

INVOLVEMENT OF LONG NON-CODING RNAS IN GLIOBLASTOMA AND RESEARCH APPROACHES AND TECHNIQUES TO STUDY LNCRNAS IN TUMORS: A REVIEW

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ABSTRACT – Glioblastoma is recognized as the most aggressive tumor of the central nervous system, accounting for the majority of gliomas (57.3%) and approximately 15% of all brain tumors. Additionally, it represents 48.3% of primary malignant intracranial tumors. Overall survival extension among patients with glioblastoma remains challenging despite improvements in post-surgical treatments, including chemotherapy and radiotherapy. Consequently, the development of novel therapeutic approaches specifically targeting glioma is of critical clinical relevance. Long non-coding RNAs, a class of non-coding RNAs longer than 200 nucleotides (nt), once considered as "noise" of transcription, are now acknowledged to play a critical role in a variety of molecular processes at the transcriptional, post-transcriptional, and epigenetic levels, as well as in numerous physiological and pathological processes. A dysregulation of IncRNAs in glioma affects and alters many signaling pathways. A significant number of these IncRNAs have been discovered due to advances in high-throughput sequencing technology, which has also revealed their strong correlation with tumor development and progression, as well as their interaction with microRNAs. Nowadays, IncRNAs are thought to be promising targets for diagnostic, prognostic, and therapeutic purposes. In this review, we will describe some lncRNAs and detail their classification and cellular localization, as well as their mechanisms of action and how they affect and alter many signaling pathways in glioblastoma. We will also discuss several research strategies for identifying and characterizing IncRNAs in tumors.

KEYWORDS: Bioinformatic tools, Glioma, Glioblastoma, IncRNAs, Molecular pathways, Research approaches, Signaling pathways, Therapeutic targets, Transcription regulation.

INTRODUCTION

Glioblastoma (GBM) constitutes the majority of gliomas (57.3%), approximately 15% of brain tumors, and 48.3% of primary malignant intracranial tumors¹. Classification based solely on histology, patient age, tumor location, and size has failed to predict prognosis in GBM patients². While these variables are recognized as markers of survival and treatment outcomes among patients, none have reliably fore-casted outcomes precisely³. Furthermore, overall survival (OS) extension in GBM patients has remained elusive despite advancements in post-surgical treatments such as chemotherapy with temozolomide (TMZ) and radiotherapy⁴. GBM cases with similar clinical and histological characteristics exhibit varying survival rates⁵. During carcinogenesis, normal cells acquire genetic and epigenetic changes, including DNA methylation, histone modification, and regulation by non-coding RNA (ncRNAs), a recently identified mechanism that has become the focus of considerable studies due to its involvement in tumor development and progression. Over the past decade, a significant number of these ncRNAs have been discovered through the application of next-generation sequencing (NGS) technology⁶⁻⁹.

It has been estimated that approximately 97% of the human genome is composed of ncRNAs⁷ which are not translated into proteins and can be classified as housekeeping ncRNAs or regulatory ncRNAs based on their length^{8,10}. Short ncRNAs also referred to as sncRNAs include small interfering RNAs (siR-NAs), piwi-interacting RNAs (piRNAs), tRNA-derived fragments (tRFs), small nucleolar RNAs (snoRNAs), and small nuclear ribonucleic acid (snRNAs), all containing 200 nt or fewer (<200 nt)^{11,12}. Long non-coding RNAs (lncRNAs) are longer than 200 nt (>200 nt) and represent the largest class with over 60,000 genes in the human genome. Many ncRNAs are tissue-specific and cancer-specific, forming a complex network of reciprocal interconnections^{13,14}. Moreover, they can impact the fate and survival of cancer cells through mechanisms such as chromatin remodeling, signal transduction, transcriptional, and post-transcriptional modifications. Some function as tumor suppressors, while others act as oncogenes. These ncRNAs have been recognized as potential targets for diagnostic, therapeutic, and prognostic applications⁷.

Briefly, microRNAs (miRNAs), approximately 20–22 nt in length, are highly conserved across species. They regulate gene expression by binding to the 3'-untranslated region (3'-UTR) of target mRNAs¹⁵. Considering their structure, miRNAs lack the poly(A) tail typically found in mRNAs⁷. An increasing number of miRNAs have been demonstrated to play crucial roles in glioma, as confirmed by various studies¹⁶⁻¹⁸.

LncRNAs, as described above, are a class of non-protein-coding transcripts whose lengths vary from 200 nt to 100 kilobases (kb)¹⁹. They are considered regulatory RNA transcripts²⁰, encoded by 4–9% of the whole genome, and more abundant than mRNAs in mammals²¹. LncRNAs share several structural similarities with mRNAs, including size, promoter structure, RNA polymerase II transcription, and splicing. Additionally, many lncRNAs have a poly(A) tail at the 3' end and a 7 mG cap at the 5' end, similar to mRNAs. However, unlike mRNAs, IncRNAs do not encode proteins²²⁻²⁴. On average, IncRNAs consist of nearly 2.8 exons, fewer than those found in protein-coding genes. Unlike mRNAs, IncRNAs lack an open reading frame (ORF)^{25,26}. While previously claimed as 'transcriptional noise', IncRNAs are now recognized for their involvement in various molecular processes, such as transcriptional regulation, chromatin modification, and post-transcriptional regulation^{24,27,28}. Moreover, they play crucial roles in physiological and pathological processes, including apoptosis, metabolism, differentiation, cell growth, and proliferation, and are involved in the tumor microenvironment^{24,29}. According to a previous study, approximately 18% of IncRNAs are linked to human tumors, while less than 10% of human protein-coding genes are associated with human malignancies²⁹. Numerous studies have demonstrated that aberrant lncRNA expression is implicated in cancer development and progression, influencing cell survival, growth, invasion, metastasis, and tumor angiogenesis. Another study focused on profiling the expression of IncRNAs in glioma has confirmed their significant role in pathogenesis and tumor development and progression³⁰. These IncRNAs influence cell growth and metastasis³¹, suggesting their involvement in glioma initiation and progression³². Accordingly, IncRNAs are considered potential biomarkers for glioma diagnosis, prognostic, and targeted therapy¹⁹. LNCipedia, one of the largest databases for IncRNAs, currently compiles 127,802 transcripts from 56,946 lncRNA genes²⁶. Furthermore, studies have found that 40% of the thousands of IncRNA genes (around 4000–20,000) identified by GENCODE and ENCODE projects are specifically expressed in the brain³³.

