



CONTROLLED DRUG DELIVERY SYSTEM'S

KRISHAN KUMAR VERMA, DR. RAJESH GOUR, DR. AKHLESH KUMAR SINGHAI

School of Pharmacy LNCT University Kolar Road Bhopal 462042

Abstract :-

Controlled drug delivery systems represent a paradigm shift in pharmacotherapy, offering precise control over drug release kinetics to optimize therapeutic outcomes while minimizing adverse effects. This presentation explores the fundamental principles, recent advances, and applications of controlled drug delivery systems. It delves into the diverse landscape of drug delivery modalities, encompassing oral, transdermal, injectable, inhalation, and implantable approaches. Central to these systems are key components such as drug reservoirs, rate-controlling membranes, and release mechanisms, each engineered to achieve tailored drug release profiles. Emphasizing the advantages of controlled drug delivery, the presentation elucidates its potential for enhancing therapeutic efficacy, improving patient compliance, and extending drug action duration. However, it also addresses pertinent challenges including formulation stability, biocompatibility concerns, and regulatory considerations, underscoring the need for interdisciplinary collaboration to overcome these hurdles. Recent innovations in nanotechnology, stimuli-responsive materials, and targeted delivery strategies are discussed, showcasing the frontier of controlled drug delivery research. Furthermore, real-world applications across various medical domains—from cancer therapy to chronic disease management—are explored through illustrative case studies.

KEYWORD:- Introduction, Type, Basic Components, Advantages, Challenges, Recent Advances, Applications, Case Studies.

1. INTRODUCTION:-

Drug delivery systems play a pivotal role in modern healthcare by facilitating the effective and targeted administration of therapeutic agents to patients. These systems encompass a diverse array of technologies and approaches designed to enhance drug efficacy, improve patient compliance, and minimize side effects. However, among the myriad of drug delivery strategies, controlled drug delivery stands out as a particularly significant advancement with far-reaching implications for patient care. Controlled drug delivery systems provide precise control over the rate, time, and site of drug release within the body. Unlike conventional drug delivery methods, which often result in fluctuating drug concentrations and potential toxicity, controlled delivery systems offer a more controlled and sustained release profile. This not only optimizes therapeutic outcomes but also reduces the frequency of dosing, thereby enhancing patient convenience and adherence to treatment regimens. The importance of controlled drug delivery cannot be overstated, particularly in the context of chronic diseases where long-term medication is required. By maintaining therapeutic drug levels within the therapeutic window for extended periods, these systems can effectively manage conditions such as diabetes, hypertension, and cancer, among others.

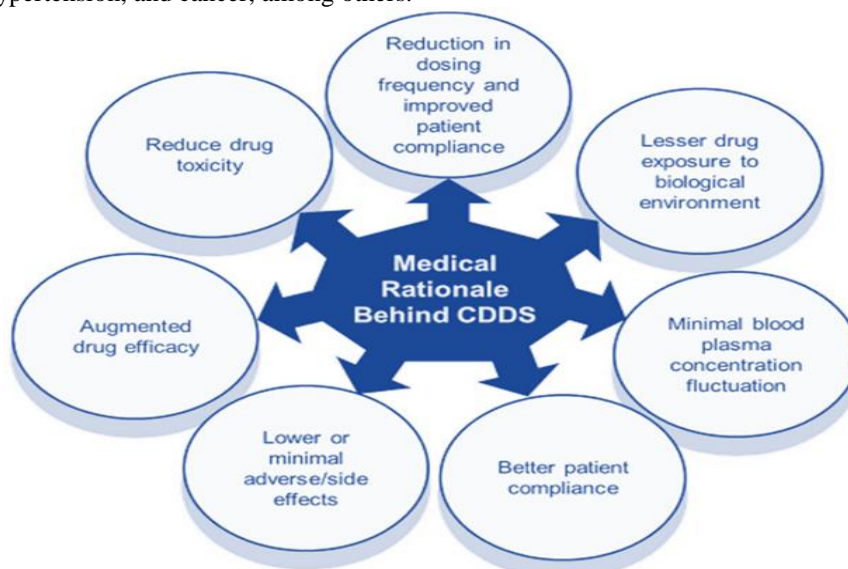


Fig-01

Moreover, controlled drug delivery holds promise for improving the efficacy of existing medications and enabling the delivery of biologics and gene therapies that would otherwise be rapidly degraded or cleared from the body. In addition to enhancing drug efficacy and patient compliance, controlled drug delivery systems also offer advantages in terms of safety and tolerability. By minimizing systemic exposure to drugs and reducing peak plasma concentrations, these systems can mitigate adverse effects and improve the overall safety profile of medications. This is particularly relevant in the case of potent or toxic drugs where maintaining a narrow therapeutic window is critical.

