



# Let-7 Family as a Mediator of Exercise on Alzheimer's Disease

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## Abstract

Memory loss, and behavioral impairments. Hallmark pathological features include amyloid-beta (A $\beta$ ) plaques, tau neurofibrillary tangles, chronic inflammation, and impaired neuronal signaling. Physical exercise is increasingly recognized as a non-pharmacological intervention to attenuate Alzheimer's disease (AD) risk and progression by enhancing neuroplasticity, improving mitochondrial function, and modulating immune responses. The let-7 family of microRNAs is critically involved in AD pathology. Elevated levels of let-7b and let-7e have been reported in the cerebrospinal fluid of AD patients, with let-7b levels correlating positively with total tau and phosphorylated tau concentrations. Overexpression of let-7a enhances A $\beta$ -induced neurotoxicity, increases neuronal apoptosis by up to 45%, and alters autophagy-related signaling via the PI3K/Akt/mTOR pathway, as shown by 1.8-fold increases in LC3-II/I ratios and 2.2-fold upregulation of Beclin-1 expression. Exercise modulates let-7 expression in a tissue-specific and context-dependent manner. Aerobic training reduces skeletal muscle expression of let-7b-5p by 30–35%, while increasing its suppressor Lin28a by 40%, thereby improving mitochondrial respiration. Overall, modulation of let-7 by exercise influences neuronal survival, autophagy, and inflammation, offering a potential mechanism through which physical activity exerts neuroprotective effects in AD. Quantitative characterization of let-7 expression patterns may support its use as a diagnostic and therapeutic biomarker, though further research is needed to establish optimal modulation strategies.

**Keywords** Exercise · Alzheimer's disease · Let-7 · MicroRNAs

## Introduction

Alzheimer's disease (AD) is responsible for the many cognitive decline and dementia in people over the age of 65 worldwide (Atri 2019). AD is marked by a slow and steady advancement, beginning with alterations in the brain structure of those impacted that take place well in advance of any noticeable indications or manifestations (Jack et al. 2013). The negative impact on the body is caused by several changes, like the accumulation of destructive variants of A $\beta$ ,

the formation of clusters of hyperphosphorylated tau protein called neurofibrillary tangles, and the decline of nerve cells due to uncontrolled activation of microglia in the brain. This results in the secretion of toxic substances that harm neurons and cause inflammation (Scheltens et al. 2016; Španić et al. 2019; Li et al. 2022). People who have these changes in their body may not show any symptoms, or they could experience a range of clinical signs, from minor memory gaps to intense and incapacitating impairment of memory and cognitive abilities (Jack et al. 2013). As AD continues to develop, individuals may experience more neuropsychiatric symptoms such as disorientation, aggression or agitation, confusion, mood swings, and ultimately delusions or hallucinations in advanced stages. The number AD patients is already substantial, and it is expected to rise as the population grows older (Montgomery et al. 2018; Asada 2017; Alzheimer's Association 2020). Based on various research findings, it can be concluded that approximately 3 to 4 percent of individuals in their later working or retired years' experience the impacts of AD dementia (Takizawa et al. 2015; Niu et al. 2017; Fiest et al. 2016).

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In 2016, adults in high-income countries had a significantly higher rate of low physical activity (36.8%) than those in low-income countries (16.2%). This gap is even more prominent when examining gender discrepancies, as women were found to be less active than men, particularly in the United States and Eastern Mediterranean regions (Spanoudaki et al. 2023). Studies have revealed that participating in physical exercise can significantly decline the risk of AD progression and dementia, regardless of the intensity level (Smith et al. 2010; Hamer and Chida 2009; Erickson et al. 2009; Yaffe et al. 2001). Participating in exercise can decrease the occurrence of AD and dementia, leading experts to suggest it as a lifestyle intervention. Evidence from past research provides support for this idea, with one study finding that up to 54% of risk factors for AD could potentially be prevented through exercise (Barnes and Yaffe 2011). A different research report calculated the potential demographic threat of worldwide AD, taking into account seven modifiable risk factors through the use of relative risks from previous meta-analyses (Norton et al. 2014). In the elderly population, a correlation was found between increased sedentary activities and a greater likelihood of developing all forms of dementia. Further investigation is necessary to establish if there is a direct causation between a sedentary lifestyle and susceptibility to developing dementia (Raichlen et al. 2023).

A newly investigated area of study, specifically looking at the immediate effects of exercise on bodily functions, revolves around miRNAs. These molecules, comprised around 22 nucleotides, occur naturally in the body (Furer et al. 2010). There have been over 2000 miRNAs discovered in the human genome (Alles et al. 2019), and they have significant functions in numerous biological processes, including but not limited to multiplication, cell growth, chemical reactions, specialization, and apoptosis (Xiao and Rajewsky 2009). They hinder the expression of target genes by breaking down mRNA and subsequently inhibiting the translation process that converts mRNA into a usable protein (Churov et al. 2015). Moreover, it is predicted that they make up approximately 1 to 2 percent of the entire genome and have the ability to control 30 percent of genes responsible for producing proteins (Furer et al. 2010). The alterations in miRNA levels caused by physical activity are believed to control long-term modifications in skeletal muscle, aerobic capacity, and cardiovascular well-being (Silva et al. 2017; Zhou et al. 2020). The let-7 family, composed of various miRNAs, could potentially serve as valuable biomarkers for designing optimal exercise plans to promote overall health and enhance physical performance. The functions of these miRNAs are quite diverse in neural growth, adaptability, and protection against damage. Through their regulation by exercise, they impact vital signaling pathways related to brain well-being and the improvement of performance

(Shamsuzzama et al. 2016b; Patterson et al. 2014; Lehmann et al. 2012). Disruption of the normal function of let-7 has been linked with impairment in cognitive abilities and neuroinflammation, indicating that engaging in physical activity may help regulate let-7 and potentially reduce these negative outcomes (Shamsuzzama et al. 2016b; Patterson et al. 2014; Lehmann et al. 2012). let-7 inhibits mTOR pathway activity, which is critical for autophagy regulation. Reduced autophagy leads to accumulation of toxic protein aggregates, a hallmark of neurodegenerative diseases like Alzheimer's, Parkinson's (PD), and Huntington's (HD) (Wang et al. 2022; Petri et al. 2017). Elevated let-7 in cerebrospinal fluid (CSF) of PD patients is transported via exosomes. Neuronal uptake of exosomal let-7 activates toll-like receptor 7 (TLR7), triggering neuroinflammation and degeneration (Shaheen et al. 2024). Let-7 family members, especially let-7b, can act as signaling molecules for Toll-like receptor 7 (TLR7), initiating innate immune pathways and apoptosis in the central nervous system. In vitro studies have shown that extracellular let-7b and let-7e can mediate neuronal injury, with let-7b causing significant axonal and dendritic damage as well as neuronal loss (Derkow et al. 2018a, b). Let-7 family members, particularly let-7a, have been shown to exacerbate A $\beta$ 1–40-induced neurotoxicity and apoptosis in neuronal cell models (Gu et al. 2017).

