non-functional *TP53* backgrounds. Increased circulating levels of miR-30e-3p predict the development of sorafenib resistance in a preliminary series of HCC patients and deserve future investigations.

49 **Statement of significance**

- 50 The dual role of miR-30e-3p in hepatocellular carcinoma clarifies how the molecular context
- 51 dictates the tumor suppressor or oncogenic function played by microRNAs.

53 Introduction

54 Hepatocellular carcinoma (HCC) accounts for 90% of primary liver cancers representing the second leading cause of cancer mortality with increasing incidence in western countries [1]. 55 56 HCC is characterized by a high inter- and intra-individual tumor heterogeneity: the former 57 ascribed to different risk factors and genomic contexts [2] and the latter to clonal evolution of 58 cancer cells [3], both contributing to limited targeted therapy efficacy. Primary resistance and 59 escape from antitumor strategies remain poorly understood and no biomarker predicting response 60 to sorafenib or other targeted treatments has been identified so far, highlighting the need for 61 novel tools to allocate patients to the best treatment.

62 The deregulation of tumor-specific microRNAs (miRNAs) with tumor suppressor or oncogenic 63 properties has been described [4, 5]. Our group and others demonstrated the key role of 64 deregulated miRNAs in tumor progression and metastasis [6, 7], as well as their involvement in 65 drug resistance phenotype [8-10]. Aberrant expression of miR-30 family members is a frequent event in solid tumors [11, 12] displaying a prominent connection with other deregulated 66 67 miRNAs in neoplastic tissues [13]. The miR-30 family contains five members encoded by six 68 genes located on three distinct loci of the human genome (chromosomes 1, 6 and 8) giving rise 69 to six mature miRNAs (miR-30a, -30b, -30c-1, -30c-2, -30d, -30e) with the same seed sequence. 70 The downregulation of these miRNAs was associated with proliferation and invasion, as well as 71 with induction of epithelial-to-mesenchymal transition (EMT), exerted by direct targeting of 72 EMT-associated factors [14, 15] and cell adhesion molecules [16]. Remarkably, besides studies 73 supporting the tumor suppressor role of miR-30 family, other studies point to its opposite 74 behavior [17, 18].

TP53 is one of the most frequently mutated gene in human cancers with about 30% of affected HCC cases [19]. *TP53* regulates miRNA expression by acting at two different levels: on one hand, it activates their transcriptional regulation [20-22] and, on the other hand, it interferes with their maturation process by interacting with key molecules, such as Drosha and p68 RNA 79 helicase [23]. Notably, TP53 regulates the expression of miR-30 family members contributing to 80 cell invasion and distal spreading as reported in colorectal and breast cancers [24, 25]. 81 Despite the prominent role of miR-30 family as tumor suppressor miRNAs, there are conflicting 82 data regarding its aberrant expression in HCC. Previous studies reported the downregulation of 83 miR-30a and miR-30e and the upregulation of miR-30d [26-28]. Although miR-30 was reported 84 as participating in hepatobiliary development [29], its functional roles in HCC remain poorly 85 understood. Here, we investigated the expression of miR-30 family members in two HCC patient 86 cohorts, in a HCC animal model and in HCC cells, and focused on miR-30e-3p, characterizing 87 its biological activity as well as its involvement in drug resistance and modulation of 88 MDM2/TP53 and PTEN/AKT axes. Moreover, we investigated circulating miR-30e-3p levels in a 89 preliminary series of HCC patients and in preclinical models in order to evaluate its contribution 90 as a non-invasive biomarker of treatment response.

91 Materials and Methods

92 HCC study cohorts

93 HCC and cirrhotic tissues were obtained from two independent cohorts of patients undergoing 94 liver surgery for HCC at the Department of Surgery and Transplant Unit of St. Orsola-Malpighi 95 University Hospital of Bologna. The discovery cohort consists of 22 patients, whereas the 96 validation cohort consists of 48 patients, all enrolled at the Department of Surgery of St. Orsola-97 Malpighi University Hospital. We collected tissue samples at surgery and stored as previously 98 described [30]. Local ethics committee of St. Orsola-Malpighi University Hospital approved this 99 study (138/2015/O/Tess). Normal liver tissues were from patients undergoing liver surgery for 100 traumatic lesions or haemangioma resection. The clinical characteristics of patients are detailed 101 in Supplementary Table S1. TP53 mutations were identified as previously described [20].

102 A further cohort of sorafenib-treated advanced HCC patients (Table S2) was tested for serum 103 miR-30e-3p levels before treatment and at two-month follow-up assessment. Sera samples, 104 obtained after the local committee approval (271/2012/O/Oss), were processed as previously 105 described [31]. Informed written consent has been obtained from patients enrolled in this study.

106

107 HCC animal models

The diethyl-nitrosamine (DEN)-induced HCC rat model and the xenograft model were established and treated as previously described [9]. Total RNA was extracted from frozen tissues by using TRIzol Reagent (Invitrogen) and was analyzed by microarray and QPCR. Local ethics committee approved the study protocols (14/70/12 and 23/79/14).

112

113 Microarray analysis

114 RNAs from 22 rat samples (12 HCCs, 8 surrounding livers and 2 normal livers) were hybridized
115 on Agilent rat whole-genome miRNAs microarray (#G4471A_046066 Release 19.0, Agilent

Technologies). One-color gene expression was performed according to the manufacturer's
procedure. Raw data are available in ArrayExpress repository (accession number E-MTAB7624).

119 Technical details are described in Supplementary section.

120

121 Cell culture and treatments

122 HCC cell lines were cultured as previously described [9]. Starvation was obtained culturing cells in media without FBS for 48-60 hours. Cells were treated with 5.0-7.5 µM sorafenib-tosylate 123 124 (Bayer) or Nutlin-3 (Sigma-Aldrich) or with 1.0-2.0 µg/ml of doxorubicin (Pfizer) for 48 hours. Cell transfection and proliferation, clonogenic and sphere formation assays are detailed in 125 Supplementary Material. Genetics Unit at S.Orsola-Malpighi Hospital performed HCC 126 127 authentication identification obtained online STR analysis and cell was by 128 (https://www.dsmz.de/).

129

130 **Reporter assays**

3' untranslated regions (3'UTR) of *MDM2*, *CDKN1B/p27*, *PTEN* and *EpCAM* mRNAs were amplified by PCR as reported in Supplementary Table S2. Mutagenesis of miR-30e-3p seed sequence was performed by using QuikChange II Site-Directed Mutagenesis Kit (Agilent Technologies) following manufacturer's instruction (Supplementary Table S3). Sanger sequencing verified mutated sequences. Dual-luciferase reporter and p53 activity assays were performed as previously described [32].

137

138 Real-time PCR

TaqMan MicroRNA Assays (Applied Biosystems) were used to evaluate miRNA expression, as
previously described [30]. RNU6B was used as housekeeping gene. Quantitative PCR (qPCR)

was used for gene expression analysis. β-actin and GAPDH housekeeping genes were considered
for gene normalization. QPCR experiments were run in triplicate. Primers and conditions are
detailed in Supplementary Table S4.

144

145 Western blot

Western blot (WB) was used to analyze protein extracts (30 µg) from cell and tissues with
antibodies reported in Supplementary Table S5. ChemiDocTM XRS+ (Image LabTM Software,
Bio-Rad) was employed to quantify digital images of X-ray films. WB analysis was performed
in duplicate.

150

151 Chromatin immunoprecipitation and electrophoretic mobility shift assay

HepG2 cells were subjected to chromatin immunoprecipitation (ChIP) with a polyclonal p53 antibody (Novocastra) as previously described [21]. Primers and conditions are reported in Supplementary Table S4. Amplicon design has been detailed in Supplementary Material. Electrophoretic mobility shift assay (EMSA) was performed with nuclear extract (NE) from Nutlin-3 treated HepG2 cells by using LightShift Chemiluminescent EMSA Kit (Thermo Scientific) as previously described [21]. Probe sequences are reported in Supplementary Table S6.

159

160 Flow cytometry

Annexin-V assay was performed in duplicate by flow cytometry (FACSaria I, BD) as previously
reported [33]. Annexin-V assay in miR-30e-3p overexpressing HepG2 cells was assessed on
Cytoflex S (Beckam Coulter). Immunophenotype analysis of EpCAM was performed by using
CD326 monoclonal antibody (MH99)-Alexa Fluor 488 (eBioscience).

166	Cell invasion and	wound	healing assay
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167 Real-time cell invasion, performed on xCELLigence DP instrument (ACEA), and wound healing168 assays were executed as previously described [34].

