## The cellular and extracellular forms of the non-coding RNAs TERRA and TERC and TERT mRNA are dysregulated in human hepatocellular carcinoma

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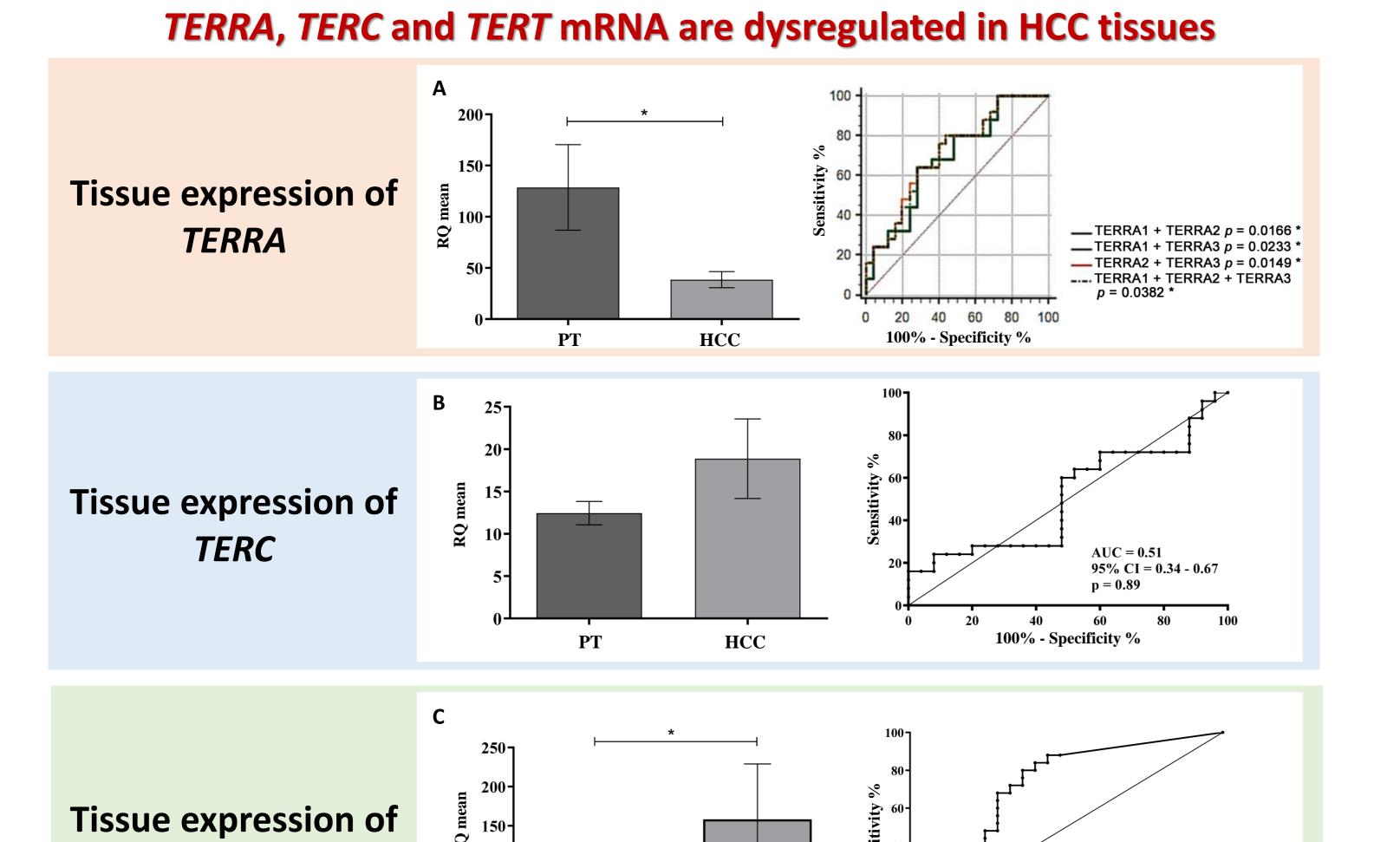
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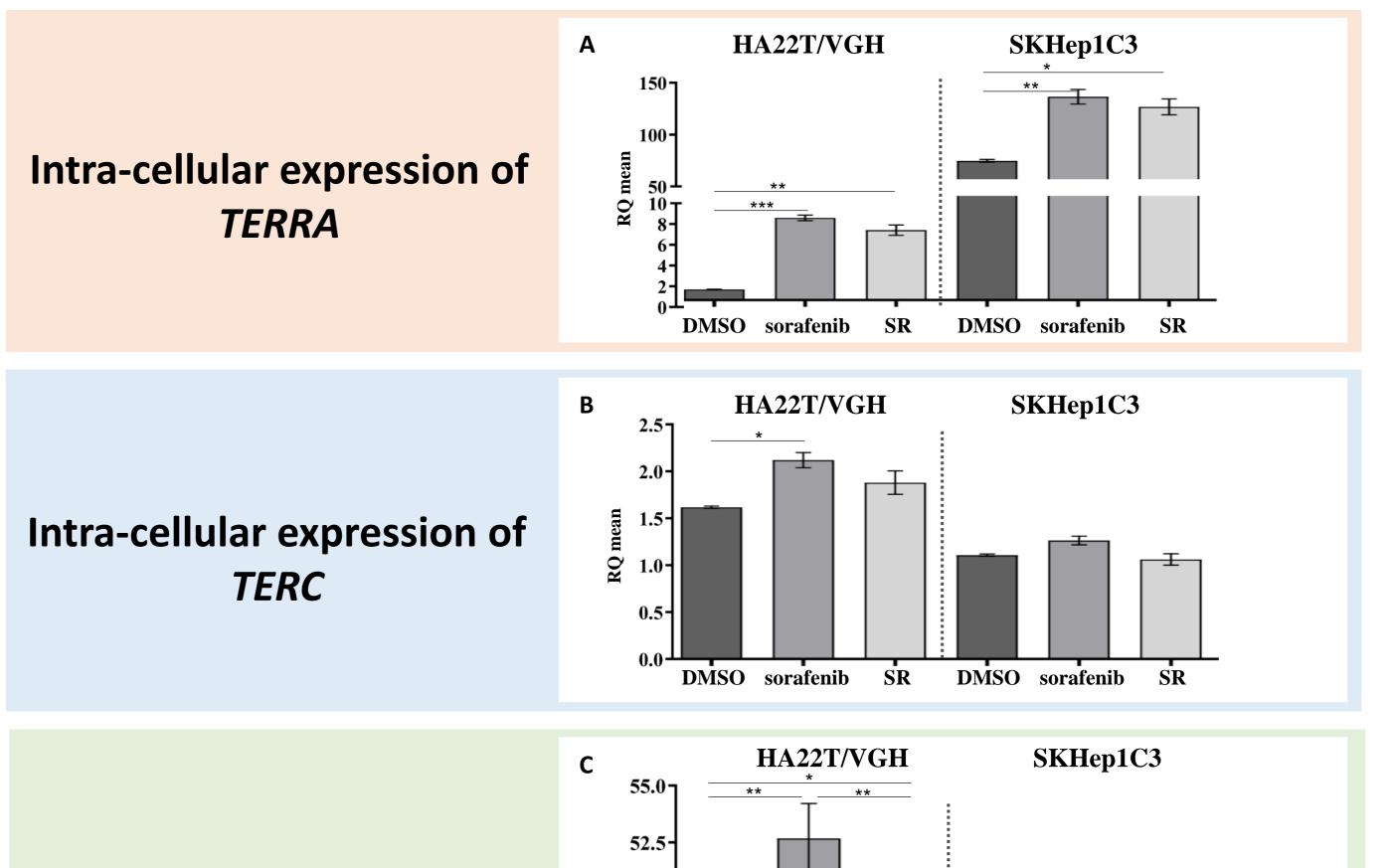
and

