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YBX1 in Breast Cancer: From Molecular Mechanisms to Therapeutic Opportunities

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ABSTRACT

Breast cancer, a heterogeneous malignancy with high metastatic potential, remains a global health burden. The Y-box binding protein 1 (YBX1), a multifunctional nucleic acid-binding protein, has emerged as a pivotal regulator in breast cancer progression, mediating Epithelial-Mesenchymal Transition (EMT), Cancer Stem Cell (CSC) maintenance, and therapeutic resistance. This review synthesizes preclinical and clinical evidence from 2023–2025, detailing YBX1's structural features, molecular mechanisms in tumorigenesis, prognostic/diagnostic significance, and emerging therapeutic strategies. Data from 12+ cohorts (n > 2,500) demonstrate that high YBX1 expression correlates with poor survival (HR = 2.15, P < 0.001) and treatment resistance. Targeting YBX1 via small molecules, RNA therapies, and immune combinations shows promise in preclinical models, highlighting its potential as a precision oncology target.

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Introduction

Breast cancer is the most prevalent cancer in women, accounting for 25% of all female malignancies and 15% of cancer-related deaths globally [1]. Despite advances in targeted therapies and immunotherapy, patients with Triple-Negative Breast Cancer (TNBC) and HER2+ subtypes face dismal outcomes due to intrinsic resistance and high metastatic relapse rates. Identifying robust molecular targets that drive tumor progression and therapy resistance is critical for improving patient prognosis.

Y-box binding protein 1 (YBX1), a member of the cold shock domain protein family, was initially characterized for its role in DNA repair and gene transcription. Emerging evidence highlights its oncogenic functions in breast cancer, including promotion of EMT, CSC self-renewal, and modulation of therapeutic response. This review provides a comprehensive overview of YBX1's biology, clinical relevance, and therapeutic opportunities, integrating mechanistic insights with preclinical and clinical data.

Structural and Functional Overview of YBX1

Molecular Structure

YBX1 is a 53-kDa protein encoded by the *YBX1* gene on chromosome 1p31.1. Its structure comprises two functional domains: Cold Shock Domain (CSD): A conserved N-terminal domain (amino acids 1–70) that binds single-stranded DNA/RNA, enabling interactions with promoter regions of oncogenic genes (e.g., *MYC*, *CXCR4*) and regulation of mRNA stability [2]. C-terminal Acidic Region: A proline/serine-rich tail (amino acids 120–325) subject to post-translational modifications (PTMs), such as AKT-mediated phosphorylation at Ser102, which dictates subcellular localization and protein-protein interactions with splicing factors (HuR, hnRNP A2/B1) [3].

Physiological Functions in Normal Cells

In non-malignant mammary epithelial cells, YBX1 maintains cellular homeostasis through three key roles: Transcriptional Regulation: Binds Y-box elements (5'-CTGATT-3') in gene promoters to activate housekeeping genes (*ACTB*) and repress pro-apoptotic genes (*BAX*) [4]. RNA Metabolism: Facilitates pre-mRNA splicing of cell cycle regulators (*Cyclin D1*) and stabilizes mRNAs via its CSD domain [5]. DNA Damage Response: Recruits repair proteins (e.g., BRCA1) to double-strand breaks, ensuring genomic integrity [6].

YBX1 in Breast Cancer Pathogenesis Molecular Mechanisms Metastatic Program Activation

YBX1 drives breast cancer metastasis through EMT induction and enhanced cell motility: EMT Regulation: In TNBC cells, YBX1 binds *SNAIL/ZEB1* promoters, increasing their expression by 2.3-fold. YBX1 knockdown reduces mesenchymal markers (vimentin, N-cadherin) by 50% and restores epithelial marker E-cadherin, reversing EMT [7].

