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The Regulatory Role of MSI2 in Solid Tumors: A Scoping Review

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A mi abuela Mercedes

y mi madre Alicia.

The Regulatory Role of MSI2 in Solid Tumors: A Scoping Review

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Resumen: Musashi-2 (MSI2) es una proteína de unión a ARN que interactúa ampliamente en procesos oncogénicos, sin embargo, su papel en tumores sólidos sigue sin estar completamente definido. En esta revisión sistemática, se sesgaron artículos publicados entre 2014 y 2025 mediante una búsqueda sistematizada en PubMed, Embase, Scielo y Lilacs de acuerdo con los protocolos PRISMA. Los criterios de inclusión abarcaron estudios sobre la expresión y función de MSI2 en tumores de cabeza, pecho, gastrointestinales, genitourinarios y ginecológicos. Después de eliminar duplicados y realizar una selección por título, resumen y texto completo, se incluyeron 97 artículos para realizar una síntesis de los resultados. Dichos resultados muestran de forma consistente que la sobreexpresión de MSI2 se correlaciona con un mal pronóstico, un estadio avanzado del tumor y resistencia a la terapia. Desde el punto de vista molecular, MSI2 ejerce su influencia oncogénica a través de la regulación postranscripcional de rutas de señalización asociadas al cáncer, como PI3K/Akt/mTOR, Wnt/ β -catenina, TGF- β /SMAD, JAK/STAT y Notch. MSI2, al unirse y estabilizar los transcritos pro-tumorales e inhibir los supresores tumorales, impulsa la proliferación celular, transición epitelio-mesénquimo, invasividad y reconfiguración metabólica hacia la glicólisis y síntesis de lípidos. Estos cambios favorecen un entorno propicio para la evasión inmunitaria y la resistencia a diversas terapias, como la quimioterapia, como gemcitabina, la radioterapia y las terapias dirigidas (ej. inhibidores del EGFR). Además, mejora las propiedades de las células madre cancerosas y potencia la proliferación y la pluripotencia en varios tumores malignos. En general, estas pruebas subrayan el valor de MSI2 como biomarcador pronóstico y como nueva diana terapéutica. La inhibición de la actividad de MSI2, a través de la unión de microARNs o de enfoques de knockdown, ha demostrado ser prometedora en la reducción de la progresión tumoral y en la mejora de la resistencia a los fármacos en modelos preclínicos. Aunque la heterogeneidad de los estudios y la falta de ensayos clínicos a gran escala siguen limitando las conclusiones definitivas, estos resultados resaltan la importancia de dilucidar las funciones de MSI2 en diferentes tipos de tumores. Se recomienda llevar a cabo futuras investigaciones centradas en terapias dirigidas a MSI2 y en el desarrollo de biomarcadores integradores para perfeccionar las estrategias personalizadas de tratamiento del cáncer.

Palabras clave: Musashi-2, tumores sólidos, proteína de unión a ARN, señalización oncogénica, resistencia a terapias, biomarcador, rutas metabólicas del cáncer.

Abstract: Musashi-2 (MSI2) is an RNA-binding protein widely implicated in oncogenic processes, but its role in solid tumors remains incompletely defined. In this systematic review, articles published between 2014 and 2025 were identified through comprehensive searches of PubMed, Embase, Scielo, and Lilacs according to PRISMA guidelines. Eligibility criteria included studies investigating MSI2 expression and function in glioblastoma, thyroid, lung, breast, gastrointestinal, genitourinary, and gynecological cancers. After removal of duplicates and screening by title, abstract and full text, 97 articles were included for quantitative and qualitative synthesis. The results consistently show that MSI2 overexpression correlates with poor prognosis, advanced tumor stage and resistance to therapy. In the molecular level, MSI2 exerts its oncogenic influence through post-transcriptional regulation of cancer-associated signaling pathways, including PI3K/Akt/mTOR, Wnt/ β -catenin, TGF- β /SMAD, JAK/STAT, and Notch. By binding and stabilizing pro-tumor transcripts while inhibiting tumor suppressors, MSI2 drives cellular proliferation, epithelial-to-mesenchymal transition, invasiveness, and metabolic rewiring toward glycolysis and lipid synthesis. These changes promote an environment conducive to immune evasion and resistance to various therapies, including chemotherapy (e.g., gemcitabine), radiation therapy, and targeted therapies (e.g., EGFR inhibitors). It promotes cancer stem-like properties and enhances self-renewal and pluripotency in several malignancies. Altogether, this evidence underscores the value of MSI2 as both a prognostic biomarker and an emerging therapeutic target. Inhibition of MSI2 activity, via microRNAs binding or knockdown approaches, has shown promise in reducing tumor progression and overcoming drug resistance in pre-clinical models. While the heterogeneity of the studies and the lack of large-scale clinical trials still limit definitive conclusions, these findings highlight the importance of elucidating MSI2 functions in different tumor types. Future research focusing on MSI2-targeted therapies and integrative biomarker development is warranted to refine personalized cancer treatment strategies.

Keywords: Musashi-2, solid tumors, RNA-binding protein, oncogenic signaling, therapy resistance, prognostic biomarker, oncogenic pathways.

1. Introduction

MSI2 AND SOLID TUMORS

Cancer is a disease of worldwide interest since the 1950s and has been defined as a set of nearly 100 heterogeneous diseases that affect the cell genomics. It is caused by a series of mutations which, after accumulating at the molecular level, systematically affect the host (DeVita et al., 2015). Alterations in human genetics and/or epigenetics make cancer a multifactorial disease, and result in abnormal growth of carcinogenic cells, along with the likelihood of migration to multiple tissues or organs of the body (Saini et al., 2020).

Nowadays, about 161 types of cancer have been described, classified according to the type of tissue, organ, and/or differentiated cell in which it is developing. The prevalence of cancer as of 2024, by the NIH is: bladder cancer, breast cancer, colorectal cancer, kidney cancer (renal cells), lung cancer, lymphoma, pancreatic cancer, prostate cancer, skin cancer, and endometrial cancer (NIH, 2024). Due to their aggressiveness, colorectal, lung, and breast cancer rank in the top three global mortality rates (GLOBOCAN, 2022).

RNA-binding proteins are known to be evolutionarily conserved and involved in a multitude of processes associated with transcribed RNA, including stabilization, splicing, transport, and degradation (H. Li et al., 2022). MSI2, a member of the RNA-binding protein (RNA-BP) family, exerts direct influence on proliferation, self-renewal, and pluripotency of pluripotent hematopoietic cells during embryogenesis (Yeh et al., 2023). MSI2 is an RNA-binding protein that plays a role in several cancer pathways, functioning as an activator of hallmarks of cancer, i.e., metastasis, invasion, cell proliferation, and immune evasion. A series of studies have defined a comprehensive compendium of the signaling pathways in which MSI2 is involved. The main signaling pathways affected by MSI2 include Numb/Notch, PTEN/Akt/mTOR, TGF- β /SMAD, JAK/STAT, and KRAS. Its interaction with various proteins, mRNA, and microRNAs establishes MSI2 as a deregulator of homeostatic biological processes (L. Jiang et al., 2022).

The presence of carcinogenic and cancerous cells, along with increased levels of MSI2 in solid tumors, has been associated with some hallmarks of cancer. These hallmarks include sustaining proliferative signaling, deregulating cellular metabolism, and activating invasion and metastasis. They are also associated with poor prognosis and clinicopathological characteristics in patients diagnosed with solid tumors presented in Figure 1 (W. Wu et al., 2022). Also, the principal alterations in cellular metabolism resulting from elevated MSI2 levels during the development of solid tumors encompass increased cell proliferation, promotion of invasion and metastasis, enhanced epithelial-mesenchymal transition (EMT), and drug resistance. Solid cancers, such as glioblastoma, thyroid cancer, non-small cell lung cancer (NSCLC), breast cancer, esophageal cancer, gastric cancer, pancreatic cancer, liver cancer, colorectal cancer, prostate cancer, bladder cancer, cervical cancer, endometriosis, and ovarian cancer, tend to develop MSI2-mediated tumors (Figure 1).

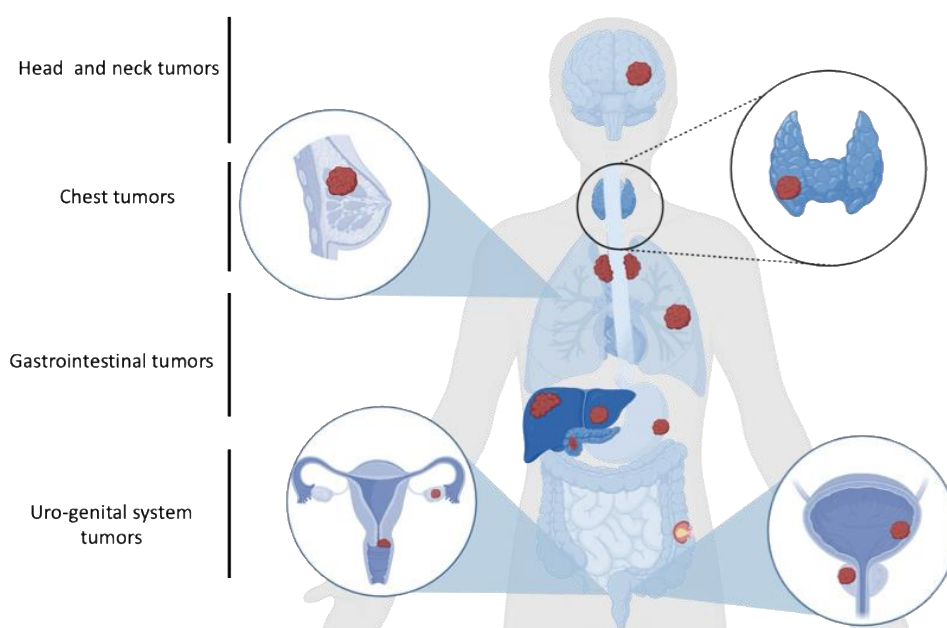


Figure 1. Solid tumors in which MSI2 RNA-binding protein has been reported to be altered. Head and neck tumors: Glioblastoma and thyroid cancer. Chest tumors: Non-small cell lung cancer (NSCLC), breast cancer. Gastrointestinal tumors: Esophageal cancer, gastric cancer, pancreatic cancer, liver cancer, and colorectal cancer. Urinary and genital system: Prostatic cancer, bladder cancer, cervical cancer, and ovarian cancer. Created with: Biorender.com

MSI2 quantification, therefore, emerges as a significant prognostic factor for cancer patients, given the established correlation between elevated MSI2 levels and a worse overall survival prognosis in patients with solid tumors. Consequently, MSI2 has emerged as a molecular marker for predicting patient survival, attributable to its interactions with multiple signaling pathways implicated in the development of solid tumors (Y. Yang et al., 2022). However, the way it works in solid tumors is still being studied. For these reasons, a scoping review was conducted to systematically map the research done in this area, as well as to identify any existing gaps in knowledge. This has led to the following research question: **What is the current literature's description of the role of MSI2 in solid tumors and pathways related to cancer hallmarks?**

2. Methods

PROTOCOL REGISTRATION

The current scoping review does not require the protocol to be registered a priori on platforms such as Prospero.

ELIGIBILITY CRITERIA

The protocol was developed using the Preferred Reporting Items for Scoping reviews (PRISMA-ScR) (Tricco et al., 2018). Journal articles written in English and published between 2014 and 2025 were included in this review.

INFORMATION SOURCES

To find relevant bibliography regarding MSI2 and solid tumors, PubMed, Embase, Scielo and Lilacs were used as databases for the research. All the papers were selected and cited in the RIS format so they could be uploaded to Rayyan.ai for screening. The screening of the papers was developed in three categories: accepted, maybe and excluded. For excluded papers, the reviewers set an argument based on the reason of rejecting the article (e.g. background, foreign language, publication type) (See Figure 2). The most recent search was performed on 09/07/2025.

SEARCH STRATEGY

The following query strategy was prepared by the investigators to retrieve documents from PubMed: ((msi2[TW] OR "musashi 2"[TW]) AND ("solid tumors"[TW] OR "solid tumours"[TW] OR "glioblastoma"[TW] OR "pancreatic cancer"[TW] OR "esophageal cancer"[TW] OR "breast cancer"[TW] OR "NSCLC"[TW] OR "non-small cell lung cancer"[TW] OR "colorectal cancer"[TW] OR "gastric cancer"[TW] OR "bladder cancer"[TW] OR "thyroid cancer"[TW] OR "liver cancer"[TW] OR "hepatocellular cancer"[TW] OR "cervical cancer"[TW] OR "ovarian cancer"[TW] OR "prostate cancer"[TW])). On the other hand, the query structured for Embase search was: ('msi2 protein human'/exp OR 'msi2 protein human' OR 'msi2') AND (2014:py OR 2015:py OR 2016:py OR 2017:py OR 2018:py OR 2019:py OR 2020:py OR 2021:py OR 2022:py OR 2023:py OR 2024: py) AND ('glioblastoma' OR 'pancreatic cancer' OR 'esophageal cancer' OR 'breast cancer' OR 'nscle' OR 'non-small cell lung cancer' OR 'colorectal cancer' OR 'gastric cancer' OR 'bladder cancer' OR 'thyroid cancer' OR 'liver cancer' OR 'hepatocellular cancer' OR 'cervical cancer' OR 'ovarian cancer' OR 'prostate cancer'). The search strategy for Scielo and Lilacs was the research of the terms "msi2" and "Musashi 2".

SELECTION OF SOURCES OF EVIDENCE

For the screening and selection process, 2 reviewers independently performed a blind peer-review using Rayyan.ai, based on the titles and abstracts of each article. The criteria of acceptance were based on the relevance of the information regarding the pathways of solid tumors and the regulation of Msi2 on them. Second, a full-text blind review was executed to increase the significance of the selection criteria of the journal articles chosen. The reviews obtained from the query were removed from the screening process. However, they were cited alongside the indexed abstracts in the discussion section.

DATA CHARTING

Two reviewers independently charted the data, screened the results, and continuously updated the data-charting form in an iterative process to determine which variables to extract.

DATA ITEMS

We abstracted data on article characteristics (e.g., journal article title, year published, DOI, study type, solid tumor type, altered pathway, MSI2 status, effect type.)

SYNTHESIS OF RESULTS

We grouped the studies by the types of solid tumors presented, and summarized the pathway, populations, and study designs for each group, along with the MSI2 status reported and broad findings. The pathways and alterations that are associated with the RNA-binding protein MSI2 have been linked to the MSigDB human collections “H”, within the context of the cancer hallmarks gene sets (Mootha et al., 2003; Subramanian et al., 2005). Items that did not fall into the hallmarks were assigned to independent groups. The researchers named these groups.

3. Results and discussion

Upon conducting a query of the databases, a total of 86 articles were retrieved from PubMed, while Embase returned 116 publications. According to the research, the number of articles found in Scielo and Lilacs were 0 and 13, respectively. The journal articles were exclusively focused on MSI2 action in solid tumors. A total of 132 articles were selected for further evaluation through abstract and title screening, after the removal of duplicates (see Figure 2). Following the removal of 28 articles through the screening of abstract and title, a full-text screening was conducted, resulting in the identification of 71 papers to be included in the review (See Figure 2). The exclusion criteria are detailed on the flow diagram in Figure 2. The variable operationalization chart is summarized in the Supplementary Table 1.

