The protease interpain A of *Prevotella intermedia* promotes human OSCC cells proliferation and migration

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Abstract

Background. Oral squamous cell carcinoma (OSCC) is a prevalent cancer worldwide. Oral microbiota dysbiosis causes periodontal diseases and may lead to OSCC. The oral microbiome analysis has indicated that the oral pathogen Prevotella intermedia was more abundant in OSCC patients than in healthy people. Therefore, we investigated the role *P. intermedia* played during OSCC carcinogenesis.

Methods. Human oral epithelial cell line SG as well as OSCC cell lines SCC-15 and SAS were treated with *P. intermedia* conditioned medium (CM). Effect of CM on migration of SCC-15 and SAS cells were examined by wound healing assay and transwell assay. We tested *P. intermedia* in the colorectal cancer mouse model.

Results. CM of *P. intermedia* ATCC 25611 CM increased cell proliferation of SG, but the CM from clinical strains didn't affect cell proliferation. Comparing the CM proteins composition of cell proliferation-promoting strain ATCC 25611 with other strains, interpain A (InpA) appeared to be the potential key factor promoting cell proliferation. InpA is a cysteine protease secreted by *P. intermedia* and might activate proteinase-activated receptor-2 (PAR-2) signaling pathway. SG cell proliferation was inhibited by adding protease inhibitor E64 or PAR-2 antagonist (FSLLRY-NH2). This phenomenon was also observed in SCC-15 and SAS cells. Additionally, InpA promoted migration of SCC-15 and SAS cells, and enhancement was inhibited by E64 or FSLLRY-NH2. *P. intermedia* increased colorectal tumors development in murine model.

Conclusion. Our results identified InpA as a potential key virulence factor secreted highly by some oral microbiota, such as ATCC 25611. These strains may, therefore, play a role in OSCC development via regulation of PAR-2 signaling pathway.

Introduction

Oral cancer is a prevalent worldwide disease and is the fourth most common cancer among men in Taiwan (1). It is the most frequent head and neck cancer. Oral cancer could appear in every part of the oral cavity, including lips, tongue, sinuses, cheeks, soft and hard palates, and throat. Most oral cancer types are squamous cell carcinoma (OSCC). It is known for its poor prognosis and high mortality, and the 5-year survival rate is around 50%. Many factors might promote oral cancer, including gender, human papillomavirus (HPV), drinking alcohol, smoking, chewing betel nuts, personal hygiene, and oral microbiota (2, 3). Chronic periodontitis is highly associated with oral cancer (4-6). Chronic periodontitis is a gum disease that results in gingiva and teeth loosening or loss (7, 8). When people have poor oral hygiene, oral bacteria form biofilms, which are called dental plaques, after eating or drinking. Dental plaques cause oral microbiota dysbiosis. Some anaerobic bacteria residing in dental plaques produce acids after people eat or drink (9). Anaerobic bacteria were considered an important cause of chronic periodontitis (10).

Populations of several bacteria, such as *Porphyromonas* spp., *Fusobacterium* spp., and *Prevotella* spp, are elevated in patients with periodontal diseases as compared to healthy people. (11, 12). *P. gingivalis* is a Gram-negative anaerobic bacterium and is related to periodontal disease and other systemic disease, such as Alzheimer's disease (13). Some studies indicated that it is strongly associated with cancers, such as lung cancer, pancreatic cancer, prostate cancer, colorectal cancer (CRC) and OSCC (14-17). *P. gingivalis* secreted gingipain as an important virulence factor promoting cancer invasion and migration (18). *Fusobacterium nucleatum*, a Gram-negative, anaerobic, rod-shaped bacterium, is reported to be associated with CRC, breast cancer, pancreatic cancer, and OSCC (19-22). Most research focused on *P. gingivalis* and *F. nucleatum*,

however, little is known about *Prevotella intermedia*. *P. intermedia* is a Gram-negative,

obligate anaerobic rod-shaped bacterium. It needs vitamin K and hemin for growth and

is related to periodontal infections and acute necrotizing ulcerative gingivitis. Previous

studies revealed that oral cancer patients had a higher abundance of *P. intermedia* as

compared to healthy population. Although the findings showed that the abundance of

P. intermedia was correlated with the incidence of oral cancer, the role of *P. intermedia*

in oral cancer was unclear. We therefore hypothesize that *P. intermedia* is an important

bacterium in oral cancer development.

In this study, we found that *P. intermedia* and its conditioned medium (CM) could

promote cell proliferation in oral normal epithelial cell line SG cells as well as oral

cancer cell lines SCC-15 and SAS cells. We discovered that protease interpain A (InpA)

in the CM enhanced the cancer cell proliferation and migration. Our findings pointed

out the essential role of *P. intermedia* during the OSCC development.

