



## Original Articles

## A20-mediated deubiquitination of ER $\alpha$ in the microenvironment of CD163<sup>+</sup> macrophages sensitizes endometrial cancer cells to estrogen



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## ABSTRACT

Continuous estrogen signaling is thought to be the main mechanism causing endometrial cancer (EC). Studies have demonstrated that CD163<sup>+</sup> macrophages could promote the development of estrogen-dependent EC, but the mechanisms involved remain unclear. We found that CD163<sup>+</sup> macrophages were the dominant macrophages in atypical endometrial hyperplasia and cancer, and their infiltration was positively associated with ER $\alpha$  expression. CD163<sup>+</sup> macrophages mainly increased ER $\alpha$  protein levels but with little upregulatory effect on *ESR1* (ER $\alpha$  coding gene) transcripts. The ubiquitin-editing enzyme A20, screened from the endometrial microarray obtained from mice receiving a high-fat diet and sustained estrogen-intervened, was highly expressed in endometrial lesions rich with CD163<sup>+</sup> macrophages, and positively correlated with ER $\alpha$  expression. Similarly, A20 and ER $\alpha$  were both upregulated by CD163<sup>+</sup> macrophages via cytokines such as IL1 $\alpha$ , IL17A and TNF $\alpha$ . Mechanistically, A20 overexpression in EC cells prolonged ER $\alpha$  protein half-life without affecting *ESR1* transcripts. A20 increased functional ER $\alpha$  protein levels and enhanced estrogen-driven EC cell proliferation through preventing ER $\alpha$  protein degradation by its deubiquitinase activity. Our study revealed that A20-mediated deubiquitination of ER $\alpha$  might be an important mechanism by which CD163<sup>+</sup> macrophages sensitize EC cells to estrogen.

## 1. Introduction

It is generally accepted that persistent estrogen stimulation without progesterone protection contributes to abnormal endometrial proliferation and even endometrial endometrioid carcinoma (EEC) [1]. Patients with endometrial hyperplasia and EEC are likely to be complicated with metabolic syndromes, which put the body into a mild inflammatory state [2,3]. This chronic inflammation is a well-known carcinogenic factor even for hormone-related cancers [4]. Studies have

reported that certain inflammatory cytokines (e.g. IL6) in the microenvironment of hormone-related tumors can upregulate hormone biosynthesis or hormone receptor expression to activate the hormone signaling and to accelerate tumor cell proliferation [5–9]. However, the role of chronic inflammation in hormone-related carcinogenesis including endometrial cancer (EC) is far from being understood. Therefore, exploring how chronic inflammation increases estrogen sensitivity in the endometrium might help in understanding the relationship between chronic inflammation and estrogen-dependent EC, and in the

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development of more effective preventive and treatment measures.

Macrophages are sentinel immune cells that infiltrate tumors abundantly during the early stages of tumor development [10]. As an important component of chronic inflammation, infiltrating macrophages can promote cell proliferation and metastasis in hormone-related tumors such as breast, prostate, and endometrial cancers, by activating hormone signaling [7,11–13]. We previously demonstrated that CD163<sup>+</sup> macrophages could promote estrogen-driven EC cell proliferation via IL17A-mediated epigenetic modulation of the *ESR1* ( $ER\alpha$  coding gene) promoter [6]. Notably, IL17A showed significant upregulation of  $ER\alpha$  protein levels in EC cells compared with upregulation of its mRNA levels. This suggested that post-transcriptional or post-translational effects might be involved in the mechanism of  $ER\alpha$  protein upregulation in the microenvironment of EC with CD163<sup>+</sup> macrophages.

It has been reported that  $ER\alpha$  protein level is not linearly related with its mRNA level in breast cancer [14,15]. An important mechanism found is the post-translational modification that regulates  $ER\alpha$  protein turnover [16]. As a protein post-translational modification, ubiquitination modulation plays an important role in  $ER\alpha$  protein stability and transactivation of its target genes such as *TFF1* and *CTSD*, which contains estrogen response element (ERE) at their promoter regions [17]. The binding of estrogen and  $ER\alpha$  promotes  $ER\alpha$  phosphorylation which can recruit co-factors to bind ERE and regulate  $ER\alpha$  target genes. Meanwhile, activated  $ER\alpha$  can be recognized by ubiquitin ligases that prime the 26S proteasome for  $ER\alpha$  degradation [16,18,19]. In breast cancer, Pin1 stabilizes  $ER\alpha$  protein by blocking its phosphorylation-dependent ubiquitination and degradation to increase breast cancer cell proliferation [20]. In contrary, Speckle-type POZ protein (SPOP) is an important E3 ligase enzyme which can destabilize the  $ER\alpha$  protein, whose mutation in EC leads to defectiveness in regulating  $ER\alpha$  ubiquitination and degradation and results in sustained estrogen signaling [21]. These suggested that aberrant  $ER\alpha$  ubiquitination modulation leads to estrogen signaling dysregulation, which increases the risk of estrogen-related cancers.

A20, encoded by *TNFAIP3* in chromosome 6, is an important ubiquitin-editing enzyme. A20 contains an N-terminal OTU-type deubiquitinase (DUB) domain and seven zinc-finger domains at the C-terminus, which maintains protein stability through its deubiquitinase and promotes protein degradation through its E3 ubiquitin ligase, respectively [22]. Whether infiltrating CD163<sup>+</sup> macrophages regulate  $ER\alpha$  protein through deubiquitination modification by A20 in EC has not been clarified.

In this study, we found that A20-mediated deubiquitination of  $ER\alpha$  in a tumor microenvironment rich with CD163<sup>+</sup> macrophages played an important role in estrogen-driven endometrial carcinogenesis. Our study revealed that A20 may act as an oncogene for pathological  $ER\alpha$  activation. In this way antagonizing A20 might be a potential therapeutic strategy to prevent estrogen-dependent EC.

## 2. Materials and methods

### 2.1. Ethics statement

This study complied with the tenets of the Helsinki Declaration and the National Guidelines for Animal Use in Research (China). This study was approved by the Medical Ethics Committee of the Obstetrics and Gynecology Hospital of Fudan University (Shanghai, People's Republic of China, hereafter referred to as 'Ob&Gyn Hospital').

### 2.2. Endometrial sample collection

Endometrial tissues in normal proliferative phase (PP), or with hyperplasia, atypia hyperplasia (EAH), and EEC (including endometrioid adenocarcinoma grade 1, grade 2, and graded 3) were obtained from patients who underwent hysterectomy at Ob&Gyn Hospital from

January 2016 to November 2017. None of the patients received hormone therapy within 3 months before surgery. Normal endometrium was obtained from patients receiving hysterectomy because of leiomyoma, cervical high-grade squamous intraepithelial lesion (HSIL) or cervical cancer. Pathological diagnosis of endometrial samples was independently confirmed by at least two pathologists.

Twenty-two fresh endometrial tissues were collected for flow cytometric analysis and patient information was listed in [Supplementary Table S1](#). A further 29 cases were collected for IHC staining and patient information was listed in [Supplementary Table S2](#).

### 2.3. Fresh endometrium preparation and flow cytometric analysis

Fresh endometrium was prepared as previously described [23] and seen in [Supplementary materials and methods](#). Cells from fresh endometrium were labeled with fluorescent-tagged antibodies and then detected by flow cytometry (Beckman). Anti-Hu CD45-BV510, anti-Hu IFN $\gamma$ -Alexa 647, anti-Hu TGF $\beta$ -BV421, anti-mIgG2b Kpa-BV510, anti-mIgG1 Kpa-Alexa 647, and anti-mIgG1 Kpa-BV421 antibodies were purchased from BD Pharmingen, while anti-Hu CD14-PerCP/Cy5.5, anti-Hu CD86-PE/Cy7, anti-Hu CD163-PE, anti-mIgG1  $\kappa$  Isotype-PerCP/Cy5.5, anti-mIgG1  $\kappa$  Isotype-PE/Cy7, and anti-mIgG1  $\kappa$  Isotype-PE antibodies were purchased from Biolegend.

