



Nanotechnological Approaches : A Prospective Treatment of Cancer

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Abstract:

Cancer, leads global cause of death and poor quality of life. To achieve effective cancer treatment, initial tumor cell detection and extremely focused drug administration to reduce side effects are crucial components. Immunological medications founded on nanotherapy have been employed for many malignance types over time in order to minimize the intrusiveness of malignant cells while protecting strong cells at the marked site. Nanotechnology counting carbon nanotubes, polymeric micelles, and liposomes have shown notable kinetics and dynamic pharmacy advantages in the judgment and conduct of cancer. In this evaluation, we list the most widely used nanosomes for cancer verdict and conduct. The physicochemical and biotic belongings of these nanoparticles that make them appropriate for the treatment of cancer have been highlighted. Numerous therapeutic (such as anticancer) and diagnostic (such as optical, radio isotopic, or magnetic) compositions of mesoscopic extent variety of 5-100 nm in length can be conjugated to nanoparticles thanks to their huge surface areas and functional groups.

Keywords: Nanoparticles, Cancer, Intrusiveness, Therapeutic, Liposome

Introduction

Nanomaterials stand out from conventional materials thanks to their increased surface area and unique properties[1].

Reactivity, power, electrical characteristics, and in vivo performance can all be enhanced by these dual features. Nanoscience and nanomaterials are often recognized as having significant potential for a variety of investigations and claims. The application of nanotechnology to health care has recently attracted a lot of attention. Today, there are several expensive and time-consuming therapies available. Nanotechnology enables the development of speedier and less expensive medicines. There is yet another application of nanotechnology in medicine.

The most prevalent disease is cancer, and while there are numerous drugs available to treat it, using a Nano technological approach increases movement while drastically reducing negative effects.

Understanding, production, environmental science, and treatment are all combined in the interdisciplinary research field of nanotechnology. Malignancy ecology has a lot of demands, including as the initial tumor finding, the proof of identity of tumor biomarkers, and the expansion of new therapeutics. The general public and the media throughout the world are interested in this rapidly evolving and expanding correction. The use of nanotechnology in cancer biology has given researchers optimism for the creation of fresh cancer treatment options.

Nanoparticles may be created as nanomaterials in order to overcome biophysical, biological, and other hurdles that are present in many living things in order to transmit medicines and imaging labels effectively and safely. The benefits of using sophisticated nanomaterials in place of conventional approaches for in vitro and ex vivo applications are clear. By imaging tumors and delivering drugs to particular regions with less hazardous side effects, a number of NPs are used to analyze and indulge various tumor kinds. These developments open the door for modified oncology, in which hereditary then protein biomarkers continue to be ignored to recognize and tolerate malignancy based on the patient's genetic profile[2]. The promises of in vivo nanodevices in preclinical and technical research are, however, constrained by a number of factors.

The expansion of revolutionary nanomaterials-based methods to tumor conduct offers a novel hint of expectation in the realm of cancer science[3]. The various Nano technological uses are reviewed in the current assessment. The development of innovative cancer treatment methods based on nanotechnology. It offers a brand-new glimmer of optimism in the field of cancer research. This review article's goal is to provide an overview of the many methods used for nanotechnology-based cancer therapies and diagnostics. The one special significant cause of death is cancer. The incidence of cancer has continued to climb despite recent efforts to lower risk factors. Exact staging, chemotherapy, radiation therapy, and/or surgical resection are all parts of current cancer treatment protocols. Serious adverse effects from radiotherapy and chemotherapy are well-known. This review discusses the creation of "smart" nanoparticles for the dealing of malignance with a focus on initiating sustained medication release from Nano carriers and drug targeting[4]. Target-based drug expansion routines have been developed as a outcome of the progress of nanomaterials-

based transmission methods, which improves the endurance rates of cancer patients. Cancer is treated with a range of combination chemotherapies. This review highlights the most recent study in the area of nanomedicine project then functionalization in the circumstance of under siege and effective cure[5].

