

Available online on 15 March 2019 at <https://ijdra.com/index.php/journal>**International Journal of Drug Regulatory Affairs**Open Access to Pharmaceutical and Medical Research
© 2013-19, Publisher and Licensee IJRA.

Review Article

**Nanoparticles and target Drug delivery for cancer treatment: A Comprehensive review****^aNandish Pathak* and ^bPratim Pathak**^aResearch Analyst, PHIS, Middlesex Essex Tp, Iselin, NJ, USA^bHealthcare service Manager, Patel Healthcare LLC, USA**Abstract**

In the healthcare industry, the biggest challenges are cancer. However, there are several drugs are available for the treatment of cancer. In these treatments cure cancer affecting the collateral toxicity to healthy cells. In addition to the drug delivery systems in cancer have many barriers such as immune clearance or hepatic, renal. Thus, to improve treatment and overcome these problems the nanoparticle-loaded drug is one the solution. Moreover, the nanomedicine opens a new era in the healthcare industry as an effective drug delivery system. The nanoparticle drug delivery has significant characteristics for treatments such as less toxicity, high loading capacity, and stability of the drug. This review aims to present the conventional cancer treatment and elaborate on the nanoparticle-loaded drug delivery system to overcome the side effects of the conventional treatment.

Keywords: Targeted Drug delivery systems, Nanoparticles, cancer treatment.**Article Info:** Received 18 Feb. 2019; Review Completed 12 Mar. 2019; Accepted 14 Mar. 2019**Cite this article as:**

Pathak N, Pathak P. Nanoparticles and target Drug delivery for cancer treatment: A Comprehensive review. International Journal of Drug Regulatory Affairs [Internet]. 15 Mar 2019 [cited 15 Mar 2019]; 7(1):53-58. Available from:

<http://ijdra.com/index.php/journal/article/view/309>DOI: [10.22270/ijdra.v7i1.309](https://doi.org/10.22270/ijdra.v7i1.309)

Corresponding author Tel.: +1 (908) 821-7771;

E-mail address: nandishpathak@gmail.com (Nandish Pathak).**1. Introduction**

In the recent worldwide data base of cancer clearly state that cancer diseases are one of the major factors for the deaths and 60092 deaths were reported and 168870 are new cases enrolled in the cancer in the year of 2017. In addition to this data based in next 20 years the 70% increase the patient of cancer (1). There are many treatments of the cancer recently available such as surgery, chemotherapy and radiation but such treatments are not most effective because of its side effects. Weinberg et. al. did the research and they suggested the six different type of characteristics to differentiate the tumor and normal tissue in body therefore some alternative option should be approach for better treatment. The six different characteristics such as, inducing angiogenesis, metastasis and invasion, resisting cell death, signaling, enabling replicative immortality and evading growth suppressors (2). Based on these characteristics the new development and investigation have been significantly carried out and found the new methods for the treatment. Such new development in the cancer treatment technology known as nanomedicine or Nano

technology. These nanomaterial have 1 to 100 nm material size, favorable drug release Profiles, modification of surface and high surface-to-volume ratios characteristics and it enhanced the current treatment remedies Such as rapid drug clearance, limited targeting, low specificity and biodegradation (3, 4).

Moreover, the targeted drug delivery methods for the cancer treatment are most viable and improve the treatment effects in comparison to the existing convectional treatment and reduces the adverse effects of convection treatment. Therefore, the systematic and nonspecific target drug delivery systems lead the rapid elimination and administration of highest tolerable dose of drug thus reduces the toxicity. In general, targeted drug delivery system can be approach by the inorganic and organic particles. The nanogels, polymers, liposomes, dendrimers and micelles are the organic particles and its application as target drug delivery systems.

Observing the recent advancement and trends for the cancer treatment nanosized materials are most effective for the tumor treatment (3). As we discussed above the

nanoparticles have nanosized material which can be embedded with the genes, drug and imaging agents (2). The nanoparticles are directly delivered high doses of therapeutic factors to the tumor cells at that time the normal cells of the body are cured because these particles are by passing the normal cells. The nanoparticle scaffold structure allowed the contrast agent and drug attachment. In addition to this nanoparticle surface enables specific delivery and biodistribution through conjugation with ligands (3). Hence the nanoparticle resolved problems of conventional treatment, unwanted adverse effects, biodistribution, including non-specific and drug resistance.

