



## miRNA As Therapeutics for The Management of Cancer, A Comprehensive Review.

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### Abstract

MicroRNAs (miRNAs) are small, non-coding RNA molecules that regulate gene expression and critical cellular processes like proliferation, apoptosis, and differentiation. They have emerged as promising therapeutic agents for cancer management due to their ability to regulate multiple oncogenes and tumor suppressor genes simultaneously. This review examines the therapeutic potential of miRNAs in cancer treatment, including their roles as tumor suppressors and oncomiRs. miRNAs can be utilized through replacement or inhibition strategies to target cancer progression. However, the clinical application of miRNA-based therapies faces challenges such as efficient delivery, stability in vivo, and off-target effects. Various delivery systems, including lipid nanoparticles, viral vectors, and exosomes, are being explored to enhance miRNA stability and specificity. Additionally, miRNA mimics, inhibitors, and chemical modifications are under development to reduce off-target effects. Clinical trials on miR-34 and miR-21 have shown promising results, but further research is needed to overcome delivery and specificity issues before miRNA-based therapies become widely applicable in clinical practice. The future of miRNA therapeutics holds promise for providing targeted, less toxic, and more effective treatment options for cancer patients.

**Keywords:** miRNA, cancer therapy, therapeutics, delivery systems, clinical trials, oncogenes, tumor suppressors, personalized medicine.

### Introduction

Cancer, a complex and heterogeneous disease, remains a leading cause of mortality worldwide. Traditional cancer therapies, including surgery, chemotherapy, and radiation, often face limitations such as systemic toxicity, drug resistance, and incomplete tumor eradication. Therefore, the exploration of novel therapeutic strategies is crucial. In recent years, microRNAs (miRNAs) have emerged as promising candidates for cancer therapy due to their pivotal roles in regulating gene expression and cellular processes. miRNAs are small, non-coding RNA molecules that modulate gene expression by binding to target messenger RNAs (mRNAs), leading to translational repression or mRNA degradation. Given their ability to regulate a multitude of oncogenes and tumor suppressor genes, dysregulation of miRNA expression is frequently observed in various cancer types. This dysregulation can result in miRNAs functioning as either oncogenes (oncomiRs) or tumor suppressors, thereby contributing to tumorigenesis and progression (1,2).

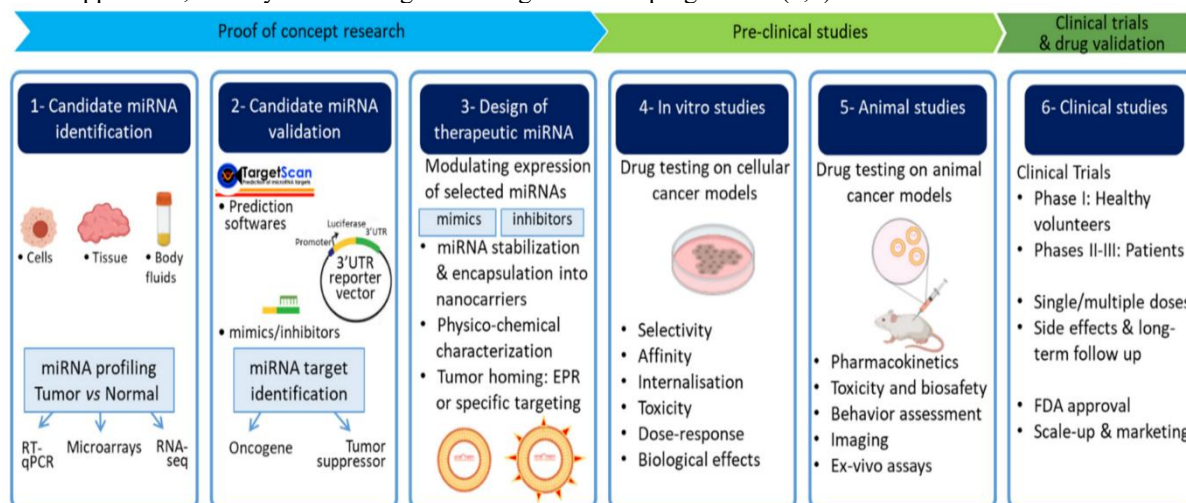


Fig -1 miRNA Therapeutics in Cancer

The therapeutic potential of miRNAs lies in the ability to restore or manipulate their expression to achieve desired anti-cancer effects. This can be accomplished through:

- **miRNA mimics:** Introducing synthetic miRNAs to enhance the expression of tumor suppressor miRNAs.
- **Anti-miRNAs (antagomiRs):** Inhibiting the activity of oncogenic miRNAs.

This systemic review aims to comprehensively evaluate the current state of miRNA-based therapeutics in cancer management. By examining preclinical and clinical studies, we will assess the efficacy, safety, and challenges associated with miRNA-targeted therapies.

### **Mechanism of Action of miRNAs in Cancer**

MicroRNAs (miRNAs), small non-coding RNA molecules, exert a profound influence on cellular processes, particularly in the context of cancer, by meticulously regulating gene expression. Their primary mechanism of action revolves around their ability to bind to the 3' untranslated region (3' UTR) of target messenger RNAs (mRNAs), effectively modulating protein synthesis. This interaction, while seemingly simple, can result in either the degradation of the mRNA transcript or the repression of its translation into protein, thereby fine-tuning the cellular proteome (3). The specificity of miRNA binding is determined by sequence complementarity, particularly within the "seed region" located at the 5' end of the miRNA, which typically spans 6-8 nucleotides. This critical interaction allows a single miRNA to potentially target hundreds of different mRNAs, creating intricate regulatory networks that influence a multitude of cellular pathways (4). In the realm of cancer, this regulatory power of miRNAs is often dysregulated, leading to their classification as either oncogenes (oncomiRs) or tumor suppressors. OncomiRs are miRNAs that, when overexpressed, contribute to the initiation and progression of cancer (5). They achieve this by targeting and silencing tumor suppressor genes, which are crucial for maintaining cellular homeostasis and preventing uncontrolled cell growth. For instance, an oncomiR might target a gene encoding a protein involved in apoptosis, the programmed cell death pathway, thereby allowing cancer cells to evade cell death and proliferate unchecked. Similarly, oncomiRs can target genes involved in cell cycle regulation, promoting uncontrolled cell division and tumor growth. This aberrant upregulation of oncomiRs can be driven by a variety of factors, including gene amplification, epigenetic modifications, and dysregulation of transcription factors (6).

Conversely, tumor suppressor miRNAs play a critical role in preventing cancer development by targeting oncogenes. These miRNAs, when expressed at normal or elevated levels, can effectively suppress the expression of proteins that drive cell proliferation, angiogenesis, and metastasis. In cancer, these tumor suppressor miRNAs are often downregulated or silenced, leading to the overexpression of their oncogenic targets. This loss of tumor suppressor miRNA function can occur through mechanisms such as deletion of the miRNA gene, epigenetic silencing, or sequestration by competing endogenous RNAs (ceRNAs) (7). For example, a tumor suppressor miRNA might target an oncogene involved in growth factor signaling, thereby inhibiting the activation of downstream pathways that promote cell proliferation. Restoring the expression of these tumor suppressor miRNAs can therefore represent a promising therapeutic strategy for cancer (8).

The intricate interplay between miRNAs and their target mRNAs creates a complex regulatory landscape within cancer cells. The ability of a single miRNA to target multiple mRNAs allows for the simultaneous modulation of multiple pathways, contributing to the multifaceted nature of cancer (9). Furthermore, the expression of miRNAs can be influenced by a variety of extracellular signals, including growth factors, cytokines, and hypoxia, allowing cancer cells to adapt to their microenvironment. This adaptability is crucial for tumor progression and metastasis, as it enables cancer cells to evade immune surveillance, establish new blood vessels, and invade surrounding tissues.