A cancer biomarker is a quantifiable biotic particle that can be found in the body's fluids like saliva and urine, as well as blood and other muscles. Analytical methods based on nanotechnology are currently accepted as advantageous methods for accurate, convenient, and profitable malignance analysis and discovery. This article analyzes recent advancements in nanotechnology and examines how nanomedicine can be used to analyze tumors. We also discuss the drawbacks of employing nanotechnology to treat cancer. [6] Tumor tissues have a defective vascular architecture but active angiogenesis and a high vascular density, which guarantees they receive enough blood to proliferate. When paired with inadequate lymphatic drainage, they have an effect on greater permeability and retention (EPR). Tumor genes commonly exhibit genovariation and are not constant throughout their development [7]. These particles are ideal for biology and materials because they possess distinctive physical qualities like conductivity, stability, and optical features. The most successful cancer treatments are nonvariation because they are more successful than other treatments (conventional chemotherapy) and produce less unfavorable side effects, such as diminished viability, lower therapeutic indicators, resistance to many drugs, and unclear goals.[8] Nanotechnology is the study, project, production, combination, management, and application of resources, methods, and organizations at the nanoscale scale. Because they may have unique and enhanced properties compared to the rest of the range, particles in this range are significant. It is widely believed that nanotechnology and nanoscience have the potential to significantly alter a variety of research and application domains. Recently, there has been a lot of media attention given to the usage of nanomedicine in the healthcare industry [9].

The definitions of Nano medicine used by the European Science Foundation and European Technology Platform and the National Nanotech Initiative in the United States differ slightly. Rendering to the US National Nanotech Inventiveness, "Nano techniques are the knowledge and management of substance at magnitudes between one and ten nanometers," translating to between one and one hundred nanometers, where novel applications are made possible by unusual phenomena[10]. Nanoscale expertise, production, and understanding are all part of nanomedicine technology. Imaging, gauging, exhibiting, and operating substance are all feasible at this level[11]. According to the European Technology Platform on Nano medicine, "Nano medicine is defined as the claim to nanotechnology to healthiness." It makes use of the enhanced and frequently distinctive physiological, biochemical, and organic properties of materials at the nanoscale.

Nanoparticles may alter our ability to categorize, recognize, and indulge a widespread variety of sicknesses, such as cancer, heart disease, and diabetes [12]. There are already certain anti-cancer drugs on the market and drug delivery systems for Nano medicine. The term "nanoparticles" (NPs) refers to substances with typical sizes in the nanoscale range [13]. The potential risks of NP exposure have been the issue of various studies in the literature, and more recently, the hypothesis that even sublethal doses of NPs could trigger a cell retort has been made. This research [14] reviews the broad perspectives of cell tactics that may be interfered with by cell-nanosome communication.

In addition to many others, researchers are working on the following projects:

- 1) More precise, quicker, and less offensive than present methods, injectable and heritable difficult techniques.
- 2) Pulsed lasers and nanoneedles are used during the procedure to alter cell architecture without harming the surrounding tissue[15].
- 3) Drug delivery systems that deliver medication exactly where it is required and monitor its results.
- 4) Biosensing techniques based on nanotubes that enable difficult in-vivo diagnostic tasks, like electrolyte and blood sugar monitoring.
- 5) Gold-coated nanoparticles (NPs) kill individual tumor cells while sparing healthy cells next to them[16].
- 6) Researchers are working to create artificial biomaterials that resemble human tissues and could one day enable tissue regeneration.
- 7) The burden of cancer is changing throughout time, affecting both combined and distinct types of the disease.
- 10) Nanorobots may be created to repair a certain type of diseased cell, much like antibodies do in human bodies during natural healing processes.

Because they are polar molecules, they cannot pass through the phospholipid two-layer of the plasma membrane or any other organic membrane[17]. By using NPs, these healing mediators can be loaded with a significant amount of the desired medication in addition to being administered site-specifically. By transporting a sizable payload, nanocarriers can influence the biodistribution and pharmacokinetic characteristics of pharmaceutical products. They may also be utilized as contrast agent carriers in in vivo magnetic imaging [18]. The extent, shape, and chemistry of NPs, as well as their physicochemical properties, significantly affect the internalization of nanocarrier cells [19]. Depending on the technique of management chosen (oral or iv), the NPs must actually be soluble in physiological solutions before interacting through the plasma membrane of cell and acquiring access to the cells and the pertinent organelle where the biotic objective is sited [20].