2. TYPES OF DRUG DELIVERY SYSTEMS:-

i. Oral Drug Delivery:

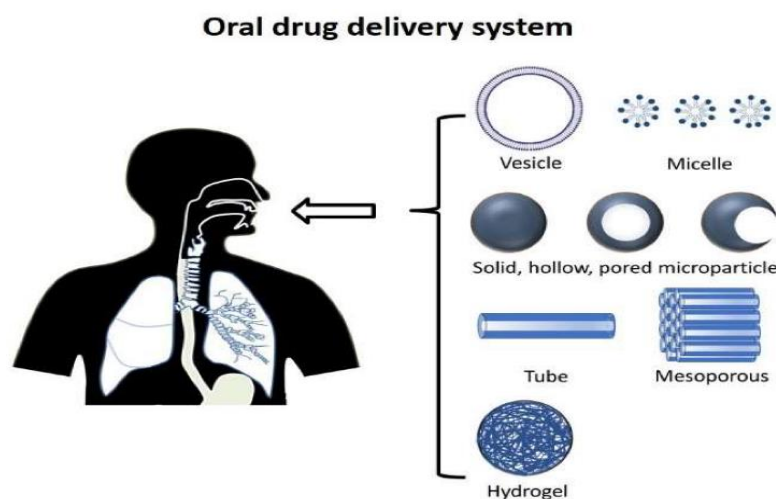


Fig-02

- Oral drug delivery is one of the most common and convenient routes of administration, involving the ingestion of medications in the form of tablets, capsules, liquids, or powders.
- Drugs administered orally must pass through the gastrointestinal tract, where they may undergo degradation by enzymes and acidic pH, or absorption into the bloodstream through the intestinal wall.
- Oral drug delivery offers advantages such as ease of administration, patient acceptance, and the potential for sustained release formulations.

ii. Transdermal Drug Delivery:

- Transdermal drug delivery involves the administration of medications through the skin for systemic absorption into the bloodstream.
- Transdermal patches are the most common form of transdermal drug delivery, containing drug reservoirs that slowly release medication through the skin over an extended period.
- This route offers advantages such as continuous drug delivery, avoidance of first-pass metabolism, and improved patient compliance due to reduced dosing frequency.

iii. Injectable Drug Delivery:

- Injectable drug delivery involves the administration of medications directly into the body via intravenous, intramuscular, subcutaneous, or intradermal routes.



Fig-03

- Injectable formulations include solutions, suspensions, and emulsions, which allow for rapid and precise drug delivery with high bioavailability.
- Injectable drug delivery is commonly used for emergency situations, critical care, and administering medications that cannot be taken orally.

iv. Inhalation Drug Delivery:

- Inhalation drug delivery delivers medications directly to the lungs through inhalation, where they are absorbed into the bloodstream for systemic effects or exert local effects in the respiratory tract.
- Inhalation devices include metered-dose inhalers (MDIs), dry powder inhalers (DPIs), and nebulizers, which aerosolize medications for inhalation.
- This route is commonly used for treating respiratory diseases such as asthma, chronic obstructive pulmonary disease (COPD), and cystic fibrosis.

v. Implantable Drug Delivery:

- Implantable drug delivery systems involve the surgical placement of devices or implants within the body for controlled release of medications over an extended period.
- Implants may be made of biodegradable or non-biodegradable materials and can be placed subcutaneously, intramuscularly, or intravascularly.
- Implantable drug delivery offers advantages such as localized drug delivery, reduced systemic side effects, and improved patient compliance due to sustained release formulations.

3. BASIC COMPONENTS OF CONTROLLED DRUG DELIVERY SYSTEMS:

i. Drug Reservoir:

- The drug reservoir is a central component of controlled drug delivery systems that contains the medication to be delivered.
- It may consist of a solid matrix, gel, or solution in which the drug is dispersed or dissolved.
- The design of the drug reservoir influences factors such as drug loading capacity, release kinetics, and stability of the formulation.



Fig-04

ii. Rate-Controlling Membrane:

- The rate-controlling membrane serves as a barrier between the drug reservoir and the surrounding environment, regulating the rate of drug release.
- This membrane may be permeable to water, ions, or specific molecules, allowing for controlled diffusion or osmosis of the drug.
- The properties of the rate-controlling membrane, such as thickness, porosity, and composition, determine the release profile of the drug delivery system.

iii. Release Mechanism:

- The release mechanism refers to the mechanism by which the drug is released from the drug reservoir and passes through the rate-controlling membrane.

