

MicroRNA Metabolism and Dysregulation in Amyotrophic Lateral Sclerosis

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Abstract MicroRNAs (miRNAs) are a subset of endogenous, small, non-coding RNA molecules involved in the post-transcriptional regulation of eukaryotic gene expression. Dysregulation in miRNA-related pathways in the central nervous system (CNS) is associated with severe neuronal injury and cell death, which can lead to the development of neurodegenerative disorders, such as amyotrophic lateral sclerosis (ALS). ALS is a fatal adult onset disease characterized by the selective loss of upper and lower motor neurons. While the pathogenesis of ALS is still largely unknown, familial ALS forms linked to TAR DNA-binding protein 43 (*TDP-43*) and fused in sarcoma (*FUS*) gene mutations, as well as sporadic forms, display changes in several steps of RNA metabolism, including miRNA processing. Here, we review the current knowledge about miRNA metabolism and biological functions and their crucial role in ALS pathogenesis with an in-depth analysis on different pathways. A more precise understanding of miRNA involvement in ALS could be useful not only to elucidate their role in the disease etiopathogenesis but also to investigate their potential as disease biomarkers and novel therapeutic targets.

Keywords Amyotrophic lateral sclerosis · ALS · microRNA · miRNA · Central nervous system · CNS

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Introduction

Amyotrophic lateral sclerosis (ALS) represents one of the most common late-onset neurodegenerative disorders [1]. The neuropathological features are characterized by the progressive loss of somatic motor neurons in the spinal cord, which innervate all voluntary muscles in the body. This process clinically results in the progressive paralysis of the muscular functions. In addition, bulbar symptoms, such as dysphagia and dysarthria, related to the degeneration of lower brain stem motor neurons may arise during the disease course. Death usually occurs within a few years from onset due to respiratory failure [1, 2]. To date, the only approved compound for ALS treatment is riluzole that can only modestly increase survival by a few months [1].

ALS classified as sporadic (sALS) represents the majority of the diagnoses while familial ALS (fALS) accounts for only 10% of the cases [3, 4]. However, 10% of initially diagnosed sALS subjects display gene mutations [5]. The most common ALS-causative genes include chromosome 9 open reading frame 72 (*C9orf72*), Cu²⁺/Zn²⁺ superoxide dismutase (*SOD1*), TAR DNA-binding protein 43 (*TARDBP*), and fused in sarcoma/translocated in liposarcoma (*FUS/TLS*) [4, 6, 7] (see Table 1 for the whole list). Interestingly, many ALS-linked genes, particularly *TARDBP* and *FUS*, are involved in RNA metabolism, including microRNA (miRNA) processing [44, 45].

MiRNAs are tissue-specific, small non-coding RNAs that are expressed in different viruses, animals, and plants [46–50]. They are widespread and highly conserved molecules representing approximately 1–2% of non-protein-coding genes [46, 47]. In particular, they are involved in the inhibition and degradation of messenger RNAs (mRNAs) thwarting their expression by pairing with them [46, 49]. Because of their involvement in the development, function, and survival of different types of mature neurons in organisms [51],