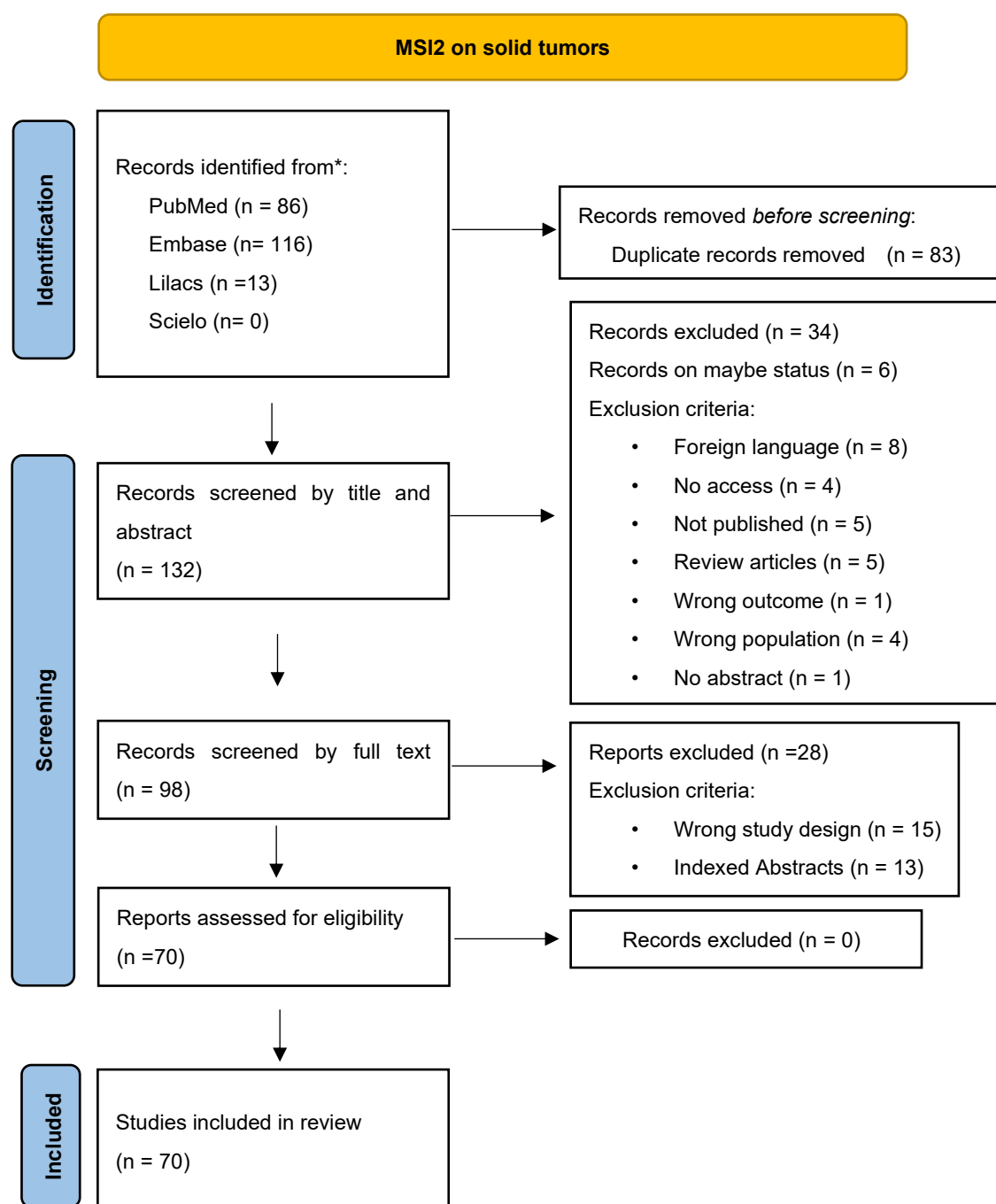


Figure 2. Flow diagram illustrating the selection process of studies evaluating the status of MSI2 and solid tumors. This diagram follows the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines and outlines the inclusion and exclusion criteria applied during the study selection process for this scoping review.

The 70 papers included in this review were classified into five categories: bone tumors, head and neck tumors, chest tumors, gastrointestinal tumors, and tumors affecting the urinary and genital system. Accordingly, three articles on glioblastoma and two on thyroid cancer were added to the “Head and Neck Tumors” category. Moreover, the “Chest Tumors” category embraced twelve articles on non-small cell lung cancer (NSCLC) and eight articles on breast cancer. In the “Gastrointestinal Tumor” group, four articles focused on gastric cancer, ten on colorectal cancer, eleven on pancreatic cancer, five on liver cancer, and two on esophageal cancer were assigned to the gastrointestinal category. Next, the “Urinary and Genital System” category was addressed by tailoring one article on prostatic cancer, three on cervical cancer, four on bladder cancer, and four on ovarian cancer. Finally, into the “Bone Tumors” category, we added one article for the Ewing’s Sarcoma group. In this review, we found that the most frequently studied solid tumors were non-small cell lung cancer (NSCLC, 17.1 %), pancreatic cancer (15.7%), colorectal cancer (14.3%), and breast cancer (11.4%) (Figure 3).

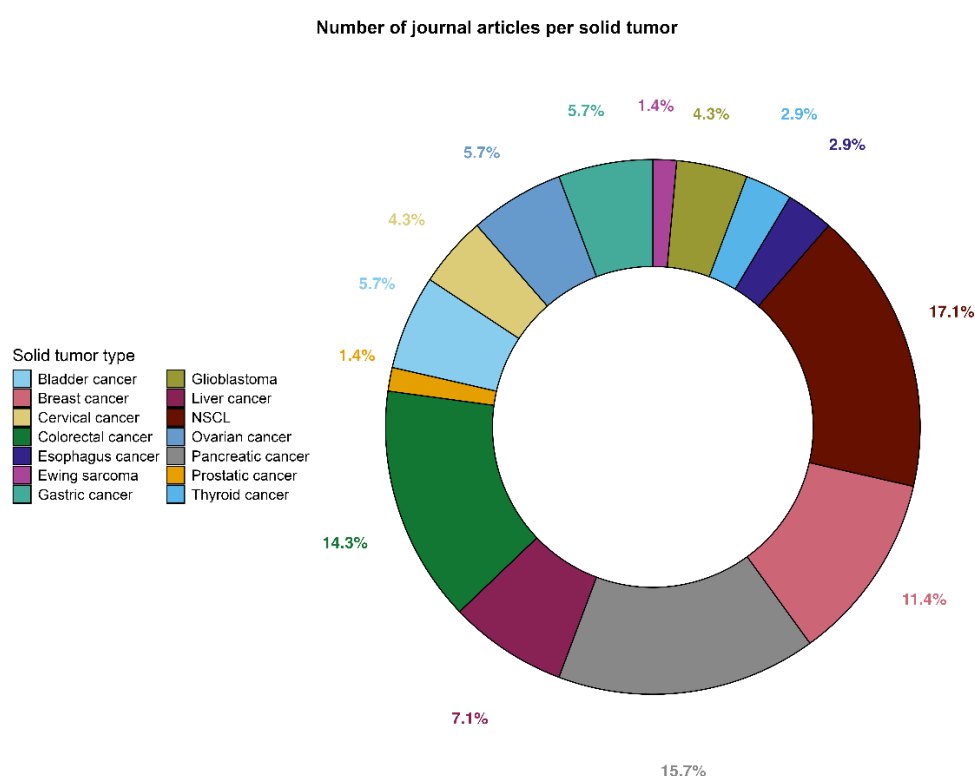


Figure 3. Distribution of the selected studies based on the type of solid tumors addressed.

To explore the different experimental models used and exhibit the influence of MSI2 in solid tumor pathways, we identified the experimental models in each study. Our research revealed that the *in vitro* model was the most frequently utilized, followed by the *in vivo* and *in silico* models. Additionally, certain solid tumors were not investigated using all three experimental models. Precisely, Ewing’s sarcoma and thyroid cancer were studied using *in vitro* approaches, while cervical and ovarian cancers lacked model-based investigations. The results are summarized in Figure 4 and Supplementary Table 2.

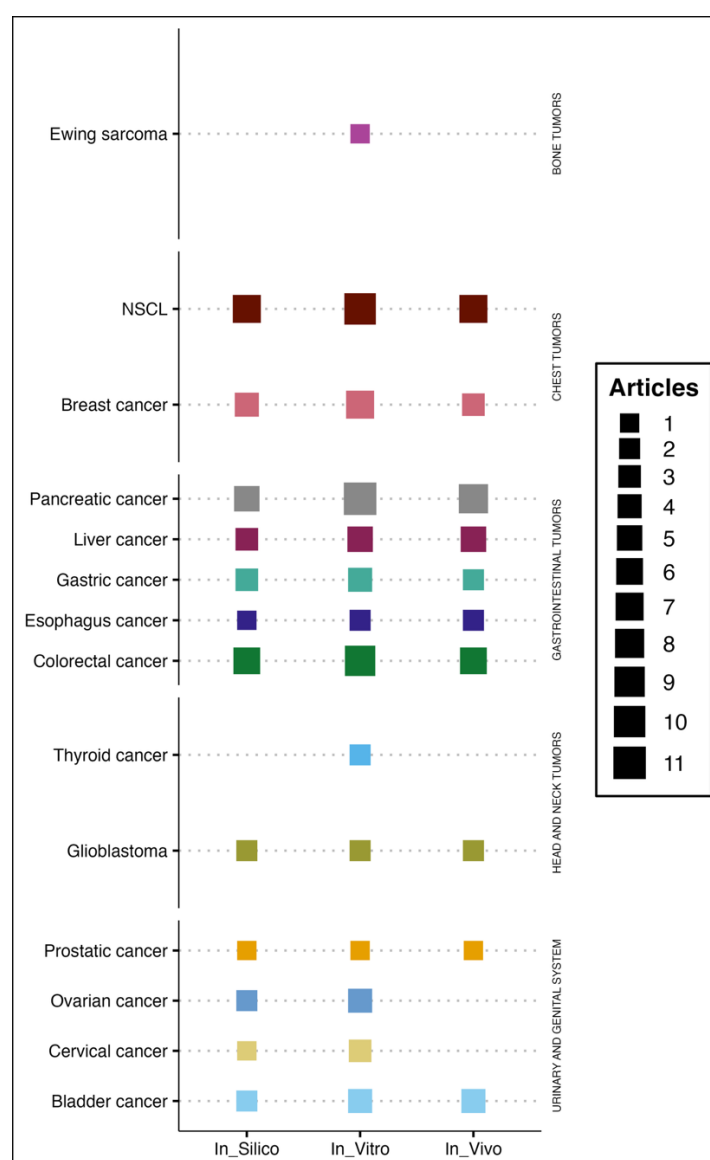


Figure 4. Experimental model counting of the papers included in the scoping review after the full-text screening. On the “x” axis are placed the different experimental models (*in vitro*, *in vivo*, and/or *in silico*), while on the “Y” axis are the solid tumor types. The size of the square represents the number of experiments developed in each tumor type.

We found 30 biological processes that are connected to the hallmark gene sets defined in the MSigDB datasets. In addition, we assigned five independent biological processes that weren't included in the MSigDB hallmarks: m6A methylation, the LIN28/LET7 axis, the Hippo signaling pathway, the spliceosome and nucleocytoplasmic transport, and long non-coding RNAs and microRNAs. Among the MSigDB hallmarks, those most frequently altered by MSI2 were HALLMARK_EPITHELIAL_MESENCHYMAL_TRANSITION, HALLMARK_PI3K_AKT_MTOR_SIGNALING, HALLMARK_IL6_JAK_STAT3_SIGNALING, HALLMARK_KRAS_SIGNALING_UP, HALLMARK_WNT_BETA_CATENIN_SIGNALING, HALLMARK_NOTCH_SIGNALING, HALLMARK_P53_PATHWAY, HALLMARK_ANGIOGENESIS,

HALLMARK_APOPTOSIS, HALLMARK_HYPOXIA, and HALLMARK_TNFA_SIGNALING_VIA_NFKB. (Figure 5; Supplementary Table 3).

To elucidate the diverse roles of MSI2 in tumorigenesis, we categorized its pathway alterations across five major tumor types (Bone, Head and Neck, Chest, Gastrointestinal, and Genitourinary), providing a framework to assess its influence within distinct oncogenic contexts.

HEAD AND NECK TUMORS

Glioblastoma

Upon reviewing the publications reporting MSI2-driven glioblastoma progression, 3 pathways were discussed: m6A methylation, MSI2/SNORD12B/FIP1L1/ZBTB4 and TGF- β /SMAD3. The findings from each study are described below.

MSI2 is consistently overexpressed in glioblastoma tissues compared to normal brain tissue, where it contributes to tumor aggressiveness by modulating post-transcriptional and metabolic regulatory pathways (X. Deng et al., 2023). These findings are in line with studies reporting that the alterations over m6A effectors impact the stability and translation of transcripts linked to tumor growth, stemness, and therapy resistance (Dixit et al., 2020; P. Li et al., 2022; G. Xie & Richard, 2024; Yuan et al., 2022; Zepecki et al., 2020). MSI2 influences mRNA stability, splicing, and translation of oncogenic transcripts through indirect regulation of m6A RNA methylation. Its suppression disrupts this regulatory axis, leading to the destabilization of m6A-modified oncogenic mRNAs and inhibition of signaling pathways associated with glioblastoma growth (X. Deng et al., 2023). m6A dysregulation by YTHDF2 upregulates oncogenes such as MYC and VEGFA and contributes to shaping an immunosuppressive tumor microenvironment (Benavides-Serrato et al., 2023; Dixit et al., 2020; P. Li et al., 2022; Radhi et al., 2023; G. Xie & Richard, 2024; Yuan et al., 2022; Zepecki et al., 2020).

In parallel, MSI2 has been shown to facilitate metabolic reprogramming by enhancing glycolysis and lipid biosynthesis (W. Dong et al., 2021). MSI2 binds to SNORD12B, stabilizing it and promoting its accumulation without altering its transcription. This interaction drives the alternative polyadenylation of ZBTB4, reducing in reduced expression through increased usage of its distal polyadenylation site. The downregulation of ZBTB4 facilitates the upregulation of glycolytic and lipogenic enzymes, including HK2 and ACLY, supporting glioblastoma cell proliferation (W. Dong et al., 2021). Glioblastoma cells are known to upregulate glycolytic enzymes such as HK2, PKM2, LDHA, and ENO1, consistent with a pronounced Warburg effect (Kathagen-Buhmann et al., 2015; Koukourakis et al., 2017; X. Liang et al., 2022; Sanzey et al., 2015; Stanke et al., 2021; Udawant et al., 2021). This shift away from oxidative phosphorylation promotes rapid proliferation and contributes to resistance against therapies like temozolomide and radiotherapy (Koukourakis et al., 2017; X. Liang et al., 2022; Shukla et al., 2018; Stanke et al., 2021; Trejo-Solís et al., 2023). Moreover, glioblastoma stem cells further adapt by increasing polyunsaturated fatty acid synthesis and reducing neutral lipid storage, supporting self-renewal and survival (Shakya et al., 2019). Conversely, MSI2 knockdown reduces SNORD12B expression and half-life, diminishing its competitive binding to FIP1L1 and reducing repression of ZBTB4. This restores ZBTB4 tumor-suppressive activity,

leading to direct transcriptional repression of HK2, ACLY, and MSI2 itself, ultimately impeding glioblastoma metabolism and proliferation (W. Dong et al., 2021). Members of the POZ and Krüppel family have been associated with poor prognosis, increased aneuploidy, EMT, and metastasis when downregulated (L. Chen et al., 2020; Jeong et al., 2023; Roussel-Gervais et al., 2017). Although these findings are consistent with the MSI2/SNORD12B/FIP1L1/ZBTB4 regulatory loop, no additional studies have addressed the dysregulation of the regulatory loop between ZBTB4, FIP1L1, or SNORD12B in glioblastoma.

It is also described that MSI2 is involved in oncogenic signaling through a positive feedback loop with TGF- β receptor 1 (TGF β R1), (Constam et al., 1992; Golestaneh & Mishra, 2005; Peñuelas et al., 2009) and phosphorylated SMAD3 (Z. Zhang et al., 2014), which promotes the expression of epithelial–mesenchymal transition (EMT) transcription factors such as Snail1 and Snail2, as shown in figure 6 (L. Fan et al., 2019; X. Jiang et al., 2019; Qiu et al., 2021; X. Xu et al., 2023). MSI2 modulates EMT marker expression by upregulating vimentin and downregulating E-cadherin, while its depletion induces a shift toward an epithelial-like phenotype. Moreover, MSI2 contributes to chemoresistance by maintaining O6-methylguanine-DNA methyltransferase (MGMT) expression (X. Jiang et al., 2019), which has been described as a marker of resistance to temozolomide (TMZ), and its downregulation sensitizes glioblastoma cells to TMZ treatment (Binabaj et al., 2018; Brandner, McAleenan, Kelly, Spiga, Cheng, Dawson, Schmidt, Faulkner, Christopher, et al., 2021; Brandner, McAleenan, Kelly, Spiga, Cheng, Dawson, Schmidt, Faulkner, Wragg, et al., 2021; Butler et al., 2020; Hao et al., 2024; Kristensen et al., 2016; Mansouri et al., 2018; Rivera et al., 2010). These findings were supported by integrated *in vitro*, *in vivo*, and *in silico* analyses with glioblastoma cell lines (e.g., LN-18, H4), xenograft models, clinical tumor samples, and public datasets such as The Cancer Genome Atlas (TCGA). In medulloblastoma, MSI2 has been found as a SOX2-associated protein (Sheng et al., 2016).

Thyroid cancer

In thyroid cancer, MSI2 expression has been reported to be modulated by Hsa-miR143-3p, which binds to the 3'UTR of MSI2 mRNA, resulting in reduced MSI2 levels. This causes cell cycle arrest, decreased cell proliferation, and increased apoptosis, as indicated by altered expression of BAX, caspase-3, and BCL-2. The same study described EMT inhibition and downregulation of MMP-2 and MMP-9, following miR-143-3p treatment, suggesting an influence on tumor invasiveness (Z. L. Wang et al., 2020). However, these findings were later called into question following the article's retraction (Z.-L. Wang et al., 2022). The metalloproteinases 9 and 2 are involved in the EMT, cell migration, and invasion ability regulation (e.g., the increase of invasiveness and migration capacity of papillary thyroid cancer cells mediated by the lncRNA AGAP2-AS1 influence over MMP2) (Z. Li et al., 2023; Shao et al., 2020).

