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LncRNA *TMPO-AS1* promotes esophageal squamous cell carcinoma progression by forming biomolecular condensates with FUS and p300 to regulate *TMPO* transcription

Xiao-Jing Luo^{1,2,5}, Ming-Ming He^{1,5}, Jia Liu^{1,5}, Jia-Bo Zheng^{1,5}, Qi-Nian Wu^{1,3}, Yan-Xing Chen¹, Qi Meng¹, Kong-Jia Luo^{1,4}, Dong-Liang Chen¹, Rui-Hua Xu^{1,2}, Zhao-Lei Zeng^{1 \bowtie}, Ze-Xian Liu^{1 \bowtie} and Hui-Yan Luo^{1,2 \bowtie}

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Esophageal squamous cell carcinoma (ESCC) is one of the most life- and health-threatening malignant diseases worldwide, especially in China. Long noncoding RNAs (lncRNAs) have emerged as important regulators of tumorigenesis and tumor progression. However, the roles and mechanisms of lncRNAs in ESCC require further exploration. Here, in combination with a small interfering RNA (siRNA) library targeting specific lncRNAs, we performed MTS and Transwell assays to screen functional lncRNAs that were overexpressed in ESCC. *TMPO-AS1* expression was significantly upregulated in ESCC tumor samples, with higher *TMPO-AS1* expression positively correlated with shorter overall survival times. In vitro and in vivo functional experiments revealed that *TMPO-AS1* promotes the proliferation and metastasis of ESCC cells. Mechanistically, *TMPO-AS1* bound to fused in sarcoma (FUS) and recruited p300 to the *TMPO* promoter, forming biomolecular condensates in situ to activate *TMPO* transcription *in cis* by increasing the acetylation of histone H3 lysine 27 (H3K27ac). Targeting *TMPO-AS1* led to impaired ESCC tumor growth in a patient-derived xenograft (PDX) model. We found that *TMPO-AS1* is required for cell proliferation and metastasis in ESCC by promoting the expression of *TMPO*, and both *TMPO-AS1* and *TMPO* might be potential biomarkers and therapeutic targets in ESCC.

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INTRODUCTION

Esophageal carcinoma (ESCA) is the 6th leading cause of cancerrelated mortality worldwide¹. In China, the predominant histological subtype of ESCA is esophageal squamous cell carcinoma (ESCC), which ranks 4th in cancer-related mortality². Although the clinical community has achieved some diagnostic and therapeutic advances, patients with advanced ESCC have a poor prognosis due to recurrence and metastasis, leading to a 5-year survival rate of less than $20\%^{2,3}$. Genetic abnormalities and molecular alterations play essential roles in the progression of ESCC and are potential therapeutic targets⁴. Therefore, a more comprehensive understanding of the molecular mechanism underlying ESCC progression is vital for the development of novel biomarkers and effective therapeutic targets for this disease.

Long noncoding RNAs (IncRNAs) are a class of transcripts with a length of more than 200 nucleotides and virtually no proteincoding potential⁵. LncRNAs play extensive roles in various physiological and pathological processes, including tumor initiation and progression. Recent reports have revealed diverse functional mechanisms for IncRNAs, such as acting as microRNA sponges, endogenous small interfering RNA (siRNA) precursors, or molecular scaffolds to interact with proteins or other RNAs, and even encoding short peptides^{6–8}. Roles of IncRNAs in ESCC have been reported. For example, the IncRNA *DNM3OS* confers radioresistance by regulating the DNA damage response⁹, and *AGPG* regulates PFKFB3-mediated tumor glycolytic reprogramming¹⁰. These studies indicate that targeting IncRNAs could be a novel approach for ESCC therapy. However, further investigations into more specific roles of IncRNAs in ESCC tumorigenesis and progression are still needed.

Natural antisense (NAT) lncRNAs are classified by their genomic location with respect to the cognate protein-coding genes. The sequences of NAT lncRNAs are often partially complementary to the transcripts of their neighboring genes⁶, and NAT lncRNAs and their neighboring genes often exhibit concordant or discordant expression patterns¹¹. Recent studies have shown that NAT lncRNAs function as epigenetic regulators of the expression of their cognate genes^{12,13}.

In this study, we found that the upregulated NAT IncRNA *TMPO-AS1* functions as an oncogenic regulator in ESCC. *TMPO-AS1* promoted ESCC cell proliferation, G1/S progression and metastasis. Mechanistically, *TAS1* recruited FUS and p300 to the *TMPO* promoter and formed condensates in situ, which upregulated TMPO expression by increasing the deposition of H3K27ac in the

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¹Department of Medical Oncology, Sun Yat-sen University Cancer Center, State Key Laboratory of Oncology in South China, Collaborative Innovation Center for Cancer Medicine, Sun Yat-sen University, Guangzhou 510060, People's Republic of China. ²Research Unit of Precision Diagnosis and Treatment for Gastrointestinal Cancer, Chinese Academy of Medical Sciences, Guangzhou 510060, People's Republic of China. ³Department of Pathology, Sun Yat-sen University Cancer Center, Guangzhou, People's Republic of China. ⁴Department of Thoracic Surgery, Sun Yat-sen University Cancer Center, Guangzhou, People's Republic of China. ⁵These authors contributed equally: Xiao-Jing Luo, Ming-Ming He, Jia Liu, Jia-Bo Zheng. ⁵⁶email: zengzhl@sysucc.org.cn; luoxy@sysucc.org.cn;

MATERIALS AND METHODS

Cell lines and cell culture

Het-1A and NE-1 cells were obtained from the American Type Culture Collection (ATCC; Rockville, MD, USA). HEK293T, KYSE30, KYSE150, KYSE180, KYSE110, KYSE510 and KYSE520 cells were obtained from the German Cell Culture Collection (DSMZ, Braunschweig, Germany). TE-1, TE-9, TE-11 and TE-15 cells were obtained from the Cell Bank of Shanghai Institute of Cell Biology (Chinese Academy of Medical Sciences, Shanghai, China). Cells were grown in basic Dulbecco's modified Eagle's medium (DMEM) or RPMI-1640 medium (Thermo Fisher Scientific, Waltham, MA, USA) supplemented with 10% fetal bovine serum (FBS; Invitrogen, Carlsbad, CA, USA) and 1% penicillin/streptomycin (HyClone, Logan, UT, USA) at 37 °C in 5% CO₂. All cells were further verified via STR-PCR DNA profiling by Guangzhou Cellcook Biotech Co., Ltd. (Guangzhou, China) and tested negative for mycoplasma contamination before use.

