Commentary

Role of microRNAs in Tumor Progression and Metastasis in Breast Cancer

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DESCRIPTION

Breast cancer remains one of the most prevalent malignancies worldwide and a leading cause of cancer-related deaths among women. Despite advances in early detection and targeted therapies, tumor progression and metastasis still pose significant challenges to effective treatment and long-term survival. A growing body of evidence highlights the critical role of microRNAs (miRNAs) in regulating various aspects of breast cancer biology, including tumor growth, invasion and metastatic spread. MicroRNAs are short, non-coding RNA molecules approximately 20-22 nucleotides long that regulate gene expression post-transcriptionally by binding to complementary sequences on target messenger RNAs (mRNAs), resulting in their degradation or translational repression. This regulatory mechanism enables miRNAs to influence a wide range of processes such as proliferation, differentiation, and migration. Importantly, dysregulation of miRNAs has been increasingly recognized as a hallmark of cancer, with specific miRNAs acting either as oncogenes (oncomiRs) or tumor suppressors.

In breast cancer, several miRNAs have been identified as key modulators of tumor progression and metastasis. For instance, miR-21 is one of the most frequently upregulated miRNAs in breast tumors and has been shown to promote proliferation, invasion and resistance to apoptosis by targeting tumor suppressor genes such as PTEN and PDCD4. Elevated miR-21 expression correlates with poor prognosis and increased metastatic potential, making it a promising biomarker and therapeutic target. Conversely, tumor-suppressive miRNAs such as the miR-200 family play a crucial role in inhibiting Epithelial-Mesenchymal Transition (EMT), a process by which cancer cells acquire migratory and invasive properties essential metastasis. The miR-200 family targets transcriptional repressors of E-cadherin, including ZEB1 and ZEB2, thereby maintaining characteristics and suppressing dissemination. Loss or downregulation of miR-200 expression has been associated with enhanced EMT, invasion and poor clinical outcomes in breast cancer patients.

Beyond individual miRNAs, complex miRNA networks and their interactions with signaling pathways such as TGF β , Wnt/

B-catenin and PI3K/Akt have been shown to orchestrate the dynamic balance between tumor progression and dormancy. For example, miR-10b is induced by the transcription factor Twist during EMT and facilitates metastatic invasion by targeting HOXD10, leading to increased expression of pro-metastatic genes like RhoC. This highlights the multifaceted role of miRNAs in coordinating cellular phenotypes conducive to metastasis. Recent advances in high-throughput sequencing and bioinformatics have enabled comprehensive profiling of miRNA expression patterns in breast cancer subtypes, revealing subtypespecific miRNA signatures. Such signatures hold promise for improving diagnostic accuracy, predicting metastatic risk and guiding personalized therapy. Moreover, circulating miRNAs detected in blood or other body fluids are emerging as minimally invasive biomarkers for early detection of metastasis and monitoring therapeutic responses.

Therapeutically, targeting miRNAs offers a novel strategy to modulate oncogenic pathways. Synthetic miRNA mimics can restore tumor suppressor miRNA function, while antisense oligonucleotides or miRNA sponges can inhibit oncomiRs. Preclinical studies in breast cancer models have demonstrated the potential of miRNA-based therapies to reduce tumor growth and metastasis, although challenges related to delivery, specificity and off-target effects remain to be addressed. In summary, miRNAs serve as pivotal regulators of breast cancer progression and metastasis by fine-tuning gene networks involved in cell proliferation, migration, invasion, and resistance to apoptosis. Their dual roles as oncogenes or tumor suppressors underscore the complexity of miRNA-mediated regulation in cancer biology and highlight the importance of context-dependent functions.

CONCLUSION

The role of microRNAs in breast cancer progression and metastasis is an exciting and rapidly evolving area of research with significant clinical implications. Understanding the intricate mechanisms by which specific miRNAs modulate tumor cell behavior and the tumor microenvironment will be key to unlocking new diagnostic and therapeutic avenues. The identification of miRNA signatures associated with aggressive disease and metastasis provides valuable prognostic information

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that could complement existing clinical parameters. As we move toward precision oncology, the development of miRNA-based biomarkers and therapeutics holds great promise for improving patient outcomes by enabling early detection, predicting metastatic potential and tailoring treatments to individual molecular profiles. However, translating these findings into clinical practice will require robust validation in large patient cohorts and overcoming technical challenges related to miRNA

delivery and stability. Overall, continued research into the role of miRNAs in breast cancer not only enhances our understanding of tumor biology but also opens up innovative strategies to combat metastasis the primary cause of mortality in breast cancer patients. Harnessing the therapeutic potential of miRNAs could ultimately transform breast cancer management and pave the way for more effective, personalized interventions.