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4 Running title: Expression of Tmem41b and MMP13 in osteosarcomas

6 Expression of Tmem41b and MMP13 associated with poor outcome in osteosarcomas

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Osteosarcoma (OS) is a malignant bone sarcoma characterized by a propensity for metastatic spread. 18 Tmem41b is a multi-spanning membrane protein that acts as a novel autophagy-related (ATG) gene; 19 however, its effect on the malignant phenotypes of tumor cells and the corresponding molecular 20 details remains unknown. In the current study, RNA-sequencing, quantitative PCR (qPCR), and 21 immunohistochemical analysis were conducted to prove Tmem41b upregulation in 103 OS tissue 22 specimens and three OS cell lines (U-2OS, U87, and MG63). It was strongly correlated with tumor 23 size (P < 0.01), metastases (P < 0.05), and recurrence (P < 0.05) as well as poor survival time in OS 24 patients. Subsequently, gene set enrichment analysis (GSEA) of U-2OS cells with Tmem41b 25 knockdown links cell receptor activation, proliferation, and invasion according to RNA-sequence, 26 and PCNA, Cyclin D1, Cyclin E1, and MMP13 expression levels were decreased by western 27 blotting assay. Furthermore, the suppressive effect of Tmem41b knockdown on cell proliferation 28 and invasion was demonstrated in vitro and in vivo. Additionally, Tmem41b silencing could 29 significantly inhibit the AKT and p38 signaling pathways. Last, MMP13 upregulation was 30 positively correlated with Tmem41b expression and poor survival time in OS patients via analysis 31 of immunohistochemical detection and bioinformatics. All together, these findings demonstrate the 32 role of Tmem41b and MMP13 as a novel prognostic marker and an attractive therapeutic target for 33 OS. 34

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Key words: osteosarcoma; Tmem41b; MMP13; proliferation; invasion

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Osteosarcoma (OS) represents a widespread malignant primary bone sarcoma in humans [1]. It accounts for approximately 20% of all bone tumors and 5% of pediatric tumors [2] and is characterized by high tumor cell proliferation, mortality, and metastatic rates [3]. This condition is most commonly seen in patients aged < 25 year (60%) and in 5% of pediatric tumors [4]. Most sub-types of OS are characterized by the production of osteoid bone by malignant cells with a propensity for metastatic spread, particularly to the lungs [5]. OS patients have a poor prognosis with a 5-year survival rate of < 20% using the traditional methods of treatment, including chemotherapy, wide tumor resection, and amputation [6]. Thus, the pathogenesis of the growth and invasion of OS should be deeply understood to prevent, treat, and improve patient survival.

The development and tumorigenesis of OS is relative to alteration of numerous molecular, including gene sequence abnormalities, chromosomal rearrangements, epigenetic change and dysregulation of signaling pathways [4]. The inhibition of rubidium (Rb) and the p53 tumor suppression signal pathways [7] and the hyperactivation of receptor tyrosine kinases (RTKs) [8] and EGFR pathways [9], ERK/MAPK pathway [10], and PI3K/AKT pathway [11], which participated in tumor cell proliferation, migration, and invasion, have been found in OS, whereas the exact mechanisms involved in these processes remain unclear.

Transmembrane protein 41 (Tmem41b) is an evolutionarily conserved transmembrane protein first 55 identified as an essential requirement for the development of normal neurotransmission in mammals 56 [12]. Recently, numerous studies showed that Tmem41b is a novel regulator of autophagy and lipid 57 mobilization and is involved in the formation of autophagosomes [13-16]. Furthermore, some 58 studies have reported that autophagy signaling can affect tumor cell proliferation and invasion in 59 pancreatic cancer [17], renal carcinoma [18], and OS [10]. Meanwhile, AKT and MAPK signaling 60 pathway also induce autophagy to promote proliferation and increase anti-cancer drug resistance 61 [19, 20]. Notably, Tmem41b is one of the most significantly mutated genes in the lung 62 neuroendocrine tumor spectrum, which affects cellular metabolism, immune regulation, cell cycle, 63 apoptosis, and cell death [21]. Additionally, abnormal Tmem41b expression has been observed in 64 OS, according to the Gene Expression Omnibus (GEO) database [22], indicating that Tmem41b 65 may be involved in tumorigenesis and the development of OS. Yet, surprisingly, to the best of our 66 knowledge, studies on the role of Tmem41b in OS are still lacking. 67

