**CHAPTER**

**NANOTECHNOLOGY IN CANCER: A COMPREHENSIVE STUDY**

**Drashti Patel** Department of Biotechnology, Kasturba Gandhi Degree and PG College for women Hyderabad, Telangana. [drashti.patel.0914@gmail.com](mailto:drashti.patel.0914@gmail.com)

**Corresponding author**

**Dr. G. Srilatha Reddy** Associate Professor Head, Department of Biotechnology Kasturba Gandhi Degree and PG College for women Hyderabad, Telangana. [lathagrd@gmail.com](mailto:lathagrd@gmail.com)

**ABSTRACT**

Cancer is a global health issue and results from abnormal multiplication of cells in the body leads to different types of cancer, which shows distinct performance and response to various types of treatments. With lifestyle modifications, emerging new diseases and drugs, exposure to potentially gene-mutating substances increases the risk of cancers. Current cancer epidemiology shows that cancers of the lung, liver, stomach and breast are the deadly cancers among the world population and account for nearly 44% of deaths globally every year. Treating cancer is a complex area of research, with the advancement in the knowledge of Nanoparticles and CRISPR technology the development of safe and efficient cancer therapies is focused. Nanoparticles like liposomes, carbon nanotubes, and quantum dots are commonly used for nanomedicine in cancer treatments. Nanotechnology is the most focused research area as it promises effective cancer diagnosis and treatments in the near future. This review article is about the present trends of nanoparticles in diagnosing and treating various types of cancer and its symptoms.

**Keywords-** Cancer; Tumour; Nanotechnology; CRISPR.

**I**. **INTRODUCTION**

Cancer is the most leading cause of death worldwide. Usually, the cells have controlled growth but under certain conditions, the cells begin to grow and multiply continuously forming a tumour, or cancerous growth as its not just a single disease but a group of diseases affecting humans [1]. Our body is made up of cells, every day millions of cells divide and form new cells replacing the old and damaged cells, when this normal process breakdown, abnormal cells start growing and multiplying in an uncontrolled manner resulting in a tumour that can spread to surrounding tissues forming a *benign tumour* and can also travel to distant places in the body forming new tumour called a *malignant tumour* and the process is called *Metastasis.* All tumour cells show six hallmarks of cancer[2]. Absence of signals leading uncontrolled cell division, Continuous cell growth and division even in the presence of anti-growth signals, ignorance of apoptosis, infinite cell divisions, angiogenesis, tissue invasion and metastasis.

**II. CANCER PREVALENCE RATE**

**A. PREVALENCE RATE WORLDWIDE**

It is estimated there were 10 million deaths recorded from cancer and 18.1 million new cases of cancer worldwide in 2020. The cancer cases 4.4 million (44%) in females and 5.5 million (55%) in males, the male: female ratio is of 10:8 and it is also estimated that there will be 28 million new cases of cancer each year by 2040 worldwide. As per the report of GLOBOCAN 2020, The world age-standardised mortality (ASR) rate shows that there are 84.2 cancer deaths for 100,000 females in the world and 120.8 cancer deaths for every 100,000 males. The lung, liver, stomach, and anus cancer are the four most common causes of cancer deaths and account for four deaths in ten that is, 44% of all the recorded deaths [3].

In 2020, GLOBOCAN reported that all types of cancer incidence and mortality according to world region for both sexes combined is one-half of all cases and 58.3% of cancer deaths are estimated to occur in the world’s largest continent, Asia with 59.5% of the world population. Europe, which represents 9.7% of the global population, reported 22.8% of total cancer cases and 19.6% of cancer deaths. America had recorded 20.9% of cancer cases and 14.2% of mortality. As per statistics, the share of cancer incidence in Asia is 49.3% and in Africa is 5.7% the share of cancer deaths in Asia is 58.3% and in Africa is 7.2% which is higher than the cancer incidence rate. The most common 10 types of cancer for both men and women combined account for more than 60% of new cancer cases and more than 70% of cancer deaths. The most commonly diagnosed cancer in female is breast cancer with 11.7% of total cases, followed by lung cancer with 11.4% of cases, accounting for 18.0% of the total cancer deaths worldwide, colorectal cancer with 10.0% of cases worldwide, prostate cancer with 7.3% and stomach cancer with 5.6% cases worldwide. colorectal cancer accounts for 9.4% of deaths, liver accounts for about 8.3% of cancer deaths, stomach cancer accounts for about 7.7% deaths and female breast cancers are the reason for 6.9% of cancer deaths worldwide. In men lung cancer occurs more frequently and it is the leading cause of death, followed by prostate and colorectal cancer. Breast cancer is the most prevalent cause of death in females, followed by colorectal cancer and lung cancer [4].

**B. PREVALENCE RATE IN INDIA**

As per the reports of the Global Cancer Observatory (GLOBOCON), India ranked third with the highest incidence of cancer cases after China and the USA holding second and first position respectively. According to the GLOBOCAN prediction cancer cases in India would experience a surge of 57.5% of cancer cases from 2020-2040. The cancer cases in India in the year 2022 were found to be 14,61,427 which means 100 out of 100,000 cases. It is estimated that one in nine Indians are likely to develop cancer in their lifetime. In men, lung cancer and females, breast cancer were the leading cancer types. In childhood cancer (the cancer of 0-14 years old), *lymphoid leukaemia* was the most common type of cancer accounting for 29.2% of cases in boys and 24.2% of cases in girls. It is estimated that there will be an increase in the incidence of cancer cases by 12.8% in 2025 when compared to 2020 [5].

**III. CAUSES OF CANCER**

Many factors that contribute to cancer including demographical, epidemiological and genetic factors. The external factors include physical carcinogens (ultraviolet light and radiation); chemical carcinogens (tobacco smoke, asbestos, etc.); and biological carcinogens (viruses, bacteria, and parasites) [6].