169

170 Caspase activity assay

171 Caspase pathway activation was evaluated by Caspase-Glo 3/7 assay (Promega) according to
172 manufacturer's instructions. Each sample was performed in quadruplicate in two independent
173 experiments.

174

175 Serum and exosome miRNA extraction

176 Isolation of circulating miRNAs from exosomes, cell culture supernatant, and serum was177 executed as previously reported [9, 31].

178

179 Statistical analysis

180 Differences between two or more groups were analyzed using unpaired Student's t-test or 181 ANOVA. Tukey's post hoc test was used for comparisons among groups after ANOVA analysis. 182 Pearson's correlation coefficient was used to investigate relationships between two variables. 183 Time to recurrence (TTR) curve based on miR-30e-3p levels was computed by Kaplan-Meier 184 product-limit method and compared using a log-rank test. Paired t-test was used to evaluate the 185 relationship between circulating miR-30e-3p and response to sorafenib in HCC patients analyzed 186 both before and on treatment. Reported p-values were two-sided and considered significant when 187 lower than 0.05. Statistical calculations were executed using SPSS version 20.0 (SPSS inc). * 188 p<0.05, ** p<0.01, *** p<0.001, **** p<0.0001.

189 **Results**

190 MiR-30e-3p is downregulated in HCC and associates with TP53 status

191 We previously reported a deregulation of miR-30 family members in histologically aggressive 192 HCCs [35]. Here, we confirmed in a first patient cohort, a decrease of miR-30e-3p in 73% of 193 HCCs in comparison to matched cirrhotic livers (t-test; p=0.0002), showing a mean 194 downregulation of 1.7-fold (Figure 1A). Similarly, a decrease of miR-30e-5p and miR-30a-3p 195 was detected in 64% of tumors with an average 1.6-fold change (t-test; p=0.003 and p=0.008, 196 respectively) (Figure 1B, C). A positive correlation between these miR-30 family members was 197 detected in HCC and cirrhotic human samples (Figure S1A-F), suggesting common regulation 198 mechanisms for these miR-30 family members.

199 We next tested the DEN-induced HCC rat model [9] by microarray analysis on 12 HCCs and 10 200 non-cancerous livers. The downregulation of five miRNAs belonging to miR-30 family was 201 observed in tumors compared to surrounding livers (Figure S2 and Table S7). In rat HCC, miR-202 30e-3p decreased in 64% of tumors, showing a 1.5-fold change (t-test; p=0.034), mirroring 203 findings from human HCCs (Figure 1D). MiR-30e-5p and miR-30a-3p were downregulated in 204 59% and 32% of rat HCCs, showing no difference between tumor and non-tumor samples 205 (Figure 1E, F). The discrepancy between human and rat HCCs might be ascribed to the lack of 206 cirrhotic microenvironment in the rat model.

In the validation cohort, we confirmed miR-30e-3p, miR-30e-5p and miR-30a-3p downregulation in HCCs with respect to both matched cirrhosis (Tukey's post hoc test; p=0.012, p=0.013 and p=0.025, respectively) and normal livers (Tukey's post hoc test; p=0.046, p=0.001and p=0.044, respectively) (**Figure 1G-I**). Here, we focused on miR-30e-3p, which is the most downregulated miRNA in human and rat HCCs.

Since *TP53* is mutated in about 30% of HCCs and it establishes complex regulatory networks
with miRNAs [1, 36], we investigated the relationship between *TP53* status and miR-30e-3p in

214 HCC. Lower miR-30e-3p levels were observed in TP53 mutated HCCs while no difference was 215 found for primary miR-30e (pri-miR-30e) levels (Figure 1J, K). Remarkably, a negative 216 correlation between primary and mature miR-30e levels was found in HCCs (Pearson's 217 correlation; R=-0.32) (Figure S3A), suggesting a role for post-transcriptional mechanisms in 218 miR-30e biogenesis regulation. Interestingly, after splitting HCCs according to TP53 status, a 219 negative correlation was confirmed between primary and mature miRNA levels in TP53 mutated 220 cases, while a trend towards a positive correlation was found in TP53 WT cases (Figure S3B, 221 C). These findings suggest an impairment of miR-30e-3p maturation by mutant p53 isoforms 222 which were previously reported to interfere with the functional assembly of Drosha/p68 223 processing complex [23].

224

225 TP53 influences miR-30e-3p transcription and biogenesis in HCC cells

226 To start dissecting p53 involvement in miR-30e biogenesis in HCC, we modulated its expression 227 in TP53 WT HepG2 cells by using different strategies. First, we investigated the influence of p53 228 silencing on miR-30e primary transcript and mature isoforms. As showed in Figure 2A, a 229 decrease of primary and mature miR-30e-3p and miR-30e-5p levels was detected in p53-silenced 230 cells. MiR-34a was used as a positive control since it represents the first identified p53-target 231 miRNA [37], whereas p53 silencing was verified by WB and qPCR analyses of target genes 232 (Figure 2A). Secondly, we investigated the effect of p53 overexpression in HepG2 cells 233 following transfection of a p53-overexpressing vector or treatment with Nutlin-3, a MDM2 234 inhibitor. In line, an increase of miR-30e primary transcript and mature miRNA isoforms was 235 detected in both experimental settings (Figure 2B, C). Notably, Nutlin-3 administration led to a 236 stronger p53 transcriptional activation with respect to p53-overexpressing vector, as confirmed 237 by the extent of variation of CDKN1A/p21 and MDM2 mRNAs. In turn, this resulted in higher 238 pri-miR-30e levels, but not mature isoforms (Figure 2B, C), letting us to speculate that

239 mdm2/p53 axis might have an additional role in miR-30e biogenesis. To investigate p53 240 involvement in miRNA maturation, we quantified primary and mature miR-30e levels in p53-241 deleted (CRISPR/Cas9 technology) HepG2 cells and p53-null Hep3B cells following Nutlin-3 242 treatment. In line with p53 absence, no increase of miR-30e primary transcript was observed, 243 whereas increased mature miRNA isoforms were detected in both treated cell lines (Figure 2D, 244 E), confirming p53 role in miRNA processing impairment during Nutlin-3 administration. Since 245 Dicer1 promoter contains several p63/p53 responsive elements [38], we investigated Dicer1 246 expression in HepG2 cells following p53 overexpression or Nutlin-3 treatment in both p53 WT 247 and p53-deleted cells. A downregulation of Dicer1 was observed in Nutlin-3 treated HepG2 248 cells, but not in p53-overexpressing cells, which is in line with miRNA maturation impairment 249 detected after Nutlin-3 administration in p53 WT cells (Figure S3D, E). On the contrary, higher 250 Dicer1 levels were detected in p53-deleted HepG2 and p53 null Hep3B cells (Figure S3F, G), 251 suggesting that mdm2 inhibition by Nutlin-3 influences miR-30e processing by regulating 252 Dicer1 transcription in a p53-dependent and independent manner.

253 To go deeper into p53-mediated mechanisms regulating miR-30e expression, we overexpressed 254 WT and mutant (truncated, dominant negative) TP53 isoforms in p53-deleted Hep3B and p53 255 WT HepG2 cells, respectively. As displayed in Figure 2F, an increase of primary and mature 256 miR-30e isoforms was observed in TP53-overexpressing Hep3B cells confirming its role in 257 miRNA transcription. Interestingly, mutant p53 expression in HepG2 cells decreased miR-30e 258 transcription and, consequently, mature isoforms (Figure 2G), suggesting a negative role for p53 259 mutations in miR-30e regulation. These findings demonstrate that TP53 WT isoform is necessary to induce miR-30e transcription in HCC cells and that p53/mdm2 axis is involved in a multi-step 260 261 regulation of miR-30e biogenesis.

To prove p53 binding to hypothetical consensus elements in proximity of miR-30e precursor region, a ChIP experiment was conducted in control and Nutlin-3 treated HepG2 cells. Six amplicons containing *TP53* hypothetical binding sites were designed in a DNA region spanning 265 from -4000 to +1000 nucleotides, considering +1 the first nucleotide of miR-30e precursor 266 (Figure S3H). This region was chosen based on described promoter distance for intronic miRNA [39] and due to the presence of histone modifications (Figure S3I). The ChIP analysis 267 268 showed an enrichment of three out of six p53 hypothetical binding sites, namely BS1, BS2 and BS6, in Nutlin-3 treated cells only (Figure S3J), demonstrating that p53 activation strengthen its 269 270 binding to miR-30e-3p genomic region favoring pri-miR-30e regulation. EMSA assay further 271 confirmed p53 binding to hypothetical consensus sites identified in the ChIP experiment, 272 showing a specific shift for BS1, BS2 and BS6 probes in presence of nuclear extracts from 273 Nutlin-3 treated HepG2 cells (Figure S3K).