Thus, this research intended to identify the relationship between Tmem41b expression and the clinicopathological features of OS, as well as to investigate the roles of Tmem41b in OS cell proliferation and invasion.

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72 Patients and Methods

73 **OS tissue specimens.** Tumor tissue specimens and the corresponding para-cancer tissues (control)

were obtained from 103 patients diagnosed with OS from orthopedic operation at the Orthopedics department of the Tangshan Second Hospital between January 2014 and December 2019. The samples were divided into two parts: one was snap \Box frozen in liquid nitrogen, and the other was paraffin \Box embedded. The patients with OS were staged according to the Enneking staging system [23]. All subjects provided written informed consent. The study protocol was approved the Ethics Committee of the Tangshan Second Hospital.

RNA-sequence analysis. Total RNA was extracted and quantified, as well as the mRNA profiles were detected in the three tumor tissue samples obtained from patients with OS and the corresponding para-cancer tissues (control) as well as from U-2OS cells transfected with si-Tmem41b or si-NC by Illumina HiSeq 2000. Libraries were sequenced using 1×58 bp single-end reads, with two indexed samples per lane, yielding about 32.5 million reads per sample. After alignment of the sequencing reads to the human genome, counts for each gene were computed for each sample by use of the HTSeq software (version v0.5.3p3).

Differentially expressed mRNAs were identified using the paired t-test. A gene set enrichment analysis (GSEA) was conducted for further analysis of the biological pathways involved in the pathogenesis of OS through the Tmem41b pathway according to RNA-sequencing data.

Immunohistochemistry (IHC). Tumor tissues were fixed in 10% formalin followed by paraffin 90 embedding and sectioning at 4 µm, which were dewaxed, rehydrated and subjected to 91 microwave-induced antigen retrieval. Subsequent to blocking endogenous peroxidase activity, the 92 sections were incubated with the primary antibodies against Tmem41b (1:100) overnight at 4 °C. 93 Immunohistochemistry was performed using SP method immunohistochemical kit (PH1699, 94 Phygene, Life science). The slides were analyzed and images were captured using an Olympus 95 BX60 microscope (Olympus Corporation, Tokyo, Japan). Sections that are known to stain positively 96 were incubated in each batch and negative controls were also established by replacing the primary 97 antibody with pre-immune serum. 98

⁹⁹ The results of IHC staining were evaluated independently by two trained pathologists who were ¹⁰⁰ blind to the clinical data. The specimens were graded into three groups according to the extent of ¹⁰¹ positivity as follows: negative, no positive stain; low, < 25% of the tumor cells showed positive ¹⁰² stain; and high, > 25% of tumor cells showed positive stain. The slides were re-examined by the ¹⁰³ pathologists together, and an agreement was reached for the final evaluation. 104 **Bioinformatics analysis.** The overall survival analysis of OS patients was conducted from the 105 GEPIA dataset (Gene Expression Profiling Interactive Analysis) (http://gepia.cancer-pku.cn).

106 **Cell culture.** The human osteosarcoma cell lines (U-2OS, U87, and MG63) and human osteoblast 107 cell line Hob were obtained from American Type Cell Culture (ATCC). All three cell lines were 108 cultured in a Dulbecco's modified eagle medium (DMEM) supplemented with 10% fetal bovine 109 serum and 100 U/ml penicillin/streptomycin (Gibco, Carlsbad, CA, USA) in a humidified 110 atmosphere with 5% CO₂ at 37 °C.