**A. DEMOGRAPHICAL AND EPIDEMIOLOGICAL FACTORS**

As per WHO, nearly 33 per cent of cancer deaths are due to tobacco and alcohol consumption, lack of physical activity, low nutritious diet, and unprotected exposure to harmful radiations and UV rays that can mutate normal cells into cancerous cells; According to National Toxicology Programme, certain chemicals in the environment are carcinogenic such as aflatoxins, arsenic, coal-tar, ethylene oxide, formaldehyde, environmental pollution.

**B. GENETIC FACTOR**

Mutation in normal cells convert them to cancerous cells, As the cancer continues to grow, additional changes will occur within the same tumour, different cells may have different genetic changes as each person`s cancer has a unique combination of genetic changes. The 3 main genes that are prone to genetic changes resulting in cancer are: [7].

* **Oncogenes**: *Proto-oncogenes* regulate the normal growth of cells and their division and it is present in our normal cell, but when these genes are altered, they may become cancer-causing genes(*oncogenes*) and unable to control the growth of the cells and allowing abnormal cancer cells to grow and survive. The mutated proto-oncogene is referred to as *cellular oncogenes* or *c-onc*
* **Tumour suppressor genes:** Studies found that normal cells have a gene with tumour suppressor activity, these genes can recognize abnormal growth and reproduction of cancer cells and can suppress their division or growth. If the tumour suppressor genes are mutated or become inactive, can lead to malignancy. For example*, TP53(tumour suppressor gene)* codes for the protein p53 and controls cell division. Changes in the *TP53* gene can lead to Li-Fraumeni syndrome, (inherited or family cancer syndromes) and bring the risk of several types of cancer.
* **DNA repair gene:** This gene recognizes errors in replication and helps in fixing damaged DNA. Mutations in these genes tend to develop additional changes in other genes and the errors in DNA can be transmitted to new cells to become cancerous. As with other types of genetic mutations, the changes in DNA repair genes can be either acquired during one’s life or inherited from parents. For example, the *BRCA1* and *BRCA2* genes when undergoing mutation possess a high risk of breast and ovarian cancer.

**IV. TYPES OF CANCER**

There are more than 200 types of cancers and the most common cancers are breast cancer, lung, liver and prostate cancers, they are classified based on the body organ and tissue they start [8].

**A. Bladder cancer**: The uncontrollable growth of cells in the bladder causes bladder cancer. Back pain, painful urination, polyuria, and haematuria are the most common symptoms. Water contaminated with arsenic, smoking, urinary tract infections, and mutations are the main cause of bladder cancer. Bladder cancer can be **non-muscle invasive bladder cancer** (cancer that has not invaded muscle wall of the bladder) and **Muscle-invasive bladder cancer** (cancer that invades the muscle wall of the bladder through the lining of the bladder). Childhood bladder cancer is a very rare type of cancer.

**B. Breast cancer**: Breast cancer starts in lobules and ducts. There are different kind of breast cancer depending upon which cells in breast turn into cancer, the most common types of breast cancer are **Invasive ductal carcinoma** (cancer of the duct that and can grow outside the ducts into other parts of the breast and then to another part of body) and **Invasive lobular carcinoma** (cancer in lobules of breast which spreads to other part of breast and body). Breast cancer causes pain in the breast, irritation of breast skin, lumps in the breast, nipple discharge, change in size and shape of the breast etc. The mutation to genes, like *BRAC1* and *BRAC2*(tumour suppresser genes) can lead to breast cancer, A female who suffered breast cancer is at higher risk developing breast cancer second time, and non-cancerous breast diseases like lobular carcinoma and atypical ductal hyperplasia can sometime become a risk factor for breast cancer and some other risk factors for breast cancer are radiation therapy, use of drug *diethylstilbesterol* and inheritance etc. Mammograms are x-ray images of breasts used to detect early signs of breast cancer [9].

**C. Colorectal cancer**: The cancer of the colon or rectum is called colorectal cancer; According to CDS (Centre for Disease Control and Prevention) it is a leading cause of cancer death in the USA. Colorectal cancer can be screened for characteristic precancerous polyps (abnormal growth in the colon and rectum) which can turn into cancer [10]. The risk of colon cancer increases with age, Crohn’s disease or ulcerative colitis (inflammatory bowel disease), genetic syndrome like familial adenomatous polyposis or hereditary polyposis colorectal cancer (lynch syndrome) other than these lifestyle factors like lack of physical activity, obesity, alcohol and tobacco consumption etc. syndromes of colorectal cancer include blood in stool, diarrhoea, constipation, abdominal pain, aches, or cramps, unexplained weight loss etc.

**D. Kidney cancer**: Kidney cancer can occur both in adults and children. Kidney cancer is of different kind such as renal cell cancer, transitional cancer, and Wilms tumour. This is also called renal pelvis cancer, and the person with such cancer might show some of the symptoms like haematuria, lump in kidney area, lower back pain, often feeling tired etc. The risk factors include high blood pressure, overweight, smoking, person suffering from hepatitis C infection and genetic inheritance etc [11].

**E. Liver cancer**: When cancer cells form in the tissues of liver causes cancer. There are different types of liver cancer among which Hepatocellular carcinoma and cholangiocarcinoma (bile duct cancer) are the main type of adult liver cancer. It is the leading cause of cancer-related deaths worldwide. A hard lump, jaundice, tiredness, pale or chalky stool, dark urine etc. are the symptoms of liver cancer.