Notably, a positive correlation (Pearson's correlation; R=0.71) exists between pri-miR-30e and
its host gene, nuclear transcription factor Y subunit gamma (*NFYC*, NM_014223) in HCCs,
whereas a negative correlation (Pearson's correlation; R=-0.76) was found between mature miR30e-3p and *NFYC*, outlining the relevance of maturation process in the regulation of miR-30e
levels (**Figure S3L, M**).

279

280 MiR-30e-3p establishes a TP53 positive feedback loop through MDM2 targeting

281 To investigate the interplay between miR-30e-3p and TP53, we interrogated bioinformatics tools 282 and identified the principal p53 negative regulator, MDM2 (NM_002392), as a hypothetic miR-283 30e-3p target gene containing three complementary binding sites (Figure 3A). We quantified 284 miR-30e-3p levels in seven HCC cell lines and compared its expression with mean values 285 observed in HCCs, cirrhosis and normal livers (Figure 3B). In order to avoid a confounding 286 effect due TP53/MDM2 auto-regulatory loop, we performed a functional analysis in HCC cell 287 lines with mutated or null p53 isoform. Huh-7, Hep3B and SNU475 cells were chosen based on 288 their low/intermediate miR-30e-3p basal levels, whereas SNU449 cells were selected because of 289 their high basal levels (Figure 3B). MiR-30e-3p overexpression in Huh-7, Hep3B and SNU475

290 cells decreased mdm2 mRNA and protein levels, whereas miRNA silencing in SNU449 cells 291 increased its mRNA and protein expression (Figure 3C-F). Subsequently, we explored MDM2 targeting by miR-30e-3p in HepG2 cells. We observed increased mRNA and protein levels 292 293 following transient miRNA silencing in p53 WT and silenced (1.3 and 1.5-fold, respectively) 294 HepG2 cells (Figure S4A, B). To assess if miR-30e-3p regulation of MDM2 is long lasting, we 295 evaluated its expression in miR-30e-3p stably silenced (MZIP-30e-3p) HepG2 cells and detected 296 increased protein levels (Figure S4C), highlighting a prolonged post-transcriptional regulation. 297 Finally, we verified miRNA/mRNA interaction by performing a reporter assay in HepG2 cells. 298 MiR-30e-3p co-transfection decreased luciferase activity of WT MDM2-3'UTR vectors, but not 299 that of mutant ones, proving miRNA direct interaction with its complementary sequence in 300 MDM2 mRNA (Figure 3G). To verify the existence of a possible miR-30e/MDM2/TP53 301 feedback loop, we measured p53 transcriptional activity and expression in WT and mutant TP53-302 bearing cells following miR-30e-3p overexpression. An increase of luciferase signal and p53 303 protein expression was registered in miR-30e-3p transfected HepG2 cells; whereas no change 304 was observed in Huh-7 cells harboring an inactive p53 isoform (Figure 3H, S4D). These data 305 demonstrated that, in p53 WT contexts, miR-30e-3p increases p53 expression and activity by 306 targeting mdm2, leading to a feedforward loop sustained by p53-dependent transcription of miR-307 30e-3p itself. Conversely, in TP53 mutated backgrounds this positive loop is hampered, 308 suggesting that other targets might mediate miR-30e-3p functions in these contexts.

309

310 MiR-30e-3p influences cell proliferation and invasion of HCC cells by targeting *MDM2*, 311 *PTEN* and *CDKN1B/p27*

The regulation of cell proliferation and invasion by miR-30 family members has been reported in tumors [40, 41]; nevertheless, miR-30e-3p, the most downregulated miR-30 member in our patient cohorts and preclinical model, was not previously studied. Besides *MDM2*, a bioinformatics analysis highlighted *p27* and *PTEN* among miR-30e-3p hypothetic targets (**Figure S5A**). Due to their key role in hepatocarcinogenesis, it is conceivable that miR-30e-3p establishes multi-target networks driving HCC phenotype. QPCR and WB analyses in transfected HCC cells proved *p27* and *PTEN* inhibition by miR-30e-3p at mRNA and protein levels (**Figure S5B**). A reporter assay showed decreased luciferase activity of p27 and PTEN 3'UTR WT vectors upon miR-30e-3p overexpression, demonstrating that miR-30e-3p directly regulates these targets through mRNA degradation (**Figure S5C**).

322 We subsequently explored the effect of miR-30e-3p on HCC cell proliferation by dissecting the 323 contribution of mdm2/p53 axis and PTEN/AKT pathway. In order to investigate the former, we 324 performed the proliferation assay in TP53 WT and p53-silenced HepG2 cells. Cell growth 325 inhibition (1.2-fold) occurred upon miR-30e-3p enforced expression in TP53 WT cells, whereas 326 an increase of cell proliferation (1.4-fold) was detected in TP53-silenced HepG2 cells (Figure 327 **4A**, **B**), suggesting p53 as a pivotal factor modulating miR-30e-3p effect. The relevance of *PTEN* 328 targeting on cell proliferation was next assessed in p53-silenced cells by evaluating AKT 329 phosphorylation upon miR-30e-3p enforced expression. An increase of phospho-AKT occurred 330 in both TP53 WT and p53-silenced HepG2 cells highlighting AKT, beside p53, as pivotal factors 331 mediating miR-30e-3p effects. We next assayed p53-mutated Huh-7 and p53-deleted Hep3B 332 cells displaying high constitutive pten levels [20]. MiR-30e-3p overexpression increased proliferation of Huh-7 and Hep3B cells (1.9 and 2.1-fold, respectively). Enhanced AKT 333 334 phosphorylation confirmed PTEN/AKT targeting as a trigger for proliferation in these non-335 functional p53 backgrounds (Figure 4C, D). To check whether p27 contributes to cell 336 proliferation, we chose p53-mutated SNU475 cells displaying null pten levels [20]. MiR-30e-3p 337 increased proliferation of SNU475 cells without changing phospho-AKT levels, but strongly 338 decreasing p27 (Figure 4E). These findings support the crucial role of mdm2/p53, p27 and AKT 339 in mediating miR-30e-3p regulation of cell proliferation. We hence analyzed cell cycle 340 regulators p21 and p27 in miR-30e-3p overexpressing HCC cells. P21 modulation reflected p53

status, showing an increase in *TP53* WT HepG2 cells only, while it did not change in *TP53*mutated cell lines (**Figure 4A-E**). Conversely, p27 downregulation was observed in all cell lines, confirming its targeting by miR-30e-3p (**Figure 4A-E**). Opposite proliferative changes induced by miR-30e-3p in HCC cell lines can be explained by its multi-target activity. Indeed, the inhibition of mdm2 prevents cell cycle acceleration through p53/p21 signaling in *TP53* WT contexts only. On the contrary, p27 and PTEN inhibition prevails in *TP53*-mutated/deleted backgrounds, leading to increased proliferation.

We next explored miR-30e-3p ability to modulate invasive properties of HepG2 and SNU449 348 349 cells. These cell lines were chosen due to high miR-30e-3p constitutive levels that allowed the 350 investigation of miR-30e-3p stable silencing (Figure S5D) in a p53 WT (HepG2) and p53-351 mutated context (SNU449). No change was observed in miR-30e-3p silenced HepG2 cells, 352 whereas decreased invasive and migratory potentials were detected in miRNA-silenced SNU449 353 cells (Student's t-test; p<0.0001) (Figure 4F, S5E). Despite decreased phospho-AKT levels in both cell lines, their different invasion capability highlights cell context as pivotal in driving 354 355 miR-30e-3p influence on cell aggressiveness.

