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The spliceosome inhibitors isoginkgetin and pladienolide B induce ATF3-dependent cell death

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Abstract

The spliceosome assembles on pre-mRNA in a stepwise manner through five successive pre-

spliceosome complexes. The spliceosome functions to remove introns from pre-mRNAs to

generate mature mRNAs that encode functional proteins. Many small molecule inhibitors of the

spliceosome have been identified and they are cytotoxic. However, little is known about genetic

determinants of cell sensitivity. Activating transcription factor 3 (ATF3) is a transcription factor

that can stimulate apoptotic cell death in response to a variety of cellular stresses. Here, we used

a genetic approach to determine if ATF3 was important in determining the sensitivity of mouse

embryonic fibroblasts (MEFs) to two splicing inhibitors: pladienolide B (PB) and isoginkgetin

(IGG), that target different pre-spliceosome complexes. Both compounds led to increased ATF3

expression and apoptosis in control MEFs while ATF3 null cells were significantly protected

from the cytotoxic effects of these drugs. Similarly, ATF3 was induced in response to IGG and

PB in the two human tumour cell lines tested while knockdown of ATF3 protected cells from

both drugs. Taken together, ATF3 appears to contribute to the cytotoxicity elicited by these

spliceosome inhibitors in both murine and human cells.

Introduction

Most protein-coding genes are transcribed into a precursor RNA (pre-mRNA) that requires

significant processing to produce mature mRNA. One of the more complex modifications is the

removal of introns and ligation of exons through the process of pre-mRNA splicing [1]. The

major spliceosome is responsible for the removal of the vast majority of introns, so it is usually

referred to as the spliceosome[1]. The spliceosome is composed of five small nuclear RNAs

(snRNAs), U1, U2, U4, U5 and U6, which are each associated with specific proteins yielding

their corresponding small nuclear ribonucleoprotein complexes (snRNP). These snRNPs bind

sequentially to *cis*-acting elements in pre-mRNA including the 5' and 3' splice sites, the branch

sequence, and polypyrimidine tract, leading to the assembly of a functional spliceosome through

the E, A, B, B* and C pre-spliceosome complexes [2].

A variety of small molecules interfere with the spliceosome at distinct points in assembly. PB is

a spliceosome inhibitor derived from *Streptomyces platensis* that targets the SF3B1 protein [3].

This protein is a component of the U2 snRNP complex so PB prevents the formation of the A

complex [3]. IGG is a natural compound derived from *Ginkgo biloba*, that affects the

spliceosome at a subsequent step, preventing the transition from the A to the B complex by

inhibiting the stable binding of the U4/U5/U6 tri-snRNP complex [[4]. These two compounds

affect different stages of spliceosome formation and it is unclear if they induce cytotoxicity

through one or more common pathways [5, 6].

Activating transcription factor 3 (ATF3) is a member of the ATF/CREB transcription factor

family and is activated in response to a variety of stresses including DNA damage, inflammation,

endoplasmic reticulum (ER) stress and oxidative stress [7-10]. ATF3 has been shown to have a

variety of functions, one of which is regulating the expression of proapoptotic genes, such as

GADD153/CHOP [11]. We sought to determine if ATF3 plays a role in determining the

sensitivity of mammalian cells to the inhibition of pre-mRNA splicing. Here we report that

ATF3 is induced in murine and human cells and that deletion of ATF3 in mouse embryonic

fibroblasts (MEFs) and knockdown of ATF3 in HeLa cells protects them from the lethal effects

of spliceosome inhibitors. This work provides important insight into the genetic basis of cell

death induced by spliceosome dysfunction.

Materials and Methods

Cell culture and drug treatment

ATF3$^{+/+}$ and ATF3$^{-/-}$ MEFs were obtained from Dr. Jim Dimitroulakos (Ottawa Hospital

Research Institute)[12] and grown in DMEM High Glucose media (Hyclone, San Angelo)

supplemented with 10% fetal calf serum (FBS) (Gibco, ThermoFisher Scientific, Ottawa) and 90

units/ml penicillin, 90 ug/ml streptomycin (Hyclone). HCT116 and HeLa cells were obtained

from the American Tissue Type Collection (Cat #: CCL-247 and CCL-2,, Manassas, VA) grown

in McCoys and DMEM media (Hyclone), respectively, supplemented with a 3:1 mixture of

Newborn Calf Serum (NBCS) (Gibco, Thermo Fisher Scientific) and Fetal Calf Serum (FBS)

(Gibco, ThermoFisher Scientific), and 90 units/ml penicillin, 90 ug/ml streptomycin (Hyclone).

