



# Unraveling the Role of N<sup>6</sup>-Methyladenosine in Prostate Cancer: Implications for Prognosis and Tumor Aggression

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## ABSTRACT

The epitranscriptomic modification N<sup>6</sup>-methyladenosine (m<sup>6</sup>A) has emerged as a central regulator of RNA metabolism, influencing diverse physiological and pathological processes. As the most abundant RNA modification in eukaryotic cells, m<sup>6</sup>A dynamically modulates gene expression by regulating RNA processing, stability, and translation. Dysregulation of m<sup>6</sup>A has been implicated in key oncogenic processes, including tumor initiation, progression, metastasis, therapy resistance, and interactions within the tumor microenvironment. Despite these advances, the role of m<sup>6</sup>A in prostate cancer remains poorly understood, highlighting the need for further investigation. In a recent study, Xu et al. utilized refined m<sup>6</sup>A meRIP-seq to profile 162 primary prostate cancer patient samples, unveiling novel insights into the epitranscriptomic landscape of this malignancy. These findings not only enhance our understanding of m<sup>6</sup>A regulation in cancer biology but also underscore its potential to inform diagnostic, prognostic, and therapeutic strategies for prostate cancer.

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## Introduction

m<sup>6</sup>A is the most abundant mRNA modification in eukaryotes, playing a critical role in regulating various aspects of RNA metabolism, including splicing, translation, and degradation [1, 2]. m<sup>6</sup>A modifications are catalyzed by the “writer” methyltransferase complex, whose core components include METTL3, METTL14, and WTAP [3]. Proteins that recognize these modifications, known as “readers”, include YTH domain-containing proteins (YTHDF1/2/3 and YTHDC1/2), heterogeneous nuclear ribonucleoproteins (hnRNPs), and IGF2BP family members, among others [1, 4]. Each reader performs distinct roles during every step of the RNA lifecycle, thus fine-tuning gene expression.

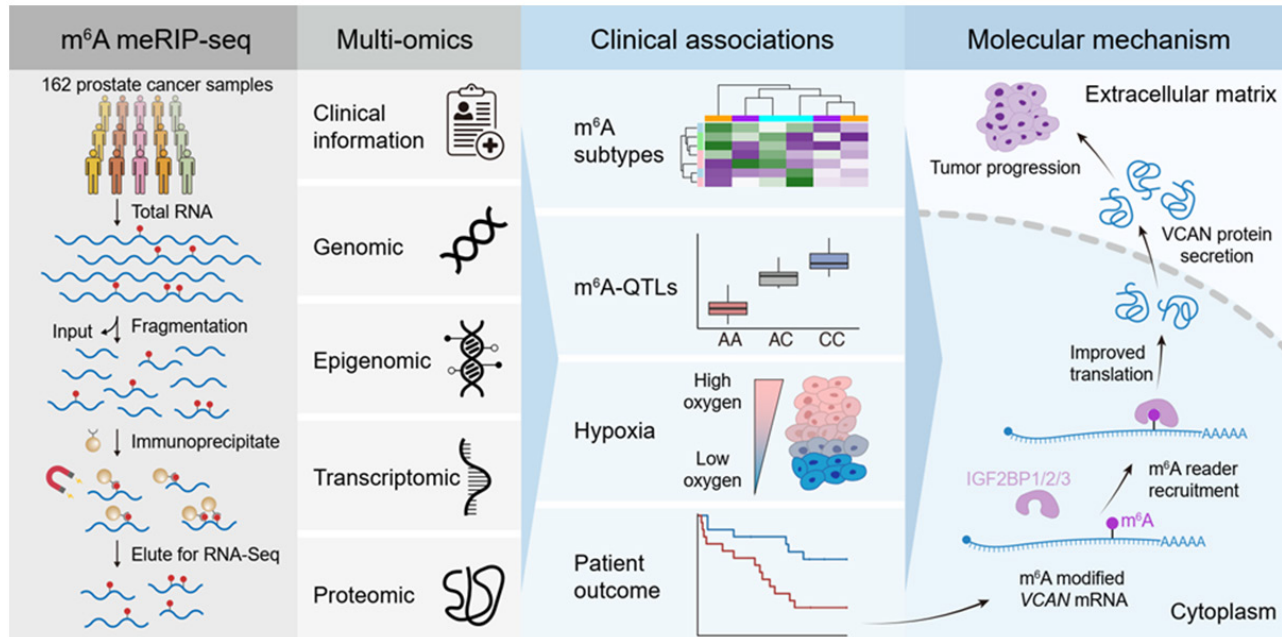
Dysregulation of these regulators has been closely linked to tumorigenesis and cancer progression, underscoring the pivotal role of m<sup>6</sup>A in controlling cellular and pathological states [5-9]. Elucidating the precise molecular mechanisms of m<sup>6</sup>A modifications remains a critical area of research, with significant implications for understanding cancer biology and developing therapeutic strategies. Dysregulation of

