**LncRNA** **MEG3 promotes** **glaucomatous** **retinal ganglion cell apoptosis via upregulating miR-106 target gene caspase-8**

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Running title: the pro-apoptotic effect of MEG3 in glaucoma

**Abstract**

**Background** MiR-106b and caspase-8 played a key role in the development of acute glaucoma. Increasing evidence has indicated that long non-coding RNA (lncRNA) maternally expressed gene 3 (MEG3) participated in regulating pathophysiological processes. However, the association among MEG3, miR-106b and caspase-8 remained unclear.

**Methods** We employed the mouse model of acute glaucoma and oxygen and glucose deprivation (OGD)/reoxygenation cellular model for *in vivo* and *in vitro* experiments. The miRNA inhibitor and small interfering RNA (siRNA) were transfected into primary retinal ganglion cells (RGCs) for miRNA and lncRNA knockdown. The interaction among MEG3, miR-106b and caspase-8 was assessed by RNA immunoprecipitation, RNA pull down and luciferase reporter assay. The changes in gene expression were assessed by quantitative Real-Time PCR (qRT-PCR) and western blot. Cell apoptosis analysis was performed using flow cytometry.

**Results** MEG3 expression was increased in the mouse model of acute glaucoma and OGD-treated RGCs. MEG3 knockdown alleviated RGC apoptosis following OGD. RNA immunoprecipitation and RNA pull down displayed that MEG3 directly targeted miR-106b, while luciferase reporter assay confirmed the interaction between miR-106b and caspase-8. MEG3 silencing significantly relieved RGC apoptosis via downregulating miR-106b target gene caspase-8.

**Conclusion** MEG3 increased the apoptosis of glaucomatous RGC via miR-106b/caspase-8 axis.

# Keywords acute glaucoma; retinal ganglion cells; MEG3; miR-106b; caspase-8

**Introduction**

It was generally known that acute glaucoma was one of the leading causes of permanent vision loss and irreversible blindness worldwide especially among Asians, which was characterized by a rapid increase of intraocular pressure (IOP) resulting from a blockage around drainage canals and consequent retinal ischemia, leading to progressive damage to retinal ganglion cells (RGCs)[1,2]. Despite intensive medical treatment, increasing evidence has suggested that acute glaucoma continued progressing to blindness in quite a few patients[3]. Until recently, elevated IOP has been considered to be a major risk factor for the pathogenesis of RGC death in acute glaucoma[4]. Nevertheless, the detailed mechanisms by which elevated IOP ultimately led to RGC apoptosis were largely unknown.

In the past years, emerging evidence has showed that the caspase aspartate-specific cysteine protease family were involved in programmed cell death in eukaryotes[5]. Several studies have reported that caspase family consisted of at least 14 members in mammalian cells. Caspase-8 was synthesized as a pro-enzyme and comprised a large N-terminal prodomain as well as a C-terminal catalytic domain, playing a crucial role in triggering death receptor-mediated apoptosis[6]. Recently, accumulating evidence has strongly implied that as an initiator caspase, caspase-8 has been implicated in acute glaucoma. For instance, Chi et al found that substantial rise in IOP induced Toll-like receptor 4 (TLR4)/caspase-8 signaling pathway activation, thereby leading to retinal ischemic injury and RGC death[7]. Furthermore, a recent report has indirectly revealed apoptotic functions of caspase-8, demonstrating that high-mobility group box 1 (HMGB1) promoted the activation of caspase-8 via NF-κB pathway, resulting in inflammatory response[8].

MicroRNAs (miRNAs) were a class of small single-stranded (~22-nucleotide-long) non-coding RNAs that played important roles in physiopathologic processes by negatively regulating target genes. A number of dysregulated miRNAs have been actively involved in diverse biological processes. For example, Jamie et al reported that the miRNA cluster miR-106b~25 promoted the proliferation of self-renewing neural stem/progenitor cell (NSPC) and the generation of new neurons under the condition of self-differentiation[9]. Hari et al have found the significant downregulation of miR-106b in glaucomatous retinae[10]. Nonetheless, the miR-106b-related molecular mechanisms were not well understood.