According to current evidence, Hsa-miR143-3p may exert a biological role in papillary thyroid carcinoma (PTC) by targeting HMGA2, leading to reduced cell proliferation and supporting its potential as a therapeutic candidate (Ding et al., 2022). Its activity is associated with increased expression of pro-apoptotic markers such as BAX and caspase-3. Furthermore, the downregulation of the anti-apoptotic protein BCL-2 in PTC cells was shown to sensitize them to apoptotic signaling (S. Huang et al., 2023; X. Li et al., 2019, 2020; G. Zhou & Wang, 2023).

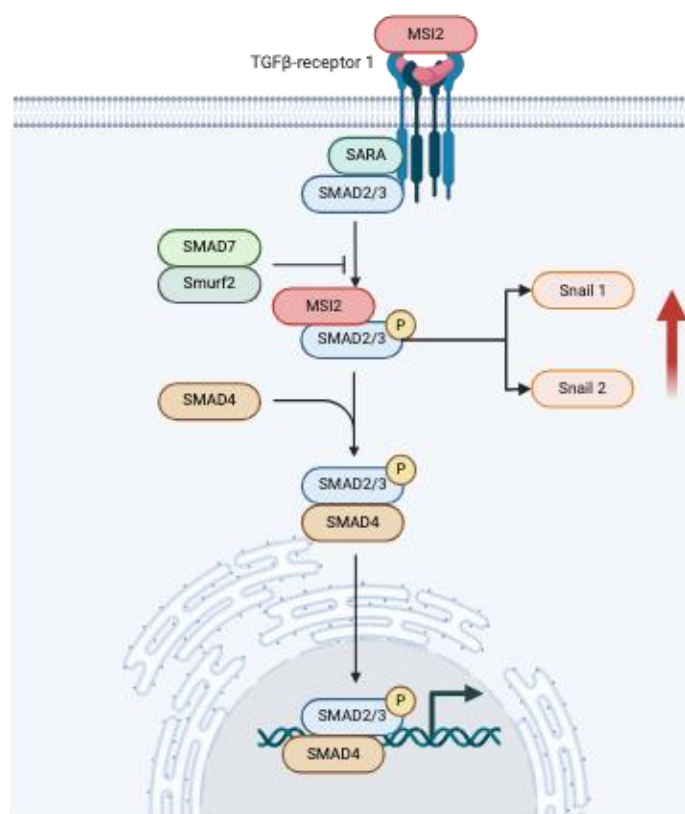


Figure 5. TGF- β /SMAD3 pathway regulated by MSI2 overexpression. Created on BioRender.com

CHEST TUMORS

Non-Small Cell Lung Cancer and lung tumors

Among the 12 studies examining MSI2 expression, the JAK2/STAT3 and TGF- β /SMAD3 signaling pathways were consistently identified as key targets of dysregulation. Both pathways are well-established mediators of tumorigenesis in humans, driving EMT, metastasis, tumor growth, angiogenesis, cell survival, and therapy resistance (Sloan et al., 2023; H. Yang et al., 2015).

MSI2 binds to the 3'UTRs of TGF β R1 and SMAD3 mRNAs, enhancing their stability and translation (See Figure 7). This activity sustains TGF- β signaling, which is closely associated with the induction of EMT, increased cell invasion, and metastatic potential. It has also been described that a decrease in human epithelial markers, such as Claudins (Figure 7), and an increase in human EMT-inducing transcription factors, including SNAIL, SLUG, and ZEB1/2, have been reported (Kudinov et al., 2016, 2017; Kumar et al., 2013; Makhov et al., 2021). MSI2 also interferes with SMAD2/3-dependent transcription, indirectly supporting the suppression of epithelial gene expression (Topchu et al., 2021).

MSI2 activates inflammatory pathways, particularly NF- κ B signaling, with IL-6 secretion by cancer-associated fibroblasts (Samart et al., 2023) and supporting the mesenchymal phenotype, reinforcing these changes (Kumar et al., 2013; Szymura et al., 2019).

In NSCLC, impaired TGF- β signaling is linked to metastasis and recurrence (Korkut et al., 2018; Levy & Hill, 2006). Even with upstream disruptions, elevated SMAD2/3 stimulates EMT by inducing N-cadherin expression (H. Yang et al., 2015). MSI2 enhances this process by stabilizing TGFBR1 and SMAD3 transcripts, thereby sustaining EMT signaling. This is further potentiated by cytoskeletal remodeling proteins such as Vimentin and MYH15 further contribute to increased stiffness and invasiveness (T. Chen et al., 2019; Kucuksayan et al., 2018; H. Yang et al., 2015). Additionally, loss of epithelial markers, including Claudin-7, which is reduced in about two-thirds of NSCLC tumors, has been associated with poorer outcomes (Yamamoto et al., 2010). At the transcriptional level, MSI2 activity is modulated by tumor suppressor factors. For example, KLF4 inhibits MSI2 by binding to its promoter region, which in turn downregulates the JAK2/STAT3 pathway (Figure 7) (D. Di Luo & Zhao, 2022). This downregulation is especially relevant given that JAK2 amplification and a higher STAT3 signaling have been associated with immune evasion through increased PD-L1 expression, as well as the maintenance of cancer stem-like traits via IFN/JAK/STAT1 signaling (Y. Han et al., 2022; Ikeda et al., 2016; M. Li et al., 2018; H. Pan et al., 2021; D.-Y. Zhu et al., 2019). MSI2 is also known to directly bind to the 3'UTRs of key receptor tyrosine kinase (RTK) mRNAs, including EGFR and VEGFR2, promoting their stabilization and translation. Increased MSI2 expression is also related to elevated EGFR protein levels, especially phosphorylation of tyrosine 1068 (Makhov et al., 2021). This also alters ERBB family signaling dynamics by reducing ERBB3 expression, thereby supporting sustained oncogenic signaling (Bychkov et al., 2023; Makhov et al., 2021). RTKs are frequently overexpressed in NSCLC and are associated with poor clinical outcomes. An evaluation of 56 RTKs displayed that 33 were expressed in at least 25% of early-stage tumors, with EGFR, ERBB2, ERBB3, and the insulin receptor notably elevated in tumors that later metastasized (Q. Chen et al., 2024; Müller-Tidow et al., 2005; Xiao & Schmid, 2020). EGFR itself is commonly altered through activating mutations or gene amplification, promoting tumor growth and resistance to tyrosine kinase inhibitors (TKIs). Such mutations occur in 15–55% of NSCLC cases, with higher prevalence in Asian populations (up to 40%) compared to non-Asian populations (about 20%) (Bironzo et al., 2021; R.-F. Dong et al., 2021; Gelatti et al., 2019; Harrison et al., 2020; Hsu et al., 2019; Knebel et al., 2017). Similarly, VEGFR2, expressed in 20–34% of tumors, has been associated with aggressive clinical behavior and poor survival outcomes, particularly in patients receiving immunotherapy (Kaira et al., 2022; Volz et al., 2020; Watanabe et al., 2021).

These alterations can influence downstream pathways such as RAS/RAF/MEK/ERK and PI3K/AKT/mTOR, which promote tumor growth, treatment resistance, and immune evasion. It has been described that KRAS and BRAF mutations activate the RAS/RAF/MEK/ERK cascade (Figure 7), supporting proliferation and reducing sensitivity to MEK inhibitors through feedback regulation (Brant et al., 2016; J. Han et al., 2021; Nguyen-Ngoc et al., 2015; Ullah et al., 2021; Yaeger & Corcoran, 2019). Within this regulatory cascade, MSI2 has been shown to suppress PTEN expression by binding to its mRNA, resulting in increased AKT activity and phosphorylation of downstream targets such as GSK3 α/β . Alterations in the PI3K/AKT/mTOR axis, such as mutations in PIK3CA

(9.5%), PTEN (5.5%), and AKT1 (0.9%) appear in 14.9% of EGFR TKI-resistant NSCLC tumors (Beck et al., 2014; W. Fang et al., 2020; Fumarola et al., 2014; Heavey et al., 2014; Yip, 2015). It has also been described that MSI2 contributes to cancer stemness by binding to the 3'UTR of Nanog mRNA, increasing its expression, and indirectly upregulating SOX2 and ALDH activity (Yiming et al., 2021). Nanog protein is frequently upregulated in drug-resistant cells, enhancing self-renewal and tumorigenicity. In combination, co-expression with Oct4 protein activates Wnt/ β -catenin signaling, facilitating EMT and promoting invasive behavior (L. Liu et al., 2020). Alongside with its promotion of stem-like features, SOX2 and ALDH (e.g. ALDH1A1, ALDH1A3, and ALDH3A1) overexpression further contributes to therapy resistance by enhancing DNA repair and anti-apoptotic pathways (Choe et al., 2018; W. Gao et al., 2020; J. Kang et al., 2016; D. Li et al., 2023; Mirzaei et al., 2022; Patel et al., 2008; Rebollido-Ríos et al., 2020; Velcheti et al., 2013; S. Wang et al., 2023). These stem-like features are associated with resistance to EGFR tyrosine kinase inhibitors such as gefitinib and Osimertinib (Yiming et al., 2021).

Furthermore, MSI2 promotes the activation of the mTOR pathway. It enhances mTORC1 signaling, as evidenced by increased phosphorylation of S6K1, 4E-BP1, and S6 ribosomal protein, and supports mTORC2 activation, leading to enhanced AKT phosphorylation at Ser473 (M. Wang et al., 2020). Notably, mTOR activity may also increase without canonical genetic alterations, possibly through kinases such as PIM (Moore et al., 2021), which have a central role in cell migration, proliferation, apoptosis, and immunomodulation processes, and have been implicated in different types of hematological cancers (Bellon & Nicot, 2023).

From a therapeutic perspective, MSI2 silencing increases the effectiveness of EGFR-targeted therapies, including erlotinib, afatinib, and Osimertinib, in preclinical models (Yiming et al., 2021). Largazole, a compound that binds directly to the RRM1 domain of the MSI2 transcript, has been shown to reduce MSI2 mRNA and protein levels and suppress the activation of multiple oncogenic pathways, including mTORC1/2, JAK/STAT, TGF- β , and EMT signaling (M. Wang et al., 2020). (Y. Han et al., 2022; Ikeda et al., 2016; M. Li et al., 2018; H. Pan et al., 2021; D.-Y. Zhu et al., 2019)

Conversely, miR-598 negatively regulates MSI2 by directly binding to its mRNA, decreasing cell migration and invasion (J. Guo et al., 2021). Several microRNAs, including miR-33a, miR-16-5p, miR-1260b, miR-142-3p, miR-495-3p, and miR-101-3p, have been shown to directly target mRNAs encoding factors of the cell cycle, metabolism, apoptosis, and autophagy, such as METTL3, LDH-A, SOCS6, CDC25C, Sphk1, and ATG4 (Arora et al., 2022a, 2022b; Cui et al., 2021; Du et al., 2017; J. Meng et al., 2024; Xia et al., 2019). Alongside, miR-520c-3p is involved in PI3K/AKT/mTOR signaling, while miR-221/222 modulate Notch1 signaling via Reck, influencing cancer stemness (Gulhane et al., 2022; Y. Guo et al., 2021).

MSI2 influences tumor metabolic adaptation and DNA repair. Knockdown of MSI2 in mouse models results in the downregulation of genes such as Gli1, Tubb3, and Ccr1, which are involved in survival, neural differentiation, and immune signaling, respectively. Additional mouse genes that rely on MSI2 activity include Ptgs (prostaglandin synthesis), Arl2bp (STAT3-associated nuclear binding), Rnf157 (an E3 ligase linked to cell survival), and

Syt11 (a vesicular trafficking protein), highlighting the broad pro-tumorigenic influence of MSI2 (Barber et al., 2025). In humans, this activity has been widely described as MSI2 depletion, which is linked to reduced hallmarks expression contributing to anti-tumorigenic configurations in NSCLC cells (Bychkov et al., 2022; Kudinov et al., 2016).

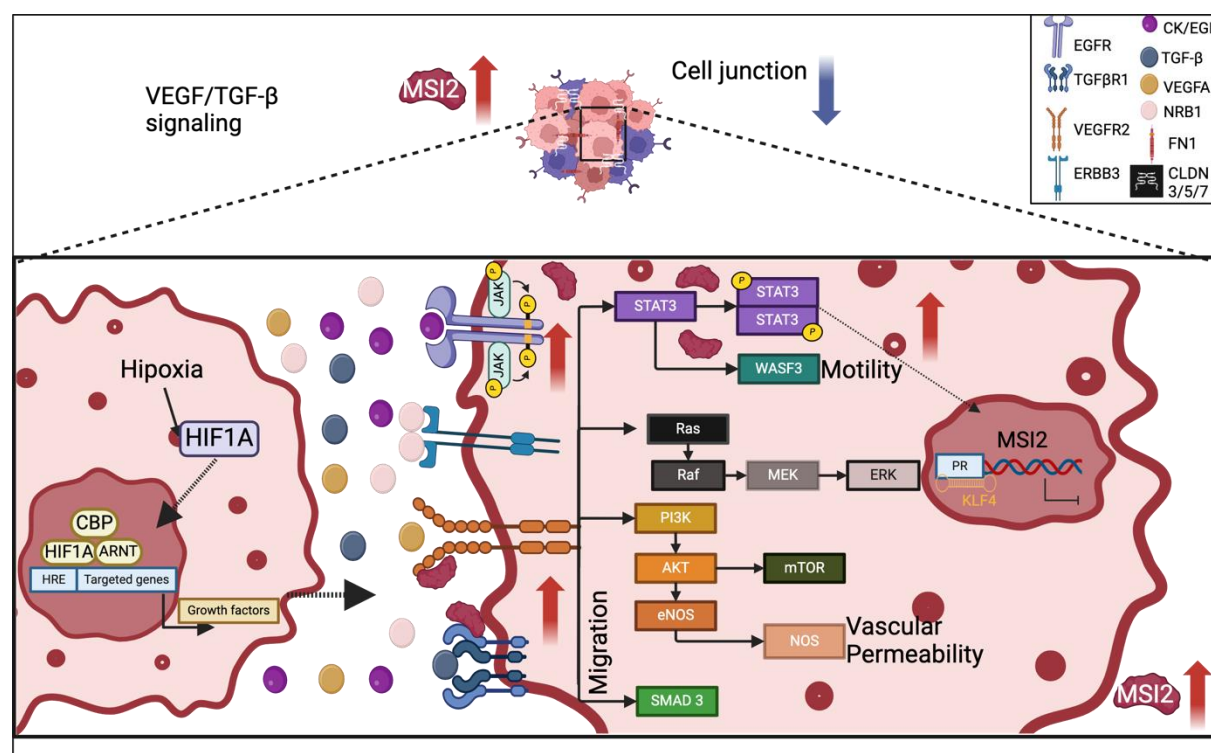


Figure 6. MSI2 regulation of RTKs, tight junction, and inactivation of MSI2 mediated by KLF4. Created on BioRender.com

Breast cancer

Among the eight reviewed articles on breast cancer, triple-negative breast cancer (TNBC) was the subtype most consistently affected by MSI2, with alterations reported in four studies. In TNBC, MSI2 was primarily associated with dysregulation of the PI3K/AKT/mTOR and epithelial–mesenchymal transition (EMT) signaling pathways.

Copy number gains of MSI2 were identified in the cell-free DNA (cfDNA) of breast cancer patients but were absent in individuals with false-positive screening results, indicating a tumor-specific amplification detectable prior to biopsy (Barbirou et al., 2022a). This finding supports MSI2's potential as a noninvasive biomarker, particularly for early detection in patients with dense breast tissue. Similarly, cfDNA profiles differ markedly between breast cancer patients and healthy individuals; patients exhibit elevated cfDNA levels enriched with tumor-associated features such as mutations and amplifications in TP53, PIK3CA, ESR1, and ERBB2, as well as copy number alterations that reflect tumor heterogeneity (Ambriz-Barrera et al., 2024; Barbirou et al., 2022b; J. Fan et al., 2023; Herzog et al., 2022; Khurram et al., 2023; Moss et al., 2020; Page et al., 2017; Stover et al., 2018). These alterations, absent in healthy controls, provide relevant information for diagnosis, disease monitoring, and treatment response.

evaluation. Additionally, breast-specific DNA methylation signatures found exclusively in patient-derived cfDNA enable sensitive detection of localized disease and support longitudinal therapeutic assessment.

