

Review

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Precision in Practice: Nanotechnology and Targeted Therapies for Personalized Care

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Remieri

Precision in Practice: Nanotechnology and Targeted Therapies for Personalized Care

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Abstract: Customization of medicine has made healthcare even more personalized, enhancing therapeutical efficiency with low adverse effects. It can be achieved through an innovative tool that has reached unprecedented abilities through the process of nanotechnology in targeted drug delivery, advanced diagnostics, and therapeutic systems. This makes a review on the integration of nanotechnology with personalized medicine-including historical considerations towards applications in today's contexts up to future perspectives. The targeting of diseased tissues has proven to be tremendous, considering a combination of both passive and active targeting mechanisms that nanospheres assume the form of liposomes, dendrimers, or polymeric micelles. Quantum dots and nanosensors have revolutionized the area of diagnostics, enabling detection at an earliest possible stage with real-time monitoring, changing patient care forever. Theranostic platforms, integrating therapeutic agents with diagnostic tools, really reveal the dynamic ability to customize treatments. Despite these strides forward, the critical problems to be overcome are those related to biological complexity, barriers caused by regulation, and eventual long-term toxicities. Biocompatible biodegradable nanocarrier research and responsive system explorations will help move such applications forward in a positive fashion toward better and safer designs. The joining of wearable nanotechnology to a nanoparticle-enabled gene delivery system is probably going to move standards of care. This review outlines the crucial role nanotechnology is playing in moving personalized medicine forward, from bridging diagnosis to therapy and filling the gap of heterogeneity in disease. But a lot more is to come because it holds promise for a revolution in healthcare ever more precise, adaptable, and patient-centered with innovation and interdisciplinary collaboration continuing.

Keywords: theranostics; diagnostics; quantum dots; biodegradable nanocarriers; personalized medicine

1. Introduction

Personalized medicine is the new paradigm in health care where prescription of treatments considers individual patient-specific genetic, environmental, and lifestyle characteristics. This offers more effective treatment with fewer side effects than the traditional "one-size-fits-all" approach. Advances in genomic technologies and molecular profiling have been key to this end, as they have made it possible to determine patient-specific biomarkers and pathways for treatment [1,4].

Nanotechnology has now become a key to an enabling tool in personalized medicine both in therapeutics and diagnostics. The nanoscale of nanotechnology makes it possible to prepare nanoparticles with extraordinary physicochemical properties such as extremely large surface-area-to-volume ratios and functionalities that can be designed. Thus, these nanoparticles may serve as useful vectors for targeted drug delivery, imaging, and even theranostic purposes [6,10].

Nanocarriers which include liposomes, dendrimers and polymeric nanoparticles, have been used in the oncological field as it has facilitated the delivering chemotherapeutic agents right at the target site. Here nanocarriers, are used upon the concept of EPR effect hence eliminating the systemic toxicity and maximizing the therapy potential [3,7]. In Cardiovascular, Neurological and Infections,

it has become one of the important precursors that can allow early diagnosis and individualized treatments [8,12].

This could provide the new avenues toward answering the problem of heterogeneity in the disease, as this often leads to a targeted and adaptive therapy for patients diagnosed with cancer diseases [13].

This article delineates how nanotechnology works together with personalized medicine so that through this combination it provides the solutions to health care. By using nanotechnology, diseases that are very heterogeneous with therapy resistance might not pose major challenges in managing modern medicines [2,5].

2. Personalized Medicine and Nanotechnology

2.1. Evolution, Challenges, and Applications of Nanotechnology in Precision Care

Personalized medicine is a response to the failure of generalized, traditional treatments to address patient needs. With the advancement of genomics and proteomics, personalized medicine can target specific molecular pathways for every patient. The uniqueness of nanotechnology has also significantly contributed to the advancement of personalized medicine, by offering drug delivery, diagnostics, and theranostics with great precision [11,12].

One of the more important applications of nanotechnology is in drug delivery systems. Nanoparticles, especially liposomes, dendrimers, and polymeric micelles, enable targeted drug delivery into diseased tissues with the least damage to healthy cells. Nanoparticle delivery systems are increasingly being used for enhancing drug bioavailability and specificity, particularly in the treatment of cancer [7].

These NPs can exploit the EPR effect selectively to localize drugs at tumor sites by improving therapeutic efficacy while significantly reducing systemic toxicity [13,14]. For instance, Doxil is one of the liposomal preparations of doxorubicin for clinical applications in specific therapies for cancers with significantly reduced levels of cardiotoxicity in patients [15].

Despite all these, several challenges lie ahead. The biological complexity of disease, such as cancer, results in heterogeneous drug response even when nanotechnology is involved. Issues of great concern are the biocompatibility and long-term toxicity of the nanoparticles. Regulatory hurdles further delay the bench-to-bedside translation of nanomedicine [16,17]. These will require great interdisciplinary collaborations between material scientists, clinicians, and regulatory agencies.

