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Nano-engineered Erythrocyte Membrane Shields Metal–Organic Frameworks: Advancing Targeted Cancer Therapy

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Abstract:

Nano-engineered erythrocyte membrane-coated metal–organic frameworks (MOFs) have emerged as a promising strategy for advancing targeted cancer therapy. This review explores the synthesis, properties, and potential applications of erythrocyte membrane-coated MOFs in cancer treatment. The integration of MOFs with erythrocyte membranes offers several advantages, including enhanced biocompatibility, prolonged circulation time, and targeted drug delivery to tumor tissues. Biomimetic techniques, bottom-up assembly approaches, and nanoimprinting technologies enable precise control over coating architectures and drug delivery functionalities. Coated nanoparticles exhibit multifunctionality and versatility, allowing for the simultaneous delivery of therapeutic agents and imaging probes. By leveraging the unique properties of erythrocyte membranes and MOFs, coated nanoparticles offer targeted drug delivery systems with reduced off-target effects and systemic toxicity. Moreover, the integration of coated nanoparticles with other therapeutic modalities, such as immunotherapy and gene therapy, enables synergistic treatment approaches and personalized medicine strategies. Despite challenges related to manufacturing complexities and regulatory approval, nano-engineered erythrocyte membrane-coated MOFs hold significant promise for improving treatment outcomes and patient quality of life in cancer therapy. Further research and innovation are needed to optimize synthesis processes, validate efficacy through translational studies, and overcome existing hurdles for clinical translation.

Keywords: Nano-engineering, Erythrocyte membranes, Metal-organic frameworks (MOFs), Targeted cancer therapy

I. Introduction

Targeted cancer therapy represents a transformative approach in oncology, designed to specifically target and destroy cancer cells while minimizing damage to normal, healthy cells. Unlike traditional chemotherapy, which affects both cancerous and non-cancerous cells, targeted therapy aims at specific molecular targets associated with cancer[1]. This precision reduces side effects and enhances the efficacy of the treatment. The importance of targeted cancer therapy lies in its ability to improve patient outcomes[2]. By focusing on specific genetic mutations or proteins that contribute to cancer growth and survival, targeted therapies can disrupt critical processes in cancer cells, leading to their death or reduced proliferation. For example, therapies targeting the HER2 protein in breast cancer or the BCR-ABL fusion gene in chronic myeloid leukemia have significantly improved survival rates and quality of life for patients[3]. However, there are significant challenges associated with targeted cancer therapy. One major issue is the development of resistance. Cancer cells can mutate and adapt, rendering targeted therapies ineffective over time. This necessitates the continuous development of new drugs and combination therapies to outmaneuver cancer cell adaptations[4]. Additionally, identifying appropriate targets and biomarkers is complex and requires sophisticated diagnostic tools and a deep understanding of cancer biology. Finally, the high cost of targeted therapies can limit accessibility, posing a challenge for widespread adoption in clinical practice. Metal-organic frameworks (MOFs) are crystalline materials composed of metal ions or clusters coordinated to organic ligands[5]. Their unique structure, characterized by high surface area, tunable porosity, and functional versatility, makes them highly suitable for various biomedical applications, including cancer therapy. In the context of cancer treatment, MOFs offer several advantages. They can encapsulate a wide range of therapeutic agents, including small molecule drugs, proteins, and nucleic acids, providing a versatile platform for drug delivery[6]. The porous structure of MOFs allows for high loading capacity and controlled release of these agents, ensuring sustained therapeutic levels over time. Additionally, the surface of MOFs can be modified with targeting ligands to enhance their selectivity towards cancer cells, reducing off-target effects and improving therapeutic outcomes. Recent studies have demonstrated the potential of MOFs in targeted cancer therapy[7]. For instance, MOFs have been engineered to release drugs in response to specific stimuli, such as pH changes in the tumor microenvironment, ensuring that the drug is released primarily at the tumor site. This targeted release mechanism enhances the efficacy of the treatment while minimizing systemic toxicity. Furthermore, MOFs can also serve as carriers for imaging agents, enabling simultaneous cancer therapy and diagnosis (theranostics). Nano-engineering involves the design and manipulation of materials at the nanoscale, typically ranging from 1 to 100 nanometers[8]. At this scale, materials exhibit unique properties that differ significantly from their bulk counterparts, opening new possibilities for various applications, including in medicine. Nano-engineering enables the creation of nanoparticles with precise control over their size, shape, surface chemistry, and functionality, making them ideal for targeted drug delivery, imaging, and other biomedical applications[9]. Erythrocyte membranes, derived from red blood cells (RBCs), offer a biocompatible and biodegradable coating for nanoparticles. The concept of using erythrocyte membranes in nano-engineering

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leverages the natural properties of RBCs, such as their long circulation time and ability to evade the immune system. By coating nanoparticles with erythrocyte membranes, researchers can create "stealth" delivery systems that mimic the behavior of natural RBCs, thereby enhancing the nanoparticles' stability and circulation time in the bloodstream.[10]The significance of this approach lies in its potential to improve the therapeutic index of cancer treatments. Erythrocyte membrane-coated nanoparticles can circulate longer, avoid detection and clearance by the immune system, and deliver their payloads more effectively to the target site. This reduces the frequency and dosage of treatments needed, minimizing side effects and improving patient compliance[11].