Other lipid-based nanoparticles, such as liposomes: Liposomes are sphere-shaped, locked colloidal particles that self-assemble from lipid bilayers that surround an aqueous core. Numerous types of anticancer medications are manufactured as lipid-based categories using a variety of grounding systems. It has been discovered that liposomal formulations enhance the pharmacokinetics and pharmacodynamics of related medications [21]. Mononuclear phagocytic system (MPS) recognizes through reticuloendothelial system and causes infest clearance from circulation[35]. Although the obstacle of immediate acceptance from the movement has been solved by this superficial alteration, giving liposomes in the movement a significantly longer half-life, the challenge of establishing selective liposome accumulation in tumour tissues still exists.

In these polymers, drugs are covalently attached to the polymer medium, caught, tricked, or physically liquefied[22].It combines recently granted liscence to conduct breast cancer.[23].

Nps as drug delivery in cancer medicine:

It is generally recognised that a tumor's vasculature creates an excess of angiogenic characteristics, leading to complex and leaky arteries. This property is advantageous for drug delivery since the vasculature becomes more intense as a result of the EPR, allowing nanosomes to be expelled from arteries and collect tumor-specific data.

However, the same method that makes nanoparticle drug distribution possible may also have a disadvantage. Additionally, selected zones of the tumor lack blood flow, creating both acidic and hypoxic conditions that make it impossible for pharmaceutical science strong systems to distribute medication there. However, the hypoxic environment fosters tumor development while also boosting tumor resistance, which leads to therapeutic failure [24].

Another factor that makes medicine distribution challenging is persistent stress. Solid stress is brought on by the cancer cells' erratic growth. Hard strain's ability to decrease the resistance response by boosting tumor cell attack is another one of its primary downsides [25].

The ability of the nanoparticles to enter the targeted region is limited because cells and macromolecules can cling to nanomers in addition to evoking an immune response[26]. The external functionalization of nanosomes in the blood circulatory system lengthens the circulation period. Which tissues of the Resealed, such as the spleen, liver, and lungs, will respond to the surface nanoparticles depends on their sizes and quality. Nanoparticles with hydrophobic surfaces are regularly absorbed, for instance through the liver, spleen, and lungs. Lipid nanosomes have been explored for their possible as a medication delivery system. These PEGylated nanoparticles were used to assess the siRNA delivery in solid tumors. Studies on xenograft mice showed that nanoparticles are capable of tricking the RES system by bringing up close to 33% of the initial injected dose. Total elusion has not yet been accomplished [27], despite significant advancements in coating nanoparticles that are intended to partially trick the RES system.

Numerous characteristics of nanoparticles, including size, shape, and superficial custody, need to be taken into account because they can all affect how the kidneys respond to them. On the other hand, attaining distribution efficacy and ornamental renal clearance are two distinct problems that are not related. Some approaches have been thought of, such as developing degradable nanosomes that can break down when exposed to biocompatible byproducts that are easily excreted by the kidneys. Another idea is to use secret nanosomes that self-assemble to treat the tumor. The tumor can be altered in a variety of ways. Interstitial fluid pressure (IPF) is controlled by one-angiogenesis drugs, blood pressure is altered by vasoconstrictors, capillary permeability is increased by ultrasound, endothelial gaps are produced by photodynamic therapy, and nanoparticle accumulation in tumors is aided by radiation and immunotherapy.

Different Nanotechnology Based Nanocarrier System:

Numerous kinds of nanoparticles have been developed for industrial use, notably for oncology-related purposes, in an effort to create a successful drug delivery system that possesses both novel analytic capabilities and healing properties. Due to their special possessions, both carbon-based and inert nanosomes have been investigated for this use. Due to their unique characteristics, two samples of each type of nanoparticle—biological (such as liposomes) and inert (such as gold and magnetic nanosomes)—participate systematically in the evaluation.

Liposomes-

The self-assembling liposome can be created from phospholipids and cholesterol. Doxil®, the first liposome-based pharmaceutical formulation to receive FDA approval, was released in 1995. The technique showed RES elusion, where the liposomes were PEGylated, and a longer circulation duration of the pharmaceutically energetic ingredient. Research have been conducted on theranostic liposome-based structures that can be used for both imaging and medication distribution. When likened to the readily accessible, commercial MRI difference agent Omni. They are very useful for medication administration due to their amphiphatic structure, which allows the particles to bind both hydrophilic and hydrophobic complexes. Water-soluble pharmaceutically potent substances can be enclosed in liposomes in their bilayer membrane at the same time as nonpolar medications.