Diagnosis also requires nanotechnology equally. Quantum dots and magnetic nanoparticles have advanced the imaging modality to such an extent with better resolution and real-time monitoring of disease progression [18,19]. Similarly, the personal care horizon has changed with the arrival of theranostic platforms, which integrate diagnosis and therapy into one system. Such systems allow real-time feedback regarding the efficacy of the treatment so that clinicians may adapt the therapeutic strategies in real-time [20].

The heterogeneity of solid tumors poses significant challenges for the delivery of effective nanomedicine and calls for innovative approaches to increase penetration and retention [29].

The delivery of nanomedicine to solid tumors faces a barrier of biological barriers such as dense stroma and poor vascularization that prevent efficient drug delivery [54].

Conclusion This is a new direction for health care. The development of nanotechnology has allowed precision in interventions, tailored to a specific patient and thus addressing heterogeneity in disease; nanotechnology is leading the future in precision care [21,22].

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 Table 1. Nanotechnology in Personalized Medicine: Evolution, Applications, and Challenges.

Aspect	Description	Examples/Remarks	References
Evolution of Personalized Medicine	Driven by advances in genomics and proteomics, focusing on patient-specific molecular pathways for precise interventions.	Nanotechnology contributes significantly through precise drug delivery and theranostics.	[11,12]
Drug Delivery Systems	Nanoparticles like liposomes, dendrimers, and polymeric micelles enable targeted drug delivery, enhancing drug bioavailability and specificity.	E.g., Doxil minimizes cardiotoxicity in cancer treatment.	[7], [13–15]
EPR Effect	Enhanced Permeability and Retention (EPR) effect localizes drugs at tumor sites, improving therapeutic efficacy and reducing systemic toxicity.	Widely utilized in cancer nanomedicine.	[13,14]
Diagnostics	Quantum dots and magnetic nanoparticles improve imaging resolution and enable real-time monitoring of disease progression.	Facilitates dynamic assessment of disease states.	[18,19]
Theranostics	Combines therapeutic and diagnostic functions, providing real-time feedback on treatment efficacy and enabling adaptive strategies.	A pivotal innovation in precision care.	[20]

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	Includes disease heterogeneity,		
		Requires interdisciplinary	
Challenges in	biocompatibility, long-term		
		collaborations for effective	[16,17]
Nanomedicine	toxicity concerns, and regulatory		
		solutions.	
	hurdles.		

3. Targeted Drug Delivery with Nanotechnology

3.1. Key Systems and Strategies in Nanoparticle-Mediated Therapies

Nanoparticle-based drug delivery systems have changed targeted therapies through the improvement of bioavailability, reduction in systemic toxicity, and increased therapeutic efficacy. These systems rely on specific nanoscale properties to deliver drugs directly to diseased tissues, avoiding off-target effects. Among all these systems, it is liposomes, dendrimers, and polymeric nanoparticles that lead nanomedicine [23-25].

Liposomes are very useful pharmaceutical carriers that offer versatile platforms to encapsulate either hydrophilic or hydrophobic drugs reducing systemic toxicity [3].

Table 2. Overview of Liposomal Nanocarriers in Drug Delivery.

Feature	Description	Examples/Remarks	References
Туре	Liposomes, one of the earliest and widely utilized nanocarriers.	Recognized for their versatility in drug delivery.	[3,26]
Key Characteristics	Biocompatible and capable of encapsulating both hydrophilic and hydrophobic drugs.	Supports broad-spectrum drug delivery applications.	[3]
Surface Modifications	Incorporation of PEGylation enhances stability and prolongs circulation time in the bloodstream.	Improves pharmacokinetic profile and targeting efficiency.	[26,27]
Clinical Example	Doxil, a liposomal formulation of doxorubicin, reduces cardiotoxicity and targets tumors.	A notable success in clinical oncology applications.	[26,27]
Recent Advancements	Innovations in liposomal systems emphasize their role in targeted drug delivery.	Highlighted as a key approach in modern therapeutic research.	[1,28]

Nanoparticle-aptamer conjugates present a promising opportunity for cell-selective drug delivery in oncology [58]. Dendrimers, highly branched structures resembling trees, allow exact drug loading; therefore these are the perfect agents for delivery of anticancer agents [29,30].

On the contrary, polymeric nanoparticles have excellent stability with controlled drug release profiles. These nanoparticles may be designed to have a response toward stimuli that could be pH-or temperature-dependent to achieve localised drug release within the disease tissue. As for example, in vesicular nano-carriers, such as liposomes, the work on those continues to widen its horizon in precision care. For instance, great importance in respiratory health management [2,31].

