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KLF5 Activates MicroRNA 200 Transcription To Maintain Epithelial Characteristics and Prevent Induced Epithelial-Mesenchymal Transition in Epithelial Cells

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KLF5 is an essential basic transcription factor that regulates a number of physiopathological processes. In this study, we tested whether and how KLF5 modulates the epithelial-mesenchymal transition (EMT). Using transforming growth factor β (TGF-β)- and epidermal growth factor (EGF)-treated epithelial cells as an established model of EMT, we found that KLF5 was downregulated during EMT and that knockdown of KLF5 induced EMT even in the absence of TGF-β and EGF treatment, as indicated by phenotypic and molecular EMT properties. Array-based screening suggested and biochemical analyses confirmed that the microRNA 200 (miR-200) microRNAs, a group of well-established EMT repressors, were transcriptionally activated by KLF5 via its direct binding to the GC boxes in miR-200 gene promoters. Functionally, overexpression of miR-200 prevented the EMT induced by KLF5 knockdown or by TGF-β and EGF treatment, and ectopic expression of KLF5 attenuated TGF-β- and EGF-induced EMT by rescuing the expression of miR-200. In mouse prostates, knockout of KLF5 downregulated the miR-200 family and induced molecular changes indicative of EMT. These findings indicate that KLF5 maintains epithelial characteristics and prevents EMT by transcriptionally activating the miR-200 family in epithelial cells.

The basic transcriptional factor Krüppel-like factor 5 (KLF5, IKLF5, or BTBE2) is ubiquitously expressed in different tissues (1), including skin (2), lung (3), prostate (4), breast (5), and intestine (6, 7). It mediates or regulates diverse cellular processes, including proliferation, cell cycle, apoptosis, differentiation, and migration (8). Cellular migration, for example, appears to be regulated by KLF5 in a context-dependent manner (6, 9, 10), as KLF5 promotes cell migration in mouse primary esophageal keratinocytes by inducing the integrin-linked kinase (ILK) (10). Loss of Klf5 could drive invasive progression of human squamous cell cancer in the context of p53 ablation (11). The migratory ability of cells is often associated with epithelial-mesenchymal transition (EMT) during normal development and cancer progression (12), and KLF5 was predicted to be 1 of the 25 potential regulators of EMT predicted by a novel statistical method, NetworkProfiler, which predicts specific gene regulatory networks for a specific tumor characteristic on the basis of gene expression data (13). KLF5 belongs to the Krüppel-like factor (KLF) family (14), which has several members that regulate EMT, including KLF4 (15, 16), KLF8 (17, 18), and KLF17 (19). In particular, KLF5 and KLF4 have both similarities and distinctions in the regulation of cell proliferation (20) and stemness maintenance (21). These findings suggest a role of KLF5 in EMT regulation. Together with the findings that KLF5 regulates the proliferation and differentiation of epithelial cells (22) and is mainly expressed in differentiated epithelial cells, such as luminal cells of the prostate (23), we hypothesize that KLF5 maintains epithelial characteristics and represses EMT in epithelial cells.

EMT is a complicated but critical cellular process by which epithelial cells lose their epithelial characteristics and acquire a mesenchymal-like phenotype (12). The phenotypic changes in EMT include loss of cell-cell adhesion mediated by CDH1 downregulation and involve the acquisition of motile ability, the expression of several mesenchymal markers (such as FN1, CDH2, and ZEB1), and the concomitant reorganization of the cytoskeleton (24–26). The underlying mechanisms for EMT, however, are still not fully understood. Transforming growth factor β (TGF-β) is a major inducer of EMT in various tissues during development, tumorigenesis, and tissue wound repair (27, 28) and is frequently used to induce EMT in different cell culture models (26). In some epithelial cells, such as those of the HaCaT epidermal epithelial cell line, which express a high level of KLF5 (22), TGF-β alone is insufficient to induce EMT (29) and the addition of epidermal growth factor (EGF) is required (30).

EMT can be regulated by a number of molecules, one class of which are microRNAs (miRNAs) (31–37). miRNAs are noncoding small RNAs that usually silence or repress gene expression by targeting the 3′ untranslated regions (UTRs) of mRNAs. Notably, the miRNA 200 (miR-200) family has been shown to repress EMT by targeting ZEB1 and ZEB2, both of which transcriptionally repress CDH1 and cause alterations in the plasticity and motility of epithelial cells (32, 33, 38).

In this study, we tested whether and how KLF5 regulates EMT in epithelial cells. Using TGF-β- and EGF-treated epithelial cells as a model of EMT, we found that KLF5 was significantly downregulated during EMT and knockdown of KLF5 also induced EMT regardless of TGF-β treatment. Ectopic expression of KLF5, on the other hand,
attenuated the EMT induced by TGF-β and EGF. Expression profiling and biochemical analyses indicate that KLF5 transcriptionally activates the miR-200 miRNA family to prevent the induction of EMT. Overexpression of the miR-200 family prevented EMT induced by either the knockout of KLF5 or treatment with TGF-β and EGF. Repression of the miR-200 family by Klf5 knockout was also confirmed in mouse prostate. These findings indicate that KLF5 maintains epithelial characteristics and represses EMT via transcriptional activation of the miR-200 family.