### 2.4. Immunohistochemical (IHC) staining

IHC staining was performed as previously described [24]. Primary antibodies used in IHC staining included CD163 (Abcam, ab182422), A20 (Cell Signaling Technology, D13H3), and  $ER\alpha$  (Cell Signaling Technology, D8H8). Semi-quantitative optical analysis was performed as previously described (6).

### 2.5. Establishment of mouse model and microarray analysis

Female C57BL/6 mice received bilateral oophorectomy at 6–8 weeks and then were separated randomly into two groups. The mice in the control group were fed with normal chow diet while the other group received a high-fat diet (Research Diets, D12492) and subcutaneously implantation of an estrogen-releasing pellet (Innovative Research of America, NE-121, 0.36 mg/pellet). After 12 weeks of intervention, the endometrial samples were collected and total RNAs were extracted for microarray analysis using the Affymetrix GeneChip Mouse Transcriptome Array 1.0 by GMINIX (Shanghai, China). Microarray data was uploaded to the Gene Expression Omnibus repository, with the GEO accession number [GSE102103](https://www.ncbi.nlm.nih.gov/geo/query/acc.cgi?acc=GSE102103) (<https://www.ncbi.nlm.nih.gov/geo/query/acc.cgi?acc=GSE102103>).

### 2.6. Cell lines

EC cell lines RL95-2, Ishikawa, and SPEC2 were kindly provided by Dr. Yu Yinhua (MD Anderson Cancer Center, Houston, TX) and HEC-1A was kindly provided by Dr. Wei Lihui (Peking People Hospital, Beijing, China). EC cell line KLE, human acute monocytic leukemia cell line THP-1, and human embryonic kidney (HEK) 293T cells were purchased from ATCC (USA). RL95-2, Ishikawa, SPEC2, and HEC-1A cells were cultured in DMEM/F12 medium, and KLE and HEK-293T in DMEM medium, while THP1 cells were cultured in RPMI 1640 medium supplemented with 10% fetal bovine serum (FBS).

### 2.7. Expression constructs

The A20 plasmids were purchased from Addgene (<http://www.addgene.org/>) and subcloned into pCMV-Myc and pCMV-Flag expression vectors. A20 N-terminal DUB domain, C-terminal E3 ligase (ZnF1-7) domain and their corresponding mutant structures as described were also subcloned into pCMV-Myc and pCMV-Flag expression vectors [25].

ER $\alpha$  was subcloned into pCMV-Flag, pCMV-Myc and pCMV-Flag-HA (FH) expression vectors.

## 2.8. Gene transfection and real-time PCR

Plasmids and siRNAs were transfected using Lipofectamine 3000 and RNAiMAX (Invitrogen) according to the manufacturer's protocol. siRNA sequences were listed in [Supplementary Table S3](#). The mRNA levels were measured by real-time PCR (RT-PCR) using SYBR Premix Ex Taq (Takara, China). Primers were listed in [Supplementary Table S4](#).

## 2.9. Drug intervention

The following drugs were used for cell interventions as indicated: phorbol-12-myristate-13-acetate (PMA) (Sigma Aldrich, P8139), IL4 (Sigma Aldrich, SRP3093), IL13 (Sigma Aldrich, SRP3274), recombinant human IL1 $\alpha$  (Novoprotein, C070), recombinant human IL6 (Novoprotein, C027), recombinant human IL10 (Novoprotein, C027), recombinant human MCP2 (Novoprotein, C063), recombinant human GM-CSF (Novoprotein, C003), recombinant human IL17A (Sigma Aldrich, SRP3080), IL17A receptor antagonist (R&D systems, MAB177), pyrrolidine dithiocarbamate (PDTC) (Sigma Aldrich, P8765), MG132 (Selleckchem Houston, USA, S2619), 17 $\beta$ -estrogen (Sigma Aldrich, E2758), cyclohexamide (CHX) (Enzo, ALX-380269), and vehicles included ethanol (EtOH), dimethyl sulfoxide (DMSO), and PBS. Prior to E2 intervention, cells were cultured in phenol red-free medium supplemented with 10% charcoal-stripped FBS.

## 2.10. ESR1 dual-luciferase reporter assays

Cells were transfected with pGL3-ESR1 promoter, Firefly plasmid, and pGL4.74 [hRluc/TK] Renilla plasmid, which acted as the internal control. The pGL3-ESR1 promoter plasmids contain 4000 bp upstream of the transcription initiation site. The cells were lysed to measure the luciferase activity by VARIOSKAN FLASH (Thermo Scientific) using a dual luciferase reporter kit (Promega, E1910).

## 2.11. Cytokine arrays

The supernatants of THP-1, CD163<sup>+</sup> M $\phi$ , HEC-1A cells and CD163<sup>+</sup> M $\phi$  and HEC-1A co-culture were collected for cytokine arrays (RayBio Human Inflammation Antibody Array G3, Guangzhou, Shanghai). Forty-two cytokines and their fluorescent values were described in detail in [Supplementary Table S5](#).

## 2.12. Immunofluorescent staining

Cell immunofluorescent staining was performed as previously described [24]. Primary antibodies against A20 (Santa Cruz Biotechnology, sc-166692) and ER $\alpha$  (Sigma Aldrich, SAB4500812) were incubated with cells overnight at 4°C followed by incubation with secondary fluorescent-tagged antibody (anti-mouse, Alexa Fluor<sup>®</sup> 488 and 555, Life Technology) for 1 h. Nuclei were stained with 4',6-diamidino-2-phenylindole (DAPI) (Beyotime, China) for 5 min. Fluorescence was detected using a fluorescence microscope (Nikon).

## 2.13. Co-immunoprecipitation (Co-IP) and western blotting (WB)

Exogenous and endogenous co-IP procedures were performed as described previously [21]. Primary antibodies were as follows: ER $\alpha$  (Sigma Aldrich, SAB4500812), A20 (Abcam, ab92324), p65 (Abcam, 32536), p-p65 (Abcam, 76302), Myc-tag (MBL, M047-7), Flag-tag (MBL, M185-7), HA-tag (MBL, M180-7), GAPDH (Cell Signaling Technology, 14C10), and  $\beta$ -actin (Beyotime, AA128).

## 2.14. In vitro ubiquitination assays

In vitro ubiquitination assays were performed as previously described [26]. HEK-293T cells were lysed with 0.5% NP40 buffer and then incubated with anti-Myc affinity gel (Selleck, B23401) or anti-FLAG antibody-conjugated M2 agarose beads (Sigma) overnight at 4°C. Ubiquitination levels of ER $\alpha$  were analyzed by western blotting.

## 2.15. Cell proliferation and apoptosis

5-Ethynyl-2'-deoxyuridine (Edu) staining, CCK8 (DOJINDO, Japan) and cell apoptosis (DOJINDO, Japan) were performed as described [21,27,28].

## 2.16. Statistics

All experiments were repeated at least three times in this study. SPSS 19.0 (IBM SPSS Software) was used for statistical analyses. Student's t-test, one-way or two-way ANOVA, and Spearman's correlation analysis were used for further analyses. P-values of 0.05 were considered statistically significant. Error bars indicate standard deviation (SD) in the graphs.