Materials and methods

Bacterial strains and cultures

P. intermedia strain ATCC 25611 was purchased from Bioresource Collection and

Research Center (BCRC, Hsinchu, Taiwan). Clinical strains were isolated from

National Cheng Kung University Hospital (NCKUH) patients' saliva (IRB number: B-

ER-106-234). Saliva was diluted with Phosphate Buffer Saline (PBS) and spread on a

Kanamycin-Vancomycin Laked Blood (KVLB) plate (TPM, Yilan, Taiwan). After

being cultured under the anaerobic condition (5% CO_2, 5% H_2, 90% N_2), black colonies

were selected and confirmed by Gram staining and PCR with *P. intermedia* specific

primers Pi-192 and Pi-486 (Supplementary Table1). The PCR program was set as

follows: 95 ℃ for 5 min, 35 cycles of 95 ℃ for 30 s, 55 ℃ for 30 s, and 72 ℃ for 30

s, and a final extension at 72 °C for 7 min. Supplemented Tryptic Soy Broth (ATCC

2722), which tryptic soy broth (#211825, BD) supplemented with 0.5% yeast extract

(#212750, BD), 0.05% L-cysteine (#A3694, Applichem Panreac), 0.1% hemin

(#H9039, Sigma) and 0.02% menadione (#M5625, Sigma) was used for *P. intermedia*

culturing at 37 ℃ anaerobically.

Cell lines and cultures

Immortalized human gingival keratinocyte, Smulow–Glickman (SG) cell (23), was

gifted from Dr. Chuan-Fa Chang (NCKU) and was cultured with Dulbecco's Modified

Eagle Medium (DMEM) (#11965-092, Gibco). Human tongue carcinoma cells, SAS

cells (24) and SCC-15 cells (25) were gifted from Dr. Jhen-Wei Ruan (NCKU) and

were cultured with DMEM/F12 (D/F12) medium (#11330-032, Gibco/Life

Technology, Carisbad, CA, USA) Both cell culture medium were supplemented with

10% fetal bovine serum (FBS) (#10437-028, Gibco) and 1% 100x Penicillin-

Streptomycin-Amphotericin B solution (#CC501-0100, Simply Biotechnology, San

Diego, CA, USA). Cells were all incubated at 37 °C under 5% CO_2 condition.

Conditioned medium (CM) preparation

P. intermedia strains were anaerobically cultured in ATCC 2722 broth at 37 °C and

were harvested when the OD600 value reached 1.0. The bacterial culture was

centrifuged at 3220 xg for 3 min and discarded supernatant. The pellet was resuspended

with a double volume of cell culture medium and anaerobically incubated at 37 °C for

8 hr. The supernatant was collected after being centrifuged at 3220 xg for 10 min,

filtered with 0.22 µm filter (Merck Millipore, Burlington, MA, USA), and stored at 4

°C before use.

Cell proliferation assay

The cell proliferation assay was followed by previous research (26). SG, SAS, or SCC-15 cells were dissociated by 0.05% trypsin-EDTA solution (#25300-054, Gibco) and resuspended in DMEM or D/F12 medium. 1×10^4 cells were seeded per well of 24-well tissue culture plates (Corning, NY, USA) with bacteria or CM treatment. CM was separated into three fractions by three centrifugal filter devices (3 kDa, 10kDa and 30 kDa) (Merck Millipore). 10% CM, 20 μM PAR-2 antagonist FSLLRY-NH2 (#4751, TOCRIS/Bio-Techne, Minneapolis, MN, USA) or 0.5 μM cysteine protease inhibitor E64 (#324890, Merck Millipore) and DMEM or D/F12 containing 10% FBS were added to final volume of 1 ml. After 24 hr, 48 hr, or 72 hr of incubation at 37℃, cells were collected by 0.05% trypsin-EDTA solution. The cell suspension was mixed with the same volume of 0.05% trypan blue (#15250-061, Gibco), and the cell number was counted by the Luna cell counter (Logos Biosystems, Gyeonggi-do, South Korea).