Human tissue specimens

Clinical samples were collected from Sun Yat-sen University Cancer Center (SYSUCC; Guangzhou, China). All patients were histologically diagnosed with ESCC. Written informed consent was obtained from all patients. The study was approved by the Medical Ethics Committee of Sun Yat-sen University.

Cell line-derived xenograft (CDX) and patient-derived xenograft (PDX) models

To establish CDX models, ESCC cells expressing control shRNA (shCtrl) or *TAS1*-targeting sh#1 or sh#2 were injected subcutaneously into the dorsal flanks of 4-week-old female BALB/c nu/nu mice (five mice per group). Tumor growth was monitored every 3 days after transplantation using calipers. Mice bearing xenografts were euthanized at the endpoint, and tumors were weighed. PDX models were established as described previously¹⁴ and were used to assess the in vivo therapeutic effects of *TAS1* using ASOs. When the volume of the PDXs was ~500 mm3, we began intratumoral injections of 5 nmol of scrambled or in vivo-optimized *TMPO-AS1* ASOs (RiboBio; Guangzhou, China) per injection every 3 days, for a total of 4 consecutive doses. The target sequence is provided in Supplementary Table 1. More details are described in the supplementary methods.

In vivo metastasis models

To establish the lung metastasis model, ESCC cells expressing luciferase and transfected with shCtrl or *TAS1*-targeting sh#1 or sh#2 were intravenously injected into 4-week-old female BALB/c nu/nu mice (six mice per group) through the tail vein. In vivo bioluminescence imaging was performed every four weeks after inoculation. The mice were euthanized 8 weeks after injection. The number of lung nodules was determined in hematoxylin-eosin (H&E)-stained serial lung tissue sections using a microscope.

To establish the popliteal sentinel lymph node metastasis model¹⁵, ESCC cells transfected with shCtrl or *TAS1*-targeting sh#1 or sh#2 were injected into the left footpads of 4-week-old female BALB/c nu/nu mice (six mice per group). Eight weeks after injection, the mice were euthanized, and the lymph nodes were collected. The number of metastasis-positive lymph nodes was determined. More details are described in the supplementary methods.

Nuclear run-on (NRO) assay

The NRO assay was performed as previously described¹⁶. Nuclei of 4×10^6 ESCC cells were freshly isolated with NP-40 lysis buffer and kept on ice before use. Nascent RNA transcripts were immunoprecipitated with an anti-BrdU antibody (Abcam, ab6326) and subjected to qPCR analysis to detect the expression of *TMPO* nascent mRNA. More details are described in the supplementary methods.

RNA pulldown assay

TAS1 RNA was transcribed in vitro using a MEGAscript T7 Transcription Kit (Invitrogen, USA) and labeled with a Pierce RNA 3' End Desthiobiotinylation Kit (Thermo Scientific, USA) according to the manufacturers' instructions. Cell lysates were prepared with Pierce IP lysis buffer (Thermo Scientific, USA). RNA pulldown was performed with a Pierce Magnetic RNA-Protein PullDown Kit (Thermo Scientific, USA) according to the instructions. Briefly, biotinylated RNA was captured on streptavidin magnetic beads and was then incubated with cell lysates at 4 °C for 6 h before washing and elution of RNA-protein complexes. The eluted proteins were subjected to WB analysis.

RIP assay

The RIP assay was performed using a Magna RIP RNA-Binding Protein Immunoprecipitation Kit (Millipore, Bedford, MA) according to the manufacturer's instructions. IgG isotype control and human anti-FUS antibodies (5 μ g/sample, Abcam, ab70381) were used in this assay. After proteinase K digestion, the immunoprecipitated RNAs were extracted, purified, and subjected to qPCR analysis. RNA levels were normalized to those in the 10% input sample.

Chromatin immunoprecipitation (ChIP) assay

The ChIP assay was performed using a ChIP kit from Merck Millipore (Billerica, MA, USA) according to the manufacturer's instructions. qPCR analysis was performed to detect the DNA fragments that coimmunoprecipitated with H3K27ac. The primers specific for the *TMPO* promoter region are listed in Supplementary Table 2.

Chromatin isolation by RNA purification (ChIRP) assay

The ChIRP assay was performed using a Magna ChIRP RNA Interactome Kit (Millipore, USA) following the manufacturer's instructions¹⁷. The purified bound DNA was isolated for qRT–PCR, and proteins were analyzed by Western blotting. Probe information is included in Supplementary Table 3.

Statistical analysis

All data are presented as the mean \pm S.D. values. Student's *t* test or oneway ANOVA and the chi-square test were performed with GraphPad Prism 8.0.1 software (GraphPad, La Jolla, CA, USA) to compare differences between groups. Correlations between the expression levels of *TMPO-AS1* and *TMPO* were analyzed using Pearson correlation analysis. Survival analysis was performed using the Kaplan–Meier method, and differences were assessed with SPSS software using the log-rank test. The levels of significance are denoted as follows: * indicates *P* < 0.05, ** indicates *P* < 0.01, *** indicates *P* < 0.001 and ns indicates not significant.

