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REVIEW ARTICLE

MicroRNAs: potential candidates for diagnosis and treatment of colorectal cancer[†]

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Abstract

Colorectal cancer (CRC) is known as the third common cancer worldwide and an important public health problem in different populations. Several genetics and environmental risk factors are involved in the development and progression of CRC including chromosomal abnormalities, epigenetic alterations, and unhealthy lifestyle. Identification of risk factors and biomarkers could lead to a better understanding of molecular pathways involved in CRC pathogenesis. MicroRNAs (miRNAs) are important regulatory molecules which could affect a variety of cellular and molecular targets in CRC. A large number of studies have indicated deregulations of some known tissue-specific miRNAs, e.g. miR-21, miR-9, miR-155, miR-17, miR-19, let-7 and miR-24 as well as circulating miRNAs, e.g. miR-181b, miR-21, miR-183, let-7g, miR-17 and miR-126, in patients with CRC. In the current review, we focus on the findings of preclinical and clinical studies performed on tissue-specific and circulating miRNAs as diagnostic biomarkers and therapeutic targets for the detection of patients at various stages of CRC. This article is protected by copyright. All rights reserved

Key word: Colorectal cancer, MicroRNA, Diagnosis, Therapy

Introduction

Colorectal cancer (CRC) is known as one of main types of gastrointestinal cancers which threatens the lives of millions of people globally (Treanor and Quirke 2007; Gharagozloo, Mirzaei et al. 2012). Many genetic and environmental factors or inflammatory conditions could play important roles in the pathogenesis of CRC (Grady and Markowitz 2002).

Several lines of evidences have indicated that identification of various risk factors and biomarkers could contribute to better understanding of cellular and molecular signaling pathways involved in disease processes which could finally lead to a more effective therapy for CRC patients (Tanaka, Tanaka et al. 2010; Schirripa and Lenz 2016; Das, Kalita et al. 2017). Moreover, using powerful diagnostic and prognostic biomarkers allow a better monitoring of response to therapy in patients with CRC (Tanaka, Tanaka et al. 2010; Yiu and Yiu 2016).

Among various proposed biomarkers such as DNAs, RNAs, epigenetic changes, proteins and glycoproteins, microRNAs (miRNA) have emerged as novel diagnostic, prognostic and therapeutic biomarkers in patients with CRC (Ferracin, Lupini et al. 2016; Trang, Weidhaas et al. 2017).

MiRNAs are regulatory non-coding RNAs which are able to exert their effects at the transcriptional or post-transcriptional level (Salarini, Sahebkar et al. 2015; Fathollahzadeh, Mirzaei et al. 2016; Mirzaei, Sahebkar et al. 2016; Simonian, Mosallayi et al. 2016; Mirzaei, Momeni et al. 2017).

miRNAs regulate various genes and cellular/molecular targets which have critical tasks in vital processes such as apoptosis, angiogenesis, differentiation, and cell cycle (Mirzaei, Khataminfar et al. 2016; Mirzaei, Naseri et al. 2016; Mohammadi, Goodarzi et al. 2016). Several lines of evidence have revealed that a network of miRNAs is involve in the pathogenesis of CRC (Martín-Subero and Esteller 2017; Trang, Weidhaas et al. 2017). Deregulation of these molecules could lead to inhibition and/or activation of several cellular and molecular targets that trigger development of CRC (Wang, Du et al. 2015).

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Several studies have indicated deregulation of a variety of tissue-specific miRNAs e.g. miR-21, miR-181b, miR-155, let-7 and miR-92a and circulating miRNAs e.g. miR-21, miR-26a, miR-126 and miR-203 in CRC patients (Orang and Barzegari 2014; Kijima, Hazama et al. 2017). These miRNAs exert their effects *via* cellular and molecular targets such as p53, c-Met, K-Ras, cox-2, Rb and Bcl2 family (Wang, Du et al. 2015). Being non-invasive and relatively easy assay methods have made miRNAs novel candidates for the diagnosis of CRC. Moreover, exosomes containing miRNAs are one of other biomarkers which could be used for identifying CRC patients (Ogata-Kawata, Izumiya et al. 2014). Exosomes are nano-carriers released from different cells such as tumor cells, stem cells and some normal cells (Mirzaei, Sahebkar et al. 2016; Saadatpour, Fadaee et al. 2016). These vesicles could carry various cargos such as DNA, proteins, mRNAs and miRNAs. Secretion of exosomes could lead to a change in the behavior of recipient cells (Mirzaei, Sahebkar et al. 2016). Therefore, exosomes might be applied as diagnostic biomarkers in CRC patients.

Here, we summarize a variety of tissue-specific miRNAs and circulating miRNAs which could be used as potential diagnostic and therapeutic biomarkers in CRC patients. Moreover, we highlight potential utilization of exosomes containing miRNAs as new diagnostic biomarkers in these patients.

MicroRNA as diagnostic, prognostic and therapeutic biomarkers in CRC

Effective treatment in early stages of CRC could lead to increasing the survival rate of patients (Chi and Zhou 2016). Several lines of evidence have indicated that identification of a sequence of cellular and molecular pathways involved in CRC pathogenesis could have a critical role for the discovery of new diagnostic, prognostic and therapeutic biomarkers in patients with CRC (Dakubo 2017). Among various biomarkers which are employed for the diagnosis of CRC in different stages, miRNAs have emerged as new candidates with several advantages (Dong, Yu et al. 2014). miRNAs are regulatory non-coding RNAs which could regulate a sequence of cellular and molecular targets including EGF receptor (EGFR), TGF, phosphatase and tensin homolog

(PTEN)/phosphatidylinositol-3-kinase (PI3K), and p53 pathways in CRC (Figure 1)(Wang, Du et al. 2015). It has been showed that miRNAs act as regulatory molecules which are capable to regulate the expression of the above-mentioned genes in CRC. These molecular/cellular targets mediate processes such as angiogenesis, apoptosis, survival, cell cycle and differentiation that can lead to CRC upon deregulation (Wang, Du et al. 2015). miRNAs have been found to act as oncogene or tumor suppressor in various cancers such as CRC (Wang, Du et al. 2015). Therefore, deregulation of them changes the behavior of cells and predisposes to cancerous conditions.