Table 1 Summary of the most common ALS causative genes

ALS-causative genes			References
Gene	Description	Functions/pathological mechanisms	
C9orf72	Chromosome 9 open reading frame 72	The repeat expansion (up to thousands of copies) of a non-coding hexanucleotide (GGGGCC) in the first intron of the gene has been associated with a decrease in the mRNA expression of C9orf72 transcripts. Repeat transcripts can induce the production of peptides that are prone to accumulation in specific foci, which can interfere with transcription and translation.	[8–11]
SOD1	Superoxide dismutase 1	The gene encodes for an antioxidant protein that produces hydrogen peroxide from superoxide radicals. Decreases in enzymatic dismutase activity have been linked to oxidative stress and excitotoxicity in motor neurons. Actually, such degeneration might be associated with mutant SOD1 aggregation and the resulting aberrant association with mitochondria. SOD1 promotes protein misfolding and aggregation processes.	[12–15]
TARDBP FUS	TAR DNA-binding protein FUS RNA-binding protein	TDP 43 and FUS are both members of the heterogeneous nuclear ribonucleoprotein (hnRNP) family that is involved in multiple steps of RNA processing. They show notable structural and functional similarities, and the identification of TDP-43 as the main component of the ubiquitinated protein aggregates, as well as the discovery of mutations in the TARDBP gene, has supported the investigation of FUS through sequencing. TDP-43 and FUS mislocalizations have been observed in several disorders that lead to the development of specific proteinopathies.	[16–20]
HNRNPA1; HNRNPA2- B1	Heterogeneous nuclear ribonucleoprotein A1; A2/B1	RNA-binding proteins hnRNP A1 and hnRNP A2, as well as TDP 43, FUS, and SMN1 proteins, are recruited to stress granules under stress conditions. hnRNP A1 and hnRNP A2/B1 interact with TDP 43. Mutations in HNRNPA1 and HNRNPA2B1 have been associated with ALS etiology.	[21–23]
UBQLN2	Ubiquilin 2	Ubiquilin 2 plays a key role in the regulation of the ubiquitin–proteasome system and autophagy. Some UBQLN2 variants have been associated with ALS as well as ALS–FTD cases while histopathological analysis from ALS patients shows widespread ubiquilin2-positive inclusions in affected neurons.	[23, 24]
MATR3	Matrin 3	MATR3 is an RNA/DNA-binding protein that interacts with TDP 43. Mutations in the MATR3 gene have been identified as a rare genetic cause of ALS confirming the role of RNA metabolism in the disease etiology.	[25, 26]
SETX	Senataxin	The encoded protein contains a DNA/RNA helicase domain, and it seems to be involved in nucleic acid processing. Mutations in SETX have been associated with juvenile-onset ALS. Phenotypes often overlap with ataxia and motor neuron disease.	[26, 27]
CHCHD10	Coiled-coil-helix–coiled-coil-helix domain containing 10	CHCHD10 is a coiled-coil helix–coiled-coil helix mitochondrial protein. It has been associated with neurological disorders and identified as a rare causative gene in FTD–ALS pathogenesis. Indeed, mitochondrial dysfunction plays a significant role in the evolution and progression of ALS disease.	[28, 29]
GRN	Granulin	Granulins are a group of peptides derived from a single precursor protein called progranulin. Mutations in GRN are associated with FTD with TDP 43 protein accumulation suggesting a link between GRN loss and TDP 43 pathology.	[30, 31]
ANG	Angiogenin	The ANG gene encodes for an angiogenic factor upregulated by hypoxia. The protein is involved in motor neuron development and maintenance. Mutations in the ANG gene seem to represent a risk factor for ALS occurrence.	[32, 33]
CHMP2B	Charged multivesicular body protein 2B	The protein is involved in autophagy and endolysosomal trafficking pathways. Pathogenic mutations in CHMP2B have been associated with FTD and ALS.	[34, 35]
PFN1	Profilin 1	Profilin 1 is an actin-binding protein involved in the regulation of actin polymerization. Mutations in PFN1 inhibit the axon outgrowth and alter stress granule dynamics contributing to ALS pathogenesis.	[36, 37]
VCP	Valosin-containing protein	VCP belongs to chaperone-like family proteins which are involved in different biological pathways including the ubiquitin–proteasome system. VCP mutations have been associated with FTD and ALS.	[38, 39]
TBK1	TANK-binding kinase 1	TBK1 gene has been identified as possibly linked to ALS and FTD. The protein interacts with proteins related to autophagy and innate immunity, such as p62 and OPTN.	[40, 41]
OPTN	Optineurin	OPTN is a ubiquitously expressed cytosolic protein involved in many cellular pathways and signaling. Genetic data show OPTN mutations are associated with ALS pathogenesis and neurodegenerative processes.	[42, 43]

Most common causative genes are here summarized including their potential role in ALS pathogenesis

miRNAs may play an important role in the etiology and progression of neurodegenerative disorders, such as ALS [52]. Indeed, miRNA dysfunction has been associated with a progressive loss of specific neuronal populations, such as motor neurons in ALS [53–55]. Therefore, neurodegenerative diseases can also be considered as RNA disorders in which the dysregulation of miRNAs is striking because of their ability to regulate different pathways associated with the onset and progression of disorders [56].

In the context of ALS, a global dysregulation of miRNAs has been described as a common feature underlying different forms of the disease [57]. It is also worthy to consider that the ability to detect changes in miRNA expression profiles could be a useful tool as a diagnostic biomarker to identify the onset and progression of the disease [2, 58]. Finally, the identification of misregulated miRNAs could potentially represent a tool for developing therapeutic approaches to treat ALS.

The Biology of MiRNAs

Classification of Non-coding RNAs

The entire human genome is extremely rich in non-coding RNAs (ncRNAs), which might represent a way for cells belonging to the same organ to develop specific identities and functions [59]. In the heterogeneous group of ncRNAs, different subsets of functional molecules should be recognized according to their lengths and functions, such as long non-coding RNAs (lncRNAs), which are typically greater than 200 nucleotides, and small RNAs [60].

Several functions have been identified for lncRNAs, such as targeting proteins associated with specific transcription patterns, interfering with translation and DNA methylation, altering the activity of protein-binding partners and chromatin, or acting as precursors for small RNAs [61]. Small RNAs are processed from longer precursors to carry out post-transcriptional gene silencing of target RNA transcripts. They can be clustered as heterochromatic small interfering RNAs [62], small temporal RNAs (stRNAs) [63], tiny non-coding RNAs [64, 65], and a group of very small RNAs that include short interfering RNAs (siRNAs) [66], PIWI-interacting RNAs (piRNAs) [67], and the well-known miRNAs [68]. MiRNAs were first described in 1993 [69] and are defined by their lengths, ranging from 20 to 30 nucleotides, and their interactions with Argonaute proteins (AGO and PIWI) [70].