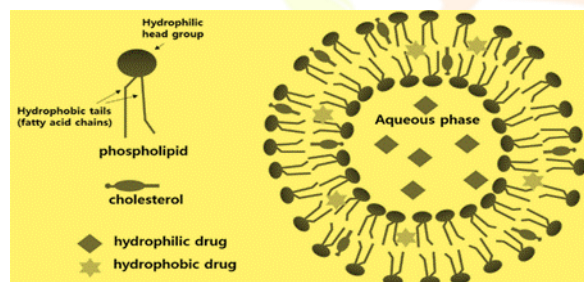


Fig 1: Structure of Liposome

Polymeric Nanosomes

Since the early 1970s, polymeric nanoparticles have been studied for applications requiring controlled release. One benefit of recyclable polymers is that they disruption down into component monomers that can be effortlessly removed as shown in the figure through regular metabolic pathways [28]. The degree of breakdown and the kinetics of drug release are determined by the physical Additionally, an in vitro assay showed that in the first five days, the anti-cancer medicine had almost 50% of its issue outline. In vivo testing showed that the method had increased favorable efficacy in stopping the growth of tumors. After that, Polysorbate 80, a water-soluble surfactant that has been proven to improve the BBB cross of nanosomes carrying potent drugs, was applied to the aforementioned nanosomes. Methotrexate-transferrin conjugates were overproduced, allowing for long-term administration.

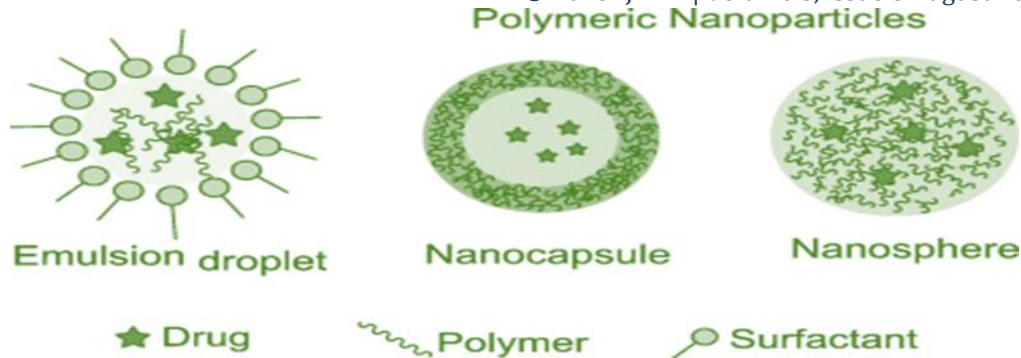


Fig 2: Polymeric Nanoparticles

Metal Nanosomes

All of this results in a hampered exploit on the focus area, which lessens some of the primary shortcomings of conventional methods. Researchers have demonstrated that gold nanoparticles have promise for use in radiosensitizers. They have been enhanced by the discovery of gold nanoparticles. Despite the promising results of preclinical research, clinical trials using gold nanosome-based radiosensitizers have not yet been conducted. One of the most serious types of brain and CNS cancer is glioblastoma[29]. Radiation and chemotherapy are the next two forms of treatment in the clinic after surgical excision. Another therapy that can profit from nanoparticles is photothermal therapy. In this therapy, laser light is used to heat up the nanoparticles that are concentrated near the tumor.

Magnetic Nanoparticles-

Magnetic nanomeric have drawn a lot of attention despite the fact that many different types of nanomaterials have been researched. The latent tendency to mark the magnetic properties of the nanosomes is however shared by a number of their characteristics, including range, range delivery, and contour. Additionally, their functionality is a key factor in deciding whether to employ them in biomedical submissions. Newly, though, emphasis has switched to the creation of nanosystems with the capacity for mutual healing, which is seen as a promising strategy. Fortunately, it has been established that ferric oxide nanosomes are capable of acting as both an amagnetic and a photothermal representative. Through PLA hydrolysis and medicine distribution, the organization showed measured medication statement. Additionally, it was shown that when the external magnetic field was activated, PEG increased medicine issue. Gemcitabine has an eight-fold faster release rate at acidic pH than toward neutrally triggered, according to rug-release experiments. Transferring curative components to a tumorous area requires a rug. When free gemcitabine was applied to MCF-7 breast cancer cell lines as well as when gemcitabine was loaded onto nanoparticles, the outcomes showed that the system had aadvanced latent.