In this review, we will provide an overview of the types of IncRNAs and briefly discuss their biogenesis. We will also summarize the latest findings regarding the involvement of IncRNAs in GBM, their underlying mechanisms, as well as their potential use as cancer biomarkers, prognostic indicators, and therapeutic targets. Additionally, we will outline the interaction between miRNAs and IncRNAs in GBM, highlighting current research approaches for studying IncRNAs.

LOCALIZATION AND BIOGENESIS OF LNCRNAS

LncRNAs are divided into nuclear and cytoplasmic subgroups and their activity depends on their localization^{26,34}. LncRNAs located in the nucleus are primarily implicated in transcriptional and epigenetic regulation by recruiting chromatin remodeling and modification complexes. In contrast, lncRNAs exported to the cytoplasm participate in post-transcriptional regulation, affecting protein translation, mRNA stability, and the competitive endogenous RNA (ceRNA) network⁹.

According to several studies, IncRNAs are categorized into five groups depending on their genomic location and chromosomal position: Intronic IncRNAs, which are generated from the antisense strand of protein-coding genes; Intergenic IncRNAs, which originate from intergenic regions; Sense IncRNAs, derived from the coding strand and can embody the whole sequence of a protein-coding gene or overlap with only a subset of it; Antisense IncRNAs, transcribed from the reverse direction of mRNA; and Bidirectional IncRNAs, transcribed from adjacent transcription start sites either in sense or antisense direction^{19,35} (Figure 1). Accounting for approximately 98-99% of the human genome, non-coding regions are interposed between coding regions³⁵. Many studies have demonstrated a high conservation of long intergenic non-coding RNAs (lincRNAs) within species. These lincRNAs exhibit expression characteristics similar to protein-coding genes, such as the presence of histone H3K36 trimethylation in the gene body and histone H3K4 trimethylation at their 5' end, known as the "K4-K36" domain, indicating active transcription. Studies have shown that more than 70% of lincRNAs containing the K4-K36 domain exhibit signs of active transcription, a percentage comparable to that found in protein-coding genes (approximately 72%)³⁶. Furthermore, lincRNAs demonstrate higher conservation compared to antisense and intronic transcripts and are more stable than intronic lncRNAs. It's interesting to highlight that some lncRNAs can act as RNA and protein-coding genes at the same time. An example is SRA (steroid receptor RNA activator), which not only translates into a protein but also serves as a scaffold for forming complexes with several co-activator and repressor proteins, thereby regulating gene transcription. To date, lincRNAs and antisense lncRNAs are considerably more documented and known than intronic and sense IncRNAs³⁵.



Figure 1. Genomic locations of Long non-coding RNAs (LncRNAs). (Created with BioRender.com)

As previously mentioned, chromatin-localized IncRNAs within the nucleus play significant roles in transcriptional regulation. They act on DNA sequences in a cis manner, thereby regulating gene expression in proximity or in a trans manner, regulating distant gene expression. LncRNAs modulate biological pathways through various mechanisms at the genomic, transcriptional, and post-transcriptional levels ⁷. Based on their modes of gene expression regulation, IncRNAs can be categorized into four principal types: signal, decoy, guide, and scaffold³⁷⁻³⁹.

LNCRNAS AS SIGNAL MOLECULES

LncRNAs acting as signal molecules are assumed to regulate downstream gene transcription⁹. They impact the transcription of target genes by binding to the promoter and blocking the preinitiation complex (PIC) formation or by interacting with transcription factors. These lncRNAs can function independently or via interacting with proteins such as transcription factors³⁵. They can target genes located nearby (cis-regulation) or further away (trans-regulation)⁴⁰. To negatively regulate gene expression, some cis-lncRNAs act via chromatin modification, recruiting chromatin modification complexes, such as the polycomb repressive complex (PRC) or Rpd3 small histone deacetylase complexes (Rpd3S HDAC), as well as other chromatin modifiers. Additionally, some lncRNAs contribute to positive regulation. For example, the HOXA transcript at the distal tip (HOTTIP) recruits Mixed-lineage leukemia (MLL) chromatin-modifying complex to maintain an active domain over the 5' end of the homeobox A gene cluster (HOXA). When acting in trans, lncRNAs may bind to chromatin modification complexes, transcription elongation factors, or RNA polymerases independently of sequence complementarity to modify transcription³⁵.

LNCRNAS AS DECOY MOLECULES

LncRNA often acts as a decoy molecule by blocking specific molecular pathways. They serve as molecular decoys by binding to specific DNA sequences, thereby inhibiting the interaction of functional protein molecules such as transcription factors and chromatin remodeling proteins with their DNA or mRNA targets. The restriction of transcription factor activity results in the suppression of downstream gene transcription. In some specific tissues and certain tumor cells, lncRNAs also compete with mRNA molecules to block the inhibitory effect of miRNA on mRNA, thereby upregulating the expression of target genes⁹.

LNCRNAS AS GUIDE MOLECULES

LncRNAs can act as guide molecules by aiding specific proteins to reach their target locations and exert their biological functions⁹. Alternatively, they can directly bind to proteins and induce their relocation throughout the genome, thereby influencing gene expression. The regulation of gene expression by IncRNAs involves both repressive and activating complexes, often interacting with transcription factors⁴¹.

LNCRNAS AS SCAFFOLD MOLECULES

LncRNA can function as a "central platform" facilitating interactions among various molecules and proteins. Furthermore, their scaffold properties enable the assembly of distinct macromolecular complexes, thereby integrating information across diverse signaling pathways⁴¹. LncRNAs may also modulate gene expression by base pairing with translation factors or ribosomes to regulate translation or by binding to splicing factors to influence splicing¹⁹.

MECHANISMS OF ACTION OF LNCRNAS IN GLIOBLASTOMA

LncRNAs are classified into oncogenes and tumor suppressors. In this section, we will highlight the most studied lncRNAs. **Table 1** summarizes the lncRNAs discussed in this review, while **Table 2** lists other dys-regulated lncRNAs implicated in GBM.

Table 1. A summary	/ of the main (lysregulated	IncRNAs in glioma.