MEG3, an lncRNA, acted as a tumor suppressor in various cancers by influencing the apoptosis and proliferation of tumor cells, such as neuroblastomas and gliomas[11,12]. Previous reports have shown that MEG3 expression was positively correlated with the progression of patients with retinoblastoma and inhibited tumor growth via Wnt/β-catenin pathway activation[13]. Besides the antineoplastic effect, other studies also indicated that the activation of MEG3 triggered ischemic neuronal death[14]. However, little was known about molecular mechanisms and biological roles of MEG3 in acute glaucoma. Therefore, our study was designed to reveal whether MEG3 affected acute glaucoma progression and ascertain the potential regulatory mechanism.

**Materials and Methods**

**Mouse model of acute glaucoma**

Prior to *in vivo* experiment, a total of 6 adult male C57BL/6 mice obtained from Inner Mongolia University for the Nationalities were anesthetized by an intraperitoneal injection of 100 mg/kg ketamine and 10 mg/kg xylazine. The anterior chamber of the right eye was cannulated with a 30-gauge needle connected to a syringe filled with normal saline to maintain an IOP around 120 mmHg for 1h. Retinal ischemia was verified by the whitening of the iris and loss of the red reflex. After withdrawal of the needle, reperfusion occurred as IOP was normalized within 5 min measured by a noncontact tonometer (Nidek Co., Ltd., Aichi, Japan). The contralateral left eye as a control eye carried on sham-operated procedure. All mice were then subjected to 6, 24, 48, or 72 h of reoxygenation before euthanasia. Retinal tissues were collected for the following procedure. Animal experiments performed in this study were approved by the Animal Ethics Committee of the Affiliated Hospital of Inner Mongolia University for the Nationalities.

**Isolation and culture of primary RGC**

Retinal tissues were isolated from enucleated eyeballs of 12-day-old newborn C57BL/6 mice and maintained in calcium/magnesium-free Hank’s balanced salt solution (Life Technologies, Carlsbad, CA, USA) containing 16.5 U/mL of papain (Sigma-Aldrich, St. Louis, MO, USA) for 30 min at room temperature. Primary RGCs were purified from the collected retinal cell suspension using two-step immunopanning (TSI) method as previously described[15] by incubation with rabbit-anti-mouse macrophage antibody (1:50; Fitzgerald Industries International, Concord, MA, USA) for 5 min and goat-ant-rabbit IgG antibody (1:200; Southern Biotechnology Associates, Birmingham, AL, USA) for 30 min at room temperature. All adherent RGCs were harvested by incubation with trypsin solution (Gibco, Carlsbad, CA, USA) and cultured in Dulbecco's modified eagle medium/Ham's F12 (DMEM/F12; Life Technologies) supplemented with 10% fetal bovine serum (FBS; Gibco), 100 U/ml penicillin (Gibco), and 100 μg/ml streptomycin (Gibco) at 37 °C in humidified 5% CO2 and 95% air.

**Oxygen and glucose deprivation (OGD) cellular model**

Primary RGCs were seeded on poly-L-ornithine and laminin precoated coverslips in 24-well plate with 2.5×105 cells per well and incubated at 37°C in humidified 5% CO2 and 95% air. Twenty-four hours after seeding, cells were washed twice with phosphate-buffered saline (PBS), cultured in glucose-free Roswell Park Memorial Institute (RPMI) 1640 medium containing L-glutamine and incubated in 5% CO2/95% N2 in an anaerobic chamber at 37°C for 4h. Subsequently, cells were then grown in DMEM/F12 containing glucose and returned to a normoxic environment (5% CO2 and 95% air) for another 12h at 37°C. In addition, RGCs exposed to normal culture media in a normoxic incubator were used as controls. OGD treated cells and controls were collected to qRT-PCR and western blotting analysis for MEG3, miR-106b and caspase-8 expression.