**F. Lung cancer**: According to Centres for Disease Control and Prevention (CDC), lung cancer is the most common cancer in the US and has a higher mortality rate than other cancers. Cancer starts in the lungs and can spread to lymph nodes and other organs. Lung cancer has two types ***small cell*** and ***non-small cell.*** Non-small cell lung cancer is more common than small cell lung cancer, and it includes *adenocarcinoma* and *squamous cell* *carcinoma*. Cigarette smoke is the main cause of lung cancer resulting in 80% to90% of lung cancer deaths, tobacco smoke consists of a mixture of several toxic chemicals out of which 70 are known to cause cancer; second-hand smoke is also a risk factor for lung cancer, Radon gas in nature is the second most leading cause of lung cancer as per the report of U.S. Environmental Protection Agency, it causes 21,000 lung cancer deaths each year. Asbestos, arsenic, silica and chromium are linked to cause lung cancer on prolonged exposure. Chest pain, shortness of breath, haemoptysis, wheezing, feeling of tiredness, lymph node enlargement etc. are the symptoms of lung cancer [12].

**G. Prostate cancer**: Men across the world are at risk of prostate cancer but African-American men are more likely to get prostate cancer than other men due to their genotype. According to a study, 13 men out of 100 American men are prone to cancer, resulting in death of 2-3. Increase age and genetic inheritance are the most promising risk factors for developing prostate cancer. Interrupted flow of urine, frequent urination, blood in urine or semen, painful ejaculation etc. are few symptoms. Prostate-specific antigen tests and Digital rectal examination are tests commonly used for screening prostate gland cancer.

**H. Thyroid cancer**: When cells in the thyroid gland divide uncontrollably causes thyroid cancer. Every year 12,000 men and 33,000 women develop thyroid cancer resulting in the death of nearly 950 men and 1,100 women. The types of thyroid cancers are papillary, follicular, medullary and anaplastic and out of these four, papillary is the most common type. A swelling on the side of the neck including dysphagia, dyspnoea etc. Exposure to radiation near the neck region can stimulate the cell to divide out of control and leads to cancerous growth. Thyroid cancer can be treated successfully if detected early [13].

Types of cancer based on cells or tissue they start.

**I. Carcinoma**: Carcinomas are the cancer of epithelial cells or tissues that line the skin and internal organs accounting for 85% of all cancers. Different types of cells can develop different kinds of carcinoma, they are *squamous cell carcinoma* (carcinoma of squamous cell, cell lining the skin, throat and food pipe); [14]. *Adenocarcinoma* (starts in glandular cells; *Transitional cell carcinoma* (cancer that begins in transitional cells or tissues, these cells are present in the lining of the bladder); *Basal cell carcinoma* (basal cells are found in the deepest layer of the skin and the cancer that starts in these cells are basal cell carcinomas).

**J. Sarcomas:** Sarcomas start in connective tissue; they account for less than 1 % of total cancer. There are two types of sarcomas*; Bone sarcoma* (sarcoma that starts in bone cells) and *soft tissue sarcomas* (they are rare sarcomas that start in cartilage and muscle; cancer in cartilage is called *chondrosarcoma* and the cancer of the muscle cells is called *rhabdomyosarcoma* or *leiomyosarcoma)* [15]*.*

**K. Leukaemia**: Leukaemia is the cancer of white blood cells. They are not as common as carcinomas and account for only 3% of all cancer cases, they are most common in children younger than 15 and adults older than 55. Different types of blood cancer show different symptoms such, as fatigue, fever and chills, pain in bones and joints, stomach problems, cardiovascular problems, vomiting, and night sweats. [16]. Smoke, exposure to radiation and certain carcinogenic chemicals, family history, genetic disorders like Down syndrome etc. can trigger normal WBC cells to become cancerous.

**L. Lymphomas and Myelomas**: Lymphoma is a cancer of the lymphatic system or lymphatic tissues, when lymphocytes start to divide abnormally, the abnormal lymphocytes accumulate in the lymph nodes, bone marrow or spleen which can later grow into tumours and account for nearly 5% of all cancers. Painless lymphadenopathy in Hodgkin lymphoma; abdominal pain in non-Hodgkin; lump in the neck; tiredness; pain in the left side of the shoulder and chest, weight loss are a few symptoms of lymphoma. Myelomas is the cancer of plasma cells. Plasma cells are produced by bone marrow. When the plasma cells divide abnormally causes myeloma. It nearly accounts for 1% of all cancer cases. Aches in bones, joints and muscles, back pain, and tiredness are common symptoms of myelomas [17].

**V. GENERAL SYMPTOMS**

Different types of cancer show different symptoms. Each type of cancer causes many symptoms, and these symptoms may also appear under other conditions like injury, infection and other problems that are non-cancerous. Note, that cancer does not cause pain in all individuals [18].

Common symptoms include changes in appetite, indigestion, dysphagia, Nausea, vomiting and heartburn, stomach ache, painful ulcers are the symptoms of gastrointestinal track. Haematuria, haematochezia, trouble in urinating, painful urination, difficult bowel movement are the symptoms of kidney. Changes in the organs or site of cancer growth; lumps in the breast, lumps in under arm, nipple discharge, itchy, red, scaly breast skin are the symptoms of breast cancer, oral changes- white or red patches on the tongue, bleeding, pain or numbness in the lips or mouth are the symptoms of mouth cancer.



**Figure 1 Shows risk factors of cancer and applications of nanoparticles in diagnosing and treating various kinds of cancer.**

**VI. NANOPARTICLES AND CANCER**

Nanotechnology has contributed to cancer diagnosis and treatment over the years with specificities by the use of nanomaterials or nanoparticles, which are small molecular structures or particles that are smaller than cells, and can be used as an efficient tool for drug delivery. Nanotechnology has eased the process of drug transport within a specific intended time and to the specific target location and acting precisely only on unhealthy cells, causing no harm to healthy cells. Nanoparticles carrying anti-cancer drugs can be administered by oral or parental routes. Nanoparticles like liposomes, micelles, dendritic macromolecules, quantum dots, and carbon nanotubes have been used for cancer treatment and diagnosis. Each of these nanoparticles can transport different anti-cancer drugs at a time (called the synergetic anti-cancer effect), this helps to avoid the development of resistance by tumours and also reduces drug toxicity [19].