The EPR effect has been the foundation for nanoparticle-based therapies where nanoparticles can be concentrated at the site of tumors since the leaky vasculature in tumors enhances the drug concentration at the targeted site [32,33]. The most common active targeting strategy involves ligand-functionalized nanoparticles that increase specificity through receptor binding to overexpressed receptors on tumor cells [34,35].

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Feature	Details	References	
Nanoparticle-Aptamer Conjugates	Strategy for achieving cell-specific drug delivery in oncology, offering precise targeting for cancer therapies.	[58]	
Dendrimers	Highly branched, tree-like structures with high drug-loading capacity, ideal for delivering anticancer agents.	[29,30]	
Polymeric Nanoparticles	Engineered nanoparticles that respond to specific stimuli (e.g., pH or temperature) for controlled, localized drug release in diseased tissues.	[2,31]	
Vesicular Nano-Carriers (Liposomal Systems)	Nano-carriers expanding in precision care, particularly in the management of respiratory health.	[2,31]	

Table 3. Nanoparticle-Based Drug Delivery Systems in Oncology.

The shift from passive to active targeting in nanocarrier systems has marked a new era in cancer treatment, improving precision and minimizing off-target effects [14].

The styrene-co-maleic acid micellar system has demonstrated effectiveness in tumor-targeted drug delivery, leveraging the EPR effect to improve therapeutic outcomes [9].

While these systems have shown significant promise, challenges remain. Ensuring the biocompatibility and biodegradability of nanocarriers, overcoming multidrug resistance mechanisms, and achieving regulatory approval for clinical use are critical areas of ongoing research [36,37]. Despite these hurdles, the potential of nanoparticle-mediated therapies to transform targeted drug delivery is undeniable, offering new hope for patients with complex and resistant diseases [38,39].

4. Diagnostic and Theranostic Applications

4.1. Nanotechnology's Role in Diagnostics and Combined Therapeutic Approaches

Nanotechnology has fundamentally transformed the landscape of diagnostics and theranostics, providing tools for early disease detection and simultaneous therapy. The convergence of therapeutic and diagnostic functionalities in theranostics represents a significant advancement in precision medicine, enabling real-time monitoring and adaptive treatment strategies [40,41].

Table 4. Role of Nanotechnology in Diagnostics and Theranostics.

Feature	Description	Examples/Remarks	References
	Convergence of therapeutic and	Combines diagnostics	
Theranostics	diagnostic functions, enhancing	and therapy for	[40,41]
Theranostics	precision medicine. Enables real-time	advanced medical	[40,41]
	monitoring and adaptive treatment.	approaches.	
	Nanoparticles with unique optical	Ideal for high-	
Quantum	properties like brightness and	resolution cellular	[42,43]
Dots (QDs)	photostability, used in imaging and	imaging and target	[42,43]
	biomarker detection.	tracking.	
Magnetic	Enhance contrast in magnetic resonance	Used for improving	
	imaging (MRI) and enable targeted drug	MRI imaging and	[44]
Nanoparticles	delivery.	targeted therapies.	

With properties such as brightness and photostability, QDs stand as promising diagnostics tools in the fields of imaging and biomarker detection. Such nanoparticles form the foundation of high resolution cellular imaging and tracking targeted molecules in complex biological systems [42,43]. Magnetic nanoparticles are also potential candidates with applications including enhancing contrast with MRI and targeting drug delivery capabilities [44].

The use of nanotechnology in forming the most exciting applications would be the theranostic platforms. This system contains therapeutic agents and imaging components within one nanoparticle. This then allows the clinicians to monitor real-time drug release, target-site accumulation, and therapeutic response. An example is conjugated nanoparticles carrying anticancer drugs along with fluorescent markers, thereby enhancing treatment efficacy by performing tumor imaging and drug delivery at the same time [45,46].

The other avenues of improvement for nanocarriers are the application in theranostics of diseases that are not related to cancer. In the cardiovascular and neurological disorders, multifunctional nanoparticles have shown great promises in targeting the atherosclerotic plaque as well as in delivering the neuroprotective agents [47,48]. Oral delivery platforms such as mouthdissolving films and effervescent-based platforms have proved efficient in localized drug delivery for the treatment of specified therapeutic needs [6,49].

Despite all such innovations, challenges still continue in nanoparticle stability, biocompatibility, and regulatory compliance. Scalability of the theranostic systems to mass produce the system is also a challenge. Multidisciplinary approaches and robust clinical trials need to be addressed for such challenges [50,51].

Nanotechnology steadily redraws the map of diagnostics and theranostics, moving towards earlier points of detection, precision targeting, and adaptive therapies. Once the more improved research comes about they would fill more gaps between actual diagnosis and treatment steps to come up with tailored and effective health solutions [52,53].