Capillary electrophoresis/Liquid Chromatography-Mass spectrometry (CE/LC Mass) analysis

The mixture of 100 μg proteins in 60 μl rehydration buffer (7 M Urea, 2 M Thiourea and 2% CHAPS), 9.3 μl 7.5% Sodium dodecyl sulfate (SDS) (#75746, Sigma, Burlington, MA, USA) and 0.7 μl 1M Dithiothreitol (#UR-DTT, UniRegion Bio-Tech, Taichung, Taiwan) solution supplemented with 7 M Urea and 0.01 M sodium acetate was heated at 95 ℃ for 5 minutes and then put on ice for 3 minutes. The mixture was added with 4 μl 500 mM IAM solution (500 mM iodoacetamide dissolved in 50 mM ammonium bicarbonate solution) and incubated at room temperature. After 30 min, 52 μl 50% Trichloroacetic acid (TCA) (#100807, Merck Millipore) was added and placed

on ice for 15 min. The pellet was resuspended with 150 µl 10% TCA after centrifuging

at 15871 xg for 15 min at 4 °C and then spun at 15871 xg for 5 min at 4 °C. This wash

step was repeated 3 times. The pellet was resuspended in 100 µl 100 mM ammonium

bicarbonate and 20 µl trypsin solution (#V5111, Promega, Madison, WI, USA) and

then incubated at 37 °C for 16 hr. To inactivate trypsin by storing overnight at -80 °C,

Ziptips (Merck Millipore) were used for desalination of samples. Proteins of the

samples were identified by CE/LC MASS using Q Exactive Orbitrap Mass

Spectrometer (Thermo Fisher Scientific).

Interpain A gene expression quantitative analysis (RT-qPCR)

RNA extraction and RT-qPCR were modified from previously described (27). Pellet

from 2 ml *P. intermedia* broth of OD600 of 0.8 was mixed with 4 ml RNAprotect

Bacteria Reagent (QIAGEN, Venlo, Netherlands). The supernatant was removed after

being centrifuged at 2200 xg for 5 min and stored at -80 °C before RNA extraction.

The RNA was purified with RNeasy Mini Kit (QIAGEN), and the residual DNA was

eliminated by DNase (Promega). Clean & Concentrator Kit (ZYMO GENETICS,

Seatle, WA, USA) was used to concentrate the resulting RNA sample. Then RNA was

reverse-transcribed to cDNA with SuperScript III First-Strand System with random

hexamers (Invitrogen, Waltham, MA, USA). RT-qPCR was operated with GoTaq

qPCR Master Mix (Promega) and MyGO Pro real-time PCR instrument. (IT-IS Life

Science Ltd/DKSH, St Leonards, Australia) *inpA* F; *inpA* R; Pi 16s rRNA F and Pi 16s

rRNA R (Supplementary Table1). Denaturation at 95 °C for 10 min, amplification for

40 cycles at 95 °C for 15 s and 60 °C for 1 m, and melting at 60 to 97 °C for 0.1 °C /s.

All procedures were followed by the manufacturer's instructions.

189 **InpA$_{N381}$ construction**

190 Genomic DNA of *P. intermedia* ATCC 25611 was extracted with MasterPure™

191 complete DNA and RNA purification kit (Lucigen Corp, Middleton, WI, USA)

192 following manufacturer's instructions. The gene region of signal peptide, pro-domain

193 and catalytic domain (inpA$_{N381}$) was first amplified by GoTaq G2 Flexi DNA

194 Polymerase (Promega) with *inpA$_{N381}$* F and *inpA$_{N381}$* R (Supplementary Table1). The

195 BamHI & XhoI-digested PCR product was ligated into pET21b (+) expression vector

196 with the same restriction enzymes digestion. The pET21b (+)::*inpA$_{N381}$* plasmid, which

197 the sequence has been confirmed by sequencing, was chemically transformed into

198 *Escherichia coli* C41 (DE3) strain.

199

200 **InpA $_{N381}$ purification**

201 *E. coli* strain C41 (DE3) carrying pET21b (+)::*inpA$_{N381}$* colony was inoculated into 10

202 ml LB broth supplemented with ampicillin (100 µg/ml) and cultured at 37 °C for 14-

203 16 hr with shaking at 170 rpm. Then the bacterial culture was refreshed with 2 liters

204 LB at the ratio of 1:100 and grew at 37 °C with shaking at 170 rpm until OD600 reached

205 0.4. We used a final concentration of 0.2 mM Isopropyl-β-D-thiogalactoside (#101-

206 367-93-1, Cyrusbioscience, Inc., Seatle, WA, USA) for induction, and incubated at 25

207 °C for an additional 16 hr with shaking at 170 rpm (28). After protein induction,

208 bacterial broth was centrifuged at 3300 xg for 40 min at 4 °C. Pellet was resuspended

209 with 5 ml of 1x PBS per gram and ultrasonicated on ice (pulsed on 20 sec and pulsed

210 off 100 sec) until cells lysed properly. Then centrifuged at 16000 xg for 40 min at 4

211 °C after cell lysis. HisTrap HP His-tag protein purification column (Cytiva,

212 Washington D.C., USA) was used for His-tagged protein purification. All procedures

213 were followed by operating recommendations. Purified InpA$_{N381}$ was washed with 100-

214   fold of 1x PBS and stored at -20 °C before usage.