The research development of the nanoparticles is currently in the clinical trail from last two decades. Also, the modifications in various features of the nanoparticles were improve the potential of the cancer treatment. The circulation half-life of therapeutics could be improved by nanocarriers thus the drug accumulation at tumor location would be enhanced (4, 5). In nanoparticles the particles fate is depends on the size therefore it is an important factor. However, nanoparticles with the 100nm are clear from circulation by phagocytic cells (6, 7) and the smaller nanoparticles less than 7nm fall into urinary excretion renal filtration (8, 9). In addition to this internalization into the cancer cells would be possible through surface positive charge particles. polyethylene glycol adding on surface as polymer would enhance the circulation life of the particles. Thus, surface modification plays significant role in improvement in internalization of cancer cell and circulating time. Therefore, active targeting (specific ligand on surface) can overcome the problems and provide better treatment (10).

Therapeutic NPs

During the last two decades, researchers investigated to use several NPs in the wide variety of pathologic conditions (11). Liposomes with a lipid scaffold structure which are consist of self-assembled phospholipids into bilayers with spherical shape (12). Liposomes can encapsulate the hydrophilic therapeutic factors within the vesicles whereas hydrophobic therapeutic factors within the lipid bilayer (13). Recently, there are many liposome-based anti-cancer compounds accessible for clinical practice (14). Nanostructured lipid carriers (NLC) can potentially be affected by tumor cells and reveal advantages such as high drug loading potential, controlled drug release, increasing drug stability, and the ease of large-scale generation (15). Solid Lipid NPs (SLNs) are non-toxic nanocarriers which can carry both the hydrophilic and lipophilic drugs. FDA approved Poly (lactic-co-glycolic acid) (PLGA) for drug delivery which is a biodegradable polymeric NP (16). Dendrimers used for both the diagnostic and therapeutic purposes characterized by the generation of monomers (G) added to the main core (17). Iron oxide NPs can be visualized by Magnetic Resonance Imaging (MRI), used for imaging purposes in the various tumor (18). Michael Farady identified Gold NPs which can be easily modified by amine and thiol groups for tumor-specific targeting. (19).

2. Types of nanoparticles

Protein-Drug Conjugated nanoparticles

The proteins directly conjugated with the drug molecules that formation labeled as Protein-drug conjugated nanoparticles. As they are coming in the cell, the connection becomes a typically biodegradable which is form between the protein and the drug. As the biodegradable connection has been readily destroyed by proteases and redox-altering agents which are develop in blood to lead to premature release of the drug. Protein-drug conjugated system with their connection helps to stay in the place which is helpful to overcome this barrier. This system keeps linkers in the place until the nanoparticles reach the target site. With the help of this system, the toxic effect of cytotoxic drug molecules can be decreased as the system permits more specific and controllable drug delivery of the treatment of the body (20). Characteristically, Protein-drug conjugated nanoparticles are allowing the nanoparticles in vivo to have a long half-life as they are small in size (10nm), resulting from targeting tumor site its delivery is being helped (21, 22). In recent times, Protein-drug conjugated nanoparticles added antibody proteins to improving their targeting ability (23). There are some drug structural sensitivity creating difficulty to attach to a protein base which is a fundamental issue with protein-based nanoparticles while several drugs are not appropriate for the Protein-Drug Conjugated nanoparticles drug delivery system (24, 25).

Liposomal Nanoparticles

Liposome nanoparticles made up by using lipid bilayers as they are spherical nanoparticles. To develop nanoparticles immediately, there are strong spheres approximately between 50 and 500 nm, thus water or other hydrophilic liquids has been added by amphiphilic lipid. Basically, drug dissolved in the liquid through this procedure to the encapsulation of hydrophilic drug molecules, used for formation of the nanoparticles. Hydrophobic and amphiphilic drugs can be encapsulated by direct accumulation to the lipid solution. The structure is developed before the nanoparticles formation which is a leading layer between the lipid bilayers (20, 26). The encapsulated drugs may be released by thermosensitive liposomes at the exact temperature (27). The benefit to using liposomes which allows to the delivery drug at targeted sites. The energy sources located at those targeted sites such as high-intensity ultrasound, microwaves, and radio frequencies (28).