Beyond its biomarker role, MSI2 influences oncogenesis through post-transcriptional and signaling mechanisms. By binding to p21 mRNA, MSI2 reduces its translation, facilitating cell cycle progression (Y. M. Choi et al., 2016). Consistent with this, breast cancer patients exhibit significantly higher p21 promoter methylation compared to healthy controls, correlating with a reduction of p21 mRNA expression by up to 79%, suggesting epigenetic silencing contributes to p21 downregulation in tumor cells (Askari et al., 2013). MSI2 also contributes to apoptotic resistance by downregulating BAX and upregulating BCL-2, while also enhancing ERK signaling and p38 MAPK phosphorylation. It promotes EMT, as indicated by increased cell migration and invasion, and directly binds to vimentin to stabilize its expression (Y. M. Choi et al., 2016). Inhibition of ERK signaling in breast cancer models, including TNBC, has been associated with reduced proliferation, induction of apoptosis, cell cycle arrest, and increased cellular senescence (Amin et al., 2023; Bhagwat et al., 2019; Bhatt et al., 2021; Q. He et al., 2019). This suppression also decreases BCL-2 expression and increases BAX levels, thereby sensitizing cells to apoptosis (G. Hu et al., 2019; Xing et al., 2021). Moreover, phosphorylated p38 MAPK is primarily activated by cancer-associated fibroblasts (CAFs), which activate EMT markers and promote tumor cells' invasion and metastasis (Wen et al., 2019). While MSI2 has been shown to promote p38 MAPK phosphorylation, the specific molecular mechanisms by which it interacts with CAF-mediated signaling remain to be clarified.

MSI2 supports pro-survival signaling in breast cancer by activating the PI3K/AKT pathway (Figure 7), supported by increased phospho-AKT and reduced PTEN activity. This leads to elevated MMP-9 expression and enhanced nuclear translocation of NFκB, promoting tumor progression (Jadhao et al., 2025). PI3K/AKT/mTOR signaling directly regulates MMP9-driven mechanisms of proliferation and apoptosis in breast cancer cells (W. Liang et al., 2021), and its dysregulation is frequently associated with NFκB activation, therapy resistance, and poor prognosis (Alves & Ditzel, 2023; C. Dong et al., 2021; Ellis & X., 2019; Ippen et al., 2019; Khan et al., 2019; Martorana et al., 2021; Miricescu et al., 2020; Verret et al., 2019; K. Zhu et al., 2022). High MSI2 expression has been shown to correlate with elevated levels of MYC, SOX2, and CD133 (Jadhao et al., 2025). These genes are associated with stemness, tumor progression, and therapeutic resistance, and their regulation involves feedback loops that can be modulated by targeting pathways such as Wnt/β-catenin, PTEN, and NF-κB (Brugnoli et al., 2019; Das et al., 2019; Golden et al., 2024; Liou, 2019; Y. Meng et al., 2020; W. Zheng et al., 2024). Jadhao et al. (2025) validated these findings in TNBC human cells, zebrafish, and mouse xenograft models.

MSI2 also promotes stemness and tumor progression in breast cancer through the activation of multiple signaling pathways. In MDA-MB-231 cells, MSI2 indirectly suppresses m-Numb, leading to the upregulation of Notch1/2 and Hes2, along with increased expression of stemness markers such as CD44 and GBX2 (Troschel et al., 2020). Notch1/2 upregulation has also been reported in human breast cancer samples, where it supports tumor growth, stem cell maintenance, metastasis, and therapy resistance. In aggressive subtypes like TNBC, downstream Notch effectors such as HES1 and HEY1 can repress tumor suppressors like PTEN (Chimento et al., 2022; Ilhan et al.,

2020; Katoh & Katoh, 2019; Krishna et al., 2019; Pappas et al., 2021; X. Sun et al., 2019; K. Yao et al., 2024). High CD44 expression, particularly in TNBC, is linked to increased migration, invasion, metastasis, therapy resistance, and poor prognosis, highlighting its role in cancer stem cell maintenance (Bai et al., 2020; L. Guo et al., 2022; Mesrati et al., 2021; A. Sethi et al., 2024; Vadhan et al., 2022; H. Xu et al., 2020; P. Zhang et al., 2020). Troschel et al. (2020) further demonstrated that MSI2 knockdown reduces GBX2 expression by 40%, confirming its regulatory role.

In the Wnt pathway of human TNBC, MSI2 overexpression leads to nuclear accumulation of β -catenin, which binds TCF/LEF transcription factors and drives transcription of Wnt target genes associated with proliferation and invasion. MSI2 further interacts with LIN28 to directly destabilize MST1/2 and LATS1/2 mRNAs, reducing Hippo signaling activity. This enables YAP1 stabilization and nuclear translocation, activating pro-tumorigenic genes such as CYR61 and CTGF, and enhancing stemness via OCT4, NANOG, and SOX2 expression. These changes are associated with the increased population of CD44⁺/CD24⁻/low cancer stem-like cells and increased sphere-forming capacity (H. Zou et al., 2022). Wnt pathway activation also induces overexpression of TCF/LEF family members, including LEF1 and TCF3, which are frequently upregulated in breast tumors and associated with immune cell infiltration and unfavorable clinical outcomes (Hashemi et al., 2023; H. Huang et al., 2024; Lima et al., 2023; Mahanujam, 2025; Niu et al., 2019; Y. Zou et al., 2020). Alongside these observations, several studies have reported a reduced expression of Hippo pathway components in breast cancer (such as MST1/2, LATS1/2, SAV1, MOB1, YAP, TAZ, and TEAD1) compared to adjacent normal tissues. This contributes to uncontrolled proliferation, metastasis, poor prognosis, and therapy resistance, particularly in endocrine-resistant and TNBC cases (Bhavnagari & Shah, 2025; J. Chen et al., 2021; Kyriazoglou et al., 2020; Parambil et al., 2024; Z. Wang et al., 2021, 2022; Yousefi et al., 2022).

Alternatively, the isoform MSI2a exerts a tumor-suppressive influence as shown in vitro cell lines, in vivo mouse xenografts, and ex vivo analysis of human TNBC tissues (M. Li et al., 2020). MSI2a binds to the 3'UTR of TP53INP1 mRNA, stabilizing the transcript and enhancing p53 phosphorylation through ATM, EP300, HIPK2, and DNA-PKcs regulation. This reduces ERK1/2 phosphorylation, inhibits cell proliferation and migration, and reverses EMT by downregulating mesenchymal markers (SLUG, N-cadherin, vimentin) and upregulating epithelial markers (E-cadherin, β -catenin, ZO-1). Loss of MSI2a, conversely, destabilizes TP53INP1 and activates ERK1/2 via the p73/DUSP10 pathway, enhancing tumor progression and metastasis (M. Li et al., 2020). Although the role of HIPK2 in p53 phosphorylation remains to be clarified, existing evidence indicates that reduced HIPK2 levels are linked to increased expression of multidrug resistance proteins such as MDR1 and BCRP, decreased apoptosis, and resistance to adriamycin in breast cancer cells (X. Pan et al., 2021). Moreover, ATM regulates BRCA1-dependent p300-mediated p53 acetylation (Q. Li et al., 2019), and DNA-PKcs plays a distinct role in DNA repair resection control and checkpoint activation (Mladenov et al., 2019).

Additionally, MSI2 expression may be modulated by SDC1 knockdown, although the direction remains unclear. Specifically, SDC1 depletion affects the expression of KLF4, MSI2, and miR-10b (Valla et al., 2021). Finally, microRNA miR-155-5p mimic treatment has been shown to downregulate MSI2 expression, while inhibition of

NFκB reduces MMP-9 activity, limiting migration and reinforcing the importance of MSI2 in coordinating several interconnected oncogenic programs (Jadhao et al., 2025).

GASTROINTESTINAL TUMORS

Esophageal cancer

Overexpression of MSI2 has been shown to promote proliferation, invasion, and metastasis in esophageal squamous cell carcinoma (ESCC) human samples (M. Wang et al., 2020). In cell lines, MSI2 knockdown reduces the mRNA and protein expression of β-catenin, c-Myc, and cyclin D1, suggesting that MSI2 may sustain proliferative signaling through Wnt pathway effectors. miR-942 is significantly increased in ESCC and directly activates the Wnt/β-catenin pathway by targeting and suppressing negative regulators (sFRP4, GSK3β, TLE1). This leads to enhanced cancer stem cell-like properties and tumor growth. c-Myc also promotes miR-942 expression, further amplifying pathway activation (Ge et al., 2015).

Simultaneously, decreased expression of Gli-1 and Patched indicates attenuation of Hedgehog (HH) pathway activity, further diminishing tumor-promoting transcriptional programs. In addition, elevated MSI2 expression enhances the invasive capacity of cancer cells by increasing the levels of MMP-2 and MMP-9, enzymes that degrade extracellular matrix components and facilitate tumor cell migration (Z. Li et al., 2017). Key components of the HH pathway, including Gli1, SMO, PTCH1, and SHH, are overexpressed or activated in ESCC tissues and cell lines, promoting cancer cell proliferation, stemness, and migration. High levels of HH pathway activity have been associated with worse prognosis in ESCC patients (J. Chen et al., 2023; L. Hu et al., 2023; N. Li et al., 2020; C. Wang et al., 2020; G. Zhao et al., 2020).

Gastric cancer

Four papers were analyzed; across these studies, MSI2 consistently emerged as a key regulator through its interactions with lncRNAs and miRNAs.

Different publications report that multiple pathways are interconnected in gastric cancer, including Wnt/β-catenin, PI3K/AKT, p38 MAPK/STAT3, Hippo, and TGF-β, which drive both the proliferation and migration of gastric cancer cells. These pathways are regulated by various noncoding RNAs, proteins, and microenvironmental factors, making them important targets for potential therapeutic intervention in gastric cancer (Feng et al., 2023; X. Guo et al., 2021; J. Han et al., 2025; Y. Hu et al., 2025; Y. Lin et al., 2018; W. Liu & Xu, 2019; H. Meng et al., 2019; Um et al., 2008; Veen et al., 2021; P. Zheng et al., 2018). In gastric cancer, MSI2 has been linked indirectly to enhanced tumor aggressiveness through different experimental models. *In vitro* assays using human samples and cell lines show that MSI2 overexpression accelerates colony formation and increases cell migration and invasion, promotes pro-angiogenic signals, contributing to aggressive tumor behavior and decreased overall survival (Z. Yang et al., 2019). On the other hand, *in vivo* profiling of MSI2-deficient pancreatic tumor cells revealed

reduced expression of stem cell regulators (Wnt7a, Aldh, Lin28), proto-oncogenes (cMet, Fos, Fyn), and Reg family genes, which are associated with gastrointestinal malignancies (Fox et al., 2016).

Although the Wnt signaling pathway is frequently altered in gastric cancer, there is no direct evidence that WNT7A itself is modified (Astudillo, 2020, 2021; Cao et al., 2021; M. Gao et al., 2021; Koushyar et al., 2020; Ning et al., 2022; Pi et al., 2020; Schmidt et al., 2020; Y. Wang et al., 2022; H.-J. Xie et al., 2020). Regarding ALDH, it has been described that multiple isoforms are associated with tumor progression and therapy resistance, while others correlate with better prognosis. (Y. Cai et al., 2022; C. Choi et al., 2020; S. Kang et al., 2020; Kawakami et al., 2020; Q. Li et al., 2022; Nguyen et al., 2024; L. Wang et al., 2022, 2024; S. Yao et al., 2022; Yin et al., 2020), while LIN28A and LIN28B are frequently upregulated and contribute to tumor growth, metastasis, and stemness through several regulatory mechanisms (W. Liang et al., 2020; Shen et al., 2020; J. Xu et al., 2021; Zhuo et al., 2022).

Proto-oncogenes like c-Fos are stabilized by methylation and autophagy, promoting proliferation, stemness, and resistance (E. Kim et al., 2023; J. H. Lee et al., 2023; Y. Xu et al., 2023; F. Zeng et al., 2024). FYN is upregulated and drives metastasis via STAT3-mediated EMT (J. Yu et al., 2020), while MET amplification drives proliferation, survival, and invasion (Kaurich et al., 2023; G. Li et al., 2023; H. Lin et al., 2025; C. Wang et al., 2022).

Lastly, REG3A acts as a tumor suppressor, whereas other REGs may promote inflammation (C. Sun et al., 2021; L. Wang et al., 2021). Despite these genes being associated with multiple cancer hallmarks and poor clinical outcomes, current data are inconclusive regarding a direct regulatory link between deregulation and MSI2 expression or activity in gastric cancer.

Some lncRNAs (e.g., LINC942) stabilize MSI2 and its downstream effects on c-MYC, supporting chemoresistance, survival, proliferation and tumor progression in gastric cancer. For instance, MSI2 is regulated at the post-translational level in gastric cancer, where the lncRNA LINC942 binds to MSI2 and prevents its proteasomal degradation by inhibiting interaction with the SCF^β-TRCP E3 ubiquitin ligase, as demonstrated in gastric cancer cell lines and murine xenografts (Y. Zhu et al., 2022). Stabilized MSI2 then binds to m6A-modified regions of c-MYC transcripts via its RRM1 domain, enhancing c-MYC mRNA stability and preventing its protein degradation, thereby reducing apoptosis and promoting chemoresistance under cisplatin treatment. These findings suggest a regulatory axis wherein LINC942 sustains MSI2 protein levels, which in turn stabilize c-MYC, facilitating tumor cell survival. Other studies have shown that c-MYC is similarly stabilized through m6A-dependent interactions with RNA-binding proteins such as IGF2BP1 and LIN28B, aided by lncRNAs including LOC101929709 and GLCC1. (Hou et al., 2022; Y.-D. Hu et al., 2018; Khanna et al., 2009; M. Liu et al., 2020; F. Luo & Lin, 2022; X.-X. Sun et al., 2018; T. Xu et al., 2022; D. Yang et al., 2021; L. Zhang et al., 2010; W. Zhao et al., 2023). Additionally, in silico analysis reveals MSI2 as a competitive endogenous RNA (ceRNAs), which interacts with multiple components of a ceRNA network involving lncRNAs such as MCF2L-AS1, CCDC18-AS1, and TMPO-AS1, through shared microRNAs like hsa-miR-105-5p and hsa-miR-1-3p (X. Zheng et al., 2020). Disruption of MSI2 expression may destabilize this network, reinforcing high-risk molecular profiles. These interactions affect downstream genes involved in proliferation, immune regulation, and DNA replication. Collectively, these results

support the altered ceRNA network in gastric cancer. (Jin et al., 2022; Landeros et al., 2020; D. Peng et al., 2022; Qi et al., 2020; J. Xu et al., 2023; Yesharim et al., 2022; X. Zeng et al., 2022; J. Zhang et al., 2021; K. Zhang et al., 2020).

Pancreatic cancer

It has been established that MSI2 functions as a regulator of tumor progression, stem-like cell maintenance, and therapeutic resistance in pancreatic ductal adenocarcinoma (PDAC), as demonstrated in *in vivo* mouse models, *in vitro* human pancreatic cancer cell lines, and *in vivo* patient-derived xenografts.

Its expression increases during the transition from pancreatic intraepithelial neoplasia (PanIN) to invasive carcinoma, marking a subpopulation of tumor-initiating cells. *In vivo* transplantation of mouse pancreatic tumor cells showed that only MSI2⁺ cells formed lethal tumors, while MSI2⁻ cells did not. MSI2⁺ cells were also overrepresented among circulating tumor cells and remained viable following high-dose gemcitabine treatment, indicating intrinsic drug resistance. In this study, increased ALDH and LIN28 expression caused by MSI2 upregulation also contributes to gemcitabine resistance. Genetic deletion of Msi2 in mice significantly reduced tumor burden, arrested progression at low-grade PanINs, and extended survival (Fox et al., 2016). Interestingly, inhibiting c-MET or BRD4 in combination with gemcitabine, in mouse tumors, reduces this resistant population, and MSI2 knockdown in patient-derived xenografts suppresses tumor growth (J. S. Kim et al., 2024; Tadros et al., 2017). Restoration of c-MET in MSI2-deficient pancreatic cancer cells rescues colony formation, confirming its downstream role (Fox et al., 2016). The upregulation of MSI2 is also implicated in post-transcriptional regulation, which enhances the ubiquitin-proteasome system, thereby promoting proteasome and ribosome biogenesis pathways in gemcitabine-resistant pancreatic cancer (Gu et al., 2020).

MSI2 also has a post-transcriptional regulatory mechanism associated with Numb downregulation. Still, it does not alter its mRNA levels, which activate Notch signaling and promote tumor stemness, cell survival, proliferation, migration, and therapy resistance (Rajbhandari et al., 2023). This leads to the upregulation of MDM2, which promotes the degradation of wild-type p53, in xenograft mouse models (Sheng et al., 2016, 2017). It's important to note that Notch activation in pancreatic cancer is also regulated by interactions between tumor cells, immune cells, stromal cells, and specific molecular modulators (Avritt et al., 2023; H. Chen et al., 2024; K. Chen et al., 2020; Elantary et al., 2025; L. Li et al., 2022; Y. Liu, Cao, et al., 2023; Sumi et al., 2021; Yan et al., 2024; J. Yu et al., 2021).