Tumour Physiology and Tumour Targeting Principle Using Nanomeric:

Whenever cells multiply too quickly, a tumor develops. Despite the fact that it is usually used as a synonym for neoplasm, a tumor is not the same as cancer. Malignant, pre-malignant, benign, or non-cancerous lesions can all be classified as tumors. Malignant tumors: Malignant tumour is the term used to describe a cancerous development. Atypical cells that divide randomly and without control make up malignant tumors. Tumors that are benign: These are not malignant. They either cannot or only slowly spread and grow. They often do not reappear if removed [30]. Premalignant Tumor: These tumors contain cells that are not now malignant but could develop into such cells in the future. If they are eliminated, they might or might not come back [31].

The biodistribution of systemically delivered (chemo)therapeutics is improved by drug targeting systems, which are nanoscale transporter resources. Over the years, many tumour-targeted nanomedicines have been researched, and there is now good evidence for a major advancement in the list of approved anticancer medications.

However, a significant, but frequently disregarded, characteristic that these second-generation mediators and conventional chemotherapeutic drugs share is their unfavorable biodistribution following arterial direction: the negotiators are quickly vacated from the motion, and only a unimportant portion spreads the tumour spot [32]. To get over these limitations and improve medication performance, oncology researchers are looking towards tumor-targeted nanomedicines.

We briefly summarize the scientific environment, outline upcoming recommendations, and then cover the most pertinent nanomedicine systems and methods. shows tumor-targeted nanomedicines that are now being used in science.

Furthermore, the absence of functioning lymphatics in solid tumors typically causes extravasated (nano)materials to be engaged at the tumor spot for extended ages of time.

Besides peptides, antibodies also participate in the use of drug delivery system guiding moieties [33]. Preclinical research on actively targeted nanomedicines has received significantly more attention, and several overarching ideas have emerged [34]. In the majority of instances, for example, where nanosized transporter supplies were harmed to receptors articulated by cancer cells, the experiencing increases in antimalignance effectiveness were demonstrated to persist due to higher cellular internalization of the medications.

It has also sparked research on the tradition of protein-transduction and penetrating peptides areas like TAT to enable that would otherwise be ineffectively taken up by tumor cell.

This discovery, organized with the simplicity of accessing luminal superficial receptors, has sparked the creation of nanomedicines that are selectively targeted at tumor endothelial cells. Endothelial cell-targeted liposomal treatment suppressed tumor formation for substantially longer periods of time than the free agent's transient anticancer effects did.