MATERIALS AND METHODS

Cell lines and other materials. The HaCaT epidermal epithelial cell line was established by Norbert E. Fussenig of the German Cancer Research Center (39), and culture conditions were the same as those previously described (39). Cells of the MCF-10A, PZ-HPV-7, HepG2, and MDAMB-231 cell lines were purchased from the American Type Culture Collection (ATCC; Manassas, VA) and propagated following ATCC’s instructions, with the exception of MCF-10A cells, which were propagated as previously described (40). The TGF-β used in this study was TGF-β1, purchased from R&D Systems (Minneapolis, MN). EGF was from Sigma (Beijing, China). The sense sequence of small interfering RNA (siRNA) for KLF5 was 5'-AAGGUCACCCUGAGGACUCAdTdT-3'.

Mice. Klf5 floxed mice, generated at Ozgene in Australia, were crossed with the PB-Cre transgenic mouse strain as described in our previous study (23). Pten floxed mice (The Jackson Laboratory) were introduced to achieve the Pten knockout background in the prostate. Prostates from mice sacrificed at different time points (24 months for Pten WT/WT mice, 18 months for Pten flox/floxed mice, and 4 or 6 months for Pten flox/floxed mice) were freshly collected for RNA isolation or formalin fixation. For RNA isolation, an aliquot of prostate tissue samples were used for both the Klf5 wild-type (WT) group and the Pten knockout group. Mice used in these studies were housed at the Division of Animal Resources (DAR) facility at Emory University and handled by DAR staff. All mice were closely monitored and humanely euthanized. All experimental procedures involving animals were approved by the Institutional Animal Care and Use Committee (IACUC protocol no. 2001137).

Plasmid construction. The PLHCX-KLF5 expression vector was constructed by PCR amplification of the coding region of KLF5 with the PCR primers listed in Table S1 in the supplemental material, digestion with HindIII and ClaI, and subsequent cloning into the PLHCX plasmid (Clontech, Mountain View, CA). The two miR-200a promoters (38) were also cloned by PCR amplification using genomic DNA from MCF7 cells and the primers listed in Table S1 in the supplemental material. The promoter for the miR-200c/141 cluster was from positions −997 to +26 (1,005 bp), and that for the miR-200b/a-429 cluster was from positions −4613 to −3141 (1,473 bp). PCR products were digested with XhoI and HindIII for the miR-200c/141 promoter and KpnI and HindIII for the miR-200b/a-429 promoter and cloned into the pGL3 basic plasmid (Promega, Madison, WI). PCR-based cloning or annealing of synthesized oligonucleotides was used to generate truncations of promoter-reporter plasmids, and primer sequences are listed in Table S1 in the supplemental material. Four mutants with mutations in the KLF5 binding sites, three for the miR-200c/141 promoter and one for the miR-200b/a-429 promoter, were also constructed by PCR-based approaches with the primers listed in Table S1 in the supplemental material. All plasmids were sequenced to confirm their sequences.

Luciferase reporter assay. miR-200 promoter activity assays were carried out in HepG2 cells using 0.2 μg promoter plasmids. Cells were cotransfected with 0.4 μg (or the amount indicated) of the pcDNA3.1-KLF5 or pcDNA3.1 plasmid and 0.005 μg pGL4.70 (Renilla luciferase; Promega) as an internal control. The Lipofectamine 2000 reagent (Invitrogen) was used for plasmid transfections according to the manufacturer’s instructions. Forty-eight hours after transfection, cells were lysed with 100 μl of passive lysis buffer (Promega), and luciferase activities were measured from 20 μl of cell lysates by using the dual-luciferase reporter assay on a Berthold FL960 luminometer (Berthold, Bad Wildbad, Germany). Firefly luciferase activities were normalized by the Renilla luciferase activities. Experiments were performed in triplicate.

Oligonucleotide pulldown assay. Oligonucleotides for the miR-200c-1 and miR-200b,a-429 promoters, with biotin added to the 5′ ends, were synthesized by Invitrogen (Beijing, China). The sequences for the oligonucleotides were as follows: pmir-200c/141 WT, biotin-5′-AGGTGGGGCTGGGGCGG-3′; pmir-200c-141 M3, biotin-5′-AGGTGGGGCGG-3′; pmir-200c-141 M4, biotin-5′-AGGTGGGGCGGCTAAGTAG-3′; pmir-200b,a-429 M3, biotin-5′-AGGTGGGGCGG-3′; pmir-200b,a-429 WT, biotin-5′-CTGCCGCCGAGCCCATGGGCGGCGG-3′; and pmir-200b,a-429 Mc, biotin-5′-GTGCCGCCGAAGCCCATAGTAG-3′. Each pair of oligonucleotides was annealed following standard protocols. After culture for 48 h, HaCaT cells were harvested and measured as previously described (22).

ChIP assay. HepG2 cells were transfected with pcDNA3-FLAG-KLF5 (42) or pcDNA3-FLAG with the Lipofectamine 2000 reagent (Invitrogen). Twenty-four hours after transfection, cells were harvested, and a chromatin immunoprecipitation (ChIP) assay kit (Millipore) was used to perform the ChIP assay following the manufacturer’s protocol. Precipitated DNA was subjected to PCR with primers for the miR-200c/141 promoter (5′-GCGCCAGGCTCCACCGAGAA-3′ and 5′-CCCCACGGCAGCCACAAACA-3′) and primers for the miR-200b,a-429 promoter (5′-CCCTGGGCTCTGAGTCTG-3′ and 5′-CTGTAACAGGACGCGACGAC-3′). Primers for the GAPDH (glyceraldehyde-3-phosphate dehydrogenase) gene were used as the control (35).