- Common release mechanisms include diffusion-controlled release, where the drug diffuses through the membrane, and erosion-controlled release, where the membrane degrades over time, releasing the drug.
- Other mechanisms such as osmotic pressure, swelling, or chemical reactions may also play a role in drug release, depending on the specific design of the delivery system.

iv. Targeting Ligands (if applicable):

- In some controlled drug delivery systems, targeting ligands may be incorporated to facilitate site-specific drug delivery.
- Targeting ligands are molecules that bind selectively to receptors or biomarkers present on target cells or tissues, allowing for enhanced accumulation of the drug at the desired site.
- Examples of targeting ligands include antibodies, peptides, and small molecules, which can be conjugated to the drug delivery system to achieve targeted delivery and minimize off-target effects.

These basic components work synergistically to control the release of medication from the drug delivery system, ensuring optimal therapeutic outcomes while minimizing side effects and improving patient compliance. The selection and optimization of these components are critical in the design and development of effective controlled drug delivery systems for a wide range of medical applications.

4. ADVANTAGES OF CONTROLLED DRUG DELIVERY:-

i. Enhanced Therapeutic Efficacy:

- Controlled drug delivery systems enable precise modulation of drug release kinetics, ensuring optimal drug concentrations at the target site over an extended period.
- This allows for improved efficacy of medications by maintaining therapeutic levels within the desired range, thereby enhancing the drug's therapeutic effects.
- By minimizing fluctuations in drug concentration and achieving sustained release profiles, controlled drug delivery systems can maximize therapeutic outcomes and minimize the risk of treatment failure.

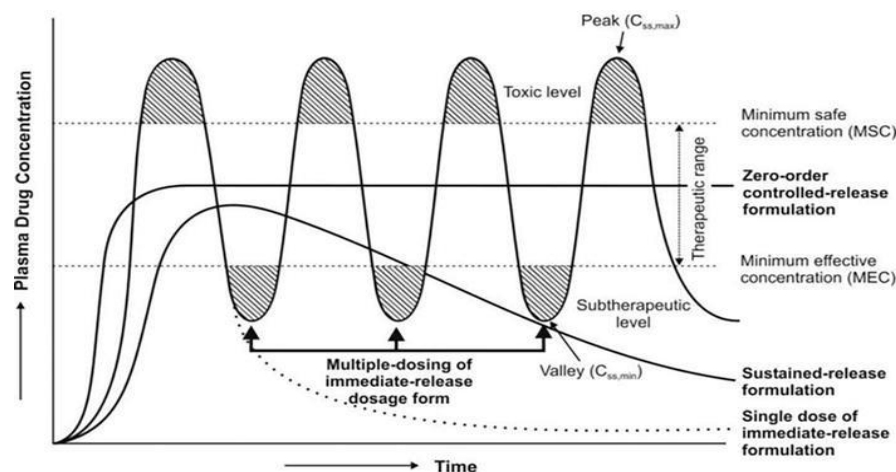


Fig-05

ii. Reduced Side Effects:

- Controlled drug delivery systems can mitigate side effects associated with conventional drug delivery methods, such as systemic toxicity and off-target effects.
- By delivering medications directly to the intended site of action or by controlling the rate and duration of drug release, these systems minimize exposure of non-target tissues to high drug concentrations, reducing the incidence and severity of adverse effects.
- This targeted approach to drug delivery improves the safety profile of medications, enhancing patient tolerance and quality of life.

iii. Improved Patient Compliance:

- Controlled drug delivery systems offer dosing regimens that are tailored to the individual patient's needs, leading to improved patient compliance and adherence to treatment.
- By reducing dosing frequency and minimizing the need for complex medication schedules, these systems simplify drug administration and make it easier for patients to adhere to their prescribed treatment regimen.
- Enhanced patient compliance ultimately leads to better treatment outcomes and reduces the risk of disease progression or recurrence.

iv. Prolonged Drug Action:

- Controlled drug delivery systems can extend the duration of drug action, allowing for sustained therapeutic effects without the need for frequent dosing.

- By controlling the rate of drug release and maintaining therapeutic drug levels within the desired range for an extended period, these systems prolong the duration of drug action and reduce the need for repeated administrations.
- This prolonged drug action not only improves patient convenience but also optimizes therapeutic outcomes by ensuring continuous drug exposure to the target site, particularly in chronic conditions requiring long-term treatment.

5. CHALLENGES IN CONTROLLED DRUG DELIVERY:-

A. Stability of Drug Formulations:

- Maintaining the stability of drug formulations is a significant challenge in controlled drug delivery systems, particularly for drugs susceptible to degradation, hydrolysis, or oxidation.
- Factors such as pH, temperature, light exposure, and interactions with excipients can affect the stability of drug formulations, leading to reduced efficacy or increased toxicity.
- Formulation optimization strategies, such as the use of stabilizers, encapsulation techniques, and lyophilization, are employed to enhance the stability of drug formulations in controlled delivery systems.