**RNA interference**

To investigate the biological role of MEG3 in cellular ischemia/reperfusion (I/R) injury, primary RGCs were randomly divided into 4 groups: control, OGD, OGD+siRNA control (si-Ctrl) and OGD+siRNA-MEG3 (si-MEG3). Briefly, cells were cultured in 96-well plates at 1×104 cells/well overnight, transfected with si-MEG3 or si-Ctrl using X-tremeGENE siRNA Transfection Reagent (Roche Applied Science, Mannheim, Germany) following the manufacturer’s instructions and exposed to OGD treatment for 4h after 24h transfection. The mRNA expression of MEG3 was determined by qRT-PCR and cell apoptosis analysis was performed after 12h reoxygenation.

**RNA immunoprecipitation**

DIANA tools (http://carolina.imis.athena-innovation.gr/) were used to predict the potential interaction of MEG3 and miR-106b. RIP assay was performed using Magna RIP RNA-Binding Protein Immunoprecipitation Kit (Millipore, Billerica, MA, USA) according to the manufacturer’s instructions. RGCs at 80% density were washed with cold PBS and lysed with RIP lysis buffer at 4°C for 30min. Cell extracts were incubated with protein A/G sepharose beads conjugated to anti-Ago2 antibody (Millipore) or normal IgG at 4 °C and washed with lysis buffer for five times. Immunoprecipitated RNAs and total RNA from the whole cell lysates (input controls) were subjected to 10% sodium dodecyl sulfate-polyacrylamide gel electrophoresis (SDS-PAGE) for western blotting or extracted using TRIzol (Invitrogen, Carlsbad, CA, USA) according to the manufacturer’s protocol for qRT-PCR analysis.

**RNA pull down**

The interaction between MEG3 and miR-106b was further examined by RNA pull-down using a Pierce Magnetic RNA-Protein Pull-Down Kit (Thermo Fisher Scientific, Waltham, MA, USA) following the manufacturer’s instructions. Protein extracts from RGCs were mixed with 50 pmol of biotinylated MEG3 and incubated with 50µL of streptavidin agarose magnetic beads (Life Technologies) 4℃ for 1h. The associated RNA-protein complex was isolated using Biotin Elution Buffer and boiled in SDS buffer for 10 min. The retrieved protein was detected using western blot analysis for Ago2 protein levels, while miR-106b mRNA levels were measured by qRT-PCR using IgG expressional level as loading control (LOC).

**Luciferase reporter assay**

Targetscan online bioinformatics software (http://www.targetscan.org) was used to identify the underlying binding sites of miR-106b and caspase-8. To verify the interaction between them, luciferase reporter assay was performed in RGCs. The caspase-8 recombinant plasmids (caspase-8-WT and caspase-8-Mut) were respectively co-transfected with miR-106b mimic or inhibitor or their corresponding negative controls into RGCs. Cells were harvested 24h post-transfection and were incubated with passive lysis buffer at room temperature for 10 minutes. Luciferase activity was measured using the Dual Luciferase Assay kit (Promega, Madison, WI, USA) following the manufacturer’s instructions.

**Cell transfection**

To further explore the molecular mechanism and biological function of MEG3 in OGD-induced RGCs ischemic injury, primary RGCs were then randomized to 6 groups as follows: control, OGD, OGD+si-Ctrl, OGD+si-MEG, OGD+si-MEG3+NC and OGD+si-MEG3+MiR-106b inhibitor. Before transfection, cells were seeded in 6-well plates at a density of 4×105 cells/ml for one day. When cell confluence reached more than 70%, the miRNA inhibitor and small interfering RNA (siRNA) as well as negative controls (NC or si-Ctrl) purchased from GenePharma (Shanghai, China) were transfected into cells using a genefectine transfection reagent (Sigma-Aldrich). After 24h transfection, cells were subjected to OGD/reoxygenation treatment followed by the subsequent experiments including MEG3, miR-106b and caspase-8 expression and cell apoptosis.