In gemcitabine-resistant pancreatic cancer cells, microRNAs such as hsa-miR-485-3p target MSI2, forming a regulatory network that is associated with increased resting CD4⁺ memory T cell populations. Also, enrichment in immune-related pathways, such as IL-6/JAK/STAT3 signaling (See Figure 7), and IFN- γ gene ontology (GO) was identified *in silico* (Gu et al., 2020). It has been described that immune evasion and poor anti-tumor responses in pancreatic cancer are displayed, especially by a complex interplay of stromal cells, immune checkpoints, chemokines, and suppressive enzymes, which, in turn, limit memory T cell formation, infiltration, and function (Adair et al., 2023; Brooks et al., 2024; Carpenter et al., 2020; Jain et al., 2022; Kern et al., 2019; Knoblock et al., 2017; J. Lin et al., 2020; Mathes et al., 2020; Van Poelgeest et al., 2020; Zambon et al., 2011). Additionally, a correlation

has been described between elevated MSI2 levels and high Ki-67 levels (Sheng et al., 2016, 2017), which is linked to more aggressive disease and poorer outcomes.

The transcriptional regulation of MSI2 in cancer involves a critical KLF4/FOXF2/MSI2 axis, which integrates opposing signals to modulate tumor progression. FOXF2 directly activates MSI2 transcription, concomitantly increasing the expression of Cyclin D1, CDK2, and phosphorylated RB, enhancing anti-apoptotic proteins (e.g., BCL-2 family), and suppressing pro-apoptotic effectors such as Bax, Bad, and cleaved caspase-3 (Zhong et al., 2024). While these changes were initially described in the context of FOXF2 regulation, the findings collectively suggest that elevated MSI2 expression promotes G1–S cell cycle progression, inhibits apoptosis, and supports proliferation, invasion, and migration (Aldoss et al., 2024; Al-Shammari et al., 2022; Ayoub et al., 2024; Barton et al., 2020; El-Far et al., 2020; Inada et al., 2023; Mahmoud et al., 2022; Overman et al., 2020; Yadav et al., 2022; H. Zhao et al., 2020).

Conversely, KLF4 negatively regulates MSI2 by binding directly to its promoter and repressing its oncogenic functions. Studies in human pancreatic ductal adenocarcinoma (PDAC) cell lines and in vivo models of subcutaneous and orthotopic liver metastases demonstrated that loss of KLF4 relieves this repression, resulting in MSI2 upregulation and PDAC progression (K. Guo et al., 2017).

Together, these observations define the KLF4/FOXF2/MSI2 axis as a key regulatory pathway, balancing MSI2 expression and influencing downstream oncogenic pathways, although its direct relationship to the hallmark functions of MSI2 remains to be fully delineated (Hope et al., 2010; Ito et al., 2010; Park et al., 2015; M.-H. Wang et al., 2015).

MSI2 functions as a regulator of pancreatic tumorigenesis by orchestrating progenitor cell fate decisions and enhancing oncogenic signaling pathways. In an in vivo mouse model, MSI2-positive pancreatic progenitors, characterized by expression of stemness-associated transcription factors such as SOX4, GATA6, TEAD2, OCT4, and Notch, along with early transformation markers including TOP2A and HMGB2, give rise to multilineage pre-neoplastic populations upon MYC induction. These populations progress into distinct tumor subtypes, including acinar cell carcinoma (ACC), pancreatic ductal adenocarcinoma (PDAC), adenosquamous carcinoma (ASCP), and anaplastic tumors through epigenetically regulated lineage specification, followed by accumulation of copy number variations. Tumor subtype identity is associated with differential pathway activation: ACCs exhibit metabolic reprogramming, while ASCPs engage RAS, Notch, and MAPK signaling (Rajbhandari et al., 2023).

MSI2 orchestrates multiple signaling cascades that converge on the regulation of epithelial–mesenchymal transition (EMT), thereby promoting tumor invasion, metastasis, and progression. By enhancing EGF-induced EGFR phosphorylation at Tyr1068, MSI2 activates downstream ERK/MAPK signaling and assembles a regulatory complex with ZEB1, phosphorylated ERK, and c-MYC (Sheng et al., 2020). This complex upregulates ZEB1, which represses E-cadherin, and induces mesenchymal markers including vimentin, MMP9, and α -SMA, while sustaining ERK-driven c-MYC expression to amplify oncogenic transcriptional programs.

In parallel, MSI2 suppresses Numb expression, activating Hedgehog signaling, accelerating EMT, and tumor progression (Sheng et al., 2020). MSI2 also directly binds to NLK mRNA, which in turn suppresses E-cadherin and upregulates vimentin and β -catenin, reinforcing EMT and activating PI3K/AKT/mTOR signaling to drive cell migration, invasion, and liver metastasis. This NLK-mediated pathway is counteracted by miR-149, which post-transcriptionally suppresses MSI2 (L. Huang et al., 2024).

Moreover, MSI2 impairs Hippo pathway signaling by binding and destabilizing SAV1 and MOB1 mRNAs, thereby inhibiting the kinase cascade and derepressing YAP/TAZ activity (H. Yang et al., 2020). The resultant upregulation of YAP/TAZ target genes further enhances tumor cell proliferation, migration, and invasion, suggesting a multilayered EMT-promoting network coordinated by MSI2.

Clinically, elevated MSI2 expression inversely correlates with inositol-3-phosphate synthase 1 (ISYNA1), associating with advanced pathological stage and poor prognosis. (L. Zhou et al., 2020). In PDAC, reduced ISYNA1 expression specifically correlates with greater tumor depth and increased vascular invasion, supporting its association with more aggressive tumor phenotypes (M. Dong et al., 2019). MSI2-mediated ISYNA1 repression facilitates ZEB1 upregulation and p21 suppression, enhancing migratory, invasive, and proliferative phenotypes (L. Zhou et al., 2020).

Liver Cancer

MSI2 functions as an oncogenic driver in liver cancer, with its expression negatively regulated by miR-3144-3p. Impairment of miR-3144-3p through ADAR1-mediated enzyme editing leads to MSI2 overexpression, which enhances tumor growth, proliferation, migration, and invasion. It has also been described that MSI2 expression correlates positively with the expression of the proto-oncogene MET, a key mediator of cancer progression (H. S. Kim et al., 2023). Mechanistically, MSI2 promotes tumorigenesis by enhancing the translation of key internal ribosome entry site (IRES)-containing mRNAs, including MYC, JUN, and VEGFA, factors widely involved with cancer onset and development. Thus, MYC protein levels increase without changes in mRNA levels, indicating a translational effect. Furthermore, MSI2 inhibits the processing of lncRNA MIR22HG into mature miR-22, a microRNA that normally suppresses MYC translation, indirectly contributing to elevated MYC protein levels. These combined translational mechanisms support the self-renewal and tumor-initiating capacity of tumor-initiating stem-like cells (TICs) (Yeh et al., 2023). MSI2 also maintains the stemness properties of CD44v6+ LCSCs by binding directly to LFNG mRNA and protein, enhancing Notch1 signaling and downstream activation of Hes1 and Hey1. This pathway promotes self-renewal, proliferation, migration, invasion, and drug resistance in liver cancer stem cells (LCSCs) and cancer stem cells (CSCs). In stemness-enriched hepatocellular carcinoma (HCC) spheroid cells, the expression of MSI2, MYC, and NANOG was elevated, and a correlation was observed between MSI2 and NANOG expression. Additionally, in human HCC tissue samples, NANOG co-localized with MSI2 and MYC in TICs (Yeh et al., 2023). Also, it has been described that MSI2 overexpression upregulates the RNA-binding protein LIN28A, which is involved in stemness regulation. The knockdown of LIN28A attenuates MSI2-induced stemness and chemoresistance, with clinical samples showing a positive correlation between MSI2 and LIN28A linked to poor prognosis, in HCC patients (T. Fang et al., 2017) LIN28A, through the TLR4 pathway

and in cooperation with histone methylases, helps generate TICs, which are linked to tumor recurrence and metastasis (Machida et al., 2023).

It has also been reported that MSI2 promotes the invasive capacity of HCC cells by inducing EMT (M. Liang et al., 2013). This phenotypic plasticity is closely associated with the upregulation of oncogenic factors such as MYC, MET, and NANOG described previously (Bae et al., 2022; K. Jiang et al., 2013; Y. Ren et al., 2016). MYC overexpression in HCC activates EMT-driving transcription factors, such as ZEB1, and represses epithelial phenotype promoters, including MIZ1 (Chahine et al., 2024; X. Jiang et al., 2021; Y. Ren et al., 2016). Whereas the stem cell marker NANOG is highly expressed in circulating tumor cells (CTCs) with mesenchymal or mixed phenotypes in patients with HCC. These cells often co-express EMT markers, such as Vimentin and Twist, and show reduced epithelial markers, including E-cadherin (Gawlik-Rzemieniewska & Bednarek, 2016; K. Jiang et al., 2013; L. Liu et al., 2020; Z. Ren et al., 2015; Tian et al., 2021). As previously mentioned, MET, especially RTK c-MET, is overexpressed in HCC, whose activation can be induced by high glucose or HGF stimulation, thus promoting EMT and triggering key oncogenic pathways, such as PI3K/Akt/mTOR and MEK/ERK (Bagirsakci et al., 2020; G. Chi et al., 2021; Çömez et al., 2021; Hui et al., 2022; Jayachandran et al., 2020; Kóbori et al., 2019; Koudelková et al., 2016; Rangel et al., 2016; Rustgi et al., 2020).

MSI2 is also positively correlated with CD44v6 expression in HCC tissues, associating its incidence with aggressive tumor features and resistance to sorafenib (X. Wang et al., 2019). Patients with CD44v6+ cells express higher levels of MET and maintain stemness through the HGF/MET/NANOG signaling pathway (Cheng et al., 2022). Increased expression of transcription factors such as Nanog, Oct4, and Sox2 has been observed in CD44v6+ LCSCs compared to CD44v6- cells (X. Wang et al., 2019).

MSI2 may also predict poor outcomes in hepatitis B virus (HBV)-related HCC via direct influence on the Wnt/ β -catenin pathway. MSI2 is overexpressed in HBV-related HCC tissues compared to noncancerous tissues and is associated with cancer progression, migration, and invasiveness. Knockdown of MSI2 in HCC cells downregulates the expression of β -catenin, T cell factor (TCF-4), and lymphoid enhancer factor (LEF-1) at both the mRNA and protein levels. These proteins are effectors of the Wnt/ β -catenin pathway and enhance the abilities of cells to migrate and invade (M.-H. Wang et al., 2015). Mutations in CTNNB1, which stabilize β -catenin, and loss-of-function mutations in AXIN1 are found in about 35% of HCC cases. These mutations are the precursor for activation of downstream genes that promote tumor growth and survival (Aceto et al., 2022; Cotellesse et al., 2023; Evert et al., 2022; Gajos-Michniewicz & Czyż, 2023; S. He & Tang, 2020; Krutsenko et al., 2021; Matsumoto & Kikuchi, 2024; Nakagawa et al., 2024; G. Sethi et al., 2021; Wei et al., 2024). Importantly, pharmacological inhibition of MSI2-RNA interactions disrupts oncogene translation, impairs hepatitis C virus (HCV) replication, and suppresses tumor growth in animal models, highlighting MSI2 as a promising therapeutic target for malignancies driven by dysregulated post-transcriptional control in liver cancer (Yeh et al., 2023).

Colorectal cancer

It has been determined that MSI2 is an oncogenic RNA-binding protein in colorectal cancer (CRC), where its overexpression correlates with aggressive clinicopathological features, including poor prognosis and liver metastasis (Qi et al., 2020). This overexpression could be regulated through lncRNA-mediated ceRNA networks, where SNHG7, ASMTL-AS1, and LINC02604 capture miRNAs, such as hsa-let-7d-5p, hsa-mir-92a-3p, and hsa-mir-423-5p, which target MSI2 and in turn enhance its expression (Shakeri et al., 2024). Furthermore, MSI2 expression demonstrates a strong relationship with the upregulation of serum chemokines and broader immune/inflammatory responses in CRC (X. Meng et al., 2024). For example, MSI2 drives malignant progression through post-transcriptional repression of tumor suppressor mRNAs by direct binding to conserved motifs within their 3'UTRs, as validated by *in vivo* CLIP-seq analyses (Li et al., 2015; Kharin et al., 2021). Additionally, MSI2 directly upregulates KIF18A, ZFHX4, PEG10, and EIF4EBP1 at the translational level (X. Zhang et al., 2022). The upregulation of these genes and lncRNAs enhances CRC cell proliferation, migration, and invasion, and promotes tumor progression by inhibiting PTEN, which activates the PI3K/Akt pathway, leading to increased expression of metastasis-related proteins (MMP2, MMP9) (Cha et al., 2015; X. Chen et al., 2018; G. Liu et al., 2025; Y. Liu, Sun, et al., 2023; Marquis et al., 2020; Nagahara et al., 2011; Ye et al., 2022; H. Zhu et al., 2013). At the post-transcriptional level, MSI2 may contribute to the repression of tumor suppressor mRNAs, such as PTEN, LRIG1, CDH1 (E-cadherin), ZO-1, TGFβ1, NUMB, and BMPR1A, thereby activating multiple oncogenic pathways. MSI2 has been found to repress NUMB expression, contributing to NOTCH signaling dysregulation in tumorigenesis (LM et al., 2018). While PTEN suppression hyperactivates the PI3K/PDK1/AKT/mTORC1 axis, evidenced by increased phosphorylation of AKT (T308), ribosomal protein S6, and 4EBP1, which promotes protein synthesis, ribosome biogenesis, and cellular proliferation while suppressing oxidative phosphorylation (N. Li et al., 2015; Qi et al., 2020). Concurrently, LRIG1 repression enhances ErbB receptor signaling, and coordinated downregulation of epithelial markers (CDH1, ZO-1) with upregulation of TGFβ1 facilitates EMT and metastatic dissemination (Figure 7) (Kharin et al., 2021; N. Li et al., 2015).

MSI2 also exerts its oncogenic influence by promoting immune and inflammatory responses. Overexpression of MSI2 in colitis-associated colon cancer (CAC) models has been shown to significantly elevate serum levels of chemokines (e.g., MCP-1, CCL5, CCL11, G-CSF) and inflammatory cytokines (e.g., IL-1β, TNF-α, IL-6, IFN-γ, IL-17a), enhancing immune cell recruitment and activation within the tumor microenvironment. Transcriptomic analyses confirm MSI2 regulates immune-related pathways (including TNF-α/IFNG responses) and activates nucleocytoplasmic transport and NF-κB signaling, amplifying inflammatory cascades and chemokine production (X. Meng et al., 2024). Overall, MSI2 acts as a key regulator linking chemokine upregulation to enhanced immune cell infiltration and inflammatory signaling in CRC (X. Meng et al., 2024).

MSI2 loss was shown to inhibit CRC malignancy by reducing cell proliferation, viability, migration, and invasion, both *in vitro* and *in vivo*. This inhibition was also associated with triggering ferroptosis through alterations in the intracellular redox state, increased ROS and lipid peroxidation, disrupted iron homeostasis, reduced glutathione (GSH) levels, and mitochondrial injury. For instance, MSI2 directly interacts with phosphorylated ERK (p-ERK). When MSI2 is knocked down or deficient, the activity of the p-ERK/p38/MAPK signaling axis is reduced, which in turn leads to decreased phosphorylation and activity of MAPKAPK2. This repression of MAPKAPK2 is

associated with reduced phosphorylation of downstream targets, such as HSPB1, and contributes to increased ferroptosis. Due to this regulation, there is decreased expression of proliferation markers (PCNA and Ki67), as well as increased expression of ACSL4, which is a marker associated with ferroptosis. (X. Meng et al., 2023). Notably, these effects are independent of canonical Wnt/ β -catenin signaling, as MSI2 induces no nuclear β -catenin accumulation or activation of Wnt target genes despite binding APC and CTNNB1 transcripts (N. Li et al., 2015; S. Wang et al., 2015). Instead, MSI2 mimics APC loss by suppressing overlapping tumor suppressors (e.g., PTEN, BMPR1A), driving crypt transformation and tumor initiation (Kharin et al., 2021).