Fig-06

B. Biocompatibility and Safety Concerns:

- Ensuring the biocompatibility and safety of controlled drug delivery systems is essential to prevent adverse reactions and tissue damage upon administration.
- Materials used in the fabrication of drug delivery devices, such as polymers, nanoparticles, and implants, must be carefully selected to minimize the risk of immune responses, inflammation, or toxicity.
- Preclinical studies and biocompatibility testing are conducted to evaluate the safety profile of controlled drug delivery systems before clinical translation, mitigating potential risks to patients.

C. Regulatory Hurdles:

- Regulatory approval is a critical challenge in the development and commercialization of controlled drug delivery systems, requiring compliance with stringent regulatory guidelines and approval processes.
- Demonstrating the safety, efficacy, and quality of controlled delivery systems through preclinical studies, clinical trials, and manufacturing validations is essential for regulatory approval.
- Regulatory hurdles vary across different regions and jurisdictions, necessitating close collaboration between developers, regulatory agencies, and stakeholders to navigate the regulatory landscape effectively.

D. Manufacturing Complexities:

- The manufacturing of controlled drug delivery systems can be complex and challenging, requiring specialized equipment, processes, and expertise.
- Achieving consistent and reproducible drug release profiles, controlling particle size distribution, and ensuring batch-to-batch consistency are key manufacturing challenges.
- Scale-up from laboratory-scale formulations to commercial production poses additional challenges, including optimization of manufacturing processes, validation of equipment and facilities, and adherence to good manufacturing practices (GMP).

6. RECENT ADVANCES IN CONTROLLED DRUG DELIVERY:

A. Nanotechnology-Based Delivery Systems:

- Nanotechnology has revolutionized controlled drug delivery by offering precise control over drug release kinetics and targeting capabilities at the nanoscale level.

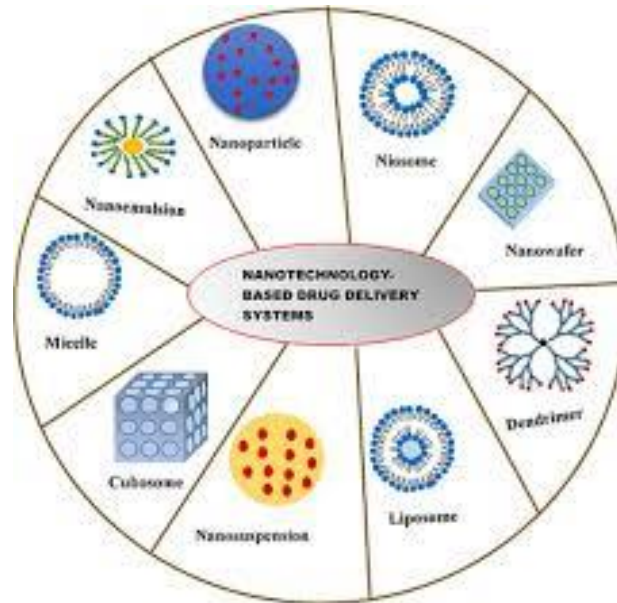


Fig-07

- Nanoparticles, liposomes, dendrimers, and polymeric micelles are among the nanocarriers used to encapsulate and deliver drugs with improved bioavailability, stability, and targeting efficiency.
- Nanotechnology-based delivery systems enable enhanced penetration of drugs across biological barriers, such as the blood-brain barrier, and facilitate intracellular drug delivery for the treatment of various diseases, including cancer, infectious diseases, and neurological disorders.

B. Stimuli-Responsive Drug Release:

- Stimuli-responsive drug delivery systems are designed to release drugs in response to specific environmental cues or external stimuli, such as changes in pH, temperature, light, or enzymatic activity.
- These systems offer spatiotemporal control over drug release, allowing for site-specific delivery and on-demand release of therapeutics.
- Stimuli-responsive drug delivery has applications in targeted cancer therapy, inflammation treatment, and controlled release of biologics, where precise control over drug release is critical for therapeutic efficacy and safety.

C. Targeted Drug Delivery Approaches:

- Targeted drug delivery approaches aim to deliver drugs specifically to diseased tissues or cells while minimizing exposure to healthy tissues, thereby enhancing therapeutic efficacy and reducing side effects.
- Strategies such as ligand-targeted delivery, antibody-drug conjugates, and cell-specific targeting exploit unique molecular signatures or surface markers of diseased cells for selective drug delivery.
- Targeted drug delivery approaches have shown promise in oncology, autoimmune disorders, and infectious diseases, offering the potential for personalized treatment regimens tailored to individual patient needs.

D. Personalized Medicine Applications:

- Controlled drug delivery systems are increasingly being integrated into personalized medicine approaches, where treatments are customized based on individual patient characteristics, genetic makeup, and disease profiles.
- Personalized drug delivery strategies enable the optimization of drug dosing, timing, and delivery routes to maximize therapeutic outcomes and minimize adverse effects for each patient.
- Advances in genomics, biomarker identification, and computational modeling have facilitated the development of personalized drug delivery systems, paving the way for precision medicine in healthcare.
- These recent advances in controlled drug delivery hold promise for revolutionizing drug therapy by offering enhanced precision, efficacy, and safety profiles. By leveraging nanotechnology, stimuli-responsive platforms, targeted delivery approaches, and personalized medicine concepts, controlled drug delivery systems are poised to address unmet medical needs and improve patient outcomes across a wide range of therapeutic areas.