Although numerous studies have explored the roles of microRNAs in Alzheimer's disease and the benefits of physical exercise on brain health, the specific interplay between exercise-induced modulation of the let-7 miRNA family and its implications for AD progression remains underexplored. Current literature often examines let-7 in isolated cellular or animal models without integrating its dual role across different physiological contexts or evaluating its clinical potential. Moreover, few reviews address how exercise might differentially regulate let-7 expression depending on variables such as age, sex, or disease stage. This review fills a critical gap by synthesizing evidence on how physical activity influences let-7 expression and how this, in turn, impacts key AD-related pathways including inflammation, autophagy, and neuronal survival. By integrating molecular, mechanistic, and emerging translational findings, this paper provides a comprehensive and forward-looking perspective on the potential of targeting let-7 through personalized lifestyle interventions as part of AD prevention or management strategies.

## Exercise and Alzheimer's Disease

### Alzheimer's Disease Pathogenesis

AD is a progressive neurological condition that deteriorates with time and currently stands as the leading contributor

to dementia worldwide (Better 2023; Avan and Hachinski 2021). AD is a condition marked by changes in cognitive abilities, loss of memory, and altered behavior. The progress of this disease is intricate and impacted by a multitude of elements such as heredity, environment, and individual behaviors. Vital components in its advancement consist of the accumulation of A $\beta$  plaques, twisted NFTs made up of hyperphosphorylated tau protein, continuous neuroinflammation, and eventual harm to nerve cells (Sun et al. 2024; Kok et al. 2022).

The theory of the amyloid-beta cascade is still a fundamental concept for comprehending the progression of AD. A $\beta$  peptides are produced from the breakdown of the APP by BACE1 and  $\gamma$ -secretase enzymes. This production results in fragments of A $\beta$ , with A $\beta$ 42 being highly susceptible to clumping together (O'Brien and Wong 2011; Pfundstein et al. 2022). In AD, a lack of equilibrium between the generation and removal of A $\beta$  results in its buildup within the brain, creating destructive oligomers, plaques, and fibrils (Gandy 2005; Selkoe 2001). The A $\beta$  oligomers have a harmful impact on the nervous system, as they interfere with NMDA receptor activity and trigger excitotoxicity, leading to impaired synaptic communication (Babaei 2021; Snyder et al. 2005). Moreover, they cause a condition of neuroinflammation where stimulated astrocytes and microglia release inflammatory signaling molecules, exacerbating harm to neurons. Additionally, A $\beta$  contributes to oxidative stress by hindering mitochondrial function, resulting in an abundance of ROS and causing more harm to neurons (Ganguly et al. 2021; Thakur et al. 2023). Another critical feature of AD pathology is the formation of NFTs, which consist of hyperphosphorylated tau protein (Hondius et al. 2021; Moloney et al. 2021). Tau is an essential protein that preserves the structural integrity of microtubules in nerve cells (Wu et al. 2016). In AD, tau undergoes an abnormal process of phosphorylation, causing it to lose its capability to efficiently attach to microtubules (Rawat et al. 2022). The destabilization of the cytoskeletal structure has a notable effect on axonal transport and disrupts the functioning of neurons. The accumulation of hyperphosphorylated tau leads to the formation of NFTs, which harm neurons through toxic mechanisms that cause an increase in function, such as interfering with protein degradation pathways and mitochondrial activity. It is important to emphasize that there is a remarkable connection between tau pathology and the degree of cognitive decline in AD, underscoring its pivotal role in the progression of the condition (Desai et al. 2021; Rabin et al. 2022). In the development of AD, neuroinflammation has an important part and is frequently triggered by the accumulation of A $\beta$  (Thakur et al. 2023; Onyango et al. 2021). The microglia, attempt to remove A $\beta$  by engulfing it, but this process can lead to continuous activation. This

ongoing activation causes the release of inflammatory substances that damage neurons and exacerbate the accumulation of A $\beta$  and tau abnormalities (Leng and Edison 2021; Thakur et al. 2023). Astrocytes can create an inflammatory environment, which ultimately intensifies the progression of neurodegeneration (Singh 2022; Di Benedetto et al. 2022). As time passes, persistent inflammation causes the breakdown of the protective barrier between the blood and brain, making it easier for immune cells from outside the brain to enter and worsening the process of nerve cell deterioration (Lee and Funk 2023).

Another important factor in AD progression is brain insulin resistance which impairs insulin signaling pathways, leading to decreased glucose utilization and disrupted energy metabolism. Insulin resistance causes downregulation of insulin receptors and insulin-degrading enzyme (IDE), exacerbating amyloid- $\beta$  accumulation (Wei et al. 2021). Insulin resistance activates microglia, triggering inflammation and increased production of pro-inflammatory cytokines (IL-6, IL-1 $\beta$ , TNF) (Wei et al. 2021). Recent evidence suggests that reduced biliverdin reductase-A (BVR-A) impairs GSK3 $\beta$  phosphorylation, causing mitochondrial dysfunction and exacerbating brain insulin resistance in both T2DM and AD (Chen et al. 2024).

A key characteristic of AD is synaptic dysfunction, which can decline cognitive abilities gradually (Pelucchi et al. 2022). The existence of A $\beta$  oligomers has a damaging effect on synaptic plasticity by disrupting the normal operation of NMDA and AMPA receptors, causing a hindrance in LTP, which is a crucial mechanism for acquiring new knowledge and retaining memories (Ruiz-Pérez et al. 2021; Zhang et al. 2022; John and Reddy 2021). Moreover, in AD, the presence of tau pathology is strongly linked to a remarkable decrease in dendritic spines, which are responsible for transmitting signals between neurons (Tzioras et al. 2023).

The development of Alzheimer's disease (AD) involves a combination of genetic factors and environmental influences. Changes in the genes PSEN2, PSEN1, and APP, pivotal components of  $\gamma$ -secretase, are associated with the emergence of familial AD at an early age (Xiao et al. 2021). These mutations lead to increased production of A $\beta$ 42, promoting its aggregation (Rostagno 2022; Course et al. 2023; Xiao et al. 2023). The APOE  $\epsilon$ 4 allele involves in the progression of late-onset AD, by aiding in the removal of A $\beta$  and promoting its accumulation (Raulin et al. 2022). Environmental elements, including lack of physical activity, cardiovascular illness, and metabolic issues, also can increase the likelihood of developing AD by intensifying neuroinflammation and oxidative stress pathways (Leszek et al. 2021; Ezkurdia et al. 2023; López-Ortiz et al. 2021).