Both MSI1 and MSI2 are expressed in colorectal cancers and have similar oncogenic effects. Loss of both proteins is required to fully suppress tumor growth *in vivo* in chemical [inflammation-driven (colitis-associated) CRC] and genetic [Familial adenomatous polyposis (hereditary CRC)] models, indicating functional redundancy in promoting intestinal tumorigenesis. (N. Li et al., 2015). Clinically, MSI2 is highly expressed in 32.9% of colorectal cancer cases, and its overexpression is associated with depth of invasion, lymph node metastasis, distant metastasis, liver metastasis, TNM clinical stage, and carcinoembryonic antigen (CEA) level. Moreover, MSI2 overexpression, lymph node metastasis, and distant metastasis are considered independent prognostic factors for overall survival in CRC patients. MSI2 high expression is specifically related to liver metastasis, and combining MSI2 expression with TNM stage improves liver metastasis prediction (Kharin et al., 2021; Zong et al., 2016). Functionally, MSI2 is essential for the survival and proliferation of HCT116 cells, where its knockout inhibits growth, delays G1-to-S phase transition, and reduces xenograft tumorigenesis. Transcriptomic profiling of MSI2-KO HCT116 cells reveals downregulation of RNA processing pathways (spliceosome, nucleocytoplasmic transport) and enrichment in neurological disease pathways (ALS, Huntington's, Parkinson's, Prion's). GSEA analysis further correlates MSI2 depletion with Myc, TNF α -NF κ B, and KRAS signaling downregulation in CRC (X. Zhang et al., 2022). MSI2 binds to miR-30a-3p, which helps to interact with AGO2 and suppresses CGRRF1, a protein that normally breaks down KRAS. By blocking CGRRF1, MSI2 stabilizes KRAS, increasing KRAS/ERK signaling and making cancer cells more resistant to chemotherapy (Figure 7) (Lu et al., 2024).

Therapeutically, all-trans retinoic acid (ATRA) reduces MSI2 protein levels in CRC cell lines, suggesting differentiation-based strategies that may restore normal pathways signaling (LM et al., 2018). Additionally, it has been shown that palmitine exerts a direct inhibitory effect on MSI2 by binding to its RRM2 protein, thereby hindering cancer cell growth (X. Zhang et al., 2022). Overall, MSI2 acts as a key regulator linking chemokine upregulation to enhanced immune cell infiltration and inflammatory signaling in CRC (X. Meng et al., 2024).

URINARY AND GENITAL SYSTEM

Prostatic cancer

MSI2 alters the androgen receptor (AR) signaling pathway in prostate cancer. Specifically, MSI2 binds directly to the 3' UTR of AR mRNA, increasing its stability, leading to upregulation of AR downstream target genes, such as KLK3 and NKX3.1. It has also been described that androgens directly stimulate the prostate-specific homeobox transcription factor NKX3.1 (Budreika et al., 2025); as a result, the AR pathway is activated, promoting prostate

cancer cell proliferation and tumor growth (J. Zhao et al., 2020). AR is frequently upregulated in prostate cancer, particularly as the disease progresses and becomes resistant to hormone therapy. This can promote cancer progression through ligand-independent mechanisms and by regulating genes involved in cell cycle and survival, such as c-Myc. Additionally, signaling pathways like Akt can further enhance AR levels in prostate cancer cells. (Fujita & Nonomura, 2018; L. Gao et al., 2013; Ha et al., 2011; Heinlein & Chang, 2004; X. Li et al., 2024; Özturan et al., 2022; Pandini et al., 2005; Singh & Figg William, 2004; Q. Wang et al., 2009; J. Zhao et al., 2020). Also, polymorphisms in the KLK3 promoter can enhance AR binding, leading to higher KLK3 expression and increased prostate cancer risk (Koistinen et al., 2021; H. Lin et al., 2021; Matin et al., 2019).

Bladder cancer

MSI2 promotes cancer cell migration and metastasis via the JAK2/STAT3 pathway in bladder cancer (M. Wang et al., 2020). Overexpression of MSI2 increases the phosphorylation of JAK2 and STAT3, which in turn upregulates downstream genes like WASF3, involved in the transduction of signals that involve changes in cell shape, function and motility, Figure 7 (C. Yang et al., 2016), and can promote EMT by the effect of lncRNA DANCER and MSI2-binding protein, whose regulation is linked to increased N-cadherin and vimentin, and depletion of E-cadherin (Zhan et al., 2018). EMT in bladder cancer is regulated by a complex network of signaling pathways, transcription factors (Snail, Twist1, and ZEB1), non-coding RNAs (VIM-AS1/miR-655/ZEB1 axis), and interactions with the tumor microenvironment (m6A RNA methylation) (Ashrafizadeh et al., 2020; H. Cai et al., 2024; M. Chi et al., 2022; C. Huang, 2025; J. Huang et al., 2022; McConkey et al., 2009; X. Meng et al., 2022; Ping et al., 2023; Xiong et al., 2021; N. Zhang et al., 2021). In addition, MSI2 expression has been shown to enhance KRAS translation, which thus indirectly activates the PI3K/AKT and MAPK pathways, which are growth-related effector signaling pathways downstream of KRAS. Additionally, MSI2 enhanced KRAS translation upregulates the translational initiator eIF4E, further promoting protein synthesis and cell growth.. This action of MSI2 has been described as influencing HRAS expression and function. Besides, HRAS mutations are found in about 15% of bladder cancer cases, with higher mutation frequency and mRNA expression in bladder urothelial carcinoma compared to other cancers (Y.-T. Chen et al., 2020; Y. Peng et al., 2025).

MSI2 drives oncogenic KRAS signaling and is inversely correlated with miR-143 in human tumors. MSI2 directly binds the conserved UAGUA motif within the KRAS 3' UTR, post-transcriptionally upregulating KRAS protein levels. Genetic suppression of MSI2 reduced KRAS abundance, consequently diminishing phosphorylation of AKT and ERK1/2. This attenuation of PI3K and MAPK signaling pathways resulted in significant growth arrest and apoptosis. Conversely, MSI2 overexpression amplified KRAS expression and enhanced PI3K/AKT and MAPK activation, thereby accelerating cellular proliferation. (Tsujino et al., 2019).

Cervical cancer

MSI2 is described as an oncogenic driver in cervical cancer, where its overexpression correlates with poor survival and drives increased proliferation, invasion, and sphere formation. Mechanistically, MSI2 directly binds the c-FOS 3'-UTR to enhance its translation, activating pro-invasion signaling (P. Dong et al., 2017). In cervical cancer (CC) cell lines, this activation may lead to continuous activation of the Serum Response Element (SRE) motif in

the c-FOS promoter, promoting malignant transformation (Van Riggelen et al., 2005). MSI2 concurrently suppresses PTEN and induces EMT by increasing SNAIL, Vimentin, CD44, and decreasing E-cadherin (P. Dong et al., 2017). Loss of PTEN activates the PI3K/AKT/mTOR pathway, promoting EMT and cancer progression (H. He et al., 2023; H. Liu et al., 2020; R. Sun et al., 2024; W. Zhang et al., 2021). MSI2 expression is tightly regulated by tumor-suppressor miRNAs, such as miR-128-3p, miR-143, and miR-107, which directly target MSI2, and their downregulation predicts poor prognosis. Importantly, p53 activation increases miR-143 and miR-107 levels, leading to suppression of MSI-2 and establishing the p53-miR-143/miR-107-MSI-2 axis. It has been described that antineoplastic antibiotics such as Mithramycin A activate p53, restoring miR-143/miR-107, reducing MSI2 levels, and potentially inhibiting oncogenic phenotypes (P. Dong et al., 2017; R. Wang et al., 2020). Clinically, MSI2 is upregulated in CC tissues and correlates with advanced FIGO stage, lymph node metastasis, and serves as an independent prognostic marker for poorer overall and progression-free survival (Y. Liu et al., 2018).

Endometriosis and ovarian cancer

Endometriosis is a benign gynecological disorder characterized by the growth of ectopic endometrial-like tissue (M. Chen et al., 2020; Y.-M. Yang & Yang, 2017; Zubrzycka et al., 2021). Although not malignant, this condition shares molecular features with specific ovarian carcinomas. A key pathogenic feature common to both is epithelial-mesenchymal transition (EMT), facilitating cellular invasion and dissemination (Agostinis et al., 2021; Cela et al., 2021; S. Guo et al., 2024; Konrad et al., 2020; X. Li et al., 2017; Ni & Li, 2024; J. Wang et al., 2023; Z. Wang et al., 2024; Y. Xie et al., 2023; W. Zheng et al., 2023; M. Zou et al., 2024; 许, 2022).

Endometriosis is a chronic condition where tissue resembling the uterine lining grows outside the uterus. While endometriosis itself is not cancer, it shares some biological features with certain ovarian cancers. One key similarity is the process of Epithelial-Mesenchymal Transition (EMT), which facilitates abnormal cell movement and invasion in both diseases.

MSI2 is significantly upregulated in ovarian carcinoma tissues compared to adjacent noncancerous tissues, and its overexpression is an independent predictor of poor overall survival. Especially, in advanced-stage (III-IV) and serous ovarian carcinomas (J. Lee et al., 2016). Moreover, elevated MSI2 expression enhances tumor cell viability, migration, and invasion, and promotes EMT, as evidenced by reduced E-cadherin expression and increased N-cadherin and vimentin expression. These changes correlate with activation of the PI3K/AKT pathway, as indicated by increased levels of phospho-PI3K and phospho-AKT (L. W. Zhao et al., 2020). Proteins like CD24 and XTP8 further activate this pathway, enhancing EMT (J. Deng et al., 2019; L. Liu et al., 2019; Nakamura et al., 2017; R. Zhao et al., 2024).

In addition, two miRNA pathways have been described as regulators of MSI2. First, in endometriosis MSI2 is translationally repressed by miR-145 via direct binding to the 3'UTR (modulated upstream by the long non-coding RNA PCAT1) (L. Wang et al., 2020). Second, in ovarian cancer MSI2 is targeted by miR-149; it has been determined that overexpression of miR-149 suppresses MSI2 and reverses EMT markers (L. W. Zhao et al., 2020).

Concurrently, MSI2 sustains cancer stemness by upregulating SOX2 during endometriosis (L. Wang et al., 2020). SOX2 expression in endometriosis is regulated by hormonal signals. Analysis of lymph node metastases in endometriosis patients revealed significant enrichment of SOX2-positive cells in tumors dual-positive for estrogen receptor (ER) and progesterone receptor (PR). Current research in endometriosis has shown SOX2 to have robust co-localization with ER in these lesions, indicating that estrogen signaling directly drives SOX2 overexpression in endometriosis-associated tissues. This functional interplay between ER activation and SOX2 upregulation suggests a mechanism for sustaining stemness and metastatic competence in hormone-sensitive disease. (Velho et al., 2023).

Furthermore, in ovarian cancer experimental models MSI2 positively regulates the cancer stem-cell (CSC) marker ALDH4A1 to drive chemoresistance by inducing MDR1 and dysregulates the cell cycle via the repression of p21 and NUMB, which leads to NOTCH1/3 pathway activation (J. Lee et al., 2016; Löblein et al., 2021). Along with MDR1 overexpression, resistant cells often shift their metabolism toward aerobic glycolysis, by displaying proteins upregulation like NOC2L and Hexokinase 2 (HK2) (T.-Y. Lin et al., 2024; McCorkle et al., 2021; Ozturk et al., 2025). MSI2 knockdown attenuates these pro-tumorigenic phenotypes, including stemness maintenance, metabolic activity, and therapy resistance to paclitaxel (J. Lee et al., 2016).

BONE TUMORS

Current research does not directly address whether the incidence of MSI2 affects other bone tumors besides Ewing's sarcoma. Most available studies focus on the role of MSI2 in other cancers and bone cell differentiation rather than bone tumor development or progression.

Ewing's sarcoma

Ewing's sarcoma is mainly regulated by the EWSR1-FLI1 fusion protein, which acts as a powerful transcription factor, changing gene expression and chromatin structure to drive tumor growth and spread. This regulation involves genetic, epigenetic, and microenvironmental factors that together control how the tumor behaves and responds to treatment (Apfelbaum et al., 2022; Chellini et al., 2023; García-Domínguez et al., 2021, 2022; Gong et al., 2023; Hesla et al., 2021; Hughes et al., 2023; Issaq et al., 2020; Koppenhafer et al., 2022; M. Li & Chen, 2022; Marques et al., 2023; Orth et al., 2021; Shi et al., 2020; L. Yu et al., 2023; Zöllner et al., 2021). Recent research has demonstrated that both MSI2 and lncRNA TUG1 are upregulated in Ewing's sarcoma tissues and cell lines. Their expression correlates with tumor cell proliferation, migration, invasion, and decreased patient survival. Functionally, MSI2 is negatively regulated by the tumor suppressor miR-199a-3p, which directly binds to its 3'UTR. While the lncRNA TUG1 acts as a competing endogenous RNA, sequestering miR-199a-3p and thereby enhancing MSI2 expression. This upregulation of MSI2 promotes pro-tumorigenic phenotypes (H. Li et al., 2021).

CACHEXIA AND MSI2

Cachexia is a common and severe complication in cancer, especially in advanced stages, where it affects 50–80% of patients, with particularly high rates in cancers like pancreatic and gastrointestinal tumors. The underlying pathophysiology involves chronic systemic inflammation driven by cytokines (e.g., IL-6, TNF- α) and tumor-derived factors that disrupt metabolism, leading to muscle and fat loss (Da Silva et al., 2020; Law, 2022; Y. Li et al., 2021; Mariean et al., 2023; McGovern et al., 2022; Pavál et al., 2022; Poulia et al., 2020; Setiawan et al., 2023; Van De Worp et al., 2020; Q. Wu et al., 2023). Particularly, in pancreatic cancer, MSI2 upregulates the ubiquitin-proteasome, which may promote cachexia by accelerating the breakdown of muscle proteins, leading to severe muscle loss and weakness (Libramento et al., 2025; Martin et al., 2023; Mulder et al., 2020).

Cachexia is not a specific feature of cancer; it has been largely described in muscular atrophies, such as Myotonic dystrophy. Myotonic dystrophy type 1 (DM1) is a disorder characterized by muscle weakness and wasting that may be amplified by MSI2 overexpression (Sabater-Arcis et al., 2021). Recent research has identified MSI2 as a key player in DM1 muscle dysfunction, acting through the regulation of autophagy and microRNA pathways. Muscle cells from DM1 patients exhibit increased levels of MSI2, which suppresses the maturation of microRNA miR-7. Low levels of miR-7 lead to excessive autophagy, resulting in muscle atrophy and weakness in DM1 patients (Sabater-Arcis et al., 2021). Further, MSI2 overexpression is related to muscle pathology in the HSALR DM1 mouse model, which typically exhibits mild or no muscle atrophy. The forced overexpression of MSI2 has been shown to induce key features of muscle degeneration, including activation of autophagy, as evidenced by an increased LC3-II/LC3-I ratio and elevated ATG7 levels, along with a reduction in P62 protein (Sabater-Arcis et al., 2024).

MSI2 overexpression is involved in driving the progression of muscular atrophy in DM1 (Sabater-Arcis et al., 2021). Concurrently, MSI2 is overexpressed in multiple solid cancers associated with cachexia, including pancreatic, gastric, lung, liver, and colorectal cancers (Baracos et al., 2018; X. Li et al., 2017; Porporato, 2016; 许, 2022).

This shared dysregulation suggests MSI2 may act as a convergent molecular mechanism promoting muscle atrophy in both contexts. The overexpression in cancer is hypothesized to contribute directly to the muscle wasting characteristic of cachexia.