356

357 MiR-30e-3p influences stem cell properties of HCC cells through *EpCAM* targeting

358 We investigated miR-30e-3p driven changes on stemness in HCC and observed a negative 359 correlation between miR-30e-3p and both AFP and EpCAM mRNAs in HCC patients (Pearson's 360 correlation; R=-0.45 and -0.36, respectively) (Figure 5A) and cell lines (Pearson's correlation; 361 R=-0.62) (Figure S6A). Analyzing HCCs according to TP53 status, an even stronger correlation 362 was observed in TP53 mutated patients (Pearson's correlation; R=-0.78) (Figure S6B), 363 suggesting a stronger activity of miR-30e-3p in the absence of miR-30e-3p/mdm2/p53 regulatory 364 loop. An opposite behavior was detected for pri-miR-30e that positively correlated with EpCAM mRNA (Pearson's correlation; R=0.39) (Figure S6C). Accordingly, a change of EpCAM mRNA 365

366 and immunophenotype was observed following miR-30e-3p modulation in HCC cells (Figure 367 5B and S6D). To investigate how miR-30e-3p influences stem cell properties, we interrogated 368 bioinformatics algorithms and identified two hypothetical miRNA binding sites in EpCAM 369 3'UTR (Figure S6E). A decreased luciferase activity was observed for WT EpCAM-3'UTR 370 vector in presence of miR-30e-3p overexpression (Student's t-test; p=0.00045), demonstrating a 371 direct regulation of this target in HCC (Figure 5C). We next performed clonogenic and sphere 372 formation assays in miR-30e-3p stably silenced (MZIP-30e-3p) p53 WT HepG2 and p53-373 mutated SNU449 cells (Figure S5E, S6F), chosen on the basis of their different stemness 374 features (Figure S6G). The clonogenic assay displayed an increase of colony number (t-test; 375 p=0.0005) and OD 595 (t-test; p=0.001) in MZIP-30e-3p HepG2 cells, whereas an opposite 376 behavior was observed in SNU449 cells displaying a decreased colony number (t-test; p<0.0001) 377 and OD 595 (t-test; p=0.025) in miR-30e-3p silenced cells (Figure 5D, E). Finally, we 378 performed colony-forming unit and sphere formation assays in miR-30e-3p stably 379 overexpressing Huh-7 cells exhibiting high stem cell characteristics and a mutated p53 isoform 380 (Figure S6F, G). A decrease of colony and sphere number (t-test; p=0.0033 and p=0.010, 381 respectively) was observed in miR-30e-3p-Huh-7 cells (Figure 5F, G). Similarly, miR-30e-3p 382 silencing determined an increased sphere formation (Student's t-test; p<0.0001) in HepG2 cells 383 (Figure 5G, S6H). Due to low expression of stem cell characteristics, SNU449 cells displayed 384 no capability to sphere formation (Figure S6I). An increase of AFP and EpCAM levels was 385 observed in MZIP-30e-3p HepG2-derived spheres, whereas their decrease was detected in 386 pMXs-miR-30e-3p Huh-7-derived spheres (Figure 5H), confirming findings observed in HCC 387 specimens and cell lines.

In primary HCCs, low miR-30e-3p expression associated with microvascular invasion (Student's t-test; p=0.012) and increased recurrence rate (log-rank test; p=0.027) (**Figure 5I, J**). These findings demonstrated that miR-30e-3p downregulation participates to boost stemness properties in HCC cells characterized by a stem-like phenotype.

393

394 MiR-30e-3p regulates treatment response in HCC preclinical models through *MDM2* and 395 *PTEN* targeting

396 Due to the relevance of miR-30e-3p targets in stressful conditions and drug response, we 397 evaluated apoptotic cell death in HepG2 and Huh-7 cells following starvation and doxorubicin or 398 sorafenib treatment. Firstly, we considered TP53 WT HepG2 cells and observed that miR-30e-3p 399 overexpression had no effect in basal conditions (Figure 6A). On the contrary, it increased early 400 apoptosis (2.3-fold) following serum deprivation and both early and late apoptosis (1.3 and 7.8-401 fold, respectively) in doxorubicin treated cells (Figure 6B, C), which is consistent with p53 402 activation in these conditions (Figure S7A). WB and caspase assay confirmed increased p53 expression, apoptotic markers and caspase-3/7 activity upon miR-30e-3p enforced expression in 403 404 serum-deprived and doxorubicin treated HepG2 cells (Figure 6C-E).

405 Similarly, sorafenib increased early apoptosis (3.1-fold increase) in miR-30e-3p transfected 406 HepG2 cells (Figure 6F-H). Since both sorafenib (Figure S7A) and miR-30e-3p induces p53 407 expression (Figure 6G), we wondered if p53 might account for increased apoptotic cell death in 408 miR-30e-3p overexpressing cells. To prove a p53-dependent response, we performed the same 409 assays in p53-silenced HepG2 cells. In this setting, miR-30e-3p overexpression decreased (4.2-410 fold) early apoptotic cells (Figure 6I-K), demonstrating the central role of p53 in triggering 411 miR-30e-3p-mediated apoptosis. In agreement, miR-30e-3p overexpression in TP53 deleted 412 (CRISPR/Cas9 technology) HepG2 cells determined a resistance to both starvation and sorafenib 413 (Figure S7B-E), confirming p53 as a determinant of miR-30e-3p duality in HCC. To 414 demonstrate the relevance of PTEN/AKT axis in the absence of p53, we coupled miR-30e-3p 415 inhibition with PTEN silencing in p53-deleted HepG2 cells. Annexin-V assay after sorafenib 416 administration showed that *PTEN* inhibition decreases early apoptosis (1.5-fold) in miR-30e-3p 417 silenced/p53-knockout HepG2 cells confirming PTEN/AKT pathway as a driver of sorafenib-418 resistance in the absence of p53 (Figure S7F, G). Finally, since sorafenib triggers p27 in HepG2 419 cells (Figure S7H), we wondered whether p27 targeting by miR-30e-3p might influence 420 sorafenib response. Strikingly, when both TP53 and PTEN were inhibited, miR-30e-3p overexpression decreased early apoptotic cell population (1.4-fold) in sorafenib treated HepG2 421 422 cells, suggesting p27 participation to miR-30e-3p-mediated sorafenib resistance in p53-depleted 423 cells (Figure S7I). These findings confirm the importance of PTEN and p27 in driving miR-30e-424 3p-associated phenotype in TP53 mutated backgrounds. In line, miR-30e-3p overexpression in 425 TP53 mutated Huh-7 cells determined a resistance to starvation, doxorubicin and sorafenib 426 administration (Figure S8A-H) and high miR-30e-3p levels associated with increased tumor cell 427 proliferation in sorafenib-treated Huh-7-dervived xenograft mice (Figure S8I, J), confirming its 428 oncogenic role in p53-mutated cells.

429 In sorafenib-treated DEN-HCC rats, a downregulation of miR-30e-3p expression was found in 430 73% of nodules (Student's t-test; p=0.02) (Figure 7A). Sorafenib resistant tumors showed lower 431 miR-30e-3p tissue levels (Student's t-test; p=0.004) (Figure 7B), suggesting miR-30e-3p 432 downregulation as an adverse event with respect to sorafenib efficacy in this model. In 433 agreement, an inverse correlation between miR-30e-3p and tumor size (Pearson's correlation; 434 R=-0.69) (Figure 7C) and a positive correlation between miR-30e-3p and apoptotic markers (Pearson's correlation; R=0.70, 0.71 and 0.49) were identified in treated rat HCCs (Figure S9A-435 C). Finally, the positive correlation between miR-30e-3p and p21 levels in tumor tissues 436 437 (Pearson's correlation; R=0.52) (Figure S9D) from TP53 WT rat DEN-HCCs [42], led us to 438 speculate that miR-30e-3p/mdm2/p53 axis might take part to sorafenib sensitization also in rat 439 tumors.

440

441 Circulating miR-30e-3p levels predict treatment response in HCC

442 Circulating miRNAs were proposed as biomarkers of treatment response [43] and TKIs, such as 443 gefitinib, promote exosomal secretion [44]. Thus, we assayed if sorafenib could modulate miR-444 30e-3p extracellular levels. An exosome-mediated miR-30e-3p extrusion was confirmed in all 445 HCC cell lines treated by sorafenib, except for SNU449 cells. Sorafenib decreased intracellular miR-30e-3p levels in sensitive cell lines (HepG2, Hep3B and Huh-7), while it increased miRNA 446 447 levels in the resistant (SNU475) one (Figure 7D-F). Aiming at identifying molecular 448 mechanisms underneath miR-30e-3p extrusion triggered by sorafenib, we focused on p53, a 449 known promoter of exosomal secretion [45]. We assayed p53 activity following sorafenib 450 treatment in WT TP53 HepG2 cells, in SNU475 cells that harbor a double TP53 heterozygous 451 mutation but maintain a residual TP53 transcriptional activity and in SNU449 cells with a mutated and transcriptionally inactive TP53 isoform (Figure 3B). Sorafenib increased TP53 452 453 activity in both HepG2 and SNU475 cells, but not in SNU449 cells (Figure 7G). We next 454 performed TP53 silencing and deletion in HepG2 cells and observed that p53 absence prevented 455 miR-30e-3p extracellular and exosomal rising (Figure 7H and S9E), confirming that p53 456 contributes to sorafenib-mediated miR-30e-3p exosomal secretion by HCC cells.