Multiple lines of evidence have indicated up- and/or down-regulation of a variety of tissue-specific miRNAs in CRC. Segmental *resection* without adjuvant chemotherapy is the most common therapy for CRC patients at stage II of the disease (Misiakos, Karidis et al. 2011). Nowadays, identification of biomarkers for patients in stage II CRC is an important challenge (Misiakos, Karidis et al. 2011). Yamazaki et al., indicated that deregulation of a set of miRNAs could be used as a diagnostic biomarker in CRC patients with recurrence at stage II (Yamazaki, Koga et al. 2016). Their results indicated that a variety of miRNAs including miR-128a, miR-23c, let-7a, let-7d, let-7e, miR-26b, miR-151-5p, and miR-181c are deregulated in patients with recurrence at stage II. They showed that miR-181c might be a predictive factor for recurrence of the disease. Moreover, the recurrence rate is associated with up-regulation of miR-181c in patients with CRC (Yamazaki, Koga et al. 2016).

CRC could be divided into 2 categories. First, chromosome abnormalities could lead to CRC and second, microsatellite instability (MSI) (Lindblom 2001). These groups could affect on miRNAs expression and lead to deregulation of them in CRC patients. Wen-Jian et al. indicated that chromosomal abnormalities affect the expression of a number of miRNAs including miR-17/92 cluster, and miR-143/145 cluster in CRC patients. They showed that these miRNAs could be used as potential therapeutic and diagnostic biomarkers in CRC patients (Meng, Yang et al. 2015). Earle and colleagues assessed the relationship between miRNA signatures with MSI in CRC patients (Earle, Luthra et al. 2010). Their result indicated that a variety of miRNAs including miR-31, miR-133b, miR-183, miR-20, miR-135a, miR-92, miR-93, miR-25, miR -17, miR-203, and miR-223

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were up-regulated while miR-192, miR-196a, miR-215, miR-26b, miR-16, miR-145, miR-191, miR-143, and let-7a were down-regulated in CRC samples. These results indicated that the expression profile of miRNAs could be related to MSI subgroups and might be applied as a diagnostic and prognostic biomarker in these patients (Earle, Luthra et al. 2010).

Given that a number of miRNAs e.g. miR-506, miR-487b, miR-20a, miR-126, miR-31, and miR-33a are down-regulated in CRC and could act as tumor suppressor in this disease which might suggest therapeutic potential of them for CRC patients. Recently, Zu et al. indicated that miR-506 acts as a tumor suppressor in CRC cells and its up-regulation could inhibit progression of CRC cells *via* targeting laminin subunit γ -1 (LAMC1) (Zu, Liu et al. 2016). Hence, miR-506 could be used as a new therapeutic candidate in patients with CRC. LAMC1 is one an important target for CRC and has critical roles in the development of the disease (Peters, Jiao et al. 2013).

In other study, Hata et al., revealed that miR-487b act as tumor suppressor and a negative controller for CRC patients with liver metastasis *via* KRAS signaling pathway (DOKI, MORI et al. 2016). MiR-487b was down regulated in CRC patients with liver metastasis. Moreover, over expression of miR-487b is related with better prognosis. It has been observed that over expressing of miR-487b is capable to inhibit invasive and cell proliferation of CLL cells. This molecule exerts its effect *via* down regulation of KRAS and other signaling pathways are associated with KRAS. MiR-487b could also affect on LRP6 which is a receptor for WNT/ β -catenin signaling pathway. These findings suggested that miR-487b could be used a potential therapeutic biomarkers in CRC patients with liver metastasis (DOKI, MORI et al. 2016).

ADAMTSs are known as a gene family of secreted proteinases which exert their effect on a number of cellular processes such as adhesion, fusion, migration, and proliferation. It has been observed that up-regulation of ADAMTSs leads to progression of CRC cells (Filou, Korpetinou et al. 2015).

IGFBP5 is an important protein which play key role in cell growth and survival and up regulation of it involve in cancer progression (Baxter 2014). Yu et al. indicated that miR-140-5p is capable to

affect the progression of CRC cells via targeting ADAMTS5 , IGFBP5 (Yu, Lu et al. 2016). Down regulation of miR-140-5p and up regulation of ADAMTS5, IGFBP5 are observed in CRC samples which are associated with metastasis and advanced stages in these patients. These results indicated that up regulation of miR-140-5p could inhibit metastasis and invasive effect of CRC cells via down regulation of ADAMTS5, IGFBP5. These data suggested that this miRNAs might be applied as a new therapeutic biomarkers in patients with CRC (Yu, Lu et al. 2016). Table 1 illustrates a large number of miRNAs and their targets that are involve in CRC pathogenesis and could be used as diagnostic, prognostic and therapeutic biomarkers in this disease.