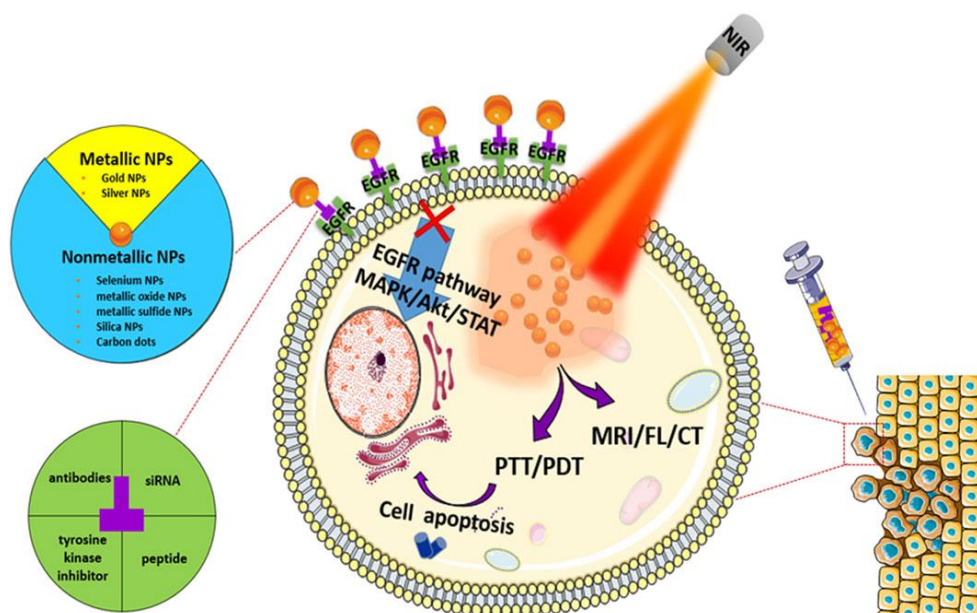


Fig.1 Application of inorganic nanoparticle

II. Metal–Organic Frameworks (MOFs)

Metal–organic frameworks (MOFs) are a class of crystalline materials constructed from metal ions or clusters coordinated to organic ligands. These frameworks form porous, lattice-like structures, which can be precisely engineered at the molecular level[12]. The metal ions act as nodes, connecting organic linkers that create a repeating, three-dimensional network. This structure imparts MOFs with an exceptionally high surface area and tunable porosity, making them highly versatile for various applications[13].The key to understanding MOFs lies in their modular construction. By selecting different metals and organic linkers, scientists can design MOFs with specific properties tailored to their desired application[14]. For example, the choice of metal can influence the framework's stability, magnetic properties, and catalytic activity, while the organic linkers can be modified to control pore size, surface functionality, and overall framework flexibility. This tunability allows for the customization of MOFs to meet specific requirements, such as enhancing drug loading capacity or achieving targeted drug release profiles in biomedical applications[15].

Properties and Benefits of MOFs in Biomedical Applications

MOFs possess several unique properties that make them particularly advantageous for biomedical applications, including cancer therapy. These properties include:

High Surface Area and Porosity: MOFs have an exceptionally high surface area, often exceeding 1000 square meters per gram. This large surface area, combined with their tunable

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porosity, allows MOFs to adsorb and store significant amounts of therapeutic agents, including small molecules, proteins, and nucleic acids[16]. The porosity of MOFs can be engineered to control the size and diffusion of encapsulated molecules, providing precise control over drug release kinetics.

Tunability and Functionalization: The modular nature of MOFs allows for the precise tuning of their chemical and physical properties. By modifying the organic linkers and metal nodes, researchers can introduce functional groups that enhance biocompatibility, target specificity, and responsiveness to external stimuli[17]. For instance, functional groups can be added to improve the binding affinity of MOFs to specific cancer cell receptors, enabling targeted drug delivery.

Biocompatibility and Stability: Advances in MOF synthesis have led to the development of biocompatible and stable frameworks suitable for in vivo applications. Biocompatible MOFs can be constructed using non-toxic metals, such as iron, zinc, and calcium, and organic linkers that are well-tolerated by the body[18]. Additionally, MOFs can be designed to degrade into non-toxic byproducts, minimizing potential side effects.

Stimuli-Responsive Behavior: MOFs can be engineered to respond to various stimuli, such as pH, temperature, light, and magnetic fields. This responsiveness can be leveraged to achieve controlled and targeted drug release in the tumor microenvironment[19,2]. For example, pH-sensitive MOFs can release their payload in the acidic environment of a tumor, while remaining stable in the neutral pH of the bloodstream.

Specific Uses of MOFs in Cancer Therapy

1. Drug Delivery

One of the most promising applications of MOFs in cancer therapy is their use as drug delivery systems. MOFs can encapsulate a wide range of anticancer drugs within their porous structure, protecting the drugs from premature degradation and enhancing their bioavailability[20]. The high loading capacity of MOFs allows for the delivery of therapeutic doses with a smaller amount of carrier material, reducing the risk of adverse reactions. MOFs can be designed to release their drug payload in response to specific stimuli found in the tumor microenvironment[21,22]. For instance, pH-responsive MOFs can release drugs in the acidic conditions characteristic of many tumors, ensuring that the drugs are released primarily at the tumor site. This targeted release minimizes systemic toxicity and enhances the therapeutic efficacy of the treatment[11]. Moreover, the surface of MOFs can be functionalized with targeting ligands, such as antibodies or peptides, that recognize and bind to specific receptors on cancer cells. This active targeting further improves the specificity of drug delivery, ensuring that the therapeutic agents are concentrated in the tumor tissue while sparing healthy cells[23].

2. Imaging and Diagnostics

In addition to drug delivery, MOFs hold great potential in cancer imaging and diagnostics. MOFs can be loaded with imaging agents, such as fluorescent dyes, magnetic nanoparticles, or radiolabels, enabling their use in various imaging modalities, including fluorescence imaging, magnetic resonance imaging (MRI), and positron emission tomography (PET)[24]. The high surface area and tunable porosity of MOFs allow for the incorporation of multiple imaging agents within a single framework, enabling multimodal imaging. For example, a single MOF particle can be engineered to carry both MRI contrast agents and

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fluorescent dyes, allowing for complementary imaging techniques to be used in tandem[25]. This multimodal approach enhances the accuracy of tumor detection and characterization, facilitating more precise diagnosis and treatment planning[26]. Furthermore, MOFs can be functionalized with targeting ligands that bind to specific biomarkers expressed on cancer cells. This targeted imaging capability enables the visualization of tumors with high specificity, aiding in the early detection of cancer and monitoring of treatment response[3].

3. Synergistic Therapy

MOFs offer the unique capability to combine multiple therapeutic modalities within a single platform, enabling synergistic therapy. Synergistic therapy involves the simultaneous or sequential delivery of different therapeutic agents that work together to enhance overall treatment efficacy. This approach can overcome the limitations of monotherapy and address the multifaceted nature of cancer[27]. For instance, MOFs can be designed to co-deliver chemotherapy drugs and gene therapy vectors. The chemotherapy drugs can kill rapidly dividing cancer cells, while the gene therapy vectors can introduce genetic material that inhibits cancer cell survival or enhances immune system recognition of the tumor[28]. By combining these therapies within a single MOF platform, researchers can achieve a more comprehensive and potent anticancer effect. Additionally, MOFs can be used to deliver therapeutic agents in combination with photodynamic or photothermal therapy[29]. Photodynamic therapy involves the use of light-activated drugs that generate reactive oxygen species to kill cancer cells, while photothermal therapy uses light-absorbing agents to produce localized heat that destroys tumor tissue. MOFs can encapsulate these light-sensitive agents and release them upon light activation, enabling precise spatial and temporal control over the therapeutic effect[30].

III. Erythrocyte Membrane Coating

Structure and Function of Erythrocyte Membranes

Erythrocytes, or red blood cells (RBCs), are the most abundant cells in the human body, primarily responsible for transporting oxygen from the lungs to tissues and returning carbon dioxide from tissues to the lungs[5]. The structure of erythrocyte membranes is crucial to their function and offers unique advantages when used as coatings for nanoparticles. The erythrocyte membrane is a complex, bilayered structure composed of lipids, proteins, and carbohydrates. The lipid bilayer consists primarily of phospholipids and cholesterol, which provide fluidity and flexibility to the membrane[6]. Embedded within this bilayer are various integral and peripheral proteins that contribute to the membrane's structural integrity, functionality, and interaction with the cellular environment. Some key proteins include spectrin, ankyrin, and band 3 protein, which maintain the biconcave shape of erythrocytes, enabling them to deform as they pass through narrow capillaries without rupturing[4]. Carbohydrates attached to proteins and lipids on the extracellular surface of the membrane form the glycocalyx, a protective and recognition layer[31]. This glycocalyx is essential for interactions with other cells and the extracellular matrix, as well as for evading detection by the immune system. The erythrocyte membrane's unique properties make it an excellent candidate for nanoparticle coating. Its biocompatibility, natural ability to evade the immune system, and extended circulation time in the bloodstream are attributes that can be harnessed to improve the delivery and efficacy of therapeutic nanoparticles[32,6].