**QRT-PCR analysis**

Total RNA was extracted from retinal tissues and RGCs using Trizol reagent and reverse-transcribed to cDNA using a PrimeScript RT Reagent Kit (TaKaRa, Dalian, China) according to the manufacturer’s protocol. The relative mRNA expression levels of MEG3, miR-106b and caspase-8 were normalized to GAPDH, U6 and GAPDH snRNA expression, respectively, determined using SYBR Premix Ex Taq (TaKaRa) on an ABI 7500 Real-Time PCR system (Applied Biosystems, Carlsbad, CA, USA) and calculated by the 2−ΔΔCt method.

**Western blot**

For analysis of caspase-8 protein expression in retinal samples and RGCs, total protein was extracted using Radio-Immunoprecipitation Assay (RIPA) buffer (Beyotime, Shanghai, China), centrifuged with 14,000 rpm for 15 min at 4°C. Protein extracts were run on 10% SDS, transferred onto PVDF membranes and blocked with tris buffered saline tween (TBST) containing 5% skim milk at room temperature for 2h. Blots were probed with rabbit anti-mouse caspase-8 polyclonal antibody (1:1000; Cell Signaling Technology, Boston, MA, USA) at 4°C overnight, incubated with horseradish-peroxidase (HRP)-coupled goat anti-rabbit IgG (1:200; Abcam, Cambridge, UK) at room temperature for 1~2h and visualized on a Molecular Imager ChemiDoc XRS System (Bio-Rad Laboratories, Hercules, CA, USA) using an ECL Plus Western Blotting Substrate (Thermo Scientific, Shanghai, China).

**Cell apoptosis assay**

Cell apoptosis was analyzed by flow cytometry using Annexin V-FITC apoptosis detection kit (BD Biosciences; San Jose, CA, USA) according to the manufacturer’s protocols. Cells following transfection and OGD/reoxygenation treatment were collected, washed with cold PBS and stained with binding buffer containing Annexin V-FITC and propidine iodide (PI) at 4°C under darkness for 15 min. Finally, cells were recorded using flow cytometry (Beckman Coulter, Fullerton, CA, USA).

**Statistical analysis**

The data were expressed as mean ± standard deviation (SD). Statistical analyses were performed using SPSS version 22.0 (SPSS, Chicago, IL, USA). Significant differences between groups were analyzed using two-sided Student’s t test, and P<0.05 was considered to be statistically significant.

**Results**

**MEG3 and caspase-8 was upregulated while miR-106b was downregulated in mouse model of acute glaucoma and OGD-treated RGCs**

To investigate the underlying role of MEG3 in acute glaucoma, we examined MEG3 as well as miR-106b and caspase-8 expression in 6 paired high IOP-induced ischemic retinal tissues with different reperfusion time points (6, 24, 48 and 72h) and sham-operated contralateral tissues by qRT-PCR and western blot. Our data revealed that the expression of MEG3 (Figure 1A, P<0.05) and caspase-8 (Figure 1B, P<0.05) were elevated while miR-106b mRNA expression (Figure 1C, P<0.05) was decreased in ischemic retina at different time points after reperfusion relative to the sham-operated controls. Conformably, higher levels of MEG3 (Figure 2A, P<0.05) and caspase-8 (Figure 2B, P<0.05) were observed, whereas, miR-106b was significantly downregulated (Figure 2C, P<0.05) in OGD/reoxygenation treated primary RGCs as compared with the normal cultured controls. Taken together, these data indicated that MEG3, miR-106b and caspase-8 might be involved in the development of acute glaucoma.