## Exercise Impact on Alzheimer's Disease

Participating in consistent physical exercise has been scientifically demonstrated to lower the chances of experiencing AD and can also assist in controlling the disorder. Studies propose that frequently engaging in physical activity can diminish the likelihood of acquiring dementia and prolong the deterioration of cognitive abilities (De la Rosa et al. 2020). Smith et al. conducted a thorough examination of RCT spanning from 1966 to 2009, exploring the link between cognitive function and exercise (Smith et al. 2010). The researchers carefully selected studies with significant impact, which involved closely monitored aerobic exercise interventions and comparison groups. The study found that the exercise group showed processing speed, improvements in attention, memory, and executive function. However, there was some variation in the impact on working memory, possibly due to the intensity and length of the exercise. As previously mentioned, individuals with dementia often experience deterioration of the hippocampus. Erikson and his team conducted research on this topic (Erikson et al. 2009) examined the connection between exercise and the hippocampus, as they proved that it is a successful method for reducing cortical deterioration in older individuals. Through MRI scans of 165 elderly individuals without dementia, it was discovered that those who were physically active had better overall health, larger hippocampal volume, and improved spatial memory. Long-term studies in Germany showed that regular exercise can lower the risk of cognitive decline and dementia, as well as improve performance on neuropsychological tests (Sattler et al. 2011). A different study investigated the theory that accurately measuring daily activities could predict the occurrence of MCI and AD (Buchman et al. 2012). Participants used wrist activity monitors instead of self-reported questionnaires to accurately monitor their physical activity. The findings indicated a link between regular exercise and the progression of overall cognitive decline as well as AD after a 4-year monitoring period. The statistics indicated that people who participated in more intense physical activity had a significantly reduced risk of AD progression. Additionally, an 8-year study on women demonstrated that those who engaged in regular walking experienced less deterioration in cognitive abilities over the entire duration of the investigation (Yaffe et al. 2001). The Cochrane study focused on the impact of aerobic exercise on the cognitive functioning of older adults who did not have any mental health problems. The main objective was to assess the relationship between cardiovascular health and the effect of exercise on cognition (Forbes et al. 2015). Their main goal was to incorporate studies that have proven a positive impact on cardiovascular well-being by conducting a VO2 max assessment. However, their results did not reveal any indication of

exercise improving cognitive function, and the studies they examined were deemed to have a significant possibility of prejudice (Forbes et al. 2015). It is important to note that their remarks do not take into account research that does not involve cardiovascular health, such as light aerobic exercise, stretching, or weightlifting. Incorporating tests for VO2 max or other indicators of heart health, our research indicates that caution should be exercised when interpreting these findings for a specific population. Furthermore, multiple reviews and analyses have revealed the positive impact of physical activity on cognitive function (Farina et al. 2014).

A study with randomized and controlled elements was created in order to address these concerns by examining the potential effects of exercise regimens on the decrease of daily functional abilities in individuals with AD (Roland et al. 2007). Following a 12-month program involving two weekly workouts focused on enhancing strength, balance, and flexibility, individuals demonstrated reduced proficiency in everyday tasks compared to those who did not participate in physical exercise. Nonetheless, there was no observable effect on behavioral problems, mood disorders, or dietary habits. In a distinct investigation, scientists sought to assess the impacts of medication and physical activity on AD and mild cognitive impairment (Ströhle et al. 2015). The research permitted the inclusion of either pharmacological or exercise treatment as the experimental group. In terms of AD, exercise showed a moderate to significant overall effect, while only having a minor impact on MCI. On the other hand, using a cholinesterase inhibitor as a treatment option for AD had a minimal effect on cognition, but did not show any improvement in MCI. It should be noted that there is a high rate of discontinuation with drug therapy, whereas the exercise group has a significantly lower rate. Furthermore, meta-analyses and systematic reviews of information from multiple sources have consistently shown that exercise can lead to favorable results in individuals with dementia, including a decrease in neuropsychiatric symptoms and a minor decrease in their daily living activities (Smith et al. 2010; Hamer and Chida 2009; Forbes et al. 2015). A comprehensive analysis revealed that exercise resulted in fewer adverse reactions and higher adherence rates compared to medications (Ströhle et al. 2015). Physical activity has inherent advantages for both cardiovascular well-being and individual health. However, due to the limited evidence, it is challenging to recommend particular exercises for individuals with AD or for reducing the risk of developing it. The research on exercise and its effects on AD involves a variety of types of physical activity, which are determined by the length of time they are implemented.

An RCT is done to examine how moderate to high-intensity aerobic exercise programs impact individuals with mild AD (Hoffmann et al. 2016). The participants in this study engaged in a 60-min training session three times per week



for a total of 16 weeks. However, there was no observed improvement in cognitive ability, although there was a significant improvement in neuropsychiatric symptoms. The study focused on individuals who followed the training program, but it is worth noting that many studies tend to use intentional treatment models. Longer intervention studies may also face challenges with maintaining compliance over time, which raises questions about the reliability of observation support. In a separate 3-month randomized study, participants were supervised during their exercise program three times per week (Chapman et al. 2013). While training, they noticed enhancements in delayed and immediate memory. Resting, physically active individuals had increased blood flow in the anterior cingulate region. However, results from participants with Alzheimer's cannot be compared directly to those with regular cognitive function. Another study with eight individuals with mild cognitive impairment also completed a 9-month exercise intervention and 2-month training program (Sacco et al. 2016). The Cochrane study looked at the effect of exercise on people with AD and determined that although it improved their cognitive abilities, its overall impact was reduced by training interruptions (Forbes et al. 2015). Following a thorough examination, it was concluded that there is insufficient proof to substantiate the notion that exercise has a favorable effect on cognitive abilities. Nonetheless, the exercises did demonstrate some enhancements in the capacity to carry out routine tasks. It is important to acknowledge that the studies and results gathered by the researchers were varied and lacked quality due to limited evidence. The suggestion is to perform more stringent experimentation in order to assess varying forms and severities of dementia, ultimately improving the dependability of assessments (Forbes et al. 2015). In conclusion, through numerous thorough assessments and their respective results, it has been shown that a limited amount of six RCTs have demonstrated the effectiveness of exercise programs for those with AD (Farina et al. 2014). Farina et al. A study showed a reduction in cognitive decline and a positive impact on overall cognitive ability (Farina et al. 2014).

## Let7 Family

### Biogenesis and Mechanisms of the Action of miRNAs

The process of generating miRNA involves altering the transcripts of RNA polymerase II/III, which can occur during or after transcription (Ha and Kim 2014). Roughly half of the currently recognized miRNAs originate from within genes, primarily from introns, with a smaller number from protein-coding exons. The remainder lies between genes, undergoes its own transcription, and is controlled by distinct promoters (Kim and Kim 2007; de Rie et al. 2017). Sometimes,

miRNAs are formed as clusters where these collections may have similar seed regions and, therefore, are classified as a group (Tanzer and Stadler 2004). There are two main pathways involved in the formation of miRNA, referred to as non-canonical and canonical. The predominant process for miRNA production is the canonical pathway, which entails the creation of pri-miRNAs from designated genes. The microprocessor, made up of Drosha and DGCR8, enzymes that belong to the ribonuclease III family, processes these pri-miRNAs (Denli et al. 2004). DGCR8 identifies certain patterns, such as N6-methyladenylated GGAC sequences, on the pri-miRNA. Drosha then cuts the hairpin structure at its base, creating pre-miRNAs with a 2-nucleotide overhang at the 3' end. XPO5 and the RanGTP complex transport these pre-miRNAs to the cytoplasm, where Dicer removes the terminal loop and forms a mature miRNA duplex (O'Brien et al. 2018; Han et al. 2004; Alarcón et al. 2015; Denli et al. 2004).

The two parts of the double-stranded structure, 5p and 3p, are designated according to where they come from on the pre-miRNA hairpin, either the 5' or 3' end. These strands are inserted into AGO proteins, and the guide strand, usually the one with less stability at the 5' end or a uracil at that position, is chosen to stay. The other strand is separated and broken down, either by AGO2 cutting it or naturally when there are mismatches in the middle (Khvorova et al. 2003; O'Brien et al. 2018).

Apart from the traditional pathway, there are several alternative ways in which miRNA can be produced, utilizing elements of the traditional pathway in distinct combinations. These non-traditional pathways can be divided into two types: those that do not require Drosha and DGCR8, and those that do not involve Dicer (O'Brien et al. 2018).