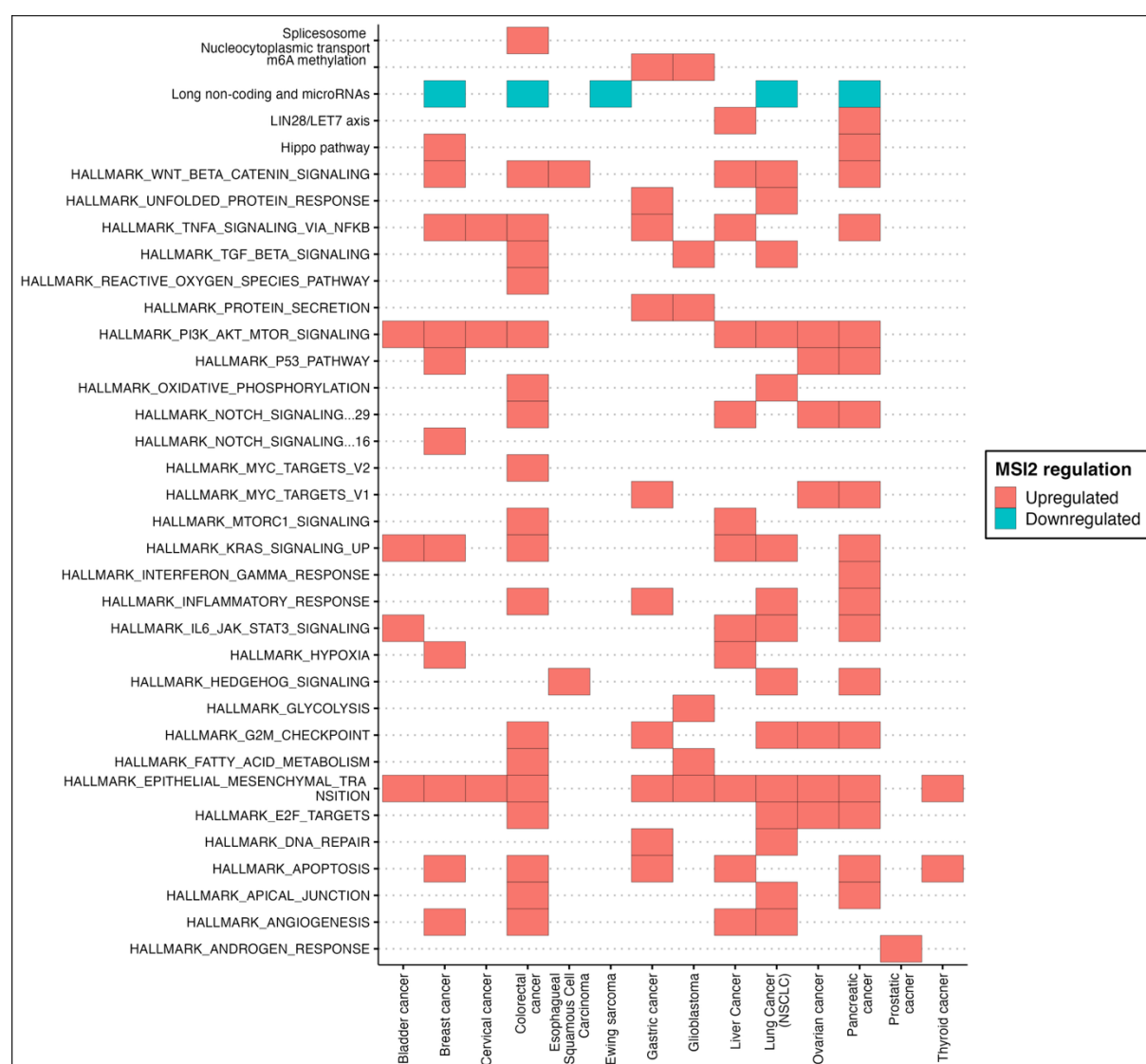


Figure 7. Hallmarks from MSigDB and additional categories illustrate the role of MSI2 as an oncoprotein that exerts its function. The x-axis shows the 14 solid tumors in which MSI2 exerts its role, and the y-axis shows the MSigDB hallmarks. Red boxes indicate upregulation, and blue boxes indicate downregulation.

4. Conclusion

Musashi-2 has been widely studied for its role in cancer. The literature shows that MSI2 is frequently upregulated in a variety of solid tumors, which is often linked to tumor progression, metastasis, poor prognosis, and chemoresistance. Its ability to bind and stabilize certain oncogenic mRNAs, while blocking the expression of tumor suppressors, allows cancer cells to acquire aggressive properties and enhance their survival mechanisms. By acting on pathways such as PI3K/Akt/mTOR, Wnt/ β -catenin and TGF- β /SMAD, MSI2 confers a distinct advantage on malignant cells, helping them to survive under metabolic stress and evade treatment. In glioblastoma, for example, MSI2 stimulates glycolysis and lipid biosynthesis, enabling rapid cell division and contributing to therapy

resistance. A similar phenomenon is observed in pancreatic cancer, where MSI upregulation of c-MET and other oncogenic targets supports both tumor growth and chemoresistance.

Emerging evidence also points to MSI2 role in promoting EMT, enabling cancer cell dissemination to distant organs. Especially, due to the dysregulation of factors and mesenchymal effectors, such as SNAIL1/2, SLUG, and ZEB1/2, along with cytoskeletal proteins like vimentin and E-cadherin. In addition, MSI2 has been associated with enhanced stem-like properties characterized by increased markers of self-renewal and pluripotency. These attributes foster a tumor cell subpopulation resistant to conventional therapies and prone to relapse

MSI2-driven metabolic regulation is observed frequently in high-incidence malignancies. In glioblastoma, MSI2 promotes glycolysis and lipogenesis via the SNORD12B–ZBTB4 axis. In pancreatic cancer, MSI2 drives gemcitabine resistance through the ALDH and LIN28 regulation. In hepatocellular carcinoma, MSI2 enhances MYC and VEGFA translation. Despite these advances, most experimental studies remain reductionist. The 91,5% are limited to in vitro systems, the in silico 56,3% and only 52,1% employ patient-derived xenograft (PDX) models. This PRISMA-based scoping review identified 71 eligible studies that consistently link MSI2 overexpression with a poor prognosis. However, no metabolic study has progressed to Phase III clinical trials. Bone tumors remain poorly understood. Few studies address their metabolic programming, and the role of MSI2 in their development remains unclear. These gaps emphasize the need for humanized preclinical models and metabolic imaging tools to enable the translational validation of MSI2-targeted strategies.

The broad functional range of MSI2 highlights its potential as both a prognostic biomarker and a therapeutic target. Elevated levels often correlate with poorer patient outcomes and more advanced disease stages. Interfering with MSI2 expression, either through knockdown strategies or small molecule inhibitors, has shown promising preliminary results in reducing tumor proliferation and sensitizing cancer cells to existing therapies. This dual prognostic and therapeutic role underscores the clinical significance of MSI2 and prompts further investigation into how it can best be exploited for diagnostic and therapeutic purposes.

In conclusion, MSI2 emerges as a molecular driver of solid tumor progression by coordinating metabolic adaptations, maintaining oncogenic signaling networks, and influencing immune evasion. A deeper understanding of MSI2 mechanisms and interactions in driving tumor growth, metastasis, and therapy resistance places this RNA-binding protein as a promising target in precision oncology for solid tumors.

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SUPPLEMENTARY DATA

Supplementary Table 1.A. Operationalization of variables that were extracted for each article included in the scoping review after full-text screening. EWING'S SARCOMA.

JOURNAL ARTICLE	YEAR	DOI	STUDY TYPE	SOLID TUMORS TYPE	ALTERED PATHWAY	MSI2 STATUS	EFFECT TYPE
LncRNA TUG1 promotes Ewing's sarcoma cell proliferation, migration, and invasion via the miR-199a-3p-MSI2 signaling pathway	2021	DOI: 10.4149/neo_2021_201110_N1198	In vitro	Ewing's sarcoma	TUG1/miR-199a-3p/MSI2	Upregulated	Indirect

Supplementary Table 1.B. Operationalization of variables that were extracted for each article included in the scoping review after full-text screening. GLIOBLASTOMA.

JOURNAL ARTICLE	YEAR	DOI	STUDY TYPE	SOLID TUMORS TYPE	ALTERED PATHWAY	MSI2 STATUS	EFFECT TYPE
Exploring the role of m6A methylation regulators in glioblastoma multiforme and their impact on the tumor immune microenvironment.	2023	DOI: 10.1096/fj.202301343	In silico	Glioblastoma	m6A methylation PD1-PDL1	Upregulated	Indirect
Glioma glycolipid metabolism: MSI2-SNORD12B-FIP1L1-ZBTB4 feedback loop as a potential treatment target.	2021	doi: 10.1002/cim2.411	In vitro In vivo In silico	Glioblastoma	Glycolytic pathway Lipid synthesis pathway Alternative polyadenylation (APA) pathway MSI2/SNORD12B/FIP1L1/ZBTB4 loop	Upregulated	Direct
MSI2-TGF- β /TGF- β R1/SMAD3 positive feedback regulation in glioblastoma.	2019	DOI: 10.1007/s00280-019-03892-5	In vitro In vivo	Glioblastoma	TGF- β /SMAD3 EMT activation Snail 1/2	Upregulated	Direct

Supplementary Table 1.C. Operationalization of variables that were extracted for each article included in the scoping review after full-text screening. THYROID CANCER.

JOURNAL ARTICLE	YEAR	DOI	STUDY TYPE	SOLID TUMORS TYPE	ALTERED PATHWAY	MSI2 STATUS	EFFECT TYPE
Upregulation of microRNA-143-3p Induces apoptosis and suppresses proliferation, invasion, and migration of papillary thyroid carcinoma cells by targeting MSI2.	2020	DOI: 10.1016/j.yexmp.2019.104342	In vitro	Thyroid cancer	MSI2/miR-143-3p BAX/BCL-2	Downregulated	Indirect
Emerging roles of the long non-coding RNA 01296/microRNA-143-3p/MSI2 axis in development of thyroid cancer	2019	DOI: 10.1042/BSR20182376	RETRACTED ON 2022	Thyroid cancer	RETRACTED ON 2022	RETRACTED ON 2022	RETRACTED ON 2022

Supplementary Table 1.D. Operationalization of variables that were extracted for each article included in the scoping review after full-text screening. ESOPHAGEAL CANCER.

JOURNAL ARTICLE	YEAR	DOI	STUDY TYPE	SOLID TUMORS TYPE	ALTERED PATHWAY	MSI2 STATUS	EFFECT TYPE
Suppression of Musashi-2 by the small compound largazole exerts inhibitory effects on malignant cells	2020	https://doi.org/10.3892/jjo.2020.4993	In vitro In vivo In silico	Esophageal Squamous Cell Carcinoma	Wnt/ β -Catenin	Upregulated	Indirect
MsI2 plays a carcinogenic role in esophageal squamous cell carcinoma via regulation of the Wnt/ β -catenin and Hedgehog signaling pathways	2017	https://doi.org/10.1016/j.yexcr.2017.10.016	In vitro In vivo	Esophageal Squamous Cell Carcinoma	Wnt/ β -Catenin Hedgehog	Upregulated	Indirect

Supplementary Table 1.E. Operationalization of variables that were extracted for each article included in the scoping review after full-text screening.NSCLC.

JOURNAL ARTICLE	YEAR	DOI	STUDY TYPE	SOLID TUMORS TYPE	ALTERED PATHWAY	MSI2 STATUS	EFFECT TYPE
Musashi-2 (MSI2) regulation of DNA damage response in lung cancer.	2023	DOI:10.1101/2023.06.13.544756	In vitro In vivo In silico	Lung cancer (NSCLC)	DNA Damage Response Cell Cycle regulation (G2/M arrest) VEGFR2, SMAD3, SOX2	Upregulated	Direct
Musashi-2 (MSI2) supports IGF-β signaling and inhibits claudins to promote non-small cell lung cancer (NSCLC) metastasis	2016	DOI:10.1073/pnas.1513816113	In vitro In vivo In silico	NSCLC	IGF-β/SMAD3 EM1 (Claudins, SNAIL and SLUG) Tight junction integrity (TJ) Fibronectin (FN1) regulation	Upregulated	Direct
KLF4 suppresses the proliferation and metastasis of NSCLC cells via inhibition of MSI2 and regulation of the JAK/STAT3 signaling pathway.	2022	10.1016/j.jlcr.2022.101339	In vitro	NSCLC	JAK2/STAT3	Upregulated	Indirect
Musashi-2 (MSI2) regulates epidermal growth factor receptor (EGFR) expression and response to EGFR inhibitors in EGFR-mutated non-small cell lung cancer (NSCLC).	2021	https://doi.org/10.1038/s41389-021-00317-y	In vivo xenografts In vitro cell lines In silico prediction of binding motifs on EGFR mRNA	NSCLC	EGFR-RRS3/RRB2 PI3K/Akt1/mTOR RAS/RAF/MEK/ERK TGF-β/SMAD3 Pathway	Upregulated	Direct
Musashi-2 in cancer-associated fibroblasts promotes non-small cell lung cancer metastasis through peroxine IL-6-driven epithelial-mesenchymal transition.	2023	https://doi.org/10.1186/s13578-023-01158-5	In vitro In vivo In silico	NSCLC	EMT pathway IL-6/JAK2/STAT3	Upregulated	Indirect
Musashi 2 (MSI2) expression as an independent prognostic biomarker in non-small cell lung cancer (NSCLC).	2020	doi:10.21037/jtd-20-2787	Observational retrospective cohort study In silico	NSCLC	TGF-β/SMAD EGFR Wnt/β-catenin JAK/STAT1	Upregulated	Direct
Suppression of Musashi-2 by the small compound largazole exerts inhibitory effects on malignant cells	2020	https://doi.org/10.3892/jlo.2020.4993	In vitro In vivo In silico	NSCLC	PI3K/Akt/mTOR IGF-β	Downregulated	Direct
Musashi RNA-Binding Proteins as Cancer Drivers and Novel Therapeutic Targets.	2017	10.1158/1078-0432.CCR-16-2728	In vitro In vivo	Lung cancer (NSCLC)	IGF-β/Smad tight junction	Upregulated	Direct
MUSASHI-2 confers resistance to third-generation EGFR-tyrosine kinase inhibitor osimertinib in lung adenocarcinoma.	2021	https://doi.org/10.1111/cas.15059	In vitro	Lung cancer	NanoG SOX2	Upregulated	Direct
Regulation of VEGFR2 and Akt Signaling by Musashi-2 in Lung Cancer	2023	DOI:10.3390/cancers15092529	In vitro In silico	Lung cancer	VEGFR2 PTEN/AKT VEGF-A	Upregulated	Direct
Inhibition effect of miR-598 on migration and invasion of non-small cell lung cancer by targeting MSI2	2021	https://doi.org/10.1155/2021/3997806	In vitro In silico	NSCLC	miR-598/MSI2	Downregulated	Direct
Regulation of lung cancer initiation and progression by the stem cell determinant Musashi	2025	https://doi.org/10.7554/eLife.63702.1.2	In vitro In vivo	Lung cancer	Stemness/Developmental signaling (Prncn, Nupr1, Mbd3) DNA repair pathways (Brca1 and Atm) Metabolic regulators (Pck2, Cpt1 isoforms, Glut1) Oncogenic Signaling factors (Gli1, Tubb3, Ccr1) Novel effectors: Hgds (prostaglandin D2 synthase), A12bp (binds and supports nuclear STAT3), Rort157 (t3 ligase implicated in cell survival), Spt11 (vesicular trafficking protein).	Upregulated	Direct

Supplementary Table 1.F. Operationalization of variables that were extracted for each article included in the scoping review after full-text screening. BREAST CANCER.

JOURNAL ARTICLE	YEAR	DOI	STUDY TYPE	SOLID TUMORS TYPE	ALTERED PATHWAY	MSI2 STATUS	EFFECT TYPE
Evaluation of cfDNA as an early detection assay for dense tissue breast cancer	2022	https://doi.org/10.1038/s41596-022-12457-1	Clinical Trial In silico	Breast cancer	TFGB/SMAD EMT	Upregulated	Direct
DBC2/RhoBTB2 functions as a tumor suppressor protein via Musashi-2 ubiquitination in breast cancer.	2016	https://doi.org/10.1038/onc.2016.441	In vitro	Breast cancer	p21/DBC2 BAX/Bcl-2 MAPK/ERK	Downregulated	Direct
RNA-binding protein MSI2 isoforms expression and regulation in progression of triple-negative breast cancer.	2020	https://doi.org/10.1186/s13046-020-01587-x	In vitro In vivo In silico	Breast cancer	TP53 signaling MAPK/ERK 1/2 p73/DUSP10 signaling cascade	Upregulated	Direct
Knockdown of Musashi RNA Binding Proteins Decreases Radioresistance but Enhances Cell Motility and Invasion In Triple-Negative Breast Cancer.	2020	10.3390/ijms21062169	In vitro	Breast cancer	Notch signaling EGFR CD44/G8X42 and vimetin	Upregulated	Indirect
Syndecan-1 Depletion Has a Differential Impact on Hyaluronic Acid Metabolism and Tumor Cell Behavior In Luminal and Triple-Negative Breast Cancer Cells.	2021	https://doi.org/10.3390/ijms22115874	In vitro In silico	Breast cancer	PI3K/Akt/mTOR MYC APOPTOSIS EMT	Upregulated	Direct
Mapping genomic and transcriptomic alterations spatially in epithelial cells adjacent to human breast carcinoma.	2017	https://doi.org/10.1038/s41467-017-01357-y	In vitro	Breast cancer	Wnt β-catenin/TCF/LEF	Upregulated	Indirect
RNA-binding protein complex LIN28/MSI2 enhances cancer stem cell-like properties by modulating Hippo-YAP1 signaling and independently of Let-7.	2022	DOI: 10.1038/s41388-022-02198-w	In vitro In vivo In silico	Breast cancer	Hippo/YAP1	Upregulated	Direct
Prolonged DEHP exposure enhances the stemness and metastatic potential of TNBC cells in an MSI2-dependent manner	2025	DOI: 10.7150/ijbs.101598	In vitro In vivo	Breast cancer	PI3K/AKT NFKB Signaling Cascade MMP-9 mediated invasiveness Vimentin and EMT-related pathways Stemness pathways miR-155-5p/MSI2 axis	Upregulated	Direct

Supplementary Table 1.G. Operationalization of variables that were extracted for each article included in the scoping review after full-text screening. PANCREATIC CANCER.