Some other application of nanotechnology on cancer is beyond therapy, but they work on innovations towards trackable biomarkers along with therapeutic monitoring [55].

Multifunctional nanocarriers have emerged as potent tools in precision medicine by integrating in one the functionalities of diagnosis and therapy [57].

5. Clinical Applications and Future Directions

5.1. Real-World Applications and Future Prospects for Nanomedicine in Personalized Care

Nanomedicine has well settled into the clinical applications because it is able to overcome the longstanding challenges in therapeutic precision, drug delivery, and diagnostics. Some of the most significant among these developments include nanoparticle-mediated drug delivery systems and theranostic platforms that integrate therapeutic and diagnostic functions to achieve a holistic approach to personalized care [13,23,31,56].

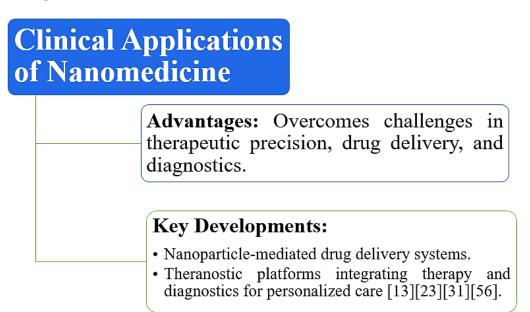


Figure 1. Clinical Application of Nano -Medicine.

Some of the best examples of the successful application of nanomedicine in the treatment of oncology are Doxil and albumin-bound paclitaxel, Abraxane. Formulations have relied on the passive targeting mechanisms such as the EPR effect to concentrate chemotherapeutic agents at the tumor sites while sparing healthy tissues [25,60]. Active targeting strategies such as nanoparticles conjugated with ligands, such as folic acid or HER2-specific antibodies, have further improved precision in drug delivery [32,59].

A more advanced platform for nanomedicine. It refers to the confluence of a therapeutic payload and a diagnostic imaging agent into one system of the nanoparticle. Such systems can track in real-time delivery of drugs and therapeutic efficiency. They may provide personally tailored treatment plans that change their dynamic response based on patient conditions. For instance, quantum dots conjugated with anticancer agents offer real-time imaging of tumors combined with therapy, thus enhancing the accuracy of treatment [42,45]. Multifunctional nanoparticles are being increasingly

applied to non-oncological conditions, such as targeting atherosclerotic plaques in cardiovascular disease and the delivery of neuroprotective drugs across the blood-brain barrier [47,48].

Besides therapeutic applications, nanomedicine is a driver of innovation in patient monitoring and prevention. Real-time monitoring of biomarkers that will lead to the early detection of diseases and monitoring of the efficacy of treatments will be possible with wearable nanotechnology devices that have incorporated nanosensors [61,63]. This is exactly what precision medicine calls for: a shift from reactive healthcare to proactive healthcare.



Figure 2. Future of Nanomedicine: Challenges and Innovations.

The future of nanomedicine lies in the resolution of the existing challenges, which include scalability of nanoparticles, regulatory approval, and the potential long-term toxicities. The stimuli-responsive nanoparticles, which release drugs in response to specific triggers such as pH or temperature, are designed to further improve therapeutic efficacy [33,62]. Biodegradable nanocarriers will also address issues related to long-term safety and environmental impact [34,63].

Where challenges lie, nanotechnology integration within clinics makes the way for customized healthcare as it delivers exacting, adaptable, and cost-effective health care [44,63].

6. Conclusions

Nanotechnology can greatly revolutionize the paradigm of personalizing medicine since it builds on the failures of the "one-size-fits-all" traditional approach. It allows for precision diagnostics, targeted therapies, and real-time monitoring, hence absolutely complementing the objective of personalized care. This review discusses the progress made in nanotechnology, its applications, problems, and future directions regarding the advancement of precision medicine.

This has been propelled forward by the special promise of nanotechnology both for targeted delivery of therapeutic agents and diagnostics. In this regard, there have been excellent performances by liposomes, dendrimers, and polymeric nanoparticles in effectively targeting diseased sites through low systemic toxicity with enhanced therapeutic efficacy. The basis for the EPR effect so far has remained intact as improvements for targeted delivery involved active approaches such as ligand-functionalized nanoparticles as well as nanoparticle aptamer conjugates [3,7,13,25].

Diagnostically, nanotechnology is transformative, and a quantum dot, magnetic nanoparticle, and nanosensor enable an unprecedented ability to detect diseases and monitor them. There exists

unprecedented resolution in imaging diagnostics, where early diagnosis of preparation of personalized treatments become accessible. A theranostic platform that brings along the functionalities of both diagnosis and therapy signifies an unprecedented advance as it allows insight into efficacy in real-time and permits adaptive treatment [42,43,57].