457 Remarkably, an inverse correlation between tissue and serum miR-30e-3p levels was detected in 458 both DEN-HCC rats and xenograft mice subjected to sorafenib treatment (Pearson's correlation; 459 R=-0.58 and R=-0.88, respectively) (Figure S9F, G). In addition, a negative correlation between miR-30e-3p circulating levels and apoptotic molecules was found in sorafenib-treated HCC rats 460 461 (Pearson's correlation; R=-0.82, -0.65 and -0.51, respectively) (Figure S9H-J) and higher 462 circulating miR-30e-3p levels were detected in sorafenib-resistant group (Student's t-test; 463 p=0.05) (Figure 7I). Taken together, these correlative findings suggested miR-30e-3p as a 464 potential biomarker of treatment response.

We thus tested circulating miR-30e-3p levels in patients with advanced HCC (**Table S2**), assaying sera samples collected before (46 patients, 25 responders and 21 non-responders at two months) and on sorafenib treatment (49 patients, 23 responders and 26 non-responders at the 4 468 months follow-up assessment). Circulating miR-30e-3p levels did not differ between responders 469 and non-responders (mean circulating miR-30e-3p: 2.24 in R vs 1.96 in NR; unpaired t-test, 470 p=0.3, Figure 7J) ruling out any predictor role of primary response. Conversely, higher 471 circulating miR-30e-3p was found at the two months follow-up in patients experiencing escape 472 to treatment at the four months TC (circulating miR-30e-3p at two months: 2.13 in responders vs 473 3.18 in non-responders, unpaired T-test, p<0.0001; Figure 7K), suggesting its early elevation in 474 acquired drug resistance. In a subgroup of 28 patients (13 responders and 15 non-responders at 475 the four months follow-up), variations of circulating miR-30e-3p were tested over time (basal 476 versus two months follow-up). Even though the cohort is small, preventing any conclusion, an 477 increase in circulating miR-30e-3p levels at the two months assessment was observed in patients 478 developing escape at the subsequent CT-scan (Figure S9K, L). Notably, circulating miR-30e-5p 479 levels did not predict sorafenib response neither before nor on treatment (Figure S9M, N) 480 further highlighting the specificity of miR-30e-3p variations in acquired resistance to sorafenib. 481 In conclusion, even though these data are very preliminary and circumstantial, the early rising of 482 circulating miR-30e-3p in patients developing sorafenib resistance makes this miRNA appealing 483 for further exploitation, in a field where non-invasive biomarkers are needed.

484 **Discussion**

485 MiRNAs act as tumor suppressors (TS) or oncogenes depending on targets' core, driver gene 486 mutations and tumor microenvironment. Here we report the downregulation of miR-30e-3p in 487 human and rat HCCs and its association with poor prognosis, proliferation, stemness phenotype 488 and drug resistance. The modulation of different biological functions has to be ascribed to the 489 simultaneous targeting of both oncogenes and tumor suppressor genes.

490 Previous studies reported miR-30 as a 'dual' miRNA, with opposite functions in NSCLC and 491 pancreatic cancer [15, 18]. Here, we describe the 'dual' role of miR-30e-3p within the same 492 tumor type, highlighting opposite effects based on different molecular backgrounds and in 493 particular to TP53 status. On one hand, miR-30e-3p decreased cell proliferation and induced 494 sorafenib sensitization in TP53 WT HepG2 cells, behaving as a TS miRNA. On the other hand, it 495 induced proliferation, and drug resistance in TP53-mutated/deleted HCC cells, behaving as an 496 oncomiR. Indeed, both tumor suppressors (CDKN1B/p27 and PTEN) and oncogenes (MDM2, 497 EpCAM) were demonstrated to be miR-30e-3p targets. Specifically, miR-30e-3p exerts TS 498 functions in TP53 WT contexts where mdm2 targeting is prevalent, leading to p53 pathway 499 activation. On the contrary, tumor-promoting effects take place in non-functional p53 contexts, 500 where p27 and PTEN targeting becomes prevalent. In particular, p27 drives the proliferating 501 phenotype; EpCAM modulates staminal properties, whereas PTEN contributes to drug resistance 502 by triggering AKT activation [46]. Similarly, we previously reported a dual behavior for miR-503 221 with respect to p53 status, highlighting the importance of molecular characterization when 504 antagomiR strategies are considered [21]. Indeed, both miR-221 and miR-30e-3p modulate the 505 TP53 axis through mdm2 direct regulation explaining, at least in part, their opposite activity in 506 different TP53 contexts.

507 As established for miR-30a and miR-30e-5p [24, 25] here we proved that p53 activates miR-30e 508 transcription. Nevertheless, we observed a negative correlation between primary and mature 509 miR-30e-3p levels, envisaging regulatory events on miRNA biogenesis. Strikingly, mature but 510 not primary miRNA profiles clustered normal and tumor samples into separate nodes, suggesting 511 maturation processes as more relevant than altered transcription for aberrant miRNA expression 512 [47]. Gain-of-function of mutated p53 isoforms hampers miRNA processing machinery leading 513 to miRNA downregulation due to interference with both p68 and p72/82 RNA helicases, 514 impairing Drosha microprocessor activity [23, 48]. Moreover, R273H mutated p53 inhibits miR-515 30a transcription contributing to its aberrant expression in breast cancer [49]. We observed an 516 association between p53 mutations and miR-30e-3p downregulation, as well as the inhibition of 517 miRNA maturation following Nutlin-3 treatment, suggesting the enrollment of other mdm2 518 targets, such as p53 family members (p63 and p73), as possible regulators of miRNA biogenesis. 519 In this regard, an elegant study by Su and coworkers demonstrated that Dicer1 is a 520 transcriptional target of TAp63 but not of p53 [50]. Our descriptive findings on p53 involvement 521 in miRNA biogenesis led us to speculate that p53 accumulation, as in the case of MDM2 522 permanent inhibition by Nutlin-3, might be responsible for the transcriptional inhibition of 523 Dicer1 through saturation of p63/p53-REs, preventing p63-mediated transcription. Dicer1 524 disruption in knockout (KO) mice promoted hepatocarcinogenesis and led to the deregulation of 525 several miRNAs, including all miR-30 family members, suggesting a strict regulation of miR-30 526 maturation by Dicer1 in HCC [51].

Rat HCCs, characterized by a *TP53* WT background [42], showed an inverse correlation between miR-30e-3p and tumor size, as well as reduced miR-30e-3p tissue levels in sorafenib resistant tumors, suggesting miR-30e-3p downregulation as a contributor to sorafenib resistance. New molecules, beside sorafenib, were recently registered for advanced HCC [52], however biomarkers predicting treatment outcome are lacking. In the last two decades, miRNAs have emerged as attractive diagnostic, prognostic and therapeutic tools [53, 54] and reliable markers [43]. Decreased miR-30e and miR-223 serum levels were reported in HCC patients irrespective of tumor etiology [55], whereas miR-30e-enriched vesicles decreased mesenchymal properties in
cholangiocarcinoma cells [56].

536 Our and other groups reported sorafenib as a trigger for TP53 activation and demonstrated TP53 537 as a key player for exosomal secretion in stressful conditions [45] even though mechanisms 538 governing exosomal secretion remain poorly understood. Here we confirmed the contribution of 539 the p53 pathway to miR-30e-3p exosomal secretion in sorafenib-treated HCC cell lines. In 540 addition, as reported for the TKI gefitinib, sorafenib triggers exosome secretion in HCC cells 541 [44]. Increased miR-30e-3p circulating levels were found in sorafenib resistant rat and human 542 HCCs. In particular, higher miR-30e-3p circulating levels, deriving from exosomal secretion, 543 were associated with subsequent escape to sorafenib. This does not prove a causative effect and 544 may simple represent a bystander event; however, miR-30e-3p role as a non-invasive predictor 545 of treatment escape can be envisaged and should be further investigated in larger patient cohorts.

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708 epithelial-mesenchymal transition. Oncotarget 2018;9:16400-17.

709 Figure Legends

710 Figure 1. Deregulated expression of miR-30 family in human and rat HCCs. (A-C) Box plot 711 graphs of miR-30e-3p, miR-30e-5p and miR-30a-3p in human and (**D-F**) rat tumor and non-712 tumor (NT) samples or liver cirrhosis (LC). (G-I) Box plot graph of miR-30e-3p, miR-30e-5p 713 and miR-30a-3p in the validation cohort and in normal livers (NL). On the top of each graph is 714 reported the p-value relative to ANOVA, whereas stars represent comparison between groups 715 (Tukey's post hoc test). (J, K) Box plot graphs of mature and primary (pri-miR) miR-30e-3p in wild type (WT) and mutated (MUT) TP53 HCC specimens. Y-axes report $2^{-\Delta\Delta Ct}$ values 716 717 corresponding to miRNA levels.