Polymeric Nanoparticles

Polymeric nanoparticles are encompassed of synthetic polymers which are allowing many key properties customization, for instance, as molecular weight, biodegradability, and hydrophobicity. The encapsulate drug molecules have been designed by a variety of efficient methods. Polymeric nanoparticles are characteristically entailed of dense matrices with well-known degradation curves. These nanoparticles allow the drug release easier to manipulate in comparison to many other nanoparticle drug delivery system (20). There is a problem with using polymeric nanoparticles which include the limited shape and wide size distribution.

Nanoparticles size may be different which may be generated during synthesis; characteristically it is spherical. The latest approach is particle replication in nonwetting templates. This approach allows for the creation of uniform polymeric nanoparticles, permitting the customization of properties, for instance, shape and size (29).

Dendrimeric Nanoparticles

Dendrimeric nanoparticles are consists of dendrimers. These dendrimers are spherical macromolecules which are developing from a central point. Dendrimeric nanoparticles are created layer by layer. The early core incorporated onto the previous layer before branches are allowed to form. The size and degree of branching of the dendrimers can easily be manipulated by using specific initiator cores, which allows for the polydispersity of the nanoparticles to minimized. The molecular weight, size, branch, density, flexibility, and water solubility can be specified with careful planning the arrangement of cores and branching units (20).

Hydrogels

Hydrogels are cross-linked three-dimensional networks of water-soluble polymers which can retain fluid in large quantities. Majority of synthetic hydrogels are not biodegradable. However, hydrogels are enzymatic, hydrolytic, and stimuli-responsive components. Hydrogel can be added into the hydrogel matrix in order to create nanoparticles. These nanoparticles are degradable under certain conditions. Their fluid retainment is the exclusivity of hydrogels. The high water content is very similar to biological tissues. This content is reducing tension when introduced to tissue and making this nanoparticle biocompatible (30). The porosity of the hydrogel can be adjusted to control drug loading and release rates by controlling the amount of cross-linking in the hydrogel matrix (20).

Other nanoparticle platforms

Gold is a well-characterized nanoparticle which is inorganic and metallic in nature. Since a long time, Gold broadly used for both detection and direct cancer therapy with and without drug loading. For the detection, the strong optical absorbance of gold allows it, while its photothermic properties are well suitable as an anticancer therapy (20).

3. Nanocarrier Properties:

Physico-chemical properties

The nanomaterials can modify in size, shape, and surface characteristics. This modification can help to treat specific tumors which are available for cancer research. The tumor tissue, size of nanocarriers are important for travel through the bloodstream and consequent delivery. The smaller nanoparticle can accumulate easily in the leaky blood vessels of the tumors and extravasate into normal tissues, whereas larger nanoparticles cannot excavate as easily as smaller nanoparticles, therefore the

distribution of the nanoparticles in the bloodstream is highly variable (31). The nanoparticle optimization and nanocarriers shape may help improve specific uptake into tumor tissue and impact fluid dynamics respectively, consequently influence uptake. Presently, the spherical nanocarriers are commonly used than that of the nonspherical variety because of challenges in synthesis and testing (32). It has observed that the charge of nanocarriers affects their stability and distribution in the blood, as positively charged nanoparticles most effectively target tumor vessels. Conversely, a switch to a neutral charge after extravasation permits quicker diffusion of the nanoparticles to the tumor tissue (8).

Solubility, degradation, and clearance

Drugs may be eliminated from the bloodstream before reaching tumor tissue due to their poor water solubility. The hydrophilic nanoparticles encapsulated these drugs to improve their solubility. The use of hydrophilic nanoparticles may improve their bio-availability in vivo (33). Consequently, it allows for more effective delivery (3). The hydrophobic materials have been recognized by the reticulo-endothelial system (RES) as a foreign substance; RES eliminates hydrophobic materials from the bloodstream through the liver or the spleen. Monocytes and macrophages are more easily recognize foreign materials which are coated with opsonin proteins (9). Opsonization of hydrophobic molecules. Opsonization of hydrophobic molecules can diminish capability to reach the tumor tissue and trigger inflammation subsequently the secretion of cytokines from phagocytic cells (6, 7). This improvement in bioavailability increase capability of the drug to circulate in the blood for a longer period, preventing degradation before reaching the tissue of interest.