**MEG3 knockdown suppressed OGD-induced RGC** **apoptosis**

To evaluate the biological functions of MEG3, the MEG3 expression levels and apoptosis rate of RGCs following OGD and/or MEG3 knockdown with siRNA transfection were analyzed by qRT-PCR and flow cytometry. Following OGD, the mRNA expression of MEG3 (Figure 3A, P<0.05) and the percentage of apoptotic RGCs (Figure 3B, P<0.05) were markedly enhanced as compared with those of the normal control group. However, the knockdown of MEG3 expression dramatically reduced the MEG3 mRNA expression levels (Figure 3A, P<0.05) and the apoptosis rate of RGCs (Figure 3B, P<0.05) following OGD treatment. These findings demonstrated that MEG3 inhibition reduced the apoptotic rate of RGCs *in vitro*.

**MEG3 mediated the target of miR-106b**

MEG3 was reported to play important roles in post-transcriptional regulation in various cancers[16]. However, the specific downstream regulators involved in the abnormal expression of MEG3 in acute glaucoma still remained unknown. Previously, our study has found that MEG3 harbored one putative binding site for caspase-8 predicted by the the online DIANA tools (Figure 4A). The RNA immunoprecipitation and RNA pull-down assay were applied to confirm the potential binding protein. As shown in Figure 4B, MEG3 and miR-106b enrichment was observed in Ago2-RNA precipitates, while less enrichment was found in IgG precipitates (P<0.05). Furthermore, RNA pull down assay revealed that the expression levels of miR-106b in MEG3 pulled down pellet was higher than those of beads and loading control (Figure 4C, P<0.05). Together, these results demonstrated a specific interaction between MEG3 and miR-106b.

**MiR-106b negatively regulated caspase-8**

It was well known that miR-106b was a carcinogenic miRNA, in contrast, caspase-8 acted as a tumor suppressor in cancers[17,18]. To explore whether caspase-8 was a direct target of miR-106b, luciferase reporter assay was performed, since Targetscan software (http://www.targetscan.org) has predicted the interaction between miR-106b and caspase-8 (Figure 5A). The results revealed that the miR-106b mimic decreased the luciferase activity (Figure 5B, P<0.05), while the miR-106b inhibitor elevated the luciferase activity (Figure 5C, P<0.05) in caspase-8-WT co-transfected system, conversely, this caspase-8-MUT scarcely responded to neither miR-106b mimic nor miR-106b inhibitor. In addition, miR-106b overexpression led to a decrease in the expression of caspase-8 at mRNA and protein levels (Figure 5B, P<0.05), on the contrary, miR-106b inhibitor transfection reversed this trend (Figure 5C, P<0.05), suggesting that the direct binding existed between miR-106b and caspase-8.

**MEG3 exacerbated RGC apoptosis through miR-106b/caspase-8 axis**

We further gained insights into the molecular mechanism by which MEG3 knockdown inhibited RGC apoptosis. As expected, OGD treatment upregulated the expression of MEG3 (Figure 6A, P<0.05) and caspase-8 protein (Figure 6B, P<0.05), downregulated the mRNA expression of miR-106b (Figure 6C, P<0.05) and increased RGC apoptosis rate (Figure 6D, P<0.05), respectively. Nevertheless, MEG3 knockdown resulted in a marked reduction in the expression of MEG3 (Figure 6A, P<0.05) and caspase-8 (Figure 6B, P<0.05) as well as the percentage of apoptotic RGCs (Figure 6D, P<0.05), but led to an elevated levels of miR-106b (Figure 6C, P<0.05), however, co-transfection of si-MEG3 and miR-106b inhibitor led to an opposite effect. Conjointly, our results manifested that MEG3 deteriorated cell apoptosis of RGCs through regulating miR-106b/caspase-8 axis in acute glaucoma.