Background repeat-containing RNA Telomeric -TERRAconsists of different subtelomeric-derived transcripts (from 100 to 10 Kb in length) containing the canonical telomeric repeat sequence UUAGGG and sequences unique to the subtelomeric region of each chromosome. TERRA interacts with the telomerase core components (telomerase RNA component -TERC- and telomerase reverse transcriptase -TERT) and it is considered a **regulator of telomere homeostasis** by blocking the telomerase activity and altering the telomere length. Growing evidence indicates that TERRA is implicated in tumorigenesis, but little is known about its role in human hepatocellular carcinoma (HCC). Here, we determined the expression levels of TERRA, TERC and TERT mRNA in HCC solid biopsies as well as in the plasma and we explored their cellular and extracellular levels in HCC cell lines, sensitive and resistant to the anticancer drug sorafenib (a multi-kinase inhibitor).

**Materials and Methods** HCC tissues as well as the corresponding peritumoral (PT) tissues were obtained from 25 HCC patients. Plasma was isolated from blood of healthy individuals (n=25) and of HCC patients (n=25). TERRA levels were obtained by qPCR as a mean of relative quantifications of TERRA from different telomeres (TERRA 1\_2\_10\_13q: TERRA1, 15q: TERRA2, XpYp: TERRA3). TERC and TERT mRNA levels were measured by **qPCR** in solid biopsies and in cells and by **ddPCR** in plasma. Extracellular vesicles (EVs) were isolated from the secretome of HCC cells using the nickel-based isolation method (PMID: 33654737) and subsequently analyzed by Q-NANO instrument (IZON).



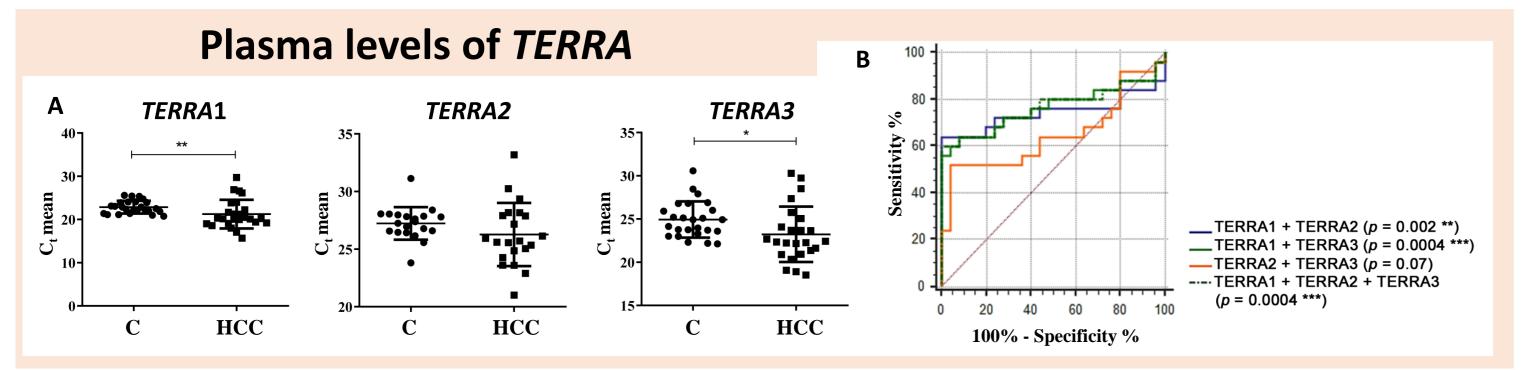
## Sorafenib increases cellular levels of TERRA, TERC and TERT mRNA in HCC cells



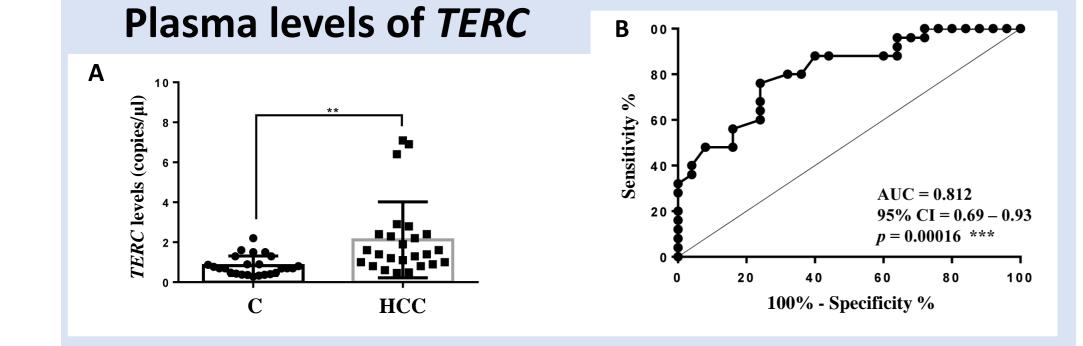


Histograms represent the relative quantification of TERRA (A), TERC (B) and TERT mRNA (C) in PT and HCC tissues. Wilcoxon test was used; \*p<0.05. On the right, ROC curve analysis reveals for each transcript the capability to discriminate HCC from PT tissues. For TERRA, the logistic regression model was applied to evaluate the diagnostic performance of individuals (TERRA1, TERRA2, TERRA3) as well as combinations of classifiers. \*p<0.05, \*\*p<0.01.