Lentiviral and retroviral infection. Five PLKO.1 lentiviral vectors expressing short hairpin RNAs (shRNAs) targeting KLF5 mRNA (NM_001730.2) were purchased from Sigma and were prepared and used following the lentiviral protocols described on the Addgene website (http://www.addgene.org/lentiviral-protocols resource/). After testing their knockdown efficiency, two lentiviruses (TRCN0000013636 and TRCN0000013637, in this study named sh36 and sh37, respectively) were chosen for use in experiments. PLKO.1 empty vector (SHC001; Sigma) was used as the control. HaCaT cells infected with shRNAs-expressing virus vectors were selected for more than 96 h in medium containing 1 μg/ml puromycin (Sigma). For MCF-10A and PZ-HPV-7 cells, medium containing 2 μg/ml puromycin was used for selection. The retrovirus system used for ectopic expression of KLF5 in HaCaT cells included expression vector PLHXC into which the KLF5-coding region was cloned, the vesicular stomatitis virus G-glycoprotein envelope vector, and the gag/pol expression vector Ecopac. The three vectors were transfected into HEK293T cells by using the Fugene HD reagent (Roche, Mannheim, Germany) according to the manufacturer’s instructions. Media containing viruses were harvested at 48 h and 72 h and filtered (pore size, 0.45 μm; Millipore, Beijing, China). After infection with these viruses, HaCaT cells were selected in a medium containing hygromycin B (400 μg/ml; Roche) for at least 8 days.

Regular RT-PCR and real-time qPCR. Total RNA was isolated from cells using the TRizol reagent (Invitrogen, Carlsbad, CA), and the first-strand cDNA for mRNA and miRNA was synthesized from total RNA using a reverse transcription (RT) kit from Promega. Regular RT-PCR and real-time quantitative PCR (qPCR) were performed to detect EMT markers. The primers used for these analyses are listed in Table S2 in the supplemental material. The mRNA level of KLF5 was detected either by regular RT-PCR, as previously described (43), or by real-time qPCR by using the primers listed in Table S2 in the supplemental material. Bulge-loop miRNA qPCR primer sets for mature miR-200a/b/c were purchased from RiboBio and used according to the manufacturer’s instructions. PCR products for miR-200a/b/c were cloned into the pMD18-T vector.
RESULTS

KLF5 is significantly downregulated during the EMT process in vitro. In our previous studies, we found that the HaCaT epithelial cell line expresses a high level of KLF5, which is essential for TGF-β to inhibit the proliferation of these cells (22, 44, 45). TGF-β alone does not induce complete EMT in HaCaT cells (29). However, combined treatment with TGF-β and EGF induces EMT in HaCaT cells, which have been established as an in vitro model of EMT (30, 46).

Considering that KLF5 is integral to TGF-β-Smad signaling in the regulation of epithelial proliferation, we hypothesized that KLF5 also plays a key role in EMT. Consistent with published findings (30, 46), treatment with TGF-β and EGF shifted the morphology of HaCaT cells from epithelial to fibroblast-like (Fig. 1A) and induced the expected molecular changes, which included the downregulation of the epithelial marker E cadherin (CDH1) and upregulation of the mesenchymal marker fibronectin (FN1) (Fig. 1B to F), occasional localization of CDH1 in the cytoplasm (Fig. 1F), and delocalization of F actin (Fig. 1F). These changes validated the model of EMT for this study. During the induction of EMT in this model, the expression of KLF5 was significantly reduced at the protein level, although an increase at the mRNA level was detected shortly after the treatments, as detected by regular RT-PCR and real-time qPCR for mRNA (Fig. 1B and C) and by Western blotting (Fig. 1D and E) and immunofluorescent (IF) staining (Fig. 1F) for protein. The downregulation of KLF5 was gradual and more than 50% at 36 and 48 h of treatment (Fig. 1E).

Another mesenchymal marker, ZEB1, which represses CDH1 expression, was induced at 12 h at the RNA level, but the expression gradually disappeared thereafter (Fig. 1B and C). However, ZEB1 protein was not detectable by Western blotting during the EMT. The expression of ZEB2 was hardly detectable in HaCaT cells even after treatment with TGF-β and EGF.

Whereas KLF5 mRNA expression rapidly increased to almost 3-fold shortly after treatment with TGF-β and EGF and with longer treatment eventually decreased to the pretreatment level (Fig. 1C), the protein level of KLF5 did not show an increase after the same short treatment (Fig. 1B). Protein degradation indeed occurred even with a short treatment of TGF-β and EGF (Fig. 1G), as shown in the cycloheximide (CHX) chase assay, where the degradation of the KLF5 protein was faster in the group treated with TGF-β and EGF than in the control group (Fig. 1G). We also addressed whether the downregulation of KLF5 is caused by TGF-β-EGF, or a combination and found that both TGF-β and...
FIG 1 KLF5 is downregulated during the EMT induced by TGF-β and EGF in epithelial cells. (A) Phase-contrast images of HaCaT cells developing EMT after serum starvation (1% serum for 6 h) and TGF-β (2 ng/ml) and EGF (100 ng/ml) treatment for the indicated times. Magnification, ×200. (B to E) Expression of KLF5 and EMT markers CDH1, FN1, and ZEB1 during the induction of EMT, shown in panel A, as detected by RT-PCR (B), real-time qPCR (C), Western blotting (D), and the quantification of band intensities of Western blots (E). GAPDH and β-actin served as loading controls. Each experiment was repeated at least three times. Error bars represent the standard errors of the means. A t test of the results between the treatment and control groups was conducted. (F) Expression and cellular localization of KLF5 (green) and EMT markers CDH1 (green), FN1 (red), and F actin (red) in HaCaT cells treated with or without TGF-β (2 ng/ml) and EGF (100 ng/ml) for 48 h, as detected by IF staining. Bars, 50 μm. DAPI staining is also shown for CDH1 and FN1. (G and H) Detection of KLF5 and β-actin by Western blotting in HaCaT cells treated with cycloheximide (CHX; 50 μg/ml) and different combinations of TGF-β and EGF for different times. (I and J) Detection of KLF5, CDH1, and β-actin by Western blotting in MCF-10A cells (I; 10 ng/ml TGF-β and 100 ng/ml EGF) or primary mouse skin keratinocytes (J; 2 ng/ml TGF-β and 40 ng/ml EGF) for different times.
EGF could reduce KLF5 protein separately and that combined treatment with TGF-β/H9252 and EGF accelerated the effect (Fig. 1H). We asked if the KLF5 degradation is specific to HaCaT cells. In MCF-10A cells, cotreatment with TGF-β/H9252 and EGF also reduced KLF5 at the protein level (Fig. 1I). In mouse primary keratinocytes, which we isolated as described previously (47), treatment with TGF-β/H9252 also downregulated the KLF5 protein level (Fig. 1J). In these two additional cellular models, downregulation of KLF5 was also accompanied by downregulation of CDH1. These findings prove the downregulation of KLF5 during the EMT induced by TGF-β/H9252 and EGF.