Cell transfection. Specific siRNA against Tmem41b and the indicated constructs were purchased
 from GenePharma (Suzhou, China). The siRNA sequences of the Tmem41b duplex were as follows:
 5'-CACATCTTCAGCACCGCTCGTCAGATGTGGAGAAACGTCAAGAGCTTTTTTG-3' and

113 5'-CACATCTTCAGCACCGCTCGTCAGATGTGGAGAAACGTCAAGAGCTTTTTTG-3' and

114 5'-GTCCAAAAAAAGCTTTTTGCAGCACATCCGTCTCAATGTGGCTGAAGAACAGC-3'.

The transfection was conducted through mixing of lipo2000 (Invitrogen, Carlsbad, CA, USA) with the siRNA, and the mixture was added to the cells and incubated for 6 h. DMEM (10% FBS) was then used for substitution and 24 h incubation, following subsequent cell treatment and collection. qPCR and western blotting were used to validate the transfection efficiency of Tmem41b siRNA 24 h after transfection.

Lentivirus infection. The pLVX-AcGFP-Tmem41b lentiviral vector and the corresponding pLVX-AcGFP-C1 lentiviral vector (NC) were constructed by GenePharma (Suzhou, China), respectively. Lentivirus infection for 48 h in U-2OS cells inhibits Tmem41b expression. GFP fluorescence expression confirms lentiviral infection efficiency. QPCR detection was performed to verify the suppression of Tmem41b expression.

125 **Cell proliferation assay.** CCK-8 assay was used to detect the proliferation effects of Tmem41b on 126 U-2OS cells (Dojindo, Rockville, MD, USA) assay. Briefly, transfected U-2OS cells and control 127 were plated in 96-well plates $(1 \times 10^4$ cells per well). CCK-8 solution (100 µJ/well) was added at 128 different time point (0, 24, 48, and 72 h), and then were cultured for 1 h. Absorbance (450 nm) was 129 measured using the Multiskan EX plate reader (Thermo Fisher Scientific Inc., Waltham, MA, USA) 130 for quantification of the reaction product.

131 **Cell invasion assay.** Analysis of cell invasion by Transwell assay was referenced by modified 132 Boyden chamber (BD, San Diego, CA, USA). Transfected U-2OS cells and control (1×10^5) were

133 plated in the top chamber of the insert pre-coated with Matrigel, the number of transmigrated cells

through the membrane was counted by hematoxylin-eosin staining (HE) staining and lightmicroscopic examination.

Quantitative real time PCR. The extraction of total RNA and qRT-PCR assay were conducted as 136 described previously [22]. The primers sequences used were as follows: Tmem41b, 137 and 5' -ACCCAGGATTTTTCCTTCTGG-3'; MMP13, 5' -ATGGCGAAAGGCAGAGTCG-3' 138 5' -CTTGACCACTCCAAGGACCC-3' and 5' -CAGGCGCCAGAAGAATCTGT-3'; Sp2, 139 5' -GTCGTAATGAGCGATCCACAG-3' and 5' -AAGCAGGGCTAAGGGAGATG-3'; Klk11, 140 5' -CCCCAGGTTCCTAGGCTCT-3' ; Fkbp11, 5' -AACCCAGCCTACCTGCTGT-3' and 141 and 5' -ATCTACCAAGCTTCCCGCTG-3'; Slc22a17, 5' -AGAGACGTTGCTCTTCCGTG-3' 142 5' -TACCCCGCAGACAGATTTGG-3' and 5' -CGGTGATCATTCGGCATCAG-3'; Nr4a2, 143 5' -GGTCCCTTTTGCCTGTCCA-3' and 5' - GCCTGTCCAATCTCCTCCTTAG-3'; Dtx2, 144 GCTGAGGAGGACAAGAGGAC-3'; 5' -GAGTTTCACTCTGGCTGCCT-3' and 5' -145 Hist1h2af, 5' - GCACCGTCTGCTTTACAAGG-3' and 5' - GCTCCTCATCGTTGCGAATG-3'; 146 Crtap, 5' -GCTCAGTGGTTGCTGTTTGG-3' and 5' - GCAGTGGCCACAAGGAGTAT-3' ; 147 GAPDH: 5' -CACCCACTCCTCCACCTTTG-3' and 5' -CCACCACCCTGTTGCTGTAG-3'. 148