RESULTS

Identification of TMPO-AS1 as an oncogenic natural antisense IncRNA

We previously designed a highly efficient and specific siRNA library targeting the 50 most highly expressed IncRNAs in ESCC tumor samples compared to paired normal adjacent tissues from The Cancer Genome Atlas (TCGA) database. Using this library, we previously identified the IncRNA AGPG, which affects cell proliferation and glycolysis¹⁰. We transfected the siRNA library into two human ESCC cell lines, KYSE150 and TE-11, and performed MTS cell viability assays and Transwell migration assays to identify the IncRNAs that play essential roles in ESCC tumorigenesis and progression (Fig. 1a). Fourteen IncRNAs were found to exert promotive effects on cell proliferation, and 12 were potentially involved in cell migration; 8 of the IncRNAs were shared between both groups and might thus be involved in both cell proliferation and migration (Fig. 1a). Among these 8 IncRNAs, silencing of TMPO-AS1 most potently attenuated ESCC cell proliferation and migration (Fig. 1b; the p values are shown in Supplementary Table 4). TMPO-AS1 is an antisense IncRNA located on chromosome 12q23.1 and is transcribed from the antisense strand in the opposite direction of TMPO and composed of 2 exons (Supplementary Fig. 1a). To check the coding potential, we performed the in silico analysis with the Coding Potential



Fig. 1 The IncRNA TMPO-AS1 (TAS1) is upregulated in ESCC and indicates poor prognosis. a Schematic showing the design of the screen for IncRNAs potentially involved in both cell viability and migration in ESCA. **b** Eight IncRNAs regulated both cell proliferation and migration in KYSE150 and TE-11 cells, including *TAS1*; n = 3 biologically independent samples. The p values for each group are shown in Supplementary Table 4. **c** *TAS1* expression in ESCA tissues from TCGA data. **d**, **e** *TAS1* expression and OS analysis in ESCC samples from the SYSUCC cohort. (n = 108, survival analysis: log-rank test, two-sided). **f** Detection of *TAS1* subcellular localization in KYSE150 cells by FISH. Scale bar: 5 μ m. **g** *TAS1* copy number in ESCC cell lines and normal esophageal epithelial cell lines; n = 3, compared with NE1. The data are presented as the mean \pm S.D. values. *P < 0.05; **P < 0.01; ***P < 0.001; ns, not significant.

Assessment Tool (CPAT) to calculate the score for *TMPO-AS1*. According to CPAT analysis, the coding probability of *TMPO-AS1* is 0.001, which is lower than that of other well-characterized IncRNAs, such as *nuclear paraspeckle assembly transcript 1 (NEAT1)*, *colon cancer-associated transcript 1 (CCAT1), and NF-кB interacting IncRNA (NKILA)* (Supplementary Fig. 1b). In addition, for in vitro validation of the peptide-coding potential, the *TMPO-AS1* sequence was inserted upstream of 3× Flag-Tag cassette in a plasmid, transfected into HEK293T cells, and immunoblotted with the Flag antibody. Consistent with the very low coding probability calculated by CPAT, no peptide or protein was detected (Supplementary Fig. 1c).

TMPO-AS1 expression is upregulated in ESCC and associated with poor prognosis in patients

Analysis of TCGA data showed upregulated TMPO-AS1 expression in tumor samples compared to normal tissues in various types of cancer tissues (Supplementary Fig. 1d), especially in ESCA tissues (Fig. 1c). In addition, survival analysis showed that patients with high TMPO-AS1 expression had shorter overall survival (OS) times across the whole set of various types of cancers (Supplementary Fig. 1e), suggesting that TMPO-AS1 may be a pancancer oncogene. Specifically, high TMPO-AS1 expression was also correlated with an unfavorable outcome in TCGA-ESCA patients (Supplementary Fig. 1f, n = 74). Because ESCC is one of the most predominant subtypes of ESCA, we verified that the TMPO-AS1 expression level was significantly higher in ESCC tissues (Fig. 1d). We also performed survival analysis in our independent ESCC cohort (Sun Yat-sen University Cancer Center (SYSUCC), n = 108). We categorized the TMPO-AS1 expression level according to the median value: the expression level was defined as high if higher than the median value and as low otherwise. High TMPO-AS1 expression was associated with unfavorable OS in patients with ESCC (Fig. 1e). The clinical characteristics of this cohort are shown in Supplementary Table 5. In addition, multivariate analysis showed that TMPO-AS1 was an independent prognostic factor in patients with ESCC (Supplementary Table 6).

Then, we examined the distribution of *TMPO-AS1* by performing fluorescence in situ hybridization (FISH) and subcellular fractionation assays followed by qPCR. Our results showed that *TMPO-AS1* was localized predominantly in the nucleus, with a small amount localized in the cytoplasm, similar to the distribution pattern of the well-characterized nuclear lncRNA *U6* (Fig. 1f, g, Supplementary Fig. 1g).

Next, we examined *TMPO-AS1* expression in a panel of ESCC cell lines and two normal esophageal epithelial cell lines (Het1A and NE1) and found that the *TMPO-AS1* level was significantly higher in the tumor cell lines than in normal cell lines (Supplementary Fig. 1h). We further determined the copy number of *TMPO-AS1* and found that it was also increased in the ESCC cell lines compared to the normal cell lines (Fig. 1h). Together, these findings suggest that *TMPO-AS1* upregulation might play a role in ESCC development.

TMPO-AS1 promotes cell proliferation, migration, and invasion in vitro

We further investigated the oncogenic function of *TMPO-AS1* by customized antisense oligonucleotide (ASO)-induced knockdown and lentiviral-mediated overexpression of *TMPO-AS1* in ESCC cells (Supplementary Fig. 2a–c). The target sequences are shown in Supplementary Table 7. Then, we performed MTS assays and found that *TMPO-AS1* knockdown significantly reduced cell proliferation (Fig. 2a). In addition, BrdU incorporation assays revealed that silencing *TMPO-AS1* reduced ESCC cell proliferation (Fig. 2b). Cell cycle analysis showed that *TMPO-AS1* knockdown resulted in G1/S arrest (Fig. 2c). Furthermore, Transwell assays showed that *TMPO-AS1* silencing inhibited the migration and invasion of ESCC cells (Fig. 2d). Supplementary Fig. 2d). Interestingly, ectopic overexpression of *TMPO-AS1* had minimal effects on these parameters (Fig. 2e, f, Supplementary Fig. 2e).