7. APPLICATIONS OF CONTROLLED DRUG DELIVERY:

A. Cancer Therapy:

- Controlled drug delivery systems play a crucial role in cancer therapy by delivering chemotherapeutic agents directly to tumor sites while minimizing systemic toxicity.

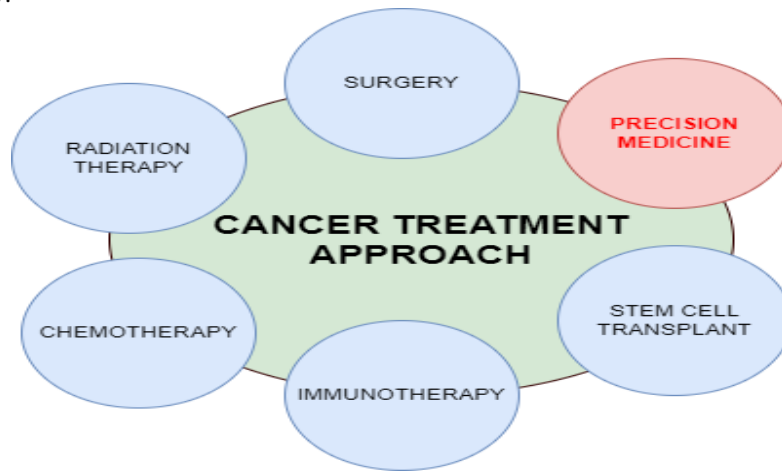


Fig-08

- Nanoparticle-based delivery systems, such as liposomes and polymeric nanoparticles, enable targeted drug delivery and enhanced accumulation of drugs in tumors through the enhanced permeability and retention (EPR) effect.
- Targeted drug delivery approaches, such as antibody-drug conjugates and ligand-targeted nanoparticles, further improve tumor specificity and reduce off-target effects, leading to improved therapeutic outcomes and reduced side effects.

B. Chronic Disease Management:

- Controlled drug delivery systems are utilized in the management of chronic diseases such as diabetes, hypertension, and cardiovascular disorders.
- Implantable drug delivery devices, such as insulin pumps and intraocular implants, offer sustained release of medications over extended periods, improving patient adherence and reducing the frequency of dosing.
- Transdermal patches and oral controlled release formulations provide continuous drug delivery, maintaining therapeutic drug levels and optimizing disease management in chronic conditions requiring long-term treatment.

C. Pain Management:

- Controlled drug delivery systems are employed in pain management to provide prolonged analgesia while minimizing the risk of opioid abuse and dependence.
- Transdermal patches, implantable pumps, and intrathecal drug delivery systems deliver analgesic medications directly to the site of pain, offering sustained relief with reduced systemic side effects.
- Stimuli-responsive drug delivery systems, activated by changes in pain perception or physiological cues, enable on-demand release of analgesics, enhancing pain control and patient comfort.

D. Hormonal Therapy:

- Controlled drug delivery systems are utilized in hormonal therapy for the treatment of conditions such as hormone-sensitive cancers, menopausal symptoms, and reproductive disorders.
- Implantable hormone-releasing devices and transdermal patches offer sustained release of hormones, maintaining physiological levels and improving treatment efficacy.
- Targeted drug delivery approaches enable selective delivery of hormone therapies to target tissues or cells, minimizing off-target effects and optimizing therapeutic outcomes.

E. Infectious Disease Treatment:

- Controlled drug delivery systems are applied in the treatment of infectious diseases to enhance drug efficacy, minimize drug resistance, and reduce systemic toxicity.
- Nanoparticle-based drug delivery systems, such as liposomes and polymer-drug conjugates, improve the pharmacokinetics and biodistribution of antimicrobial agents, enhancing their therapeutic effects against bacterial, viral, and fungal infections.
- Targeted drug delivery approaches enable selective delivery of antimicrobial agents to infected tissues or cells, enhancing drug concentrations at the site of infection while minimizing exposure to healthy tissues.

8. CASE STUDIES:

A. Example 1: Liposomal Doxorubicin in Cancer Treatment:

- Liposomal doxorubicin is a controlled drug delivery formulation used in the treatment of various cancers, including ovarian cancer, breast cancer, and Kaposi's sarcoma.
- Doxorubicin, a potent chemotherapy agent, is encapsulated within liposomes, lipid-based vesicles that enhance drug delivery to tumor tissues while minimizing systemic toxicity.
- Liposomal doxorubicin improves the therapeutic index of the drug by reducing cardiotoxicity and enhancing tumor accumulation through the EPR effect.
- Clinical studies have demonstrated the efficacy of liposomal doxorubicin in improving response rates and progression-free survival in cancer patients, leading to its approval for use in multiple cancer indications.