	Dysregulated IncRNAs
Oncogenes	HOTAIR HOTAIRM1 HOTTIP NEAT1 MALAT1 H19 CCAT2 XIST ANRIL MEG3 DANCR HULC CRNDE SNHG5 PInCRNA-1 Linc-OIP5
Oncosuppressors	BCYRN1 MEG3 MALAT1 MATN1-AS1 CASC2

Table 2. Other IncRNAs dysregulated on glioma.

Other IncRNAs dysregulated on glioma					
LncRNAs	Expression	Mechanism	Reference		
TUG1	Upregulated	Recruits polycomb to methylate H3K27 histone Inhibits miR-144, and reverse its effect on occludini, ZO-1, and claudin-5	126 127		
ASLNC22381 ASLNC20819	Upregulated	Target growth factor-related IGF-1 pathway	128		
NNT-AS1	Upregulated	miR-494-3p/ PRMT1 axis	129		
TUNAR	Downregulated	miR-200a–Rac1 axis	130		
ECONEXIN	Upregulated	Regulates TOP2A by sponging miR-411-5p	131		
ADAMTS9-AS2	Upregulated	FUS/MDM2 axis	132		
AGAP2-AS1	Upregulated	TFPI2/EZH2-LSD1	133		
UCA1	Upregulated	miR-182-5p/MGMT axis	134		
PVT	Upregulated	miR-128-3p/GREM1	135		
TUSC7	Downregulated	Sponging miR-23b	136		
RAMP2-AS1	Downregulated	DHC10/NOTCH3/HES1 pathway	137		
BDNF-AS	Downregulated	ADAR/p53	138		
SOX2OT	Upregulated	upregulates ALKBH5	139		
LOC441204	Upregulated	ß -catenin/p21/cdk4 cascade	140		
ZEB1-AS1	Upregulated	miR-200c/141-ZEB1 axis	141		
Linc-ROR	Downregulated	May modulate Krüppel-like factor 4 (KLF4)/ c-MYC pathway	142		
Linc-p21	Downregulated	Scaffold with SETDB1 and DNMT1	143		
LINC00657	Downregulated	Target of miR-190a-3p	144		
RNCR3	Downregulated	Target KLF16/ miR-185-5p	145		

ONCOGENES

HOX Transcript Antisense Intergenic RNA (HOTAIR)

HOTAIR, a ~2.2-kb IncRNA, belongs to the Homeobox superfamily (HOX) and is transcribed from the Homeobox C (HOXC) locus^{42,43}. This lncRNA is located on chromosome 12q13, and its higher expression is correlated with tumor progression, invasion, metastasis, and poor prognosis in various cancers, including GBM^{26,44}. Studies have demonstrated that HOTAIR interferes with cell cycle progression and is associated with glioma patient survival, serving as a biomarker that defines molecular subtypes of glioma⁴⁵. HOTAIR interacts with the polycomb repressive complex 2 (PRC2), facilitating cell cycle progression⁴⁶. Moreover, HOTAIR is regulated by the glioblastoma proliferative pathway, primarily through interactions with bromodomain proteins, such as bromodomain-containing 4 (BRD4), which binds to HOTAIR and increases its levels⁴³. Recent reports suggest that HOTAIR can also affect histone methylation, thereby inducing target gene silencing²⁶. In a study, the knockdown of HOTAIR in cell lines inhibited proliferation, invasion, and migration while inducing cell cycle arrest in the G0/G1 phase and apoptosis. These findings suggest that knocking down HOTAIR exerts tumor-suppressive effects in human glioma cells, thereby supporting the evidence for its oncogenic role in glioma⁴². HOTAIR has been reported to mediate proliferation in GBM cells through the enhancer of zeste 2 polycomb repressive complex 2 subunit (EZH2) and Wnt/b-catenin pathways²⁶. Another study demonstrated that HOTAIR knockdown inhibits the expression of fibroblast growth factor 1 (FGF1) and suppresses the activity of mitogen-activated protein kinase 1/2 (MEK1/2) and phosphatidylinositol 3-kinase (PI3K) /Akt pathways by upregulating miR326, which targets FGF1. This knockdown induces cell cycle arrest and apoptosis, while suppressing cell proliferation, invasion, and migration in human glioma cells^{42,43}.

Additionally, HOTAIR expression correlates with angiogenesis through upregulating vascular endothelial growth factor A (VEGFA) expression and transporting VEGFA to endothelial cells via extracellular vesicles released from glioma cells⁴⁷. HOTAIR promotes glioma progression by modulating glutaminase levels through sponging miR-126-5p as a ceRNA⁴⁸. Knockdown of HOTAIR using miR-148b-3p as a target RNA increases the permeability of the blood-tumor barrier (BTB) and reduces levels of tight junction-related proteins, including zonula occludens 1 (ZO-1), occludin and claudin-5, by specifically targeting the stimulatory factor 1 (USF1), thereby improving drug delivery⁴³. Higher serum levels of exosomal HOTAIR were found in patients with recurrent GBM, correlating with poor responses to TMZ and worse outcomes²⁶.

HOTAIR Myeloid-Specific 1 (HOTAIRM1)

HOTAIRM1, positioned between the loci Homeobox A1 (HOXA1) and Homeobox A2 (HOXA2), was initially discovered as a myeloid-specific regulator of the HOXA gene family. Commonly expressed in myeloid lineage cells, HOTAIRM1 modulates the transcription of specific genes through chromosome remodeling during myeloid cell differentiation and maturation. This IncRNA is highly expressed in high-grade astrocytomas and is positively associated with the development and progression of gliomas^{26,33}. In GBM, HOTAIRM1 is highly expressed and promotes tumor cell proliferation, migration, and invasion through various mechanisms³³. In vivo, experiments from one study indicated that silencing HOTAIRM1 reduced tumor growth by modulating HOXA1 gene expression. HOTAIRM1 promotes histone H3K9 and H3K27 demethylation and decreases DNA methylation levels via displacing epigenetic modifiers G9a and EZH2 away from the HOXA1 transcription starting point⁴⁹. Capture-C analysis has revealed that HOTAIRM1 allows DNA looping between the HOTAIRM1 locus and the HOXA genes. These findings collectively support HOTAIRM1's role as an enhancer for transcriptional activation^{33,50}. In another study, silencing HOTAIRM1 suppressed glioma proliferation, epithelial-to-mesenchymal transition (EMT), cell migration, and invasion, and increased sensitivity to TMZ in vitro. Moreover, IncRNA HOTAIRM1 was reported to act as a sponge for miR-129-5p and miR-495-3p to induce invasion and migration in glioma cell lines. Furthermore, enhanced HOTAIRM1 expression was linked to higher inflammation and activation of a T cell-mediated immune response²⁶.