Western blotting assay. Total proteins were extracted from treated U-2OS cells and control as well 149 as tumor tissues via RIPA lysis buffer (Beyotime, Beijing, China) with protease inhibitors, and the 150 protein concentrations were measured by BCA kit. SDS-PAGE (10%) was used to separate proteins, 151 which were transfected to PVDF membrane. After blocking in 5% BSA, it was subjected to 152 incubation using primary antibodies against PCNA (1:1000, 10205-2-AP, Proteintech), Cyclin D1 153 (1:1000, 26939-1-AP, Proteintech), Cyclin E1 (1:1000, 11554-1-AP, Proteintech), MMP13 (1:1000, 154 18165-1-AP, olProteintech), Tmem41b (1:1000, PA553257, Thermo), LC3B (1:2000, #2775, Cell 155 Signaling), p62 (1:2000, #5114, Cell Signaling), AKT (1:1000, 60203-2-Ig, Proteintech), p-AKT 156 (1:1000, 66444-1-Ig, Proteintech), ERK (1:1000, 11257-1-AP, Proteintech), p-ERK (1:1000, 157 28733-1-AP, Proteintech), p38 (1:1000, 14064-1-AP, Proteintech), p-p38 (1:500, bs-0636R-2, 158 Bioss), and anti-β-actin (1:5000, 20536-1-AP, Proteintech) overnight at 4 °C. After washed in TBST, 159 membranes were then incubated with the HRP-conjugated secondary antibody (1:8000, Rockland) 160 for 1 h at room temperature. All images were obtained with the ECL detection system (Cell 161 Biosciences, Santa Clara, CA.). 162

163 In vivo experiments. In this study, 24 male nude mice (6-week-old) were randomly grouped into

two groups (12 mice/group), and U-2OS cells (2×10^8) infected with pLV-Vector or pLV-Tmem41b for 48 h and then was injected subcutaneously into the right flank of mice to establish the osteosarcoma xenograft model. Four weeks after injection, the isolated tumor volume was measured and then was weighed. The Experimental Animal Care Commission of Hebei Medical University approved all the experiments.

169 Statistical analysis. All data are mean determinations of three independent experiments. The 170 statistical analysis was conducted using GraphPad Prism 8.0 software (San Diego, CA, USA) 171 including ANOVA post-hoc tests (Bonferroni), Chi-square test and Student's t-test for cell 172 proliferation, cell number, band density, gene expression. Overall survival regarding OS patients 173 was evaluated using the Kaplan-Meier survival curve and the log-rank non-parametric test. A 174 two-sided p-value < 0.05 was considered statistic significant for all tests.

175

176 **Results**

Up-regulation of Tmem41b expression is associated with poor survival in human 177 osteosarcomas tissues. RNA-sequence was conducted to detect the mRNA expression profiles in 178 the three tumor tissue samples from the patients with OS and the corresponding para-cancer tissues 179 (control). As shown in Figure 1A, the top 50 mRNAs with significant differential expression 180 patterns are listed according to a cut-off value of 2.0-fold. Furthermore, RT-qPCR validation 181 showed that Tmem41b (15.3-fold) and MMP13 (18.7-fold) were most up-regulated in the human 182 OS tissues (Figure 1B). In the IHC analysis, high levels of Tmem41b expression were observed in 183 74 OS tissues, whereas 21 samples presented with low expression levels; negative expression was 184 observed in eight tissue samples (Figure 1C). 185

Table 1 lists the clinical pathological details of the 103 OS patients, whom were grouped through 186 the mean level of Tmem41b expression. Correlation analysis indicated that its expression was 187 positively correlated with tumor size, metastases as well as recurrence. Furthermore, the overall 188 survival time in OS patients with low Tmem41b expression was significantly higher than that in 189 patients with high Tmem41b expression (p=0.038, Figure 1D). Similarly, the overall survival time 190 of 262 OS patients from the GEPIA dataset verified that patients with high Tmem41b expression 191 have low survival rates (p=0.002, Figure 1E). The above results showed that Tmem41b may be a 192 193 promising prognostic factor in OS patients.