## 3. Results

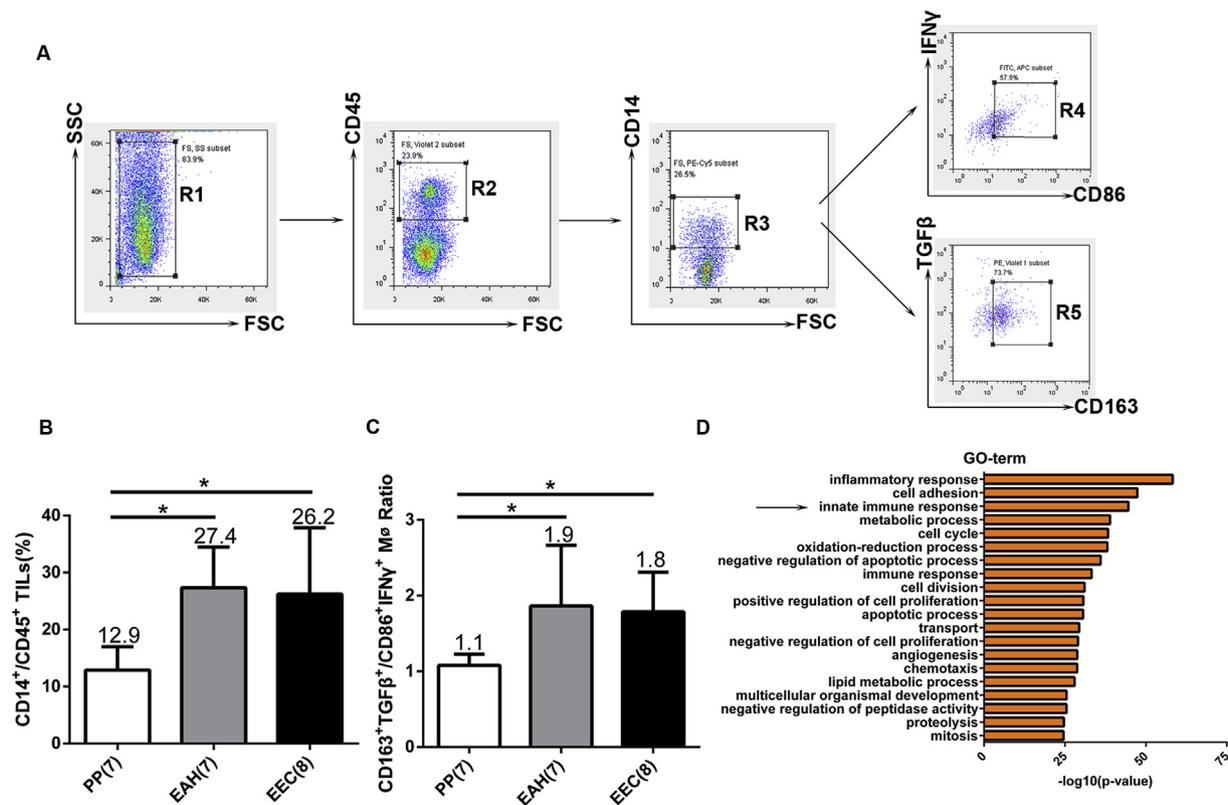
### 3.1. CD163<sup>+</sup> TGF $\beta$ <sup>+</sup> macrophages are the dominant macrophages in endometrial lesions

Studies have shown that infiltrating macrophages are positively related to the risk of EC [11,29]. We first investigated whether CD163<sup>+</sup> macrophages are the dominant macrophages in endometrial lesions. Tissue-infiltrating lymphocytes (CD45<sup>+</sup>) and monocytes (CD14<sup>+</sup>) in fresh endometrial tissue from patients (PP, EAH, and EEC) were labeled and analyzed by flow cytometry ([Fig. 1A](#)). CD14 is mainly expressed on the surface of macrophages [30]. We found that the CD14<sup>+</sup>/CD45<sup>+</sup> lymphocyte ratio was significantly increased in EAH and EEC compared with normal endometrium ([Fig. 1B](#)), indicating increased infiltrating macrophages in EAH and EEC lesions. As macrophages have pro-inflammatory (M1) and anti-inflammatory (M2) phenotypes, we further used CD molecules and cytokines to label M1 (CD86, INF $\gamma$ ) and M2 (CD163, TGF $\beta$ ) macrophages in CD14<sup>+</sup> monocytes [31–33]. The ratio of CD163<sup>+</sup>TGF $\beta$ <sup>+</sup> to CD86<sup>+</sup>INF $\gamma$ <sup>+</sup> macrophages was elevated in both EAH and EEC lesions ([Fig. 1C](#)), demonstrating that CD163<sup>+</sup>TGF $\beta$ <sup>+</sup> macrophages (M2 macrophages) were the dominant macrophages in EAH and EEC.

Because macrophages play important roles in the innate immune system, we used a mouse model to determine whether an innate immune response existed in EC-prone environments. Ovariectomized female mice were fed a high-fat diet for three months and subcutaneously implanted with a 17 $\beta$ -estrogen pellet to mimic the in vivo environment of EC patients. Endometrial samples from the mice were then harvested for microarray analysis. Further Gene Ontology analysis proved that innate immune responses in the endometrium were substantially induced by estrogen exposure and high-fat intake ([Fig. 1D](#)). Therefore, we speculated that CD163<sup>+</sup>TGF $\beta$ <sup>+</sup> macrophages (hereafter called CD163<sup>+</sup> macrophages) might be the dominant macrophages in endometrial lesions and are involved in estrogen-driven endometrial carcinogenesis.

### 3.2. A20 and ER $\alpha$ are positively correlated with the amount of CD163<sup>+</sup> macrophages in endometrial lesions

As previously reported, CD163<sup>+</sup> macrophages promoted EC cell proliferation through upregulation of ER $\alpha$  expression [6]. CD163<sup>+</sup> macrophages were successfully induced ([Supplementary Fig. S1](#)), and the culture medium (CM) was extracted and then added to EC cells to verify the role of CD163<sup>+</sup> macrophages in regulating ER $\alpha$  expression.



**Fig. 1.** CD163<sup>+</sup>TGFβ<sup>+</sup> macrophages are the dominant macrophages in endometrial cancer lesions. **A.** Flow diagram of flow cytometry analysis. Cells of R1 (FSC vs. SSC) represent endometrial stromal cells including total leukocytes. Gate R2 is involved in gate R1; cells of gate R2 represent CD45<sup>+</sup> cells. Gate R3 is involved in gate R2; R3 cells represent CD14<sup>+</sup>CD45<sup>+</sup> cells. R4 and R5 are involved in gate R3; R4 cells represent CD86<sup>+</sup>IFNγ<sup>+</sup> macrophages and R5 cells represent CD163<sup>+</sup>TGFβ<sup>+</sup> macrophages. **B.** CD14<sup>+</sup>/CD45<sup>+</sup> lymphocyte ratio in fresh endometrium from patients with PP, EAH, and EEC was analyzed by flow cytometry. The results were shown as a percentage in total CD45<sup>+</sup> cells. **C.** CD163<sup>+</sup>TGFβ<sup>+</sup>/CD86<sup>+</sup>IFNγ<sup>+</sup> macrophage ratio in fresh endometrium from patients with PP, EAH, and EEC was analyzed by flow cytometry. **D.** GO analysis of estrogen- and high-fat diet-induced differential expression genes (DEGs) in mouse endometrial samples. The top twenty functions induced by estrogen and high-fat diet are presented. PP, proliferative phase endometrium; EAH, endometrium atypical hyperplasia; EEC, endometrial endometrioid carcinoma. Values indicate mean ± S.D., n (PP) = 7, n (EAH) = 7, n (EEC) = 8, \**P* < 0.05, \*\**P* < 0.01, \*\*\**P* < 0.001.

CD163<sup>+</sup> macrophage CM upregulated ERα expression in EC cells, while slightly activating *ESR1* mRNA transcription without affecting its promoter activity (Fig. 2A and B), suggesting that CD163<sup>+</sup> macrophages might upregulate ERα protein post-transcriptionally or post-translationally.