Exosomal Mediation: Tumor-derived exosomes (50–150 nm) carrying YBX1 induce lung fibroblast activation and collagen deposition, promoting pre-metastatic niche formation. Mice injected with YBX1+ exosomes exhibit a 3.2-fold increase in lung metastases compared to controls [8]. Focal Adhesion Signaling: YBX1 interacts with FAK at the plasma membrane, enhancing p-FAK (Tyr397) and activating PI3K/AKT, which promotes cell migration. Clinical data show YBX1 expression correlates with lymph node metastasis (Spearman r = 0.62, P < 0.01, n = 180) [9].

Stemness Maintenance

YBX1 sustains CSC properties through Wnt/β-catenin and Notch signaling: Wnt Pathway Activation: Binds the 3'-UTR of *CTNNB1*

mRNA, protecting it from miR-34a degradation and increasing β -catenin stability. YBX1-overexpressing cells form 2.5-fold more tumor spheres and exhibit higher CSC markers (CD44⁺/ALDH1⁺) [10]. Notch1 Transactivation: Directly upregulates NOTCH1 in luminal B breast cancer, driving CSC expansion. TCGA data show YBX1 expression correlates with nuclear NOTCH1 (Spearman $r = 0.58$, $P < 0.001$, $n = 1,097$) [11].

Therapeutic Resistance Mechanisms

YBX1 confers resistance to endocrine, chemotherapeutic, and targeted agents (Table 1):

Endocrine Resistance: In ER⁺ tumors, YBX1 binds the ESR1 promoter, increasing ER α expression and tamoxifen IC50 (25 μ M vs. 6 μ M in YBX1-low cells) [12]. Chemoresistance: Upregulates DNA repair genes (*ERCC1*, *RAD51*), reducing cisplatin efficacy. YBX1 knockdown sensitizes cells, decreasing cisplatin IC50 by 60% [13]. Targeted Therapy Resistance: Stabilizes HER2 mRNA in HER2⁺ tumors, leading to higher HER2 protein levels. Co-expression of YBX1 and HER2 predicts shorter PFS (12 vs. 20 months, $P < 0.01$) [14].

Table 1: YBX1-Mediated Therapeutic Resistance in Breast Cancer

Therapy Type	Mechanism of Resistance	Quantitative Data (YBX1-High vs. Low)	Reference
Endocrine (Tamoxifen)	Enhanced ESR1 transcription	IC50: 25 μ M vs. 6 μ M (fold increase: 4.2x)	Chen et al., 2023j
Chemotherapy (Cisplatin)	Upregulated DNA repair (<i>ERCC1</i> \uparrow , <i>RAD51</i> \uparrow)	IC50 reduction upon knockdown: 60%	Zhang et al., 2024k
Targeted (Trastuzumab)	Stabilized HER2 mRNA (mRNA half-life: 12h vs. 4h)	PFS: 12 months vs. 20 months (HR = 1.85)	Li et al., 2024l

Clinical Relevance of YBX1

Prognostic Significance

YBX1 is a robust predictor of poor outcomes (Table 2): Overall Survival (OS): Meta-analysis of 12 cohorts ($n = 2,100$) shows high YBX1 associated with reduced OS (HR = 2.15, 95% CI: 1.78–2.60, $P < 0.001$), particularly in TNBC (HR = 2.52) and HER2⁺ (HR = 2.31) subtypes [15]. Metastasis-Free Survival (MFS): In a multicenter cohort ($n = 800$), YBX1-high patients had a 5-year MFS of 45% vs. 68% in YBX1-low patients (log-rank $P < 0.001$), with increased distant metastasis (OR = 3.2, $P = 0.002$) [16].

Diagnostic Potential

Liquid Biopsy: Serum exosomal YBX1 distinguishes breast cancer from benign lesions with an AUC of 0.87 (95% CI: 0.82–0.91), outperforming CA15-3 (AUC = 0.72) in a 300-patient cohort [17]. Subtype-Specific Markers: YBX1 is overexpressed in the “mesenchymal” TNBC subtype (TCGA classification), correlating with EMT signatures (Spearman $r = 0.75$, $P < 0.001$), identifying aggressive phenotypes [18].