m<sup>6</sup>A modification has been implicated in diverse cancer-related processes such as tumorigenesis, metastasis, and chemoresistance [10-12]. Altered levels of m<sup>6</sup>A have been observed in several types of cancer, including gastric, bladder, and colon cancer [10, 13, 14]. Recent studies have shed new light on the epitranscriptomic landscape of pancreatic [15] and lung cancers [16], revealing significant enrichment at genes involved in cell adhesion and migration, highlighting the importance of mRNA regulation in tumorigenesis.

## Results and Discussion

Despite a growing understanding of prostate cancer biology, there remains a knowledge gap regarding the epitranscriptomic landscape of this disease. Previous studies have profiled the genomic [17, 18], transcriptomic [19, 20], and proteomic features of prostate cancer [21], but these efforts have not fully elucidated the underlying mechanisms driving tumorigenesis. As a critical layer of gene regulation, m<sup>6</sup>A warrants further investigation in this context. To address this gap, Xu *et al.* present a comprehensive

**Figure 1. Overview of m<sup>6</sup>A mapping, multi-omics integration, and functional validation.** A refined meRIP-seq method was applied to 162 localized primary prostate cancer samples to detect m<sup>6</sup>A peaks, which were then integrated with multi-omic data to define m<sup>6</sup>A subtypes linked to tumor aggressiveness, genomic instability, and biochemical recurrence (BCR), with *VCAN*, a significant BCR-associated peak, validated to demonstrate that m<sup>6</sup>A stabilizes its mRNA via IGF2BP proteins and that tumor hypoxia alters m<sup>6</sup>A profiles.



analysis of the m<sup>6</sup>A landscape in 162 localized primary prostate tumors [19]. This research sheds light on the translational implications of m<sup>6</sup>A modifications for understanding tumor biology, aggressiveness, and clinical outcomes in prostate cancer, an area of growing interest given the intricate role of epitranscriptomics in cancer progression.

By integrating the meRIP-seq data and the previously released multi-omics data, the authors affirmed that patient subtypes determined by m<sup>6</sup>A profiles exhibit distinct clinico-molecular features, including tumor aggressiveness, genomic instability, and relapse rate, and m<sup>6</sup>A subtypes reveal specific somatic CNA patterns in m<sup>6</sup>A regulators, partially overlapping with established DNA and RNA subtypes (Fig 1). The team evaluated the germline risks by identifying genome-wide m<sup>6</sup>A modifications on quantitative trait locus (m<sup>6</sup>A-QTL). It revealed allelic imbalances at active m<sup>6</sup>A sites and identified m<sup>6</sup>A-QTLs linked to prostate cancer risk and clinical outcomes, including RNA and protein abundance changes in driver genes. Notably, the discovery of m<sup>6</sup>A-QTLs linked to prostate cancer risk and clinical outcomes supports and extends earlier reports on the existence and importance of m<sup>6</sup>A-QTLs in human disease [22, 23]. Another breakthrough in this study was the demonstration that tumor hypoxia can directly alter m<sup>6</sup>A