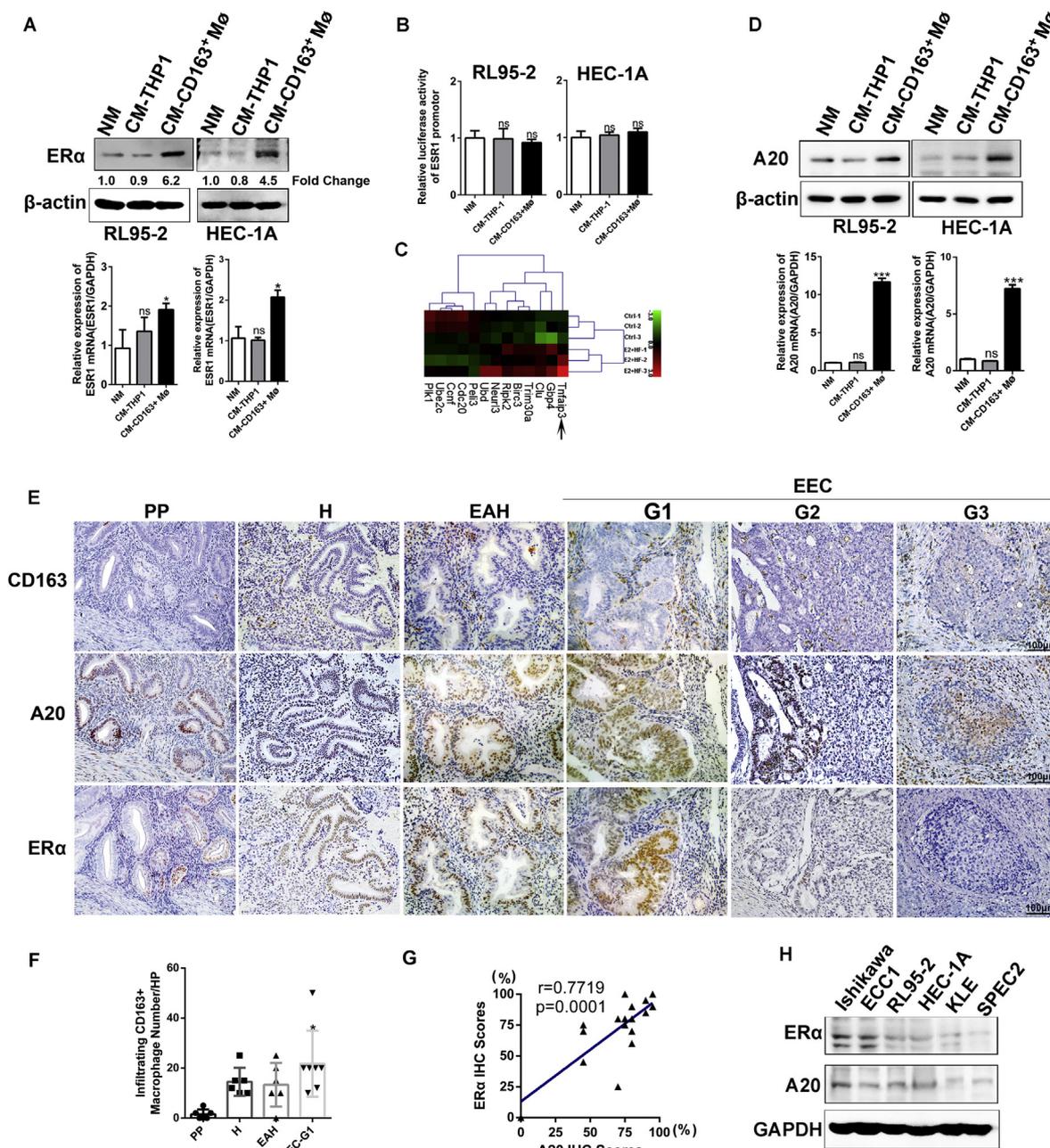
We next performed microarray analysis of mouse endometrium under estrogen and high-fat diet intervention and found a gene set associated with ubiquitin enzymes was dysregulated (Fig. 2C). CD163<sup>+</sup> macrophage CM intervention further confirmed the same change in ubiquitin enzymes in HEC-1A cells (Supplementary Fig. S2). Among the ubiquitin-editing enzymes identified, A20 was markedly elevated in the CD163<sup>+</sup> macrophage CM intervention test (Fig. 2D). As ubiquitination modification is an important post-translational mechanism for ERα protein modification [16], we thereby evaluated the potential relationship among A20, ERα expression, and the number of infiltrating CD163<sup>+</sup> macrophages in human endometrial tissues (Fig. 2E). IHC staining showed small numbers of CD163<sup>+</sup> macrophages in the stroma of normal proliferating endometrium. The number of CD163<sup>+</sup> macrophages increased gradually when endometrial lesions developed from hyperplasia to EC (Fig. 2F). Since the stroma gradually decreased in the lesion tissues from G1 to G3, the amount of infiltrating CD163<sup>+</sup> macrophages also consistently decreased in the same proportion in IHC staining. Consistent with CD163<sup>+</sup> macrophage infiltration, A20 and ERα were both highly expressed and positively correlated in hyperplasia, EAH, and EEC G1 (Fig. 2G), but decreased gradually when the lesions progressed from G1 to G3. We further analyzed A20 protein levels in ERα-positive or ERα-weak positive EC cell lines (Ishikawa, ECC1, RL95-2, and HEC-1A) and ERα-negative EC cell lines (KLE and

SPEC2) (Fig. 2H). ERα and A20 protein expression changed by a similar degree in EC cell lines. These findings suggested that A20 and ERα protein were positively correlated in the microenvironment of CD163<sup>+</sup> macrophages.

### 3.3. A20 and ERα are upregulated by CD163<sup>+</sup> macrophages via cytokines

To explore the potential mechanisms involved in CD163<sup>+</sup> macrophage-mediated upregulation of ERα protein, CD163<sup>+</sup> macrophages and HEC-1A co-culture medium were collected to assess cytokine changes by cytokine array (Fig. 3A). Cytokines such as GM-CSF, IL1α, IL6, IL10, IL17A, MCP2, and TNFα, increased remarkably in the supernatant of co-culture systems compared with that from CD163<sup>+</sup> macrophages or HEC-1A alone (Fig. 3B). We then asked whether CD163<sup>+</sup> macrophages upregulated A20 and ERα in a paracrine manner through these cytokines. Interestingly, IL-1α, IL17A, and TNFα increased A20 and ERα expression in EC cells (Fig. 3C). We next selected IL17A for further investigation. IL17A increased A20 and ERα expression in a dose- and time-dependent manner, and neutralization of IL17A with its antagonistic antibody blocked IL17A-induced A20 and ERα expression (Supplementary Fig. S3).

As IL1α, IL17A, and TNFα regulate the NF-κB pathway, NF-κB inhibitor PDTC was used to test whether this pathway is involved in the upregulation of A20 and ERα expression. Data showed that PDTC blocked cytokine-induced expression of A20 and ERα (Fig. 3D). IL1α and TNFα upregulated A20 transcripts without affecting ERα transcripts, while IL17A upregulated ERα transcripts very slightly (Fig. 3E). These findings suggested that IL1α and IL17A might upregulate A20