B. Example 2: Transdermal Patches for Nicotine Replacement Therapy:

- Transdermal nicotine patches are a controlled drug delivery system used in nicotine replacement therapy (NRT) to aid smoking cessation.
- Nicotine patches deliver a controlled dose of nicotine through the skin, bypassing first-pass metabolism and providing continuous nicotine delivery to alleviate withdrawal symptoms and cravings.
- Controlled release formulations maintain stable nicotine levels in the bloodstream, reducing the urge to smoke and facilitating smoking cessation efforts.
- Clinical trials have shown that transdermal nicotine patches are effective in increasing smoking cessation rates and improving long-term abstinence among smokers, making them a valuable tool in tobacco cessation programs.

C. Example 3: Implantable Insulin Pumps for Diabetes Management:

- Implantable insulin pumps are a controlled drug delivery device used in the management of type 1 diabetes to deliver insulin directly into the bloodstream.
- These pumps are surgically implanted under the skin and deliver insulin continuously at programmable rates, mimicking the physiological secretion of insulin by the pancreas.
- Implantable insulin pumps offer precise control over insulin delivery, enabling individualized dosing regimens tailored to the patient's insulin requirements and lifestyle.

9. FUTURE DIRECTIONS:-

A. Integration of Digital Technologies:

- The future of controlled drug delivery systems lies in the integration of digital technologies to create smart drug delivery systems capable of real-time monitoring, feedback, and adaptive drug release.
- Smart drug delivery systems utilize sensors, microchips, and wireless connectivity to monitor physiological parameters, drug levels, and patient adherence, enabling personalized and optimized drug delivery regimens.
- Advancements in wearable devices, smartphone apps, and cloud-based platforms facilitate remote monitoring and data analytics, allowing healthcare providers to remotely adjust drug doses, schedule reminders, and track patient progress in real time.

B. Advances in Biomaterials for Controlled Release:

- Biomaterials research continues to drive innovation in controlled drug delivery systems by providing versatile platforms for drug encapsulation, stabilization, and release.
- Engineered biomaterials with tunable properties, such as biodegradability, biocompatibility, and stimuli-responsiveness, offer precise control over drug release kinetics and targeting capabilities.

C. Expansion of Personalized Medicine Approaches:

- The future of controlled drug delivery is characterized by the expansion of personalized medicine approaches, where treatments are tailored to individual patient characteristics, genetic profiles, and disease phenotypes.
- Advances in genomics, proteomics, and bioinformatics facilitate the identification of biomarkers and genetic signatures predictive of drug response, guiding the selection of optimal drug delivery strategies and dosing regimens.

10. CONCLUSION:

The dosage form is a combination of drugs and excipients. Excipients are used to get a structure, enhance stability and mask the taste. Solid, semisolid and liquid dosage forms are the conventional dosage forms that suffer from fluctuations in plasma drug levels which demands high dosing and dosing frequency with poor patient compliance. The bioavailability of a drug is crucial to achieving the desired action from any dosage form. Controlled drug delivery systems have emerged as an alternative to the conventional sort, to improve the bioavailability, extent the drug release and maintain drug plasma levels within the therapeutic window with minimal side effects. Controlled drug delivery increases the drug solubility and stability and offers the selective delivery of drugs with a predictable rate and mechanism to specific organ/tissue/cells.

Dissolution, diffusion, water penetration and chemically controlled drug delivery systems are the types of controlled drug delivery systems. Stimuli-responsive delivery systems are useful in various disease conditions (cancer, infections, etc.) to target as well as control the release. Further, nanocarriers with intelligent biomaterials and additive manufacturing techniques can be developed to achieve controlled targeted delivery. The future of drug delivery is focused on patient-specific therapy using microfluidic-based, 3D-printed devices and CRISPR cas9 based delivery systems integrated with quantum sensing.