MiRNA Biogenesis, Metabolism, and Biological Function

MiRNAs are short and evolutionarily conserved RNA sequences that are transcribed from specific genes or from the introns of protein-coding genes [71]. In humans, most of the canonical miRNAs are encoded by intronic regions. Often, the

loci of different miRNAs belong to the same polycistronic transcription unit and are usually co-transcribed even if an additional single miRNA regulation can be performed post-transcriptionally [72]. Approximately 60% of all protein-coding genes seem to be regulated by miRNAs [73].

MiRNAs inhibit gene expression mainly through highly specific binding to complementary sequences in the three prime untranslated regions (3'-UTRs) of target mRNAs. The pairing with the target regions leads to downregulation of the corresponding mRNA through its destabilization or impedes processes at the protein level through translational inhibition [74]. While miRNA-binding sites are generally sited in the 3'-UTR domain of target mRNAs, the short nucleotide region located in the 5' end of the miRNA called the miRNA seed (nucleotides 2–7) has been determined to be very important for defining the miRNA function and evolution and determining the target recognition [21]. Indeed, miRNAs that display identical sequences at nucleotides 2–8 are usually considered to belong to the same family, even if some miRNA molecules display a common origin but a different miRNA seed [75].

The complexity of gene expression regulation by miRNAs has been depicted in a lot of studies, which show that a single miRNA can target many different genes. It can also occur that a set of miRNAs cooperate in an additive or synergistic way in order to exert control over a single gene expression [76]. In particular, while some individual miRNAs may account for the expression of several tissue-specific genes [77, 78] the specific expression of a single target gene seems to be regulated by a network of interactive miRNA molecules [79, 80].

Each miRNA locus produces two mature molecules that arise from the 5' strand or from the 3' terminal. Nevertheless, one arm called the guide strand is the more biologically active and accounts for 96–99% of the total mature functional miRNA molecules [70]. The other strand, which is known as the passenger or miRNA*, is generally thought to be degraded during the biogenesis process. Actually, the passenger strand has also been identified as a potential biological regulator with the ability to modulate gene expression. In the context of different pathologies, miRNAs* were demonstrated to be able to actively target specific mRNAs and therefore do not behave as simple, passive bystanders [81–83].

The majority of miRNAs are transcribed by RNA polymerase II [71], whereas others are transcribed by RNA polymerase III [84]. RNA polymerase III can also transcribe viral miRNAs and some endogenous miRNA-like small RNAs derived from transfer RNAs (tRNAs) [85, 86].

In addition, the miRNA transcription process is regulated by different RNA polymerase II-associated transcription factors and is subjected to epigenetic control [71, 87–90].

The primary transcripts (pri-miRNAs, in which miRNA molecules are embedded) are then processed through different maturation steps. In the nucleus, the pri-miRNA is specifically recognized by the microprocessor enzymatic complex composed

of a double-stranded RNA-binding protein named DGCR8, which identifies the stem-loop structure, and the nuclear ribonuclease III Droscha, which processes the pri-miRNA to generate the 70-nucleotide-long precursor form (pre-miRNA)[91].

Additional sequence motifs that reside in the pri-miRNA structure seem to be involved in the maturation process in order to improve the efficiency of processing primary transcripts [92, 93]. Following the microprocessor processing, the resulting pre-miRNA is translocated to the cytoplasm by exportin-5 through the nuclear pore complex in a Ran GTP-dependent process [94]. The pre-miRNA is then released into the cytosol, where it is cleaved by another RNase III-type endonuclease termed Dicer to produce a mature 20-bp miRNA duplex intermediate [95]. In this processing step, the endoribonuclease Dicer is associated with the transactivation response RNA-binding protein (TRBP) and the protein activator of the interferon-induced protein kinase (PACT) in a proteic complex [96]. The small RNA duplex is then loaded onto an AGO protein to shape the RNA-induced silencing complex (RISC) [97]. Notably, among the four AGO protein families in humans, only AGO2 can process perfectly matched target mRNAs [74]. The functional core of the RISC complex consists of AGO2, which has endonuclease activity responsible for mRNA silencing, and of 182-kDa glycine–tryptophan proteins (GW182), which are essential for miRNA-mediated translational repression and transcript decay. Moreover, additional proteins, such as fragile X mental retardation 1 (FMRP), Mov10 RISC complex RNA helicase (MOV10), and Hu antigen R (HuR), join the RISC enzymatic complex, and the inclusion of the GW182 paralogue trinucleotide repeat-containing gene 6A protein (TNRC6) can trigger deadenylation, decapping, and decay of mRNAs [96, 98] (Fig. 1).