**Discussion**

Acute glaucoma was a momentously sight-threatening cause of non-reversible blindness worldwide featured with a sudden and extensive IOP increase, which in turn led to RGC apoptosis[19]. Increasing number of studies have demonstrated the fact that MEG3 was aberrantly expressed in the pathogenesis and development of some tumors and functioned as a novel tumor suppressor[20,21]. Hence, we speculated that MEG3 might also play an underlying role in the development of acute glaucoma. In this study, we found that MEG3 was upregulated in increased IOP-induced ischemic retinae following the mouse model of acute glaucoma as compared with the sham controls, which was consistent with a previous study showing that MEG3 was expressed with higher levels following ischemia in adult mice[14]. Besides, it has recently been shown that the abnormal expression of miR-106b and caspase-8 were observed in retinal ischemic injury[7,10], suggesting that they were the vital regulators in occurrence and progression of acute glaucoma. In our study, we also found a marked increase and decrease in the expression of caspase-8 and miR-106b, respectively, in glaucomatous retinae. In the further *in vitro* experiments, we discovered that OGD treatment increased MEG3 expression and caspase-8 mRNA and protein expression while downregulated miR-106b mRNA expression in addition to facilitating RGC apoptosis.

To investigate the biological roles of MEG3 in acute glaucoma, primary RGCs were transfected with si-MEG3 or si-Ctrl following OGD/ reoxygenation treatment. Our current study showed that the knockdown of MEG3 significantly resulted in a decrease of the percentage of apoptotic RGCs following OGD treatment *in vitro*, manifesting that MEG3 might exert pro-apoptotic effect in glaucomatous RGCs. The aforementioned evidence has elucidated that miR-106b as well as caspase-8 also have important roles in RGC apoptosis. Recently, evidence was emerging that lncRNAs were involved in regulation of downstream target miRNAs[22]. Therefore, investigations regarding the interaction between lncRNAs and miRNAs could deepen our understanding of the mechanisms underlying acute glaucoma. Therefore, we further explored the possible molecular mechanisms of MEG3 action in RGCs. Interestingly, The RIP and RNA pull-down assay both confirmed that MEG3 might be directly bind with miR-106b as expected. Our study further examined the interaction between miR-106b and caspase-8 owing to existence of underlying binding sites of miR-106b and caspase-8 predicted by Targetscan bioinformatics software. Luciferase reporter assay illustrated that caspase-8 was a downstream target gene of miR-106b. What’s more, the overexpression of miR-106b suppressed caspase-8 expression at mRNA and protein levels, while miR-106b knockdown upregulated caspase-8 in RGCs. Since MEG3 downregulated miR-106b by direct targeting *in vitro*, we assumed that MEG3 might regulate caspase-8 through miR-106b.

To detect the correlation between MEG3 and caspase-8 in RGC apoptosis regulation, siRNA and miRNA inhibitor have been transfected into RGCs to knock down MEG3 and miR-106b, respectively. We confirmed that MEG3 and caspase-8 were upregulated, whereas, miR-106b expression was inhibited by both MEG3 and miR-106b knockdown after OGD treatment. In addition, the apoptosis of RGCs was promoted after caspase-8 upregulation. These data indicated that MEG3 promoted RGC apoptosis following I/R injury induced by OGD/reoxygenation via negatively regulating miR-106b, which in turn directly targeted caspase-8.

In summary, the present study authenticated for the first time that the interaction might exist among the lncRNA MEG3, miR-106b and caspase-8 in increased IOP-induced acute glaucoma. MEG3 exacerbated ischemic RGC apoptosis via directly regulating miR-106/caspase-8 axis. Our research would provide a novel insight into the prevention and therapy of acute glaucoma.