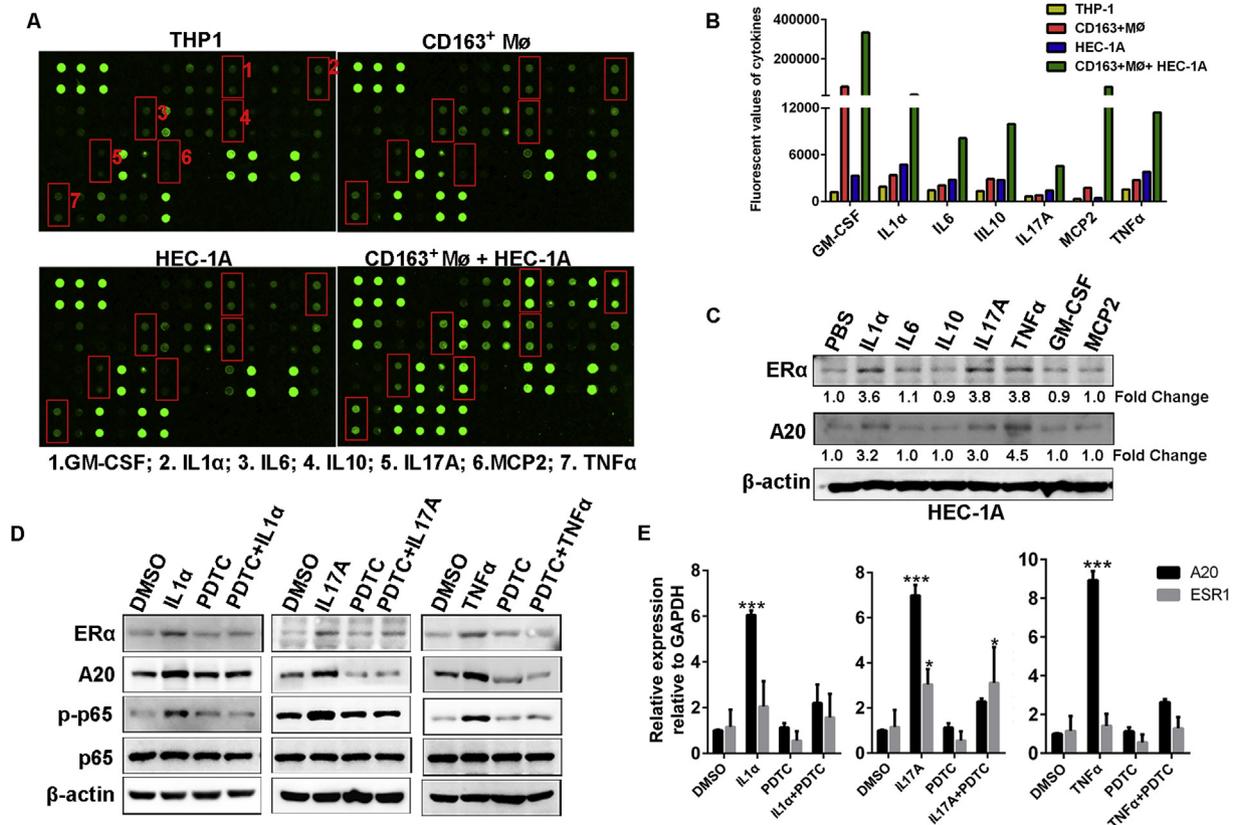


**Fig. 2. A20 and ER $\alpha$  are positively correlated with the amount of CD163<sup>+</sup> macrophages in endometrial lesions.** A. CD163<sup>+</sup> macrophage culture medium (CM) upregulated ER $\alpha$  protein expression but slightly upregulated *ESR1* mRNA levels in EC cells. Cells were cultured in normal medium (NM), THP1 CM, and CD163<sup>+</sup> macrophage CM for 16 h and 36 h with the most significant effect for RT-PCR and western blotting. The fold change of ER $\alpha$  relative to control group was calculated from densitometry. B. CD163<sup>+</sup> macrophage CM did not have significant transactivation effect on the *ESR1* promoter in EC cells. Cells were transfected with pGL3-*ESR1* promoter plasmids and pGL4.74 [hRluc/TK] (internal control) for 18 h and then cultured in normal medium (NM), THP1 CM, and CD163<sup>+</sup> macrophage CM for 18 h. C. Ubiquitin enzymes in mouse endometrium regulated by prolonged estrogen and high-fat diet intervention. The samples of endometrium were collected for microarray analysis. The mRNA levels of *TNFAIP3* were increased in the intervention group (black arrow). D. CD163<sup>+</sup> macrophage CM upregulated mRNA and protein levels of A20 in EC cells. Cells were cultured in NM, THP1 CM, and CD163<sup>+</sup> macrophage CM for 16 h and 36 h for RT-PCR and western blotting analysis. E. IHC staining for CD163, A20, and ER $\alpha$  expression in endometrial hyperplastic lesions. Original magnification 200  $\times$ . Scale bars, 100  $\mu$ m. F. The number of CD163<sup>+</sup> macrophages increased gradually from normal endometrium in the proliferative phase to EC. G. The staining intensity of A20 and ER $\alpha$  is scored by semi-quantitative optical analysis. Correlation of A20 and ER $\alpha$  IHC scores was analyzed by Spearman's correlation. H. ER $\alpha$  and A20 protein expression changed to a similar degree in EC cell lines. Baseline A20 and ER $\alpha$  protein expression in different EC cell lines was analyzed by western blotting. PP, proliferative phase; H, hyperplasia; EAH, endometrial atypical hyperplasia; G1, endometrioid adenocarcinoma grade 1; G2, endometrioid adenocarcinoma grade 2; G3, endometrioid adenocarcinoma grade 3. \* $P < 0.05$ , \*\* $P < 0.01$ , \*\*\* $P < 0.001$ .

and ER $\alpha$  through NF- $\kappa$ B signaling. Since these cytokines mainly upregulated ER $\alpha$  protein with little effect on *ESR1* transcripts in EC cells, we speculated that A20-mediated post-translational modulation of ER $\alpha$  might be an important mechanism for increasing ER $\alpha$  abundance in the infiltrating macrophage-rich microenvironment of EC.

### 3.4. A20 increases ER $\alpha$ protein by preventing protein degradation

To test our hypothesis that A20 upregulated ER $\alpha$  protein in EC cells post-translationally, we compared ER $\alpha$  protein levels and *ESR1* mRNA levels through plasmid transfection of A20 in EC cells. Overexpression



**Fig. 3.** A20 and ER $\alpha$  are upregulated by CD163<sup>+</sup> macrophages via cytokines. **A.** Co-culture of CD163<sup>+</sup> macrophages and HEC-1A cells significantly upregulated the production of cytokines. CD163<sup>+</sup> macrophages and HEC-1A were co-cultured for 24 h. Culture medium from this co-culture system as well as those culturing THP1 cells, CD163<sup>+</sup> macrophages, and HEC-1A cells alone were separately extracted. Cytokines in the culture medium were detected by cytokine array. Red boxes indicate GM-CSF, IL1 $\alpha$ , IL6, IL10, IL17A, MCP2, and TNF $\alpha$ , as marked in the key. **B.** Fluorescence values of seven cytokines. **C.** Dysregulated cytokines at a dose of 50 ng/ml upregulated A20 and ER $\alpha$  protein expression, especially IL1 $\alpha$ , IL17A, and TNF $\alpha$ . HEC-1A cells were treated with these cytokines for 36 h and then harvested for western blotting. The fold change of ER $\alpha$  and A20 relative to control group was calculated from densitometry. **D.** IL1 $\alpha$ , IL17A, and TNF $\alpha$  upregulated A20 and ER $\alpha$  expression through NF- $\kappa$ B signaling. HEC-1A cells were pretreated with NF- $\kappa$ B inhibitor 20  $\mu$ M pyrrolidine dithiocarbamate (PDTc) for 4 h and then were treated with these cytokines for 36 h. **E.** IL1 $\alpha$ , and TNF $\alpha$  upregulated A20 transcripts without affecting ER $\alpha$  transcripts, while IL17A upregulated ER $\alpha$  transcripts very slightly. HEC-1A cells were treated with these cytokines for 16 h and then harvested for RT-PCR. \* $P < 0.05$ , \*\*\* $P < 0.001$ .

of A20 upregulated ER $\alpha$  protein levels but not the corresponding *ESR1* mRNA levels (Fig. 4A and B). Luciferase reporter assays in HEK-293T cells confirmed that there was no activating effect of A20 on the *ESR1* promoter (Fig. 4C). Furthermore, silencing of A20 by A20-targeted siRNAs led to a decrease in ER $\alpha$  protein and *CSTD* mRNA (ER $\alpha$  target gene) without affecting *ESR1* mRNA (Fig. 4D and E). These results all suggested that A20 might regulate ER $\alpha$  post-translationally.

As A20 is an important ubiquitin-editing protein that regulates protein degradation or stability, we supposed that A20 might upregulate ER $\alpha$  protein through prevention of ER $\alpha$  protein degradation. Overexpression of A20 prolonged the half-life of endogenous ER $\alpha$  protein and downregulation of A20 expression by using siRNAs towards A20 shortened the half-life of endogenous ER $\alpha$  protein in the presence of protein synthesis inhibitor CHX (Fig. 4F and G). Taken together, these findings suggest that A20 increased ER $\alpha$  protein stability by protecting ER $\alpha$  protein from degradation.