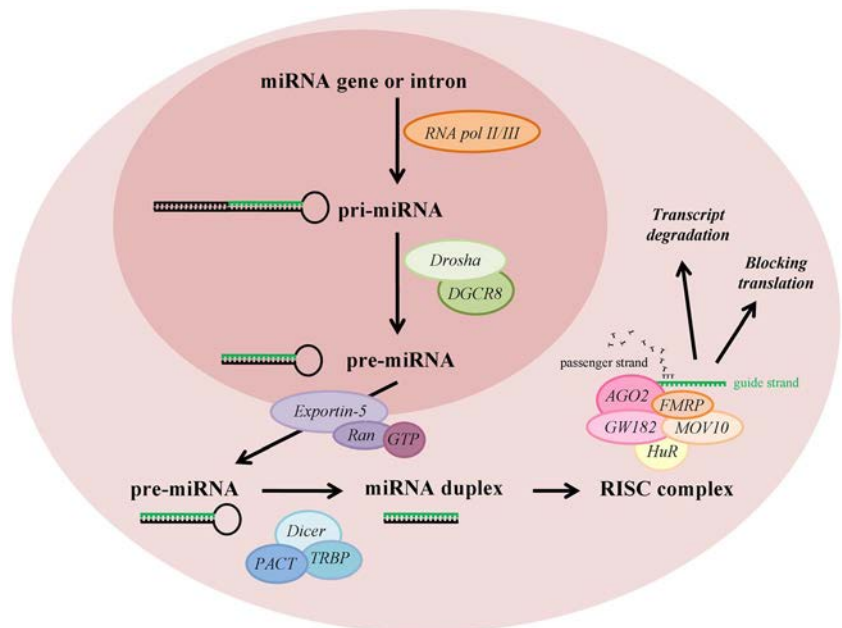
Thus, the RISC assembly initially involves the RNA duplex association with AGO proteins to generate the pre-RISC enzymatic complex. Subsequently, the removal of the passenger strand from the duplex determines the development of the mature RISC, which requires the contribution of only the guide strand [89]. Typically, the choice of the guide strand is established by the thermodynamic stability of the RNA duplex, even if the passenger strand displays a weaker silencing ability [99–101].

Finally, miRNA-loaded RISC guides the enzymatic complex toward the target mRNA based on the complementarity sequence for the 3'-UTR region. The miRNA-RISC examines the pool of cytoplasmic transcripts to find the potential complementary targets. The degree of miRNA target complement determines the fate of the target mRNA; a perfect match leads to transcript degradation through AGO2 enzymatic activity, whereas incomplete base-pairing triggers mRNA silencing by translational repression, mRNA degradation, or sequestration in cytoplasmic structures (P-bodies) [98, 102].

The expression of miRNAs is subjected to close regulation from their biogenesis to their decay. Actually, the stability of miRNAs seems to be associated with endogenous factors, such as specific exoribonuclease (XRN1, XRN2), and is affected by the binding to their target mRNAs. Environmental factors may show an influence on the stability of these small RNA sequences [96]. Moreover, miRNAs seem to have intrinsic elements capable of modulating their stability in cells[103].

Modifications in the RNA sequence or structure influence miRNA processing and turnover. The intrinsic regulation of miRNAs can be affected by different biological occurrences, such as the existence of single nucleotide polymorphisms (SNPs) in miRNA genes, which have been associated with miRNA biogenesis or altering the target specificity.

Fig. 1 MiRNA biogenesis. The biogenesis process of miRNAs starts in the nucleus with the formation of pri-miRNA. This pri-miRNA is processed by *Droscha* and transported in the cytoplasm by *Exportin-5*. In the cytoplasm, *Dicer* binds pre-miRNA, forming the miRNA duplex. At this point, the guide strand of the duplex is incorporated into the RISC complex, whereas the other strand is typically degraded



Furthermore, in addition to regulation through miRNA stability, as described above, other methods of modifying RNA molecules that affect biogenesis include miRNA tailing, RNA editing, and RNA methylation [70].

MiRNAs regulate different cellular processes including growth, differentiation, and signaling. They are involved in the control of gene expression as post-transcriptional regulators in animals, plants, and viruses [104, 105]. After matching with the mRNA target sequence, miRNAs prompt either the induction of mRNA decay or the inhibition of the translational process.

As regards mRNA decay mechanism, the miRNA–mRNA interaction causes target deadenylation; in eukaryotes, the removal of Poly-A tails starts with the Poly(A)-specific ribonuclease complex, PARN2–PARN3, and proceeds to the CAF1–CCR4–NOT complex. After deadenylation, the decapping is carried out by Decapping 1 (DCP1) and Decapping 2 (DCP2) enzyme, followed by 5′–3′ exonucleolytic digestion by the 5′–3′ exoribonuclease 1 (XRN1) [106–108].

As mentioned above, miRNAs are also able of inhibiting the translation of mRNA targets at different steps of the process [109], even if this process occurs in only a small percentage of cases (11–16%) [77]. The mRNA repression can be associated with the recruitment of competent ribosomes or the promotion of the ribosomal drop-off during the elongation step. Finally, the eukaryotic translation initiation factor 4F (eIF4F) cap recognition can be inhibited [77, 110–112].

To summarize, miRNA generation encompasses complex biological mechanisms, strictly regulated through different steps. MiRNA role is crucial in determining cell homeostasis and biological fate.