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Tmem41b knockdown affects the proliferation and invasion of OS cells. To further validate 194 Tmem41b up-regulation is associated with OS, we examined Tmem41b expression in three cell 195 lines (U-2OS, U87, and MG63) and in human osteoblast cell line Hob (control). The Western 196 blotting assay showed that Tmem41b expression was significantly higher in OS cells than in control, 197 and the highest expression was observed in the U-2OS cells (Figure 2A). Tmem41b expression was 198 knocked down by transfecting the OS cells with Tmem41b-specific siRNA (si-Tmem41b) or 199 nonspecific siRNA (si-NC). The results of the qPCR and Western blot demonstrated the marked 200 attenuation of Tmem41b expression in the si-Tmem41b-transfected cells compared with the 201 si-NC-transfected cells (Figures 2B, 2C). Meanwhile, expression of cell autophage-associated 202 protein LC3II and p62 was also significantly down-regulation (Figure 2C). Furthermore, GSEA 203 analysis indicated knockdown of Tmem41b in U-2OS cells mainly affected the genes related to 204 receptor activity, cyclin-dependent protein, and metastasis process (Figure 2D). Consequently, the 205 down-regulation of the proliferation- and invasion-associated proteins was verified (Figure 2E). 206 Collectively, the above results suggest that Tmem41b expression promotes OS cell proliferation and 207 invasion. 208

Tmem41b knockdown suppresses cell proliferation and invasion. Subsequently, it was found 209 that the si-Tmem41b-transfected U-2OS cells exhibited decreased proliferation (Figure 3A) and 210 invasion (Figure 3B) by CCK8 and Transwell assays, respectively. Additionally, these findings were 211 further confirmed in the xenograft nude mice model. As shown in Figures 3C-3F, xenograft nude 212 mice induced by a subcutaneous injection of U-2OS cell infected with pLV-Tmem41b or 213 pLV-Vector after 4 weeks demonstrated a significant decrease in tumor volume (Figures 3D, 3E) 214 and weight (Figure 3F) in pLV-Tmem41b group compared with that from pLV-Vector, and 215 accompanied by a decreased Tmem41b expression (Figure 3C). These results indicated the effects 216 of Tmem41b on the proliferation and invasion of OS cells. 217

Tmem41b knockdown suppressed the AKT and p38 signaling pathways and MMP13 expression. Further experiments using Tmem41b-knockdown U-2OS cell lines were conducted to confirm whether Tmem41b involved in the proliferation and invasion of OS cells associated with the activation of the ERK, AKT, and p38 signaling pathways. As shown in Figure 4A, the knockdown of Tmem41b markedly decreased phosphorylated AKT (p-AKT) and p38 levels in the U-2OS cells, indicating that Tmem41b-induced cyclin D/E and MMP13 expression positively

regulates p-AKT and p-p38 signaling. Furthermore, IHC analysis proved that MMP13 expression 224 was positive correlated with Tmem41b expression in the OS tissues (Figure 4B). Simultaneously, 225 the overall survival time of patients with low MMP13 expression was notably higher than that of 226 patients with high MMP13 expression levels (p < 0.01; n=103; Figure 4C). Similarly, the overall 227 survival time of 262 OS patients from the GEPIA dataset indicated that patients with high MMP13 228 expression had a shorter overall survival time (Figure 4D). Conclusively, Tmem41b knockdown 229 attenuated the proliferation and invasion of OS cells through the inhibition of cyclin D/E and 230 MMP13 expression via the AKT and p38 signaling pathways. 231