HOTTIP

HOTTIP, situated at the terminus of the HOXA gene family²⁶, shows decreased expression in gliomas. However, *in vitro* studies have demonstrated that its overexpression suppresses proliferation and induces apoptosis. A negative correlation has been observed between HOTTIP and Brain and Reproductive Organ Expressed (BRE) which is a BRCA1-A complex subunit^{41,51}. BRE is important in preventing both replicative and DNA damage-induced premature senescence⁵². Furthermore, decreased BRE expression led to a downregulation of CCNA (cyclin A) and CDK2 expression, while simultaneously increasing the expression of p53^{41,51}. A further study indicated that knocking down HOTTIP inhibits hypoxia-induced EMT in glioma cells by increasing miR-101 levels, thereby suppressing metastasis through regulating Zinc finger E-box-binding homeobox 1 (ZEB1) expression²⁶. Therefore, HOTTIP is involved in EMT and metastasis in glioma by targeting miR-101, thus inducing downregulation of ZEB1 expression. HOTTIP is highly expressed in metastatic glioma tissues compared to non-metastatic glioma tissues^{41,53}. According to these findings, HOTTIP might serve as a relevant biomarker and potential therapeutic target in GBM^{26,53}.

NUCLEAR ENRICHED ABUNDANT TRANSCRIPT 1 (NEAT1)

NEAT1 is a 3.7 kb long nuclear lncRNA located on chromosome 11, transcribed from the multiple endocrine neoplasia gene (MEN1)⁵⁴. During GBM carcinogenesis and TMZ resistance, NEAT1 expression is upregulated, promoting proliferation, migration, invasion, and inhibiting apoptosis. Its expression is modulated by EGFR pathway activity via Signal transducer and activator of transcription 3 (STAT3) and Nuclear factor kappa-light-chain-enhancer of activated B cells (NFKB) signaling pathways^{33,43,55}. Furthermore, NEAT1 promotes GBM cell growth and invasion by enhancing β -catenin nuclear transport and reducing Inhibitor of β -Catenin and TCF (ICAT), Glycogen Synthase Kinase 3 Beta (GSK3B), and Axin levels through binding to EZH2 which mediate the H3K27 trimethylation at their promoters. NEAT1 contributes to therapeutic resistance by affecting β -catenin activity. Conversely, TMZ induces an increase in NEAT1 levels through the expression of the High Mobility Group Box 1 (HMGB1) protein, which subsequently activates the Toll-like Receptor 2 (TLR2) signaling pathway^{43,55}. The last evidence showed that the downregulation of miR-370-3p in GBM contributes to increased NEAT1 expression, which suggests that the increased expression of NEAT1 occurred by reducing its inhibition^{33,56}.

METASTASIS-ASSOCIATED LUNG ADENOCARCINOMA TRANSCRIPT 1 (MALAT1)

MALAT1, also known as nuclear-enriched transcript 2 (NEAT2), is located on chromosome 11q13.1²⁶ and is transcribed from the MALAT1 gene^{23,54}. MALAT1 generates approximately 8000 nucleotide transcripts that predominantly reside within the nucleus²³. This lncRNA acts as a transcriptional regulator and forms molecular scaffolds for ribonucleoprotein (RNP) complexes¹⁸. It also binds to other RNAs or proteins (e.g., miRNAs, transcription factors, or RNA-binding proteins) and interferes with their function²³. It was reported that MALAT1 is involved in cell cycle progression, cell migration, and cancer metastasis¹⁸. MALAT1 acts as a transcriptional repressor via binding to miR-199a as a ceRNA. It also increases zinc fingers and homeoboxes 1 (ZHX1) levels, known to induce carcinogenesis in several cancers⁵⁷. In addition, MALAT1 upregulates ras-associated protein-1 b (Rap1b), stathmin 1 (STMN1), RAB5A, and autophagy-related protein 4D (ATG4D) levels by binding miR-101, thereby promoting glioma progression⁵⁸. Furthermore, MALAT1 induces chemoresistance to TMZ in glioblastoma cells via inhibiting miR-101⁵⁹ and miR-203⁶⁰. Wnt inhibitory factor 1 (WIF1) reduces non-canonical Wnt/ β -catenin signaling via downregulating MALAT1, thus inhibiting glioblastoma cell migration^{43,61}. Besides that, a repression of miR-155 and a rise in F-box and WD repeat domain-containing 7 (FBXW7) function, leads to a decrease in the expression of several oncoproteins in glioma cells^{43,62}. Inversely, in a recent study, they found that MALAT1 expression was lower in GBM tissues than in normal brain tissues. This is consistent with another study where MALAT1 was found to suppress both growth and cell invasion. They also proposed that MALAT1 functions through the ERK/MAPK (extracellular signal-regulated kinase/ mitogen-activated protein kinase) signaling pathway, resulting in the upregulation of MMP2 (matrix metalloproteinase 2) and a decrease in Extracellular signal-regulated protein kinases 1 and 2 (ERK1/2) expression, thereby inactivating this signaling cascade⁶³. However, available evidence highlights the conflicting roles of MALAT1, raising questions about whether it acts as an oncogene or a tumor suppressor²³.

H19 IMPRINTED MATERNALLY EXPRESSED TRANSCRIPT

H19 is a 2.3 kb long lncRNA located on chromosome 11p15.5 downstream of insulin growth factor 2 (IGF2)⁶⁴. H19 has a remarkably high expression in several cancers. In gliomas, H19 is implicated in cell growth, and invasion⁶⁵, and correlates with glioma grade⁶⁶. H19 is also involved in the regulation of glioma vascular endothelial cells⁶⁷. High expression of H19 is associated with improved survival in GBM patients²⁶.

Furthermore, H19 targets miR-342 to induce Wnt5a expression, thereby promoting the Wnt5a/ β -catenin signaling pathway in glioma cells. Knockdown of H19 or overexpression of miR-342 inhibits glioma cell proliferation, migration, and angiogenesis⁶⁸. H19 has also been reported to bind to the c-Myc gene inducing tumorigenesis. *In vitro* studies indicate that H19 promotes resistance to TMZ in glioma cell lines²⁶. Moreover, H19 stimulates endothelial cell proliferation, migration, and tube formation through the H19-miR29a -Vasohibin 2 (VASH2) axis^{18,67}. H19 modulates glioma angiogenesis and progression via inhibiting miR-29a, which normally targets the angiogenic factor VASH2^{67,68}. Additionally, H19 targets hypoxia-inducible factor 1 subunit alpha (HIF-1 α) and regulates VEGF expression by acting as a ceRNA on miR-138^{43,69}.