Knockdown of KLF5 induces EMT in epithelial cells. Based on the significant downregulation of KLF5 during TGF-β- and EGF-induced EMT, we tested the hypothesis that the silencing of KLF5 could play a causal role in EMT induction. We knocked down KLF5 in HaCaT cells using lentiviruses expressing shRNAs against KLF5. Two of the shRNA-expressing viruses significantly knocked down KLF5 expression, as verified at both the RNA and protein levels in stable cell populations (Fig. 2A). During the culture of these HaCaT-derived cells, silencing of KLF5 made them easier to detach from the plates after trypsin treatment, which indicates a reduced epithelial morphology. To determine whether

Knockdown of KLF5 induces EMT in epithelial cells.
KLF5 downregulation induces EMT, we first measured cell migration because an increase in cell migration is a common feature of EMT. Knockdown of KLF5 indeed promoted the migration of HaCaT cells (Fig. 2B). We also evaluated the expression of EMT markers CDH1, ZO1, ZEB1, CDH2, and FN1. Real-time qPCR and Western blotting demonstrated the upregulation of mesenchymal markers ZEB1, CDH2, and FN1 and the downregulation of epithelial marker ZO1 after KLF5 knockdown (Fig. 2C and D). Although the expression of epithelial marker CDH1 was not changed by KLF5 knockdown, IF staining demonstrated that the membrane localization of CDH1 was disturbed by KLF5 knockdown (Fig. 2E), indicating a loss of cell adhesion. IF staining also showed that KLF5 knockdown increased FN1 expression in the cytoplasm and delocalized actin filaments (F-actin) from the actin adhesion belt to linear bundles (a characteristic of mesenchymal cells) (Fig. 2E). Morphologically, a significant portion of cells (21% in one population and 32% in the other) retained a fibroblast-like phenotype even after the cells reached a high density (Fig. 2E). These results suggest that downregulation of KLF5 is necessary to induce EMT.

To further test the effect of KLF5 knockdown on EMT, we also knocked down KLF5 expression in two other immortalized but nontumorigenic epithelial cell lines, the MCF-10A mammary epithelial cell line and the PZ-HPV-7 prostate epithelial cell line (48, 49), and examined them for molecular and morphological changes. In both cell lines, KLF5 knockdown also induced EMT, as indicated by an increase in cell migration (Fig. 3B; data not shown), downregulation of epithelial marker CDH1 and upregu-
KLF5 prevents EMT by activating miR-200

We further evaluated the expression of miR-200a/b/c by real-time qPCR in different cell lines with the knockdown of KLF5. Infection with viruses expressing KLF5 shRNA or transfection of KLF5 siRNAs downregulated each of these miRNAs in HaCaT cells (Fig. 4A). A similar effect was also detected in MCF-10A and PZ-HPV-7 cells infected with the viruses expressing KLF5 shRNA (Fig. 4B). We also transfected a KLF5-expressing plasmid into two cell lines, HepG2 and MDA-MB-231, which express little KLF5, and found that ectopic expression of KLF5 induced the expression of miR-200a/b/c (Fig. 4C), further supporting a regulatory relationship between KLF5 and the miR-200 family.

Members of the miR-200 family belong to two gene clusters, each with a distinct gene promoter (38). To further test the regulatory relationship between KLF5 and miR-200, we constructed a promoter-luciferase reporter plasmid for each cluster and cotransfected the plasmid with the KLF5 expression plasmid or a control into HepG2 cells. Ectopic expression of KLF5 induced significant luciferase activities for both the miR-200c/141 promoter and the miR-200b/a/429 promoter (Fig. 4D).