Transwell assay

Transwell assay was followed by a previous study (29). SAS or SCC-15 cells were

resuspended with D/F12 containing 0.1% Bovine Serum Albumin (BSA) (#A2153,

Sigma), and 10% FBS. $1x10^5$ cells in 100 µl were added to the upper chamber of each

transwell insert (8 µm pore size, Falcon/Corning, NY, USA). After 10 min incubation

at 37 °C under 5% CO_2, 10% CM, 20 µM FSLLRY-NH2 or 0.5 µM E64 was added in

lower chambers of inserts and made up to 600 µl with D/F12 containing 10% FBS.

After 24 hr, the medium of upper chambers was discarded and cells above the

membrane were wiped away with cotton swabs. Cells below the membrane were fixed

with 70% ethanol for 10 minutes and strained with 0.2% crystal violet solution for 5

minutes. Five fields on each membrane were randomly selected for counting the visible

cells.

Wound healing assay

The wound healing assay was followed by a previous study (29). SAS or SCC-15 cells

were seeded on two pores of block insert (SPL Life Sciences Co., Gyeonggi-do, Korea)

on each well of 24-well plates and were incubated 24 hr at 37 °C in 5% CO_2 condition.

Then inserts were taken out with tweezers and cells were washed with 1X PBS. 10%

CM, 20 µM FSLLRY-NH2 or 0.5 µM E64 was added to each well and volume was

added up to 1 ml with D/F12 containing 10% FBS. The microscope (OLYMPUS,

Tokyo, Japan) was used for taking pictures every 2 hr to measure the gap width changes

between cells and analyzed by ImageJ to obtain an average width of the cells. Cell

wound healing rate was observed by dividing differences in width by time.

Colorectal cancer (CRC) mouse model

Mouse experiment was modified from former research (29, 30). Seven-week-old specific-pathogen-free (SPF) male C57BL/B6 mice were purchased from Laboratory Animal Center of NCKU. Mice were once intraperitoneal injected of Azoxymethane (AOM) (Sigma-Aldrich) at a dose of 12.5 mg/kg and combined 2% Dextran Sodium Sulfate (DSS) (MP Biomedicals, Irvine, CA, USA) in drinking water for inducing colorectal cancer. Twenty mice were randomly divided into four groups (MOCK, AOM/DSS, AOM/DSS + *F. nucleatum,* and AOM/DSS + *P. intermedia*). Mice were given three cycles of DSS and bacterial treatment and each cycle lasted for 3 weeks. In the first week, mice drank 2% DSS water for 5 days. And the next 2 weeks, mice were oral gavage for PBS or 1×10^9 CFU of *F. nucleatum* strain ATCC 23726 or *P. intermedia* strain ATCC 25611 once a week. Mice were sacrificed on week 10 and colon tissues were taken out. The colons were cut and opened longitudinally along the main axis, and the tumor numbers were counted.

Statistical analysis

Statistical analysis was performed by GraphPad Prism 8 software. Each data was represented in triplicate. T-test was used to compare two groups, and multiple groups were analyzed with one-way ANOVA. Asterisk *, **, ***, **** represented statically significant comparison to control group with $p < 0.05$, $p < 0.01$, $p < 0.001$, $p < 0.0001$, respectively.

Results

***P. intermedia* ATCC 25611 provoked human oral cell proliferation**

In the previous study from National Cheng Kung University Hospital (NCKUH)

(11), the abundance of *P. intermedia* showed a significant increase in oral squamous

cell carcinoma (OSCC) patients than control patients. As a result, we determined

whether *P. intermedia* plays an important role during oral cancer development. We

first examined whether *P. intermedia* could promote oral cell proliferation. We tested

different multiplicity of infection (MOI) ratios of *P. intermedia* strain ATCC 25611 to

infect human normal oral epithelial cell line, SG cells (Data not shown). After co-

cultured for 24 hr, *P. intermedia* appeared with significant cell enhancement at MOI

100 than the uninfected group (Fig. 1A). We also co-cultured SG cells with our clinical

isolates from NCKUH. Different from strain ATCC 25611, clinical strain H29383

reduced number of SG cells after 24 hr (Fig. 1A). Since *P. intermedia* is an obligate

anaerobic bacterium and the cell proliferation of SG cells could only last for 24 hours,

it was possible that the only short-term effect is because *P. intermedia* can only survive

in an aerobic condition for a short time. To clarify the actual effect of *P. intermedia*,

we checked whether the conditioned medium (CM) of *P. intermedia* ATCC 25611 may

as well promote cell proliferation. As expected, similar to the effect of bacterial co-

culture, the CM of strain ATCC 25611 also increased SG cell proliferation after 24 hr

(Fig. 1B). To further confirm *P. intermedia*'s cell proliferation induction activity, cell

proliferation assay was performed to measure SG cell proliferation (Fig. S1A). Similar

to the cell counting method, the CM of the 2 clinical isolates still did not show

promotive ability as standard strain ATCC 25611 (Fig. S1B). To recognize which

ingredient of CM played an important role in enhancing SG cell proliferation, we used

heat-inactivated CM to treat SG cells. The inducible effect vanished with the heat

treatment (Fig. 1B), and this result indicated that the active effector may be protein.