The precise mechanism by which miRNAs repress translation is still a subject of ongoing research, but it is believed to involve several key steps. Upon binding to the target mRNA, the miRNA recruits the RNA-induced silencing complex (RISC), which contains the Argonaute (AGO) protein. AGO then facilitates the interaction between the miRNA and the mRNA, leading to either mRNA degradation or translational repression (10,11). The outcome of this interaction depends on the degree of complementarity between the miRNA and its target. Perfect complementarity typically leads to mRNA degradation, whereas imperfect complementarity usually results in translational repression.

The ability of miRNAs to fine-tune gene expression makes them attractive targets for cancer therapy. By developing strategies to restore the expression of tumor suppressor miRNAs or inhibit the activity of oncomiRs, researchers aim to develop novel and effective cancer treatments (12). However, challenges remain, including the delivery of miRNAs to target cells, the potential for off-target effects, and the development of resistance. Nonetheless, the continued exploration of miRNA biology and its role in cancer holds great promise for the development of more effective and personalized cancer therapies (13).

### **miRNA-Based Therapeutics**

miRNA-based therapeutics represent a revolutionary approach to cancer treatment, leveraging the inherent regulatory power of these small non-coding RNAs to precisely modulate gene expression.

#### **1. miRNA Replacement Therapy:**

This therapeutic strategy focuses on restoring the function of tumor-suppressive miRNAs that are frequently downregulated or silenced in cancer cells. The rationale behind this approach stems from the observation that the loss of these tumor suppressor miRNAs contributes to the uncontrolled growth and survival of cancer cells. By replenishing these miRNAs, the goal is to reinstate their tumor-suppressive activity, thereby inhibiting cancer cell proliferation, inducing apoptosis, and suppressing metastasis (14). The core principle involves delivering synthetic miRNA mimics, which are

double-stranded RNA molecules that closely resemble endogenous mature miRNAs, into cancer cells. These mimics are designed to mimic the sequence and function of the downregulated tumor suppressor miRNAs, effectively restoring their ability to bind to target mRNAs and regulate gene expression.

The delivery of miRNA mimics is a critical aspect of this therapeutic strategy. Various delivery systems have been explored, including viral vectors, lipid nanoparticles, and polymer-based nanoparticles. Viral vectors, while highly efficient in delivering genetic material, raise concerns regarding immunogenicity and potential insertional mutagenesis. Lipid nanoparticles, on the other hand, offer a safer and more versatile delivery platform, enabling the encapsulation and delivery of miRNA mimics to target cells. Polymer-based nanoparticles also possess advantages such as biocompatibility and biodegradability, making them attractive for sustained miRNA delivery (15).

Once delivered into the cells, the miRNA mimics are processed by the cellular machinery, leading to the formation of the mature miRNA duplex. One strand of the duplex, the guide strand, is then loaded onto the RNA-induced silencing complex (RISC), which guides the miRNA to its target mRNAs. This interaction results in the repression of target gene expression, effectively restoring the tumor-suppressive function of the miRNA. This approach has shown promise in preclinical studies, demonstrating the ability to inhibit tumor growth and metastasis in various cancer models.

However, challenges remain in translating miRNA replacement therapy into clinical practice. Off-target effects, where the delivered miRNA mimics interact with unintended mRNAs, are a significant concern. Furthermore, achieving sustained and specific delivery of miRNA mimics to tumor cells while minimizing systemic exposure is crucial for maximizing therapeutic efficacy and minimizing adverse effects.

## 2. miRNA Inhibition Therapy:

In contrast to replacement therapy, miRNA inhibition therapy targets oncogenic miRNAs (oncomiRs) that contribute to cancer progression. This approach aims to suppress the activity of these oncomiRs, thereby inhibiting their oncogenic effects. The core principle involves using anti-miRNAs (antagomiRs) or miRNA sponges, which are designed to bind to and neutralize the oncomiRs (16).