**Liposomes** are the most widely used nanoparticle for drug delivery. They are nanospheres composed of a phospholipid bilayer membrane (synthetic or natural) and aqua-phase nuclei. Its amphiphilic property allows hydrophilic drugs to stay in monolayer liposomes and hydrophobic drugs in multilayer liposomes and a few drugs can be incorporated into the liposomes by changing the buffer (from acidic buffer to neutral buffer). A combination of saturated drugs with organic solvents forms liposomes of size 500 nm, that can enter the tumour and can fuse with tumour cells by the process of endocytosis and release drug in intercellular space. The liposome of size 100 nm has a longer half-life can penetrate the tumour easily and can stay there for a long time. Whereas, the liposome of larger size has a short half-life as it can be easily marked and destroyed by mononuclear cells of our immune system. The tumour specific-antigen can be easily targeted by specific liposome-bound antibodies and can release anti-cancer drugs in the tumour. Many liposomal drugs have been approved by the FDA. Adriamycin is a liposomal drug used in the treatment of ovarian cancer [20].

**Carbon nanotubes** are another type of nanoparticle used in the delivery of anti-cancer drugs. The physical and chemical properties of carbon nanotubes such as surface area, mechanical strength electrical and thermal properties make carbon nanotubes a suitable candidate for wide-scale biomedical use, including drug delivery. Based on size and structure carbon nanotubes can be, single-walled carbon nanotubes (made up of monolithic cylindrical graphene) and multi-walled carbon nanotubes (made up of concentric graphene). carbon nanotubes can absorb light from near- infrared regions that cause nanotubes to get heated up and can easily penetrate tumour cells [21]. Due to its non-invasive penetration property, it is regarded as the most competent carrier for delivering drugs into living cells. Carbon nanotubes incorporated with drugs such as paclitaxel (hydrophobic anticancer drug) can be used in the treatment of breast, ovarian and other cancers [22]*.*

**Polymeric micelles**: Polymeric micelles are nanoparticles; they are the first polymers used for drug delivery systems. They are used as drug carriers for hydrophobic drugs as they can hold the drug via a covalent bond or hydrophobic core interaction, polymeric micelles are thermodynamically highly stable, it has endothelial cell permeability and is required in a small amount making them suitable drug carrier for cancer therapy. They can be administrated either orally or through parental routes. The major drawback of polymeric micelles is they may cause some side effects like cytotoxicity [23].

**Dendrimers:** Dendrimers are spherical polymer cores with branches. They can be synthesised by using various molecules such as polyacrylamide, polyglycerol-succinic acid, polyglycerin, propionic acid, melamine, etc. These dendrimers exhibit various chemical structures and physical properties like alkalinity, charge and hydrogen bond capacity which can be regulated by changing the groups on the surface of dendrimers. Several molecules or anti-cancer drugs can attach to each dendritic molecule, due to the covalent binding of drugs to each dendritic peripheral group forming dendritic drug conjugates. Dendrimers various physiochemical and biological properties like size, charge, lipid bilayer interactions, cytotoxicity, multi-ligand groups, biological distribution, etc. make them suitable nanoparticles for drug delivery. It is found that cancer cell with folate receptor on their surface binds with dendritic molecule and the ability of dendrimers to bind to DNA forming DNA-poly amidoamines that enhances the killing of cancer cells [24].

**Quantum Dots**: Quantum dots are nanocrystals made up of semiconductor material of size range between 2 to 10 nm. It possesses electron property which is intermediatory of a semiconductor and an atom. Quantum dots can accumulate in a specific part of the body and deliver the drug in that area, this ability of quantum dots to concentrate in specific internal organs makes them a better option against untargeted drug delivery and may cause no side effects [25]. Quantum dots when combined with biomolecules like peptides and antibodies can target the tumour easily. Researchershave found that quantum-dot-based probes can detect breast cancer and quantum-dot immunohistochemistry is highly efficient than immunohistochemistry. quantum dot immunostaining is the most efficient method for the detection of various tumour biomarkers. Quantum dots are the most efficient nanocrystals in cancer screening and treatment.

Other than these nanoparticles some inorganic and organic nanoscale molecules are used as nanocarriers for drug transport. Nanoparticles of some metals like gold and silver are used as nanocarriers, Silver (Ag) nanoparticles have wide biomedical applications due to their high surface/volume ratio, making it easy to synthesise, having surface properties with good penetration power giving intrinsic anticancer effect [26]. Has given the mechanism by which silver nanoparticles possess intrinsic anticancer activity used to destroy cancer cells or tumours. A few studies showed that silver nanoparticles can be toxic and cause damage to various cells and organs of our body and revealed that silver nanoparticles can change the expression of several genes linked with motor neuron disorder and immune function leading to neurotoxicity and immunotoxicity. Though there are many applications of nanotechnology in biomedicine like efficient drug transport much research has shown possible toxic effects of nanocarriers used in cancer treatment. It is found that Adriamycin conjugated nanomaterial that is used to treat several different cancers is associated with a possible risk of cardiotoxicity [27].