Advantages of Using Erythrocyte Membranes for Nanoparticle Coating

1. Biocompatibility

Biocompatibility is one of the primary advantages of using erythrocyte membranes to coat nanoparticles. Because erythrocyte membranes are derived from the body's own cells, they are inherently biocompatible and unlikely to provoke an immune response or cause toxicity[33,9]. This characteristic is particularly important in the context of drug delivery systems, where minimizing adverse reactions is critical for patient safety and treatment efficacy[34]. When nanoparticles are coated with erythrocyte membranes, they inherit the membranes' biocompatible properties[35]. This reduces the likelihood of the nanoparticles being recognized as foreign invaders by the body's immune system, which can lead to their rapid clearance from the bloodstream and reduce the therapeutic effectiveness. Furthermore, the use of autologous erythrocyte membranes—those derived from the patient's own blood—can eliminate the risk of immunogenic reactions and allergic responses, enhancing the safety profile of the nanoparticle-based therapies[18].

2. Immune Evasion

Erythrocyte membranes possess natural mechanisms for evading the immune system, making them ideal for coating nanoparticles intended for prolonged circulation and targeted delivery. Erythrocytes are equipped with specific surface proteins that signal to the immune system that they are native cells and should not be attacked or removed. One such protein is CD47, often referred to as the "don't eat me" signal[36]. CD47 interacts with the signal regulatory protein alpha (SIRP α) on macrophages, inhibiting the phagocytosis of the erythrocytes. When nanoparticles are coated with erythrocyte membranes, they acquire these immune evasion properties[3,4]. The presence of CD47 and other immunomodulatory proteins on the surface of the coated nanoparticles helps them evade recognition and clearance by macrophages and other components of the mononuclear phagocyte system (MPS). This immune evasion capability allows the nanoparticles to circulate longer in the bloodstream, increasing the likelihood of reaching their target site and delivering their therapeutic payload effectively[38].

3. Prolonged Circulation Time

One of the major challenges in nanoparticle-based drug delivery is achieving prolonged circulation time in the bloodstream. Many nanoparticles are rapidly cleared by the liver and spleen, reducing their efficacy and necessitating frequent dosing. Erythrocyte membrane-coated nanoparticles benefit from the natural longevity of erythrocytes, which have an average lifespan of about 120 days in human circulation[39]. The prolonged circulation time of erythrocyte membrane-coated nanoparticles can be attributed to several factors. First, the natural flexibility and deformability of erythrocyte membranes allow the coated nanoparticles to navigate through the circulatory system without being trapped or degraded. Second, the immune evasion properties of the erythrocyte membranes, as discussed earlier, help the nanoparticles avoid rapid clearance by the MPS[40]. Additionally, erythrocyte membranes can be engineered to further enhance the circulation time of the nanoparticles. For example, by optimizing the coating process and ensuring a uniform and stable membrane coating, researchers can improve the stability and durability of the nanoparticles in the bloodstream[12,5]. This extended circulation time increases the window of opportunity for

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the nanoparticles to accumulate at the target site, improving the overall therapeutic efficacy of the treatment.

IV. Nano-engineering of Erythrocyte Membrane Shields

Techniques for Nano-engineering Erythrocyte Membrane Shields

1. Isolation and Purification of Erythrocyte Membranes

The first step in nano-engineering erythrocyte membrane shields involves the isolation and purification of erythrocyte membranes. This process begins with the collection of erythrocytes, typically from a blood sample[41]. The collected blood undergoes centrifugation to separate the erythrocytes from plasma and other blood components. Once isolated, the erythrocytes are subjected to a series of washing steps using isotonic buffers to remove any remaining plasma proteins and other contaminants[22]. These steps are crucial to ensure the purity of the erythrocytes, as any residual impurities could interfere with the subsequent nano-engineering processes. Next, the erythrocytes undergo hypotonic lysis, a technique where the cells are exposed to a hypotonic solution, causing them to swell and burst. This process releases the cell contents, leaving behind the erythrocyte membranes, also known as ghost cells, which retain their structural integrity[3,9]. The ghost cells are then collected through further centrifugation. Purification of the erythrocyte membranes involves additional washing steps to remove intracellular contents and any lysed cell debris. This may include treatments with buffer solutions and possibly mild detergents to ensure the removal of any residual cytoplasmic proteins, while preserving the membrane's structural proteins and lipid bilayer. The purified membranes are then ready for the coating process[23,42].

2. Coating Procedures for MOFs

The process of coating metal-organic frameworks (MOFs) with erythrocyte membranes involves several meticulous steps to ensure a stable and functional hybrid construct. The coating process can vary depending on the specific properties of the MOFs and the desired characteristics of the final product[5]. Here are some common methodologies:

Electrostatic Interaction: This technique exploits the natural charge properties of MOFs and erythrocyte membranes. MOFs can be engineered to carry a specific charge (positive or negative), while erythrocyte membranes also exhibit inherent charge properties. By adjusting the pH and ionic strength of the solution, the membranes can be adsorbed onto the MOF surfaces through electrostatic interactions[43].

Mechanical Extrusion: In this method, erythrocyte membranes are mechanically extruded to coat the MOFs. The purified erythrocyte membranes and MOFs are passed through a series of nanoporous membranes using a mini-extruder. This process forces the erythrocyte membranes to wrap around the MOFs, forming a stable coating[19].

Sonication: Sonication involves using ultrasonic waves to disrupt and reassemble erythrocyte membranes around MOFs. The mixture of erythrocyte membranes and MOFs is sonicated to facilitate the fusion of membranes onto the MOF surfaces. This method ensures a uniform coating and can be adjusted to control the thickness of the membrane layer[44].

Covalent Binding: Although less common due to potential alterations in membrane properties, covalent binding involves creating chemical bonds between functional groups on the erythrocyte membranes and the MOFs. This approach can provide a robust attachment but requires careful consideration to maintain the functional integrity of the membranes[27].