We used centrifugal filters to separate CM into four different fractions (<3 kDa, 3~10

kDa, 10~30 kDa, and >30 kDa). To examine which CM fraction has cell proliferation

stimulatory effect, we applied these four CM fractions and whole CM to SG cells. It

appeared that the major promoting effect came from fraction >30 kDa, which has the

same effect as whole CM. Other fractions showed no difference to the un-infected

group (Fig. 1C). onto examine the oncogenic effect on OSCC, we treated human oral

cancer cell lines, SCC-15 and SAS, with CM of strain ATCC 25611. The results

showed that CM significantly promoted the proliferation of cancer cells after 48 hr and

72 hr (Fig. 1D & 1E). These results indicated that *P. intermedia* strain ATCC 25611

promoted human oral cell proliferation, and this activity may go through protein(s)

secreted from strain ATCC 25611.

Interpain A played the key role in *P. intermedia* ATCC 25611 promoting oral cell

proliferation

Following our results, the strain ATCC 25611 and clinical isolated strains exhibited

disparate effects on SG cell proliferation, and this difference might be associated with

the secreted protein(s). Next, we analyze the CM by CE/LC MASS to compare the CM

component of strain ATCC 25611, which had the best-promoting ability, with control

strain H31226, which didn't show any promoting capability. Several proteins exhibited

higher expression in strain ATCC 25611 as compared to that in strain H31226

(Supplementary Table 2). Among these proteins, a protease interpain A (InpA), was

secreted from ATCC 25611 thirteen times higher than that in H31226 (Fig. 2A). InpA

is a 90 kDa cysteine protease secreted from *P. intermedia*, it was reported to be

associated with heme acquisition for bacterial growth and it also could degrade

complement factor C3 to escape from the immune system (31-33). In addition, another

oral bacterium, *P. gingivalis*, was also strongly related to periodontitis, and it would

also secrete cysteine proteases called gingipains. Past studies revealed that Gingipains

were associated with invasion of oral cells and it was able to activate the protease-

activated receptors (PARs) on oral epithelial cells (18). *P. gingivalis* was reported to

promote cell migration by gingipain to activate PAR-2 signaling (34, 35). Due to InpA

being similar to gingipain, they are both secreted cysteine proteases, we hypothesized

that InpA triggers PAR-2 signaling to enhance oral epithelial cell proliferation. We

used cysteine protease inhibitor, E64, and PAR-2 antagonist, FSLLRY-NH2, to

suppress PAR-2 signaling pathway along with CM of strain ATCC 25611. After 24 hr,

proliferation stimulatory effect of CM on SG cell was significantly inhibited by E64 or

FSLLRY-NH2 treatment (Fig. 3C). E64 or FSLLRY-NH2 treatment also restricted

bacterial culture enhancement of SG cells after 24 hr treatment. Proliferation assay

showed similarly results, as CM of ATCC 25611 could promote SG cell proliferation

and both E64 and FSLLRY-NH2 appeared to be inhibited (Fig. S3). In SCC-15 and

SAS cells, the same inhibition was shown after 48 hr (Fig. 2D & 2E). We used

Escherichia coli strain C41 to express InpA$_{N381}$ protein and purified with Histag

column. Purified InpA$_{N381}$ seemed to increase SCC-15 cell proliferation after 48 hr and

it was restrained by E64 or FSLLRY-NH2 (Fig. 2F). Treatment with E64 or FSLLRY-

NH2 alone did not affect cell growth in these 3 cell lines (Fig. S2A-C). Due to the

difference of InpA production from strain ATCC 25611 and H31226, we suspected

that the effect of *P. intermedia* may be strain dependent. We thus examined whether

inpA expression was different between oral cancer strains and control strains. We

compared strain ATCC 25611 and 6 clinical strains of *inpA* expression by RT-qPCR.

As predicted, strain ATCC 25611 demonstrated higher *inpA* expression than other

clinical isolated strains (Fig. 2B). Furthermore, the isolated strains (H26219-3, H29383

and H29703) from oral cancer case patients showed higher expression of *inpA* than

control patients' strains (H31082, H29823 and H31226). From these results, *P.*

intermedia secreted InpA to accelerate oral cell proliferation by PAR-2 signaling and

the proliferative effect is strain dependent.