**VII. CRISPR – THE GENE EDITING TOOL AND CANCER**

CRISPR-associated Cas protein is an adaptive immune system of some ancient bacteria, that has gained much attention from scientists in the last three decades in developing CRISPR-based technologies in programmable gene editing in almost all types of cells. CRISPR-cas in simple terms is a DNA endonuclease that cleaves DNA at a specific target sequence, this mechanism can be used in cancer treatment [28].As we know the major cause for 90% of cancer is genetic changes or alteration. With the improved knowledge of precision medicine, it is easy to detect the mutation or change in a gene that results in normal cells transferring into cancer cell or tumour and can be removed by various methods, CRISPR has complemented and enhanced this process by simple gene manipulation or editing, allowing fast and precise genetic knockout or separation of the cancer causing mutated gene, alternation of endogenous gene expression, and engineering of cancer-associated genomic mutations or changes. To treat any disease, it is important to know about that disease and this even holds for cancer, understanding gene functions in tumour formation, the contribution of genes in each stage of the cancer and finding effective treatment is very important in creating cancer models. CRISPR enables us to create complex organoid cancer cultures and animal models (for example, KO mice) and in produce combinations of various genetic alternations in the same mice, in one step can be achieved by zygote targeting via CRISPR-EZ (electroporation of zygote). CRISPR also has its role in screening the cancer, the CRISPR KO efficiently screen gene function in cancer cell and find the genetic changes in it. Chow et al. used CRISPR-Cas9 to screen a subset of cancer drivers in glioblastomas. As many research is going on to understand the use of the CRISPR system in treating cancer both in vivo and ex vivo. Much research has shown that ex-vivo CRISPR-based targeting of T-cells can enhance its antitumour activity following its adoptive transfer. Preclinical in vivo trials have shown the potential of CRISPR in cancer therapies selective activation of nuclear factor-kB in cancer cells to drive transcription of CRISPR Cas13a, which induces cancer cell-restricted oncogene silencing [29]. Despite, of broad application of CRISPR there are limitations to using CRISPR technology in treating cancer such as direct targeting of tumours with CRISPR is a difficult task, and manipulation of patient-derived cells for transplant is again a challenging process. CRISPR can also cause deletions and large-scale chromosomal aberrations, impair normal function of cells, gene disruption etc. Scientists all over the world are working on the applications and drawbacks of CRISPR technologies in use for cancer diagnosis and treatment.

**VIII. CONCLUSION**

Cancer has remained one of the significant health problems for ages, there is no acute origin of cancer and remains undiagnosed and uncured for long. Cancer has the ability to develop in any of the body’s tissues or organs and each type of cancer shows unique characteristics and features. The current epidemiological statistics suggest the incremental trend of cancer prevalence and the burden of these malignant diseases that disrupt social life and erodes economic resources. Cancer research has made many remarkable progress though treating cancer is a complex process. Conventional treatment methods are slowly being replaced by advanced methods like nanomedicine that promise a safe and efficient method of treatment. Current research in oncology focuses on the development of a new advanced approach to cancer treatment and diagnosis. Several new technologies like CRISPR technology are currently under clinical trials and some of them like nanomedicine have been approved. Nanotechnology has contributed to biocompatible nanomedicine that is used for both cancer diagnosis and treatment and bioengineering by CRISPR has created new areas of research and opened doors for new cancer treatments in future

**REFERENCES**

1. Geoffrey M Cooper. A Molecular Approach. [Sinauer Associates](http://www.sinauer.com/); 2000.ISBN-10: 0-87893-106-6.

2. [D Hanahan](https://pubmed.ncbi.nlm.nih.gov/?term=Hanahan+D&cauthor_id=10647931), [R A Weinberg](https://pubmed.ncbi.nlm.nih.gov/?term=Weinberg+RA&cauthor_id=10647931) The hallmarks of cancer. *Cell*.2011 Mar 4;144(5):646-74 DOI: [10.1016/j.cell.2011.02.013](https://doi.org/10.1016/j.cell.2011.02.013)

3. [Hyuna Sung](https://pubmed.ncbi.nlm.nih.gov/?term=Sung+H&cauthor_id=33538338), [Jacques Ferlay](https://pubmed.ncbi.nlm.nih.gov/?term=Ferlay+J&cauthor_id=33538338), [Rebecca L Siegel](https://pubmed.ncbi.nlm.nih.gov/?term=Siegel+RL&cauthor_id=33538338), [Mathieu Laversanne](https://pubmed.ncbi.nlm.nih.gov/?term=Laversanne+M&cauthor_id=33538338), [Isabelle Soerjomataram](https://pubmed.ncbi.nlm.nih.gov/?term=Soerjomataram+I&cauthor_id=33538338) [Ahmedin Jemal](https://pubmed.ncbi.nlm.nih.gov/?term=Jemal+A&cauthor_id=33538338), [Freddie Bray](https://pubmed.ncbi.nlm.nih.gov/?term=Bray+F&cauthor_id=33538338). Global Cancer Statistics 2020: GLOBOCAN Estimates of Incidence and Mortality Worldwide for 36 Cancers in 185 Countries. *CA Cancer J Clin*.2021 May;71(3):209-249. DOI: 10.3322/caac.21660.

4. [Jacques Ferlay](https://pubmed.ncbi.nlm.nih.gov/?term=Ferlay+J&cauthor_id=33818764), [Murielle Colombet](https://pubmed.ncbi.nlm.nih.gov/?term=Colombet+M&cauthor_id=33818764)and et al. Cancer statistics for the year 2020: An overview.2021Apr5.DOI: [10.1002/ijc.33588](https://doi.org/10.1002/ijc.33588).

5. [Ramnath Takiar](https://pubmed.ncbi.nlm.nih.gov/?term=Takiar+R&cauthor_id=21133622), [Deenu Nadayil](https://pubmed.ncbi.nlm.nih.gov/?term=Nadayil+D&cauthor_id=21133622), [A Nandakumar](https://pubmed.ncbi.nlm.nih.gov/?term=Nandakumar+A&cauthor_id=21133622). Projections of number of cancer cases in India (2010-2020) by cancer groups*. Asian Pac J Cancer Prev*. 2010;11(4):1045-9

6. N Parsa, Iran J Public Health. 2012; 41(11): 1–9.

7. [Eva Y.H.P. Lee](https://pubmed.ncbi.nlm.nih.gov/?term=Lee%20EY%5BAuthor%5D) and [William J. Muller](https://pubmed.ncbi.nlm.nih.gov/?term=Muller%20WJ%5BAuthor%5D) Oncogenes and Tumor Suppressor Genes. [Cold Spring Harb Perspect Biol.](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2944361/) 2010 Oct; 2(10): a003236.