Targeting

To reach tumor tissue, It has observed modify nanocarriers to utilize passive and active targeting mechanisms shown in figure 1. Passively accumulate nanoparticles due to enhanced permeability and retention (EPR) (34) effect, in the leaky blood vasculature exhibited by tumors without any surface modifications. However, it cannot eliminate the potential of nanocarriers building up in tissues. These tissues usually have fenestrated blood vessels, for instance, the liver or the spleen (3). The attachment of ligands to the surface of the nanocarriers utilize in active targeting, have high specificity to receptors and other cancer-specific targets which are overexpressed on the surface of tumor cells, such as glycans (35-37).

Stimuli-responsive and triggered release systems

The stimuli-responsive systems utilize to reduce non-specific exposure to chemotherapeutic drugs mentioned in figure 1. Internal and external both stimuli can evoke a change in the nanocarriers to trigger the release of drugs. Internal stimuli are changes in pH, redox, ionic strength, and stress in target tissues whereas external stimuli are temperature, light, ultrasound, magnetic force, and electric fields (3).

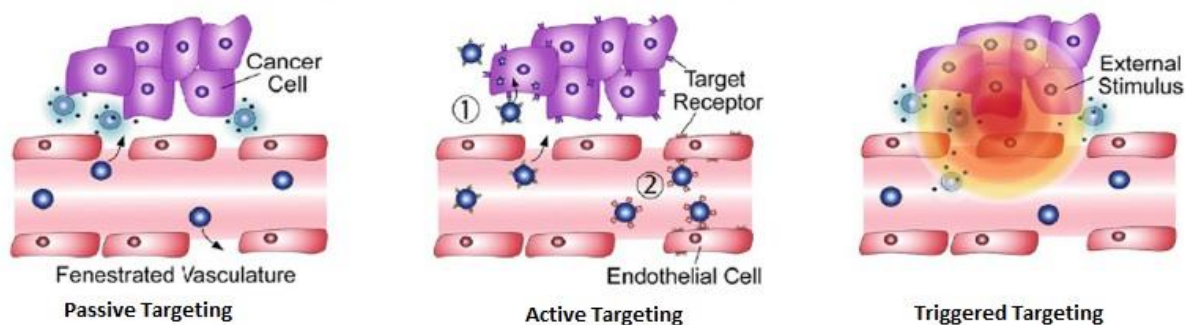


Figure 2. Types of targeting for nanoparticle delivery to tumor tissue (3).

Combination therapy and theranostics

The nanomedicines carry multiple therapeutic agents permits an increase in their capacity to improve treatment. Bortezomib and doxorubicin co-loaded nanoparticles were shown to exhibit a synergistic antitumor effect on ovarian cancer (38). The investigate stimuli-responsive systems utilization with targeting ligands. The chemotherapeutic drugs delivery successfully is often dependent on the properties of the biological barriers.

4. Biological barriers to effective drug delivery

Reticuloendothelial system

The reticuloendothelial system (RES) includes both cellular and noncellular components, also known as the mononuclear phagocyte system (MPS). Phagocytic cells bind with nanoparticles which allow a release of cytokines. It leads to increase nanoparticle clearance from the bloodstream and local inflammation of tissue (7). The macromolecules may also bind to the surface of the nanoparticles to create a “biomolecular corona” around the nanoparticles. Macromolecules are proteins, lipids, and others. Nanoparticles surface modifications may allow escape from the RES and prolong their circulation time in the bloodstream till preventing damage of healthy tissue. Zwitterionic ligands, for instance, cysteine and glutathione or PEGylation involve modification (39, 40). Ligands such as CD47-SIRP α use to create signals which may inhibit phagocytic clearance (41). Nanoparticles toxicity to RES organ system should also be considered when designing their construct.