Circulating microRNA in CRC

A wide range of studies have indicated a variety of miRNAs that are released into bloodstream and known as circulating miRNAs (Mirzaei, Sahebkar et al. 2016). These molecules could be protected from unfavorable physiological conditions including handling, storage, high PH and temperature by binding to specific protein complexes and specific vesicles (Mirzaei, Sahebkar et al. 2016). Circulating miRNAs could be a new attractive option for the diagnosis and treatment of several diseases. Various studies have revealed that deregulation of circulating miRNAs can be used as potential diagnostic and therapeutic biomarkers in a variety of cancers such as CRC (Orang and Barzegari 2014).

Wang et al., investigated circulating miRNA expression profile in CRC patients (Wang, Huang et al. 2014). They showed that the expression of some circulating miRNAs e.g. miR-21, let-7g, miR-31, miR-92a, miR-181b, and miR-203 is significantly different between CRC patients and healthy subjects. Their results revealed that the expression of these miRNAs could have high specificity for detecting the CRC patients. This finding suggested that these circulating miRNAs could be employed as attractive option for detecting patients with CRC (Wang, Huang et al. 2014).

Circulating miR-20a is a miRNA which might be applied as a potential therapeutic target in CRC patients (Huang, Chen et al. 2017). It has been shown that up-regulation of miR-20a is associated with survival of CRC cells. TRAIL is one of the main tumor suppressor genes and its expression is related to the induction of apoptosis in CRC cells. It has been found that miR-20a could affect the expression of TRAIL in CRC patients. Down-regulation of miR-20a by inhibitors increases the anti-cancer effect of TRAIL. Moreover, miR-20a could regulate BID which is a member of the Bcl-2 family. These results indicated that miR-20a acts as an oncogene and might be a new therapeutic target in CRC patients (Huang, Chen et al. 2017).

Zekri et al. assessed the possibility of using circulating miRNAs as potential diagnostic candidates in patients with CRC, inflammatory bowel disease (IBD) and colonic polyps (CP) (Wang, Huang et al. 2014). The results indicated that miR-19b and miR-18a are up-regulated in IBD and CP patients by 5.24 and 3.49 folds, respectively. Moreover, a number of circulating miRNAs e.g. miR-223, miR-19a, miR-17, and miR-20a are up-regulated in CRC patients (by 2.35, 3.07, 2.38 and 10.35 folds, respectively). This finding revealed that deregulation of various miRNAs could be involved in CRC pathogenesis and (Wang, Huang et al. 2014).

Luo and colleagues used plasma miRNAs for the diagnosis of CRC in early stages (Luo, Stock et al. 2013). They assessed miRNA expression in 50 CRC patients and 50 neoplasm-free controls. Validation groups included 80 CRC patients, 80 advanced adenoma patients and 194 neoplasm-free controls. TaqMan MicroRNA array analysis indicated that a number of circulating miRNAs including miR-133a, miR-29a, miR-342-3p, miR-106b, and miR-532-3p are differentially expressed. Moreover, seven circulating miRNAs including miR-92a, miR-18a, miR-21, miR-143, miR-20a, miR-145, and miR-181b were selected for validation. The authors showed that nine of the twelve circulating miRNAs including miR-29a, miR-18a, miR-92a, miR-20a, miR-21, miR-106b, miR-143, miR-133a, and miR-145 are differentially expressed between controls and patients with CRC in the validation samples. The results indicated that this of circulating miRNAs might be used as diagnostic and prognostic biomarkers in CRC patients (Luo, Stock et al. 2013). Table 2

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illustrates a number of circulating miRNAs which might be applied as diagnostic and therapeutic biomarkers in CRC patients.

Exosomes in CRC

Exosomes are key contributors to intercellular communication. These nano-carriers are released from different types of cells such as tumor cells, stem cells and some normal cells (Mirzaei, Sahebkar et al. 2016; Saadatpour, Fadaee et al. 2016). Exosomes can carry a number of molecules such as DNAs, mRNAs, proteins and miRNAs to recipient cells (Mirzaei, Sahebkar et al. 2016; Saadatpour, Fadaee et al. 2016). Hence, exosomes and their cargos transfer particular message to recipient cells and change the cell behavior. Several studies have indicated that exosomes released from cancer cells are important players in tumor progression in several diseases such as cancer (Mirzaei, Sahebkar et al. 2016; Saadatpour, Fadaee et al. 2016). Multiple lines of evidence have revealed that these nano-vehicles with particular cargos such as miRNAs could change the behaviors of CRC cells and move them into progression stages (Silva, Garcia et al. 2012). Hence, identification of exosomes and their cargos might be applied as a new approach for detecting CRC in early stages.

Ogata-Kawata et al. investigated the expression of circulating exosomes containing miRNAs in 81 CRC patients and 11 healthy samples which showed relationship between these exosomes with pathogenic events in this disease (Ogata-Kawata, Izumiya et al. 2014). Their results revealed that the level of circulating exosomes containing a number of miRNA, including let-7a, miR-1229, miR-1246, miR-150, miR-21, miR-223, and miR-23a, were up-regulated in the sera of CRC patients. Moreover, these miRNAs were down-regulated after surgical resection of tumors in CRC patients compared with the healthy group. These findings suggested that circulating exosomes containing miRNAs could be a new candidate for the diagnosis of patients with CRC (Ogata-Kawata, Izumiya et al. 2014).