Cell were seeded at a density of 500,000 cells/6 cm or 25,000 cells per well of a 96-well plate, 24

hours prior to treatment, depending on the assay. Cells were treated with up to 30 µM IGG

(Calbiochem), up to 25nM PB (ChemCruz), 200nM actinomycin D (act D) (Sigma-Aldrich, St.

Louis, MO), an equivalent volume of dimethyl sulfoxide (DMSO) as the vehicle control for IGG

or left untreated.

Reverse transcription (RT) and real time quantitative polymerase chain reaction (RT-qPCR)

RNA was isolated using the EZ-10 DNAaway RNA Miniprep Kit (Biobasics, Markham ON) and

quantified using a DeNovix DS-11 Spectrophotometer (Wilmington, DE). Equal amounts of

RNA were converted to cDNA using the High Capacity cDNA Reverse Transcription kit

(ThermoFisher Scientific). For MEF experiments, ATF3 mRNA expression was determined

using Bioline SensiFAST™ Probe HI-ROX Master Mix (FroggaBio Inc, Toronto, ON) with

SYBR green. ATF3 expression was normalized to the average of two housekeeping genes; β-

actin (ACTB) and Peptidylprolyl isomerase A (PPIA) using the following primers: ATF3 (F-

AAGACAGAGTGCCTGCAGAA, R-GTGCCACCTCTGCTTAGCTC), ACTB (F-

GATCTGGCACCACACCTTCT, R-GGGGTGTTGAAGGTCTCAAA) and PPIA (F-

AGCTCTGAGCACTGGAGAGA, R-GCCAGGACCTGTATGCTTTA). Primers were

synthesized by Integrated DNA Technologies (Coralville, Ia). For human samples, ATF3 mRNA

expression was measured using the Hs00231069_m1 TaqMan® Gene Expression Assays

(ThermoFisher Scientific) with GAPDH serving as a sample control (Hs02758991_g1).

Immunoblotting

Cell monolayers were rinsed with phosphate buffered saline (PBS) pH 7.6 and collected in 300μl

of 1% SDS. Samples were sonicated (QSonic, Newton), and protein was quantified using the

Bio-Rad Protein Assay (Bio-Rad, Philadelphia). Equal amounts of protein were denatured in

NuPAGE™ LDS Sample Buffer and NuPAGE™ Sample Reducing Agent (10X) (ThermoFisher

Scientific, Ottawa), heated for 10 minutes at 70°C and loaded onto NuPAGE 4-12% Bis-Tris

gels (Fisher Scientific). Protein was then transferred to a nitrocellulose membrane (Bio-Rad), and

transferred proteins were stained using 1mg/ml Ponceau S Red in 1% glacial acetic acid.

Membranes were blocked for 30-60 minutes in 5% Milk in Tris Buffered Saline Tween (TBST)

pH 7.6 (Tris Buffered Saline, 0.1% Tween 20). Membranes were incubated overnight at 4°C in

primary antibody, anti-ATF-3 (sc-188, Santa Cruz, CA) or anti-beta-actin (A2228, Sigma)

diluted 1:200 for ATF3 or 1:1000 for Actin in 0.5% Milk in TBST pH 7.6. Membranes were

washed 4×5 min in TBST, then incubated in secondary antibody (HRP-conjugated goat anti-

mouse or goat anti-rabbit from Abcam) for 1-2 hours. Membranes were washed 4×5 min in

TBST, then incubated for 5 minutes in 600µl of Clarity™ Western ECL substrate (Bio-Rad), and

imaged using the Fusion FX5 gel documentation system (Vilber Lourmat, France).

Flow cytometry

Floating and adherent cells were collected and combined 48 hours following treatment by

centrifugation following trypsin treatment. The supernatant was removed, and the cell pellet was

washed twice in PBS, fixed in 1ml ice cold 70% ethanol, and stored at $-20°C$ for a minimum of

30 minutes. Cells were centrifuged, ethanol was then removed, and the pellet was washed twice

in PBS and resuspended in 200µl of 20µM Propidium Iodide (PI) stain (Sigma-Aldrich) with

73µM RNaseA (Fisher Scientific). Red fluorescence was measured with a BD Accuri C6 flow

cytometer and analyzed using the BD Accuri C6 software.