Consistent with the effects of *TMPO-AS1* on ESCC cell proliferation and migration, we also observed a positive yet non-significant association between *TMPO-AS1* expression and ESCA pathological stage in the TCGA database (Supplementary Fig. 2f).

TMPO-AS1 facilitates ESCC tumor growth and metastasis in vivo

Next, we explored the role of TMPO-AS1 in tumorigenesis and tumor development in vivo. In the subcutaneous cell line-derived xenograft (CDX) model, TMPO-AS1 knockdown significantly inhibited tumor growth, as indicated by the decreased tumor volume and tumor weight (Fig. 3a-c). Then, we established a popliteal sentinel lymph node metastasis model in nude mice to evaluate the effects of TMPO-AS1 on ESCC lymph node metastasis¹⁵. The popliteal lymph nodes were harvested 8 weeks after tumor cell injection (Fig. 3d). The lymph nodes weighed slightly less in the TMPO-AS1 knockdown group than in the control group (Supplementary Fig. 3a). The metastasis-positive lymph nodes were identified by examining H&E-stained serial sections of each inquinal lymph node for metastatic micronodules. At least one locus of metastatic micronodules was required for classification as a metastasis-positive lymph node. Representative pictures of metastatic micronodules are shown and marked in Supplementary Fig. 3b. Our data revealed a significantly reduced metastasis ratio in the TMPO-AS1-silenced group (Fig. 3e), suggesting that TMPO-AS1 knockdown suppressed lymph node metastasis of ESCC. In addition, tail vein injection of TMPO-AS1knockdown cells or control cells was performed to examine lung metastasis. In vivo bioluminescence imaging showed a decreased luminescence intensity in the lungs of mice injected with cells group compared to control cells (Fig. 3f). H&E staining of serial sections of lung tissues was performed to confirm metastasis and quantify metastatic nodules (Fig. 3f). The results showed significantly reduced numbers and volumes of metastatic nodules in the TMPO-AS1-silenced group (Fig. 3g), indicating that TMPO-AS1 knockdown suppressed hematogenous metastasis of ESCC.

TMPO-AS1 performs its biological functions by regulating *TMPO* in ESCC

TMPO is located on the opposite strand of TMPO-AS1 on chromosome 12q21.2 and is the cognate gene of TMPO-AS1. Evidence suggests that TMPO plays diverse roles in various cancers^{18–21}. Since some antisense IncRNAs perform their biological functions by regulating neighboring genes^{12,13,22}, we investigated the regulatory relationship between TMPO and TMPO-AS1 expression in ESCC tissues. We found that TMPO expression was positively correlated with TMPO-AS1 expression in the SYSUCC-ESCC dataset (Fig. 4a). Furthermore, TMPO-AS1 silencing obviously reduced the expression of TMPO (Fig. 4b), whereas ectopic overexpression of TMPO-AS1 did not affect the TMPO level (Supplementary Fig. 4a). In contrast, TMPO silencing had no effect on TMPO-AS1 expression (Fig. 4c). The ASOs and siRNAs were designed to specifically target the nonoverlapping sequences of these two genes to exclude any off-target effects. Specific silencing of TMPO was confirmed by qPCR and WB analyses (Supplementary Fig. 4b).

Similar to the *TMPO-AS1* expression pattern in ESCC, the TMPO expression level was also increased in ESCC tissues, as confirmed by qPCR and immunohistochemistry (IHC) (Supplementary Fig. 4c, d). TMPO was also upregulated in most ESCC cells (Supplementary Fig. 4e). We next investigated the role of *TMPO* in ESCC. Consistent with the phenotypes we observed after *TMPO-AS1* knockdown, the MTS assay showed that *TMPO* silencing reduced ESCC cell proliferation (Fig. 4d). Cell cycle analysis revealed induction of G1/S phase arrest after *TMPO* knockdown (Supplementary Fig. 4f). Transwell assays revealed that *TMPO* knockdown inhibited ESCC

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Fig. 2 TAS1 promotes cell proliferation, migration and invasion in vitro. a MTS assays were performed to measure the proliferation (OD 490 nm) of KYSE150 and TE-11 cells with *TAS1* knockdown (KD) compared with control cells (n = 3). **b** BrdU incorporation assays (OD 450 nm) of KYSE150 and TE-11 cells with *TAS1* KD compared with control cells (n = 3). **c** Statistical analysis of the cell cycle distribution (%) of KYSE150 and TE-11 cells with *TAS1* KD compared with control cells (n = 3). **c** Statistical analysis of the cell cycle distribution (%) of KYSE150 and TE-11 cells with *TAS1* KD compared with control cells. **d** Statistical analysis of the migration and invasion rates (%) of KYSE150 and TE-11 cells with *TAS1* KD compared with control cells. **d** Statistical analysis of the migration and invasion rates (%) of KYSE150 and TE-11 cells with *TAS1* KD (n = 3). **e** Statistical analysis of the migration and invasion rates (%) of KYSE150 and TE-11 cells with *TAS1* ND compared to measure the proliferation of KYSE30 and TE-15 cells with *TAS1* OE compared with control cells (n = 3). The data are presented as the mean±S.D. values. *P < 0.05; **P < 0.01; ***P < 0.001; ns, not significant.



Fig. 3 TAS1 facilitates tumor growth and metastasis in vivo. a Image of subcutaneous xenograft tumors formed by KYSE150 and TE-11 cells transduced with shTAS1 #1, shTAS1 #2 or shCtrl in nude mice. (n = 5). **b**, **c** Subcutaneous tumor volume curve and statistical analysis of the weight of tumors formed by KYSE150 and TE-11 cells treated as indicated (n = 5). **d** Image of popliteal lymph nodes harvested 8 weeks after injection of KYSE150 and TE-11 cells with lentiviral shRNA vector-mediated *TAS1* KD into the left footpads of nude mice (n = 6). **e** Statistical analysis of the incidence of popliteal lymph node metastasis in the indicated groups (chi-square test, two-sided). **f** Representative images of whole-body in vivo bioluminescence and H&E staining (scale bar, 100 µm) in lung sections from mice injected via the tail vein with KYSE150 and TE-11 cells with stable *TAS1* (#1 and #2) knockdown or control (Ctrl) cells on Day 56 postinjection. g. Statistical analysis of the metastatic lung nodules confirmed by H&E staining (n = 5). The data are presented as the mean±S.D. values. *P < 0.05; **P < 0.01; ***P < 0.001; ns, not significant.