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Matsumura and colleagues assessed exosomes containing miRNAs as new candidates for early diagnosis of recurrence in patients with CRC (Matsumura, Sugimachi et al. 2015). They confirmed that the expression of exosomal miR-17-92a cluster was associated with the recurrence disease. Moreover, the expression of exosomal miR-19a was up-regulated in the sera of CRC patients compared with the control group. It has been observed that up-regulation of exosomal miR-19a is associated with a poor prognosis in CRC patients. These results have revealed that exosomal miR-19a and miR-17-92a might be used as diagnostic biomarkers in CRC patients (Matsumura, Sugimachi et al. 2015).

Chiba et al. indicated that exosomes released from CRC cells could carry various cargos such as some proteins and RNAs which could be used as biomarkers in CRC cells (Chiba, Kimura et al. 2012). They showed that exosomal proteins including CD63, CD9 and CD81 are useful biomarkers for the identification of CRC cells. Moreover, they detected other cargos such as mRNA (ACTB, GAPDH), miRNA (miR-21, miR-192 and miR-221) and the natural antisense RNAs (LRRC24, MDM2 and CDKN1A) in exosomes released from CRC cells. Finally, these findings indicated that exosomal proteins, RNAs and miRNAs might be used as potential biomarkers in CRC patients (Chiba, Kimura et al. 2012). Table 3 indicates a number of exosomal biomarkers released from CRC cells.

Conclusion

CRC is ranked among the most common types of cancer and a leading cause of cancer-related death worldwide. Early diagnosis of CRC is a pre-requisite for proper management of the patient and increasing survival. Several lines of evidence have indicated that patients with CRC have a poor prognosis due to the lack of simple, reliable and non-invasive diagnostic tools for the early stage of the disease. Currently, colonoscopy is the gold standard for early diagnosis of CRC but its invasiveness is a big limitation. MicroRNAs have emerged as non-coding RNAs which have the potential to be used as promising candidates for the diagnosis of CRC patients. Moreover, exosomal

biomarkers including miRNAs, proteins and mRNAs could open new horizons for the diagnosis of CRC.

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Table 1. Tissue-specific microRNAs up/down regulated in CRC

MicroRNA	Expression in CRC	Biomarker	Detection method	Target gene (s)	Sample (cell line, human)	Ref
let-7	Down regulation	Diagnostic	qRT-PCR	RAS, HMGA2	6	(Akao, Nakagawa et al. 2006)
miR-101b	Down regulation	Diagnostic	qRT-PCR	COX2	8	(Strillacci, Griffoni et al. 2009)
miR-124a	Down regulation	Diagnostic	qRT-PCR	CDK6, Rb	Cell line	(Lin, Xia et al. 2016)
miR-133b	Down regulation	Diagnostic	qRT-PCR	c-Met, K-Ras, TAp63	50	(Lin, Li et al. 2014)
miR-137	Down regulation	Diagnostic	qRT-PCR	Cdc42, LSD-1, TGF2I	Cell line/in vivo	(Sakaguchi, Hisamori et al. 2016)
miR-212	Down regulation	Diagnostic	qRT-PCR	MnSOD	Cell line	(Meng, Wu et al. 2013)
miR-27a	Down regulation	Diagnostic	RT-PCR	SGPP1, Smad2	Cell line	(Gao, Li et al. 2013)
miR-214	Down regulation	Diagnostic	qRT-PCR	TP53, CDKN2b, EGFR, TFAP2C	24	(Long, He et al. 2015)
miR-449b	Down regulation	Diagnostic	qRT-PCR	E2F3, CCND1	Cell line	(Fang, Gu et al. 2013)
miR-497	Down regulation	Diagnostic	qRT-PCR	IGF1R	25	(Jiang, Meng et al. 2015)
miR-103	Up regulation	Diagnostic	qRT-PCR	DAPK, KLF4	38	(Zheng, Xiao et al. 2016)
miR-107	Up regulation	Diagnostic	qRT-PCR	DAPK, KLF4	78	(Molina-Pinelo, Carnero et al. 2014)
miR-122	Up regulation	Diagnostic	qRT-PCR	CAT1, ADAM17, cyclin-G, Bcl-W	Cell line/in vivo	(He, Xie et al. 2014)
miR-155	Up regulation	Diagnostic	qRT-PCR	MSH2, MSH6, MCH1, AKT	Cell line	(Zhang, Xiao et al. 2013)
miR-155-5p	Up regulation	Diagnostic	qRT-PCR	-	372	(Qu, Wang et al. 2015)
miR-182	Up regulation	Diagnostic	qRT-PCR	ENTPD5, IGFR1, FoxF2	80	(Cekaite, Rantala et al. 2012)
miR-210	Up regulation	Diagnostic	qRT-PCR	K-Ras, Bcl-2	Cell line	(Tagscherer, Fassl et al. 2016)
miR-221	Up regulation	Diagnostic	qRT-PCR	c-Kit, Stat5A, ETS1, ENOS	182	(Cai, Shen et al. 2015)
miR-451	Up regulation	Diagnostic	qRT-PCR	MIF, IL6R	46	(Li, Wang et al. 2015)