Cell viability assays

ATF3$^{+/+}$ and ATF3$^{-/-}$ MEFs were seeded in a 96-well plate 24h hours prior to treatment for both

cell viability assays. The trypan blue dye exclusion assay was used as an early indicator of cell

death detected at 24 hours, prior to cell detachment. For trypan blue dye exclusion assays, cells

were detached using trypsin 24 hours after treatment. Ten ul of trypan blue (0.4% in PBS) was

added to each well of the 96-well plate. After two minutes, an aliquot of cells was transferred to

Dual-Chamber cell counting slides (Bio-Rad, Hercules) and read using the Biorad TC20

Automated Cell Counter.

A luminescent ATP based cell viability assay was used as an indicator of a later stage of cell

death after significant cell detachment was detected (48 hours). The CellTiter-Glo® Luminescent

Cell Viability Assay (Promega, Madison) was used according to manufacturer's instructions to

determine ATP content, to estimate cell viability. Briefly, 100 µl of media was removed from

each well and mixed with an equal volume of CellTiter-Glo Reagent. After 2 minutes of shaking,

the samples were incubated at room temperature for 10 minutes and read using the Cytation 5 96

well plate reader (BioTek, Vermont) and Gen5 software (version 2.07.17) at an integration time

of 1.0 s per well.

siRNA-mediated knockdown of ATF3

SMARTpool ON-TARGETplus siRNA (cat#: L-008663-00- 0005 and D-001810-10-05,

Dharmacon Inc, Chicago) were prepared in siRNA buffer as recommended by the manufacturer.

HeLa cells were seeded at $2x10^6$ cells per 10 cm dish, in antibiotic free growth media 24 hours

prior to transfection. The siRNAs were combined with lipofectamine 3000 as recommended by

the manufacturer (ThermoFisher Scientific) to a final concentration of 50 nM in antibiotic and

serum free media. The siRNAs were added to cells for 48 hours, after which transfected cells

were seeded at $5x10^5$ cells per 6 cm dish for mRNA and protein collection and $1.25x10^5$ in 6 well

dishes for flow cytometric analysis. Cell were treated 24 hours later and samples were collected

at the indicated times for RNA, protein, and apoptosis assays from the same siRNA transfection.

Results

ATF3 is induced and contributes to cell sensitivity in mouse embryonic fibroblasts

Pre-mRNA splicing is essential for viability and pre-mRNA splicing inhibitors are cytotoxic

through an unknown mechanism. It was recently reported that IGG-induces ATF3 indirectly

through ATF4, however it was unclear if ATF3 contributed to cell death [13]. Therefore, we

used a simple genetic approach to determine if ATF3 contributes to cell death following

spliceosome inhibition using isogenic MEF strains that either expressed or did not express ATF3

(ATF3$^{+/+}$ and ATF3$^{-/-}$ MEFs, respectively). ATF3 mRNA levels increased significantly in the

ATF3$^{+/+}$ MEFs in response to PB but not IGG exposure (Fig 1A). ATF3 protein increased in

response to both drugs, however we detected a greater increase in response to PB (Fig 1B). As

expected, ATF3 protein was not detected in the ATF3$^{-/-}$ MEFs (Figure 1B). We then assessed

sensitivity to apoptosis by one parameter flow cytometric analysis of sub G_1 DNA content in

both cell lines following exposure to IGG and PB (Fig. 1B). Both drugs led to an increase in the

proportion of cells with less than diploid DNA content, however PB led to a greater increase than

IGG (Fig 1C). Importantly, cells deleted of ATF3 were significantly protected from drug-

induced apoptosis compared to isogenic controls following exposure to both drugs. Therefore,

ATF3 appears to contribute to PB- and IGG- induced apoptosis in MEFs.

The sensitivity of MEFs to spliceosome inhibition was further evaluated with two additional

independent assays. First, ATF3$^{+/+}$ and ATF3$^{-/-}$ MEFs were exposed to either IGG or PB for 24h

and cell viability was assessed by trypan blue dye exclusion (Fig 2A). Trypan blue is unable to

penetrate viable cells with intact cell membranes, whereas non-viable cells that have lost

membrane integrity take up the dye. Both splicing inhibitors (PB and IGG) decreased cell

viability in ATF3$^{+/+}$ MEFs. The surviving fractions of ATF3$^{-/-}$ MEFs were significantly higher

than parental controls following exposure to both drugs. In fact, there was no detectable decrease

in viability in the ATF3$^{-/-}$ MEFs with this assay.