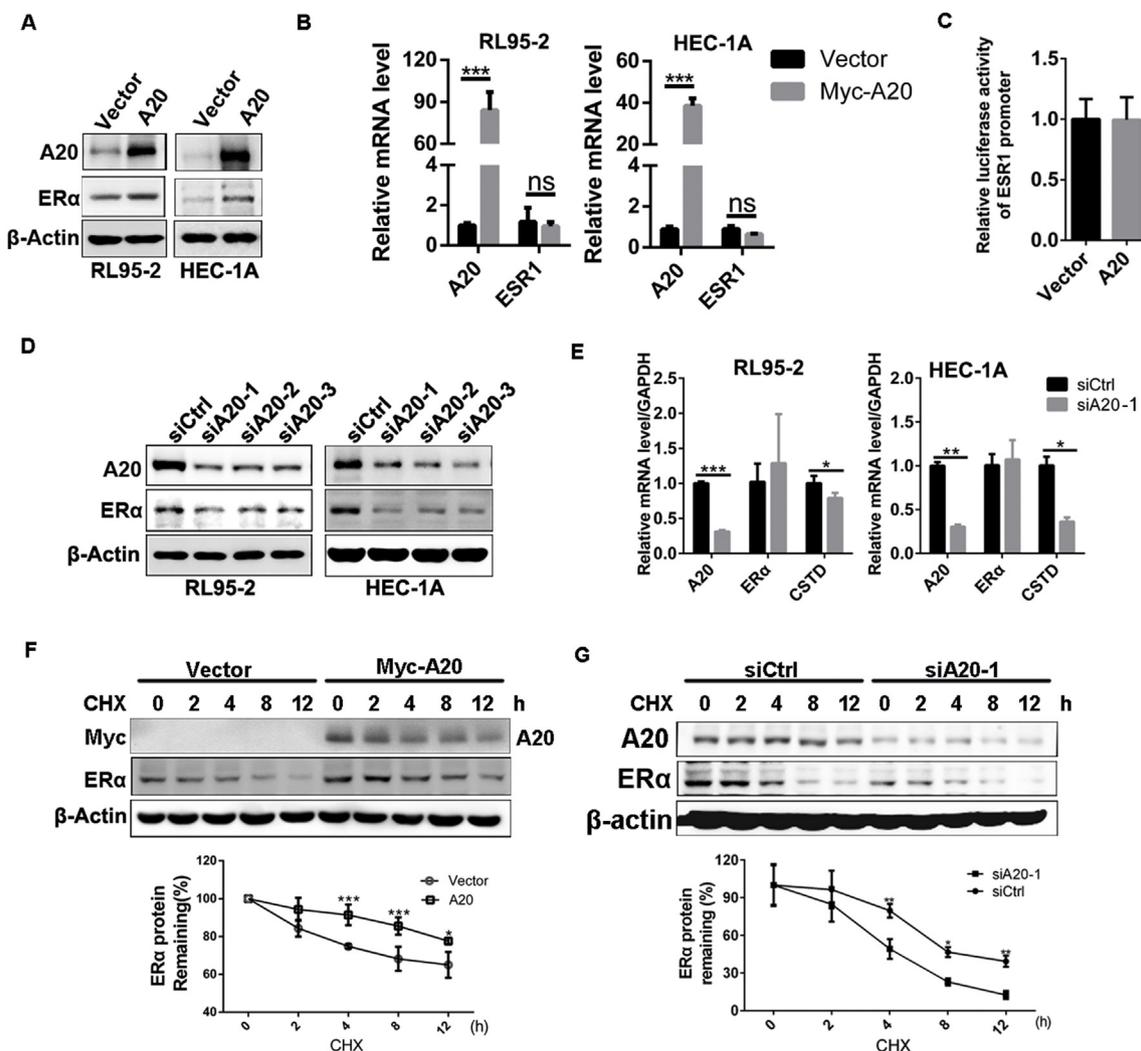
### 3.5. A20 interacts with ER $\alpha$

We next investigated whether A20 stabilized ER $\alpha$  protein through protein interactions. Exogenous and endogenous co-IP experiments were performed to assess the binding of ER $\alpha$  and A20. Reciprocal co-IP assays confirmed that A20 interacted with ER $\alpha$  (Fig. 5A and B). Furthermore, endogenous A20 and ER $\alpha$  were co-localized in the nuclei of EC cells (Fig. 5C). These suggested that A20 might form a complex with ER $\alpha$  protein in cell nuclei to stabilize ER $\alpha$  protein.

### 3.6. A20 stabilizes ER $\alpha$ protein through deubiquitination of ER $\alpha$ protein

As A20 was found to interact with ER $\alpha$  and stabilize its protein structure, experiments were conducted to determine which domain of A20 was involved. A20 N-terminal DUB domain, C-terminal E3 ligase ZnF1-7 domain, and their corresponding mutant structures were established (Fig. 6A). Co-IP assays showed that ER $\alpha$  could bind with the N-terminal and C-terminal of A20 and their mutant structures (Supplementary Fig. S4), but ectopically expressed A20 N-terminal domain stabilized ER $\alpha$  protein instead of A20 C-terminal domain (Fig. 6B). As the DUB activity of A20 is attributed to its N-terminal OTU domain, we deleted the OTU domain from A20 to further confirm our hypothesis. Deletion of the A20 OTU domain had no stabilization effect on co-transfected ER $\alpha$  protein in HEK-293T cells (Fig. 6C). Similarly, enzymatic dead mutant (C103A) A20 also had no stabilization effect on co-transfected ER $\alpha$  protein (Fig. 6D). HEC-1A cells transfected with different domains of A20 showed that only the A20 DUB domain stabilized ER $\alpha$  protein (Fig. 6E), which suggested that the A20 OTU domain was required for ER $\alpha$  stabilization.

To determine whether A20 regulates ER $\alpha$  polyubiquitination, HA-Ub and Myc-ER $\alpha$  were coexpressed in HEK-293T cells with different doses of wild-type (WT) A20, and then in vitro ubiquitination assays were conducted to detect ER $\alpha$  ubiquitination levels. We observed a dose-dependent reduction in the ubiquitination levels of ER $\alpha$  with increasing transfection of A20 (Fig. 6F). To prove whether A20 DUB was involved in the decrease of ER $\alpha$  ubiquitination levels, HA-Ub and Myc-