miR-675	Up regulation	Diagnostic	qRT-PCR	RB	30	(Tsang, Ng et al. 2010)
miR-1	Down regulation	Diagnostic	qRT-PCR	MET	52	(Migliore, Martin et al. 2012)
miR-7	Down regulation	Diagnostic	qRT-PCR	XRCC2, YY1, PAX6	8	(Xu, Chen et al. 2014)
miR-9	Down regulation	Diagnostic	qRT-PCR	α -Catenin	80	(Cekaite, Rantala et al. 2012)
miR-10b	Down regulation	Diagnostic	qRT-PCR		88	(Nishida, Yamashita et al. 2012)
miR-16	Down regulation	Diagnostic	qRT-PCR	Cdx2	143	(Qian, Jiang et al. 2013)
miR-17	Up regulation	Diagnostic	<i>In situ</i> hybridisation	THBS1, MYC, CDKN1A, TMBIM1, E2F1	24	(Knudsen, Nielsen et al. 2015)
miR-18a	Up regulation	Diagnostic	qRT-PCR	ATM	Cell line	(Qased, Yi et al. 2013)
miR-19a	Up regulation	Diagnostic	qRT-PCR	TF	311	(Huang, Wang et al. 2015)
miR-19b	Up regulation		qRT-PCR	SFPQ and MYBL	40	(Ohira, Naohiro et al. 2015)
miR-20a	Up regulation	Diagnostic	qRT-PCR	PTEN, TMP1	30	(Xu, Jing et al. 2015)
miR-20-5p	Up regulation	Diagnostic	qRT-PCR		544	(Cheng, Zhao et al. 2016)
miR-21	Up regulation	Diagnostic	qRT-PCR	PTEN, BCL2, PDCD4, CDC25A, TIMP1	Cell line, in vivo/30	(Xiong, Cheng et al. 2013; Yu, Nangia-Makker et al. 2015)
miR-23a	Up regulation	Diagnostic	qRT-PCR	MTSS1	30	(Yong, Wang et al. 2014)
miR-23b	Down regulation	Diagnostic	<i>In situ</i> hybridisation		4	(Zhang, Hao et al. 2011)
miR-24	Down regulation		qRT-PCR	DHFR	48	(Mishra, Song et al. 2009)
miR-24-3p	Down regulation	Diagnostic	qRT-PCR		95	(Gao, Liu et al. 2015)
miR-25	Up regulation	Diagnostic	qRT-PCR	Smad7		(Li, Zou et al. 2013)
miR-26a	Down regulation	Therapeutic	microarray analysis	hnRNP A1-CDK6	Cell line	(Konishi, Fujiya et al. 2015)
miR-27a	Up regulation	Diagnostic	RT-PCR	KITENIN	42	(Gao, Li et al.

						2013)
miR-27b	Up regulation	Diagnostic	qRT-PCR	ARFGEF1	10	(Matsuyama, Okuzaki et al. 2016)
miR-26b	Down regulation	Diagnostic	qRT-PCR	LEF-1	Cell line, In vivo	(Zhang, Kim et al. 2014)
miR-29a	Up regulation	Diagnostic	luciferase assay	KLF4	Cell line, In vivo	(Tang, Zhu et al. 2014)
miR-29b	Up regulation	Diagnostic	qRT-PCR	MMP-2	24	(Wang, Li et al. 2014)
miR-30a	Down regulation	Diagnostic	qRT-PCR	DTL, PIK3CD	60	(Zhang, Tang et al. 2015)
miR-30a-5p	Down regulation	Therapeutic	qRT-PCR		40	(Wei, Yang et al. 2016)
miR-30c	Down regulation	Therapeutic	qRT-PCR	RASA1, ERG, SEMA6D, SEMA3A	60	(Zhang, Yu et al. 2015)
miR-31	Up regulation	Therapeutic	qRT-PCR	TIAM1, FOXC2, FOXP3, HIF1A, FIH1	3	(Yang, Xu et al. 2016)
miR-32	Up regulation	Therapeutic	qRT-PCR	PTEN	Cell line	(Wu, Yang et al. 2013)
miR-33a	Down regulation	Therapeutic	qRT-PCR	GABRB2	Cell line, in vivo	(Ibrahim, Weirauch et al. 2011)
miR-33b	Down regulation	Diagnostic	qRT-PCR		60	(Liao, Gu et al. 2016)
miR-34a	Down regulation	Diagnostic	qRT-PCR	P53	5	(Bu, Chen et al. 2013)
miR-34b	Up regulation	Diagnostic	qRT-PCR		159	(Hiyoshi, Schetter et al. 2015)
miR-34c	Up regulation	Diagnostic	qRT-PCR		159	(Hiyoshi, Schetter et al. 2015)
miR-34a-5p	Down regulation	Diagnostic	qRT-PCR	P53	267	(Gao, Li et al. 2015)
miR-92a	Up regulation	Diagnostic	qRT-PCR	DKK-3, BCL-2	48	(Ke, Wei et al. 2015)
miR-93	Down regulation	Diagnostic	qRT-PCR	HDAC8, TLE4, ERBB2	45	(Tang, Zou et al. 2015)
miR-95	Up regulation	Diagnostic	qRT-PCR	Nexin1	87	(Huang, Huang et al. 2011)
miR-96	Up regulation	Diagnostic	qRT-PCR		54	(Rapti, Kontos et al. 2016)
miR-96-5p	Regulation	Diagnostic	qRT-PCR		80	(Ress, Stiegelbauer et al. 2015)
miR-106a	Up regulation	Diagnostic	qRT-PCR	PTEN, E2F1, RB1, TGFBR2	110	(Diaz, Silva et al. 2008)