11. REFERENCES :-

1. Allen, T. M., & Cullis, P. R. (2013). Liposomal drug delivery systems: From concept to clinical applications. *Advanced Drug Delivery Reviews*, 65(1), 36-48.
2. Bae, Y. H., & Park, K. (2011). Targeted drug delivery to tumors: Myths, reality and possibility. *Journal of Controlled Release*, 153(3), 198-205.
3. Uhrich, K. E., Cannizzaro, S. M., Langer, R. S., & Shakesheff, K. M. (1999). Polymeric systems for controlled drug release. *Chemical Reviews*, 99(11), 3181-3198.
4. Torchilin, V. P. (2014). Multifunctional, stimuli-sensitive nanoparticulate systems for drug delivery. *Nature Reviews Drug Discovery*, 13(11), 813-827.
5. Peppas, N. A., & Langer, R. (1994). New challenges in biomaterials. *Science*, 263(5154), 1715-1720.
6. Anderson, J. M., & Shive, M. S. (1997). Biodegradation and biocompatibility of PLA and PLGA microspheres. *Advanced Drug Delivery Reviews*, 28(1), 5-24.
7. Desai, N. (2005). Challenges in development of nanoparticle-based therapeutics. *The AAPS Journal*, 7(3), E508-E520.
8. Farokhzad, O. C., & Langer, R. (2009). Impact of nanotechnology on drug delivery. *ACS Nano*, 3(1), 16-20.
9. Ganta, S., Devalapally, H., & Shahiwala, A. (2008). Amphotericin B formulations: A comparative study of lipid-based and polymeric nanoparticle preparations. *Pharmaceutical Research*, 25(12), 2567-2575.
10. Gref, R., Lück, M., Quellec, P., Marchand, M., Dellacherie, E., Harnisch, S., & Blunk, T. (2000). 'Stealth' corona-core nanoparticles surface modified by polyethylene glycol (PEG): influences of the corona (PEG chain length and surface density) and of the core composition on phagocytic uptake and plasma protein adsorption. *Colloids and Surfaces B: Biointerfaces*, 18(3-4), 301-313.
11. Gu, F., Zhang, L., Teply, B. A., Mann, N., Wang, A., Radovic-Moreno, A. F., ... & Langer, R. (2008). Precise engineering of targeted nanoparticles by using self-assembled biointegrated block copolymers. *Proceedings of the National Academy of Sciences*, 105(7), 2586-2591.
12. Hrkach, J., Von Hoff, D., Ali, M. M., Andrianova, E., Auer, J., Campbell, T., ... & Soon-Shiong, P. (2012). Preclinical development and clinical translation of a PSMA-targeted docetaxel nanoparticle with a differentiated pharmacological profile. *Science Translational Medicine*, 4(128), 128ra39-128ra39.
13. Kataoka, K., Harada, A., & Nagasaki, Y. (2001). Block copolymer micelles for drug delivery: design, characterization and biological significance. *Advanced Drug Delivery Reviews*, 47(1), 113-131.
14. Langer, R., & Folkman, J. (1976). Polymers for the sustained release of proteins and other macromolecules. *Nature*, 263(5580), 797-800.
15. Li, J., Mooney, D. J., & Designing hydrogels for controlled drug delivery. *Nature Reviews Materials*, 1(12), 16071.
16. Matsumura, Y., & Maeda, H. (1986). A new concept for macromolecular therapeutics in cancer chemotherapy: mechanism of tumorotropic accumulation of proteins and the antitumor agent smancs. *Cancer Research*, 46(12 Part 1), 6387-6392.
17. Alexis, F., Pridgen, E., Molnar, L. K., & Farokhzad, O. C. (2008). Factors affecting the clearance and biodistribution of polymeric nanoparticles. *Molecular Pharmaceutics*, 5(4), 505-515.
18. Peer, D., Karp, J. M., Hong, S., Farokhzad, O. C., Margalit, R., & Langer, R. (2007). Nanocarriers as an emerging platform for cancer therapy. *Nature Nanotechnology*, 2(12), 751-760.
19. Torchilin, V. P. (2007). Micellar nanocarriers: Pharmaceutical perspectives. *Pharmaceutical Research*, 24(1), 1-16.
20. Torchilin, V. P. (2005). Recent advances with liposomes as pharmaceutical carriers. *Nature Reviews Drug Discovery*, 4(2), 145-160.
21. Zhang, L., Gu, F., Chan, J., Wang, A., Langer, R., & Farokhzad, O. (2008). Nanoparticles in medicine: therapeutic applications and developments. *Clinical Pharmacology & Therapeutics*, 83(5), 761-769.
22. Brannon-Peppas, L., & Blanchette, J. O. (2004). Nanoparticle and targeted systems for cancer therapy. *Advanced Drug Delivery Reviews*, 56(11), 1649-1659.
23. Brigger, I., Dubernet, C., & Couvreur, P. (2002). Nanoparticles in cancer therapy and diagnosis. *Advanced Drug Delivery Reviews*, 54(5), 631-651.
24. Davis, M. E., Chen, Z., & Shin, D. M. (2008). Nanoparticle therapeutics: an emerging treatment modality for cancer. *Nature Reviews Drug Discovery*, 7(9), 771-782.
25. Peer, D., & Margalit, R. (2004). Loading mitomycin C inside long circulating hyaluronan targeted nano-liposomes increases its antitumor activity in three mice tumor models. *International Journal of Cancer*, 108(5), 780-789.
26. Schroeder, A., Heller, D. A., Winslow, M. M., Dahlgren, J. E., Pratt, G. W., Langer, R., & Anderson, D. G. (2012). Treating metastatic cancer with nanotechnology. *Nature Reviews Cancer*, 12(1), 39-50.
27. El-Sayed, I. H., Huang, X., & El-Sayed, M. A. (2006). Selective laser photo-thermal therapy of epithelial carcinoma using anti-EGFR antibody conjugated gold nanoparticles. *Cancer Letters*, 239(1), 129-135.
28. Farokhzad, O. C., Cheng, J., Teply, B. A., Sherifi, I., Jon, S., Kantoff, P. W., ... & Langer, R. (2006). Targeted nanoparticle-aptamer bioconjugates for cancer chemotherapy in vivo. *Proceedings of the National Academy of Sciences*, 103(16), 6315-6320.