COLON CANCER-ASSOCIATED TRANSCRIPT 2 (CCAT2)

CCAT2 is a 1752-bp IncRNA⁷⁰, located in the 8q24 gene, initially identified in colorectal cancer. A study has shown that CCAT2 is highly expressed in glioma tissues and correlates positively with advanced tumor stages. Silencing CCAT2 has been shown to inhibit glioma cell proliferation and tumorigenesis⁷¹. Knockdown of CCAT2 leads to an increase in miR-424 levels and a decrease in VEGFA expression, there-by suppressing glioma cell proliferation and angiogenesis and inducing apoptosis. CCAT2 functions as a sponge for miR-424, promoting VEGFA expression and stimulating glioma progression through activation of the PI3K /AKT signaling pathway⁷².

X-INACTIVE SPECIFIC TRANSCRIPT (XIST)

XIST is located on chromosome Xq13.2, specifically within the X chromosome inactivation center (XIC), and comprises sequences ranging from 15,000 to 20,000 nt⁷³. It plays a crucial role in the transcriptional silencing of one X chromosome in female mammals during development⁷⁴. XIST is also implicated in tumorigenicity and angiogenesis in glioma by sponging miR-429⁷⁵. Additionally, XIST targets miR-133a, reducing its expression level in glioma through the XIST/miR-133a/ SRY-box transcription factor 4 (SOX4) axis. MiR-133a, in turn, directly binds to the 3' UTR of SOX4, a known transcription factor related to EMT. SOX4 is upregulated in glioblastoma and is associated with tumor progression and poor prognosis. Moreover, *in vitro*, the knockdown of XIST resulted in reduced expression of SOX4, leading to decreased proliferation, migration, and invasion. This knockdown also increased levels of E-cadherin and α -catenin while reducing levels of N-cadherin and vimentin²⁹.

Another study revealed that XIST knockout attenuates cell growth in glioblastoma cells and reduces glucose uptake by binding to miR-126 through the insulin receptor substrate 1 (IRSI)/ PI3K/Akt pathway⁷⁶.

ANTISENSE NON-CODING RNA IN THE INK4 LOCUS (ANRIL)

ANRIL is a 3.8-kb RNA transcribed from the opposite direction of the Inhibitor of Cyclin-Dependent Kinase 4a - Alternative Reading Frame - Inhibitor of Cyclin-Dependent Kinase 4b cluster (INK4b-ARF-INK4a) in the short arm of chromosome 9p21.3. ANRIL also shares a bidirectional promoter with p14ARF gene⁷⁷ and is considerably upregulated in GBM. Studies have revealed that homozygous deletion of the INK4b-ARF-INK4a locus in GBM leads to a co-deletion of ANRIL. Conversely, GBM cases without copy number alterations in the INK4b-ARF-INK4a locus present an upregulation of all genes within the locus, including ANRIL, CDKN2A, and CDKN2B. This evidence indicates that in the absence of ANRIL, the INK4b-ARF-INK4a locus is repressed in GBM⁷⁸.

SUPPRESSORS LNCRNAS

Brain Cytoplasmic RNA 1 (BCYRN1)

BCYRN1 also known as BC200, is a sense-transcribed IncRNA located on chromosome 2 between the calmodulin 2 gene (CALM2) and the epithelial cellular adhesion molecule (EPCAM) gene⁷⁹. *In vitro* studies have demonstrated that BCYRN1 affects apoptosis, proliferation, migration, and invasion and suppresses tumor formation *in vivo*. It has been reported that BCYRN1 acts as a competitive sponge for miR-619-5p, thereby modulating glioma progression through inactivation of the CUE domain containing 2

(CUEDC2)/ phosphatase and tensin homolog (PTEN)/AKT/p21 pathway. Both knockdown of BCYRN1 and overexpression of miR-619-5p resulted in the activation of the AKT signaling pathway, increased P-AKT protein expression, and decreased PTEN and P21 expression via CUEDC2 downregulation. Conversely, BCYRN1 knockdown promoted cell growth, colony formation, and migration, while inhibiting apoptosis both *in vitro* and *in vivo*. Furthermore, BCYRN1 expression was reported to be lower in glioma tissue and significantly decreased in more advanced glioma grades. Decreased BCYRN1 expression correlates with poor prognosis¹⁸.

MATERNALLY EXPRESSED GENE 3 (MEG3)

MEG3 is located on chromosome 14q32.3 and spans approximately 1.7 kb of length⁸⁰. MEG3 activates both p53-dependent and independent pathways and is considered a tumor suppressor in glioma⁴⁴. Overexpression of MEG3 increases p53 levels through downregulating murine double minute 2 (MDM2)⁸¹. MEG3 inhibits GBM cell growth by sequestering miR-19a and miR-93. Additionally, elevated expression of MEG3 along with Wnt/ β -catenin in glioma cells may suppress cell growth and metastasis²⁶. Other studies have shown that MEG3 overexpression results in cell death, suppresses proliferation, and is downregulated in glioma cell lines⁸². In GBM, hypermethylation with DNA methyltransferase 1 (DNMT1), resulted in a complete gene silencing⁸³. Conversely, the interaction of MEG3 with miR-19a, suppresses PTEN expression, promoting glioma cell proliferation, migration, and invasion^{41,84}.

CANCER SUSCEPTIBILITY CANDIDATE 2 (CASC2)

CASC2 is located on chromosome 10 and is considered a tumor suppressor in various human tumors, including glioma⁸⁵. In glioma tissue and GBM cell lines, CASC2 is underexpressed. However, its high expression suppresses the proliferation, migration, and invasion of GBM cells and inhibits the Wnt/ β -catenin pathway by targeting miR-21⁴¹. Overexpressed miR-21 represses CASC2 through sequence-specific binding. The resistance of GBM cells to TMZ is partly due to increased autophagy. Current evidence showed that TMZ sensitivity was CASC2 dependent in glioma stem cells and that a CASC2 overexpression induces inhibition of autophagy and accumulation of lipid peroxides, leading to cell death. It has been proposed that increased CASC2 expression mediates inhibition of autophagy via binding miR-193a-5p and regulating mTOR expression^{41,86}.