Second, a CellTiter-Glo® Luminescent Cell Viability Assay was used to quantify ATP levels in

treated and untreated cells. A decrease in ATP in treated compared to untreated cells is indicative

of a decrease in the number of metabolically active cells (Fig 2B). ATP levels decreased in both

ATF3$^{+/+}$ and ATF3$^{-/-}$ MEFs following treatment with IGG and PB, however the surviving

fraction of treated ATF3$^{-/-}$ MEFs was significantly greater than the surviving fraction of control

MEFs. ATF3$^{-/-}$ MEFs were again protected from the cytotoxic effects of both PB and IGG.

Taken together, ATF3 expressing MEFs are more sensitive to splicing inhibitors than their

ATF3$^{-/-}$ counterparts, as assessed by DNA fragmentation, membrane integrity and ATP content.

ATF3 is important in multiple cell death pathways [7, 11, 14] but its contribution to cell

sensitivity to the spliceosome inhibitors was unknown.

Splicing inhibitors increase ATF3 expression in human cells

Our results provide compelling genetic evidence that ATF3 contributes to cell death induced by

spliceosome inhibitors in MEFs. We sought to determine if splicing inhibitors similarly led to

ATF3 induction in human cells. Therefore, we measured the expression of ATF3 mRNA and

protein in response to treatment with both splicing inhibitors in colorectal carcinoma and cervical

carcinoma cells (HCT116 and HeLa cells, respectively). As detected in MEFs, ATF3 mRNA

increased significantly in response to PB in both cell lines while the small increase in ATF3

mRNA in IGG treated cells was not statistically significant (Fig. 3A and B). Again, ATF3

protein was induced more in response to PB than IGG (Fig. 3C and D). Both cancer cell lines

were exposed to either IGG or PB and 48 hours later apoptosis was assessed by flow cytometric

analysis of subG1 DNA content. Both splicing inhibitors resulted in an increase in the fraction of

cells with sub G1 DNA content under the same conditions with higher levels of apoptosis

detected in response to PB (Figs 3 E and F), consistent with greater fold increases in ATF3

expression. These results support the concept that ATF3 is induced upon spliceosome disruption

and that this could contribute to cell death in human cells as well.

Knockdown of ATF3 protects HeLa cells from spliceosome inhibitors

To determine if ATF3 contributes to cell sensitivity in response to splicing inhibitors in these

human cancer cell lines, we performed siRNA mediated knockdown of ATF3 in HeLa cells. The

siRNA transfected cells were seeded to smaller dishes to perform all assays from the same

transfected sample. RNA interference led to decreased ATF3 expression and prevented the full

induction of ATF3 following drug exposure (Figs 4A and B). As expected, ATF3 knockdown

protected HeLa cells against the cytotoxic effects of these splicing inhibitors, although only

protection against PB was statistically significant (Fig 4C). These results support the concept that

ATF3 is induced upon spliceosome disruption and that this contributes to cell death in both

murine and human cells.

Discussion

The production of functional mRNAs requires the synthesis of pre-mRNA that is coordinated

with co-transcriptional mRNA processing steps including pre-mRNA splicing [15-17]. The

inhibition of pre-mRNA splicing delays or prevents the production of functional mRNAs and

indirectly the encoded proteins. How splicing abnormalities are sensed and transmitted to cell

death pathways remains unclear. In the present work, we measured cellular responses to two

spliceosome inhibitors, IGG and PB. We found that both drugs led to an increase in ATF3

expression in human colon cancer cells and MEFs. Parental MEFs, expressing ATF3, were

sensitive to both inhibitors leading to a large decrease in the viable cell population. However,

cell viability was significantly higher in ATF3-/-, as assessed in 3 independent assays. Subtle

quantitative differences were detected among the assays that reflect the timing of individual

assays, the measured characteristic of cell death (DNA fragmentation, loss of membrane integrity

or loss of ATP) and the sensitivity of individual assays. In addition, CellTiter-Glo® Luminescent

Cell Viability Assay is not determined on a single cell basis and it is very sensitive [18] so it isn't

entirely surprising that we detected greater apparent cell death with this assay. Despite these

differences, all three assays support a model in which ATF3 is a major regulator of mammalian

cell sensitivity to these pre-mRNA splicing inhibitors.