In pathways that do not involve Drosha and DGCR8, pre-miRNAs are formed directly from spliced introns, referred to as mirtrons, or from transcripts with a 7-methylguanosine (m7G) cap. These pre-miRNAs do not undergo cleavage by Drosha and are instead transported to the cytoplasm through exportin 1. The presence of an m7G cap can lead to a preference for the 3p strand, as it prevents loading of the 5p strand into AGO proteins (Xie et al. 2013; Ruby et al. 2007).

In pathways that do not involve Dicer, Drosha is responsible for converting endogenous shRNAs into pre-miRNAs. However, these pre-miRNAs are too brief to be cleaved by Dicer. Instead, they are inserted into AGO2 and undergo further maturation through the slicing of the 3p strand and trimming of the 5p strand, which is dependent on AGO2 (Cheloufi et al. 2010; Yang et al. 2010).

MiRNAs regulate gene expression by utilizing multiple methods including inhibiting translation, breaking down mRNA, and controlling transcription. Most studies suggest that miRNAs attach to specific sections in the 3' UTR of target mRNAs, causing a block in translation and leading

to the breakdown of the mRNA (Ipsaro and Joshua-Tor 2015; Huntzinger and Izaurralde 2011). miRNAs can bind to different regions of mRNAs, including the 5' untranslated region (UTR), coding sequences, and promoter regions. While binding to the 5' UTR or coding regions typically suppresses gene expression, interaction with promoter regions may lead to gene activation (Zhang et al. 2018; Dharap et al. 2013).

Although the majority of research is centered on miRNAs causing gene silencing, it should be noted that miRNAs can also trigger gene expression in certain circumstances (O'Brien et al. 2018). AGO2 and FXR1 have been observed to interact with AREs located in the 3' UTR during periods of serum starvation or cell cycle arrest. This interaction results in the activation of translation, specifically with miRNAs like let-7. Unlike in actively dividing cells where GW182 plays a key role, non-dividing cells rely on AGO2 and FXR1 for the promotion of translation via miRNA involvement (Truesdell et al. 2012; Vasudevan and Steitz 2007). Moreover, in situations of low amino acid levels, miRNAs have been proven to boost protein production by binding to the 5' UTR of specific mRNAs that code for ribosomal proteins (Ørom et al. 2008). miRNAs can operate in the nucleus by utilizing AGO2, which moves back and forth between the nucleus and cytoplasm with the assistance of TNRC6 A, a protein from the GW182 family (Pitchiaya et al. 2017; Nishi et al. 2013). AGO2 and miRISC have been found to interact with active chromatin at gene loci, indicating potential functions in both post-transcriptional and co-transcriptional processes. In the nucleus, miRISC is able to facilitate mRNA degradation or directly control transcription by binding to promoter regions (Xiao et al. 2017; Havens et al. 2014).

### Let7 Family Role in Health and Diseases

The initial miRNA, lin-4, was identified in 1993 within *C. elegans* (Lee et al. 1993). The discovery of Let-7, the second miRNA in *C. elegans*, also has an important part in regulating the development of the organism, along with lin-4 (Reinhart et al. 2000). Currently, there are over 2000 miRNAs discovered in humans (MiRBase 2013).

The let-7 family is composed of a total of 13 members which are found on 9 different chromosomes. These include let-7a-1, -7a-2, -7a-3, -7b, -7c, -7d, -7e, -7f-2, -7f-1, -7g, as well as the microRNAs mir-202 and mir-98 (Roush and Slack 2008). Certain ones are found in the genome as groups. For instance, let-7a-1, let-7f-1, and let-7 d are part of a cluster on chromosome 9q22.32, while let-7a-3 and let-7b are part of a cluster on chromosome 22q13.31 (Roush and Slack 2008).

Let-7 is typically upregulated during the final stages of development in many organisms, and any changes in its

expression can result in various pathological disorders, including diabetes, neurodegenerative diseases, and cancer (Shamsuzzama et al. 2016a). Overexpressing miR-98 impairs phosphorylation and inhibits the ERK and Akt pathways, both known as contributors to cancer growth (Chen et al. 2014; Ning et al. 2017; Dai et al. 2016). Let-7 was discovered to directly decrease the aggressive characteristics of Ewing's sarcoma by targeting STAT3 (Zhang et al. 2016). The STAT3 pathway has a remarkable effect on cell cycle and survival by regulating a specific group of genes. If this pathway becomes excessively active, it can promote the progression of cancer. This can lead to unfavorable results and increased resistance to traditional cancer treatments such as chemotherapy and radiotherapy (Bosch-Barrera et al. 2017; Chirshev et al. 2019). Studies have revealed that Let-7 activates the WNT signaling pathway through binding to estrogen receptors in breast cancer and TCF-4 in HCC, leading to elevated cancer stem cell levels and aggression (Sun et al. 2016a, b). The WNT pathway is involved in various cellular activities, like cell growth, migration, and differentiation, tumor development, and generation of cancer stem cells (Jin et al. 2016; Sun et al. 2016a, b). According to the data, let-7 inhibits the aggressive phenotype by suppressing carcinogenic signaling pathways (Chirshev et al. 2019).

A recent study showed that a specific oligonucleotide, which targets let-7 in human cells, promotes cancer cell growth. This serves as additional evidence for the function of let-7 as a cancer inhibitor by impeding pathways associated with cellular growth (Johnson et al. 2007). Johnson et al. showed how let-7 plays a significant role in cancer by acting as a suppressor of tumors through inhibition of the let-60/RAS pathway (Johnson et al. 2005). Let-7 blocked the activity of various tumor-promoting genes, including RAS, PBX3, LIN28, E2 F1, E2 F5, ARID3B, Myc, HMGA2, and H19 (Wu et al. 2015; Liu et al. 2012). Experiments involving the use of specific ASOs demonstrated that reducing the expression of these genes resulted in the suppression of tumors, a process that typically relies on let-7 (Chirshev et al. 2019). Lan et al. suggested that let-7 acted as a tumor suppressor (Lan et al. 2011). Overproduction of let-7 g in HepG2 liver cancer cells decreased cell growth by suppressing the c-Myc oncogene. This was demonstrated by decreases in both mRNA and protein levels. This effect was reversed by introducing a let-7 g inhibitor via transfection (Lan et al. 2011). The increase of let-7 g also boosted the levels of p16INK4 A, a protein known for its tumor suppressing abilities. This suggests that the tumor suppressor role of let-7 g is likely attributed to its direct regulation of c-Myc in the regulatory axis involving Bmi-1 and p16 (Nobori et al. 1994; Gupta et al. 2014). The data indicate that let-7 g may function as a tumor suppressor in HCC by directly suppressing the c-Myc oncogene, resulting in elevated levels of p16INK4

A which has tumor inhibiting properties (Lan et al. 2011). Hence, let-7 can inhibit the activity of various factors associated with cancer development.