29. Jain, R. K., Stylianopoulos, T., & Munn, L. L. (2014). The role of mechanical forces in tumor growth and therapy. *Annual Review of Biomedical Engineering*, 16, 321-346.
30. Koo, O. M., Rubinstein, I., & Onyuksel, H. (2005). Role of nanotechnology in targeted drug delivery and imaging: a concise review. *Nanomedicine: Nanotechnology, Biology and Medicine*, 1(3), 193-212.
31. Minchinton, A. I., & Tannock, I. F. (2006). Drug penetration in solid tumours. *Nature Reviews Cancer*, 6(8), 583-592.
32. Moghimi, S. M., & Hunter, A. C. (2001). Capture of stealth nanoparticles by the body's defences. *Critical Reviews in Therapeutic Drug Carrier Systems*, 18(6), 477-528.
33. Moghimi, S. M., Hunter, A. C., & Murray, J. C. (2005). Long-circulating and target-specific nanoparticles: theory to practice. *Pharmacological Reviews*, 53(2), 283-318.
34. Peer, D., & Langer, R. (2007). Nanocarriers in therapy of infectious diseases and prophylaxis of microbial infections. *Clinical Microbiology Reviews*, 20(1), 164-181.
35. Petros, R. A., & DeSimone, J. M. (2010). Strategies in the design of nanoparticles for therapeutic applications. *Nature Reviews Drug Discovery*, 9(8), 615-627.
36. Shi, J., & Votruba, A. R. (2013). Nanoparticles as multifunctional devices for cancer therapy. *Cancer Nanotechnology*, 4(1-6), 1-14.
37. Tannock, I. F., & Rotin, D. (1989). Acid pH in tumors and its potential for therapeutic exploitation. *Cancer Research*, 49(16), 4373-4384.
38. Wilhelm, S., Tavares, A. J., Dai, Q., Ohta, S., Audet, J., Dvorak, H. F., & Chan, W. C. (2016). Analysis of nanoparticle delivery to tumours. *Nature Reviews Materials*, 1(5), 16014.
39. Wolinsky, J. B., & Colson, Y. L. (2012). Grinstaff, MW. Local drug delivery strategies for cancer treatment: Gels, nanoparticles, polymeric films, rods, and wafers. *Journal of Controlled Release*, 159(1), 14-26.
40. Zhang, L., & Gu, F. X. (2011). Chan, J. M., Wang, A. Z., Langer, R. S., & Farokhzad, O. C. Nanoparticles in medicine: therapeutic applications and developments. *Clinical Pharmacology & Therapeutics*, 83(5), 761-769.
41. Panyam, J., & Labhasetwar, V. (2003). Biodegradable nanoparticles for drug and gene delivery to cells and tissue. *Advanced Drug Delivery Reviews*, 55(3), 329-347.
42. Gaucher, G., Dufresne, M. H., Sant, V. P., Kang, N., Maysinger, D., & Leroux, J. C. (2005). Block copolymer micelles: preparation, characterization and application in drug delivery. *Journal of Controlled Release*, 109(1-3), 169-188.
43. Guo, L., Fan, L., Pang, Z., Ren, J., Ren, Y., Li, J., ... & Du, B. (2013). Controlled release of anti-inflammatory siRNA from biodegradable polymeric micelles. *Nanotechnology*, 24(10), 105101.
44. Davis, M. E., Zuckerman, J. E., Choi, C. H., Seligson, D., Tolcher, A., Alabi, C. A., ... & Yen, Y. (2010). Evidence of RNAi in humans from systemically administered siRNA via targeted nanoparticles. *Nature*, 464(7291), 1067-1070.
45. De Jong, W. H., & Borm, P. J. (2008). Drug delivery and nanoparticles: Applications and hazards. *International Journal of Nanomedicine*, 3(2), 133-149.
46. Farokhzad, O. C., & Langer, R. (2009). Impact of nanotechnology on drug delivery. *ACS Nano*, 3(1), 16-20.