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233 Discussion

In this study, we present the strong evidence of the important role of Tmem41b in the proliferation and invasion of OS cells. Tmem41b expression in OS patients was higher than that in patients with bone cysts. OS patients with high expression levels of Tmem41b and MMP13 had significantly shorter survival periods. Furthermore, Tmem41b down-regulation inhibited OS cell proliferation and invasion by suppressing the AKT and p38 signaling pathway and the expression of cyclin D1/E1 and MMP13. The bioinformatics analysis further validated that Tmem41b expression may be a diagnostic biomarker for OS.

Tmem41b is an integral endoplasmic reticulum membrane protein and functions as a novel 241 regulator of autophagosome biogenesis and lipid droplet dynamics [13-15]. Recently, two 242 documents have reported that Tmem41b was the most significantly mutated gene in neuroendocrine 243 prostate cancer [24] and pulmonary carcinoid tumors; additionally, it was found to affect the 244 cancer-relevant pathways and biological processes, including the MAPK/ERK pathway [19]. The 245 proliferation of NSCLC cells can be effectively inhibited by targeting the autophagy-related 2B 246 (ATG2B) expression [25]. Hence, we presumed that the knockdown of the autophagy-related 247 Tmem41b expression could have a similar effect on cell proliferation and invasion. Expectedly, the 248 results of the correlation analysis in this study showed that Tmem41b up-regulation was strongly 249 related to tumor size (p < 0.01), metastases (p < 0.05), and recurrence (p < 0.05). 250

Furthermore, Tmem41b expression levels in both human OS tissues and cultured OS cells were significantly higher than those in the corresponding controls; the highest levels were observed in U-2OS cell lines. Therefore, U-2OS cells were used in the subsequent experiments using RNA

knockdown to investigate the roles of Tmem41b in OS. The results of the GSEA analysis of 254 RNA-seq detection indicated that the related gene enrichments for receptor activity, 255 cyclin-dependent protein, and metastasis process were decreased in si-Tmem41b group, which 256 guided us to further explore whether Tmem41b down-regulation involved in the inactivation of the 257 biological pathway-associated proteins. As expected, Tmem41b knockdown tremendously reduced 258 the levels of the cell cycle-associated proteins (PCNA, cyclin D1, and cyclin E) and the 259 invasion-associated protein MMP13 [26], suggesting that Tmem41b may be an essential upstream 260 molecule in the proliferation and invasion-associated signal pathways involved in the tumorigenesis 261 and progression of OS. 262

Numerous studies have reported that the regulation of the ERK [27], AKT [28], and p38 [29] signaling pathways can significantly attenuate the growth and invasion of OS. Consistently, the down-regulation of Tmem41b decreased cyclin D/E and MMP13 expression levels in the U-2OS cells and suppressed cell growth and invasion via the inhibition of the AKT and p38 signaling pathways in the present study. Additionally, the inhibition of Tmem41b expression suppressed tumor growth in vivo, demonstrating that it will become a potential therapeutic target for the OS.

To conclude, our findings demonstrated that Tmem41b is of great significance in the tumorigenesis, progression, and prognosis of OS in humans. Tmem41b expression is significantly enhanced in human OS tissues. The dismal prognosis of OS patients can be predicted by the high expression levels of Tmem41b. Additionally, the proliferation and invasion of U-2OS cells were inhibited following the down-regulation of Tmem41b expression in vitro and in vivo. Thus, Tmem41b may prove valuable as an independent potential prognostic biomarker for patients suffering from OS.