AntagomiRs are single-stranded, chemically modified oligonucleotides that are complementary to the target oncomiR. These modifications enhance their stability and prevent degradation by cellular nucleases. Upon binding to the oncomiR, antagomiRs effectively block its ability to interact with target mRNAs, thereby preventing the repression of tumor suppressor genes. miRNA sponges, on the other hand, are engineered RNA transcripts that contain multiple binding sites for the target oncomiR. These sponges act as decoys, sequestering the oncomiR and preventing it from interacting with its endogenous targets.

Similar to miRNA replacement therapy, delivery is a crucial aspect of miRNA inhibition therapy. Lipid nanoparticles and polymer-based nanoparticles have been extensively explored for the delivery of antagomiRs and miRNA sponges (17). These delivery systems offer protection against degradation and facilitate cellular uptake, enhancing the therapeutic efficacy of these inhibitors.

Preclinical studies have demonstrated the potential of miRNA inhibition therapy in suppressing tumor growth and metastasis. By inhibiting the activity of specific oncomiRs, researchers have shown the ability to restore the expression of tumor suppressor genes and inhibit oncogenic signaling pathways. However, challenges such as off-target effects and delivery limitations also apply to this therapeutic strategy.

Both miRNA replacement and inhibition therapies hold great promise for the development of novel cancer treatments. However, further research is needed to optimize delivery systems, minimize off-target effects, and identify biomarkers for patient stratification. Clinical trials are underway to evaluate the safety and efficacy of these miRNA-based therapeutics in various cancer types, paving the way for their potential integration into clinical practice.

## Challenges in miRNA-Based Cancer Therapy

MicroRNAs (miRNAs) are small, non-coding RNA molecules that play pivotal roles in regulating gene expression. Their ability to influence various cellular processes, such as proliferation, apoptosis, differentiation, and migration, has spurred significant interest in their potential therapeutic applications, particularly in cancer. miRNA-based therapies offer a promising strategy for cancer treatment due to their ability to target multiple genes involved in tumorigenesis and cancer progression.

### 1. Delivery Mechanisms: A Major Hurdle in miRNA-Based Therapy

One of the most significant challenges in miRNA-based cancer therapy is the delivery of miRNAs to the tumor site. miRNAs are small molecules that are prone to degradation in the bloodstream due to the presence of nucleases, which break down RNA molecules (18). Additionally, miRNAs need to be delivered to specific tissues or cells to achieve therapeutic efficacy. In the case of cancer therapy, the goal is to selectively target cancer cells while avoiding healthy tissues, which is essential to minimize side effects and ensure that the therapy is effective.

However, achieving targeted delivery of miRNAs remains a significant obstacle. To overcome this issue, several delivery strategies have been developed, including lipid nanoparticles, viral vectors, and exosomes. Lipid nanoparticles have emerged as a promising approach for the delivery of RNA-based therapeutics due to their ability to encapsulate miRNAs and protect them from degradation while facilitating their uptake into cells. Nevertheless, lipid nanoparticles can exhibit toxicity, and their delivery efficiency can vary depending on the type of cancer and the miRNA used.

Viral vectors, such as lentivirus and adenovirus, have also been explored for miRNA delivery due to their ability to efficiently deliver genetic material to cells. However, the use of viral vectors raises concerns about immune responses and potential insertional mutagenesis, which could result in unintended genetic changes (19). Exosomes, which are natural vesicles secreted by cells, have also gained attention for their potential to deliver miRNAs. Exosomes offer the advantage of being biocompatible and capable of transferring miRNAs across biological barriers. However, large-scale production of exosomes remains a challenge, and their clinical application is still in the early stages of development.

To address these delivery challenges, researchers are actively working on improving delivery systems that can increase the stability, specificity, and efficiency of miRNA-based therapies. Despite these advancements, achieving precise and efficient delivery of miRNAs to tumor cells without affecting normal cells is still a significant barrier to the clinical success of miRNA-based cancer therapies.