Despite being known as a tumor suppressor in many cancers, let-7 has also exhibited some cancer-promoting qualities. New research suggests that let-7 may act as an oncogene, contradicting its typical role as a tumor inhibitor. Analysis has revealed greater methylation of the let-7a3 gene in healthy tissue compared to lower levels in cancers like ovarian and lung cancer. Additionally, elevated levels of let-7a are observed in these particular cancer types (Lu et al. 2007; Brueckner et al. 2007; Chirshv et al. 2019). Brueckner and his team discovered that higher levels of let-7a3 caused a more aggressive behavior in detached lung cancer cells, possibly due to changes in the expression of growth factors and cell adhesion genes. This could lead to accelerated tumor growth and spread (Brueckner et al. 2007). Furthermore, increased levels of various members of the let-7 family, such as let-7a3, let-7c, and let-7b, were strongly linked to unfavorable outcomes and reduced survival rates among individuals diagnosed with ovarian and liver cancer (Chirshv et al. 2019). According to Ma et al., the heightened expression of let-7e in ESCC cells resulted in enhanced migration and invasion, potentially due to the suppression of ARID3a, a transcription factor that inhibits pluripotency. This downregulation may contribute to the development of cancer stemness (An et al. 2010; Ma et al. 2017). It is proved that the mir-98 member of the let-7 family can increase cancer cell resistance to chemotherapy by suppressing Dicer1 and thus inhibiting mir-152. In EOC patients, high levels of mir-98 and mir-152 are linked to regulation of RAD51 recombinase, which is associated with unfavorable outcomes (Wang et al. 2018; Chirshv et al. 2019). In conclusion, the research indicates the intricate connection between cancer cell aggression and let-7, emphasizing the impact of various miRNAs. Each cancer cell may have a unique set of genes regulated by let-7. This family of miRNAs efficiently and directly controls the activity of H-RAS, K-RAS, and N-RAS genes through their 3'UTR sequences (Khodayari et al. 2011; Büssing et al. 2008; Yu et al. 2011). A single miRNA can control numerous signaling pathways by binding to a wide range of target genes. For example, let-7 plays a significant role in reducing GBM tumor growth by binding with Stat3, Cyclin D1, Ras, and c-Myc (Degrauwe et al. 2016; Wang et al. 2013; Xu et al. 2016). The LIN28 protein can inhibit the function of mature let-7, leading to decreased survival rates in glioma patients. Additionally, let-7b can be used as an indicator for resistance to chemotherapy (Guo et al. 2013; Evers et al. 2023). The presence of let-7 in irradiated human glioblastoma cells was found to influence their response to radiotherapy through the regulation of its relative expression (Chaudhry et al. 2010). The significant decrease in let-7 leads to increased expression of cancer-promoting targets,

such as RAS, in both gain-of-function and loss-of-function studies (Stainthorp et al. 2023).

The initial response of the body's immune system is triggered when any form of pathogen invades, effectively distinguishing between microbial and host cells (Brubaker et al. 2015). TLRs can detect foreign pathogens and trigger inflammatory responses that activate tailored adaptive reactions to various infections. Inflammatory conditions, including cancer, may arise due to disruptions in TLR signaling pathways that lead to increased inflammation (Mukherjee et al. 2019). Many miRNAs have been recognized as key regulators of TLR signaling pathways (He et al. 2014; Olivieri et al. 2013). Let-7 seems to regulate TLR4 signaling. This was evident when let-7i expression decreased and TLR4 signaling increased following infection with *C. parvum* (Chen et al. 2007). Let-7i's role in regulating host immune responses through TLR4 was discovered. Another study connected let-7b to TLR4 activation during *Helicobacter pylori* infection. TLR4 controls NF- $\kappa$ B activation and the regulation of certain inflammatory genes. By targeting TLR4 mRNA, Let-7 inhibits translation and decreases the inflammation and innate immune response after infection (Kumar et al. 2015).

The role of Let-7 extends to adaptive immune cells, where it plays a crucial role. The expression level of let-7 significantly affects the development of effector CD8 T cells, which are essential for cytokine release and the destruction of infected target cells. Additionally, let-7 plays a role in thymocyte differentiation, influencing whether they become naive or memory-like CD8 + CTLs. In active CTLs, reduced levels of let-7 promote clonal expansion and enhance efficiency by inhibiting its target genes, Myc and Eomes (Wells et al. 2017). The activity of the PLZF transcription factor, which contributes to the development and functions of NKT cells, can be regulated by Let-7 (Pobezinsky et al. 2015; Jiang 2018). As a result, the suppression of PLZF by let-7 can regulate the production of antibodies, thymic cell growth, and B cell activation (Jiang 2018).

Over time, there has been an increasing emphasis on the role of let-7 in cardiovascular health and illness. Research has demonstrated that let-7 is highly prevalent in different cardiovascular cell types, such as VSMC (Ding et al. 2013), EC (Chen et al. 2013), cardiomyocytes (Rao et al. 2009; Satoh et al. 2011), and coronary arterial smooth muscle cells (Ji et al. 2007).

## Alzheimer's Disease and let7 Family

The let-7 group of miRNAs contributes to the advancement of AD. It has been discovered that fluctuations in miRNA levels can play a part in the deterioration of neurons, which is a central feature of AD. According to a research, some specific let-7 miRNAs, such as let-7e and let-7b, are more

prevalent in the CSF of individuals with AD. This indicates potential for using these miRNAs as diagnostic and progression tracking tools for AD (Derkow et al. 2018a, b). Cellular Mechanisms: Overexpression of let-7a is connected to the increased neurotoxicity in cellular models of AD. Specifically, let-7a enhances the neurotoxic effects of A $\beta$  peptides, which are known to accumulate in AD. This overexpression also promotes apoptosis and alters autophagy-related pathways, implicating the PI3 K/Akt/mTOR signaling pathway (Duan et al. 2013; Gu et al. 2017b). Changes in let-7 levels can result in heightened apoptosis, thus contributing to the neuronal decline observed in AD (Gu et al. 2017b).

Lehmann et al. have uncovered a novel role for the microRNA let-7 in controlling gene expression in the CNS. Their research revealed that let-7, when present outside of cells, can stimulate the RNA-sensing protein TLR7 and promote neurodegeneration by altering TLR7 activity in neurons. Interestingly, individuals with AD show elevated levels of let-7b in their CSF. Furthermore, when let-7b was introduced into the CSF of healthy mice via intrathecal injection, it led to neurodegeneration. However, mice without TLR7 were not affected by this, but when TLR7 was added to their neurons through intrauterine electroporation, they became susceptible to the effects of let-7. This shows that microRNAs can act as signaling molecules and highlights the importance of TLR7 in a pathway that contributes to damage in the CNS (Lehmann et al. 2012).

Liu et al. thoroughly evaluated 94 individuals with dementia and found that AD progression leads to increased levels of the let-7b miRNA. This is primarily due to CD4+T cells in the CSF. They also found a positive correlation between let-7b and the expression of t-Tau and p-Tau. Adding let-7b to traditional AD biomarkers, like A $\beta$ 40-A $\beta$ 42 or t-tau-p-tau logistic regression and receiver operating characteristic predictive models, greatly enhances diagnostic accuracy. In summary, let-7b is crucial in the progression of AD and can enhance the precision of diagnoses when used alongside conventional biomarkers (Liu et al. 2018).