Molecular Pathways of IncRNAs in Glioblastoma

LncRNAs alter many signaling pathways and cellular processes in glioma⁴³. In this section, we will highlight the most affected pathways in glioma.

PI3K/Akt/mTOR pathway

This pathway is the most altered in cancer cells, promoting cell growth, proliferation, survival, apoptosis, and autophagy⁸⁷. The lncRNA CASC2, downregulated in gliomas, is a major regulator of this pathway. In addition to its modulation of the Wnt/ β -catenin signaling pathway, CASC2 influences glioma growth and resistance to TMZ by increasing the PTEN expression and suppressing the p-Akt pathway through miR-181a sponging⁸⁸.

Differentiation antagonizing non-coding RNA (DANCR) is a IncRNA located on chromosome 4 and overexpressed in several cancers as a tumor-associated IncRNA. Its overexpression correlates with cell proliferation, invasion, and metastasis⁸⁹. DANCR competitively binds to miR-33a-5p, miR-33b-5p, miR-1-3p, miR206, and miR-613, resulting in upregulated AXL expression, a receptor tyrosine kinase that activates the PI3K/Akt/ NF-KB pathway, thereby promoting cisplatin resistance in gliomas⁹⁰.

Highly upregulated in liver cancer (HULC) is an oncogenic lncRNA located on chromosome 6, upregulated in glioma⁹¹. Its overexpression induces proliferation, migration, invasion, and angiogenesis through cell cycle regulation. HULC also reduces cell-matrix interaction to inhibit tumor

cell apoptosis and regulates endothelial cell-specific molecule 1 (ESM-1) via the PI3K/Akt/mTOR pathway⁹².

Colorectal neoplasia differentially expressed (CRNDE) is a lncRNA, localized on chromosome 16 and upregulated in gliomas⁹³. This lncRNA competitively binds to miR136-5p to suppress Bcl-2 and Wnt2, thereby blocking the PI3K/Akt/mTOR signaling pathway⁹⁴. CRNDE knockdown induces a decreased phosphorylation of P70S6K, a signaling molecule in the mTOR pathway⁹⁵.

MAPK pathway

MAPKs (mitogen-activated protein kinases), activated by growth factors, cytokines, and environmental stress, are implicated in cell growth, apoptosis, proliferation, and migration⁹⁶. MALAT1 exerts a tumor-suppressive function over the ERK/MAPK signaling pathway. Additionally, MALAT1 inhibits MMP2, a crucial enzyme in invasion, thereby inhibiting cell proliferation and invasion⁴³.

MATN1 antisense RNA 1 (MATN1-AS1) upregulation inhibits GBM cell proliferation and invasion via targeting downstream components of the MAPK pathway while promoting GBM cell apoptosis. Blocking the MAPK signaling pathway has been reported to inhibit cell invasion in GBM cells⁹⁷.

Small nucleolar RNA host gene 5 (SNHG5) is an oncogene lncRNA in glioblastoma. Activated by the transcription factor Yin Yang 1 (YY1), SNHG5 promotes cell proliferation and inhibits apoptosis. Its oncogenic role is mediated through stimulation of the p38/MAPK axis^{98,99}.

Wnt/8-catenin pathway

The Wnt/β-catenin signaling pathway regulates cell proliferation and cell fate, playing a crucial role in embryonic development and tissue homeostasis. Activation or mutation of components within this pathway affects various human cancers and other diseases. Additionally, overexpressed CASC2 blocks the Wnt/β-catenin signaling pathway, thereby suppressing migration, invasion, and proliferation in glioma⁴³. The oncogenic lncRNA microRNA 22 host gene (MIR22HG) is highly dysregulated in glioblastoma. MIR22HG targets miR-22-3p and miR-22-5p to activate the Wnt/β-catenin pathway. Normally, miR-22-3p and miR-22-5p target secreted frizzled-related protein 2 (SFRP2) and protocadherin-related 15 (PCDH15) to inactivate this pathway. Studies have shown an increased level of both MIR22HG and miR-22 in glioma stem cells and glioblastoma⁹⁹.

Notch pathway

Notch signaling pathway is also involved in fundamental functions, including cell survival, apoptosis, differentiation, and development. Dysregulation of this pathway has been implicated in several diseases, including cancer⁴³. Long intergenic ncRNA-OIP5 (Linc-OIP5) is identified as an oncogenic lncRNA highly expressed in high-grade glioma.

Knockdown of Linc-OIP5 inhibited cell proliferation *in vitro* and suppressed tumor growth *in vivo*. This lncRNA upregulates Jagged-1 (Jag1), Notch1, and hairy and enhancer of split-1 (Hes1) levels, thereby promoting tumor cell proliferation and metastasis. Linc-OIP5 also modulates Yes1 Associated Transcriptional Regulator (YAP) expression and participates in the activation of Notch signaling cascade¹⁰⁰. Similarly, a related study on glioma cells showed that the knockdown of prostate cancer-up-regulated long noncoding RNA 1 (PlncRNA-1) significantly reduces apoptosis, cell proliferation, and colony formation. PlncRNA-1 was also found to activate the Notch pathway by expressing Notch-1, Jag-1, and Hes-1¹⁰¹.

Research approaches and techniques to study IncRNAs in tumor

An emerging number of IncRNAs are being identified as high-throughput sequencing technology advances. However, the function of a huge number of these IncRNAs in tumors is still unknown. Previous research has shown that IncRNA function in tumors can be determined by bioinformatic tools, as well as experimental approaches including characteristic analysis, functional studies, and molecular mechanism analysis⁹.

Screening of IncRNAs

Several RNA sequencing techniques may provide useful insight regarding the identity, expression, and stability of RNAs, including lncRNAs as well. Screening of differentially expressed lncRNAs is carried out using high-throughput sequencing technologies, such as NGS¹⁰². A variety of RNA sequencing technologies are available, including standard or single-cell RNA sequencing (RNA-seq/scRNA-seq), which captures samples of the total transcriptome, and Global or Precision Run-On sequencing (GRO-seq/PRO-seq), which captures nascent transcripts using tagged nucleosides or analogs. Other sequencing technologies are employed as well¹⁰²⁻¹⁰⁴.