V. Mechanisms of Targeted Cancer Therapy

Targeting Strategies Employed by Nano-engineered Constructs

1. Passive Targeting through Enhanced Permeability and Retention (EPR) Effect

Passive targeting leverages the unique characteristics of tumor vasculature to enhance the accumulation of therapeutic nanoparticles within tumor tissues. Tumors exhibit rapid and abnormal angiogenesis, resulting in the formation of leaky blood vessels with irregular architecture and large fenestrations[45]. This phenomenon, known as the enhanced permeability and retention (EPR) effect, allows nanoparticles to passively accumulate in tumor tissues more readily than in normal tissues. The EPR effect occurs because the irregular, porous blood vessels in tumors allow nanoparticles of certain sizes (typically 10-200 nm) to extravasate into the tumor interstitial space[9,7]. Once there, these nanoparticles are retained due to the poor lymphatic drainage system in tumors, which is often insufficient to remove the nanoparticles. This retention increases the local concentration of therapeutic agents, enhancing their efficacy against cancer cells while minimizing systemic toxicity[22]. Erythrocyte membrane-coated metal-organic frameworks (MOFs) exploit the EPR effect by maintaining an optimal size and surface properties that favor passive accumulation in tumor tissues. The erythrocyte membrane coating provides biocompatibility and prolonged circulation time, ensuring that the nanoparticles remain in the bloodstream long enough to take advantage of the EPR effect. This passive targeting mechanism enhances the therapeutic index of the encapsulated drugs, providing a more effective and safer cancer treatment option[1,7].

2. Active Targeting via Ligand-Receptor Interactions

Active targeting strategies involve the functionalization of nanoparticles with ligands that specifically bind to receptors overexpressed on cancer cells. This approach aims to further increase the specificity and efficacy of the therapeutic nanoparticles by ensuring they interact directly with cancer cells, facilitating their internalization and enhancing the delivery of therapeutic agents[46]. Ligands used for active targeting can include antibodies, peptides, small molecules, and aptamers. These ligands are selected based on their high affinity and specificity for receptors that are abundantly expressed on the surface of cancer cells but are minimally present on normal cells. For example, folate receptors, transferrin receptors, and integrins are often overexpressed in various cancer types and can be targeted using appropriate ligands[3,6]. When erythrocyte membrane-coated MOFs are functionalized with these ligands, they can effectively home in on cancer cells. Upon binding to the target receptors, the nanoparticles are internalized through receptor-mediated endocytosis, delivering their therapeutic payload directly into the cancer cells. This targeted delivery reduces off-target effects and increases the therapeutic concentration of the drug at the tumor site, enhancing treatment efficacy[47].

B. Drug Delivery and Release Mechanisms

1. Controlled Release Kinetics

Controlled release kinetics are crucial for maintaining therapeutic drug levels within the tumor microenvironment over an extended period. This approach aims to release the encapsulated drug at a controlled and predictable rate, minimizing the peaks and troughs associated with traditional drug administration and reducing the frequency of dosing[4,9]. Erythrocyte membrane-coated MOFs can be engineered to achieve controlled

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release by manipulating the properties of the MOFs and the erythrocyte membranes. Factors such as the porosity of the MOFs, the thickness of the erythrocyte membrane coating, and the incorporation of biodegradable linkers can all influence the release profile of the drug[48]. For example, MOFs with adjustable pore sizes can be designed to control the diffusion rate of the drug molecules. By selecting appropriate pore sizes, researchers can tailor the release kinetics to achieve sustained drug release. Additionally, the erythrocyte membrane coating can act as a barrier, further modulating the release rate and providing a secondary level of control[2]. Controlled release kinetics ensure that the drug is delivered continuously over a prolonged period, maintaining therapeutic concentrations within the tumor and improving the overall efficacy of the treatment. This approach also minimizes the risk of side effects associated with high drug concentrations and enhances patient compliance by reducing the need for frequent dosing[48].

2. Stimuli-Responsive Release (e.g., pH, Temperature, Enzymes)

Stimuli-responsive release mechanisms take advantage of the unique microenvironmental conditions present in tumors to achieve site-specific drug release. Tumors exhibit several distinctive characteristics, such as acidic pH, elevated temperatures, and the presence of specific enzymes, which can be exploited to trigger the release of therapeutic agents from nanoparticles[49].

pH-Responsive Release: The acidic environment of tumors (pH 6.5-6.8) contrasts with the neutral pH of normal tissues (pH 7.4). Erythrocyte membrane-coated MOFs can be designed to respond to this pH difference by incorporating acid-labile linkers or pH-sensitive materials that degrade or swell in acidic conditions. This pH-triggered degradation or structural change releases the encapsulated drug specifically within the tumor, minimizing systemic exposure[50].

Temperature-Responsive Release: Tumors often exhibit elevated temperatures compared to normal tissues due to increased metabolic activity. Temperature-sensitive materials can be integrated into the MOFs or the erythrocyte membrane coating to achieve thermal-triggered drug release. These materials undergo phase transitions or structural changes at the higher temperatures found in tumors, releasing the drug in a controlled manner[51].

Enzyme-Responsive Release: Tumors can overexpress certain enzymes, such as matrix metalloproteinases (MMPs) and cathepsins, which are involved in tumor invasion and metastasis. Erythrocyte membrane-coated MOFs can be functionalized with enzyme-cleavable linkers that release the drug upon exposure to these specific enzymes. This enzymatic cleavage ensures that the drug is released preferentially in the tumor microenvironment where the enzymes are present[52].

VI. Advantages and Limitations

1. Enhanced Targeting and Reduced Side Effects

One of the primary advantages of nano-engineered erythrocyte membrane-coated metal-organic frameworks (MOFs) is their ability to enhance targeting specificity while minimizing off-target effects and systemic toxicity[3]. The incorporation of erythrocyte membranes as coatings provides several benefits in this regard:

Passive and Active Targeting: The erythrocyte membrane coating enables both passive and active targeting of cancer cells. Passive targeting takes advantage of the enhanced permeability and retention (EPR) effect, allowing coated nanoparticles to accumulate

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preferentially in tumor tissues due to their leaky vasculature[24]. Active targeting further enhances specificity by functionalizing the nanoparticles with ligands that bind to receptors overexpressed on cancer cells, facilitating their internalization and improving drug delivery efficiency[33].

Minimized Off-target Effects: By enhancing tumor-specific accumulation and cellular internalization, erythrocyte membrane-coated MOFs reduce exposure to healthy tissues, thereby minimizing off-target effects and systemic toxicity. This targeted approach enhances the therapeutic index of encapsulated drugs, allowing for higher doses to be administered with fewer adverse reactions[53].

Extended Circulation Time: The erythrocyte membrane coating provides stealth properties that prolong the circulation time of coated nanoparticles in the bloodstream. This extended circulation time increases the window of opportunity for nanoparticles to accumulate in tumors and enhances their therapeutic efficacy[11].

2. Multifunctionality and Versatility

Another key advantage of nano-engineered erythrocyte membrane-coated MOFs is their multifunctionality and versatility, which stem from the unique properties of both the erythrocyte membranes and MOFs:

Drug Delivery: Erythrocyte membrane-coated MOFs serve as versatile platforms for drug delivery, offering a stable and biocompatible carrier for a wide range of therapeutic agents, including small molecules, proteins, nucleic acids, and imaging agents. The porous structure of MOFs allows for high drug loading capacities, while the erythrocyte membrane coating ensures efficient delivery to target tissues[18].