Moustafa and colleagues investigated the impact of Let-7 miRNAs on memory and p-Tau levels in STZ-induced AD. They also carried out experiments on adult Sprague Dawley rats to examine the effects of Letrozole on these factors. In total, there were seven groups, including a control group and various combinations of STZ, Letrozole, and cerebrospinal fluid. The researchers assessed working memory through the T-maze alternation percentage and measured levels of Let-7a, b, e, and p-Tau in the hippocampus using qRT-PCR and ELISA. The results indicated a reduced alternation percentage and increased p-Tau concentration in the STZ, Letrozole, and STZ-L groups. All the studied microRNAs were elevated in the Letrozole and STZ-L groups, although there were no significant differences between these groups. These findings suggest a connection between Letrozole use and

alterations in microRNA levels. There was a negative correlation between alternation percentage and microRNA levels, and a positive correlation between p-Tau concentration and microRNA levels. The study emphasizes changes in Let-7a, b, and e levels associated with Letrozole use and indicates a potential adverse effect on brain function (Moustafa et al. 2022).

Kafshdooz et al. found that individuals with AD had significantly lower levels of hsa-let7 g-5p compared to those without the disease. The AROC curve for hsa-let-7 g-5p transcript levels was 0.4032, which was significantly lower than the AROC of 0.7869 observed in the control group ( $P=0.035$ ; 95% CI 0.27–0.90). This suggests that hsa-let7 g-5p miRNAs may be a potential biomarker for detecting AD (Kafshdooz et al. 2023).

In their investigation, Gu et al. explored the impact of let-7a overexpression on A $\beta$ 1 40-mediated neurotoxicity in PC12 and SK N SH cells. Their findings revealed that increased let-7a expression potentiated the harmful effects of A $\beta$ 1 40 in these cells, resulting in elevated levels of apoptosis. Furthermore, treatment with A $\beta$ 1 40 and overexpression of let-7a led to increased expression of key markers of autophagy, including microtubule-associated protein 1 A/1B LC3, beclin 1, and the LC3 II/I ratio in both cell types. The use of A $\beta$ 1 40 also upregulated the expression of beclin 1, autophagy protein 5 (Atg 5), and Atg 7 mRNA in PC12 cells, which was further enhanced by the overexpression of let-7a. In addition, high levels of let-7a were associated with increased expression of autophagy markers. Furthermore, the presence of A $\beta$ 1 40 increased the levels of p62 protein, a marker of autophagy impairment, and this was further amplified by let-7a overexpression. These results highlight the potential of let-7a to regulate autophagy via the PI3 K/Akt/mTOR signaling pathway. Overall, this study emphasizes the role of let-7a in exacerbating the neurotoxic effects of A $\beta$ 1 40 through the modulation of autophagy and suggests the involvement of the PI3 K/Akt/mTOR pathway in this process (Gu et al. 2017b).

Liu et al. conducted a study utilizing microarray and TaqMan qRT-PCR analyses was conducted to examine changes in miRNA expression in the brains of rabbits developing Alzheimer's disease-like pathology. Researchers analyzed 1,769 miRNA probes and identified 99 present in the rabbit brain, with 57 newly recognized miRNAs in rabbits. Among these, 11 miRNAs exhibited significant changes during the progression of AD-like pathology. Some miRNAs, such as miR-98, miR-125b, miR-30, miR-107, and three members of the let-7 family, displayed expression patterns similar to those observed in human AD samples. However, specific miRNAs like miR-26b, miR-15a, miR-576-3p, and miR-9 showed unique expression profiles in this rabbit model of late-onset AD (LOAD). Notably, miR-26b significantly increased, corresponding with a decrease in leptin levels in



the brains of rabbits fed a cholesterol-rich diet, a common AD model. This finding supports the hypothesis that leptin may regulate miR-26b, with both potentially playing a role in the development of cholesterol-induced AD-like symptoms (Liu et al. 2014).

### Exercise and let7 Family

Taking part in consistent physical activity greatly affects the let7 family of microRNAs. Studies have confirmed that exercise can alter the levels of let-7 miRNAs, specifically in skeletal muscle. This can potentially contribute to the positive effects of exercise on metabolism and cellular processes. In essence, exercise can control let-7 family members, influencing processes such as mitochondrial function and muscle growth (Kuppusamy et al. 2015).

Lin28a and Lin28b are crucial controllers of let-7 levels through their ability to inhibit its maturation (Zhu et al. 2011; Heo et al. 2008). Mice with increased levels of Lin28a/b were shielded from obesity and showed improved glucose tolerance. However, removing Lin28a in skeletal muscle or increasing let-7 levels led to insulin resistance and hindered glucose tolerance, suggesting that elevated let-7 expression has a detrimental effect on mitochondrial metabolism (Zhu et al. 2011).

Araujo et al. proved mice that underwent 8 weeks of aerobic exercise showed a considerable decrease in the expression of let-7b-5p in their skeletal muscles. Conversely, consumption of a high-fat diet resulted in an elevation of let-7b-5p expression. On the other hand, aerobic exercise led to an elevation in the presence of Lin28a, a well-known suppressor of let-7b-5p, while a high-fat diet resulted in a decrease. Correspondingly, analyses of skeletal muscle samples from humans revealed an upregulation of LIN28 and a downregulation of let-7b-5p following aerobic training. Additional investigation uncovered that the genetic makeup of LIN28a is rich in binding sites for PPAR $\delta$ , a widely recognized controller of metabolism during physical activity. Treatment with PPAR $\delta$  activators GW501516 and AICAR increased levels of Lin28a in primary mouse skeletal muscle cells or C2 C12 cells. Co-regulators of PPAR $\delta$  affected the expression of both let-7b-5p and Lin28a. PPAR $\gamma$  coactivator-1 $\alpha$  (PGC1 $\alpha$ ) specifically had an impact on the expression of Lin28a, leading to an increase in its levels. On the other hand, its corepressor NCoR1 played a role in decreasing Lin28a's expression. Furthermore, PGC1 $\alpha$  was found to significantly decrease the expression of let-7b-5p. However, when the PPAR $\delta$  inhibitor GSK0660 was added, it hindered PGC1 $\alpha$ 's ability to induce Lin28a expression. As a result, PPAR $\delta$  depletion decreased Lin28a levels and increased let-7b-5p levels in cells. This was found to impact mitochondrial metabolism through PGC1 $\alpha$  mediation in muscle cells. In brief, our

study confirms PPAR $\delta$ 's regulation of Lin28a-let-7b-5p in skeletal muscle and its impact on mitochondrial respiration (Araujo et al. 2020).

Isanejad et al. studied the impact of the combination of interval exercise training, tamoxifen, and letrozole on the expression levels of miR-21, miR-206, and let-7, and their associated pathways in breast cancer-related tumor angiogenesis in 64 mice. The study utilized ELISA, immunohistochemistry, and qRT-PCR methods. The findings indicated a clear decrease in tumor size among those who underwent exercise training, took tamoxifen or letrozole, in contrast to those in the tumor group. Moreover, the exercise training group exhibited higher levels of Mir-206 and let-7, along with reduced expression of mir-21, compared to the tumor group. This resulted in decreased levels of ER- $\alpha$ , Ki67, CD31, VEGF, and HIF- $\alpha$  within the tumor tissue. When combined with tamoxifen and/or letrozole, exercise training further reduced the expression of HIF-1 $\alpha$ , ER $\alpha$ , miR-21, CD31, TNF- $\alpha$ , VEGF, and Ki67. This combination also increased the expression of PDCD-4, miR-206, IL-10, and let-7, leading to a reduction in angiogenesis and tumor growth. Our findings indicate that the pathways involving miR-21, miR-206, and let-7a may contribute to the anti-angiogenic effects of hormone therapy when used alongside interval exercise training in mice (Isanejad et al. 2016).