miR-106b	Up regulation	Diagnostic	qRT-PCR	p21/CDKN1A	95	(Zhang, Li et al. 2015)
miR-125a-5p	Down regulation	Diagnostic	qRT-PCR	P53, BCL2, BCL2L12, Mcl-1	Cell line	(Tong, Liu et al. 2015)
miR-126	Down regulation	Therapeutic	Microarray	IRS-1	9	(Yuan, Guo et al. 2016)
miR-138	Down regulation	Diagnostic	qRT-PCR	TWIST2	36	(Long, Huang et al. 2013)
miR-138-5p	Down regulation	Diagnostic	In situ hybridization	PD-L1	188	(Zhao, Yu et al. 2016)
miR-139	Down regulation	Diagnostic	qRT-PCR	IGF-IR, RAP1B	34	(Shen, Liang et al. 2012)
miR-139-5p	Down regulation	Diagnostic	qRT-PCR	BCL2	204	(Li, Liang et al. 2016)
miR-143	Down regulation	Diagnostic	qRT-PCR	KRAS, MAPK7, DNMT3A, ERK5	6	(Bauer and Hummon 2012)
miR-145	Down regulation	Diagnostic	qRT-PCR	TGFBRE, APC, IRS1, STAT1, YES1	6	(Bauer and Hummon 2012)
miR-147	Up regulation	Diagnostic	qRT-PCR	CDH1, ZEB1,2	71	(Lee, McCarthy et al. 2014)
miR-148a	Down regulation	Diagnostic	qRT-PCR	TGIF2, Bcl-2	42/273	(Zhang, Li et al. 2011; Takahashi, Cuatrecasas et al. 2012)
miR-151	Up regulation	Diagnostic	Microarray		Cell line	(Zhang, Li et al. 2011)
miR-152	Up regulation	Therapeutic	qRT-PCR		202/28	(Li, Xie et al. 2016; Wang, Yuan et al. 2016)
miR-181a	Down regulation	Diagnostic	qRT-PCR	WIF-1	162/137	(Nishimura, Handa et al. 2012; Ji, Chen et al. 2014)
miR-181a-5p	Down regulation	Diagnostic	qRT-PCR	MT1-MMP	Cell line	(Li, Kuscu et al. 2015)
miR-183	Up regulation	Diagnostic	qRT-PCR	EGR1	10	(Bi, Yin et al. 2016)
miR-185	Up regulation	Diagnostic	qRT-PCR	RhoA, Cdc42	50	(ÖzATA, Xie et al. 2011)
miR-191	Up regulation	Diagnostic	qRT-PCR	TIMP3	16	(Zhang, Li et al. 2015)
miR-192	Down regulation	Therapeutic	qRT-PCR	CDKN1A, DHFR, Bcl-2,	29	(Geng, Chaudhuri et

				Zeb2, VEGFA		al. 2014)
miR-195	Down regulation	Diagnostic	qRT-PCR	BCL2	12	(Yang, Tan et al. 2014)
miR-196a	Up regulation	Diagnostic	qRT-PCR	HoxA7, HoxB8, HoxC8 and HoxD8	7	(Schimanski, Galle et al. 2008)
miR-199a	Down regulation	Diagnostic	qRT-PCR	AXI	28	(Ye, Pang et al. 2015)
miR-199a-5p	Down regulation	Diagnostic	qRT-PCR	FZD6	8	(Kim, Yoo et al. 2015)
miR-200	Down regulation	Therapeutic	qRT-PCR	SOX2, ZEB1, PTEN, ETS1, FLT1	40	(Sun, Ding et al. 2015)
miR-203	Down regulation	Therapeutic	qRT-PCR	ATM, AKT2	72	(Deng, Wang et al. 2016)
miR-205	Up regulation	Diagnostic	qRT-PCR	STAT3, N-CADHERIN	51	(Eyking, Reis et al. 2016)
miR-215	Down regulation	Diagnostic	qRT-PCR	DTL	34	(Karaayvaz, Pal et al. 2011)
miR-218	Down regulation	Diagnostic	qRT-PCR	BMI1	59	(Ilm, Fuchs et al. 2016)
miR-221	Down regulation	Diagnostic	qRT-PCR	PTEN	182	(Cai, Shen et al. 2015)
miR-222	Up regulation	Diagnostic	qRT-PCR	PTEN, ADAM-17	57	(Liu, Sun et al. 2014)
miR-223	Up regulation	Therapeutic	qRT-PCR	FOXO1, IGF-1R	90	(Zhang, Luo et al. 2014)
miR-224	Up regulation	Diagnostic	qRT-PCR	MBD2	85	(Ling, Pickard et al. 2015)
miR-487b	Down regulation	Diagnostic	Microarray	KRAS	36	(DOKI, MORI et al. 2016)
miR-125b	Down regulation	Diagnostic	qRT-PCR		Cell line	(Fujino, Takeishi et al. 2016)
miR-100	Down regulation	Diagnostic	qRT-PCR	mTOR, IGF1R, Fas, XIAP	Cell line	(Fujino, Takeishi et al. 2016)
miR-506	Down regulation	Therapeutic	qRT-PCR	LAMC1	Cell line	(Zu, Liu et al. 2016)