profiles. Mutationally quiet subtypes were found to exhibit more normoxic m<sup>6</sup>A profiles, providing new insights into tumor biology. Further exploration of the underlying mechanisms driving these hypoxia-m<sup>6</sup>A interactions could provide valuable insights into their functional roles and potential therapeutic implications. Interestingly, frequent somatic mutations in genes that regulate m<sup>6</sup>A modifications were found in prostate cancer tumors, providing prognostic insights into biochemical recurrence and highlighting pathways implicated in disease progression. These findings demonstrate the potential of integrating epitranscriptomic data with clinical and genomic insights to advance precision medicine in prostate cancer.

Building upon these findings, the authors conducted an in-depth mechanistic study on one of three m<sup>6</sup>A peaks associated with biochemical recurrence (BCR) and discovered that the m<sup>6</sup>A modification status of *VCAN* serves as a superior biomarker compared to its mRNA and protein abundance. They revealed that the positive association between this peak and tumor risk factors is driven by m<sup>6</sup>A-mediated stabilization of *VCAN* mRNA and enhanced translation into protein, mediated by IGF2BP reader proteins. This discovery exemplifies how epitranscriptomic regulation contributes to prostate cancer initiation

and progression, offering new insights and potential targets for the diagnosis and treatment of this disease.

From a methodological perspective, the study employs several innovative approaches. The authors developed the algorithm HistogramZoo, which integrates sample-level peaks into cohort-level joint peaks, providing a rationalized framework for identifying m<sup>6</sup>A modification sites. Their refined meRIP-seq approach enables deep and high-coverage sequencing from minimal sample input [24]. Notably, their findings demonstrated strong concordance with results obtained using the state-of-the-art single-nucleotide resolution method m<sup>6</sup>A-selective allyl chemical labeling and sequencing (SAC-seq [25]), while achieving even higher coverage. Furthermore, the dCasRx/METTL3 programmable site-specific editing tool was used to install m<sup>6</sup>A modifications, allowing investigation into the impact of m<sup>6</sup>A alterations on mRNA stability and translation.

The study by Xu et al. marks an important step forward in our understanding of the epitranscriptomic landscape of prostate cancer. The findings highlight the potential for targeting m<sup>6</sup>A-mediated gene regulation as a novel approach to treating this disease. However, further research is needed to fully elucidate the mechanisms underlying m<sup>6</sup>A modification and its impact on prostate cancer biology. Future studies should aim to validate these findings in larger cohorts and explore the therapeutic implications of targeting m<sup>6</sup>A modification in prostate cancer.

Future studies hold significant promise in several areas. One potential direction is the inclusion of additional patient samples, such as normal or metastatic prostate cancer tissues, alongside primary tumor samples used in this study. This would enhance the robustness of the findings and provide a more comprehensive understanding of the role of m<sup>6</sup>A modifications across different stages of disease. Moreover, the identification of additional functional m<sup>6</sup>A peaks would greatly enrich our understanding of m<sup>6</sup>A-driven cancer progression and open new therapeutic possibilities. Many m<sup>6</sup>A regulators, for which inhibitors have already been reported [26-28], show considerable potential as drug targets, offering exciting opportunities for targeted therapies. Additionally, exploring m<sup>6</sup>A modifications in the context of hypoxia could uncover novel mechanisms in tumor biology, shedding light on how the tumor microenvironment influences m<sup>6</sup>A regulation and cancer progression. These directions represent exciting future opportuni-

ties for advancing the understanding and treatment of prostate cancer.

In conclusion, this study provides valuable insights into the m<sup>6</sup>A landscape in localized primary prostate cancer, highlighting its potential to enhance patient management. By elucidating the complex interplay between m<sup>6</sup>A modifications and tumor characteristics, these findings contribute to a deeper understanding of prostate cancer biology. As research in epitranscriptomics advances, translating these findings into actionable insights for personalized patient care remains a crucial goal.

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### Declaration of interests

The author has no conflict of interest to declare.

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