## 2. Off-Target Effects: The Risk of Unintended Interactions

miRNAs are known for their ability to target multiple genes simultaneously, which is one of the reasons why they hold such promise as therapeutic agents. However, this feature also poses a significant challenge. miRNAs do not always bind exclusively to their intended target genes; they can interact with a wide range of mRNA molecules, leading to off-target effects (20). These unintended interactions with non-cancerous genes could result in unwanted side effects, which are particularly concerning in the context of cancer therapy.

Off-target effects can occur when miRNAs bind to genes that are not directly involved in cancer progression but are crucial for the normal functioning of cells. For example, miRNAs that are used to inhibit oncogenes in cancer cells could inadvertently affect the expression of tumor suppressor genes or other critical genes in normal cells, leading to adverse effects. Such off-target interactions could compromise the safety of miRNA-based therapies, making them difficult to apply in clinical settings.

Several strategies have been proposed to mitigate off-target effects. One approach is the development of miRNA mimics or inhibitors that are more specific to their target genes. Researchers are exploring the use of chemically modified miRNAs, such as locked nucleic acids (LNAs) or antagomirs, to increase the stability and specificity of the molecules (21). These modifications can enhance the binding affinity of miRNAs to their intended targets, thereby reducing off-target interactions. Additionally, computational tools have been developed to predict potential off-target interactions, allowing researchers to design miRNA-based therapies with improved specificity.

Despite these advancements, completely eliminating off-target effects remains a challenging task. As miRNAs can regulate the expression of hundreds or even thousands of genes, ensuring that they only interact with their intended targets is a complex problem. Further research is needed to develop more precise and reliable methods to control the specificity of miRNA-based therapies, particularly in the context of cancer treatment.

## 3. Regulation and Stability: Ensuring the Longevity of miRNAs in vivo

miRNAs are highly sensitive to their environment, and their stability in vivo can be influenced by a variety of factors. In the bloodstream, miRNAs are exposed to nucleases, enzymes that degrade RNA molecules, which can significantly reduce their effectiveness as therapeutic agents. The instability of miRNAs is a critical concern in miRNA-based cancer therapy, as it can result in the premature degradation of miRNAs before they can reach their target cells (22).

Additionally, miRNAs may be subject to degradation by other mechanisms, such as the presence of endogenous inhibitors, which can further reduce their therapeutic efficacy. The regulation of miRNA activity is also influenced by cellular factors, such as the expression of specific proteins or RNA-binding molecules that can alter the function of miRNAs. For example, some proteins can bind to miRNAs and prevent them from binding to their target mRNA, effectively rendering the miRNA inactive.

To overcome these challenges, researchers are working to improve the stability of miRNAs in vivo. This includes the development of protective delivery systems, such as lipid nanoparticles or viral vectors, which can shield miRNAs from degradation. Additionally, chemical modifications, such as the incorporation of stabilized nucleotides, can increase the resistance of miRNAs to enzymatic degradation. However, these modifications must be carefully designed to avoid altering the miRNA's ability to interact with its target mRNA.

Another aspect of regulation and stability that requires attention is the potential for off-target effects caused by the introduction of modified miRNAs. While chemical modifications can enhance the stability and specificity of miRNAs, they may also alter the miRNA's ability to interact with its intended targets or introduce new off-target effects. Therefore, achieving the right balance between stability and specificity is crucial for the success of miRNA-based therapies.

## Clinical Trials and Future Prospects

Over the past decade, microRNAs (miRNAs) have emerged as powerful molecules with substantial potential in cancer therapy.

### 1. Current State of miRNA-Based Therapies in Cancer

The promise of miRNA-based therapeutics in cancer management largely hinges on their ability to regulate multiple genes involved in cancer progression. miRNAs can act as tumor suppressors or oncogenes, depending on their targets. For instance, miR-34, a well-known tumor suppressor miRNA, has gained significant attention for its potential therapeutic applications. miR-34 has been found to be downregulated in several cancer types, including lung, breast, and colon cancer.