Fig. 4 TAS1 performs its biological functions by *cis*-activating TMPO transcription. **a** The correlation between *TAS1* and *TMPO* mRNA expression in clinical ESCC tissues (SYSUCC, n = 97, Pearson correlation analysis). **b** Detection of *TMPO* expression by qPCR and WB in KYSE150 and TE-11 cells with *TAS1* KD compared with control cells (n = 3). **c** Detection of *TAS1* expression by qPCR in KYSE150 and TE-11 cells with *TMPO* KD compared with control cells (n = 3). **c** Detection of *TAS1* expression by qPCR in KYSE150 and TE-11 cells with *TMPO* KD compared with control cells (n = 3). **d** MTS assays were performed to evaluate the proliferation (OD 490 nm) of KYSE150 and TE-11 cells with *TMPO* KD (n = 3). **e** Statistical analysis of the migration and invasion rates (%) of KYSE150 and TE-11 cells with *TMPO* KD (n = 3). **e** Statistical analysis of the cell cycle distribution (%) of KYSE150 cells treated as indicated and the migration and invasion rates (n = 3). **f** -**h** MTS assays and statistical analysis of the NRO assay. The data are presented as the mean±S.D. values. *P < 0.05; **P < 0.01; ***P < 0.001; ns, not significant.



cell migration and invasion (Fig. 4e, Supplementary Fig. 4g). Thus, *TMPO* promotes cell proliferation, migration and invasion, mimicking the effects of *TMPO-AS1*, on ESCC cells.

We conducted a series of rescue experiments to investigate whether *TMPO-AS1* performs its function in ESCC by regulating

TMPO. Consistent with our prediction, MTS and Transwell assays showed that *TMPO* overexpression in *TMPO-AS1*-silenced cells decreased the inhibition of cell proliferation, G1/S progression, migration and invasion (Fig. 4f-h, Supplementary Fig. 4h). Collectively, these data suggest that *TMPO-AS1* might promote

Fig. 5 TAS1 regulates H3K27ac enrichment in the TMPO promoter by recruiting FUS and p300 to form condensates. a, **b** Enrichment of the *TMPO* promoter by ChIP using an anti-H3K27ac antibody in KYSE150 and TE-11 cells with or without *TAS1* KD were evaluated. The *TMPO* promoter level in the 10% input sample is set to 1. Primer locations in the *TMPO* promoter are shown at the bottom of Supplementary Fig. 5d. The primer set P3 was used to obtain the results shown (n = 3). **c** FUS in cell lysates was pulled down by biotin-labeled *TAS1* but not its antisense RNA. **d** *TAS1* binding proteins were detected using MS2-TRAP and WB analysis. *TAS1*-bound FUS was captured on anti-Flag antibody-conjugated affinity agarose beads; IP complexes were separated and identified using specific antibodies. **e** RIP assays indicated that *TAS1* in ESCC cell lysates was enriched by FUS-specific antibodies. **f** g ChIRP-purified DNA and proteins were analyzed using qPCR and western blotting, respectively. Odd, Even and Scr. denote the odd- and even-ranked corresponding probes for *TAS1* and the negative control probes precipitated by the *TAS1* probes in ESCC cells. The locations of the primers in the *TMPO* promoter are shown at the bottom of Supplementary Fig. 5d. **h** IF and FISH assays showed that *TAS1*, FUS and p300 were colocalized mostly in the nucleus and existed as puncta. Scale bar: 5 μ m. **i** IF and FISH assays showed a reduction in the number of colocalized puncta formed by *TAS1*, FUS and p300 after TAS1 silencing in TE-11 cells. Scale bar: 5 μ m. The data are presented as the mean±S.D. values. *P < 0.05; **P < 0.01; ***P < 0.001; ns, not significant.

ESCC tumorigenesis and metastasis by regulating *TMPO* expression.

TMPO-AS1 regulates the transcription of its cognate sense gene TMPO in cis

Numerous antisense IncRNAs have been reported to regulate the transcription of their cognate genes^{12,13}. TMPO-AS1 is a NAT IncRNA transcribed in the opposite direction starting from the first intron in the antisense strand of TMPO, and it includes the transcription start site (TSS) and the 5'UTR of TMPO (Supplementary Fig. 1a). Therefore, we conducted an NRO assay to evaluate the regulation between TMPO-AS1 and TMPO. NRO assays can measure the transcription efficiency without the influence of degradation by labeling nascent transcripts with bromouridine (Fig. 4i). The results showed that TMPO-AS1 knockdown reduced the level of nascent TMPO mRNA transcripts (Supplementary Fig. 5a, b). We also evaluated TMPO mRNA stability and found that TMPO-AS1 did not affect the degradation rate of TMPO mRNA in the presence of the transcription inhibitor actinomycin D (ActD) (Supplementary Fig. 5c). Together, these results suggest that TMPO-AS1 regulates TMPO transcription instead of affecting TMPO mRNA stability. Combined with the observation that ectopic expression of TMPO-AS1 exerted minimal effects, our results indicate that TMPO-AS1 might act in cis but not in trans to activate TMPO expression.

TMPO-AS1 increases the H3K27ac level in the *TMPO* promoter by recruiting FUS and p300 proteins to form biomolecular condensates

Next, we examined the gene loci of *TMPO* and *TMPO-AS1* in the UCSC Genome Browser. We found that in different cell types, H3K27ac, which is the hallmark of open chromatin with active transcription, was enriched in the TSS-harboring regions of both genes (Supplementary Fig. 5d). Next, we performed ChIP–qPCR using the anti-H3K27ac antibody in KYSE150 and TE-11 cells. Four pairs of primers (P1-P4) specific for the *TMPO* promoter region were designed, and their sequences are shown at the bottom of Supplementary Fig. 5d. The results of qPCR analysis using P3 revealed that the *TMPO* promoter region was enriched by the anti-H3K27ac antibody (Fig. 5a, b). Furthermore, *TMPO-AS1* silencing significantly reduced the H3K27ac level in the *TMPO* promoter region (Fig. 5a, b). Therefore, H3K27ac enrichment in the promoter region might be the reason for the upregulated expression of *TMPO* in ESCC cells.