JOURNAL ARTICLE	YEAR	DOI	STUDY TYPE	SOLID TUMORS TYPE	ALTERED PATHWAY	MSI2 STATUS	EFFECT TYPE
Image-based detection and targeting of therapy resistance in pancreatic adenocarcinoma.	2016	https://doi.org/10.1038/nature17968	In vitro In vivo In silico	Pancreatic cancer	c-MET signaling Wnt/ β -Catenin MSI2/ALDH1/LIN28 BRD4/HMCA2	Upregulated	Direct
Activating miRNA-mRNA network in gemcitabine-resistant pancreatic cancer cell associates with alteration of memory CD4(+) T cells.	2020	https://doi.org/10.21037/atm.2020.03.53	In vitro In silico	Pancreatic cancer	MSI2/CD4+ Ubiquitin-proteasome system IFN- γ /IL-27 (indirect) IL-6/JAK/STAT3 (indirect)	Upregulated	Direct
The Novel KLF4/MSI2 Signaling Pathway Regulates Growth and Metastasis of Pancreatic Cancer.	2017	https://doi.org/10.1158/1078-0432.CCR-16-1064	In vitro In vivo	Pancreatic cancer	KLF4/MSI2 Wnt/ β -Catenin MYC/Cyclin D1/CDK2 Notch	Upregulated	Direct
MSI2 regulates NLK-mediated EMT and PI3KK/AKT/mTOR pathway to promote pancreatic cancer progression.	2024	https://doi.org/10.1186/s12935-024-03444-9	In vitro In vivo In silico	Pancreatic cancer	EMT pathway PI3K/AKT/mTOR	Upregulated	Direct
Single-cell mapping identifies MSI(+) cells as a common origin for diverse subtypes of pancreatic cancer.	2023	https://doi.org/10.1016/j.ccell.2023.09.008	In vitro In vivo In silico	Pancreatic cancer	MAPK/KRAS/Notch MYC HMG82/TOP2A SOX4/GATA6/OCT4/TEAD2	Upregulated	Indirect
Musashi2 promotes the development and progression of pancreatic cancer by down-regulating Numb protein.	2017	10.18632/oncotarget.8736	In vitro In vivo	Pancreatic cancer	Numb/Notch/p53/Gli1(Hedgehog) MSI2/SOX2 Ki-67	Upregulated	Direct
Cooperation of Musashi-2, Numb, MDM2, and P53 in drug resistance and malignant biology of pancreatic cancer.	2017	10.1095/j.2016.01240R	In vitro In vivo	Pancreatic cancer	Numb/MDM2/p53	Upregulated	Direct
Musashi2 promotes EGF-induced EMT in pancreatic cancer via ZEB1-ERK/MAPK signaling.	2020	https://doi.org/10.1186/s13046-020-1521-4	In vitro In vivo	Pancreatic cancer	EGF/EGFR ZEB1-ERK/MAPK EMT MYC	Upregulated	Direct
RNA-binding protein Musashi2 regulates Hippo signaling via SAV1 and MOB1 in pancreatic cancer.	2020	https://doi.org/10.1007/s12032-020-01384-8	In vitro	Pancreatic cancer	Hippo pathway	Upregulated	Direct
Transcription factor FOXF2 promotes the development and progression of pancreatic cancer by targeting MSI2.	2024	DOI: 10.3892/or.2024.8752	In vitro In vivo In silico	Pancreatic cancer	FOXF2/MSI2/Numb Cell cycle and apoptotic pathways (indirect)	Upregulated	Direct
Musashi2 promotes the progression of pancreatic cancer through a novel ISYNA1-p21/ZEB-1 pathway.	2020	DOI: 10.1111/jcmm.15676	In vitro	Pancreatic cancer	MSI2/ISYNA1/p21 MSI2/ISYNA1/Zeb-1	Upregulated	Indirect

Supplementary Table 1.H. Operationalization of variables that were extracted for each article included in the scoping review after full-text screening. LIVER CANCER.

JOURNAL ARTICLE	YEAR	DOI	STUDY TYPE	SOLID TUMORS TYPE	ALTERED PATHWAY	MSI2 STATUS	EFFECT TYPE
ADAR1-dependent miR-3144-3p editing simultaneously induces MSI2 expression and suppresses SLC38A4 expression in liver cancer.	2023	https://doi.org/10.1038/s12276-022-00916-8	In vitro In vivo In silico	Liver Cancer	EMT signaling ADAR1/miR-2144-3p	Upregulated	Direct
Musashi2 contributes to the maintenance of CD44v6+ liver cancer stem cells via notch1 signaling pathway.	2019	10.1186/s13046-019-1508-1	In vivo In vitro In silico	Liver Cancer	Notch1/LFNG/Hes1/Hey1 Nanog/Oct4/Sox2 MMP7	Upregulated	Direct
Musashi 2 contributes to the stemness and chemoresistance of liver cancer stem cells via LIN28A activation.	2017	https://doi.org/10.1016/j.carnet.2016.10.007	In vitro In vivo	Liver Cancer	MSI2/LIN28A Reprogramming factors	Upregulated	Direct
Musashi-2 promotes hepatitis B virus related hepatocellular carcinoma progression via the Wnt/ β -catenin pathway	2015	PMID: 26045988	In vitro In vivo	Liver cancer (HCC)	Wnt/ β -catenin	Upregulated	Indirect
MSI2 promotes translation of multiple IRES-containing oncogenes and virus to induce self-renewal of tumor initiating stem-like cells	2023	https://doi.org/10.1038/s41420-023-01427-9	In vitro In vivo In silico	Liver cancer (HCC)	MYC pathway Oncogenesis, Self-Renewal, and Stemness RNA Metabolism	Upregulated	Direct

Supplementary Table 1.I. Operationalization of variables that were extracted for each article included in the scoping review after full-text screening. PROSTATIC CANCER.

JOURNAL ARTICLE	YEAR	DOI	STUDY TYPE	SOLID TUMORS TYPE	ALTERED PATHWAY	MSI2 STATUS	EFFECT TYPE
RNA-binding protein Musashi2 stabilizing androgen receptor drives prostate cancer progression.	2020	https://doi.org/10.1111/cas.14280	In vitro In vivo In silico	Prostatic cancer	Androgen receptor stabilization AR protein turnover AR-driven transcriptional cascade	Upregulated	Direct

Supplementary Table 1.J. Operationalization of variables that were extracted for each article included in the scoping review after full-text screening. BLADDER CANCER.

JOURNAL ARTICLE	YEAR	DOI	STUDY TYPE	SOLID TUMORS TYPE	ALTERED PATHWAY	MSI2 STATUS	EFFECT TYPE
Suppression of Musashi-2 by the small molecule compound largazole exerts inhibitory effects on malignant cells	2020	https://doi.org/10.3892/ijo.2020.4994	In vitro In vivo In silico	Bladder cancer	JAK2/STAT3	Upregulated	Indirect
MicroRNA-143/Musashi-2/KRAS cascade contributes positively to carcinogenesis in human bladder cancer.	2019	10.1111/cas.14035	In vitro In vivo In silico	Bladder cancer	KRAS/PI3K/AKT KRAS/MAPK MSI2/miR-143	Upregulated	Direct
Musashi-2 promotes migration and invasion in bladder cancer via activation of the JAK2/STAT3 pathway.	2016	https://doi.org/10.1038/leblinvest.2016.71	In vitro	Bladder cancer	JAK2/STAT3 WASF3	Upregulated	Indirect
Long non-coding RNA DANCR promotes malignant phenotypes of bladder cancer cells by modulating the miR-149/MSI2 axis as a ceRNA	2018	https://doi.org/10.1186/s13046-018-0921-1	In vitro In vivo	Bladder cancer	EMT Cell proliferation and tumor growth	Upregulated	Indirect

Supplementary Table 1.K. Operationalization of variables that were extracted for each article included in the scoping review after full-text screening. COLORECTAL CANCER.

JOURNAL ARTICLE	YEAR	DOI	STUDY TYPE	SOLID TUMORS TYPE	ALTERED PATHWAY	MSI2 STATUS	EFFECT TYPE
Integrated analysis of RNA-binding proteins in human colorectal cancer.	2020	https://doi.org/10.1186/s12957-020-01995-5	In silico	Colorectal cancer	PKC/AKT/mTORC1 axis	Upregulated	Indirect
Prognostic role and biologic features of Musashi-2 expression in colon polyps and during colorectal cancer progression.	2021	https://doi.org/10.1371/journal.pone.0252132	In vitro In silico	Colorectal cancer	TGF- β Signaling E-cadherin/ZO-1 translation EMT signaling APC WNT PATHWAY	Upregulated	Direct
The Msi Family of RNA-Binding Proteins Function Redundantly as Intestinal Oncoproteins.	2015	https://doi.org/10.1016/j.ccr.2015.11.022	In vivo In vitro In silico	Colorectal cancer	PTEN/mTORC1/AKT MSI2/Bmpr1a Lrig1/ErbB Numb/Notch APC	Upregulated	Direct
Musashi-2 potentiates colorectal cancer immune infiltration by regulating the post-translational modifications of HMGB1 to promote DCs maturation and migration.	2024	https://doi.org/10.1186/s12964-024-01495-z	In vitro In vivo	Colorectal cancer	MSI2/P3000/HMGB1 TNF- α /IL-1 β /IL-6/IFN- γ MCP-1/CCL5/CCL11	Upregulated	Direct
Musashi-2 Deficiency Triggers Colorectal Cancer Ferroptosis by Downregulating the MAPK Signaling Cascade to Inhibit HSPB1 Phosphorylation.	2023	https://doi.org/10.1186/s12575-023-00222-1	In vitro In vivo In silico	Colorectal cancer	MAPK/ERK/HSPB1 GPX4/FTH1/ACSL4 PCNA/Ki67 Oxidative phosphorylation and lipid metabolism	Upregulated	Direct
Increased Musashi-2 and Decreased Numb Protein Levels Observed in Human Colorectal Cancer are reverted to Normal Levels by ATRA-Induced Cell Differentiation.	2018	10.33140/ijcrt.03.02.00003	In vitro	Colorectal cancer	MSI2/Numb/NOTCH ATRA treatment	Upregulated	Indirect
Identification of ASMTL-AS1 and LINC02604 lncRNAs as novel biomarkers for diagnosis of colorectal cancer.	2024	10.1007/s00384-024-04692-x	In vitro In silico	Colorectal cancer	Cell cycle progression and proliferation Apoptosis evasion Invasion and metastasis	Downregulated	Direct
Transformation of the intestinal epithelium by the MSI2 RNA-binding protein.	2015	https://doi.org/10.1038/ngcmms7517	In vitro In vivo In silico	Colorectal cancer	PTEN/PKC/AKT/mTORC1 BMP signaling EGFR signaling CDKN1A/p21 Numb/Notch	Upregulated	Direct
Small Molecule Palmatine Targeting Musashi-2 in Colorectal Cancer.	2022	https://doi.org/10.3389/fphar.2021.793449	In vitro In vivo	Colorectal cancer	Spliceosome Nucleocytoplasmic transport MYC signaling TNF α -NF κ B signaling KRAS signaling	Downregulated	Direct
Musashi2 as a novel predictive biomarker for liver metastasis and poor prognosis in colorectal cancer.	2016	DOI: 10.1002/cam4.624	In vitro	Colorectal cancer	PKC-AKT-mTORC1	Upregulated	Indirect

Supplementary Table 1.L. Operationalization of variables that were extracted for each article included in the scoping review after full-text screening. CERVICAL CANCER.

JOURNAL ARTICLE	YEAR	DOI	STUDY TYPE	SOLID TUMORS TYPE	ALTERED PATHWAY	MSI2 STATUS	EFFECT TYPE
Musashi-2 is a prognostic marker for the survival of patients with cervical cancer.	2018	10.3892/ol.2018.8077	In vitro	Cervical cancer	Cell migration and invasive program	Upregulated	Indirect
Knockdown of MIR4435-2HG Suppresses the Proliferation, Migration and Invasion of Cervical Cancer Cells via Regulating the miR-128-3p/MSI2 Axis in vitro.	2020	https://doi.org/10.2147/CMAR.S265545	In vitro	Cervical cancer	miR-128-3p/MSI2 miR4435-2hg/MSI2 Cell proliferation, invasion and migration	Upregulated	Direct
Musashi-2, a novel oncoprotein promoting cervical cancer cell growth and invasion, is negatively regulated by p53-Induced miR-143 and miR-107 activation	2017	https://doi.org/10.1186/s13048-017-0617-y	In vitro In silico	Cervical cancer	c-FOS PTEN EMT Cancer stemness	Upregulated	Direct

Supplementary Table 1.M. Operationalization of variables that were extracted for each article included in the scoping review after full-text screening. OVARIAN CANCER.

JOURNAL ARTICLE	YEAR	DOI	STUDY TYPE	SOLID TUMORS TYPE	ALTERED PATHWAY	MSI2 STATUS	EFFECT TYPE
Musashi-2 is a novel regulator of paclitaxel sensitivity in ovarian cancer cells.	2016	https://doi.org/10.3892/ijo.2016.3683	In vitro	Ovarian cancer	MSI2/MDR1 p21 Numb	Upregulated	Indirect
Dual Knockdown of Musashi RNA-Binding Proteins MSI-1 and MSI-2 Attenuates Putative Cancer Stem Cell Characteristics and Therapy Resistance in Ovarian Cancer Cells.	2021	https://doi.org/10.3390/ijm1222111502	In vitro In silico	Ovarian cancer	Numb/Notch1/3 Cell cycle p21 MYC ALDH-related mechanisms	Upregulated	Direct
SNP rs710886 A>G in long noncoding RNA PCAT1 is associated with the risk of endometriosis by modulating expression of multiple stemness-related genes via microRNA-145 signaling pathway.	2019	https://doi.org/10.1002/jcb.29406	In vitro In silico	Ovarian cancer	PCAT1/miR-145/MSI2 Stemness/proliferation miR-145/SOX2	Upregulated	Direct
MicroRNA-149 suppresses the malignant phenotypes of ovarian cancer via downregulation of MSI2 and inhibition of PI3K/AKT pathway.	2020	https://doi.org/10.26355/eu/rev_202001_19695	In vitro	Ovarian cancer	PI3K/AKT EMT miR-149/MSI2	Upregulated	Direct

Supplementary Table 1.N. Operationalization of variables that were extracted for each article included in the scoping review after full-text screening. GASTRIC CANCER.

JOURNAL ARTICLE	YEAR	DOI	STUDY TYPE	SOLID TUMORS TYPE	ALTERED PATHWAY	MSI2 STATUS	EFFECT TYPE
Image-based detection and targeting of therapy resistance in pancreatic adenocarcinoma.	2016	https://doi.org/10.1038/naturs17988	In vitro In vivo In silico	Gastrointestinal cancer	Reg genes	Upregulated	Direct
Increased musashi 2 expression indicates a poor prognosis and promotes malignant phenotypes in gastric cancer.	2019	https://doi.org/10.3892/ol.2019.9689	In vitro	Gastric cancer	Proliferation signaling Invasion and metastasis Angiogenesis	Upregulated	Indirect
Construction and Analysis of the Tumor-Specific mRNA-miRNA-lncRNA Network In Gastric Cancer.	2020	https://doi.org/10.3389/fphar.2020.01112	In silico	Gastric cancer	KEGG on Cell cycle regulation, DNA repair, immune-related pathways	Upregulated	Direct
LncRNA LINC00942 promotes chemoresistance in gastric cancer by suppressing MSI2 degradation to enhance c-Myc mRNA stability.	2021	DOI:10.1002/cim2.703	In vitro In vivo In silico	Gastric cancer	LINC00942/MSI2/c-Myc SCF ^β -TRCP-Ubiquitin Proteasome Pathway m6A Epitranscriptomic Regulation	Upregulated	Direct

Supplementary Table 2. Experimental model count of the papers included in the review after the full-text screening.

CATEGORY	Tumor_type	In_Vitro	In_Vivo	In_Silico	Total
BONE TUMORS	Ewing sarcoma	1	0	0	1
HEAD AND NECK TUMORS	Glioblastoma	2	2	2	3
HEAD AND NECK TUMORS	Thyroid cancer	2	0	0	2
GASTROINTESTINAL TUMORS	Esophagus cancer	2	2	1	2
CHEST TUMORS	NSCL	10	7	7	12
CHEST TUMORS	Breast cancer	7	3	4	8
GASTROINTESTINAL TUMORS	Pancreatic cancer	11	8	5	11
GASTROINTESTINAL TUMORS	Liver cancer	5	5	3	5
GASTROINTESTINAL TUMORS	Colorectal cancer	9	6	6	10
URINARY AND GENITAL SYSTEM	Prostatic cancer	1	1	1	1
URINARY AND GENITAL SYSTEM	Bladder cancer	4	4	2	4
URINARY AND GENITAL SYSTEM	Cervical cancer	3	0	1	3
URINARY AND GENITAL SYSTEM	Ovarian cancer	4	0	2	4
GASTROINTESTINAL TUMORS	Gastric cancer	4	2	3	4

Supplementary Table 3. Binary count of the Hallmarks affected by MSI2

[illegible]

*The Long non-coding and microRNAs group was assigned a "-1" regulatory status, which reflects its downregulated state.