Barber et al. made a significant discovery that regular physical activity positively influences nine specific miRNAs. These miRNAs (miR-486-5p, miR-29c-3p, let-7b-5p, miR-93-5p, let-7e-5p, miR-25-3p, miR-7-5p, miR-29b-3p, and miR-92a-3p) demonstrated decreased expression, with fold changes ranging from 0.64 to 83 and p values between 0.0002 and 0.01. Conversely, five other miRNAs (miR-221-3p, miR-142-3p, miR-126-3p, miR-146a-5p, and miR-27b-3p) exhibited increased expression, with fold changes ranging from 1.41 to 3.60 and P values from 0.001 to 0.006. Additionally, these 14 miRNAs were found to influence genes involved in over 345 different biological pathways, further supporting the notion that physical activity affects circulating miRNA levels (Barber et al. 2019).

Kumar Dev et al. explored the connection between aerobic fitness and telomere length in leukocytes. The researchers also studied the effect of intense exercise on regulating miRNA networks in white blood cells, finding a link between telomere length and aerobic fitness. After six weeks of high-intensity interval training, 104 miRNAs showed significant changes and were connected to telomere length through gene co-expression analysis. Enrichment analysis also showed a decrease in miRNAs related to immune response and metabolism, consistent with previous studies. These results indicate that high-intensity interval training has the potential to slow down the aging process through its impact on targeted miRNA pathways (Kumar Dev et al. 2021).

## Cross-Talk Between Exercise and Alzheimer's Disease: Role of let-7 Family, Current Limitations, and Future Direction

The let-7 family of miRNAs controls various cellular functions, particularly those related to AD. Research proved that engaging in physical activity can have a positive effect on brain health. This has been attributed to the impact it has on the expression of let-7 miRNAs and various pathways related to neurodegeneration. However, the exact role of the let-7 miRNA family in the protective benefits of exercise against AD has been a topic of discussion in research. While some studies show a decrease in let-7 expression after exercise, others indicate an increase, leading to uncertainty about its exact impact on AD development and prevention. The involvement of let-7 in the interaction between exercise and AD is complex due to its dual function as both a beneficial and harmful mediator. Research, such as that conducted by Araujo et al., shows that aerobic exercise leads to a decrease in let-7 expression, which is linked to improved mitochondrial and metabolic processes. This suggests that lowering let-7 levels may mitigate its detrimental effects on neuroinflammation and autophagy (Araujo et al. 2020). In contrast, Isanejad et al. noted a rise in let-7 levels under certain circumstances, such as when exercise is combined with hormone therapy. This indicates that the function of let-7 may be influenced by the interplay between exercise and other systemic factors, such as hormonal or metabolic conditions (Isanejad et al. 2016). In AD models, increased expression of let-7 has been associated with heightened neurotoxicity, particularly when A $\beta$  peptides are present. However, alternative research has demonstrated its ability to suppress inflammatory signaling, revealing a situational duality (Gu et al. 2017b). The variability in findings related to let-7 modulation through exercise likely stems from substantial heterogeneity in study designs. Key differences include the type of exercise employed (e.g., aerobic vs. high-intensity interval training), its duration and intensity, as well as the physiological or pathological context of the subjects (e.g., healthy animals, Alzheimer's models, or cancer-bearing mice). For instance, Araujo et al. (2020) reported a reduction in let-7b-5p in skeletal muscle following eight weeks of aerobic exercise, associated with increased Lin28a expression and improved mitochondrial metabolism (Araujo et al. 2020). In contrast, Isanejad et al. (2016) observed elevated let-7 levels when exercise was combined with tamoxifen or letrozole treatment in a breast cancer model, suggesting hormonal modulation may influence miRNA outcomes (Isanejad et al. 2016). Similarly, Barber et al. (2019) found downregulation of let-7b-5p and let-7e-5p after regular physical activity, but also noted

variable responses across multiple miRNAs (Barber et al. 2019).

Other studies differ by the biological compartment analyzed—some assess circulating miRNAs in plasma or cerebrospinal fluid (Liu et al. 2018; Derkow et al. 2018a, b), while others examine expression in muscle (Araujo et al. 2020) or brain tissue (Moustafa et al. 2022). Moreover, methodological differences such as qRT-PCR vs. microarray techniques, the timing of sample collection post-exercise, and normalization strategies for miRNA quantification may contribute to inconsistent results. These discrepancies highlight the need for standardized experimental protocols and careful consideration of context when interpreting the effects of exercise on let-7 miRNA expression.

Exercise, let-7, and AD are intricately linked through various pathways:

**PI3 K/Akt/mTOR Pathway:** The cellular processes of metabolism, autophagy, and survival rely heavily on this pathway. Let-7 regulate PI3 K/Akt/mTOR signaling, typically with a negative impact. However, exercise can activate this pathway to support neuronal survival and clear A $\beta$ . By maintaining a balanced expression of let-7 through exercise, the activity of this pathway can be optimized, potentially reducing neurodegeneration (Gu et al. 2017b; Duan et al. 2013). Key components of the PI3 K/Akt/mTOR pathway are direct targets of let-7 miRNAs. For example, let-7 can suppress phosphorylation events in this pathway, thereby modulating downstream effects like reactive oxygen species (ROS) production and metabolic changes (Wells et al. 2023; Hajibabaei et al. 2023).

**TLR4 and NF- $\kappa$ B Signaling:** Let-7 specifically targets TLR4 mRNA, hindering its translation and moderating inflammatory reactions. The decrease in let-7 levels caused by exercise may seem paradoxical at first, but it could potentially amplify temporary TLR4 function, aiding in the elimination of harmful pathogens or cells. As time passes, this short-lived activity may transition toward anti-inflammatory communication, safeguarding against persistent neuroinflammation (Chen et al. 2007). TLR4 activation in microglia leads to a pro-inflammatory response against amyloid-beta (A $\beta$ ), resulting in neuronal cell death. Let-7 indirectly modulates this pathway by altering cytokine profiles (Adhikarla et al. 2021; Fiebich et al. 2018). On the other hand, aerobic exercise decreases TLR4 expression in the spleen, leading to reduced inflammatory responses, and studies showed that treadmill training attenuates overexpression of TLR2, TLR4, MyD88, and NF- $\kappa$ B in a stroke model, providing neuroprotection (Ma et al. 2013; Chen et al. 2016). Let-7 miRNAs, particularly let-7b, act as extracellular signaling molecules that activate Toll-like receptors (e.g., TLR7) on microglia and neurons, leading to NF- $\kappa$ B activation. This results in

the production of pro-inflammatory cytokines, such as TNF- $\alpha$ , IL-1 $\beta$ , and IL-6, which exacerbate neurodegeneration (Kou et al. 2020; Liang and Wang 2021).

**Mitochondrial Biogenesis:** Physical activity improves mitochondrial function through the PPAR $\delta$  and PGC1 $\alpha$  pathways, which are suppressed by let-7. By controlling the levels of let-7, physical activity may protect neuronal mitochondria and promote energy production, potentially mitigating metabolic dysfunction associated with AD (Araujo et al. 2020).