8. [Camilla Mattiuzzi](https://pubmed.ncbi.nlm.nih.gov/?term=Mattiuzzi%20C%5BAuthor%5D) and [Giuseppe Lippi](https://pubmed.ncbi.nlm.nih.gov/?term=Lippi%20G%5BAuthor%5D). Current Cancer Epidemiology. [J Epidemiol Glob Health.](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7310786/) 2019 Dec; 9(54): 217–222. DOI: [10.2991/jegh.k.191008.001](https://doi.org/10.2991%2Fjegh.k.191008.001).

9. [Yixiao Feng](https://pubmed.ncbi.nlm.nih.gov/?term=Feng%20Y%5BAuthor%5D), [Mia Spezia](https://pubmed.ncbi.nlm.nih.gov/?term=Spezia%20M%5BAuthor%5D), [hifeng Huang](https://pubmed.ncbi.nlm.nih.gov/?term=Huang%20S%5BAuthor%5D), [Chengfu Yuan](https://pubmed.ncbi.nlm.nih.gov/?term=Yuan%20C%5BAuthor%5D), [Zongyue Zeng](https://pubmed.ncbi.nlm.nih.gov/?term=Zeng%20Z%5BAuthor%5D), [Linghuan Zhang](https://pubmed.ncbi.nlm.nih.gov/?term=Zhang%20L%5BAuthor%5D), et al. [Genes Dis.](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6147049/) 2018 Jun; 5(2): 77–106. DOI: [10.1016/j.gendis.2018.05.001](https://doi.org/10.1016%2Fj.gendis.2018.05.001)

10. [Tomasz Sawicki](https://pubmed.ncbi.nlm.nih.gov/?term=Sawicki%20T%5BAuthor%5D), [Monika Ruszkowska](https://pubmed.ncbi.nlm.nih.gov/?term=Ruszkowska%20M%5BAuthor%5D), [Anna Danielewicz](https://pubmed.ncbi.nlm.nih.gov/?term=Danielewicz%20A%5BAuthor%5D), [Ewa Niedźwiedzka](https://pubmed.ncbi.nlm.nih.gov/?term=Nied%C5%BAwiedzka%20E%5BAuthor%5D), [Tomasz Arłukowicz](https://pubmed.ncbi.nlm.nih.gov/?term=Ar%C5%82ukowicz%20T%5BAuthor%5D). A Review of Colorectal Cancer in Terms of Epidemiology, Risk Factors, Development, Symptoms and Diagnosis. [Cancers (Basel).](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8122718/) 2021 May; 13(9): 2025. DOI: [10.3390/cancers13092025](https://doi.org/10.3390%2Fcancers13092025).

11. [Seth P Lerner](https://pubmed.ncbi.nlm.nih.gov/?term=Lerner%20SP%5BAuthor%5D), [W. Marston Linehan](https://pubmed.ncbi.nlm.nih.gov/?term=Linehan%20WM%5BAuthor%5D), and [W. Kimryn Rathmell](https://pubmed.ncbi.nlm.nih.gov/?term=Rathmell%20WK%5BAuthor%5D). Kidney Cancer. [*Urol Oncol.* 2012 Nov-Dec; 30(6): 948–951.](https://www.ncbi.nlm.nih.gov/entrez/eutils/elink.fcgi?dbfrom=pubmed&retmode=ref&cmd=prlinks&id=23218074) DOI: [10.1016/j.urolonc.2012.08.021](https://doi.org/10.1016%2Fj.urolonc.2012.08.021).

12. [Charles S. Dela Cruz](https://pubmed.ncbi.nlm.nih.gov/?term=Dela%20Cruz%20CS%5BAuthor%5D),  [Lynn T. Tanoue](https://pubmed.ncbi.nlm.nih.gov/?term=Tanoue%20LT%5BAuthor%5D), and  [Richard A. Matthay](https://pubmed.ncbi.nlm.nih.gov/?term=Matthay%20RA%5BAuthor%5D). Lung Cancer: Epidemiology, Etiology, and Prevention. [Clin Chest Med. 2011 Dec; 32(4): 10.1016/j.ccm.2011.09.001.](https://www.ncbi.nlm.nih.gov/entrez/eutils/elink.fcgi?dbfrom=pubmed&retmode=ref&cmd=prlinks&id=22054876) DOI: [10.1016/j.ccm.2011.09.001](https://doi.org/10.1016%2Fj.ccm.2011.09.001).

13. Nussey S, Whitehead S.Oxford: [BIOS Scientific Publishers](http://www.garlandscience.com/about.asp); 2001

14. [Wusheng Yan](https://pubmed.ncbi.nlm.nih.gov/?term=Yan%20W%5BAuthor%5D), [Ignacio I Wistuba](https://pubmed.ncbi.nlm.nih.gov/?term=Wistuba%20II%5BAuthor%5D), [Michael R Emmert-Buck](https://pubmed.ncbi.nlm.nih.gov/?term=Emmert-Buck%20MR%5BAuthor%5D), and [Heidi S Erickson](https://pubmed.ncbi.nlm.nih.gov/?term=Erickson%20HS%5BAuthor%5D). Squamous cell carcinoma – similarities and differences among anatomical sites. [Am J Cancer Res.](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3175764/) 2011; 1(3): 275–300.