Imaging and Diagnosis: In addition to drug delivery, coated nanoparticles can be engineered for diagnostic applications, such as imaging and sensing[16]. The high surface area and tunable properties of MOFs make them attractive candidates for loading contrast agents or fluorescent probes for imaging modalities such as magnetic resonance imaging (MRI), computed tomography (CT), and fluorescence imaging. Erythrocyte membrane coatings provide biocompatibility and stealth properties, enabling safe and targeted imaging of tumors[3,8].

Theranostics: Erythrocyte membrane-coated MOFs have the potential to integrate therapeutic and diagnostic functions into a single platform, a concept known as theranostics. By combining drug delivery capabilities with imaging modalities, theranostic nanoparticles offer personalized and real-time monitoring of treatment response, enabling clinicians to adjust therapy regimens based on individual patient needs[54].

Table 1. List of FDA-Approved Nanomedicine including[1,7]

Name	Particle Type/Drug	Approved Application/Indication	Year of Approval (FDA)
Doxil®	Liposomal Doxorubicin	Ovarian cancer, AIDS-related Kaposi's sarcoma	1995
Abraxane®	Albumin-bound Paclitaxel	Breast cancer, Non-small cell lung cancer	2005
Onivyde®	Liposomal Irinotecan	Pancreatic cancer	2015
Vyxos®	Liposomal	Acute myeloid leukemia	2017

	Daunorubicin/Cytarabine		
Adagen®	PEG-adenosine deaminase	Severe combined immunodeficiency disease	1990
Feraheme®	Iron oxide nanoparticle	Iron deficiency anemia	2009
AmBisome®	Liposomal Amphotericin B	Fungal infections	1997
Lipodox®	Liposomal Doxorubicin	Breast cancer, Ovarian cancer, Multiple myeloma	2013
DaunoXome®	Liposomal Daunorubicin	Kaposi's sarcoma	1996

B. Limitations and Challenges

1. Manufacturing Complexities

Despite their significant advantages, nano-engineered erythrocyte membrane-coated MOFs face several limitations and challenges that must be addressed for successful clinical translation. Manufacturing complexities represent one of the primary challenges:

Complex Synthesis Processes: The synthesis of erythrocyte membrane-coated MOFs involves multiple steps, including the isolation and purification of erythrocyte membranes, synthesis of MOFs, and coating procedures[55]. Each step requires specialized equipment, expertise, and optimization to ensure reproducibility and scalability. Variability in synthesis conditions can affect the properties and performance of coated nanoparticles, posing challenges for large-scale production[33].

Quality Control and Batch-to-Batch Variability: Maintaining consistent quality and performance across different batches of coated nanoparticles is essential for clinical applications[10]. However, variations in synthesis parameters, raw materials, and coating efficiency can lead to batch-to-batch variability in product characteristics, such as size, morphology, drug loading capacity, and release kinetics. Establishing robust quality control measures and standardizing manufacturing protocols are critical for ensuring product consistency and regulatory compliance[5].

2. Scale-Up and Reproducibility Issues

Scaling up the production of nano-engineered erythrocyte membrane-coated MOFs for clinical applications presents additional challenges:

Scalability: Transitioning from laboratory-scale synthesis to large-scale production requires optimization of manufacturing processes, equipment, and infrastructure to meet the demand for clinical trials and commercialization. Achieving reproducible and scalable synthesis methods while maintaining product quality and performance is critical for successful scale-up[56].

Reproducibility: Variability in synthesis conditions, raw materials, and operator expertise can impact the reproducibility of coated nanoparticles, leading to inconsistencies in product characteristics and performance. Establishing robust protocols, standard operating procedures (SOPs), and quality control measures is essential for ensuring reproducibility and reliability across different manufacturing batches[9,3].

VII. Future Perspectives and Directions

A. Innovations in Nano-engineering and Materials Science

1. Emerging Techniques and Technologies

Nanotechnology and materials science are advancing rapidly, presenting new opportunities for the development of innovative nanostructures, including erythrocyte membrane-coated metal-organic frameworks (MOFs)[4].

Biom mineralization Techniques: Biom mineralization methods, inspired by natural processes, allow for the synthesis of complex nanostructures within biological templates. By leveraging biom mineralization, researchers can incorporate MOFs into erythrocyte membranes, creating hybrid nanostructures with enhanced stability, biocompatibility, and functionality[57].

Bottom-Up Assembly: Bottom-up assembly approaches enable the precise organization of nanoscale building blocks into complex hierarchical structures. Self-assembly techniques, such as DNA origami and supramolecular chemistry, facilitate the construction of tailored coatings with controlled architectures and surface modifications[23].

Nanoimprinting and Nanolithography: Nanoimprinting and nanolithography enable the fabrication of nanostructures with high resolution and precision. These techniques allow for the creation of functionalized coatings and spatially controlled drug delivery systems, enhancing the targeting specificity and therapeutic efficacy of coated nanoparticles[58].

2. Potential Improvements in Design and Function

Advancements in nano-engineering and materials science offer opportunities for enhancing the design and function of erythrocyte membrane-coated MOFs in several key areas.

Enhanced Biocompatibility and Stability: Improving the biocompatibility and stability of coated nanoparticles is crucial for their biomedical applications. Surface modifications, such as polymer coatings and lipid bilayers, can shield MOFs from immune recognition and degradation, prolonging their circulation time and enhancing their performance in vivo[33].

Tailored Targeting and Cargo Delivery: Customizing targeting ligands and cargo loading strategies allows for precise control over drug delivery and therapeutic outcomes. By selecting ligands with high affinity for tumor-associated receptors, researchers can improve the targeting specificity of coated nanoparticles, while optimizing cargo loading methods enables efficient delivery of therapeutic agents[44,8].

Responsive and Multifunctional Platforms: Incorporating stimuli-responsive materials into coated nanoparticles allows for on-demand control over drug release and therapeutic activity. Stimuli-responsive coatings undergo reversible changes in response to external cues, enabling precise modulation of drug release kinetics and therapeutic effects[59].

B. Integration with Other Therapeutic Modalities

1. Combination Therapies (e.g., Immunotherapy, Gene Therapy)

Combining erythrocyte membrane-coated MOFs with other therapeutic modalities offers synergistic benefits for cancer treatment.

Immunotherapy: Co-administering coated nanoparticles with immunomodulatory agents enhances antitumor immune responses and overcomes immune evasion mechanisms, leading to improved treatment outcomes[3].

Gene Therapy: Delivering therapeutic nucleic acids using coated nanoparticles enables precise modulation of gene expression, offering novel strategies for targeted cancer therapy[60].

2. Personalized Medicine Approaches

Incorporating erythrocyte membrane-coated MOFs into personalized medicine approaches enables tailored treatment strategies based on individual patient characteristics and tumor biology.

Patient-specific Targeting: Customizing coated nanoparticles with patient-specific ligands allows for precision targeting of tumor cells, minimizing off-target effects and maximizing treatment efficacy[61].

Combinatorial Therapeutic Regimens: Integrating coated nanoparticles with patient-specific drug combinations enables personalized treatment regimens tailored to individual patient needs, improving overall therapeutic outcomes.