The molecular function of lncRNAs is closely associated with their subcellular localization²³. We already determined that *TMPO-AS1* was localized predominantly in the nucleus (Fig. 1f, g, Supplementary Fig. 1f). Nuclear lncRNAs have been reported to recruit chromatin-remodeling proteins to chromatin and thereby control transcriptional activity. NAT lncRNAs also perform their functions by interacting with RNA binding proteins (RBPs). To identify possible *TMPO-AS1*-interacting proteins, we performed a targeted screen of intranuclear RBPs and found that *TMPO-AS1*

was very likely to interact with the RBP FUS, with a probability of 0.9 (http://pridb.gdcb.iastate.edu/RPISeq/). FUS is a wellcharacterized RNA binding protein with various roles in different cellular processes, such as transcriptional regulation, RNA splicing, RNA transport, DNA repair and the DNA damage response²⁴. FUS is able to phase separate and form biomolecular condensates with itself or other molecular partners, which drives aberrant chromatin looping and cancer development²⁵. Then, we performed RNA pulldown followed by immunoblot analysis on ESCC cell lysates. The results validated the interaction between TMPO-AS1 and FUS (Fig. 5c). We also performed MS2-tagged RNA affinity purification (MS2-TRAP) and immunoblot analysis to further characterize the interaction between TMPO-AS1 and TMPO in situ. Coexpression of MS2-TMPO-AS1 and Flag-tag MS2 coat protein (MCP) led to significant enrichment of FUS by the anti-Flag antibody compared with the isotype control, indicating that FUS specifically binds to TMPO-AS1 (Fig. 5d). This observation was further confirmed by a RIP assay, where TMPO-AS1 was successfully enriched by the anti-FUS antibody (Fig. 5e). However, FUS expression did not change after TMPO-AS1 knockdown (Supplementary Fig. 5e). Next, we performed a ChIRP assay, which is based on affinity capture of a target IncRNA-chromatin complex, with biotinylated ASO probes for TMPO-AS1 and subjected the precipitated products to gPCR and immunoblot analysis; the results indicated that TMPO-AS1 indeed bound to the promoter sequence of TMPO (Fig. 5f), and the immunoblot analysis further confirmed the direct binding between TMPO-AS1 and FUS (Fig. 5g). Taken together, these results indicate that the expression level of TMPO-AS1 does not affect the expression level of FUS in ESCC cells but influences FUS recruitment to the TMPO promoter.

FUS can form ribonucleoprotein complexes with IncRNAs and recruit the histone acetyltransferase complex to the TSS of target genes to regulate their transcription by interacting with HAT complex members, including p300, CBP, and TIP60^{26,27}. Therefore, we performed co-IP with both anti-FUS and anti-p300 antibodies in ESCC cells. We first confirmed the direction of the interaction between FUS and p300 (Supplementary Fig. 5f). Furthermore, ChIRP followed by immunoblotting showed that p300 was enriched in the TMPO-AS1 probe group compared to the scrambled probe group (Fig. 5g). IF and FISH colocalization analyses showed that TMPO-AS1, FUS and p300 were colocalized in the nucleus, and they were observed as puncta, suggesting the formation of IncRNA-protein biomolecular condensates (Fig. 5h). Interestingly, TMPO-AS1 silencing evidently reduced the number of colocalized puncta (Fig. 5i), indicating that TMPO-AS1 is likely to facilitate the formation of biomolecular condensates with FUS and p300.

We intended to further identify the downstream factors of *TMPO-AS1* and *TMPO* involved in ESCC progression. A qPCR array containing 12 genes associated with G1/S phase transition and 89 metastasis-related gene probes²⁸ (Supplementary Table 8) was used to compare the mRNA expression profiles between *TMPO-AS1*-knockdown cells and control cells as well as between *TMPO*-knockdown cells and control cells as an approach to further



Fig. 6 TAS1 constitutes a potential therapeutic target in ESCC. a Images of ex vivo tumors from the ESCC PDX model (n = 5). **b**, **c** Tumor volume curve and statistical analysis of the tumor weight of the PDX tumors. **d** Representative images of H&E staining and immunohistochemical staining for Ki67, TMPO, CyclinD1 and MTA1 in randomly selected PDX tumors from each group. Scale bar, 100 μ m. **e** Statistical analysis of the Ki67 proliferation index (n = 5). **f** Statistical analysis of the immunohistochemical scores for the indicated genes (n = 5). The data are presented as the mean±S.D. values. *P < 0.05; **P < 0.01; ***P < 0.001; ns, not significant.



identify downstream factors of *TMPO-AS1* and *TMPO* involved in ESCC cell proliferation and metastasis. Interestingly, the expression of CyclinD1 and MTA1 was downregulated after knockdown of either *TMPO-AS1* or *TMPO* (Supplementary Fig. 5g). Immunoblot analysis showed reduced expression of CyclinD1 and MTA1 in

TMPO-AS1-silenced cells (Supplementary Fig. 5h). Rescue experiments indicated that the downregulation of CyclinD1 and MTA1 expression induced by *TMPO-AS1* silencing was reversed by *TMPO* overexpression (Supplementary Fig. 5i). Collectively, these results reveal that *TMPO-AS1* recruits FUS/p300 to the *TMPO* promoter