Renal System

The kidney function is to filter circulating blood. The primary objective of designing nanoparticles are defined barriers which responsible for filtering circulating blood in the kidney. Nanoparticles must pass a thick layer of extracellular matrix; a glomerular basement membrane sits between the capillary endothelium and podocytes which permit clearance for 2-8 nm particles after passing through the fenestrated endothelium with 70-100 nm pores (7). Proteins such as nephrin and CD-2 associated protein regulate the opening of slit diaphragms that situated between epithelial podocyte extensions that usually allow the passage of water and small molecules (42). Characteristics such as size, charge, and shape affect the clearance of nanoparticles in kidneys. The cationic

nanoparticles of a 6-8nm display more massive clearance than negative charged or neutral of the same size. The exhibit take place as glomerular basement membrane is negatively charged (43). Nanoparticle efficacy may be compromised while reducing nanoparticle size may enhance renal clearance. Kidney clear multi-stage, biodegradable nanoparticles which dissolve into smaller particles, may be active (44).

Blood-brain barrier

The blood-brain barrier (BBB) is a structure of the brain which is very challenging treat brain cancers. The characteristics of BBB that it only allows passage of less than 2% molecules, including ions, nutrients, specific peptides, protien, and leukocytes (45, 46). There is a tight junction which linked endothelial cells. The endothelial cells are enclosed by astrocytic cells, basal lamina, pericytes, and microglia. These structures are consisting of the barrier. It has observed several methods which is currently used for increasing penetration. These methods are direct intervention into the brain, for instance, intra-ventricular or intracerebral injection, infusion, and implantation. It may increasing risk of toxicity and non-uniform drug dispersals (7). There passing through blood-brain barrier is a challenge which depen on nanoparticle size and charge, most essential. According to a study which shows the result and confirmation that nanoparticles are favored for transport which has 20-70 nm diameter (47, 48). It has been shown that neutral and anionic nanoparticles use in less neurotoxicity than cationic nanoparticles for an in situ perfusion study of rat brains (49). Nanoparticles comprising metals, for instance, copper, silver, and aluminum which may destroy the BBB and develop neurotoxicity. Nanomedicine can accumulate gratuitously in the brain and develop toxic condition for short-term and long-term. Nevertheless, nanoparticles are reaching the brain which may be challenge to targeting for brain cancers under nanotherapy (50). Designing therapies which reduce activation of microglial cells may be suitable in reducing neurotoxic effects (7).

Pathophysiological barriers in cancer

The phenomenon which is called the enhanced permeability and retention (EPR) effect, which leaky vasculature rich in fenestrations and poor in pericyte coverage are tumor tissue characteristics. This phenomenon used for passive targeting of nanoparticles to

tumor tissue. However, deeper penetration into tumor which is frequently controlled because of the tumor microenvironment heterogeneity (51). Along with tumor vasculature, composition and structure of the extracellular matrix are highly variable and dependent on cancer type, location, and progression state, accompanied by patient-specific characteristics (7). Recently studied methods that to increase nanoparticle into the tumor bed. Smaller nanoparticles use may permit to enhance passage through the vasculature and deeper penetration into the tumor (52). The majority materials are using to create nanoparticles for drug delivery are proteins, liposomes, polymers, polymer-lipid hybrids, dendrimers, phase change materials, and inorganic materials.

5. Conclusion

In world the advancement in the nanomedicine plays the significant role in the drug delivery field. Target drug delivery system allowed drug delivery at the desired location therefore it alters the biodistribution and pharmacokinetics of the drugs. In addition to this, the nanoparticles are the replacement of the convectional particles. However, it is in the observation through this review the nanoparticles have many options in the design and functions with effective potential therefore drug delivery could be executing properly and effectively apply. On the other side the nanoparticle-based treatment is not the miracle to cure the diseases. There are many challenges for the selection of the drug and choosing the right surface marker.

Acknowledgments

We take this opportunity to express a deep sense of gratitude to IJDRA Journal for publishing our Article.

Conflict of interest

The authors declare that there is no conflict of interest, financial or otherwise.