Table 2. Circulating microRNAs up/down regulated in CRC

MicroRNA	Expression in CRC	Materials	Samples	Stage	Ref
miR-21	Up regulation	Serum	20/579	I – IV	(Shan, Ji et al. 2015; Montagnana, Benati et al. 2016)
let-7g	Up regulation	Serum	30	I – IV	(Wang, Huang et al. 2014)
miR-31	Down regulation	Serum	30	I – IV	(Wang, Huang et al. 2014)
miR-92a	Down regulation	Serum	30	I – IV	(Wang, Huang et al. 2014)
miR-181b	Down regulation	Serum	30	I – IV	(Wang, Huang et al. 2014)
miR-203	Down regulation	Serum	30	I – IV	(Wang, Huang et al. 2014)
miR-26a	Up regulation	Plasma	71	-	(Jinushi, Shibayama et al. 2014)
miR-124-5p	Down regulation	Plasma	71	-	(Jinushi, Shibayama et al. 2014)
miR-141	Up regulation	Plasma	102	IV	(Cheng, Zhang et al. 2011)
miR-155	Up regulation	Serum	146	I – IV	(Lv, Fan et al. 2015)
miR-183	Up regulation	Plasma	118	III – IV	(Yuan, Li et al. 2015)
miR-200c	Up regulation	Serum	12	I – IV	(Toiyama, Hur et al. 2014)
miR-221	Up regulation	Plasma	103	I – IV	(Pu, Huang et al. 2010)
miR-19a	Up regulation	Serum	72	IV	(Chen, Xia et al. 2013)
miR-20a	Up regulation	Serum	253	III – IV	(Zhang, Zhang et al. 2014)
miR-130	Up regulation	Serum	253	III – IV	(Zhang, Zhang et al. 2014)
miR-145	Up regulation	Serum	253	III – IV	(Zhang, Zhang et al. 2014)
miR-216	Up regulation	Serum	253	III – IV	(Zhang, Zhang et al. 2014)
miR-372	Up regulation	Serum	253	III – IV	(Zhang, Zhang et al. 2014)
miR-345	Up regulation	Whole blood	138	IV	(Schou, Rossi et al. 2014)
miR-143	Up regulation	Whole blood	138	IV	(Schou, Rossi et al. 2014)

miR-34*	Up regulation	Whole blood	138	IV	(Schou, Rossi et al. 2014)
miR-628-5p	Up regulation	Whole blood	138	IV	(Schou, Rossi et al. 2014)
miR-886-3p	Up regulation	Whole blood	138	IV	(Schou, Rossi et al. 2014)
miR-324-3p	Up regulation	Whole blood	138	IV	(Schou, Rossi et al. 2014)
miR-126	Up regulation	Plasma	68	IV	(Hansen, Carlsen et al. 2015)
miR-106a	Up regulation	Plasma	24	IV	(Kjersem, Ikdahl et al. 2014)
miR-484	Up regulation	Plasma	24	IV	(Kjersem, Ikdahl et al. 2014)
miR-130b	Up regulation	Plasma	24	IV	(Kjersem, Ikdahl et al. 2014)
miR-27b	Up regulation	Plasma	24	IV	(Kjersem, Ikdahl et al. 2014)
miR-148a	Up regulation	Plasma	24	IV	(Kjersem, Ikdahl et al. 2014)
miR-326	Up regulation	Plasma	24	IV	(Kjersem, Ikdahl et al. 2014)
<i>miR-17</i>	Up regulation	Serum	30	I – IV	(Zekri, Youssef et al. 2016)
<i>miR-223</i>	Up regulation	Serum	30	I – IV	(Zekri, Youssef et al. 2016)
miR-6826	Up regulation	Plasma	13		(Kijima, Hazama et al. 2017)
miR-6875	Up regulation	Plasma	13		(Kijima, Hazama et al. 2017)

Table 3. Exosomal biomarkers in CRC

Biomarker		Detection method	Samples (human , cell line)	Stages	Ref
MicroRNA	miR-17-92a	microarray analysis, qRT-PCR	277	IV	(Matsumura, Sugimachi et al. 2015)
	miR-19a	microarray analysis, qRT-PCR	277	IV	(Matsumura, Sugimachi et al. 2015)
	let-7a	qRT-PCR	88	I, II, IIIa, IIIb, IV	(Ogata-Kawata, Izumiya et al. 2014)
	miR-1229	qRT-PCR	88	I, II, IIIa, IIIb, IV	(Ogata-Kawata, Izumiya et al. 2014)
	miR-1246	qRT-PCR	88	I, II, IIIa, IIIb, IV	(Ogata-Kawata, Izumiya et al. 2014)
	miR-150	qRT-PCR	88	I, II, IIIa, IIIb, IV	(Ogata-Kawata, Izumiya et al. 2014)
	miR-21	qRT-PCR	88	I, II, IIIa, IIIb, IV	(Ogata-Kawata, Izumiya et al. 2014)
	miR-223	qRT-PCR	88	I, II, IIIa, IIIb, IV	(Ogata-Kawata, Izumiya et al. 2014)
	miR-23a	qRT-PCR	88	I, II, IIIa, IIIb, IV	(Ogata-Kawata, Izumiya et al. 2014)
	miR-192	qRT-PCR	HCT-15, SW480 , WiDr		(Chiba, Kimura et al. 2012)
	miR-221	qRT-PCR	HCT-15, SW480 , WiDr		(Chiba, Kimura et al. 2012)
	<i>miR-100</i>	qRT-PCR	DKO-1, Dks-8, DLD-1		(Cha, Franklin et al. 2015)
	miR-379	qRT-PCR	HCT-116 and HT-29		(Clancy, Khan et al.