C. Path Forward for Clinical Translation

1. Addressing Current Limitations

Overcoming current limitations is essential for advancing the clinical translation of erythrocyte membrane-coated MOFs[62].

Manufacturing Optimization: Streamlining synthesis processes and establishing scalable production methods are crucial for ensuring reproducibility and cost-effectiveness of coated nanoparticles[63,64].

Safety and Toxicity Assessment: Comprehensive preclinical evaluation is necessary to address regulatory and safety concerns associated with coated nanoparticles, ensuring patient safety and regulatory compliance[65].

2. Strategic Partnerships and Interdisciplinary Research

Collaborations between academia, industry, and clinical stakeholders are essential for accelerating the clinical translation of erythrocyte membrane-coated MOFs[66].

Academic-Industry Collaboration: Collaboration facilitates knowledge exchange, resource sharing, and technology transfer, accelerating the development and commercialization of coated nanoparticles[67,68].

Interdisciplinary Research: Interdisciplinary research enables the integration of diverse expertise and perspectives, leading to innovative solutions and advancements in cancer therapy[69].

Conclusion

The exploration of nano-engineered erythrocyte membrane-coated metal-organic frameworks (MOFs) as a promising avenue for targeted cancer therapy reveals significant potential. Innovations in nanotechnology and materials science, including biomineralization techniques and bottom-up assembly approaches, offer precise control over coating architectures and drug delivery functionalities. These coated nanoparticles exhibit enhanced biocompatibility, prolonged circulation time, and targeted drug delivery capabilities, minimizing off-target effects and systemic toxicity associated with traditional chemotherapy. However, challenges such as manufacturing complexities and regulatory approval hurdles must be addressed through interdisciplinary collaboration and comprehensive preclinical evaluation. Despite these challenges, the potential impact of coated nanoparticles on cancer therapy is undeniable. Their ability to selectively deliver therapeutic agents to tumor tissues while sparing healthy cells holds promise for improving treatment outcomes and patient quality of life. Integrating coated nanoparticles with other therapeutic modalities, such as immunotherapy and gene therapy, offers synergistic treatment approaches that address cancer

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heterogeneity and drug resistance. Furthermore, personalized medicine approaches guided by patient-specific characteristics and tumor biology enhance treatment precision and effectiveness. Moving forward, continued research and innovation are essential to optimize synthesis processes, validate efficacy through translational studies, and unlock the full therapeutic potential of nano-engineered erythrocyte membrane-coated MOFs in the fight against cancer.

References

- [1] N. Hilf et al., "Actively personalized vaccination trial for newly diagnosed glioblastoma," *Nature*, vol. 565, pp. 240–245, Jan. 2019. doi: 10.1038/s41586-018-0810-y.
- [2] D.B. Keskin et al., "Neoantigen vaccine generates intratumoral T cell responses in phase Ib glioblastoma trial," *Nature*, vol. 565, pp. 234–239, Jan. 2019. doi: 10.1038/s41586-018-0792-9.
- [3] U. Sahin et al., "Personalized RNA mutanome vaccines mobilize poly-specific therapeutic immunity against cancer," *Nature*, vol. 547, pp. 222–226, Jul. 2017. doi: 10.1038/nature23003.
- [4] S.D. Brown et al., "Neo-antigens predicted by tumor genome meta-analysis correlate with increased patient survival," *Genome Res.*, vol. 24, pp. 743–750, May 2014. doi: 10.1101/gr.165985.113.
- [5] N.A. Rizvi et al., "Cancer immunology. Mutational landscape determines sensitivity to PD-1 blockade in non-small cell lung cancer," *Science*, vol. 348, pp. 124–128, Apr. 2015. doi: 10.1126/science.aaa1348.
- [6] S. Shalpour and M. Karin, "Immunity, inflammation, and cancer: An eternal fight between good and evil," *J. Clin. Investig.*, vol. 125, pp. 3347–3355, Aug. 2015. doi: 10.1172/JCI80007.
- [7] P.I. Ribeiro Franco et al., "Tumor microenvironment components: Allies of cancer progression," *Pathol. Res. Pract.*, vol. 216, p. 152729, Feb. 2020. doi: 10.1016/j.prp.2019.152729.
- [8] P. Bhatt et al., "Functional and tableting properties of alkali-isolated and phosphorylated barnyard millet (*Echinochloa esculenta*) starch," *ACS Omega*, vol. 8, no. 33, pp. 30294–305, 2023.
- [9] P. Bhatt et al., "Plasma modification techniques for natural polymer-based drug delivery systems," *Pharmaceutics*, vol. 15, no. 8, p. 2066, 2023.
- [10] P. Bhatt et al., "Comparative study and in vitro evaluation of sustained release marketed formulation of aceclofenac sustained release tablets," *Pharma Science Monitor*, vol. 9, no. 2, 2018.
- [11] P. Bhatt et al., "Development and characterization of fast dissolving buccal strip of frovatriptan succinate monohydrate for buccal delivery," *Int J Pharm Investig*, vol. 11, no. 1, pp. 69–75, 2021.
- [12] P. Bhatt et al., "Artificial intelligence in pharmaceutical industry: Revolutionizing drug development and delivery," *The Chinese Journal of Artificial Intelligence*, 2023.

- [13] P. Bhatt et al., "Blockchain technology applications for improving quality of electronic healthcare system," in *Blockchain for Healthcare Systems*, 2021, pp. 97–113.
- [14] P. Bhatt, "Mouth Dissolving Tablets Challenges, Preparation Strategies with a Special Emphasis on Losartan Potassium—A Review," *World J. Pharm. Pharm. Sci.*, vol. 7, no. 9, pp. 271-287, 2018.
- [15] A. Labani-Motlagh, M. Ashja-Mahdavi, and A. Loskog, "The Tumor Microenvironment: A Milieu Hindering and Obstructing Antitumor Immune Responses," *Front. Immunol.*, vol. 11, p. 940, May 2020. doi: 10.3389/fimmu.2020.00940.
- [16] Costa et al., "Fibroblast Heterogeneity and Immunosuppressive Environment in Human Breast Cancer," *Cancer Cell*, vol. 33, pp. 463–479.e10, Mar. 2018. doi: 10.1016/j.ccell.2018.01.011.
- [17] Zhang et al., "Cancer-associated fibroblasts promote M2 polarization of macrophages in pancreatic ductal adenocarcinoma," *Cancer Med.*, vol. 6, pp. 463–470, Feb. 2017. doi: 10.1002/cam4.993.
- [18] Uryvaev et al., "The role of tumor-infiltrating lymphocytes (TILs) as a predictive biomarker of response to anti-PD1 therapy in patients with metastatic non-small cell lung cancer or metastatic melanoma," *Med. Oncol.*, vol. 35, p. 25, Jan. 2018. doi: 10.1007/s12032-018-1080-0.
- [19] R. Zhou et al., "Immune cell infiltration as a biomarker for the diagnosis and prognosis of stage I–III colon cancer," *Cancer Immunol. Immunother.*, vol. 68, pp. 433–442, Mar. 2019. doi: 10.1007/s00262-018-2289-7.
- [20] J.A. Trujillo, R.F. Sweis, R. Bao, and J.J. Luke, "T Cell–Inflamed versus Non-T Cell–Inflamed Tumors: A Conceptual Framework for Cancer Immunotherapy Drug Development and Combination Therapy Selection," *Cancer Immunol. Res.*, vol. 6, pp. 990–1000, Aug. 2018. doi: 10.1158/2326-6066.CIR-18-0277.
- [21] M. Ayers et al., "IFN-gamma-related mRNA profile predicts clinical response to PD-1 blockade," *J. Clin. Investig.*, vol. 127, pp. 2930–2940, Jul. 2017. doi: 10.1172/JCI91190.
- [22] E. Allen et al., "Combined antiangiogenic and anti-PD-L1 therapy stimulates tumor immunity through HEV formation," *Sci. Transl. Med.*, vol. 9, p. eaak9679, May 2017. doi: 10.1126/scitranslmed.aak9679.
- [23] X. Cui et al., "A Novel Bispecific Antibody Targeting PD-L1 and VEGF With Combined Anti-Tumor Activities," *Front. Immunol.*, vol. 12, p. 778978, Oct. 2021. doi: 10.3389/fimmu.2021.778978.
- [24] M.Z. Noman et al., "Inhibition of Vps34 reprograms cold into hot inflamed tumors and improves anti-PD-1/PD-L1 immunotherapy," *Sci. Adv.*, vol. 6, p. eaax7881, Dec. 2020. doi: 10.1126/sciadv.aax7881.
- [25] W. Peng et al., "Loss of PTEN Promotes Resistance to T Cell-Mediated Immunotherapy," *Cancer Discov.*, vol. 6, pp. 202–216, Feb. 2016. doi: 10.1158/2159-8290.CD-15-0283.