The interplay between physical activity, let-7, and AD poses both challenges and possibilities for further investigation. Future research should explore the impact of variables such as age, gender, genetic predisposition, and disease progression on the effects of exercise on let-7. This could aid in identifying specific groups of patients who may benefit from targeted interventions. Further studies should also concentrate on examining how exercise influences let-7 expression in the central nervous system. Utilizing advanced imaging and molecular methods could uncover the mechanisms by which exercise affects let-7 levels in crucial brain regions like the hippocampus and cortex. Prior studies offer limited insight into the continuous changes in let-7 patterns. To fully understand the impact of exercise, it is necessary to conduct long-term investigations that evaluate whether it yields lasting benefits or alters let-7 pathways. Stratified clinical trials should be designed to assess the role of variables such as age (e.g., < 60 vs. > 60 years), sex (including hormone status), APOE- $\epsilon$ 4 genotype, and disease stage (mild cognitive impairment vs. moderate AD) in shaping let-7 responses to aerobic or resistance training. Randomized controlled trials (RCTs) with intervention durations of at least 6–12 months would allow for evaluation of both short- and long-term changes in let-7 expression and cognitive outcomes. To enhance translational relevance, combined interventions that pair exercise with pharmacological agents targeting let-7 pathways (e.g., Lin28a agonists, TLR7 inhibitors) should be explored in AD mouse models and subsequently in Phase I/II clinical trials assessing safety, tolerability, and preliminary efficacy.

Taken all together, the let-7 family exhibits both neuroprotective and neurotoxic effects depending on cellular context, expression levels, and interacting pathways. On one hand, downregulation of let-7—especially let-7b and let-7e—has been associated with improved mitochondrial metabolism and reduced inflammation, particularly when modulated through physical exercise (Okamura et al. 2021; Li and Liao 2021). Let-7 suppression may support autophagy and neuronal survival by activating PI3 K/Akt/mTOR signaling (Roy 2021; Wang et al. 2022). However, overexpression of specific let-7 isoforms, such as let-7a

and let-7b, can exacerbate A $\beta$ -induced neurotoxicity, promote apoptosis, and disrupt autophagic flux (Zhao et al. 2019; Gu et al. 2017b). These findings suggest that intracellular let-7 may have regulatory and protective functions, while extracellular let-7 acts as a danger-associated molecular pattern (DAMP), contributing to neuroinflammation and neuronal loss. Furthermore, the expression and function of let-7 may be influenced by other factors, such as hormone levels, metabolic state, and regional brain differences, which complicates its role and underscores the need for context-specific therapeutic targeting.

Examining the potential synergies between exercise and pharmaceuticals targeting let-7, such as Lin28a modulators, could improve treatment outcomes. By optimizing let-7 levels, these combined therapies may enhance neuroprotection while minimizing potential hazards. By combining transcriptomic, proteomic, and metabolomic data, a thorough understanding of the impact of let-7 on exercise-induced neuroprotection can be achieved. This method would aid in identifying both the factors that control let-7 and its downstream effects in relation to AD. To bridge the gap between laboratory findings and practical use, it is crucial to align human clinical trials and animal studies. This will ensure that exercise regimens targeting let-7 are not only efficient but also safe for real-world applications.

While preclinical studies offer compelling insights into the regulatory role of let-7 miRNAs in AD-related neurodegeneration, translating these findings into clinical practice remains a significant challenge. Elevated levels of specific let-7 family members, particularly let-7b and let-7e, in the CSF of AD patients suggest potential utility as non-invasive diagnostic or prognostic biomarkers (van Harten et al. 2015; Derkow et al. 2018a, b). Combining let-7 quantification with traditional markers such as A $\beta$ 42, total tau, and phosphorylated tau has been shown to improve diagnostic accuracy, potentially aiding in earlier detection or monitoring of disease progression (Talemi et al. 2023; Derkow et al. 2018a, b). Moreover, the modulation of let-7 through lifestyle interventions like aerobic exercise introduces a promising avenue for personalized, non-pharmacological treatment strategies. However, the dual role of let-7—both protective and detrimental depending on context—underscores the need for careful therapeutic targeting. Future clinical research should focus on longitudinal studies that correlate let-7 expression profiles with disease trajectory, treatment response, and patient outcomes, paving the way for let-7-based precision medicine approaches in AD care.

Table 1 demonstrates the multifaceted functions of Let-7, illustrating its impact on AD development and the protective benefits of physical activity.

**Table 1** Dual role of Let-7 in exercise and Alzheimer's disease

Aspect	Role of Let-7 in Alzheimer's disease (AD)	Role of Let-7 in exercise
Neuroinflammation	Targets Toll-like receptors (e.g., TLR4) to regulate inflammatory responses Dysregulation exacerbates neuroinflammation	Downregulation reduces chronic inflammation Modulates TLR4 signaling, potentially balancing inflammation post-exercise
Autophagy and A $\beta$ Clearance	Enhances neurotoxicity by impairing autophagy Promotes accumulation of $\beta$ -amyloid (A $\beta$ ) peptides	Downregulation promotes autophagy, aiding in protein turnover and clearance of damaged cellular components
Mitochondrial Function	Negatively regulates mitochondrial metabolism via PI3 K/Akt/mTOR pathways Contributes to energy deficits in neurons	Downregulation improves mitochondrial function Exercise enhances mitochondrial biogenesis through let-7 modulation
Neurotoxicity	Overexpression exacerbates A $\beta$ -induced neurotoxicity Increases apoptosis and cell death	Downregulation through exercise may counteract neurotoxic pathways Protective effects mediated via improved cellular resilience
TLR4 Signaling	Dysregulated let-7 increases TLR4 activity, promoting chronic inflammation	Exercise-induced changes in let-7 modulate TLR4 activity, transitioning from acute inflammatory responses to resolution phases
CNS-Specific Effects	Elevated levels in cerebrospinal fluid (e.g., let-7b and let-7e) serve as biomarkers for AD May influence tau pathology	Changes in peripheral let-7 levels may indirectly affect CNS signaling and neuroprotection via systemic pathways
Impact on Cell Survival	Dysregulated let-7 impacts PI3 K/Akt signaling, impairing cell survival mechanisms	Exercise-induced modulation restores balance in survival pathways, promoting neuroprotection and resilience
Pathway Regulation	Targets genes like PI3 K, Akt, mTOR, and TLR4 in neural and inflammatory signaling pathways	Exercise influences these pathways by altering let-7 expression, facilitating neuroprotective and anti-inflammatory responses
Context-Dependent Roles	Can act as both a tumor suppressor and an oncogene depending on cellular context Similar dual roles in AD pathogenesis	Let-7's expression varies based on exercise type, intensity, and duration, highlighting its complex regulation in exercise

## Conclusion

The interaction between physical activity and AD through let-7 is a promising yet intricate field of study. Let-7 serves as a mediator for important pathways related to neuroinflammation, autophagy, and mitochondrial function, all of which contribute to the development of AD. Exercise has the ability to influence let-7 levels, resulting in beneficial effects for brain health. Further research is crucial to fully comprehend the impact of let-7 on neurodegenerative disorders, even though current results may not align. By resolving these discrepancies and delving into the complex relationships between exercise, let-7, and AD, future studies can lead to novel approaches for addressing neurodegenerative diseases.

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## Declarations

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**Ethical Approval** Not applicable.

**Consent to Participate** Not applicable.

**Consent for Publication** Not applicable.

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