References

1. Siegel RL, Miller KD, Fedewa SA, Ahnen DJ, Meester RGS, Barzi A, et al. Colorectal cancer statistics, 2017. *CA: a cancer journal for clinicians*. 2017;67(3):177-93.
2. Hanahan D, Weinberg RA. Hallmarks of cancer: the next generation. *Cell*. 2011;144(5):646-74.
3. Wicki A, Witzigmann D, Balasubramanian V, Huwyler J. Nanomedicine in cancer therapy: challenges, opportunities, and clinical applications. *Journal of controlled release: official journal of the Controlled Release Society*. 2015; 200:138-57.
4. Sinha R, Kim GJ, Nie S, Shin DM. Nanotechnology in cancer therapeutics: bioconjugated nanoparticles for drug delivery. *Molecular cancer therapeutics*. 2006;5(8):1909-17.
5. Albanese A, Tang PS, Chan WC. The effect of nanoparticle size, shape, and surface chemistry on biological systems. *Annual review of biomedical engineering*. 2012; 14:1-16.
6. Danhier F, Ansorena E, Silva JM, Coco R, Le Breton A, Preat V. PLGA-based nanoparticles: an overview of biomedical applications. *Journal of controlled release: official journal of the Controlled Release Society*. 2012; 161(2):505-22.
7. von Roemeling C, Jiang W, Chan CK, Weissman IL, Kim BYS. Breaking Down the Barriers to Precision Cancer Nanomedicine. *Trends in biotechnology*. 2017;35(2):159-71.
8. Stylianopoulos T, Poh MZ, Insin N, Bawendi MG, Fukumura D, Munn LL, et al. Diffusion of particles in the extracellular matrix: the effect of repulsive electrostatic interactions. *Biophysical journal*. 2010; 99(5):1342-9.
9. Locatelli E, Comes Franchini M. Biodegradable PLGA-b-PEG polymeric nanoparticles: synthesis, properties, and nanomedical applications as drug delivery system. *Journal of Nanoparticle Research*. 2012; 14(12):1-17.
10. Bhatt P, Lalani R, Mashru R, Misra A. Abstract 2065: Anti-FSHR antibody Fab' fragment conjugated immunoliposomes loaded with cyclodextrin-paclitaxel complex for improved in vitro efficacy on ovarian cancer cells. *Cancer research*. 2016; 76(14 Supplement):2065.
11. Hawker CJ, Wooley KL. The convergence of synthetic organic and polymer chemistries. *Science (New York, NY)*. 2005; 309(5738):1200-5.
12. Malam Y, Loizidou M, Seifalian AM. Liposomes and nanoparticles: nanosized vehicles for drug delivery in cancer. *Trends in pharmacological sciences*. 2009; 30(11):592-9.
13. Hu CM, Kaushal S, Tran Cao HS, Aryal S, Sartor M, Esener S, et al. Half-antibody functionalized lipid-polymer hybrid nanoparticles for targeted drug delivery to carcinoembryonic antigen presenting pancreatic cancer cells. *Molecular pharmaceutics*. 2010; 7(3):914-20.
14. Misra R, Acharya S, Sahoo SK. Cancer nanotechnology: application of nanotechnology in cancer therapy. *Drug discovery today*. 2010; 15(19-20):842-50.
15. Shao Z, Shao J, Tan B, Guan S, Liu Z, Zhao Z, et al. Targeted lung cancer therapy: preparation and optimization of transferrin-decorated nanostructured lipid carriers as novel nanomedicine for co-delivery of anticancer drugs and DNA. *International journal of nanomedicine*. 2015; 10:1223-33.
16. Acharya S, Sahoo SK. PLGA nanoparticles containing various anticancer agents and tumour delivery by EPR effect. *Advanced drug delivery reviews*. 2011; 63(3):170-83.
17. Menjoge AR, Kannan RM, Tomalia DA. Dendrimer-based drug and imaging conjugates: design considerations for nanomedical applications. *Drug discovery today*. 2010; 15(5-6):171-85.
18. Peng XH, Qian X, Mao H, Wang AY, Chen ZG, Nie S, et al. Targeted magnetic iron oxide nanoparticles for tumor imaging and therapy. *International journal of nanomedicine*. 2008; 3(3):311-21.
19. Park JH, von Maltzahn G, Ruoslahti E, Bhatia SN, Sailor MJ. Micellar hybrid nanoparticles for simultaneous magnetofluorescent imaging and drug delivery. *Angewandte Chemie (International ed in English)*. 2008; 47(38):7284-8.
20. Sun T, Zhang YS, Pang B, Hyun DC, Yang M, Xia Y. Engineered nanoparticles for drug delivery in cancer therapy. *Angewandte Chemie (International ed in English)*. 2014; 53(46):12320-64.
21. Alley SC, Okeley NM, Senter PD. Antibody-drug conjugates: targeted drug delivery for cancer. *Current opinion in chemical biology*. 2010; 14(4):529-37.
22. Bhatt P, Khatri N, Kumar M, Baradia D, Misra A. Microbeads mediated oral plasmid DNA delivery using polymethacrylate vectors: an effectual groundwork for colorectal cancer. *Drug delivery*. 2015; 22(6):849-61.
23. Patel J, Amrutiya J, Bhatt P, Javia A, Jain M, Misra A. Targeted delivery of monoclonal antibody conjugated docetaxel loaded PLGA nanoparticles into EGFR overexpressed lung tumour cells. *Journal of Microencapsulation*. 2018; 35(2):204-17.