					2016)
	miR-210	qRT-PCR	HCT-8		(Bigagli, Luceri et al. 2016)
lncRNA	CRNDE-h	qRT-PCR	468	-	(Liu, Zhang et al. 2016)
Protein	CD63	SDS- PAGE	HCT-15, SW480 , WiDr		(Chiba, Kimura et al. 2012)
	CD9	SDS- PAGE	HCT-15, SW480 , WiDr		(Chiba, Kimura et al. 2012)
	CD81	SDS- PAGE	HCT-15, SW480 , WiDr		(Chiba, Kimura et al. 2012)
	TSG101	GeLC-MS/MS	SW480		(Ji, Greening et al. 2013)
	Alix	GeLC-MS/MS	SW480		(Ji, Greening et al. 2013)
	MET	GeLC-MS/MS	SW480		(Ji, Greening et al. 2013)
	S100A8	GeLC-MS/MS	SW480		(Ji, Greening et al. 2013)
	S100A9	GeLC-MS/MS	SW480		(Ji, Greening et al. 2013)
	TNC	GeLC-MS/MS	SW480		(Ji, Greening et al. 2013)
	EFNB2	GeLC-MS/MS	SW480		(Ji, Greening et al. 2013)
	JAG1	GeLC-MS/MS	SW480		(Ji, Greening et al. 2013)
	SRC	GeLC-MS/MS	SW480		(Ji, Greening et al. 2013)
	TNIK	GeLC-MS/MS	SW480		(Ji, Greening et al. 2013)
	CAV1	GeLC-MS/MS	SW480		(Ji, Greening et al. 2013)
	FLOT1	GeLC-MS/MS	SW480		(Ji, Greening et al. 2013)

	FLOT2	GeLC-MS/MS	SW480		(Ji, Greening et al. 2013)
	PROM1	GeLC-MS/MS	SW480		(Ji, Greening et al. 2013)
	FGFR1,	MS/MS	80	I, II	(Chen, Xie et al. 2017)
	IGF1	MS/MS	80	I, II	(Chen, Xie et al. 2017)
	VTN	MS/MS	80	I, II	(Chen, Xie et al. 2017)
	HSP90	MS/MS	80	I, II	(Chen, Xie et al. 2017)
mRNA	ACTB,	qRT-PCR	HCT-15, SW480 , WiDr		(Chiba, Kimura et al. 2012)
	GAPDH	qRT-PCR	HCT-15, SW480 , WiDr		(Chiba, Kimura et al. 2012)
Natural antisense RNAs	LRRC24	qRT-PCR	HCT-15, SW480 , WiDr		(Chiba, Kimura et al. 2012)
	MDM2	qRT-PCR	HCT-15, SW480 , WiDr		(Chiba, Kimura et al. 2012)
	CDKN1A	qRT-PCR	HCT-15, SW480 , WiDr		(Chiba, Kimura et al. 2012)

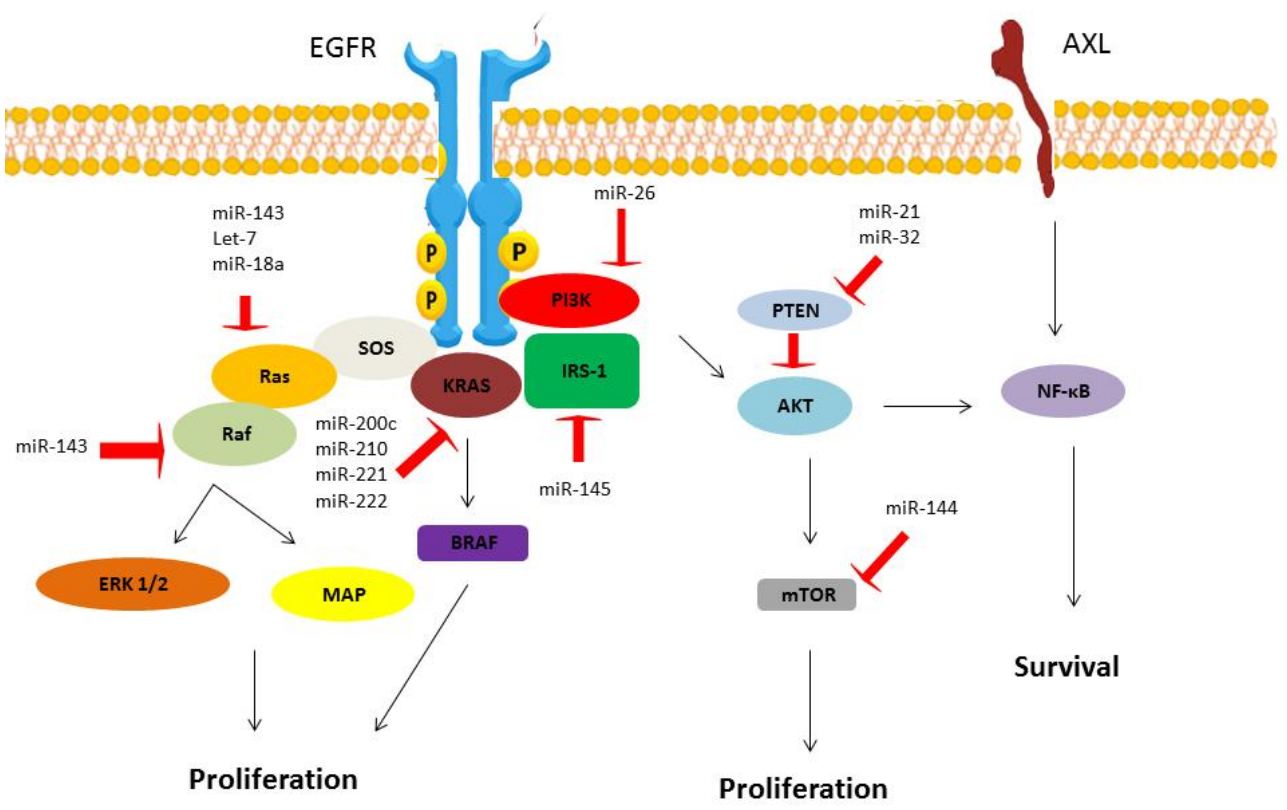


Figure 1: Schematic diagram of various miRNAs network in CRC.