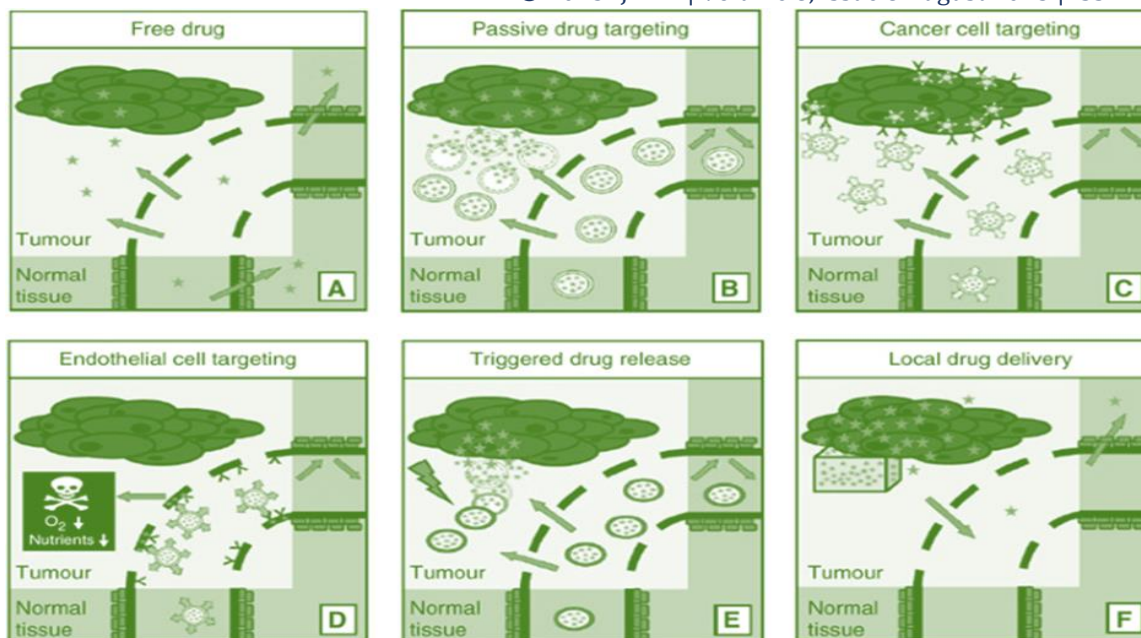


Fig 3: Schematic diagram Tumour Targeting Drug Delivery

The EPR Effect Nanomedicine Development:

Also investigated are a number of priming strategies to enhance the EPR effect. Additionally, it is true that tumors with a dysplastic stroma, such as pancreatic cancer, may have poor perfusion or even fail, or may have become blocked by pericycles or tumor-associated fibroblasts that are strongly adhered to the arterial wall of the vasculature. It has been demonstrated that the retention of styrene maleic acid from the proteinaceous anticancer treatment and polymer-functionalized neocarzinostatin (MW) 16 kDa and the binding of styrene-maleic acid polymerized to plasma albumin (67 kDa, MW) all contribute to the absorption of tumors.

One serious drawback of the most conservative antitumor chemotherapy drugs is the lack of tumor discrimination [35]. One way to achieve precise healing aimed at dense tumors is to take advantage of the irregularities of the growth's vasculature, such as hypervascularization, atypical vascular behavior, and extensive combination of vascular penetrability effects heavy extravasation preferred tumor tissue[36].

Application of Nps to treatment brain cancer:

1) Primary method for identifying tumor cells trusts on the necessity of nanosome inquiries coupled with moisture (oligonucleotides Naps peptides) to superficial indicators on growth cells and on those incoming cells, as well as identifying hereditary content.

2) A magnetite or maghemite mineral with a diameter smaller than 20 nm often makes up an MPIO. These nanocrystals cover thousands of Fe particles and method fullness magnetization in an MRI-specific magnetic field. These atoms can be absorbed across links with organic structures like proteins and cells, according to some in vivo studies[37]. After that, they can allocate into a variety of structures where they may stay in the same nanostructure or be absorbed.

3)Antigens summarized inside nanoparticles, which offer the capacity to defend the antigen from deterioration, antigens enclosed in nanoparticles, which also offer the ability to defend the antigen against definite receptors, and labelled nanoparticles have all been designed with specific belonging in a variety of plans.

4)They might still be encapsulated in aqueous solution and contain hydrophilic compounds, but they have the ability to escape by diffusing across phospholipid membranes.

Conclusion: A new era of cancer action has begun with the use of nanotechnology in tumor treatment. In addition to being more cost-effective than typical medications, nanosome-based drug delivery systems have improved pharmacokinetics, biocompatibility, tumor targeting, and stability. The possibility that preclinically created and tested formulations will be effective in patients will rise because to clever approaches focused on linked (pro)medicine and nanocarrier projects, as well as collection transmission. Pharmacological and physical combination regimens that have been logically created will increase the pharmacokinetic and/or pharmacodynamic advantages that can be obtained from entrapping drugs in nanome.

In addition to the strategies previously discussed, there are a few other possibilities to look into in order to increase the effectiveness of cancer nanomedicine. A good example of how to standardize preclinical nanosomes research and improve reproducibility, meta-analyses, and demonstrating is by adding fundamental information commentary requirements. Additionally, although, majority of nanosome preparations are meant to be injected into the vein, there may be advantages to using other administration techniques. Only a handful of nanomedical anticancer drugs, including antibody-medication conjugates, have made it to the market thus far, in contrast to the abundance of cutting-edge resources and credentials that have been developed.

To solve this problem, we need to stop the practice of continuously creating increasingly complex nanosome resources and reconsider how we undertake translational malignancy nanomedical research. We need to devise practical strategies to ensure that nanomedicines work in as many patients as feasible. Researchers, doctors, therapeutic firms, and controlling agencies will need to work together to make this change a reality. This will require rational and pragmatic thinking.

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