718

719 Figure 2. TP53 regulates miR-30e expression in HCC cells. (A) QPCR analysis of primary 720 miR-30e (pri-miR-30e) and mature isoforms (miR-30e-3p, miR-30e-5p, miR-34a) in TP53 721 silenced, (B) TP53 overexpressing (pCMV-p53) and (C) Nutlin-3 treated HepG2 cells or (D-E) 722 Nutlin-3 treated p53-deleted HepG2 (CRISPR) and p53-null Hep3B cells. (F) QPCR analysis of 723 primary miR-30e and mature isoforms in TP53 overexpressing Hep3B cells and (G) mutated TP53 (pBabe-p53-mut) overexpressing HepG2 cells. (A-G) WB and qPCR analyses of TP53, 724 725 MDM2, CDKN1A/p21 in the same settings. U6RNA and β -actin were used as housekeeping 726 genes. QPCR experiments were performed twice in triplicate; p-values from unpaired t-test are 727 shown in each graph. Scr: scramble oligonucleotide; pCMV and pBabe: control vectors; DMSO: 728 vehicle.

729

Figure 3. MiR-30e-3p targets *MDM2* in HCC cells. (A) MiR-30e-3p hypothetical binding sites
in *MDM2* 3'UTR, as identified by Targetscan. Stars represent mutated bases. (B) QPCR analysis
of miR-30e-3p in HCC, liver cirrhosis (LC) and normal liver (NL) as well as in HCC cell lines.

733 TP53 status and relative transcriptional activity are reported in the table below the graph, TP53 734 activity has been normalized on that detected in HepG2 cells. (C-E) QPCR and WB analyses of 735 miRNA and MDM2 expression in miR-30e-3p overexpressing Huh-7, Hep3B and SNU475 cells 736 and (F) miR-30e-3p silenced SNU449 cells. Time after transfection: 24 h. Y-axes represent 737 relative expression levels. U6RNA and β -actin were used as housekeeping genes. (G) Luciferase 738 reporter assay in HepG2 cells co-transfected with wild type (WT) or mutated (MUT) pGL3-739 MDM2-3UTR vectors and miR-30e-3p or negative control (NC). This experiment was repeated 740 three times in triplicate. (H) P53 reporter assay and WB analysis in miR-30e-3p overexpressing 741 HepG2 and Huh-7 cells. (G, H) Y-axes report relative values with respect to negative controls. 742 NC: pre-miR negative control; NCi: anti-miR negative control; AM-30e-3p: anti-miR-30e-3p.

743

Figure 4. MiR-30e-3p influences cell growth and invasion of HCC cells. (A, B) Growth curves of miR-30e-3p and negative control (NC) transfected HepG2 cells in basal conditions and following p53 silencing. (C-E) Growth curves of miR-30e-3p transfected Huh-7, Hep3B and SNU475 cells with respect to negative control (NC) cells. (A-E) WB analysis of p53, PTEN, pAKT, p27 and p21 levels normalized on β-actin housekeeping gene. (F) Real time invasion assay of miR-30e-3p stably silenced (MZIP-30e-3p) HepG2 and SNU449 cells with respect to controls (MZIP-shRNA).

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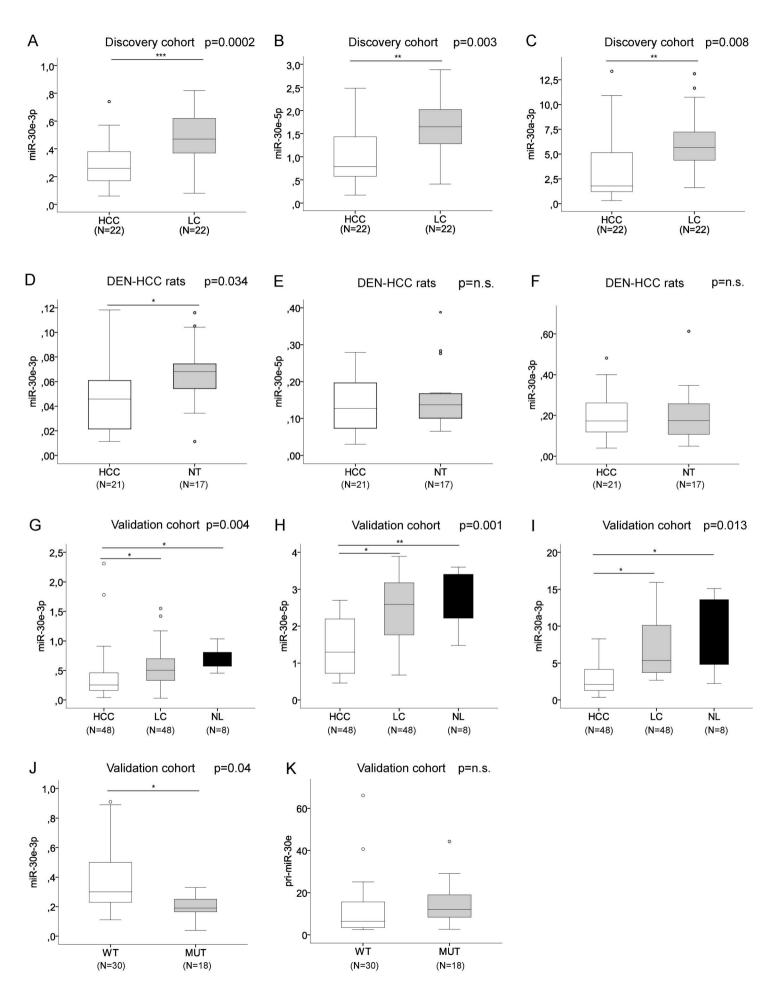
Figure 5. MiR-30e-3p influences stem cell properties of HCC cells. (A) Correlation graphs between miR-30e-3p and AFP or EpCAM mRNAs in HCC patients (N=30). Axes report $2^{-\Delta\Delta Ct}$ values transformed in a log2 form. (B) QPCR analysis of EpCAM expression in miR-30e-3p overexpressing Huh-7 cells (transient transfection) and miR-30e-3p silenced HepG2 cells (stable infection). Y-axis reports relative gene expression. (C) Luciferase reporter assay in HepG2 cells 757 co-transfected with WT or mutated (MUT) pGL3-EpCAM-3UTR vectors and miR-30e-3p or 758 negative control (NC). (D-F) Six-well plate images of clonogenic assay in MIZ-30e-3p and control (MZIP-shRNA) HepG2 and SNU449 cells, as well as in miR-30e-3p overexpressing 759 760 (pMXs-miR-30e-3p) and control (pMXs-shRNA) Huh-7 cells. Column graphs represent colony 761 count and OD 595. Columns and bars represent average \pm SD values. (G) Sphere formation 762 assay in MZIP-30e-3p and control HepG2 cells as well as in pMXs-miR-30e-3p and control 763 (pMXs-shRNA) Huh-7 cells. Average ± SD values from two independent experiments are 764 shown. (H) WB analysis of stemness markers in MZIP-30e-3p HepG2 and pMXs-miR-30e-3p Huh-7 spheres. (I) Box plot graph displaying miR-30e-3p expression in patients with or without 765 766 microvascular invasion (MVI). (J) Kaplan-Meier survival curve in HCC patients with high or 767 low miR-30e-3p expression. High or low miRNA values were considered with respect to median 768 value.