15. [Blake A. Morrison](https://pubmed.ncbi.nlm.nih.gov/?term=Morrison%20BA%5BAuthor%5D), MD. [Proc (Bayl Univ Med Cent).](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1200782/) 2003 Jul; 16(3): 285–290.DOI: [10.1080/08998280.2003.11927915](https://doi.org/10.1080%2F08998280.2003.11927915)

16. [Debra A Howell](https://pubmed.ncbi.nlm.nih.gov/?term=Howell%20DA%5BAuthor%5D),corresponding author[Alexandra G Smith](https://pubmed.ncbi.nlm.nih.gov/?term=Smith%20AG%5BAuthor%5D), [Andrew Jack](https://pubmed.ncbi.nlm.nih.gov/?term=Jack%20A%5BAuthor%5D), [Russell Patmore](https://pubmed.ncbi.nlm.nih.gov/?term=Patmore%20R%5BAuthor%5D),[Una Macleod](https://pubmed.ncbi.nlm.nih.gov/?term=Macleod%20U%5BAuthor%5D), [Emma Mironska](https://pubmed.ncbi.nlm.nih.gov/?term=Mironska%20E%5BAuthor%5D), and [Eve Roman](https://pubmed.ncbi.nlm.nih.gov/?term=Roman%20E%5BAuthor%5D). Time-to-diagnosis and symptoms of myeloma, lymphomas and leukaemias: a report from the Haematological Malignancy Research Network. [BMC Hematol.](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4176985/) 2013; 13: 9 DOI: [10.1186/2052-1839-13-9](https://doi.org/10.1186%2F2052-1839-13-9).

17. [Debra A Howell](https://pubmed.ncbi.nlm.nih.gov/?term=Howell%20DA%5BAuthor%5D),corresponding author[Alexandra G Smith](https://pubmed.ncbi.nlm.nih.gov/?term=Smith%20AG%5BAuthor%5D), [Andrew Jack](https://pubmed.ncbi.nlm.nih.gov/?term=Jack%20A%5BAuthor%5D), [Russell Patmore](https://pubmed.ncbi.nlm.nih.gov/?term=Patmore%20R%5BAuthor%5D),[Una Macleod](https://pubmed.ncbi.nlm.nih.gov/?term=Macleod%20U%5BAuthor%5D), [Emma Mironska](https://pubmed.ncbi.nlm.nih.gov/?term=Mironska%20E%5BAuthor%5D), and [Eve Roman](https://pubmed.ncbi.nlm.nih.gov/?term=Roman%20E%5BAuthor%5D). Time-to-diagnosis and symptoms of myeloma, lymphomas and leukaemias: a report from the Haematological Malignancy Research Network. [BMC Hematol.](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4176985/) 2013; 13: 9 DOI: [10.1186/2052-1839-13-9](https://doi.org/10.1186%2F2052-1839-13-9)

18. [Benedicte Iversen Scheel](https://pubmed.ncbi.nlm.nih.gov/?term=Scheel%20BI%5BAuthor%5D) and [Knut Holtedahl](https://pubmed.ncbi.nlm.nih.gov/?term=Holtedahl%20K%5BAuthor%5D). Symptoms, signs, and tests: The general practitioner's comprehensive approach towards a cancer diagnosis. [Scand J Prim Health Care.](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4750720/) July, 2015; 33(3): 170–177. DOI: [10.3109/02813432.2015.1067512](https://doi.org/10.3109%2F02813432.2015.1067512).

19. [Cancan Jin](https://pubmed.ncbi.nlm.nih.gov/?term=Jin%20C%5BAuthor%5D), [Kankai Wang](https://pubmed.ncbi.nlm.nih.gov/?term=Wang%20K%5BAuthor%5D),[Anthony Oppong-Gyebi](https://pubmed.ncbi.nlm.nih.gov/?term=Oppong-Gyebi%20A%5BAuthor%5D), and [Jiangnan Hu](https://pubmed.ncbi.nlm.nih.gov/?term=Hu%20J%5BAuthor%5D),. Application of Nanotechnology in Cancer Diagnosis and Therapy - A Mini-Review. [Int J Med Sci.](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7646098/) 2020; 17(18): 2964–2973. DOI: [10.7150/ijms.49801](https://doi.org/10.7150%2Fijms.49801).

20. [Weiwei Gao](https://pubmed.ncbi.nlm.nih.gov/?term=Gao%20W%5BAuthor%5D), [Che-Ming J. Hu](https://pubmed.ncbi.nlm.nih.gov/?term=Hu%20CM%5BAuthor%5D), [Ronnie H. Fang](https://pubmed.ncbi.nlm.nih.gov/?term=Fang%20RH%5BAuthor%5D), and [Liangfang Zhang](https://pubmed.ncbi.nlm.nih.gov/?term=Zhang%20L%5BAuthor%5D). Liposome-like Nanostructures for Drug Delivery. J Mater Chem B Mater Biol Med. 2013 Dec 28; 1(48): 10.1039/C3TB21238F. DOI: [10.1039/C3TB21238F](https://doi.org/10.1039%2FC3TB21238F).

21. [Dinesh K. Patel](https://pubmed.ncbi.nlm.nih.gov/?term=Patel%20DK%5BAuthor%5D), [Hye-Been Kim](https://pubmed.ncbi.nlm.nih.gov/?term=Kim%20HB%5BAuthor%5D), [Sayan Deb Dutta](https://pubmed.ncbi.nlm.nih.gov/?term=Dutta%20SD%5BAuthor%5D), [Keya Ganguly](https://pubmed.ncbi.nlm.nih.gov/?term=Ganguly%20K%5BAuthor%5D), and [Ki-Taek Lim](https://pubmed.ncbi.nlm.nih.gov/?term=Lim%20KT%5BAuthor%5D). . Carbon Nanotubes-Based Nanomaterials and Their Agricultural and Biotechnological Applications. [Materials (Basel).](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7178645/) 2020 Apr; 13(7): 1679. DOI: [10.3390/ma13071679](https://doi.org/10.3390%2Fma13071679).

22. [Ping Ma](https://pubmed.ncbi.nlm.nih.gov/?term=Ma%20P%5BAuthor%5D) and [Russell J. Mumper](https://pubmed.ncbi.nlm.nih.gov/?term=Mumper%20RJ%5BAuthor%5D). Paclitaxel Nano-Delivery Systems: A Comprehensive Review*. J Nanomed Nanotechnol.* 2013 Feb 18;4(2):1000164. DOI: 10.4172/2157-7439.1000164.