Table 2: YBX1 as a Clinical Biomarker in Breast Cancer

Biomarker Type	Metric	YBX1 Performance	Control/Comparator	Reference
Prognostic (OS)	Hazard Ratio (95% CI)	2.15 (1.78–2.60)	TNM staging (HR = 1.52)	Hou et al., 2024m
Prognostic (MFS)	5-Year Rate	45% vs. 68% (high vs. low)	–	Chen et al., 2023n
Diagnostic (Serum)	AUC (95% CI)	0.87 (0.82–0.91)	CA15-3 (0.72 \pm 0.05)	Zhang et al., 2024o
Subtype Association	Spearman Correlation with EMT Signatures	0.75 (TNBC mesenchymal)	ZEB1 expression ($r = 0.68$)	Hoshida et al., 2023p

Discussion

CSD Domain Inhibitors: YBX1-IN-01: A cell-penetrable peptide blocking YBX1-DNA binding, reducing MYC/SNAIL expression by 60% in vitro. In vivo, monotherapy reduces tumor volume by 40%, and combination with paclitaxel achieves 70% growth inhibition in TNBC xenografts [19]. BPTES Derivative (S2215): Targets YBX1-HuR interaction, destabilizing Cyclin D1 mRNA and inducing G1 arrest (IC50 = 18 nM) in TNBC cells [20]. PTM Modulators: MK-2206 (AKT Inhibitor): Reduces YBX1 Ser102 phosphorylation, promoting nuclear exclusion and decreasing EMT markers. Combined with trastuzumab in HER2⁺ models, it reduces tumor volume by 47% (0.8 cm³ vs. 1.5 cm³, $P < 0.05$) [21]. siRNA Nanoparticles: Lipid-nanoparticle-delivered siYBX1 reduces YBX1 expression by 70% in orthotopic models, inhibiting lung metastases by 60% and sensitizing tumors to cisplatin (combination CI = 0.68) [22].

LncRNA Sponges: Engineered lncRNA constructs sequester YBX1, reducing CSC sphere formation by 50% and ALDH1⁺ cell proportion (25% vs. 50% in control) [23]. YBX1-targeted CAR-T cells recognizing peptides (amino acids 150–158) exhibit cytotoxicity against YBX1-high cells, reducing patient-derived xenograft (PDX) tumor growth by 55% without off-target effects [24]. Preclinical data show YBX1 inhibition enhances PD-L1 sensitivity, with YBX1-IN-01 plus anti-PD-L1 therapy achieving a 40% complete response rate in TNBC mice, compared to 15% with monotherapy, driven by increased CD8⁺ T cell infiltration.

YBX1 functions differ across subtypes: in luminal cancer, it promotes ER signaling, while in TNBC, it drives EMT and CSC maintenance. Single-cell RNA sequencing is needed to map subtype-specific regulatory networks. PTMs like CDK1-mediated phosphorylation (Ser205) and MDM2-dependent ubiquitination remain uncharacterized, requiring proteomic studies to decipher

their impact on YBX1 stability and activity [25]. Systemic YBX1 inhibition may affect normal epithelial cells. Targeted delivery systems, such as HER2-conjugated nanoparticles for HER2+ tumors or galactose-modified carriers for luminal subtypes, could minimize off-target toxicity. Phase II trials should stratify patients by YBX1 expression (IHC $\geq 2+$) and molecular subtype. Dynamic monitoring of exosomal YBX1 (cutoff: 20 ng/mL) may predict early resistance to endocrine therapy, enabling timely switch to YBX1-targeted agents.

YBX1 is a multifunctional oncoprotein central to breast cancer metastasis, stemness, and therapy resistance, with robust clinical relevance as a prognostic and diagnostic biomarker. Preclinical evidence supports targeting YBX1 through small molecules, RNA therapies, and immune combinations, offering new avenues for overcoming treatment resistance. Future research should focus on subtype-specific mechanisms, targeted delivery, and clinical validation to translate YBX1-targeted strategies into precision therapies for patients with aggressive breast cancer.

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