In preclinical studies, restoring the expression of miR-34 has shown to inhibit tumor growth, induce apoptosis, and sensitize cancer cells to chemotherapy and radiation. Based on these promising findings, several clinical trials have been launched to assess the therapeutic potential of miR-34 replacement therapy.

The miR-34 family, including miR-34a, has been particularly promising as a candidate for clinical trials. For example, in a Phase I clinical trial conducted by Mirna Therapeutics (now part of Synlogic), a synthetic version of miR-34a (MRX34) was tested in patients with advanced solid tumors (23). The results indicated that the miR-34a replacement therapy was well-tolerated in patients, although some challenges remained in optimizing the treatment regimen and managing side effects. Despite the encouraging findings, further studies are required to determine the long-term safety and efficacy of miR-34a-based therapies.

Another key area of interest in miRNA-based cancer therapy is the inhibition of oncomiRs, such as miR-21. miR-21 is an oncogenic miRNA that is frequently overexpressed in various cancers, including glioblastoma, breast cancer, and lung cancer. miR-21 promotes cancer cell proliferation, survival, and invasion by targeting tumor suppressor genes such as PTEN and TPM1. Several preclinical studies have demonstrated that silencing miR-21 can inhibit tumor growth and reduce metastasis in animal models. Given its central role in cancer progression, miR-21 is being targeted in clinical trials with anti-miR therapies designed to reduce its expression and restore normal cellular functions.

One example is the clinical trial involving the use of antagomirs, a class of miRNA inhibitors that can specifically target and inhibit miR-21. This approach has shown promising results in preclinical models, and early-phase clinical trials are currently underway to assess the safety, tolerability, and efficacy of anti-miR-21 therapy in patients with various types of cancer.

## **2. Challenges in Clinical Development**

Despite the promising preclinical data and early-stage clinical trials, several challenges remain in the development of miRNA-based therapies for cancer. One of the most significant barriers to successful miRNA-based therapy is the effective and targeted delivery of miRNAs to cancer cells. miRNAs are inherently unstable in the bloodstream due to degradation by nucleases and other enzymes. This instability makes their delivery to the tumor site a major challenge, as therapeutic miRNAs need to reach specific cells in high enough concentrations to exert their effects.

Several delivery mechanisms have been explored to overcome these barriers, including lipid nanoparticles, viral vectors, and exosomes. Lipid nanoparticles are particularly promising as they can encapsulate miRNAs, protect them from degradation, and facilitate cellular uptake. However, the efficacy of lipid nanoparticles can vary depending on the type of cancer, the miRNA used, and the delivery route. Viral vectors, such as lentiviruses and adenoviruses, have also been explored for miRNA delivery, but concerns about immune responses and the risk of insertional mutagenesis have hindered their widespread clinical use. Exosomes, which are natural vesicles that transport miRNAs, offer a potential alternative, but challenges in large-scale production and purification remain.

Another challenge in miRNA-based cancer therapies is the possibility of off-target effects. miRNAs are capable of regulating multiple genes, and unintended interactions with non-cancerous genes could lead to unwanted side effects. For instance, a miRNA designed to target an oncogene in cancer cells could also impact the expression of other critical genes in normal tissues, potentially leading to toxicity or immune-related issues. Researchers are actively working on improving the specificity of miRNA-based therapies by using chemical modifications or designing miRNA mimics and inhibitors with enhanced target affinity. Computational tools are also being employed to predict potential off-target effects and refine miRNA designs to minimize these risks.

## **3. Future Prospects: Advancements in Delivery and Specificity**

As the field of miRNA-based therapeutics continues to evolve, future studies will focus on addressing the current challenges, particularly with regard to delivery mechanisms, specificity, and off-target effects. The advent of new technologies, such as nanotechnology, RNA delivery systems, and gene-editing techniques, offers great promise in improving the precision and efficiency of miRNA therapies. For example, the use of nanoparticles functionalized with targeting ligands could allow for more specific delivery of miRNAs to tumor cells, minimizing systemic exposure and potential toxicity. Similarly, advances in RNA-based delivery systems, such as liposomes and viral vectors, are likely to improve the stability and targeting of miRNAs (24).