Migration of OSCC cells was affected by *P. intermedia* Interpain A

During cancer metastasis, cancer cells invade into surrounding matrix and metastasize

to other organs, causing more severity and higher mortality (36). As a result, we wanted

to understand whether *P. intermedia* stimulates oral cancer cells migration. Wound

healing assay was used to evaluate the cancer cell migration at different time points.

CM of strain ATCC 2561 increased cell migration of both SCC-15 and SAS oral cancer

cell lines (Fig. 3A & 3B). Next, we investigated whether cell migration was associated

with InpA and PAR-2 signaling. Both E64 and FSLLRY-NH2 inhibited the enhanced-

migration of OSCC cell lines. Transwell migration assay also revealed that CM

promoted SCC-15 and SAS cell migration (Fig. 3C & 3D). Both E64 and FSLLRY-

NH2 suppressed CM-stimulated oral cancer cell migration in transwell migration assay,

too. In addition, the recombinant InpA$_{N381}$ from *E. coli* elevated SCC-15 cell migration.

However, this induction efefct vanished under the treatment of either E64 or FSLLRY-

NH2 (Fig. 3E). In summary, *P. intermedia* InpA also promoted OSCC cell migration.

***P. intermedia* accelerated tumor number in colorectal cancer mouse model**

Based on the concept of the oral-gut axis, the oral bacteria translocate to the intestine

through gastrointestinal diseases and cause gastrointestinal diseases, such as

inflammatory bowel disease and colorectal cancer (37, 38). Recent studies revealed

that the oral bacterium, *F. nucleatum*, is important during colorectal cancer

development (39). We used AOM and 2% DSS to induce colorectal cancer in C57BL/6

mice, and oral gavage feeding *F. nucleatum* or *P. intermedia* to examine whether these

two bacteria caused severe colorectal cancer. Compared to AOM/DSS-only group,

both *P. intermedia* and *F. nucleatum* would increase colon tumor numbers (Fig. 4B-

C). According to our results, *P. intermedia* may be an important oral bacterium in

colorectal cancer development.

Discussion

In the present study, we demonstrated that *P. intermedia* play an important role

during oral cancer development. InpA, a cysteine protease secreted from *P. intermedia,*

appeared as an enhancer for oral cell proliferation (Fig. 2C) and cancer cell migration

(Fig. 2D & 2E). The signaling pathways were associated with PAR-2. Several bacterial

virulence gene expressions were enhanced in OSCC patients, including *inpA* (40).

PAR-2 has been mentioned to be involved in cell proliferation, metastasis and invasion

in some cancers, for instance, OSCC, esophageal cancer and pancreatic cancer (41-44).

Previous research recognized that gingipains, proteases secreted by *P. gingivalis*,

stimulated the proMMP9 expression by PAR-2/NF-kB pathway in OSCC invasion (18).

Collectively, these results are consistent with *P. intermedia* InpA acting vitally in

OSCC development.

P. intermedia-CM treatment presented cell proliferation promoting ability in normal

oral SG cells (Fig. 1B & 1C) as well as oral cancer SCC-15 and SAS cells (Fig. 1D &

1E) Interestingly, the time point of cell proliferation stimulatory effect was different in

these two kinds of cell lines, 24 hr for normal cells but 48 hr for cancer cells. The cell

number of SG cells decreased after 48 hr while stimulation in SCC-15 and SAS cells

lasted until 72 hr. We believed that the signaling of cancer cells has changed. Normal

cells still have feedback mechanisms to control cell proliferation properly, but cancer

cells lose this control during cancerization. *P. gingivalis* secreted gingipains were

implied to cause G1 arrest and cell apoptosis (45, 46). Gingipains could promote oral

epithelial cell apoptosis (47). InpA may have had the same effect on SG cells after 24

hr. Combining with our finding that InpA was an important role, it is necessary to

further illustrate whether InpA activated disparate downstream signaling pathways of

PAR-2.