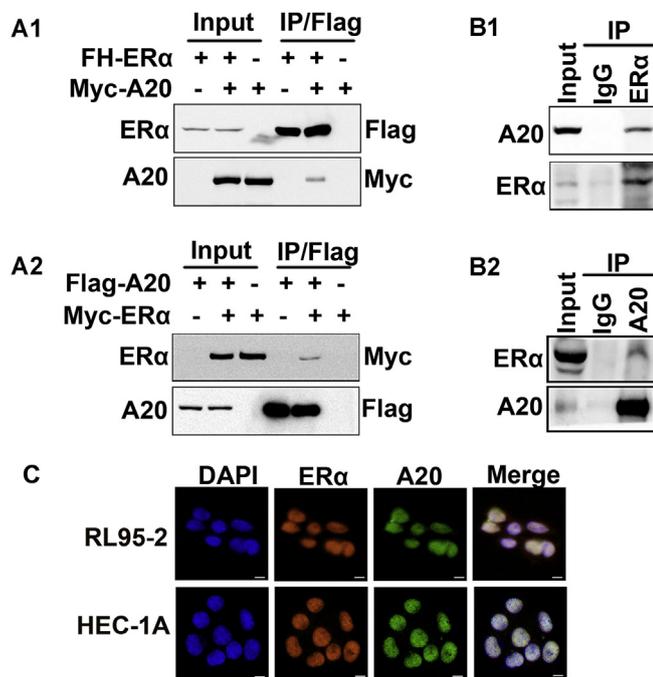


**Fig. 4. A20 increases ER $\alpha$  protein by preventing protein degradation.** A. Ectopically expressed A20 upregulated endogenous ER $\alpha$  protein levels in EC cells. EC cells were transfected with A20-expressing plasmids or empty vector and western blotting was used for evaluation of A20 and ER $\alpha$  protein levels in EC cells. B. A20 overexpression had no effect on *ESR1* mRNA levels in EC cells. EC cells were transfected with A20-expressing plasmids or empty vectors and RT-PCR was used to analyze *ESR1* mRNA levels. C. Ectopically expressed A20 did not activate *ESR1* transcription. HEK-293T cells were transfected with pGL3-*ESR1* promoter plasmids and pGL4.74 [hLuc/Tk] plasmids for 18 h, and then transfected with A20-expressing plasmids and empty vectors for 18 h. Dual-luciferase reporter assays were conducted for detection of *ESR1* promoter activity. D. Silencing of A20 downregulated endogenous ER $\alpha$  protein levels in EC cells. EC cells were transfected with three independent siRNAs targeting A20 at different sites or siCtrl for 36 h. A20 and ER $\alpha$  were detected by western blotting. E. Silencing of A20 by siA20-1 resulted in decreased *CSTD* (ER $\alpha$  target gene) but not *ESR1* mRNA levels. EC cells were transfected with siA20-1 or siCtrl for 16 h. RT-PCR was used to analyze *ESR1* and *CSTD* mRNA levels. F-G. overexpression or downregulation of A20 level prolonged or shortened ER $\alpha$  protein half-life in HEC-1A cells respectively. HEC-1A cells were transfected with A20-expressing plasmids or empty vector, or siRNAs towards A20 or siCtrl for 24 h respectively. Cells were then treated with 50  $\mu$ g/ml protein synthesis inhibitor cyclohexamide (CHX) and harvested at indicated time points for evaluation of ER $\alpha$  protein levels by western blotting. The intensity of ER $\alpha$  was normalized to the intensity of  $\beta$ -actin at each time point and then expressed as the percentages of the original value without treatment (time point, 0 h). \* $P$  < 0.05, \*\* $P$  < 0.01, \*\*\* $P$  < 0.001.

ER $\alpha$  were co-expressed in HEK-293T cells with different domains of A20 and enzymatic dead mutant (C103A). The results showed that only the normal DUB domain of A20 could reduce ER $\alpha$  polyubiquitination (Fig. 6G). As SPOP is an important E3 ubiquitin ligase of ER $\alpha$  for proteasomal degradation [21], we also detected protein stability and ubiquitination level of ER $\alpha$  respectively in the presence of SPOP and/or A20. The data shown demonstrated that A20 and SPOP played opposite roles in regulating ER $\alpha$  stability and ubiquitination modification (Supplementary Figs. S5A–B). All these findings support the concept that A20 stabilizes ER $\alpha$  protein through preventing protein degradation via deubiquitination of ER $\alpha$ .

### 3.7. Overexpression of A20 increases sensitivity of EC cells to estrogen via regulation of ER $\alpha$

To investigate whether EC cells with A20 overexpression possess more functional ER $\alpha$  protein, we evaluated the enhancement effect of A20 on estrogen sensitivity in EC cells. Cell proliferation and apoptosis assays showed that A20 WT increased EC cell proliferation and decreased cell apoptosis in the presence of E2, but A20 enzymatic dead mutant C103A (mutant type, MT) has no such effects (Fig. 7A–C). And this is also true for the effect of A20 on ER $\alpha$  protein level (Fig. 7D). The results of xenograft model in uterine horns of ovariectomized female mice was also consistent with that of in-vitro study (Supplementary Figs. S6A–B). Furthermore, A20 stabilized ER $\alpha$  in a dose-dependent manner in HEK-293T cells, and ER $\alpha$  protein abundance was more pronounced after estrogen treatment (Fig. 7E). To sum up, A20 can



**Fig. 5. A20 interacts with ERα.** A. Ectopically expressed A20 and ERα showed a mutual interaction. HEK-293T cells were co-transfected with Myc-A20 and Flag-HA (FH)-ERα constructs (A1) or Flag-A20 and Myc-ERα (A2) for 30 h. After being treated with 20 μM MG132 for 8 h, cell lysates were prepared for co-IP with anti-FLAG beads and western blotting analysis. B. Endogenous A20 and ERα proteins interacted with each other in HEC-1A cells. After being treated with 20 μM MG132 for 8 h, cell lysates were prepared for co-IP with anti-ERα (B1) or anti-A20 (B2) antibody and western blotting analysis. C. ERα and A20 co-localized in EC cell nuclei. EC cells were immunostained with anti-ERα (red) and anti-A20 (green) antibodies and visualized by confocal microscopy. DAPI (blue) was used to indicate cell nuclei. Scale bars.

stabilize ERα protein and maintain estrogen signaling by inhibiting ERα ubiquitination degradation through interactions with ERα protein. This sustained estrogen signaling renders patients more susceptible to estrogen-dependent EC.

#### 4. Discussion

In this study, we demonstrated that CD163<sup>+</sup> macrophage-associated chronic inflammation could stabilize ERα protein through A20-mediated deubiquitination modifications to sensitize EC cells to estrogen. Therefore, our study revealed that post-translational regulation was also an important mechanism involved in infiltrating macrophage-induced upregulation of estrogen sensitivity in endometrium.

Macrophage infiltration is one of the main characteristics of chronic inflammation that is closely related to endometrial carcinogenesis [10,12]. In this study, we found that CD163<sup>+</sup> macrophage infiltration is the early event of endometrial tumorigenesis. Although endometrial atypical hyperplasia is distinct from endometrial cancer, it is a pre-cancerous stage which develops gradually into EEC G1 [34,35]. The findings that CD163<sup>+</sup> macrophages were abundantly infiltrated in EAH and EEC G1 suggested that CD163<sup>+</sup> macrophages might be involved in the progress from EAH to EEC. In this study, continuous section slides of endometrial lesions were used to stain A20, ERα and CD163 by immunohistochemistry, which indirectly proved that A20 and ERα co-localized in endometrial gland cells in CD163<sup>+</sup> macrophage-rich mesenchyme around endometrial glands. The expression of both A20 and ERα increased in EEC G1 compared with normal endometrium. However, when the lesions progressed from EEC G1 to G3, ERα presented with more pronounced decline than A20. These results suggest that when cells gained cancerous property under the stimulation of

estrogen, estrogen is no longer the primary engine for cancer progression [36]. Therefore, we see low or even loss expression of ERα but moderate expression of A20 in EEC G3. In other words, EC no longer relies on ERα signaling or A20-mediated ERα protein stability when EEC G1 progressed to G3.

CD163<sup>+</sup> macrophage-associated chronic inflammation can provide a carcinogenic microenvironment [37,38]. In EC, the aromatase activity of stromal cells is upregulated by IL6, suggesting increased 17β-estrogen bio-synthesis [5]. Moreover, EC patients with insulin resistance showed increased GPER expression in EC tissues compared with those without insulin resistance [8,9,39]. Consistent with these reports, our findings also suggested that upregulation of ERα protein by CD163<sup>+</sup> macrophage-associated chronic inflammation is an important mechanism for estrogen-driven endometrial carcinogenesis.

The mechanisms by which CD163<sup>+</sup> macrophages increased ERα protein abundance are intriguing. In the present study, we demonstrated that A20 could positively regulate ERα protein stability through its N-terminal deubiquitinase activity. In conjunction with our recent report [6], we surmised that an inflammatory microenvironment with CD163<sup>+</sup> macrophages could upregulate ERα expression by both upregulating ERα expression through TET1-mediated epigenetic modulation of *ESR1* and stabilizing ERα protein through A20-mediated deubiquitination modification. Furthermore, the synergistic effects of these two mechanisms would be helpful for cascade amplification of ERα signaling, which ultimately promote the development of EC.