Depending on the experimental objectives, various biological samples such as tissues, cells, exosomes, plasma, whole blood, and serum, can be used to screen aberrant lncRNAs. High-throughput sequencing technologies provide high sensitivity, capable of detecting rare transcripts with only a few copies, thereby facilitating the identification of novel genes and transcripts across a wide detection range. However, its high cost restricts its utility in diagnostic applications¹⁰². The lncRNAs can also be screened from databases like the Cancer Genome Atlas (TCGA) database, a tumor-related multi-omics database containing DNA, RNA, protein, and other omics data¹⁰⁵.

On the other hand, direct identification of lncRNAs from sequencing datasets does not involve selective library preparation. Alternatively, identifying a potential non-coding region of the cancer genome may be facilitated by chromatin immunoprecipitation (ChIP) coupled with next-generation sequencing (ChIP-seq)^{102,106} or with the assay for transposase-accessible chromatin using sequencing (ATAC-seq)¹⁰⁷. Additionally, lncRNA candidates can also be determined by cross-referencing the locus coordinates with a variety of comprehensive databases that compile lncRNAs or predict the coding potential of a specific region¹⁰².

Besides, if the coding potential has not yet been assessed, several machine learning tools are available to perform this computation from the very onset. Among a long list, Coding-Potential Assessment Tool (CPAT), FIExible Extraction of LncRNAs (FEELnc), and Predictor of Long non-coding RNAs and Messenger RNAs based on k-mer scheme (PLEK) have been extensively evaluated for their suitability in working with human cancer datasets^{102,108}. Aside from well-established projects like Reference Sequence (RefSeq), Ensembl Genome Browser (Ensembl), and Functional annotation of the mammalian genome (FANTOM), a plethora of specialized resources have emerged to assign lncRNA identity and provide valuable annotations. Some of these resources are specifically designed for cancer research, such as Long non-coding RNA to Cancer (Lnc2Cancer) or The Cancer-Specific Circular RNA Database (CSCD). Many of the resources presented valuable insights about transcript localization, gene expression, evolutionary conservation, mutations, and their associations with diseases like cancer. While their primary purpose is determining whether the locus of interest is transcribed as a lncRNA, these resources provide much more information beyond that¹⁰². Upon screening lncRNAs, the expression of potential lncRNAs is evaluated through both in vivo and in vitro studies. In addition, the association between the expression of these IncRNAs and clinical parameters is investigated to determine the significance of potential IncRNAs in diagnosis and therapy⁹.

Experimental Approaches

Characteristic Analysis of IncRNAs

The most extensively studied properties of IncRNAs include genomic and cell localization, coding potential, secondary structure, and disease association. These characteristics can be evaluated using bioinformatic tools, as mentioned earlier. Additionally, a comprehensive analysis is conducted on their full-length structure. Other software that can be used to provide an in-depth annotation of IncRNAs includes LncBook: A curated knowledgebase of human long non-coding RNAs (LncBook), Long Non-Coding RNA database (LncRNAdb) v2.0, NONCODE: An integrated knowledge database dedicated to non-coding RNAs (NONCODE), and LncRNADisease: a database for long-non-coding RNA-associated diseases (LncRNADisease)^{109,110}. The molecular processes of IncRNAs are first determined by knowing their cellular localization. Fluorescence *in situ* hybridization (FISH) is a well-known technique for determining the cellular localization of potential lncRNAs^{102,111}. LncATLAS: a comprehensive knowledgebase of long non-coding RNA atlases (LncATLAS) is a software that can also predict lncRNA cellular localization. However, the prediction data must be validated experimentally^{9,112}.

Before proceeding to more advanced experiments, it is advisable to validate the basic characteristics of the targeted lncRNAs. Therefore, we will outline some of the primary techniques that are utilized for characterizing lncRNAs, as well as their potential limitations. Northern blotting has been widely employed for the analysis of specific RNA expression, enabling quantification, determination of RNA size, and assessment of RNA quality. Recent advancements in protocols have reduced chemical usage and improved specificity, yet this fundamental method remains crucial for the primary characterization of lncRNAs. Moreover, this technique remains one of the most direct methods for studying the circular configuration of circRNAs¹⁰². The target RNA can also be reverse transcribed with RT-qPCR (Reverse Transcriptase Polymerase Chain Reaction), providing a highly sensitive and convenient assay. However, it is necessary to select appropriate reference genes and to carefully consider confounding factors such as contamination from genomic DNA^{102,113}.

Particularly, to identify unknown variants of IncRNAs suspected to undergo splicing, the technique RACE (rapid amplification of cDNA ends) is very useful. This technique uses reverse transcription with a 5' or 3' primer of a known sequence of the target RNA to generate cDNAs, followed by PCR amplification. Then, coupled with high-throughput sequencing, a technique also called RACE-Seq is used to characterize the RACE fragments^{102,114,115}.

RNA-FISH (RNA fluorescence *in situ* hybridization) is the standard technique used to visually detect and localize RNAs within cellular compartments and cells of interest. This technique uses fluorescent probes that target specific RNAs which is crucial for elucidating the mechanisms of various lncRNAs. However, the abundance of repetitive elements within lncRNAs presents a difficulty in detecting an authentic lncRNA signal. This could lead to high-abundance probe binding, off-target RNAs instead of the targeted lncRNA. Moreover, lncRNA signals in the nucleus are visualized as "bright blobs," which makes it more challenging to distinguish them from background signals^{102,116,117}.

Functional Study of IncRNAs

In vitro and *in vivo* investigations are frequently used to validate the functions of IncRNAs. *In vitro* experiments are performed by overexpressing or knocking down particular IncRNAs to evaluate their effects on phenotype, changes in biological behaviors such as EMT and stem cell markers, and their response to treatment thereby examining their role in tumorigenesis. Experiments *in vivo* involve using a virus as a vector to knock down or overexpress a specific IncRNA which is then transfected into cells. These cells are initially screened for resistance and evaluated using qRT-PCR to quantify the levels of overexpression or knockdown of the target IncRNA. Subsequently, the transfected cell lines are injected into tumorigenic animal models such as nude mice to confirm the tumorigenic potential of the candidate IncRNAs^{9,118}.

Molecular Mechanism analysis of IncRNAs

LncRNAs are recognized for their significant role in cancer dysregulation at both transcriptional and post-transcriptional levels. At the post-transcriptional level, extensive research has focused on the involvement of lncRNAs in RNP complexes. Numerous techniques are employed to explore interactions between lncRNAs and RBPs, among these techniques we identify²⁸: RNA immunoprecipitation (RIP) techniques and lncRNA pull-down.