Fig. 7 Clinical relevance of the TAS1/TMPO axis in ESCC. a Representative images of immunohistochemical staining for Ki67, TMPO, CyclinD1 and MTA1 in tissues from patients with ESCC exhibiting low or high *TAS1* expression. Scale bar, 100 μ m. **b** Percentage of specimens with low or high Ki67, TMPO, CyclinD1 and MTA1 expression in the low and high *TAS1* expression groups (SYSUCC, n = 108, chi-square test, two-sided). **c** Kaplan–Meier analysis of OS for patients with ESCC (SYSUCC) exhibiting low (n = 54) or high (n = 54) TMPO expression (log-rank test, two-sided). **d** Kaplan–Meier analysis of OS for patients with ESCC (SYSUCC) exhibiting low (n = 54) or high (n = 54) TMPO expression (log-rank test, two-sided). **d** Kaplan–Meier analysis of OS for patients with ESCC (SYSUCC) exhibiting low (low expression of both *TAS1* and TMPO, n = 43), high (high expression of both *TAS1* and TMPO, n = 43) or intermediate (n = 22) *TAS1*/TMPO expression (log-rank test, two-sided). **e** Graphical abstract showing that the lncRNA *TAS1* activates TMPO transcription *in cis* by recruiting FUS and p300 to modulate H3K27ac modification in the promoter region and that targeting *TAS1* attenuates ESCC progression. The data are presented as the mean \pm S.D. values. *P < 0.05; **P < 0.01; ***P < 0.001; ns, not significant.

and forms biomolecular condensates by direct binding, promoting H3K27ac and facilitating the transcription of *TMPO*, resulting in subsequent upregulation of CyclinD1 and MTA1, ultimately leading to ESCC tumor development.

Effects of TMPO-AS1 targeting on ESCC tumors in vivo

To examine the therapeutic potential of targeting *TMPO-AS1*, we established PDX models derived from two patients diagnosed with ESCC at SYSUCC. We injected ASOs against *TMPO-AS1* optimized in the in vitro study intratumorally into PDX-bearing BALB/c nude mice, which resulted in marked decreases in the tumor volume and tumor weight (Fig. 6a–c), suggesting the promising therapeutic potential of targeting *TMPO-AS1*. H&E staining of the excised tumors showed no obvious morphological differences between the treatment group and the control group (Fig. 6d). Immunohistochemical staining showed that *TMPO-AS1* knockdown significantly impaired tumor proliferation, as indicated by the reduced Ki67 index (Fig. 6d, e). Accordingly, the expression levels of TMPO and the downstream proteins CyclinD1 and MTA1 were also obviously reduced, consistent with the results described above (Fig. 6d, f).

The *TMPO-AS1/TMPO* axis is associated with ESCC development

We used a cohort of ESCC tissues (SYSUCC, n = 108; clinicopathological information is provided in Supplementary Table 9) to analyze *TMPO-AS1* expression using qPCR and to analyze TMPO, Ki67, CyclinD1, and MTA1 expression using IHC in order to collectively evaluate whether the *TMPO-AS1/TMPO* axis is clinically and pathologically relevant in ESCC. TMPO, Ki67, CyclinD1 and MTA1 were expressed at higher levels in the *TMPO-AS1*-high group than in the *TMPO-AS1*-low group (Fig. 7a, b), confirming the promoting effects of *TMPO-AS1* on *TMPO* expression and ESCC progression.

Furthermore, we analyzed the clinical relevance of *TMPO* to patient outcomes. The correlations between TMPO expression and clinicopathological features are shown in Supplementary Table 10. Kaplan–Meier analysis showed that high TMPO expression was associated with poor outcomes in patients with ESCC (Fig. 7c). Then, according to qPCR analysis of *TMPO-AS1* and immunohistochemical staining of TMPO, the samples were classified into the *TMPO-AS1*/TMPO-high, *TMPO-AS1*/TMPO-intermediate, and *TMPO-AS1*/TMPO-low groups, and the patients in the *TMPO-AS1*/TMPO-high subgroup had the worst prognosis among the three groups (Fig. 7d). In summary, these data further indicated that *TMPO-AS1*/TMPO-AS1/TMPO potentially constitute promising prognostic indicators and therapeutic targets in ESCC.

DISCUSSION

ESCC is a predominant histological subtype of esophageal malignancy, especially in Asia. More than 90% of esophageal cancer cases in the East Asian region are ESCC²⁹. With the development of cancer therapies, the survival of patients with ESCC has improved. However, the overall therapeutic effect is poor due to the lack of promising targets, with a 5-year survival

rate of less than 10% for patients with advanced disease. Therefore, studies aiming to further elucidate the molecular mechanisms underlying the development of ESCC are urgently needed. Recently, IncRNAs have emerged as important epigenetic regulators that play essential roles in various physiological and pathological processes^{30,31}. The functions and mechanisms of IncRNAs have been increasingly appreciated in different cancers³² For example, IncRNAs have been reported to be associated with diverse pathological functions, including tumor proliferation, metastasis, angiogenesis, metabolism, and microenvironmental remodeling^{12,33,34}. Therefore, we intended to identify functionally essential IncRNAs in ESCC by performing phenotypic screening of aberrantly expressed IncRNAs using a siRNA library based on TCGA transcriptomic data. TMPO-AS1, an antisense IncRNA of TMPO located on chromosome 12q23.1, was the candidate with the most potent suppressive effects in our screen. TMPO-AS1 expression was upregulated in ESCC, and high TMPO-AS1 expression indicated poor prognosis in patients with ESCC (Fig. 1).

Recent studies have reported that various IncRNAs are abnormally expressed and have crucial functions in ESCC. For example, Zhang et al. revealed that the IncRNA DNM3OS regulates the DNA damage response, which results in radioresistance during ESCC treatment⁹. A study by Li et al. showed that the long intergenic noncoding RNA POU3F3 promotes ESCC tumor growth by interacting with EZH2 to increase the methylation of POU3F3 and reduce POU3F3 expression³⁵. TMPO-AS1 expression has been reported to be upregulated in various cancers, including bladder cancer, pancreatic cancer, and lung adenocarcinoma³⁶⁻³⁸. However, the role of TMPO-AS1 in ESCC is less understood. In this study, we reported that TMPO-AS1 promotes tumor progression through activation of TMPO transcription in cis in ESCC. Functionally, TMPO-AS1 promoted ESCC cell proliferation and metastasis both in vitro and in vivo (Figs. 2, 3). Mechanistically, TMPO-AS1 performed its function by activating TMPO transcription in cis (Figs. 4, 5). TMPO-AS1 promoted TMPO transcription by recruiting FUS and p300 and forming condensates in situ to acetylate lysine 27 of histone 3 in the TMPO promoter (Fig. 5). TMPO, also termed lamina-associated polypeptide 2 (LAP2), is the cognate neighboring gene of TMPO-AS1 located on chromosome 12q21.2, and 6 nuclear isoforms can be produced through alternative splicing. Evidence suggests important roles for TMPO in various cancers—*TMPO* expression is upregulated in non-small-cell lung cancer¹⁸, glioblastoma³⁹, and digestive tract carcinomas²¹, although little is known about its role in ESCC.