The Role of MiRNAs in ALS Pathogenesis

The importance of miRNAs in ALS was unraveled for the first time by the observation of differential miRNA profiles in ALS patients compared to healthy controls (Fig. 2). MiRNAs are highly stable in serum and other bodily fluids, but readily subjected to decay in the postmortem brain; thus, the feasibility of directly analyzing CNS tissues is limited. However, analyses on biological samples, including blood and cerebrospinal fluid (CSF), showed a different expression of miRNAs between healthy controls and ALS patients' samples, indicating that these small RNAs could be involved in the pathogenesis of ALS [58, 113–115]. Several miRNAs associated with nervous system maintenance and cell death pathways were deregulated on human samples isolated from the spinal cord of ALS patients [116].

Overall, a global reduction of miRNA levels could be observed in both familial and sporadic ALS in comparison with healthy controls and other neurodegenerative patients [57, 116, 117]. Characterizing miRNA biogenesis and investigating the potential mechanisms underlying miRNA

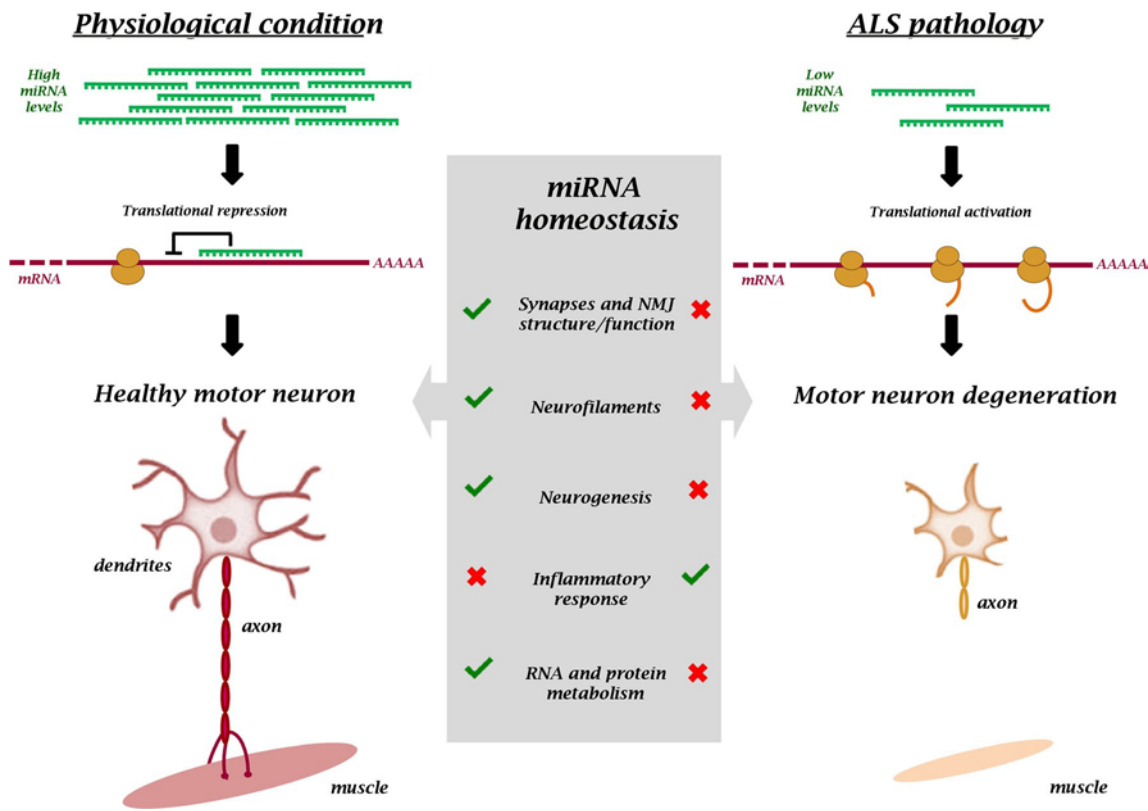


Fig. 2 Role of miRNAs in motor neuron physiology and degeneration. The principal functions exerted by miRNA in motor neuron homeostasis (on the left) and pathology (on the right) are here represented

dysregulation could offer a promising tool both in understanding their involvement in ALS pathogenesis and in developing future therapeutic approaches.

We will further describe different roles played by miRNAs in ALS pathogenesis in the next few paragraphs, which have been subdivided accordingly (for a detailed overview, refer to Table 2).