KLF5 directly regulates the miR-200 family by binding to the GC boxes of their promoters. As a transcription factor, KLF5 regulates its target genes by binding to the GC-rich sequences of promoters (8, 22). Sequence analysis of miR-200 promoters revealed four GC boxes (GGGCGG) in the miR-200c/141 promoter (Fig. 5A) and three in the miR-200b/a/429 promoter (Fig. 5B). To determine whether KLF5 binds to these GC boxes to directly regulate the miR-200 family, we first constructed a series of miR-200 promoter-luciferase constructs that contained different numbers of the GC boxes and tested their promoter activities (Fig. 5A and B). For the miR-200c/141 promoter, the −979, −690, and −407 promoter fragments, which had 4, 3, and 2 GC boxes, respectively, displayed similar strong activities in response to KLF5, indicating that the two proximal GC boxes have little impact on the promoter activity. However, deletion of the third GC box significantly reduced the promoter activity, and deletion of the fourth GC box eliminated the promoter activity (Fig. 5A), indicating that the third and fourth GC boxes (from positions −18 to −4) in the miR-200c/141 promoter are bound by KLF5 for regulation (Fig. 5A). Similarly, the third GC box in the miR-200b/a/429 promoter appeared to be essential for KLF5-induced promoter activity, whereas the other two GC boxes were dispensable (Fig. 5B).

We then generated mutant promoter-reporter plasmids in which one or both GC boxes in the miR-200c/141 promoter were interrupted to test if the GC boxes were necessary for KLF5-induced promoter activity. Mutation of both of the GC boxes but not each separately eliminated KLF5-induced activity in the miR-200c/141 promoter (Fig. 5C). In the miR-200b/a/429 promoter, mutation of the third GC box caused much less change in KLF5-induced promoter activity (Fig. 5D).

A ChIP assay was performed to further evaluate the binding of KLF5 to the GC boxes of the miR-200 promoters. Specific PCR products spanning the GC box region in both promoters were detected only in assays with FLAG-tagged KLF5-bound DNA and not in those with the negative controls (Fig. 5E). An oligonucleotide pulldown assay further confirmed the binding of KLF5 to the GC boxes, as the amount of KLF5 protein pulled down by biotin-labeled oligonucleotides spanning the GC boxes was significantly reduced when both GC boxes were deleted.

### Table 1: KLF5-regulated miRNAs that have been reported to be either EMT inhibitory or activators

<table>
<thead>
<tr>
<th>Regulation and miRNA</th>
<th>Expression change(s) upon KLF5 knockdown</th>
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<tr>
<td>Downregulated</td>
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<tr>
<td>miR-200a/200b/200c</td>
<td>0.59/0.6/0.6/0.59/0.59</td>
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<tr>
<td>miR-205</td>
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<tr>
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<tr>
<td>miR-203</td>
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<tr>
<td>miR-34b/34c</td>
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<td>miR-138</td>
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<tr>
<td>miR-106b</td>
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<tr>
<td>Upregulated</td>
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<tr>
<td>miR-155</td>
<td>2.37</td>
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<td>miR-661</td>
<td>1.91</td>
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* A total of 756 miRNAs were screened for expression changes upon the knockdown of KLF5 in HaCaT cells. Of the 756 miRNAs, 223 were downregulated (fold change ≤ 0.6), and 53 were upregulated (fold change ≥ 1.5). For each of the 223 downregulated and 53 upregulated miRNAs, the PubMed database was searched with the miRNA name and EMT as keywords, and the resultant publications were evaluated to determine whether an miRNA is an inhibitor or activator of EMT. The order of miRNAs listed in the table is based on the number of publications (the most at the top and the fewest at the bottom) available for these miRNAs.

A transcription factor, KLF5, is a transcription factor, so we predicted that EMT induced by KLF5 knockdown is mediated by key transcriptional targets of KLF5. Several microarray-based studies have identified a large number of protein-coding genes that are transcriptionally regulated by KLF5 (3, 50–52). Evaluation of these identified a large number of protein-coding genes that are transcriptionally regulated by KLF5 (3, 50–52). A total of 756 miRNAs were screened for expression changes upon the knockdown of KLF5 in HaCaT cells. Of the 756 miRNAs, 223 were downregulated (fold change ≤ 0.6), and 53 were upregulated (fold change ≥ 1.5). For each of the 223 downregulated and 53 upregulated miRNAs, the PubMed database was searched with the miRNA name and EMT as keywords, and the resultant publications were evaluated to determine whether an miRNA is an inhibitor or activator of EMT. The order of miRNAs listed in the table is based on the number of publications (the most at the top and the fewest at the bottom) available for these miRNAs.

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<td>Upregulated</td>
<td></td>
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<tr>
<td>miR-155</td>
<td>2.37</td>
</tr>
<tr>
<td>miR-661</td>
<td>1.91</td>
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* A total of 756 miRNAs were screened for expression changes upon the knockdown of KLF5 in HaCaT cells. Of the 756 miRNAs, 223 were downregulated (fold change ≤ 0.6), and 53 were upregulated (fold change ≥ 1.5). For each of the 223 downregulated and 53 upregulated miRNAs, the PubMed database was searched with the miRNA name and EMT as keywords, and the resultant publications were evaluated to determine whether an miRNA is an inhibitor or activator of EMT. The order of miRNAs listed in the table is based on the number of publications (the most at the top and the fewest at the bottom) available for these miRNAs.
overexpression of miR-200a/b/c into HaCaT cells, which is consistent with the effect of KLF5 knockdown. Functionally, overexpression of miR-200 members by transfecting miR-200a and miR-200c mimics into HaCaT cells (Fig. 7B) downregulated the mesenchymal markers ZEB1 and FN1 and upregulated the CDH1 epithelial marker in the presence of TGF-β and EGF (Fig. 7C to E). Morphologically, miR-200 expression halted the fibroblast-like transition induced by TGF-β and EGF, which was accompanied by increased CDH1 localization on the cellular membrane and F-actin localization to the actin adhesion belt (Fig. 7E). Expression of the miR-200 family also lowered the rate of cell migration caused by TGF-β and EGF (Fig. 7F). These results suggest that upregulation of the miR-200 family suppresses the EMT induced by TGF-β and EGF.