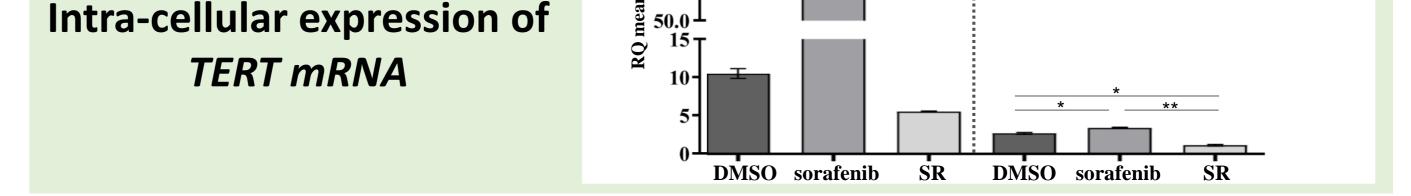
## **TERRA** and **TERC** are up-regulated in plasma from HCC patients



**TERRA levels in terms of C<sub>t</sub> in plasma of healthy and HCC individuals.** (A) TERRA expression from different telomers was analyzed including TERRA1, TERRA2, and TERRA3. C, healthy subjects; HCC, HCC patients. Unpaired t-test was used. (B) ROC curves constructed with the logistic regression model for discriminating between healthy individuals and HCC patients. \**p*<0.05, \*\**p*<0.01, \*\*\**p*<0.001.

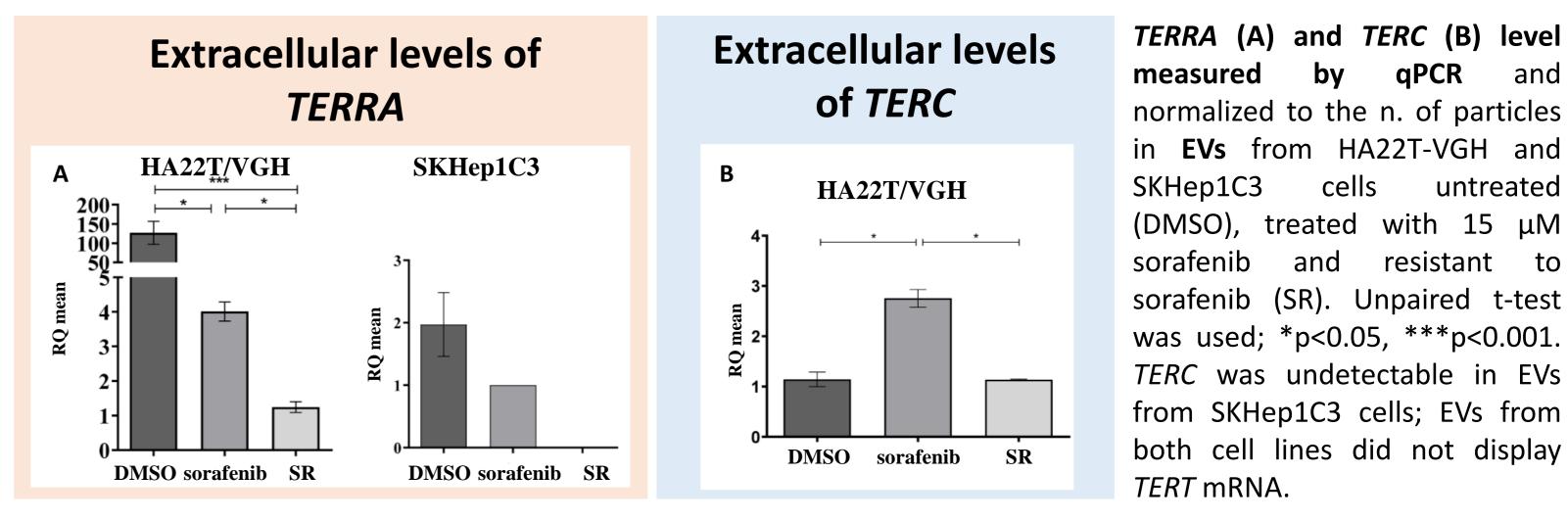


TERC levels in terms of copies/µL in plasma of control subjects and HCC patients (A). C, healthy subjects; HCC, HCC patients. Unpaired t-test was used. ROC curve analysis of



The expression level of TERRA (A), TERC (B) and TERT mRNA (C) was measured by qPCR in HA22T-VGH and SKHep1C3 cells untreated (DMSO), treated with 15 µM sorafenib and resistant to sorafenib (SR). Unpaired t-test was used; \*p<0.05, \*\*p<0.01, \*\*\*p<0.001.

## **TERRA and TERC** are secreted in EVs by HCC cells



**Conclusions** Our results provide novel insights on the contribution of **Scan for the article**: these transcripts as innovative non-invasive molecular indicators of ∎%≵⊡ HCC and the involvement of TERRA and TERC in EVs of HCC cells in