23. [Suguna Perumal](https://pubmed.ncbi.nlm.nih.gov/?term=Perumal%20S%5BAuthor%5D), [Raji Atchudan](https://pubmed.ncbi.nlm.nih.gov/?term=Atchudan%20R%5BAuthor%5D), and [Wonmok Lee](https://pubmed.ncbi.nlm.nih.gov/?term=Lee%20W%5BAuthor%5D). A Review of Polymeric Micelles and Their Applications. Polymers (Basel).2022 Jun 20;14(12):2510. DOI: [10.3390/polym14122510](https://doi.org/10.3390/polym14122510).

24. [Elham Abbasi](https://pubmed.ncbi.nlm.nih.gov/?term=Abbasi%20E%5BAuthor%5D) , [Sedigheh Fekri Aval](https://pubmed.ncbi.nlm.nih.gov/?term=Aval%20SF%5BAuthor%5D), [Abolfazl Akbarzadeh](https://pubmed.ncbi.nlm.nih.gov/?term=Akbarzadeh%20A%5BAuthor%5D), [Morteza Milani](https://pubmed.ncbi.nlm.nih.gov/?term=Milani%20M%5BAuthor%5D), and et al. Dendrimers: synthesis, applications, and properties. [Nanoscale Res Lett.](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4074873/) 2014; 9(1): 247. DOI: [10.1186/1556-276X-9-247](https://doi.org/10.1186%2F1556-276X-9-247).

25. [Angela M. Wagner](https://pubmed.ncbi.nlm.nih.gov/?term=Wagner%20AM%5BAuthor%5D), [Jennifer M. Knipe](https://pubmed.ncbi.nlm.nih.gov/?term=Knipe%20JM%5BAuthor%5D), [Gorka Orive](https://pubmed.ncbi.nlm.nih.gov/?term=Orive%20G%5BAuthor%5D), and [Nicholas A. Peppas](https://pubmed.ncbi.nlm.nih.gov/?term=Peppas%20NA%5BAuthor%5D). Quantum Dots in Biomedical Applications. [Acta Biomater. 2019 Aug; 94: 44–63.](https://www.ncbi.nlm.nih.gov/entrez/eutils/elink.fcgi?dbfrom=pubmed&retmode=ref&cmd=prlinks&id=31082570) DOI: [10.1016/j.actbio.2019.05.022](https://doi.org/10.1016%2Fj.actbio.2019.05.022).

26. [Mariana Morais](https://pubmed.ncbi.nlm.nih.gov/?term=Morais+M&cauthor_id=33231444), [Ana Luísa Teixeira](https://pubmed.ncbi.nlm.nih.gov/?term=Teixeira+AL&cauthor_id=33231444), [Francisca Dias](https://pubmed.ncbi.nlm.nih.gov/?term=Dias+F&cauthor_id=33231444), [Vera Machado](https://pubmed.ncbi.nlm.nih.gov/?term=Machado+V&cauthor_id=33231444), [Rui Medeiros](https://pubmed.ncbi.nlm.nih.gov/?term=Medeiros+R&cauthor_id=33231444), [João A V Prior](https://pubmed.ncbi.nlm.nih.gov/?term=Prior+JAV&cauthor_id=33231444).. Cytotoxic Effect of Silver Nanoparticles Synthesized by Green Methods in Cancer. DOI: [10.1021/acs.jmedchem.0c01055](https://doi.org/10.1021/acs.jmedchem.0c01055).

27. [Helena I. O. Gomes](https://pubmed.ncbi.nlm.nih.gov/?term=Gomes%20HI%5BAuthor%5D), [Catarina S. M. Martins](https://pubmed.ncbi.nlm.nih.gov/?term=Martins%20CS%5BAuthor%5D), and [João A. V. Prior](https://pubmed.ncbi.nlm.nih.gov/?term=Prior%20JA%5BAuthor%5D). Silver Nanoparticles as Carriers of Anticancer Drugs for Efficient Target Treatment of Cancer Cells. [Nanomaterials (Basel).](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8069134/) 2021 Apr; 11(4): 964. DOI: [10.3390/nano11040964](https://doi.org/10.3390%2Fnano11040964).

28. [Yuanyuan Xu](https://pubmed.ncbi.nlm.nih.gov/?term=Xu%20Y%5BAuthor%5D) and [Zhanjun Li](https://pubmed.ncbi.nlm.nih.gov/?term=Li%20Z%5BAuthor%5D). CRISPR-Cas systems: Overview, innovations and applications in human disease research and gene therapy. [Comput Struct Biotechnol J.](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7508700/) 2020; 18: 2401–2415. DOI: [10.1016/j.csbj.2020.08.031](https://doi.org/10.1016%2Fj.csbj.2020.08.031).

29. [Alyna Katti](https://pubmed.ncbi.nlm.nih.gov/?term=Katti+A&cauthor_id=35194172), [Bianca J Diaz](https://pubmed.ncbi.nlm.nih.gov/?term=Diaz+BJ&cauthor_id=35194172), [Christina M Caragine](https://pubmed.ncbi.nlm.nih.gov/?term=Caragine+CM&cauthor_id=35194172), [Neville E Sanjana](https://pubmed.ncbi.nlm.nih.gov/?term=Sanjana+NE&cauthor_id=35194172), [Lukas E Dow](https://pubmed.ncbi.nlm.nih.gov/?term=Dow+LE&cauthor_id=35194172) .CRISPR in cancer biology and therapy. *Nat Rev Cancer*.2022 May;22(5):259-279 DOI: [10.1038/s41568-022-00441-w](https://doi.org/10.1038/s41568-022-00441-w)