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- 374 Figure Legends
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Figure 1. Tmem41b is highly expressed in human osteosarcoma (OS) tissues. A) A subset of the 376 differentially expressed mRNAs detected in the OS tissues (n=3) and control (n=3) using 377 RNA-sequence. B) Ten mRNAs showing differential expression in the OS and normal aortic tissues 378 were validated by the real-time quantitative polymerase chain reaction (RT-qPCR). Data represent 379 mean±SD (n=3), *p < 0.05 vs. control. C) Representative images of immunohistochemical staining 380 for Tmem41b in OS tissues demonstrating negative, low, and high expressions. D) Overall survival 381 curve of 103 osteosarcoma patients from the Second Hospital of Tangshan based on the Tmem41b 382 mRNA level. E) The overall survival time in 262 osteosarcoma patients from the GEPIA (Gene 383 Expression Profiling Interactive Analysis) dataset. 384

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Figure 2. Involvement of Tmem41b expression in the biological pathways of OS. A) Tmem41b 386 expression levels in different OS cell lines (U87, U-2OS, and MG63) and human osteoblast cell line 387 Hob (Normal) were evaluated by Western blot. The band intensities relative to β -actin are presented 388 as mean \pm standard deviation (n=3; *p < 0.05 vs. normal). B) QPCR verification of the knockdown 389 efficiency of si-Tmem41b-transfected cells. Data represent mean \pm SD (n=3), ***p < 0.05 vs. si-NC. 390 NC: negative control. n=3. C) U-2OS cells were transfected with si-NS or si-Tmem41b for 24 h, 391 and total cell lysates were analyzed by Western blotting assay using the anti-Tmem41b, anti-LC3B 392 and anti-p62 antibody. E) Enrichment plots from the gene set enrichment analysis (GSEA) of 393 RNA-seq results in U-2OS cells were transfected with si-NC or si-Tmem41b. Several signaling 394 pathways, including receptor activity, cell cycle, and metastasis was significantly decreased in 395 si-Tmem41b group. F) U-2OS was transfected with si-NS or si-Tmem41b for 24 h and the levels of 396 PCNA, Cyclin D1, Cyclin E1, and MMP13 were analyzed by Western blot. The band intensities 397 relative to β -actin are presented as mean±standard deviation; n=3; *p < 0.05 and **p < 0.01 vs. 398 si-NC 399

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Figure 3. Tmem41b down-regulation suppressed proliferation and migration of OS cells in vitro and in vivo. A) U-2OS cells were transfected with si-Tmem41b or si-NC RNA for 24 h, and a CCK8 assay was performed to determine the cell proliferation at different time points. *p < 0.05and **p < 0.01 vs. si-NC at corresponding time points. B) U-2OS cells were treated as described in (A), and a Transwell assay was conducted to detect the migration of the cells. Right: quantitative analysis of cells that traversed the filter to the other side and were stained by hematoxylin and eosin. Data are expressed as mean \pm SEM from three independent experiments. **p < 0.01 vs. si-NC. C) Knockdown of Tmem41b expression was measured by Western blotting. D) Tmem41b knockdown inhibited tumor growth in a nude mice xenograft model in vivo. E) Tumor volume and F) weight were measured after knockdown of Tmem41b expression. ***p < 0.001 compared with pLV-Vector group

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Figure 4. Down-regulation of Tmem41b suppressed MMP13 expression via AKT and p38 signaling 413 pathways. A) Western blotting assay for signaling alteration of proliferation and invasion correlated 414 with the p-AKT, p-ERK, and p-p38 pathway after Tmem41b knockdown in the U-2OS cells. Right: 415 Band intensities were measured and normalized to β -actin and are shown below. *p < 0.05 and ***p 416 < 0.001, vs. total AKT, ERK, and p38 as well as β -actin (n=3). B) Representative images of 417 immunohistochemical staining for Tmem41b in the OS tissues. Survival analysis showed that 418 tumors with low Tmem41b expression have a favorable prognosis compared with those with high 419 Tmem41b expression. C) The overall survival time of 150 osteosarcoma patients from the Second 420 Hospital of Tangshan, based on the MMP13 protein level. D) The overall survival time of 259 421 osteosarcoma patients, based on the MMP13 mRNA level from the GEPIA dataset. 422

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424 Table 1. Association between Tmem41b expression and clinical characteristics in OS patients.







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