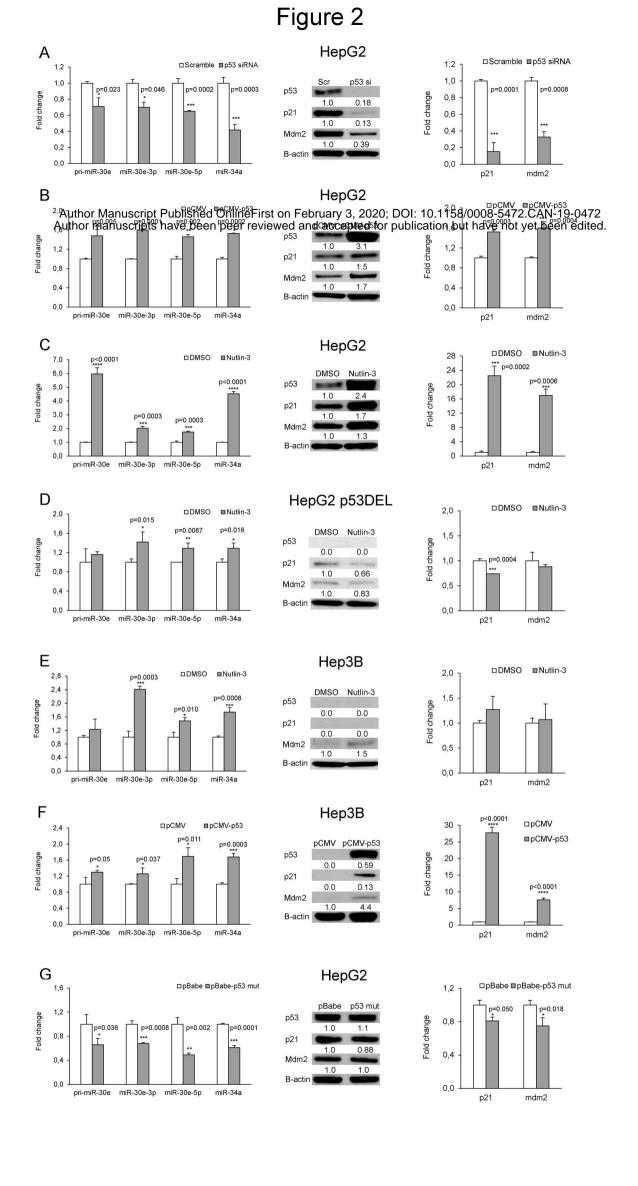
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Figures 6. MiR-30e-3p induces drug sensitization in HepG2 cells. (A) Annexin-V assay in untreated or (B) serum deprived (60h) miR-30e-3p overexpressing and control cells. (C-E) Annexin-V images, WB analysis and caspase activity assay in miR-30e-3p overexpressing cells following doxorubicin (2.0 µg/ml, 48h) or (F-H) sorafenib treatment (7.5 µM, 48h). (I-K) Annexin-V images, WB analysis and caspase activity assay in p53-silenced miR-30e-3p overexpressing HepG2 cells following sorafenib treatment.

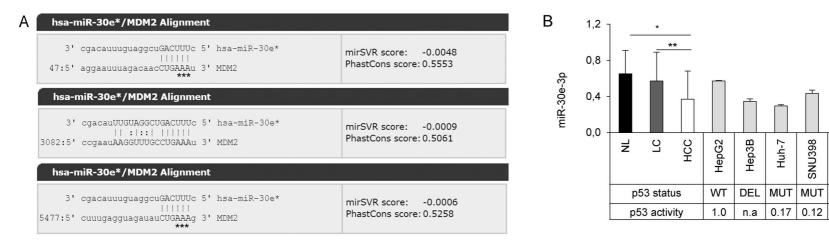
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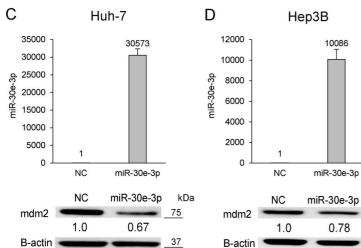
Figure 7. Increased miR-30e-3p serum levels associate with sorafenib escape in HCC. (A) Box plot graph displaying miR-30e-3p levels in sorafenib-treated rat HCCs with respect to surrounding livers or (B) in responder (R) and non-responder (NR) groups. (C) Correlation graph between tissue miR-30e-3p levels and tumor size in sorafenib-treated rat HCCs. (D) 781 QPCR analysis of intracellular, (E) extracellular and (F) exosomal miR-30e-3p levels in 782 untreated and sorafenib treated HCC cells. Y-axes report relative values with respect to not-783 treated cells. DMSO was used as vehicle in untreated cells. Numbers below histograms represent 784 relative cell viability values (%) of sorafenib treated versus untreated cells (48 h) identifying 785 sensitive and resistant cell lines. (G) TP53 activity assay in sorafenib treated HepG2, SNU449 786 and SNU475 cell lines (5 µM for 48 h). Y-axis reports relative p53 activity with respect to 787 untreated cells (vehicle: DMSO). (H) QPCR analysis of intracellular, extracellular and exosomal 788 miR-30e-3p levels in scramble and p53-silenced HepG2 cells after sorafenib treatment (5 µM for 789 48 h). U6RNA and cel-miR-39 were used as housekeeping genes for intracellular and 790 extracellular/exosomal miRNA levels, respectively. Y-axis reports relative values with respect to 791 not-treated cells. (I) Box plot graph displaying circulating miR-30e-3p levels in responder (R) 792 and non-responder (NR) animals. (J) Box plot graph displaying circulating miR-30e-3p levels in 793 serum samples from responder and non-responder HCC patients collected before treatment start 794 and (K) at two-month follow-up. Response/escape to sorafenib was assessed at the subsequent (2-months or 4 months respectively) TC scan. Axes report $2^{-\Delta\Delta Ct}$ values transformed in a log2 795 796 form.

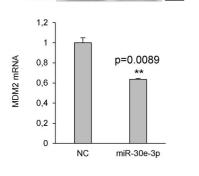


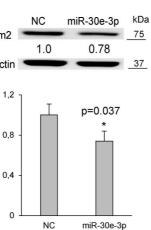


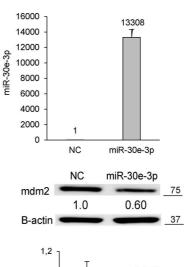
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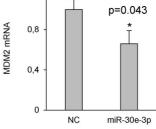


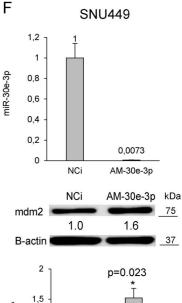






SNU475





SNU398

MUT

SNU449

MUT

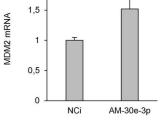
SNU182

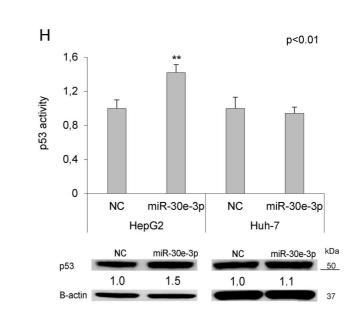
MUT

0.18 0.068 0.35

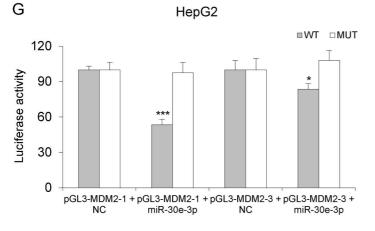
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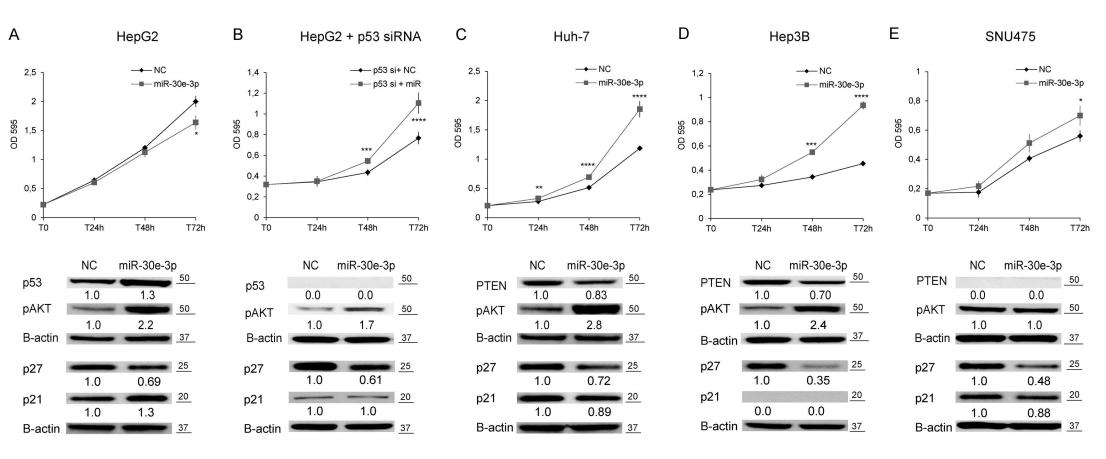