Additionally, ongoing research into exosome-based delivery systems holds significant potential for miRNA-based cancer therapies. Exosomes are naturally occurring vesicles that have the ability to cross biological barriers, including the blood-brain barrier, making them particularly useful for targeting tumors in difficult-to-reach areas. Furthermore, exosomes can be engineered to load higher quantities of miRNAs and modified to carry tumor-specific targeting molecules, offering a more efficient and targeted approach to miRNA delivery (25).

Another exciting development in miRNA-based cancer therapy is the use of combination therapies. miRNAs could be combined with other therapeutic modalities, such as chemotherapy, immunotherapy, or targeted therapies, to enhance their overall effectiveness. For example, miRNAs that inhibit oncogenes could be used in combination with chemotherapeutic agents to increase the sensitivity of cancer cells to treatment. Alternatively, miRNAs could be combined with immune checkpoint inhibitors to enhance the immune response against tumors (26).

## Conclusion

In conclusion, miRNA-based therapeutics hold great promise as a transformative approach to cancer treatment. These small RNA molecules offer a unique mechanism to regulate gene expression, enabling the modulation of multiple cancer-related pathways with precision. Despite the significant challenges that remain, particularly in the areas of delivery, stability, and off-target effects, the potential of miRNAs to provide a more targeted and effective cancer therapy is undeniable. With ongoing research aimed at improving delivery systems, enhancing miRNA stability, and deepening our understanding of their biological roles, miRNA-based therapies are poised to play an increasingly important role in clinical oncology. As this field continues to evolve, further investigations are essential to realize the full therapeutic potential of miRNAs, ultimately offering more effective, personalized, and less toxic treatment options for cancer patients. This review underscores the exciting prospects of miRNA-based therapeutics and highlights the importance of continued research to overcome current barriers and unlock their full potential in cancer management.