Such achievements, however, still pose a set of problems. For instance, cancer, biological complexity, and heterogeneous patient responses indicate the need for more efficient and flexible nanotechnology approaches in treating such diseases. Other issues are specific regulatory matters, long-term toxicities, and scaling that may restrain more widespread acceptance of nanomedicine. Scientists have shown keen interest in the study of biodegradable and stimuli-responsive nanoparticles in overcoming such issues and facilitating safer clinical application [29,54,62].

The future of nanotechnology in personalized medicine is bright. Promising innovations are on the horizon for redefining standards of care. Real-time monitoring of wearable nanotechnology, gene delivery systems enabled by nanoparticles, and personalized theranostic platforms are promising to redefine the face of disease management and treatment. Translating these advancements will call for critical collaboration among the researchers, clinicians, and regulatory authorities to make it accessible, affordable, and impactful healthcare solutions [59,63].

This application of nanotechnology has thus been extended from the domain of potential promise into actual clinical outcome in meeting complexity associated with precision medicine. As such treatments can now be designed and executed to greatest optimality according to their patient-specific profiles, so indeed it sets very important perspectives regarding the future of medicine. Despite these challenges, continued exploration and integration of nanotechnology into personal care will surely bring transformative breakthroughs that propel us closer to the long-term goal of truly individualized medicine.

References

- 1. Maeda, H., Wu, J., Sawa, T., Matsumura, Y., & Hori, K. (2000). Tumor vascular permeability and the EPR effect in macromolecular therapeutics: A review. Journal of Controlled Release, 65(1-2), 271–284. https://doi.org/10.1016/S0168-3659(99)00248-5
- 2. Davis, M. E., Chen, Z., & Shin, D. M. (2008). Nanoparticle therapeutics: An emerging treatment modality for cancer. Nature Reviews Drug Discovery, 7(9), 771–782. https://doi.org/10.1038/nrd2614
- 3. Torchilin, V. P. (2005). Recent advances with liposomes as pharmaceutical carriers. Nature Reviews Drug Discovery, 4(2), 145–160. https://doi.org/10.1038/nrd1632
- 4. Jain, R. K., & Stylianopoulos, T. (2010). Delivering nanomedicine to solid tumors. Nature Reviews Clinical Oncology, 7(11), 653–664. https://doi.org/10.1038/nrclinonc.2010.139
- 5. Peer, D., Karp, J. M., Hong, S., Farokhzad, O. C., Margalit, R., & Langer, R. (2007). Nanocarriers as an emerging platform for cancer therapy. Nature Nanotechnology, 2(12), 751–760. https://doi.org/10.1038/nnano.2007.387
- 6. Matsumura, Y., & Maeda, H. (1986). A new concept for macromolecular therapeutics in cancer chemotherapy: Mechanism of tumoritropic accumulation of proteins and the antitumor agent smancs. Cancer Research, 46(12), 6387–6392.
- 7. Wang, A. Z., Langer, R., & Farokhzad, O. C. (2012). Nanoparticle delivery of cancer drugs. Annual Review of Medicine, 63, 185–198. https://doi.org/10.1146/annurev-med-040210-162544
- 8. Sengupta, S., & Benjamin, L. E. (2007). Nanotechnology for cancer therapy: Hype or hope? Nature Medicine, 13(8), 929–935. https://doi.org/10.1038/nm1609
- 9. Alexis, F., Pridgen, E., Molnar, L. K., & Farokhzad, O. C. (2008). Factors affecting the clearance and biodistribution of polymeric nanoparticles. Molecular Pharmaceutics, 5(4), 505–515. https://doi.org/10.1021/mp800051m