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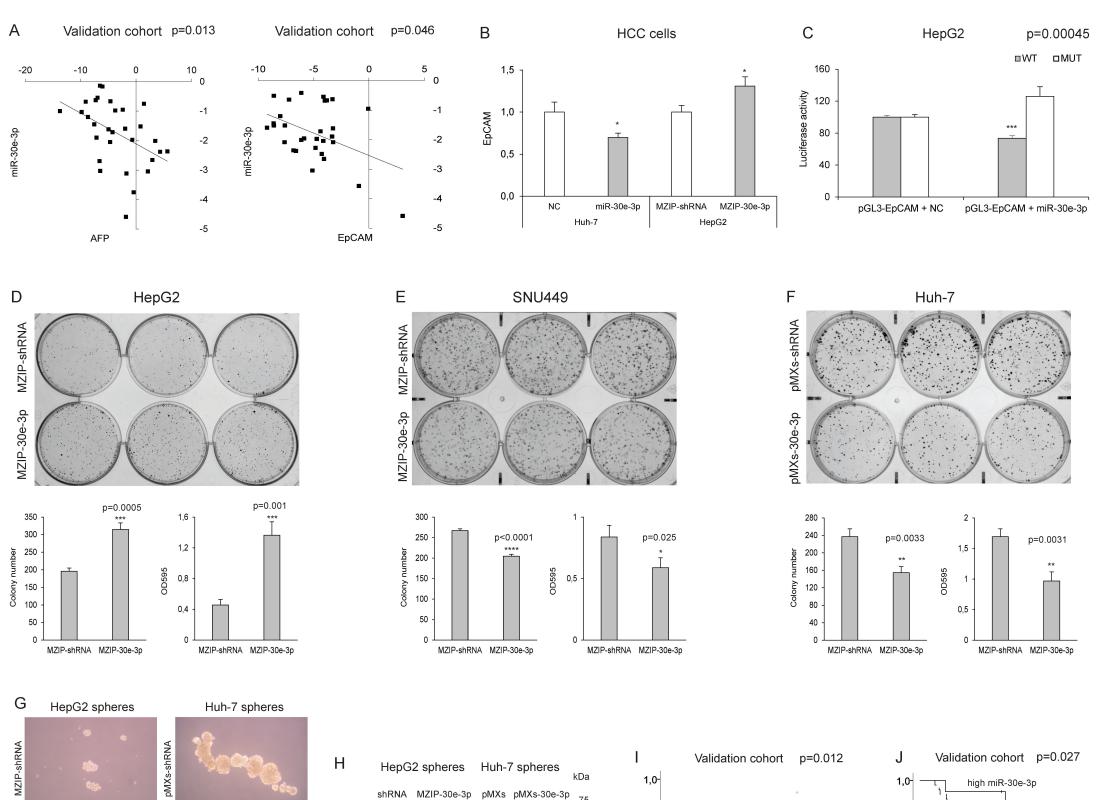
MDM2 mRNA



F HepG2 **SNU449** -MZIP-shRNA -MZIP-shRNA 1,3 1,3 -MZIP-30e-3p 1,1 1,1 0,9 0,9 Cell Index Cell Index 0,7 0,7 0,5 0,5 0,3 0,3 0,1 0,1 -0,1 -0,1 10 Time (hours) 20 0 10 20 0 Time (hours) shRNA MZIP-30e-3p shRNA MZIP-30e-3p 50 p53 50 pAKT 0.73 1.0 1.0 0.73 50 pAKT ______ 37 B-actin 1.0 0.73



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37

37

0.80

0.70

1.0

1.0

.8

,6-

,0-

MVI -

(N=11)

MVI +

(N=23)

miR-30e-3p

0,8

ecurrence 0,6-0,4-

0,2-

0,0-

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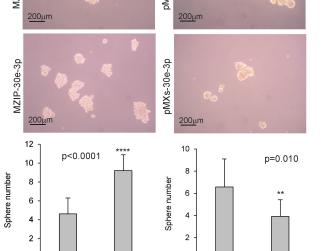
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Time To Recurrence (days)

low miR-30e-3p

600

800



AFP

EpCAM

B-actin

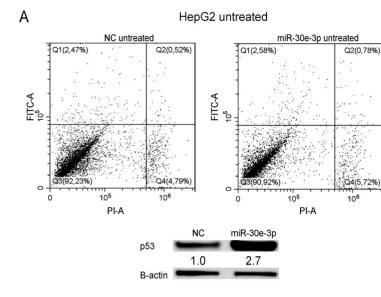
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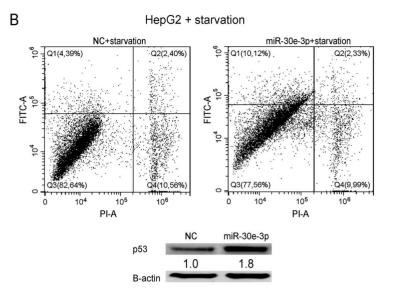
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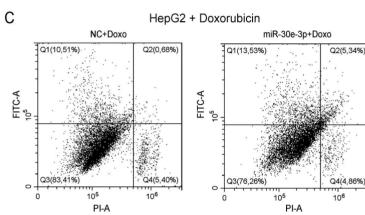
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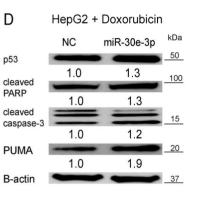
FITC-A 10⁵

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HepG2 + Sorafenib

miR-30e-3p

1.7

1.2

1.7

1.5

1.9

1.1

NC

1.0

1.0

1.0

1.0

1.0

1.0

kDa

50

100

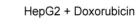
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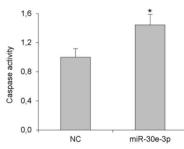
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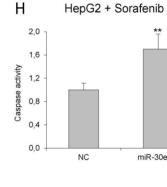
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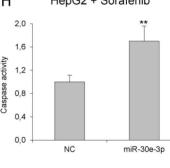
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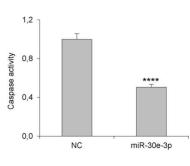


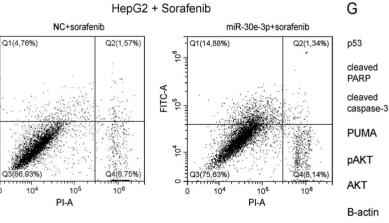


miR-30e-3p

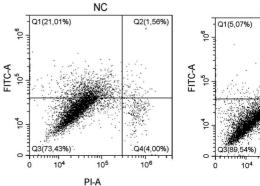


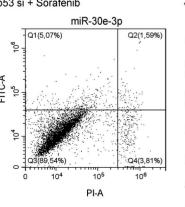
Κ HepG2 + p53 si + Sorafenib

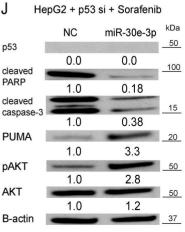


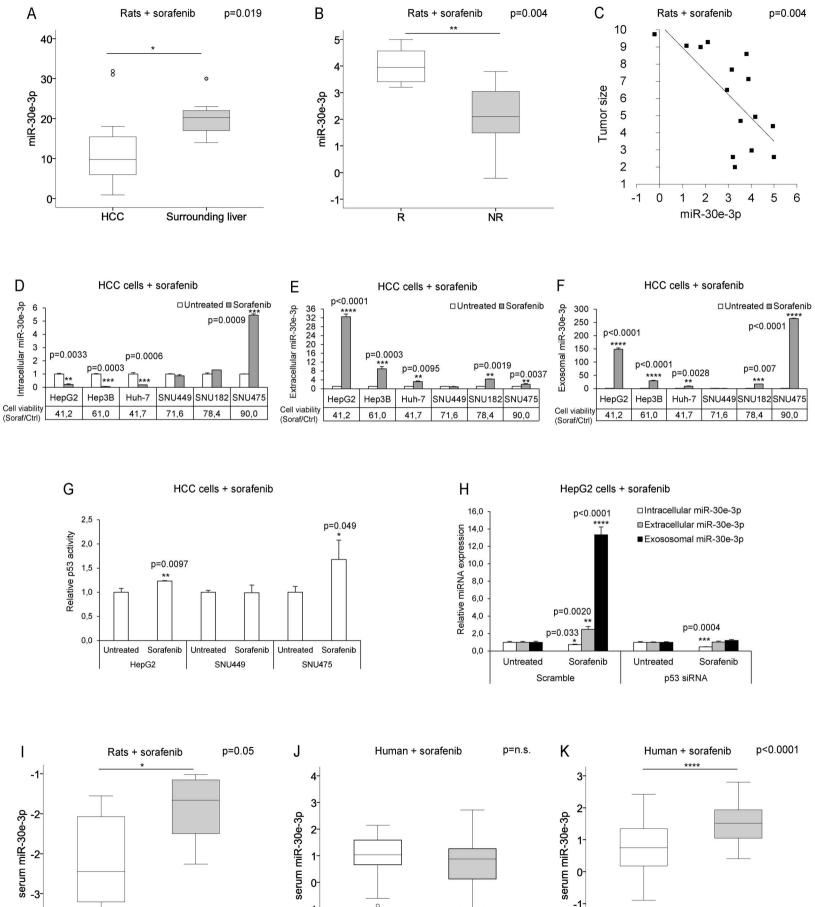


HepG2 cells + p53 si + Sorafenib









-1--2-R NR R NR Treatment end Pre-treatment

-3

NR On treatment

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-2-