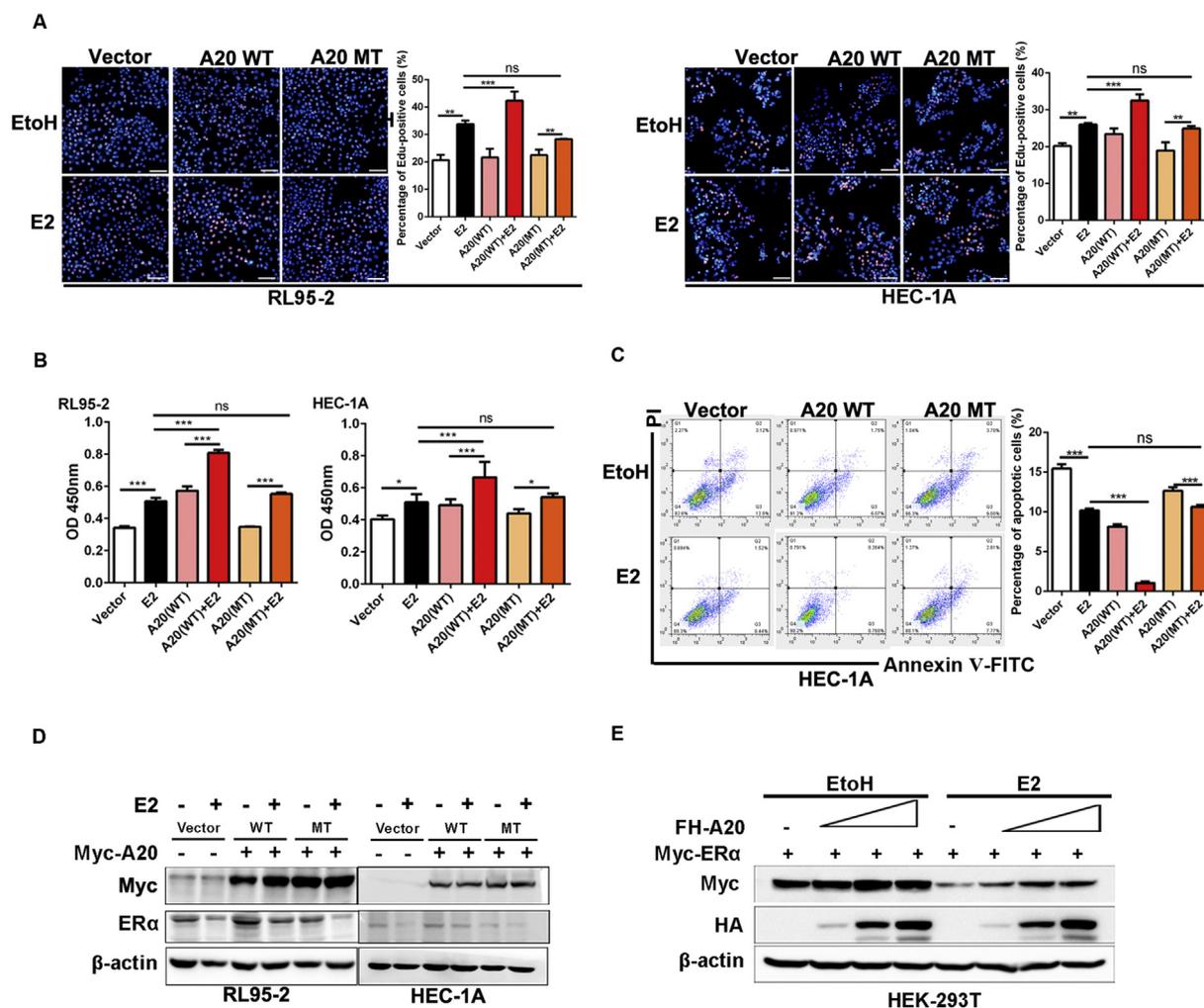
Reports showed that ERα ubiquitination modulation by E3 ligases or deubiquitinases significantly changed ERα expression and its function. There are three possible situations regarding ERα protein stability and transcriptional activity for ERα target genes: (a) increased ERα stability and transcriptional activity for ERα target genes (e.g. by RNF31, Pin1, MUC1) [20,40,41]; (b) increased ERα stability but decreased transcriptional activity for ERα target genes (e.g. by OTUB1) [42]; and (c) decreased ERα stability but increased transcriptional activity for ERα target genes (e.g. by E6PA, SPOP, SUG1, CUEDC2) [16,21,43,44]. These reports support a model in which transcriptional activity for ERα target genes can be related to ERα protein turnover to influence estrogen signaling. In this study, we found that A20-mediated deubiquitination of ERα protein could positively regulate ERα protein abundance and enhance estrogen signaling.

It has been reported that A20 expression is lower in ERα-positive breast cancer samples and cell lines [45], and A20 protein is over-expressed in human basal-breast cancer cell [46]. Contrary to breast cancer, our data demonstrated positive correlation between A20 and ERα both in endometrial tissues and EC cell lines. We supposed this difference might be due to the different nature of endometrial and breast cancer. Increased A20 expression can exhibit pro- or anti-apoptotic activity that depends on the cell type or context [47,48]. Our findings that A20 up-regulated proliferation in both ERα highly expressed (RL95-2) and moderately expressed (HEC-1A) EC cell lines suggested that A20 could increase estrogen sensitivity in ERα expressing EC cells.

There are some limitations in this study. For example, while we demonstrated that CD163<sup>+</sup> macrophages increased A20-mediated ERα abundance in EC cells through secreting cytokines such as IL1α, IL17A, and TNFα, it is not well understood as to whether macrophages affect EC cells through direct contact. Future investigations are warranted to solve these questions.

In summary, our data provides insights into the impact of A20 on ERα protein abundance in EC rich with CD163<sup>+</sup> macrophages. Insulin resistance is one of the important clinical manifestations of endometrial lesions [49,50], but the mechanisms involved are not clear [51]. In this study, we showed that CD163<sup>+</sup> macrophages-A20 mediated increased estrogen sensitivity might be one of the key mechanisms through which insulin resistance promotes carcinogenesis of endometrial cancer and negatively affect conservative treatment using progestin in endometrial cancer. Our study provides rational to target insulin resistance or A20





**Fig. 7.** Overexpression of A20 increases sensitivity of EC cells to estrogen via regulation of ER $\alpha$ . **A–B.** A20 WT promoted EC cell proliferation in the presence of E2, but A20 MT had no such effect. EC cells were treated with 100 nM E2 for 48 h after transfection with A20 plasmids or empty vector for 8 h. **A.** EdU staining was performed to evaluate cell mitosis. Cells stained with EdU (red fluorescence) were in the S phase of mitosis, and all cells were stained with Hoechst (blue fluorescence) to detect nuclei. Representative images (left column) and percentage of Edu-positive EC cells (right column) were presented. WT, wild type; MT, mutant type, C103A; Scale bars, 100  $\mu$ m. **B.** CCK8 assay was performed to evaluate cell proliferation. **C.** A20 WT inhibited EC cell apoptosis in the presence of E2, but A20 MT had no such effect. HEC-1A cells were initially transfected with A20-expressing plasmids or empty vectors for 8 h and then treated with E2 for 48 h. Flow cytometry was performed to evaluate the percentage of apoptotic cells in HEC-1A cells. **D.** A20 upregulated ER $\alpha$  expression in the absence or presence of E2, but A20 MT had no such effect. EC cells were treated with 100 nM E2 for 48 h after transfection with A20-expressing plasmids or empty vectors for 8 h. Cells were harvested for western blotting analysis. **E.** A20 dose-dependently stabilized ER $\alpha$  protein in the presence of E2. HEK-293T cells were transfected with A20-expressing plasmids or empty vectors for 24 h and then were treated with E2 or ethanol vehicle (EtoH) for 24 h \* $P$  < 0.05, \*\* $P$  < 0.01, \*\*\* $P$  < 0.001.

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#### Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.canlet.2018.10.019>.

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