- 10. Sun, T. M., Zhang, Y. S., Pang, B., Hyun, D. C., Yang, M., & Xia, Y. (2014). Engineered nanoparticles for drug delivery in cancer therapy. Angewandte Chemie International Edition, 53(46), 12320–12364. https://doi.org/10.1002/anie.201403036
- 11. Sykes, E. A., et al. (2014). Tailoring nanoparticles for personalized cancer therapies. Nature Nanotechnology, 9(10), 821–823. https://doi.org/10.1038/nnano.2014.198
- 12. Sun, T. M., Zhang, Y. S., Pang, B., Hyun, D. C., Yang, M., & Xia, Y. (2014). Engineered nanoparticles for drug delivery in cancer therapy. Angewandte Chemie International Edition, 53(46), 12320–12364. https://doi.org/10.1002/anie.201403036
- 13. Ferrari, M. (2005). Cancer nanotechnology: Opportunities and challenges. Nature Reviews Cancer, 5(3), 161–171. https://doi.org/10.1038/nrc1566
- 14. Bertrand, N., Wu, J., Xu, X., Kamaly, N., & Farokhzad, O. C. (2014). Cancer nanotechnology: The impact of passive and active targeting in the era of modern cancer biology. Advanced Drug Delivery Reviews, 66, 2–25. https://doi.org/10.1016/j.addr.2013.11.009
- 15. Torchilin, V. P. (2006). Multifunctional nanocarriers. Advanced Drug Delivery Reviews, 58(14), 1532–1555. https://doi.org/10.1016/j.addr.2006.09.009
- 16. Farokhzad, O. C., Cheng, J., Teply, B. A., Sherifi, I., Jon, S., Kantoff, P. W., Richie, J. P., & Langer, R. (2006). Targeted nanoparticle-aptamer bioconjugates for cancer chemotherapy in vivo. Proceedings of the National Academy of Sciences, 103(16), 6315–6320. https://doi.org/10.1073/pnas.0601755103
- 17. Jain, R. K. (2001). Delivery of molecular and cellular medicine to solid tumors. Advanced Drug Delivery Reviews, 46(1-3), 149–168. https://doi.org/10.1016/S0169-409X(00)00130-7
- 18. Nie, S., Xing, Y., Kim, G. J., & Simons, J. W. (2007). Nanotechnology applications in cancer. Annual Review of Biomedical Engineering, 9, 257–288. https://doi.org/10.1146/annurev.bioeng.9.060906.151944
- 19. Park, K., & Kang, E. (2010). Safe and efficient nanocarriers: Commentaries on clinical success and remaining issues in nanomedicine. Nano Today, 5(5), 325–330. https://doi.org/10.1016/j.nantod.2010.08.002
- 20. Kamaly, N., Xiao, Z., Valencia, P. M., Radovic-Moreno, A. F., & Farokhzad, O. C. (2012). Targeted polymeric therapeutic nanoparticles: Design, development, and clinical translation. Chemical Society Reviews, 41(7), 2971–3010. https://doi.org/10.1039/c2cs15344k
- 21. Gradishar, W. J., Tjulandin, S., Davidson, N., Shaw, H., Desai, N., Bhar, P., & Hawkins, M. J. (2005). Phase III trial of nanoparticle albumin-bound paclitaxel compared with polyethylated castor oil-based paclitaxel in women with breast cancer. Journal of Clinical Oncology, 23(31), 7794–7803. https://doi.org/10.1200/JCO.2005.04.937
- 22. Petros, R. A., & DeSimone, J. M. (2010). Strategies in the design of nanoparticles for therapeutic applications. Nature Reviews Drug Discovery, 9(8), 615–627. https://doi.org/10.1038/nrd2591
- 23. Prajapati, R. N., Jagrati, K., Sengar, A., & Prajapati, S. K. (2024). Nanoparticles: Pioneering the future of drug delivery and beyond. World Journal of Pharmaceutical Research, 13(13), 1243–1262.
- 24. Sengar, A., Jagrati, K., & Khatri, S. (2024). Enhancing therapeutics: A comprehensive review on naso-pulmonary drug delivery systems for respiratory health management. World Journal of Pharmaceutical Research, 13(13), 1112–1140.