There is a concept of mouth-gut microbiome axis; oral microbiota dysbiosis not only

causes local effects but also systemic effects (48). A previous study demonstrated that

CRC was associated with oral microbiota dysbiosis (49). Recently, a paper about the

relationship between oral microbiome and CRC revealed that *P. intermedia* also had

inducible cell proliferation and migration ability in CRC cell lines (50). The promoting

effect was also from *P. intermedia* secreted protein. Those results were similar to our

findings (Fig. 2C-E). Also, we discovered *P. intermedia* increased the severity of CRC

in our *in vivo* experiments (Fig. 4). Numerous investigations indicated that oral

pathogens were considered potential risk factors for other systemic diseases (51). Oral

bacteria might secrete inflammatory factors, causing inflammation of the central

nervous system. A study identified serum antibody titers of *P. gingivalis*, *F. nucleatum,*

and *P. intermedia* were significantly elevated in Alzheimer's disease patients (52). In

the studies of Alzheimer's disease, *P. gingivalis* was seen as a risk factor, and

gingipains were toxic proteases that were found in patients' brains (13). *P. gingivalis*

was proved to be related to another common neuron disease, Parkinson's disease, and

gingipains also acted as a key factor (53). Despite neurologic diseases, cardiovascular

diseases were also reported to be associated with periodontal bacteria. Occurrence of

P. intermedia, *P. gingivalis,* and *F. nucleatum* in atheromatous plaques (54, 55).

Together, the oral pathogen, *P. intermedia*, had a potential risk of other systemic

diseases.

We believed that the effect of *P. intermedia* on regulation of oral cell proliferation was

strain dependent. Different *P. intermedia* strains have different amount of inpA

secretion. As in our data, clinical strain H31226 showed lower InpA production than

strain ATCC 25611 (Fig. 2A) and the clinical isolated strains showed different *inpA*

expression levels than ATCC 25611 (Fig. 2B). Also, OSCC-isolated strains displayed

higher *inpA* expression levels than control strains. Due to this observation, it might

provide an application for periodontal diseases or OSCC diagnosis by detecting the

amount of InpA from patients' saliva. Furthermore, we aimed to find the potential

mechanism of *P. intermedia* InpA-dependent OSCC cell proliferation. We performed

Micro-Western Array, a high-throughput western blot-based platform, on SG cells

focusing on signaling pathways associated with cell proliferation (Fig. S4). We

observed that the epidermal growth factor receptor (EGFR) signaling pathway was

elevated, the RAF expression increased in 8 hr but decreased at 24 hr. EGFR expression

and its downstream signaling RAS–RAF–MEK–ERK pathway was reported to evelate

in OSCC patients, (56, 57), which is consistent with our Micro-Western Array results.

However, the underlying mechanism needs further confirmation. In this study, we

discovered that InpA secreted by *P. intermedia* played a crucial role in oral cell

proliferation and migration during OSCC development. This might be PAR-2 signaling

pathway-dependent. However, the fundamental mechanism needs further investigation.

Figure legends

Figure 1. *P. intermedia* strain ATCC 25611 promoted oral cell proliferation. (A)

Human normal oral epithelial cells, SG, were infected with live *P. intermedia* strain

ATCC 25611 or clinical isolated strain H29383 and H31226 at the multiplicity of

infection (MOI) of 100 for 24 hr and 48 hr. (B) Comparison of conditioned medium

(CM) of strain ATCC 25611 and heated CM which were treated to SG cells for 24 hr

and 48 hr. (C) Strain ATCC 25611 CM was separated with centrifugal filters into

different fractions. Fraction above 30 kDa, 10~30kDa, 3~10 kDa and below 3 kDa. (D-

E) CM of strain ATCC 25611 was treated to oral squamous cancer cell lines, SCC-15

(D) and SAS (E) for 24 hr, 48 hr and 72 hr. All results are representative of triplicate

experiments. Data are presented as mean ±SD. Data were analyzed by one-way

ANOVA (A-C) or t-test (D-E). ns: not significant; $*p<0.05$; $**p<0.01$; $***p<0.001$

and $****p<0.0001$.

Figure 2. Figure 2. Interpain A (InpA) played the key role in *P. intermedia*

promoting oral cell proliferation. (A) Identification of InpA in strain ATCC 25611

and clinical control strain H31226, which did not promote SG cell proliferation, by

CE/LC MASS. (B) Bacterial RNA was extraction from broth cultures of *P. intermedia*

strains reached $OD_{600}=0.8$ and performed Real-Time qPCR for *inpA* gene expression.

RNA expression ratios of *inpA* between standard strain ATCC 25611 and 6 clinical

strains. Three strains, H26219-3, H29383and H29703, from oral cancer patients (CA)

and other three strains, H31082, H29823 and H31226, from healthy control patients

(CO). Data was performed by $2^{-\Delta\Delta CT}$ method. (C) SG cell proliferation results of *P.*

intermedia strain ATCC 25611 CM or at MOI 100 treatment with or without 5 μM

protease inhibitor (E64) or 40 μM PAR-2 receptor antagonist (FSLLRY-NH2) (D-E)

Cell proliferation results of SCC-15 cells or SAS cells. SCC-15 cells (D) or SAS cells

(E) treated with CM of strain ATCC 25611 with or without 0.5 μM inhibitor E64 or 20

μM antagonist FSLLRY-NH2. (F)Recombinant interpain A (rInpA) was constructed

to pET-21b (+), expressed with *E. coli* strain C41 and purified by HisTrap column.