Among the various types of IncRNAs, NAT IncRNAs are attracting increasing attention. NAT IncRNAs are widespread in the genomes of diverse species, including humans^{40,41}. These NATs and their cognate genes often show concordant or discordant expression patterns⁴². Diverse transcriptional or post-transcriptional mechanisms have been associated with the ability of NATs to regulate the expression of their sense transcripts. *Cis*-acting NAT IncRNAs serve as scaffolds to recruit chromatin-modulating proteins to facilitate DNA methylation, histone modification, and chromatin remodeling, ultimately leading to activated transcription of the cognate gene. NAT IncRNAs may compete with their sense transcripts for binding of RNA

polymerase II (RNA Pol II) and regulatory transcription factors, resulting in transcriptional interference. *Trans*-acting NAT IncRNAs may affect mRNA stability or modulate protein translation.

For the first time, we reported the transcriptional activation of TMPO mediated by TMPO-AS1 (Fig. 7e). Li et al. reported that TMPO-AS1 promotes thyroid cancer cell proliferation by sponging miR-498 to increase TMPO expression⁴³. Here, we found that TMPO-AS1 acts in cis to activate TMPO expression at the transcriptional level. The difference in the mechanism by which TMPO-AS1 regulates TMPO expression might be tissue specific. The model we proposed echoes the roles played by the IncRNA SATB homeobox 2 antisense RNA 1 (SATB2-AS1) in promoting SATB2 expression¹², the IncRNA homeobox A cluster (HOXA) transcript at the distal tip (HOTTIP) in activating HOXA gene expression⁴⁴, and the IncRNA HEAL in regulating HIV-1 replication²⁶. However, the underlying mechanisms employed by these IncRNAs are different. For example, HOTTIP interacts with WDR5 and recruits the MLL complex to maintain H3K4me3 and activate HOXA gene transcription. However, HOTTIP requires chromosome looping to bring the HOTTIP locus spatially closer to its target genes for its cisregulatory action⁴⁴. The different mechanisms might be due to differences in the distances between the TSSs of NAT IncRNAs and their cognate genes. As exemplified by TMPO-AS1, the expression of some IncRNAs is correlated with that of their sense proteincoding genes (Fig. 4). This finding may reflect the observation that NAT IncRNAs are essential for regulating the expression of their paired genes, suggesting that this cis-regulatory mechanism might be universal for NAT IncRNAs.

LncRNAs are attracting increasing attention as novel therapeutic targets, especially in cancer⁴⁵. Treatments targeting IncRNAs have also become feasible due to technological developments^{45–47}. For example, some ASO-based therapies have recently been evaluated in clinical trials⁴⁸. With the successful application of RNAbased vaccinations against COVID-19, the prospects of RNA-based therapeutics are promising. The results of in vivo targeted therapy in the PDX model revealed the potential of TMPO-AS1 as an effective therapeutic target in ESCC (Fig. 6). Our work showed that the expression of both TMPO-AS1 and TMPO was upregulated in ESCC and that high expression of either TMPO-AS1 or TMPO was strongly associated with unfavorable patient outcomes. Furthermore, high expression of both TMPO-AS1 and TMPO was associated with even worse prognosis, suggesting that the combination of both genes might constitute a more potent prognostic marker in patients with ESCC (Figs. 1, 7).

In summary, our current study showed that *TMPO-AS1* expression was upregulated in ESCC and that high *TMPO-AS1* expression was associated with poor prognosis. *TMPO-AS1* promotes ESCC cell proliferation and metastasis by activating *TMPO* transcription *in cis.* These data suggest that *TMPO-AS1* and TMPO may be novel biomarkers and promising diagnostic and therapeutic targets in ESCC. However, further studies must be performed to elucidate the precise molecular mechanisms by which TMPO might regulate cancer cell proliferation and metastasis in ESCC.

DATA AVAILABILITY

All data generated during this study are included in this published article and its supplementary files.

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AUTHOR CONTRIBUTIONS

Z.-L.Z., Z.-X.L., H.-Y.L. and X.-J.L. designed the study. X.-J.L., M.-M.H., J.L., and J.-B.Z. collected the data. X.-J.L., M.-M.H., J.L., J.-B.Z., Q.-N.W., Q.M., Z.-L.Z., Z.-X.L., and H.-Y.L. analyzed and interpreted the data. X.-J.L., Q.-N.W., Y.-X.C. and J.L. performed the statistical analysis. R.-H.X., K.-J.L., D.-L.C. and Z.-L.Z. provided administrative, technical, or material support. X.-J.L., Z.-L.Z., Z.-X.L. and H.-Y.L. wrote and revised the manuscript. All authors reviewed the manuscript and approved the final version.

ETHICAL APPROVAL AND CONSENT TO PARTICIPATE

The clinical ESCC specimens were used with permission from the Institutional Research Ethics Committee of Sun Yat-sen University Cancer Center, China. All animal experiments were performed in accordance with a protocol approved by the Ethics Committee of the Institutional Animal Care of Sun Yat-sen University Cancer Center, China

COMPETING INTERESTS

The authors declare no competing interests.

ADDITIONAL INFORMATION

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Correspondence and requests for materials should be addressed to Zhao-Lei Zeng, Ze-Xian Liu or Hui-Yan Luo.

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