- 25. Sengar, A. (2023). Targeting methods: A short review including rationale, goal, causes, strategies for targeting. International Journal of Research Publication and Reviews, 4(8), 1379–1384. ISSN 2582-7421.
- 26. Jagrati, K. M., & Sengar, A. (2024). Liposomal vesicular delivery system: An innovative nano carrier. World Journal of Pharmaceutical Research, 13(13), 1155–1169. https://doi.org/10.20959/wjpr202413-32990
- 27. Sengar, A., Vashisth, H., Chatekar, V. K., Gupta, B., Thange, A. R., & Jillella, M. S. R. S. N. (2024). From concept to consumption: A comprehensive review of chewable tablets. World Journal of Pharmaceutical Research, 13(16), 176–189.
- 28. Sengar, A., Tile, S. A., Sen, A., Malunjkar, S. P., Bhagat, D. T., & Thete, A. K. (2024). Effervescent tablets explored: Dosage form benefits, formulation strategies, and methodological insights. World Journal of Pharmaceutical Research, 13(18), 1424–1435.
- 29. Sengar, A., Saha, S., Sharma, L., Hemlata, Saindane, P. S., & Sagar, S. D. (2024). Fundamentals of proniosomes: Structure & composition, and core principles. World Journal of Pharmaceutical Research, 13(21), 1063–1071.
- 30. Jain, R. K., & Stylianopoulos, T. (2010). Delivering nanomedicine to solid tumors. Nature Reviews Clinical Oncology, 7(11), 653–664. https://doi.org/10.1038/nrclinonc.2010.139
- 31. Nie, S., Xing, Y., Kim, G. J., & Simons, J. W. (2007). Nanotechnology applications in cancer. Annual Review of Biomedical Engineering, 9, 257–288. https://doi.org/10.1146/annurev.bioeng.9.060906.151944
- 32. Ferrari, M. (2005). Cancer nanotechnology: Opportunities and challenges. Nature Reviews Cancer, 5(3), 161–171. https://doi.org/10.1038/nrc1566
- 33. Bertrand, N., Wu, J., Xu, X., Kamaly, N., & Farokhzad, O. C. (2014). Cancer nanotechnology: The impact of passive and active targeting in the era of modern cancer biology. Advanced Drug Delivery Reviews, 66, 2–25. https://doi.org/10.1016/j.addr.2013.11.009
- 34. Torchilin, V. P. (2006). Multifunctional nanocarriers. Advanced Drug Delivery Reviews, 58(14), 1532–1555. https://doi.org/10.1016/j.addr.2006.09.009
- 35. Farokhzad, O. C., Cheng, J., Teply, B. A., Sherifi, I., Jon, S., Kantoff, P. W., Richie, J. P., & Langer, R. (2006). Targeted nanoparticle-aptamer bioconjugates for cancer chemotherapy in vivo. Proceedings of the National Academy of Sciences, 103(16), 6315–6320. https://doi.org/10.1073/pnas.0601755103
- 36. Park, K., & Kang, E. (2010). Safe and efficient nanocarriers: Commentaries on clinical success and remaining issues in nanomedicine. Nano Today, 5(5), 325–330. https://doi.org/10.1016/j.nantod.2010.08.002
- 37. Kamaly, N., Xiao, Z., Valencia, P. M., Radovic-Moreno, A. F., & Farokhzad, O. C. (2012). Targeted polymeric therapeutic nanoparticles: Design, development, and clinical translation. Chemical Society Reviews, 41(7), 2971–3010. https://doi.org/10.1039/c2cs15344k
- 38. Gradishar, W. J., Tjulandin, S., Davidson, N., Shaw, H., Desai, N., Bhar, P., & Hawkins, M. J. (2005). Phase III trial of nanoparticle albumin-bound paclitaxel compared with polyethylated castor oil-based paclitaxel in women with breast cancer. Journal of Clinical Oncology, 23(31), 7794–7803. https://doi.org/10.1200/JCO.2005.04.937
- 39. Petros, R. A., & DeSimone, J. M. (2010). Strategies in the design of nanoparticles for therapeutic applications. Nature Reviews Drug Discovery, 9(8), 615–627. https://doi.org/10.1038/nrd2591
- 40. O'Neal, D. P., Hirsch, L. R., Halas, N. J., Payne, J. D., & West, J. L. (2004). Photo-thermal tumor ablation in mice using near-infrared-absorbing nanoparticles. Cancer Letters, 209(2), 171–176. https://doi.org/10.1016/j.canlet.2004.02.004
- 41. Gao, X., Cui, Y., Levenson, R. M., Chung, L. W., & Nie, S. (2004). In vivo cancer targeting and imaging with semiconductor quantum dots. Nature Biotechnology, 22(8), 969–976. https://doi.org/10.1038/nbt994
- 42. Nie, S., Xing, Y., Kim, G. J., & Simons, J. W. (2007). Nanotechnology applications in cancer. Annual Review of Biomedical Engineering, 9, 257–288. https://doi.org/10.1146/annurev.bioeng.9.060906.151944
- 43. Park, K., & Kang, E. (2010). Safe and efficient nanocarriers: Commentaries on clinical success and remaining issues in nanomedicine. Nano Today, 5(5), 325–330. https://doi.org/10.1016/j.nantod.2010.08.002
- 44. Kamaly, N., Xiao, Z., Valencia, P. M., Radovic-Moreno, A. F., & Farokhzad, O. C. (2012). Targeted polymeric therapeutic nanoparticles: Design, development, and clinical translation. Chemical Society Reviews, 41(7), 2971–3010. https://doi.org/10.1039/c2cs15344k
- 45. Gradishar, W. J., Tjulandin, S., Davidson, N., Shaw, H., Desai, N., Bhar, P., & Hawkins, M. J. (2005). Phase III trial of nanoparticle albumin-bound paclitaxel compared with polyethylated castor oil-based paclitaxel in women with breast cancer. Journal of Clinical Oncology, 23(31), 7794–7803. https://doi.org/10.1200/JCO.2005.04.937
- 46. Petros, R. A., & DeSimone, J. M. (2010). Strategies in the design of nanoparticles for therapeutic applications. Nature Reviews Drug Discovery, 9(8), 615–627. https://doi.org/10.1038/nrd2591
- 47. Jain, R. K. (2001). Delivery of molecular and cellular medicine to solid tumors. Advanced Drug Delivery Reviews, 46(1-3), 149–168. https://doi.org/10.1016/S0169-409X(00)00130-7
- 48. Ferrari, M. (2005). Cancer nanotechnology: Opportunities and challenges. Nature Reviews Cancer, 5(3), 161–171. https://doi.org/10.1038/nrc1566