- [26] J. Huang et al., "Frequent genetic abnormalities of the PI3K/AKT pathway in primary ovarian cancer predict patient outcome," *Genes Chromosomes Cancer*, vol. 50, pp. 606–618, Jul. 2011. doi: 10.1002/gcc.20883.
- [27] J. Sai et al., "PI3K Inhibition Reduces Mammary Tumor Growth and Facilitates Antitumor Immunity and Anti-PD1 Responses," *Clin. Cancer Res.*, vol. 23, pp. 3371–3384, Jun. 2017. doi: 10.1158/1078-0432.CCR-16-2142.
- [28] E. Borcoman et al., "Inhibition of PI3K pathway increases immune infiltrate in muscle-invasive bladder cancer," *Oncoimmunology*, vol. 8, p. e1581556, Dec. 2019. doi: 10.1080/2162402X.2019.1581556.
- [29] M. Zhong, C. Zhong, W. Cui, G. Wang, G. Zheng, L. Li, J. Zhang, R. Ren, H. Gao, T. Wang, et al., "Induction of tolerogenic dendritic cells by activated TGF-beta/Akt/Smad2 signaling in RIG-I-deficient stemness-high human liver cancer cells," *BMC Cancer*, vol. 19, p. 439, 2019. doi: 10.1186/s12885-019-5670-9.
- [30] T.L. Murphy and K.M. Murphy, "Dendritic cells in cancer immunology," *Cell Mol. Immunol.*, vol. 19, pp. 3–13, 2022. doi: 10.1038/s41423-021-00741-5.
- [31] T.O. Jensen, H. Schmidt, H.J. Moller, F. Donskov, M. Sjoegren, I.J. Christensen, and T. Steiniche, "Intratumoral neutrophils and plasmacytoid dendritic cells indicate poor prognosis and are associated with pSTAT3 expression in AJCC stage I/II melanoma," *Cancer*, vol. 118, pp. 2476–2485, 2012. doi: 10.1002/cncr.26511.
- [32] T.A. Wynn, A. Chawla, and J.W. Pollard, "Macrophage biology in development, homeostasis and disease," *Nature*, vol. 496, pp. 445–455, 2013. doi: 10.1038/nature12034.
- [33] S. Singh et al., "Phytonutrients, Anthocyanidins, and Anthocyanins: Dietary and Medicinal Pigments with Possible Health Benefits," in *Advances in Flavonoids for Human Health and Prevention of Diseases*, 2024, pp. 23-46.
- [34] S. Singh et al., "Digital Transformation in Healthcare: Innovation and Technologies," in *Blockchain for Healthcare Systems*, 2021, pp. 61–79.
- [35] S. Singh et al., "Alginate based Nanoparticles and Its Application in Drug Delivery Systems," *Journal of Pharmaceutical Negative Results*, pp. 1463-1469, 2022.
- [36] A.J. Petty, A. Li, X. Wang, R. Dai, B. Heyman, D. Hsu, X. Huang, and Y. Yang, "Hedgehog signaling promotes tumor-associated macrophage polarization to suppress intratumoral CD8+ T cell recruitment," *J. Clin. Investig.*, vol. 129, pp. 5151–5162, 2019. doi: 10.1172/JCI128644.
- [37] A.J. Petty and Y. Yang, "Tumor-associated macrophages: Implications in cancer immunotherapy," *Immunotherapy*, vol. 9, pp. 289–302, 2017. doi: 10.2217/imt-2016-0135.
- [38] A.J. Petty, R. Dai, R. Lapalombella, R.A. Baiocchi, Z. Li, X. Huang, and Y. Yang, "Hedgehog-induced PD-L1 on tumor-associated macrophages is critical for suppression of tumor-infiltrating CD8+ T cell function," *JCI Insight*, vol. 6, p. e146707, 2021. doi: 10.1172/jci.insight.146707.
- [39] A.M. Lesokhin, T.M. Hohl, S. Kitano, C. Hirschhorn-Cymerman, F. Avogadri, G.A. Rizzuto, J.J. Lazarus, E.G. Pamer, A.N. Houghton, and J.D. Merghoub, "Monocytic CCR2(+) myeloid-derived suppressor cells promote immune escape by