RIP is one of the earliest techniques to identify RNAs bound to specific RNA-Binding Protein (RBP) complexes. After tissue and cell lysis, the RNA-protein complexes are isolated through immunoprecipitation using antibodies targeting specific proteins. However, RIP faces limitations, particularly in detecting RNAs with low binding affinity to the protein of interest. This limitation arises from the instability observed in RNA-protein complexes when covalent cross-linking is not employed, resulting in the loss of specific RNAs during the washing step designed to eliminate non-specific bindings. Despite these challenges, the RIP techniques have proven effective in elucidating significant RNA-protein interactions related to cancer^{102,119}. Chakrabarti et al¹²⁰ developed crosslinking and immunoprecipitation (CLIP) techniques to solve the problem of low specificity of RIP. The principle of this technique is to create covalent bonds between RBPs and their binding RNAs using ultraviolet (UV) light. Their method, using UV light is highly efficient because it selectively forms covalent bonds without causing crosslinking between proteins themselves. This property significantly enhances the technique's specificity. Another CLIP variant, CLIPSeq (crosslinking and immunoprecipitation sequencing) has emerged as the gold standard technique for identifying endogenous RNA–protein interactions. This technique involves crosslinking, RNA fragmentation, purification, and subsequent sequencing¹²⁰. Significant progress in CLIP methods has emerged following the success of CLIP-seq to increase the specificity, such as hybrid CLIP (hiCLIP)¹⁰² which identifies RNA duplexes: (mRNA–mRNA and mRNA– IncRNA) bound to RBPs. Another notable method is the iCLIP (individual-nucleotide resolution CLIP), which precisely maps RBP binding sites at the nucleotide level^{102,121}.

RNA pull-down is another technique specially used to detect proteins bound to specific lncRNAs¹²². Lately, the RNA pull-down protocol has been updated, significantly enhancing its effectiveness by generating antisense DNA oligonucleotide primers designed to selectively and specifically bind to the lncRNA of interest. As with any molecular experiment, the effectiveness of RNA pull-down also depends on the pre-analytical conditions of the tissue or cell fixation, which can impact the molecular integrity. Similar to RIP techniques, RNA pull-down can be pursued by RNA high-throughput sequencing, to get a comprehensive set of RNA targets for a lncRNA of interest¹²³. Both RNA-pull down and RIP experiments are valuable for assessing the binding ability of lncRNAs with histone modifiers enzymes at the chromatin level and RNA-binding proteins at the transcriptional level⁹. As previously mentioned, the northern blot analysis is used to determine lncRNA expression and identify distinct splicing variants¹²².

Many other Protein Interaction Assays are available to study IncRNA-protein complexes including the dot-blot assay, a well-established method particularly relevant for identifying protein binding sites on IncRNAs. This technique involves *in vitro* biotinylation and transcription of target IncRNAs. These labeled IncRNAs are then incubated with recombinant proteins and subsequently treated with proteinase K to dissociate the complexes. The purified IncRNAs are hybridized into nylon or PVDF membranes dotted with antisense DNA oligonucleotides and visualized using streptavidin-HRP signals¹⁰².

Another technique, mass spectrometry (MS), is widely applied to identify proteins bound to IncRNAs of interest. MS analyzes molecules based on their mass and charge, enabling the identification and quantification of proteins in complex mixtures. Stable-isotope labeling by amino acids in cell culture (SILAC) is often employed to facilitate quantification and avoid false-positive outcomes. This method involves culturing two cell populations in media containing either light or heavy amino acids. Proteins extracted from these cells are then subjected to MS analysis^{102,124}.

At the chromatin level, the expression levels of target DNA methylases, and histone modifiers are respectively assessed with northern blot and western blot analysis. DNA-FISH (DNA fluorescence *in situ* hybridization) assays are also employed to investigate the impact of lncRNAs on the chromatin state of target genes⁹.

At the transcriptional level, qRT-PCR is used to explore alterations in the expression of target mR-NAs⁹. *In situ* hybridization (ISH) of lncRNAs is another technique utilized to determine the expression levels of specific lncRNAs and provides insights into their cellular localization. Knocking down target genes has long been regarded as the gold standard assay to determine the endogenous function of lncRNAs¹²². Additional techniques used in the study of lncRNAs include Au-NP assay (Gold nanoparticle-based assays) and HRM analysis (high-resolution melting). HRM analysis, a real-time PCR technique utilizing fluorescent labels to detect melting curve variations, is employed for both mutation detection in nucleic acid sequences and estimation of the methylation status. Previous studies suggested that HRM is a rapid, convenient, and reliable assay with high sensitivity and specificity. Importantly, it is also cost-effective compared to alternative techniques¹²⁵.

CONCLUSIONS

LncRNAs are considered potential biomarkers and promising therapeutic candidates for cancer diagnosis and therapy. Many IncRNAs are upregulated in glioma, GBM, and various other tumors and diseases. Inhibiting certain IncRNAs can positively impact the dysregulated pathways involved in pathogenesis, while overexpression of others may positively regulate signaling pathways. Mechanisms of action of IncRNAs are diverse, with many functioning through sponging other macromolecules such as DNA, RNA, and proteins, thereby influencing multiple signaling pathways. Properly classifying IncRNAs as oncogenes or tumor suppressors and assigning them to specific pathways is challenging yet crucial, especially given the rapid increase in identified IncRNAs. The transition from IncRNA-based diagnostics to therapeutics is actively studied, with recent technological advances in oligonucleotide/nanoparticle therapy providing promising tools for cancer treatment based on IncRNAs. Despite the predominant focus on protein-coding genes in cancer research, the significant roles of IncRNAs in cancer development and their clinical relevance are increasingly recognized. However, the mechanisms of action and the identification of IncRNA isoforms remain insufficiently understood, similar to protein isoforms that can exhibit distinct expression patterns and functionalities. Further research is necessary to fully elucidate the roles of IncRNAs and to successfully target them for therapeutic purposes in GBM, other cancers, and various diseases.

AVAILABILITY OF DATA AND MATERIAL:

The data and materials used in this review can be accessed through the original publications cited in the reference list.

CONFLICT OF INTEREST:

The authors declare no conflict of interest.

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