Five micrograms of rInpA were treated to SCC-15 cells with or without 0.5 μM

inhibitor E64 or 20 μM antagonist FSLLRY-NH2. PBS as the vehicle control and CM

of strain ATCC 25611 as the positive control. All results are representative of triplicate

experiments. Data are presented as mean ±SD. Data were analyzed by one-way

ANOVA. ns: not significant; *p<0.05 and ****p<0.0001.

Figure 3. Conditioned medium (CM) of *P. intermedia* also promoted oral cancer

cell migration in SCC-15 and SAS cells. (A, C) In the wound healing assay, SCC-15

(A) and SAS (C) cells were seeded inside the inserts in a 24-well plate. After 24 hr, the

inserts were removed and added D/F12 cell medium or CM of *P. intermedia* strain

ATCC 25611 with or without 0.5 μM protease inhibitor (E64) or 20 μM PAR-2

receptor antagonist (FSLLRY-NH2). Cell migration was observed at 2 hr and 4 hr with

a microscope. Data were calculated by the migration rate (μM/hr). (B, D) In transwell

assay, human tongue carcinoma cells, SCC-15 (B) or SAS (D), were seeded on 8 μM

transwell inserts in 24-well plates. D/F12 cell medium or CM of *P. intermedia* strain

ATCC 25611 with or without 0.5 μM E64 or 20 μM FSLLRY-NH2 were added to the

basal chamber. After 24 hr, cells were stained by crystal violet and counted under a

phase-contrast microscope. (E) Effect of recombinant InpA (rInpA) on SCC-15 cell

migration in the transwell assay. 5 μg/ml rInpA were added to the basal chamber with

or without 0.5 μM E64 or 20 μM FSLLRY-NH2. All results are representative of

triplicate experiments. Data are presented as mean ±SD. Data were analyzed by one-

way ANOVA. ns: not significant; **p<0.01, ***p<0.001 and ****p<0.0001.

Figure 4. *P. intermedia* strain ATCC 25611 enhanced tumor formation of

colorectal cancer (CRC) in mice. (A)Schematic diagram of CRC mice model.

(Created with BioRender.com). Azoxynethane (AOM) was intraperitoneal injection at

the dose of 12.5 mg/kg first One week later, mice were given three cycles of Dextran

Sodium Sulfate (DSS) treatment. Each cycle was 2% DSS in drinking water for 5 days

and 16 days of regular drinking water, and $1x10^9$ CFU of *P. intermedia* ATCC 25611

or *F. nucleatum* ATCC 23726 was infected by oral gavage at week 2, 3, 5, 6, 8, 9. Then,

mice were scarified at week 10. (B)Morphological images of distal colon with or

without *F. nucleatum* or *P. intermedia* infection in AOM/DSS mice model. (C)

Number of tumors in distal colon of every group. Each group was quintuplicate. ns:

not significant; *p<0.05.

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Author Contributions

S.-M. C., Y.-J. C., W.-R. W. and N.-H. W. performed the experiments. S.-M. C. wrote

this manuscript. C.-P. C. performed the microwestern array experiments and reviewed

this manuscript. J.-R. H., J. S C., and J.-Y. C. provided clinical patients' saliva. I-H. H.

contributed to experimental design, co-supervision and review of this manuscript. J.-

W. C. contributed to design, provide the concept, and supervise this manuscript. All

authors have read and approved the final version of this manuscript.

Potential conflicts of interest. All authors: No reported conflict. All authors have

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Fig. 1

Fig. 1

Fig. 2

A

Strain	Protein	Prot_acc	Prot_hit_num
ATCC 25611	Interpain A	A0A0D9NCF8 A9J7N5	273 273
H31226		A0A0D9NCF8 A9J7N5 A0A0S3UMK9	21 21 21

13-fold

Fig. 2

Fig. 3

Fig. 4

A

AOM (12.5 mg/kg)

Fn/ Pi (1X10^9 CFU)

Fn/ Pi (1X10^9 CFU)

Fn/ Pi (1X10^9 CFU)

Sacrifice

5 Days

5 Days

5 Days

2% DSS

2% DSS

2% DSS

0 1 2 3 4 5 6 7 8 9 10 Weeks

B

MOCK

AOM/DSS

AOM/DSS + Fn

AOM/DSS + Pi

C

Colon tumor number

*

**

MOCK

AOM/DSS

AOM/DSS+Fn

AOM/DSS+Pi