



Molecular Basis of Tumor Progression in Human Cancers

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DESCRIPTION

Tumor progression is a complex, multistep process through which normal cells evolve into malignant, invasive, and metastatic cancer cells. This transformation is driven by the accumulation of genetic and epigenetic alterations that confer selective growth advantages, enabling cells to evade normal regulatory mechanisms. The process is not linear but dynamic, involving interactions between tumor cells and their surrounding microenvironment, which together shape disease development and clinical outcomes [1].

The initiation of tumor progression typically begins with genetic mutations in key regulatory genes, including oncogenes, tumor suppressor genes, and DNA repair genes. These mutations may arise due to endogenous factors such as replication errors or exogenous influences like chemical carcinogens, radiation, or viral infections. As these alterations accumulate, cells acquire hallmark capabilities such as sustained proliferative signaling, resistance to cell death, and replicative immortality. Importantly, genomic instability accelerates this process by increasing mutation rates, thereby promoting tumor heterogeneity.

Clonal expansion is a critical feature of tumor progression. A single mutated cell can give rise to a population of genetically diverse progeny through successive rounds of mutation and selection. This intratumoral heterogeneity enables tumors to adapt to changing environmental conditions, including hypoxia and nutrient deprivation. Sub clones with advantageous traits, such as increased proliferation or resistance to apoptosis, are preferentially selected, leading to tumor evolution. This diversity also poses significant challenges for treatment, as different subpopulations may respond differently to therapeutic interventions [2].

The tumor microenvironment plays a pivotal role in facilitating progression. It consists of various non-malignant cells, including fibroblasts, immune cells, endothelial cells, and components of the extracellular matrix. These elements interact with tumor cells through signaling pathways that promote growth, survival, and invasion. For instance, cancer-associated fibroblasts secrete

growth factors and cytokines that enhance tumor cell proliferation, while immune cells can either suppress or promote tumor growth depending on their functional state. Chronic inflammation, in particular, is recognized as a key driver of tumor progression, providing a milieu rich in pro-tumorigenic signals [3-6].

Angiogenesis, the formation of new blood vessels, is another essential step in tumor progression. As tumors grow beyond a certain size, they require an adequate blood supply to obtain oxygen and nutrients. Tumor cells achieve this by secreting angiogenic factors that stimulate the growth of new vasculature. This neovascularization not only supports tumor expansion but also facilitates the dissemination of cancer cells into the circulation, a prerequisite for metastasis.

Metastasis represents the most advanced stage of tumor progression and is responsible for the majority of cancer-related deaths. It involves a series of coordinated steps, including local invasion, intravasation into blood or lymphatic vessels, survival in the circulation, extravasation into distant tissues, and colonization of secondary sites. Each of these steps requires specific molecular and cellular adaptations. For example, epithelial-mesenchymal transition enables tumor cells to acquire migratory and invasive properties, while interactions with platelets and immune cells help them evade immune surveillance during transit [7-10].

Epigenetic modifications also contribute significantly to tumor progression by regulating gene expression without altering the underlying DNA sequence. Changes such as DNA methylation, histone modification, and non-coding RNA expression can activate oncogenic pathways or silence tumor suppressor genes. These reversible alterations provide an additional layer of complexity and represent potential targets for therapeutic intervention.

Understanding tumor progression has profound implications for cancer diagnosis, prognosis, and treatment. Advances in molecular biology and high-throughput sequencing technologies have revealed the intricate networks that drive tumor evolution. This knowledge has led to the development of targeted therapies

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and immunotherapies aimed at specific molecular alterations. However, the adaptive nature of tumors often leads to therapeutic resistance, underscoring the need for combination strategies and personalized approaches.

In conclusion, tumor progression is a multifaceted process involving genetic mutations, clonal selection, microenvironmental interactions, and systemic dissemination. Continued research into the mechanisms underlying this process is essential for improving cancer prevention, early detection, and treatment strategies, ultimately reducing the global burden of cancer.

REFERENCES

1. Luchini C, Capelli P, Scarpa A. Pancreatic ductal adenocarcinoma and its variants. *Radiographics*. 2016;9(4):547-560.
2. Dworakowska D, Grossman AB. Aggressive and malignant pituitary tumours: state-of-the-art. *Endocr Relat Cancer*. 2018;25(11):559-575.
3. Kamisawa T, Wood LD, Itoi T, Takaori K. Pancreatic cancer. *Lancet*. 2016;388(10039):73-85.
4. Sipos B, Frank S, Gress T, Hahn S, Klöppel G. Pancreatic intraepithelial neoplasia revisited and updated. *Pancreatology*. 2009;9(1-2):45-54.
5. Macleod K. Tumor suppressor genes. *Science*. 2000;10(1):81-93.
6. Jang JG, Jung HH, Suh KS, Kim ST. Desmoplastic fibroblastoma (collagenous fibroma). *Cancer Diagn Progn*. 1999;21(3):256-258.
7. Kortylewski M, Yu H. Role of Stat3 in suppressing anti-tumor immunity. *Curr Opin Immunol*. 2008;20(2):228-233.
8. Aird WC. Molecular heterogeneity of tumor endothelium. *Cell Tissue Res*. 2009;335(1):271-281.
9. Till SJ, Francis JN, Nouri-Aria K, Durham SR. Mechanisms of immunotherapy. *J. Allergy Clin. Immunol*. 2004;113(6):1025-1034.
10. Chan TC, Bala C, Siu A, Wan F, White A. Risk factors for rapid glaucoma disease progression. *Am J Ophthalmol*. 2017;180(1):151-157.