KLF5 restoration rescues miR-200 expression to attenuate TGF-β- and EGF-induced EMT. To further evaluate whether downregulating the KLF5–miR-200 axis plays a causal role in TGF-β- and EGF-induced EMT, we overexpressed KLF5 in HaCaT cells while treating them with TGF-β and EGF and then tested the effects on miR-200 expression and the molecular and morphological characteristics of EMT. Endogenous KLF5 expression is high in HaCaT cells (22), but treatment with TGF-β and EGF downregulated KLF5 (Fig. 1D to F). Retrovirus-mediated infection, however, increased KLF5 expression and attenuated the downregulation of KLF5 by TGF-β and EGF, as confirmed by both Western blotting and real-time qPCR (Fig. 8A and C). Furthermore, KLF5 overexpression suppressed the EMT induced by TGF-β and EGF, as indicated by the prevention of FN1 and ZEB1 upregulation and CDH1 downregulation (Fig. 8C to E). Overexpression of KLF5 in TGF-β- and EGF-

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**FIG 4** KLF5 induces the transcription of miR-200 members. (A and B) RNA interference-mediated knockdown of KLF5 reduces the transcription of miR-200a/b/c in HaCaT (A), MCF-10A (B), and PZ-HPV-7 (B) cells, as determined by real-time qPCR. In addition to infecting cells with lentiviruses expressing shRNA against KLF5 (sh36 and sh37) and control shRNA (shCon), chemically synthesized siRNA for KLF5 (siKLF5) and control siRNA (siCon) were also transiently transfected into HaCaT cells (A, right). (C) Transfection of the KLF5 expression construct upregulates miR-200a/b/c in HepG2 and MDA-MB-231 cells, as detected by real-time qPCR. (D) Expression of KLF5 in HepG2 cells induces promoter activities for both the miR-200c/141 promoter (pmiR-200c/141) and the miR-200b,a/429 promoter (pmiR-200b,a/429), as measured by the luciferase activity assay. The experiment was performed in triplicate, and error bars represent the standard errors of the means. *P ≤ 0.05; **P ≤ 0.01; NS, not significant.
treated cells also enhanced localization to the actin adhesion belt (Fig. 8E) and reduced cell motility (Fig. 8F). Furthermore, KLF5 overexpression rescued the downregulation of miR-200 by TGF-β/H9252 and EGF (Fig. 8B). These results suggest that maintaining a normal level of KLF5 expression interferes with the function of TGF-β and EGF in the induction of EMT by maintaining the expression of miR-200 members.

**Knockout of Klf5 in prostates of Pten-null mice promotes EMT characteristics.** Although the results described above indicate a role for the KLF5–miR-200 axis in EMT, these results were from cultured cells, and thus, whether the axis also affects EMT characteristics in vivo is unknown. Previous studies indicated that KLF5 is ubiquitously expressed in epithelial cells of different tissues (8, 22), so we used mouse prostates, where knockout of Klf5 significantly promotes the prostatic tumorigenesis induced by the knockout of Pten (C. Xing, X. Sun, X. Fu, Z. Zhang, X. Ci, R. D. Cardiff, and J. T. Dong, unpublished data). When Klf5 was knocked out alone in the prostate, CDH1 expression showed little reduction, while no change in the expression of the mesenchymal marker vimentin was detectable (Fig. 9A). Among the miR-200 members, Klf5 knockout significantly downregulated miR-200a and miR-200b but had no detectable effect on the expression of miR-200c (Fig. 9B, left). These findings suggest that although Klf5 knockout has effects on the expression of miR-200 members, it is still insufficient to induce obvious EMT characteristics.

In the context of Pten knockout, Klf5 knockout induced obvious EMT characteristics, including downregulation of CDH1, upregulation of vimentin, and the appearance of spindle-like cells.
Meanwhile, the expression of miR-200a and miR-200b was significantly reduced (Fig. 9B, middle and right, respectively). These findings further indicate the role of the KLF5–miR-200 axis in EMT inhibition.

**DISCUSSION**

Whereas previous studies have suggested a role of KLF5 in EMT regulation (13,15–19), cellular and molecular proofs are still lacking, and the underlying mechanisms are still unknown. In this...
study, we examined the role of KLF5 in the maintenance of epithelial characteristics and the prevention of EMT induced by TGF-β and EGF, as well as how KLF5 executes such functions (Fig. 10). We found that KLF5 is necessary for the maintenance of the epithelial phenotype and molecular features and that downregulation of KLF5 is necessary for TGF-β/H9252 and EGF to induce EMT in epithelial cells. We further identified, for the first time, the KLF5–miR-200 axis to be a mechanism for EMT regulation. The novel KLF5–miR-200 axis could play a role in multiple pathological and physiological processes.