Table 2 Summary of miRNAs involved in ALS and their role in the disease progression

	MiRNAs	Up/downregulated in ALS	Involvement in ALS pathogenesis	Reference
Synapses and NMJ	miR-206	Upregulated	miRNA expresses specifically in skeletal muscle. Deficiency in ALS model causes acceleration of disease progression	[118]
			Regulates the expression of HDAC4, which is involved in neuromuscular gene expression	[119]
			Increased expression after denervation near synaptic sites	[120]
	miR-23		Overexpression causes the reduction of PGC1 α	[121]
	miR-31		Induces cell proliferation	[122]
	miR-29b		Increases in skeletal muscle in ALS patients	[121]
	miR-455			
	miR-338-3p		Detected in cerebrospinal fluid and in the spinal cord gray matter of sALS patients; involved in excitotoxicity	[114]
	miR-451	Downregulated	Detected in cerebrospinal fluid and in the spinal cord gray matter of sALS patients;	
	miR-1275			
	miR-328			
	miR-638			
	miR-149			
	miR-665			
miR-583				
miR-218			Expressed only in motor neurons and involved in their differentiation	[123]
Neurofilaments	miR-124a	Upregulated	Low level in spinal cord of SOD1 mice; involved in GLUT expression	[124]
	miR-146a	Upregulated	Involved in the regulation of NFL mRNA expression in ALS	[125]
	miR-524-5p	Downregulated		
	miR-582-3p			
	miR-b1336		Low expression causes destabilization of neurofilament mRNAs at the neuromuscular junction level	[126]
	miR-b2403			
	miR-1		Involved in myelination process in the spinal cord of the ALS animal model	[127]
	miR-330			
	miR-29			
	miR-133			
Neurogenesis	miR-9	Downregulated	Both in vitro and in vivo is involved in NSC proliferation, distribution, and differentiation	[128]
	miR-124a	Upregulated		[58]
				[129]
				[130]
	miR-19a	Up/downregulated ^a	Involved in the cell cycling	[129]
	miR-19b			
	miR-29a	Upregulated	Involved in ER stress	[131, 132]
	miR-29b	Downregulated	Dysregulation of NAV3 (regulator of axon guidance)	[133]
	miR-125	Up/downregulated ^a	Involved in astrocyte and oligodendrocyte regulation, neuronal morphogenesis, and synaptic plasticity	[134]
	miR-134			
Neuroinflammation	miR-219			
	miR-155	Upregulated	Involved in the control of innate immune system; treating SOD1 mutant mice with anti-miR-155 reduces mortality	[135]
			The biogenesis of this miRNA is regulated by TDP-43	[113]
	let-7		Regulator of Ly6Chi monocyte	[117]
	miR-146a		Increased in Ly6Chi cells in the spleen of SOD1 mice	[113]
	miR-223			
	miR-27a			
	miR-142-5p			
	miR-365		Negatively regulates interleukin-6 (IL-6) increasing the expression of TNF α	[117]
	miR125b		Negatively regulates STAT3 increasing the expression of TNF α	[136]
	miR-24		Regulator of T-cells in vitro	[135]
	miR-148b-5p	Downregulated	Involved in regulation of genes associated with neurodegeneration on ALS	[117]
	miR-577			
miR133b				
miR-140-3p				

^a This miRNA is observed as being upregulated or downregulated, depending on the different areas of the brain that are analyzed

MiRNAs, Cytoplasmatic Inclusions, and Stress Granules

In ALS and frontotemporal dementia (FTD) disorders, ubiquitin-positive inclusions in neurons and glia typically restrain the DNA-binding proteins TDP-43 or FUS [16]. In most ALS cases where *TARDBP* is not mutated, TDP-43 aggregates may be detected, whereas FUS inclusions are less common [16, 17, 137].

Under pathological conditions, such as cellular stress, mutant TDP-43 and FUS can interact with different proteins associated with RNA metabolism, leading to the development of protein aggregates and the formation of stress granules (SGs). It has been suggested that SGs could be precursor structures of the pathological protein inclusions observed in neurodegenerative disorders [138, 139]. Notably, SG assembly starts with the phosphorylation of eukaryotic translation initiation factor 2 alpha (eIF2 α), the modulation of which is associated with neurotoxicity in ALS animal models [140, 141]. The SGs recruit many RBPs that are prone to aggregation such as TDP-43 and FUS, which are involved in RNA metabolism [18, 142]. TDP-43 promotes the process of interacting with the nuclear Drosha and the cytoplasmic Dicer complexes [44], and FUS enhances miRNA production through Drosha [143], thus providing functional links among the disease, dysregulated miRNA biogenesis, and SG-related RBPs. TDP-43 plays a key role also in the post-transcriptional maturation of a subset of miRNA molecules, both in the nucleus and in the cytoplasm. Consequently, mislocalization of the TDP-43 protein in cytoplasmic aggregates seems to be associated with reduction in Drosha and Dicer processing of TDP-43-regulated miRNAs [44].

The observed impairment in miRNA biogenesis has been related to the stress response induced by mutations in ALS-related genes, such as TDP-43, FUS, and SOD1. Overall, these findings suggest a potential link between defective miRNA biogenesis and ALS due to impaired Dicer processing. Therefore, the latter may be a promising target for the development of therapeutic approaches for a wide range of disorders resulting from dysregulated miRNA expression [144].