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**Figure legends**

Figure 1 Changes of gene expression in IOP-induced mouse model of acute glaucoma

1. Relative MEG3 expression in ischemic retina at different time points (6, 24, 48 and 72h) after reperfusion and sham-operated retinal tissues using qRT-PCR.
2. The relative caspase-8 expression at mRNA and protein levels in ischemic retina at different time points (6, 24, 48 and 72h) after reperfusion and sham-operated retinal tissues using qRT-PCR and western blot, respectively.
3. The relative mRNA expression of miR-106b in ischemic retina at different time points (6, 24, 48 and 72h) after reperfusion and sham-operated retinal tissues using qRT-PCR.

\*P<0.05 compared with the sham group.

Figure 1

Figure 2 Changes of gene expression in OGD/reoxygenation induced I/R injury *in vitro*

1. Relative MEG3 expression in RGC cells following OGD/reoxygenation treatment or normal culture (control).
2. The relative caspase-8 expression at mRNA and protein levels in RGC cells following OGD/reoxygenation treatment or normal culture (control).

(C) The relative mRNA expression of miR-106b in RGC cells following OGD/reoxygenation treatment or normal culture (control).

\*P<0.05 compared with the control group.

Figure 2

Figure 3 Effect of MEG3 on RGC apoptosis

1. Relative MEG3 expression of RGCs in the group of control, OGD, OGD+si-Ctrl and OGD+si-MEG3.
2. The percentage of apoptotic RGCs in the group of control, OGD, OGD+si-Ctrl and OGD+si-MEG3 detected by flow cytometry.

\*P<0.05 compared with the control group; #P<0.05 compared with OGD+si-Ctrl group.

Figure 3

Figure 4 The interaction between MEG3 and miR-106b

1. The binding sites on the MEG3 and miR-106b predicted by DIANA tools.

(B) RIP experiment with anti-Ago2, IgG as negative control or input as a positive control from RGC extracts using western blotting and qRT-PCR. \*P<0.05 compared with IgG group.

(C) Ago2 expression levels and fold enrichment of miR-106b expression after RNA pull-down experiment with RGC extracts in different groups. \*P<0.05 compared with beads and LOC group.

Figure 4

Figure 5 Effect of miR-106b on caspase-8 expression

(A) The potential gene target of miR-106b predicted by mircoRNA.org online database.

(B) Relative luciferase activity of RGCs co-transfected with miR-106b mimic/pre-NC and caspase-8-3’UTR-WT or caspase-8-3’UTR-MUT plasmid.

The mRNA and protein expression levels ofcaspase-8 in RGCs transfected with miR-106b mimic or pre-NC (control).

(C) Relative luciferase activity of RGCs co-transfected with miR-106b inhibitor/NC and caspase-8-3’UTR-WT or caspase-8-3’UTR-MUT plasmid.

The mRNA and protein expression levels of caspase-8 in RGCs transfected with miR-106b inhibitor or NC (control).

\*P<0.05 compared with the control group.

Figure 5

Figure 6 The molecular regulation and biological functions of MEG3 in OGD-induced I/R injury

1. Relative MEG3 expression of RGCs in the group of control, OGD, OGD+si-Ctrl, OGD+si-MEG, OGD+si-MEG3+NC and OGD+si-MEG3+miR-106b inhibitor.

(B) The relative caspase-8 expression at protein levels of RGCs in the group of control, OGD, OGD+si-Ctrl, OGD+si-MEG, OGD+si-MEG3+NC and OGD+si-MEG3+miR-106b inhibitor.

(C) The relative mRNA expression of miR-106b of RGCs in the group of control, OGD, OGD+si-Ctrl, OGD+si-MEG, OGD+si-MEG3+NC and OGD+si-MEG3+miR-106b inhibitor.

(D) The percentage of apoptotic RGCs in the group of control, OGD, OGD+si-Ctrl, OGD+si-MEG, OGD+si-MEG3+NC and OGD+si-MEG3+miR-106b inhibitor.

\*P<0.05 compared with the control group; #P<0.05 compared with OGD+si-Ctrl group; &P<0.05 compared with OGD+si-MEG3+NC group.

Figure 6