To address the importance of ATF3 in determining the sensitivity of human cells to spliceosome

inhibitors, we used siRNAs to target ATF3 in HeLa cells. We were able to knockdown ATF3 by

about 50% prior to treatment and RNA interference prevented the induction of ATF3 by IGG

and PB. Consistent with data obtained in MEFs, we found that reduced ATF3 expression was

associated with decreased sensitivity to apoptosis. Therefore, ATF3 appears to contribute to

IGG- and PB-induced cell death in human cells, as well. It is noteworthy that PB led to higher

ATF3 levels and greater sensitivity to cell death in all cell lines, consistent with ATF3-dependent

apoptosis. This is remarkable in that the concentrations of PB used here are well below the

reported IC50 for inhibition of *in vitro* splicing (90 nM) while there is less ATF3 and cell death

induced by IGG at its reported in vitro IC50 (30 µM) [4, 19]. It is unclear why we detected

differences in ATF3-dependent apoptosis but this adds to a growing list of differences reported

in the literature.

The two spliceosome inhibitors tested target distinct pre-spliceosome complexes. PB interacts

with the SF3B1 subunit of the U2 snRNP in the complex A [5] whereas IGG acts somewhat later

preventing the transition from the A to B complex through an unknown target [4]. Even though

both drugs inhibit pre-mRNA splicing at similar stages and induce apoptosis through an ATF3-

dependent mechanism, a variety of differences in gene expression and biological effects have

been described. For example, we have previously reported that these two drugs can have

pronounced effects on cell cycle distribution but these changes were not identical [20]. Two

parameter flow cytometric analysis of bromodeoxyuridine-labelled cells indicated that IGG led

to multiple cell cycle alterations but the most prominent was to an S phase arrest [20]. In partial

contrast, PB-treated cells were blocked predominantly in G_1 but also exhibited a more modest S

phase arrest than IGG-treated cells [20]. Meanwhile, both drugs led to decreased M phase

assessed by loss of phospho-H3 immunoreactivity [20]. Therefore, there are similarities and

differences in the effects of these compounds on cell cycle responses.

Other groups have reported recently that IGG has other unique effects on transcription and

protein trafficking. Boswell and coworkers found that IGG decreases transcription elongation, in

addition to its effects on pre-mRNA splicing [21]. Strand-specific RNA-sequencing (RNA-seq)

was performed in IGG-treated and control cells and relative read number increased within 5 kb

of transcription start sites in IGG-treated cells but not in the presence of an SF3B1 inhibitor,

meayamycin [22], suggesting that transcription near the 5'end of genes was slow in the presence

of IGG [21]. These authors also detected increased polyA site readthrough in IGG treated cells

further suggesting that a fundamental problem in transcription and co-transcriptional processing

may underlie some of the unique biological effects of IGG [21]. It is noteworthy that these

authors still detected a defect in pre-mRNA splicing using RNA-seq analysis in this and previous

papers [21, 23, 24]

Lastly, IGG also appeared to inhibit trafficking of the amyloid precursor protein (APP) from

endoplasmic reticulum (ER) to the Golgi [24]and lysosome-mediated turnover [13]. In the

former, APP levels increased in response to IGG but not the SF3B1 inhibitor spliceostatin [24].

APP was retained in the ER where the protein was stable and accumulated [24]. In the latter

paper [13], IGG led to increased lysosomal stress, increased TFEB protein expression (a

regulator of lysosomal biogenesis) and the accumulation of polyubiquitinated proteins under

nutrient starving conditions suggesting that IGG may be inhibiting proteasomes and altering

lysosomal function under some conditions [13]. Intriguingly, IGG-induced TFEB activated

ATF3 indirectly through ATF4, however it was unclear if ATF3 contributed to cell death

detected in this manuscript. There is presently no evidence that PB or any other SF3B1 inhibitors

similarly affect protein homeostasis. While these additional functions attributed to IGG may

contribute to differences detected in cell cycle regulation [20], they don't appear to strictly alter

the ATF3-dependence of cell death induced by IGG and PB. It is likely that IGG and PB lead to

ATF3 induction through a common mechanism related to spliceosome inhibition.