24. Senter PD. Potent antibody drug conjugates for cancer therapy. *Current opinion in chemical biology*. 2009; 13(3):235-44.
25. Bhatt P, Vhora I, Patil S, Amrutiya J, Bhattacharya C, Misra A, et al. Role of antibodies in diagnosis and treatment of ovarian cancer: Basic approach and clinical status. *Journal of Controlled Release*. 2016; 226:148-67.
26. Pathak Nandish, Pratim Pathak. Applications of liposome in cancer drug delivery and treatment: A review *Asian Journal of Pharmaceutical Research and Development*. 2019; 7(1):62-5.
27. Yatvin MB, Weinstein JN, Dennis WH, Blumenthal R. Design of liposomes for enhanced local release of drugs by hyperthermia. *Science (New York, NY)*. 1978; 202(4374):1290-3.
28. Frenkel V. Ultrasound mediated delivery of drugs and genes to solid tumors. *Advanced drug delivery reviews*. 2008; 60(10):1193-208.
29. Xu J, Luft JC, Yi X, Tian S, Owens G, Wang J, et al. RNA replicon delivery via lipid-complexed PRINT protein particles. *Molecular pharmaceutics*. 2013; 10(9):3366-74.
30. Hoare TR, Kohane DS. Hydrogels in drug delivery: Progress and challenges. *Polymer*. 2008; 49(8):1993-2007.
31. Bregoli L, Movia D, Gavigan-Imedio JD, Lysaght J, Reynolds J, Prina-Mello A. Nanomedicine applied to translational oncology: A future perspective on cancer treatment. *Nanomedicine : nanotechnology, biology, and medicine*. 2016; 12(1):81-103.
32. Truong NP, Whittaker MR, Mak CW, Davis TP. The importance of nanoparticle shape in cancer drug delivery. *Expert opinion on drug delivery*. 2015; 12(1):129-42.
33. Tandel H, Bhatt P, Jain K, Shahiwala A, Misra A. In-Vitro and In-Vivo Tools in Emerging Drug Delivery Scenario: Challenges and Updates. In: Misra ASA, editor. *In-vitro and in-vivo tools in drug delivery research for optimum clinical outcomes*. Boca Raton: CRC Press; 2018.
34. Bhatt P, Lalani R, Vhora I, Patil S, Amrutiya J, Misra A, et al. Liposomes encapsulating native and cyclodextrin enclosed paclitaxel: Enhanced loading efficiency and its pharmacokinetic evaluation. *Int J Pharm*. 2018; 536(1):95-107.
35. Yewale C, Baradia D, Patil S, Bhatt P, Amrutiya J, Gandhi R, et al. Docetaxel loaded immunonanoparticles delivery in EGFR overexpressed breast carcinoma cells. *Journal of Drug Delivery Science and Technology*. 2018; 45:334-45.
36. Cho K, Wang X, Nie S, Chen ZG, Shin DM. Therapeutic nanoparticles for drug delivery in cancer. *Clinical cancer research : an official journal of the American Association for Cancer Research*. 2008; 14(5):1310-6.
37. Vhora I, Patil S, Bhatt P, Gandhi R, Baradia D, Misra A. Receptor-targeted drug delivery: current perspective and challenges. *Therapeutic delivery*. 2014; 5(9):1007-24.
38. Wang L, Shi C, Wright FA, Guo D, Wang X, Wang D, et al. Multifunctional Telodendrimer Nanocarriers Restore Synergy of Bortezomib and Doxorubicin in Ovarian Cancer Treatment. *Cancer research*. 2017; 77(12):3293-305.