KLF5 maintains epithelial characteristics via transcriptional activation of the miR-200 family. KLF5 was originally suggested to be an epithelial factor because of its ubiquitous expression in epithelial cells as well as its function in epithelial differentiation.
and the inhibition of cell proliferation (8, 22). Findings from our current study provide more direct evidence for the function of KLF5 as an epithelial factor. First, not only is KLF5 downregulated during the EMT induced by TGF-β and EGF, but also knockdown of KLF5 alone induced the phenotypic and molecular characteristics of EMT, including a spindle-like cell shape, dislocation of the epithelial marker E-cadherin and actin filaments, upregulation of the mesenchymal markers fibronectin and ZEB1, and enhanced cell migration (Figs. 1 to 3; data not shown). Although KLF5 silencing failed to reduce the expression of CDH1 in HaCaT cells, it succeeded in two other cell lines: MCF-10A and PZ-HPV-7. In addition, silencing of KLF5 in HaCaT cells caused the dislocation of CDH1 from the cellular membrane to the cytosol, which is also an indicator of EMT. Second, ectopic expression of KLF5 prevented the induction of EMT by TGF-β and EGF (Fig. 8). These results indicate that KLF5 is necessary for the maintenance of epithelial characteristics. Establishment of the KLF5–miR-200 axis also supports the conclusion that KLF5 is a necessary epithelial factor. In searching for miRNAs that mediate the function of KLF5 in epithelial maintenance, we found that miR-200 members were also downregulated when KLF5 was downregulated. Functional and biochemical analyses further established a direct transcriptional regulatory relationship between KLF5 and the miR-200 family. In addition,
ectopic restoration of miR-200 expression prevented the induction of EMT by TGF-β/H9252 and EGF or by the knockdown of KLF5 (Figs. 6 and 7), further establishing that miR-200 members are functional mediators of KLF5 in the maintenance of epithelial characteristics and EMT inhibition.

In mouse prostate tissues, a regulatory relationship between Klf5 and miR-200 was also detected (Fig. 9). Whereas knockout of Klf5 decreased the expression of miR-200a/b regardless of Pten knockout status, which is consistent with the in vitro findings, the relationship between Klf5 and miR-200c was detectable only in Pten heterozygous mice and not in wild-type or Pten homozygous mice (Fig. 9B). It is possible that miR-200c is less responsive to Klf5 knockout than miR-200a/b, because miR-200c also showed weaker responses to KLF5 overexpression in MDA-MB-231 and HepG2 cells (Fig. 4C). The miR-200b, a/429 cluster is located at the same locus on chromosome 1, while the miR-200c/141 cluster is at another locus on chromosome 12. The difference in gene promoters could thus be responsible for the difference in miR-200 transcription upon Klf5 knockout. In addition, Pten knockout appeared to have a greater effect on the expression of miR-200 in mouse prostate (Fig. 9C), and knockout of one Pten allele had a much greater effect than the knockout of both Pten alleles for...
miR-200a/b expression but not for miR-200c expression (Fig. 9C). The different effects of Pten knockouts on miR-200 expression could also affect the responses of miR-200a/b and miR-200c to Klf5 knockout. These results further suggest that Pten also regulates the expression of miR-200 members and EMT, which warrants further investigation.

A number of studies have established an important physiological role for the miR-200 family in the determination of epithelial differentiation during embryonic development and in the maintenance of the epithelial phenotype (54). For example, during the differentiation of differentiating embryonic stem cells (ESCs), which express the miR-200 family, maintenance of miR-200 expression prevents EMT and stalls differentiating ESCs at the epiblast-like stem cell stage (55). In addition, overexpression of miR-200 members can induce mesenchymal-epithelial transition in both cancer cells and fibroblasts (56–58). Furthermore, it has been well established that the miR-200 family targets ZEB1 and ZEB2, while ZEB1 and ZEB2 transcriptionally downregulate the miR-200 family, forming a double-negative feedback loop in the regulation of EMT (32–34, 38, 59). Taken together with our findings, we conclude that the KLF5–miR-200 axis is essential for the maintenance of epithelial characteristics by epithelial cells.

Downregulation of the KLF5–miR-200 axis is necessary for EMT induction. EMT is an important process that occurs during normal tissue development, tissue repair, and tumor development and progression. How EMT is regulated at the molecular level has been an important area of investigation. A number of studies have established TGF-β to be a driving factor in the induction of EMT (60–63). One major mechanism by which TGF-β induces EMT is to downregulate the expression of miR-200 members in a Smad-dependent manner, which leads to the upregulation of EMT inducers ZEB1 and ZEB2 and, subsequently, EMT (64–67). In fact, manipulation of the ZEB/miR-200 balance is able to switch cells between the epithelial and mesenchymal states (64). In this study, we found that KLF5 was downregulated during TGF-β- and EGF-induced EMT, that restoration of KLF5 expression prevented the downregulation of miR-200 members and the induction of EMT by TGF-β and EGF, and that KLF5 directly activated the transcription of miR-200 members (Figs. 1, 4, 5, and 8). Our findings indicate that KLF5 is a suppressor of EMT and that downregulation of KLF5 is necessary for TGF-β to induce EMT.

Transcriptional regulation of the miR-200 family by different factors during EMT. In addition to direct transcriptional repression by the ZEB1/2 transcription factors (68), the transcription of miR-200 members also involves multiple other factors. Similar to the effect of ZEB1/2 on miR-200 transcription, GATA3 is another transcriptional repressor of miR-200 members (69). Tumor suppressors p53 and RB, as well as two members of the p53 family, p73 and p63, transcriptionally activate the miR-200 family to suppress EMT and EMT-associated stem cell properties (35, 48, 70, 71). Perhaps more relevant to the role of KLF5 in miR-200 regulation is that Smad3 has also been shown to transcriptionally activate the miR-200 family by direct promoter binding (72). In our previous studies, we found that KLF5, Smad2-4, and the p300 acetylase form a transcriptional complex to acetylate KLF5 and regulate cell cycle genes in the inhibition of epithelial cell proliferation (22, 44, 45). It is thus possible, though yet to be confirmed, that the same KLF5-Smad-p300 complex is responsible for the activation of miR-200 members in epithelial cells.