- limiting activated CD8 T-cell infiltration into the tumor microenvironment," *Cancer Res.*, vol. 72, pp. 876–886, 2012. doi: 10.1158/0008-5472.CAN-11-1792.
- [40] A.L. Chang, J. Miska, D.A. Wainwright, D. Kanojia, K.C. Rivetta, D. Pytel, et al., "CCL2 Produced by the Glioma Microenvironment Is Essential for the Recruitment of Regulatory T Cells and Myeloid-Derived Suppressor Cells," *Cancer Res.*, vol. 76, pp. 5671–5682, 2016. doi: 10.1158/0008-5472.CAN-16-0144
- [41] S. Ahamed, P. Bhatt, S. J. Sultanuddin, R. Walia, M. A. Haque, and S. B. InayathAhamed, "An Intelligent IoT enabled Health Care Surveillance using Machine Learning," in 2022 International Conference on Advances in Computing, Communication and Applied Informatics (ACCAI). IEEE, 2022.
- [42] V. Ahmed, S. Sharma, and P. Bhatt, "Formulation and evaluation of sustained release tablet of diltiazem hydrochloride," *International Journal of Pharmaceutical Sciences and Research*, vol. 11, no. 5, pp. 2193–2198, 2020.
- [43] A. E. Al-Snafi, S. Singh, P. Bhatt, and V. Kumar, "A review on prescription and non-prescription appetite suppressants and evidence-based method to treat overweight and obesity," *GSC biol pharm sci*, vol. 19, no. 3, pp. 148–155, 2022.
- [44] B. Baskar, S. Ramakrishna, and A. Daniela La Rosa, Eds., *Encyclopedia of green materials*. Singapore: Springer Nature Singapore, 2022.
- [45] P. Bhatt et al., "Nanorobots recent and future advances in cancer or dentistry therapy- A review," *Am J PharmTech Res*, vol. 9, no. 3, pp. 321–331, 2019.
- [46] P. Bhatt et al., "Citrus Flavonoids: Recent Advances and Future Perspectives On Preventing Cardiovascular Diseases," in *The Flavonoids*, 2024, pp. 131-152.
- [47] Goyal et al., "Estimation of shelf-life of Balachaturbhadraka syrup containing different sweetening agents," *Res J Pharm Technol*, pp. 5078–5083, 2022.
- [48] T. Kaur and S. Singh, "Controlled release of bi-layered malvidin tablets using 3D printing techniques," *J Pharm Res Int*, pp. 70–78, 2021.
- [49] M. Kaurav et al., "In-depth analysis of the chemical composition, pharmacological effects, pharmacokinetics, and patent history of mangiferin," *Phytomed Plus*, vol. 3, no. 2, p. 100445, 2023.
- [50] A. Kumar, P. Bhatt, and N. Mishra, "Irritable bowel Syndrome with reference of Alosetron Hydrochloride and Excipient profile used in the manufacturing of Alosetron tablet-A review," *J Chem Pharm Sci*, vol. 12, no. 03, pp. 71–78, 2019.
- [51] M. K. Malik et al., "Significance of chemically derivatized starch as drug carrier in developing novel drug delivery devices," *Nat Prod J*, 2022.
- [52] M. K. Malik et al., "Preclinical safety assessment of chemically cross-linked modified mandua starch: Acute and sub-acute oral toxicity studies in Swiss albino mice," *ACS Omega*, vol. 7, no. 40, pp. 35506–35514, 2022.
- [53] M. K. Malik et al., "Phosphorylation of alkali extracted mandua starch by STPP/STMP for improving digestion resistibility," *ACS Omega*, vol. 8, no. 13, pp. 11750–11767, 2023.
- [54] Pankaj, "Anti-cancer cyclodextrin nanocapsules based formulation development for lung chemotherapy," *J Pharm Res Int*, pp. 54–63, 2021.
- [55] Pankaj, "Cyclodextrin modified block polymer for oral chemotherapy," *J Pharm Res Int*, pp. 21–29, 2021.

- [56] V. Raghuwanshi et al., "Recent Advances In Nanotechnology For Combating Against Corona Virus Infection," *Journal of Pharmaceutical Negative Results*, pp. 1811-1820, 2022.
- [57] K. K. Sahu et al., "Utility of nanomaterials in wound management," in *Nanotechnological Aspects for Next-Generation Wound Management*, 2024, pp. 101–130.
- [58] S. K. Sharma et al., "Combined therapy with ivermectin and doxycycline can effectively alleviate the cytokine storm of COVID-19 infection amid vaccination drive: A narrative review," *J Infect Public Health*, vol. 15, no. 5, pp. 566–572, 2022.
- [59] S. K. Sharma and P. Bhatt, "Controlled release of bi-layered EGCG tablets using 3D printing techniques," *J Pharm Res Int*, pp. 5–13, 2021.
- [60] S. K. Sharma and S. Singh, "Antimicrobial Herbal Soap Formulation," *Journal of Pharmaceutical Research International*, vol. 32, no. 36, pp. 82-88, 2022.
- [61] S. Singh et al., "Cardiovascular comorbidity of COVID-19 disease: A review," *WJPMR*, vol. 8, no. 4, pp. 216–225, 2022.
- [62] R. Johari et al., "Artificial Intelligence and Machine Learning in Drug Discovery and Development," in *2023 12th International Conference on System Modeling & Advancement in Research Trends (SMART)*, 2023, pp. 556-561.
- [63] P. Bhatt et al., "Impact of cross-linking on the physicochemical and physiological characteristics of barnyard millet (*Echinochloa frumentacea*) grains starch," *Starke*, 2024.
- [64] F. Ghorbaninezhad, Z. Asadzadeh, J. Masoumi, A. Mokhtarzadeh, T. Kazemi, L. Aghebati-Maleki, S.S. Shotorbani, M.A. Shadbad, A. Baghbanzadeh, N. Hemmat, et al., "Dendritic cell-based cancer immunotherapy in the era of immune checkpoint inhibitors: From bench to bedside," *Life Sci.*, vol. 297, p. 120466, 2022. doi: 10.1016/j.lfs.2022.120466.
- [65] E. Kvedaraite and F. Ginhoux, "Human dendritic cells in cancer," *Sci. Immunol.*, vol. 7, p. eabm9409, 2022. doi: 10.1126/sciimmunol.abm9409.
- [66] M. Binnewies, A.M. Mujal, J.L. Pollack, A.J. Combes, E.A. Hardison, K.C. Barry, J. Tsui, M.K. Ruhland, K. Kersten, M.A. Abushawish, et al., "Unleashing Type-2 Dendritic Cells to Drive Protective Antitumor CD4(+) T Cell Immunity," *Cell*, vol. 177, pp. 556–571.e16, 2019. doi: 10.1016/j.cell.2019.02.005.
- [67] R. Zilionis, C. Engblom, C. Pfirschke, V. Savova, D. Zemmour, H.D. Saatcioglu, I. Krishnan, G. Maroni, C.V. Meyerovitz, C.M. Kerwin, et al., "Single-Cell Transcriptomics of Human and Mouse Lung Cancers Reveals Conserved Myeloid Populations across Individuals and Species," *Immunity*, vol. 50, pp. 1317–1334.e10, 2019. doi: 10.1016/j.immuni.2019.03.009.
- [68] Q. Zhang, Y. He, N. Luo, S.J. Patel, Y. Han, R. Gao, M. Modak, S. Carotta, C. Haslinger, D. Kind, et al., "Landscape and Dynamics of Single Immune Cells in Hepatocellular Carcinoma," *Cell*, vol. 179, pp. 829–845.e20, 2019. doi: 10.1016/j.cell.2019.10.003.
- [69] N. Han, Z. Zhang, S. Liu, A. Ow, M. Ruan, W. Yang, and C. Zhang, "Increased tumor-infiltrating plasmacytoid dendritic cells predicts poor prognosis in oral

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squamous cell carcinoma," *Arch. Oral Biol.*, vol. 78, pp. 129–134, 2017. doi:
10.1016/j.archoralbio.2017.02.012.