39. García KP, Zarschler K, Barbaro L, Barreto JA, O'Malley W, Spiccia L, et al. Zwitterionic-Coated "Stealth" Nanoparticles for Biomedical Applications: Recent Advances in Countering Biomolecular Corona Formation and Uptake by the Mononuclear Phagocyte System. *Small*. 2014; 10(13):2516-29.
40. Lalani RA, Bhatt P, Rathi M, Misra A. Abstract 2063: Improved sensitivity and in vitro efficacy of RGD grafted PEGylated gemcitabine liposomes in RRM1 siRNA pretreated cancer cells. *Cancer research*. 2016; 76(14 Supplement):2063.
41. Rodriguez PL, Harada T, Christian DA, Pantano DA, Tsai RK, Discher DE. Minimal "Self" peptides that inhibit phagocytic clearance and enhance delivery of nanoparticles. *Science (New York, NY)*. 2013; 339(6122):971-5.
42. Yuan H, Takeuchi E, Salant DJ. Podocyte slit-diaphragm protein nephrin is linked to the actin cytoskeleton. *American journal of physiology Renal physiology*. 2002; 282(4):F585-91.
43. Liu J, Yu M, Zhou C, Zheng J. Renal clearable inorganic nanoparticles: a new frontier of bionanotechnology. *Materials Today*. 2013; 16(12):477-86.
44. Ruggiero A, Villa CH, Bander E, Rey DA, Bergkvist M, Batt CA, et al. Paradoxical glomerular filtration of carbon nanotubes. *Proceedings of the National Academy of Sciences of the United States of America*. 2010; 107(27):12369-74.
45. Pardridge WM. The blood-brain barrier: bottleneck in brain drug development. *NeuroRx : the journal of the American Society for Experimental NeuroTherapeutics*. 2005; 2(1):3-14.
46. Vhora I, Patil S, Bhatt P, Misra A. Protein- and Peptide-drug conjugates: an emerging drug delivery technology. *Advances in protein chemistry and structural biology*. 2015; 98:1-55.
47. Shilo M, Sharon A, Baranes K, Motiei M, Lellouche JP, Popovtzer R. The effect of nanoparticle size on the probability to cross the blood-brain barrier: an in-vitro endothelial cell model. *Journal of nanobiotechnology*. 2015; 13:19.
48. Bhatt P, Narvekar P. Challenges and Strategies for Drug Transport across the Blood Brain Barrier. *ARC Journal of Neuroscience*. 2018; 3(3):17-21.
49. Lockman PR, Koziara JM, Mumper RJ, Allen DD. Nanoparticle surface charges alter blood-brain barrier integrity and permeability. *Journal of drug targeting*. 2004; 12(9-10):635-41.
50. Sharma HS, Sharma A. Neurotoxicity of engineered nanoparticles from metals. *CNS & neurological disorders drug targets*. 2012; 11(1):65-80.
51. Blanco E, Shen H, Ferrari M. Principles of nanoparticle design for overcoming biological barriers to drug delivery. *Nature biotechnology*. 2015; 33(9):941-51.
52. Chauhan VP, Stylianopoulos T, Martin JD, Popovic Z, Chen O, Kamoun WS, et al. Normalization of tumour blood vessels improves the delivery of nanomedicines in a size-dependent manner. *Nature nanotechnology*. 2012; 7(6):383-8.