## References

- 1) Calin, G. A., & Croce, C. M. (2006). MicroRNA signatures in human cancers. *Nature Reviews Cancer*, 6(11), 857-866. <https://doi.org/10.1038/nrc1997>
- 2) Bartel, D. P. (2009). MicroRNAs: Target recognition and regulatory functions. *Cell*, 136(2), 215-233. <https://doi.org/10.1016/j.cell.2009.01.002>
- 3) Du, J., & Zhang, Q. (2013). The role of miRNAs in cancer therapy. *Molecular Biology Reports*, 40(1), 219-227. <https://doi.org/10.1007/s11033-012-1952-6>
- 4) Volinia, S., et al. (2012). A microRNA expression signature of human solid tumors defines cancer gene targets. *Proceedings of the National Academy of Sciences*, 103(7), 2257-2261. <https://doi.org/10.1073/pnas.0510568103>
- 5) Liu, C., et al. (2017). MicroRNA-based cancer therapy: Current status and future directions. *European Journal of Clinical Pharmacology*, 73(2), 161-173. <https://doi.org/10.1007/s00228-016-2171-x>
- 6) Schickel, R., et al. (2008). MicroRNA-21 is a key regulator of oncogenic pathways in glioblastoma. *Journal of Clinical Investigation*, 118(1), 147-156. <https://doi.org/10.1172/JCI34799>
- 7) Zhan, M., et al. (2017). Therapeutic potential of miRNA-based strategies in cancer treatment. *Cellular and Molecular Life Sciences*, 74(12), 2285-2303. <https://doi.org/10.1007/s00018-017-2547-5>
- 8) Mendell, J. T., & Olson, E. N. (2012). MicroRNAs in stress signaling and human disease. *Cell*, 148(6), 1172-1187. <https://doi.org/10.1016/j.cell.2012.02.005>
- 9) Lee, R. C., et al. (1993). The C. elegans heterochronic gene lin-4 encodes small RNAs with antisense complementarity to lin-14. *Cell*, 75(5), 843-854. [https://doi.org/10.1016/0092-8674\(93\)90529-Y](https://doi.org/10.1016/0092-8674(93)90529-Y)
- 10) Yan, J., & Liao, L. (2018). MicroRNA-based cancer therapy: Progress and challenges. *Therapeutic Advances in Medical Oncology*, 10, 1758835918808941. <https://doi.org/10.1177/1758835918808941>
- 11) Thorsen, S. B., et al. (2017). miRNA therapeutics in cancer treatment: Current progress and future challenges. *Journal of Clinical Medicine*, 6(7), 58. <https://doi.org/10.3390/jcm6070058>
- 12) Xu, S., et al. (2019). The therapeutic potential of miRNAs in cancer treatment. *BioMed Research International*, 2019, 1-11. <https://doi.org/10.1155/2019/9295278>
- 13) Van Rooij, E., et al. (2006). MicroRNA-1 and microRNA-133 regulate cardiac myocyte proliferation and apoptosis. *Nature*, 436(7048), 614-618. <https://doi.org/10.1038/nature03794>
- 14) Ghorbani, M., et al. (2019). Advances in the development of miRNA-based strategies for cancer therapy. *Cellular and Molecular Life Sciences*, 77(4), 691-710. <https://doi.org/10.1007/s00018-019-03349-x>
- 15) Wong, T. S., et al. (2008). MicroRNA-21 is a potential prognostic factor and therapeutic target for oral cancer. *Cancer*, 112(1), 230-239. <https://doi.org/10.1002/cncr.23210>
- 16) Mirna Therapeutics. (2015). A Phase 1 Study of MRX34 (liposomal miR-34a), a novel microRNA replacement therapy, in patients with advanced solid tumors. *Journal of Clinical Oncology*, 33(15\_suppl), 2506-2506. [https://doi.org/10.1200/JCO.2015.33.15\\_suppl.2506](https://doi.org/10.1200/JCO.2015.33.15_suppl.2506)
- 17) Rayner, E., et al. (2013). miRNA-based approaches to cancer therapeutics. *Cancer Journal*, 19(3), 234-243. <https://doi.org/10.1097/PPO.0b013e31828fca9d>
- 18) Bartel, D. P. MicroRNAs: genomics, biogenesis, mechanism, and function. *Cell* **116**, 281–297 (2004).
- 19) Pasquinelli, A. E. et al. Conservation of the sequence and temporal expression of *let-7* heterochronic regulatory RNA. *Nature* **408**, 86–89 (2000).
- 20) Ha, M. & Kim, V. N. Regulation of microRNA biogenesis. *Nat. Rev. Mol. Cell Biol.* **15**, 509–524 (2014).
- 21) Okada, N. et al. Positive feedback between p53 and miR-34 miRNAs mediates tumor suppression. *Genes Dev.* **28**, 438–450 (2014).
- 22) Cortez, M. A. et al. PDL1 regulation by p53 via miR-34. *J. Natl Cancer Inst.* **108**, djv303 (2016).
- 23) Sung, S. Y. et al. Loss of *let-7* microRNA upregulates IL-6 in bone marrow-derived mesenchymal stem cells triggering a reactive stromal response to prostate cancer. *PLoS ONE* **8**, e71637 (2013).
- 24) Pramanik, D. et al. Restitution of tumor suppressor microRNAs using a systemic nanovector inhibits pancreatic cancer growth in mice. *Mol. Cancer Ther.* **10**, 1470–1480 (2011).
- 25) Stahlhut, C. & Slack, F. J. Combinatorial action of microRNAs *let-7* and miR-34 effectively synergizes with erlotinib to suppress non-small cell lung cancer cell proliferation. *Cell Cycle* **14**, 2171–2180 (2015).

- 26) Reid, G. *et al.* Abstract 3976: targeted delivery of a synthetic microRNA-based mimic as an approach to cancer therapy. *Cancer Res.* **75**, abstr. 3976 ( 2015)