- 49. Sengar, A., Yadav, S., & Niranjan, S. K. (2024). Formulation and evaluation of mouth-dissolving films of propranolol hydrochloride. World Journal of Pharmaceutical Research, 13(16), 850–861.
- 50. Bertrand, N., Wu, J., Xu, X., Kamaly, N., & Farokhzad, O. C. (2014). Cancer nanotechnology: The impact of passive and active targeting in the era of modern cancer biology. Advanced Drug Delivery Reviews, 66, 2–25. https://doi.org/10.1016/j.addr.2013.11.009
- 51. Torchilin, V. P. (2006). Multifunctional nanocarriers. Advanced Drug Delivery Reviews, 58(14), 1532–1555. https://doi.org/10.1016/j.addr.2006.09.009
- 52. Farokhzad, O. C., Cheng, J., Teply, B. A., Sherifi, I., Jon, S., Kantoff, P. W., Richie, J. P., & Langer, R. (2006). Targeted nanoparticle-aptamer bioconjugates for cancer chemotherapy in vivo. Proceedings of the National Academy of Sciences, 103(16), 6315–6320. https://doi.org/10.1073/pnas.0601755103
- 53. Nishiyama, N., & Kataoka, K. (2006). Current state, achievements, and future prospects of polymeric micelles as nanocarriers for drug and gene delivery. Pharmacology & Therapeutics, 112(3), 630–648. https://doi.org/10.1016/j.pharmthera.2006.05.006
- 54. Jain, R. K., & Stylianopoulos, T. (2010). Delivering nanomedicine to solid tumors. Nature Reviews Clinical Oncology, 7(11), 653–664. https://doi.org/10.1038/nrclinonc.2010.139
- 55. Nie, S., Xing, Y., Kim, G. J., & Simons, J. W. (2007). Nanotechnology applications in cancer. Annual Review of Biomedical Engineering, 9, 257–288. https://doi.org/10.1146/annurev.bioeng.9.060906.151944
- 56. Bertrand, N., Wu, J., Xu, X., Kamaly, N., & Farokhzad, O. C. (2014). Cancer nanotechnology: The impact of passive and active targeting in the era of modern cancer biology. Advanced Drug Delivery Reviews, 66, 2–25. https://doi.org/10.1016/j.addr.2013.11.009
- 57. Torchilin, V. P. (2006). Multifunctional nanocarriers. Advanced Drug Delivery Reviews, 58(14), 1532–1555. https://doi.org/10.1016/j.addr.2006.09.009
- 58. Farokhzad, O. C., Cheng, J., Teply, B. A., Sherifi, I., Jon, S., Kantoff, P. W., Richie, J. P., & Langer, R. (2006). Targeted nanoparticle-aptamer bioconjugates for cancer chemotherapy in vivo. Proceedings of the National Academy of Sciences, 103(16), 6315–6320. https://doi.org/10.1073/pnas.0601755103
- 59. Kamaly, N., Xiao, Z., Valencia, P. M., Radovic-Moreno, A. F., & Farokhzad, O. C. (2012). Targeted polymeric therapeutic nanoparticles: Design, development, and clinical translation. Chemical Society Reviews, 41(7), 2971–3010. https://doi.org/10.1039/c2cs15344k
- 60. Gradishar, W. J., Tjulandin, S., Davidson, N., Shaw, H., Desai, N., Bhar, P., & Hawkins, M. J. (2005). Phase III trial of nanoparticle albumin-bound paclitaxel compared with polyethylated castor oil-based paclitaxel in women with breast cancer. Journal of Clinical Oncology, 23(31), 7794–7803. https://doi.org/10.1200/JCO.2005.04.937
- 61. Petros, R. A., & DeSimone, J. M. (2010). Strategies in the design of nanoparticles for therapeutic applications. Nature Reviews Drug Discovery, 9(8), 615–627. https://doi.org/10.1038/nrd2591
- 62. Nishiyama, N., & Kataoka, K. (2006). Current state, achievements, and future prospects of polymeric micelles as nanocarriers for drug and gene delivery. Pharmacology & Therapeutics, 112(3), 630–648. https://doi.org/10.1016/j.pharmthera.2006.05.006
- 63. Alghamdi, M. A., Fallica, A. N., Virzì, N., Kesharwani, P., Pittalà, V., & Greish, K. (2022). The promise of nanotechnology in personalized medicine. Journal of Personalized Medicine, 12(5), 673. https://doi.org/10.3390/jpm12050673

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