MiRNAs and Neuromuscular Junctions

A group of miRNAs, usually referred as myomiRs, is expressed mostly in the muscular tissue [145] and includes miR-1, miR-133, miR-206, miR-208 a/b, miR-486, and miR-499 [146]. Although these miRNAs are expressed both in cardiac and skeletal muscle (except for miR-208, which is expressed only in cardiac muscle), miR-206 is expressed especially in skeletal muscles, and in physiological conditions, it is involved in the maintenance of neuromuscular synapses and regeneration of neuromuscular junctions after injury, and it regulates myoblast differentiation [118, 147]. miR-206

importance during myogenesis is supported by a study by Grifone and colleagues, who demonstrated that skeletal muscle-specific Dicer-1 knockout mice have a significant reduction in muscle mass due to hypoplasia [148]. miR-206 seems to negatively control the expression of histone deacetylase 4 (HDAC4), which is involved in the control of neuromuscular gene expression [149, 150]. In particular, miR-206 is not involved in the pathogenesis, but it plays a crucial role in the organism's ability to restore normal NMJ formation after injury [120].

miR-23 acts as a negative regulator of the peroxisome proliferator-activated receptor-gamma coactivator alpha (PGC-1 α) signaling [121]. It is already known that skeletal muscle mitochondrial dysfunction may be implicated in the severity and progression of ALS and since PGC-1 α is involved in mitochondrial biogenesis and function, the inhibition of this miRNA could be used to develop a therapeutic strategy to rescue PGC-1 α activity in ALS subjects [121].

MiRNAs and Neuroinflammation

In ALS pathology, neuroinflammation and the immune system play an important role in the disease progression through microglial activation, dysregulation of immune-related genes, and recruitment of monocytes to affected tissues.

Interestingly, miR-155 seems to promote tissue inflammation by enhancing the generation of Th17 cells and recruiting macrophages as a part of the immune response. In addition, miR-155 is also implicated in the increase of proinflammatory cytokine secretion by binding to suppressor of cytokine signaling 1 (SOCS1) mRNAs [151–153]. Koval and collaborators showed that the level of miR-155 in both ALS human and mouse CSF is increased twofold and fivefold, respectively. Moreover, the anti-miR-155 was able to promote a significant extension in survival time of affected animals [135]. Several dysregulated miRNAs, such as let-7, miR-148b-5p, miR-577, miR-133b, and miR-140-3p, seem to be involved in the regulation of genes implicated in inflammatory pathways in the ALS context.

Another group thoroughly investigated the role of miR-125b in the modulation of NF- κ B signaling in microglia [136, 154]. In a first study, the authors evaluated the miRNA expression profile of SOD1G93A mouse microglia after inflammatory activation. They identified that both miR-365 and miR-125b seem to be involved in the proinflammatory signal. In microglia, miR-365 and miR-125b negatively regulate interleukin-6 (IL-6) and signal transducer and activator of transcription 3 (STAT3), respectively. Downregulation of IL-6 and STAT3 pathways causes activation of proinflammatory signals through an increase in tumor necrosis factor-alpha (TNF α) expression [136]. In a more recent study, the same group investigated the molecular role of miR-125b in the neuroinflammatory pathway, directly relating miR-125b to

NF- κ B signaling. The action exerted by this miRNA prolongs the activation of NF- κ B in microglia with a toxic effect on surrounding motor neurons. These results highlight the fundamental role played by miRNA in the complex interplay between microglia and motor neurons, which appears as a strong contributor to motor neuron degeneration in ALS and other neurological disorders [154].

MiRNAs and Endoplasmic Reticulum Stress

As mentioned above, among the different mechanisms underlying ALS pathogenesis, defects in protein folding or degradation of proteins leads to increase and accumulation of aggregated or misfolded proteins in the endoplasmic reticulum (ER) lumen, resulting in a change in ER homeostasis called ER stress, which culminates with apoptosis [155].

Nolan and colleagues analyzed the dysregulation of the miRNA pathway after the induction of ER stress. They identified both in vitro and in vivo an increase in miR-29a [131, 132, 155]. Interestingly, an increase in miR-29a expression could be observed in the lumbar spinal cords of ALS mice at post-natal day 70 compared to controls [131]. Moreover, the increase in miR-29 led to a decrease in induced myeloid leukemia cell differentiation protein (Mcl-1) [131] involved in the apoptosis pathway [156].

In a more recent study, they demonstrated that ER stress-induced transcription factor activating transcription factor-4 (ATF4) enhanced the expression of miR-29a increasing through this mechanism the sensitivity of motor neurons to ER stress-induced apoptosis [132].

In conclusion, the authors hypothesized that during the progression of ALS, motor neurons undergo ER stress conditions leading to apoptosis [131].

MiRNAs as Disease Biomarkers and Novel Therapeutic Targets

So far, specific disease biological markers of ALS or effective therapies have not been identified. The diagnosis and follow-up still relies upon clinical criteria, and, despite the intense efforts, there are still no established biomarkers clinically applicable [157]. In particular, the research of valuable ALS biomarkers has been the focus of several studies aiming to direct the therapeutic research and instruct the clinical trial enrollment (for a detailed review on the more recent studied biomarkers in the ALS field, refer to [157]).