Conclusions

ATF3 is involved in a variety of stress pathways, and it is likely that a disruption in spliceosome

formation is leading to activation of ATF3 through an unknown mechanism. The novel findings

here provide evidence that splicing inhibitors lead to activation of ATF3, and that ATF3, in turn,

is playing a role in determining sensitivity of cells to these compounds. Our future work will

investigate the role ATF3 has on cell sensitivity, and work to determine how each of these

splicing inhibitors specifically led to ATF3 activation.

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Figure Legends

Fig 1. ATF3 is activated in response to IGG and PB treatment in MEFs. ATF3$^{+/+}$ and ATF3$^{-/-}$ MEFs were left untreated, or exposed to DMSO, 30μM IGG or 25nM PB for 24 hours and RNA and protein were collected (A and B). (A) ATF3 mRNA levels were quantified in 3 independent experiments in control MEFs using qRT-PCR, and statistical analysis was performed using a one-way ANOVA followed by Tukey's post test. (B) Immunoblot analysis was performed with the indicated antibodies. Similar results were obtained in 4 independent experiments and the mean fold change is indicated below the blot. (C) Flow cytometric analysis of sub G_1 content was performed 48 hours following treatment of ATF3$^{+/+}$ and ATF3$^{-/-}$ MEFs. Each value represents the mean, +/- SEM, of at least 3 independent experiments. The '*' and '**' indicate that the value is significantly different from that of its ATF3 expressing control ($p < 0.05$ and $p < 0.01$, respectively) by unpaired t-test.

Fig 2. The absence of ATF3 in MEFs increases cell viability following PB and IGG treatment. ATF3$^{+/+}$ MEFs (white) and ATF3$^{-/-}$ MEFs (grey) were incubated with 30μM IGG, 25nM PB and 200nM act D for 24h (A) or 48h (B). L and H refer different volumes of DMSO required to serve as vehicle controls for the 2 concentrations of IGG. (A) A trypan blue exclusion assay was used to assess membrane integrity, as an indicator of cell viability. (B) The CellTiter-Glo® Luminescent Cell Viability Assay was used to estimate metabolic activity as an indicator of cell viability. Each bar represents the mean of 3 independent experiments, +/- SEM. Statistical significance between cell lines for each treatment was completed using a t-test (*$p < 0.05$, **$p < 0.01$, ***$p < 0.001$).

Fig 3. ATF3 expression is increased in human cells exposed to IGG and PB. HCT116 and

HeLa cells were left untreated, exposed to DMSO, 30μM IGG or 25nM PB for 24h (A-D) or 48

hours (E and F). (A-D) ATF3 mRNA and protein levels were measured using qRT-PCR and

immunoblotting, respectively, in HCT116 and HeLa cells. The mean fold change determined

from 3 independent experiments is presented below the representative lane of the immunoblot.

(E and F) Flow cytometric analysis of sub G_1 DNA content was performed 48 hours following

treatment of HCT116 and HeLa cells in response to IGG and PG, as indicated in each panel.

Each point represented the mean, +/- SEM from at least three independent experiments.

Statistical significance was determined using a one-way ANOVA followed by a Tukey's post-

test (*$p < 0.05$).

Fig 4. Knockdown of ATF3 protects HeLa cells from IGG- and PB-induced apoptosis.

HeLa cells were transfected with control non-targeting or anti-ATF3 siRNAs, split into separate

dishes for RNA, protein, and apoptosis analysis. Transfected cells were subsequently exposed to

the indicated drugs (30 μM IGG or 25 nM PB), no drug control (ND) or vehicle control (DMSO)

for up to 48 hours. (A and B) Twenty-four hours following treatment, protein and RNA samples

were collected for immunoblot (A) and qRT-PCR analysis (B). Similar immunoblot results were

obtained over from three independent experiments. Each value in B represents the mean +/- SEM

determined from three independent experiments. (C) Sensitivity to IGG- and PB-induced

apoptosis was assessed by flow cytometric analysis of subG_1 DNA content. Each point

represents the mean +/- SEM determined from three independent experiments. The * and ** in B

and C indicate that the value is significantly different from the corresponding non-targeted

siRNA transfected control sample ($p < 0.05$ and $p < 0.01$, respectively), as determined using

unpaired t-tests.