ZEB1 and ZEB2, both of which are well-established transcriptional repressors of miR-200 members, also interact with Smads to mediate the downregulation of miR-200. In fact, ZEB2 was originally identified as Smad-interacting protein 1 (SIP1) (73). Interestingly, the p300 acetylase and its associated protein, PCAF, form a transcriptional complex with ZEB1 to cause the acetylation of ZEB1 and the subsequent release of miR-200 transcription (74). It thus appears that the KLF5-Smad-p300 association activates, while the ZEB1/2-Smads-p300 association inactivates, the transcription of miR-200. One outstanding question is whether KLF5 and ZEB1/2 interact in the transcriptional regulation of miR-200. For example, they could physically interact or compete in the interaction with Smads, p300, and other factors to execute opposite functions in miR-200 regulation.

Could the KLF5–miR-200 axis regulate other biological processes? Likely associated with its function in EMT regulation, the miR-200 family has been shown to modulate multiple pathological and physiological processes, including tumorigenesis, stem-like features of cancer cells, and the induction and maintenance of pluripotency. miR-200 members target multiple stem cell factors, such as Sox2, Klf4, Nanog, Oct4, and Lin28B (75, 76), and inhibit the characteristics of stem-like cancer cells, including the CD133+ side population, sphere formation capacity, in vivo tumorigenicity in nude mice, and stem cell marker expression (77–79). During the reprogramming of fibroblasts to induced pluripotent stem cells (iPSCs) by exogenous transcription factors Oct4, Sox2, Klf4, and Myc, the mesenchymal-epithelial transition (MET), which is an early event in reprogramming fibroblasts to iPSCs, occurs, and miR-200 members are transcriptionally induced and functionally necessary for iPSC generation (57, 58). On the other hand, KLF5 suppresses tumorigenesis in prostate cancer (80). Klf5 compensates for Klf4 during the reprogramming of somatic cells into iPSCs (81, 82), is essential for normal self-renewal of mouse ESCs (83–85), and regulates lineage formation in preimplantation mouse embryos (86). It is possible, though yet to be clarified, that KLF5 and the miR-200 family function together, as established in this study, to regulate iPSC generation, stem cell renewal and maintenance, tumorigenesis, and development.

Could the role of KLF5 in EMT be context dependent? Cell migration is a functional indicator of EMT (26). Opposite the inhibition of cell migration by KLF5 in HaCaT cells observed in this study (Figs. 2B, 3B, and 8F), KLF5 could also promote cell migration in other cell types (6, 9, 10), including mouse primary esophageal keratinocytes, where Klf5 appears to promote cell migration by inducing the expression of integrin-linked kinase (ILK) (10); bronchial smooth muscle cells, where interleukin-8–induced cell migration could be blocked by the knockdown of KLF5 (9); and intestinal epithelial cells, where deletion of Klf5 impairs the migration of Paneth cells (6). Therefore, it is possible that the role of KLF5 in EMT is context dependent.

An earlier study suggested that EMT and the invasiveness induced by KLF5 knockdown depend on the mutation or ablation of p53 in esophageal squamous cell carcinoma (11). In HaCaT cells, both alleles of p53 are mutated, which extends the p53 half-life and disrupts its DNA binding activity (87). Induction of EMT by KLF5 silencing (Fig. 2) in HaCaT cells is thus consistent with the findings in esophageal cells, supporting a role of p53 mutation in EMT induction. In MCF-10A cells, both p53 alleles are wild type (88), yet KLF5 silencing also induced EMT (Fig. 3). Whereas the epidermal HaCaT cell line is squamous, the mammary gland–originated MCF-10A line is not, which could be responsible for EMT
induction in cells with wild-type p53. In addition, insulin is necessary for the culture of MCF-10A cells but not for that of HaCaT cells, which could also contribute to the disparity. Whether the EMT induced by KLF5 silencing is truly independent of p53 mutation status remains to be determined.

Previous studies have demonstrated that KLF5 also has opposite functions in both cell proliferation and tumorigenesis (22, 44, 45, 50). The acetylation state of KLF5, which could be determined by the balance between tumor-suppressive and tumor-promoting signaling (22, 44, 45; X. Li, B. Zhang, R. Zhao, S. Xia, G. Ma, Q. Zhao, L. Fu, Z. Zhu, and J. T. Dong, unpublished data), has been shown to be responsible for the opposite functions of KLF5 in cell proliferation and tumorigenesis, with acetylated KLF5 being suppressive and unacetylated KLF5 being promoting. Such a context-dependent function of KLF5 could also be responsible for the observed opposite functions of KLF5 in cell migration control and EMT regulation. For example, acetylated KLF5 could suppress, while unacetylated KLF5 could promote, cell migration and EMT. This possibility is worth testing.

In summary, we found that the KLF5 protein was downregulated during the EMT induced by TGF-β and EGF in epithelial cells, that downregulation of KLF5 alone also caused EMT, that KLF5 activated miR-200 expression by directly binding to the GC boxes in the promoters of miR-200 members, and that downregulation of KLF5 caused the downregulation of miR-200 members (Fig. 10). Downregulation of the miR-200 family, in turn, altered the expression of EMT markers, such as CDH1, CDH2, FN1, and ZEB1, reorganized actin filaments, promoted cellular migration, and made cells spindle-like (Fig. 10). These findings not only establish a direct regulatory relationship between KLF5 and the miR-200 family, but they also revealed one key step during the EMT induced by TGF-β and EGF. The KLF5–miR-200 axis could modulate multiple pathological and physiological processes by regulating cellular EMT–MET plasticity, including cell migration, stemness, iPSC generation, tumorigenesis and metastasis, and development.

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