Recent evidence from several findings suggests that ALS patients show a dysregulation of gene expression profiles including miRNAs [2, 58, 98, 158–162].

Interestingly, the different miRNA expression patterns observed in ALS subjects could represent a disease signature and thus be useful both for improving the diagnosis of the disease

by using them as potential biomarkers and for the development of new miRNA-based therapeutics. MiRNAs are expressed in a tissue-specific manner, and they can be released as circulating molecules in several bodily fluids, which suggests that there are differences between the profiles of affected subjects and healthy controls. Furthermore, they seem to be stable in body fluids, such as CSF, blood, and urine, because of their incorporation in exosomes, protein complexes similar to Argonaute proteins and lipoproteins, which confer resistance to RNase in the circulating environment [163–165]. These differences make them appealing as potential ALS peripheral biomarkers [166].

MiRNAs could be also used as therapeutic molecules; a tested approach to reduce the upregulated miRNAs includes the use of antagomirs and locked nucleic acids (LNAs). These molecules have the same conformation of RNA, and they are characterized by high stability and great affinity for the RNA targets. Therefore, they are able to prevent the binding of the miRNA to its target and at the same time they can reduce miRNA levels [167].

In contrast, a complementary approach aims to increase the expression of downregulated miRNAs through replacement with miRNA mimics. This type of miRNA has the same sequence of the dysregulated miRNA, and its mRNA target is the same as the endogenously depleted miRNA. Thus, this methodology is set up on the hypothesis that decreasing the target protein levels could be useful for the development of a protective therapeutic strategy [168]. Unfortunately, miRNA mimics have a limited half-life; thus, a repetitive administration would be necessary to maintain constant effects [169]. To overcome this problem, a viral vector could be used with the major challenge of delivering the selected miRNAs to the proper cells and crossing the blood–brain barrier (BBB). The discovery of adeno-associated virus AAV9 ability of crossing the BBB after systemic administration opened new expectations for the development of gene therapy approaches for neurological disorders [170]. Interestingly, recent studies investigated the therapeutic potential of developing AAV-mediated RNAi gene therapy for ALS [171].

Stoica et al. evaluated the therapeutic efficacy of delivering an AAV9 construct encoding an artificial microRNA against the human SOD1 (amiR^{SOD1}) in an ALS mouse model. They performed bilateral intracerebro ventricular (ICV) injections in ALS SOD1^{G93A} pups at postnatal day 1 (P1) observing a 50% increase in survival and a satisfactory preservation of the motor functions. ICV administration efficiently ensured gene delivery to both cortical and spinal cord motor neurons. Overall, AAV9 treatment was able to delay but not to prevent ALS progression, maybe due to the residual level of mutant hSOD1 expression [172]. Borel et al. tested the therapeutic efficacy of an artificial miRNA specific to SOD1 systemically delivered using the serotype rh.10 (rAAVrh10-miR-SOD1) in early symptomatic adult mice. Treated animals (P56–68)

showed an increased lifespan by 21%, preserving muscle strength and both motor and respiratory functions [173]. However, AAV9 and AAVrh10 target mostly glial than motor neurons when delivered in adult mice, so current AAV vectors do not seem to be efficient enough to cross the BBB and to transduce the sufficient amount of motor neurons in order to achieve good results in terms of therapeutic efficacy. Despite this, promising results were obtained in lower motor neurons by Borel et al. in non-human primates delivering the same rAAVrh10-miR-SOD1 vector [173]. The potential use of artificial miRNAs to induce RNAi against hSOD1 employing specific AAV serotypes [174] is now being extended to other ALS-associated genes such as C9ORF72 hexanucleotide expansion [175].

Thus, even if more studies need to be performed, the results suggested that miRNA silencing/upregulation could be used to develop new potential therapeutic strategies for ALS.

Conclusions and Future Perspectives

In the broad scenario of neurodegenerative disorders, ALS remains one of the most dramatically untreatable conditions. Because no effective treatment is available, investigating and defining previously unrecognized molecular mechanisms underlying the disease, such as miRNAs, could lead to the establishment of new potentially therapeutic targets. The central role of miRNAs as key regulators of several important biological pathways supports their involvement in the insurgence and progression of neurodegenerative disorders. Many research studies are currently ongoing that highlight the dysregulation of miRNA expression in ALS models and patients. Besides, broad dysregulation due to perturbation of proteins critical in miRNA biogenesis, defect in single specific miRNAs that govern pathways, and genes critical for motor neuronal function can play an essential pathogenetic role in ALS.

Alterations in this pattern of expression could represent a potential diagnostic biomarker capable of supplying important information about the onset or the progression of the disease. Furthermore, new therapeutic strategies could be developed to restore the physiological levels of miRNA expression. In particular, miRNA-based therapeutic treatment could be developed to overexpress miRNAs that are downregulated and vice versa.

Despite the fact that a large group of miRNAs have already been described in the literature as dysregulated in ALS, several miRNAs need yet to be explored in such a role, as reviewed in this study. Thus, this area of research requires further investigation toward a clinically meaningful application.

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