Review Article

Nanotechnology and Pediatric Cancer: Prevention, Diagnosis and Treatment

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Abstract

Despite development of new approaches for the treatment of cancer disease, it is the second cause of mortality in world. Annually, 30000 persons die in Iran due to cancer diseases. Eighty percent of cancer patients are children which about 50% children lead to death. Given the high rate of cancer-related death, the new approaches for prevention, control, early diagnosis, and treatment of this disease seem necessary. Investigation of new strategies is the major challenge for scientists at recent century. Nanotechnology as a new scientific field with novel and small compounds utilized different fields over the past ten years especially in medicine. This science has come to the forefront in the areas of medical diagnostics, imaging, and therapeutic scheduls. Therefore, it has the potential applications for cancer detection and therapy. This review will discuss the therapeutic applications of different nano-materials in diagnosis, imaging, and delivery of therapeutic agents for the treatment of cancer with a major focus on their applications for the treatment of cancer and cancer- related diseases in children. The advancements in established nanoparticle technologies such as liposomes, polymer micelles, and functionalization regarding tumor targeting and controlled release strategies as well as drug delivery were discussed. It will also review the blood toxicity of used nanostructures.

Key words
Cancer, Children, Functionalization, Nanotechnology

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Introduction

One of the most fatal diseases in human beings is cancer which annually leads to death of 30000 persons just in Iran. Eighty percent of cancer patients are children which about 50% children lead to death. Different researchers try to eradicate this deadly disease through different ways. So far, several compounds with anticancer effects are presented. The use of nanomaterials was also considered in this context. The use of nanotechnology can affect many aspects of human life (1). One of these aspects is medicine. Construction of nano compounds with different biological effects and their use in various industries are key field in science (2). The use of nanostructures in the cancer research has become active trend and leads to introduce a novel filed of

nanotechnology: Cancer Nanotechnology (3-5).

Cancer Nanotechnology research is interdisciplinary and incorporates biology, chemistry, engineering, medicine, and physics. Targeted delivery of chemotherapic drugs is the major reason for the development of cancer nanotechnology (2, 3). The research showed that 99% of chemotherapy drugs do not reach to the cancer cells. The release of these toxic drugs can damage normal cells (6, 7). All of chemothrapic drugs have different adverse side effects such as fatigue, pain (headaches, muscle pain, Stomach pain, and pain from nerve damage), mouth and throat sores, diarrhea, nausea and vomiting, constipation and blood disorders (8-11). Nanostructures including nanotubes, nanorods, dendrimers, nanospheres, nanotubes, coantum dots and etc can be used for passive and active targeting (12-15). This targeting leads to reduction of side effects of chemotherapic drugs. Nanostructures can be used in all cancer stages research: prevention, diagnosis and treatment (16, 17). This paper will review the therapeutic applications of nanotechnology in all of these stages, specially treatment of cancer disease with a major focus on their applications for the treatment of pediatric cancer. The blood toxicity of applied nanostrcutures is also discussed.

Nanomedicine

One aspect of the application of nanotechnology is in the medical field. Nanotechnology is used in effective drug delivery systems, tissue engineering, cancer therapy, gene delivery, diagnostic techniques, antimicrobial techniques, cell repair and etc (18-24). Nanotechnology can deliver medicine or drugs into specific parts of the human body and thus increase effectiveness and reduce harmfulness. Nanoparticles, carbon nanostructures, liposomes, micelles and other nanostructures are useful to treatment of diseases. Surgical tools and robots can be made and used with nanotechnology to perform microsurgeries on any part of the body. This surgery doesn't damage a large amount of the body. These microsurgerical tools would be precise and accurate, targeting only the area where surgery should be done. Nanotechnology can also used for the improvement of surgery visualization. Nano-robotics is other field of nanotechnology that use in medical fields including diagnosis and targeted drug delivery, surgery, pharmacokinetics, monitoring of diabetes, and health care. The important use of nanomaterials is as drug and drug delivery system in cancer (25-27). Nanotechnology was used in prevention, diagnosis and treatment of cancer. However, cancer therapy by nanotechnology has mostly focused on targeting tumor cell, namely treatment of cancer (28-30). Nanotechnology Programs for cancer therapy was designed by National Cancer Institute (NCI) (http://nano.cancer.gov/) in the U.S. as Alliance for Nanotechnology in Cancer from 2004 including the current status of development, opportunities for growth, and clinical applications for the nanotechnology.

Nanotechnology in Cancer Prevention

The first strategy in cancer research is prevention (31). The main cause of cancer is carcinogenic substances as well as oxidant agents. Carcinogens affect DNA and lead to mutation (32, 33). So, the first strategy for cancer prevention is removing of carcinogenic substances. We can't prevent this problem by the present technology. The elimination of carcinogens is an effective way for cancer prevention. The nonobiotechnology, among different sciences, can be use in cancer prevention. However, there is little research on preventive treatments using nanotechnology. Nanostructures can eliminate the carcinogen and oxidant agents from human environmants. The one possible preventive strategy is attachment of nanoparticles to UV scattering substances like zinc oxide (ZnO) and titanium oxide (TiO2), or UV absorbing substances like octyl methoxycinnamate and oxybenzone, and specifically target

these nanoparticles to skin cell surface proteins and coating cells by these engineered nanostructures. By this nanotechnology-based preventive treatment method, it's possible to eliminate most of the problems that occure by Carcinogens (34).

Nanotechnology in Cancer Detection
Rapid and effective diagnosis of cancer lesions are one of the goals of medical science. Since current technologies in cancer imaging cannot provide appropriate differentiation of first detection based on lesion, nanotechnology can be considered as a good candidate for detecting cancer in early stages (35-37). This success is achieved through evolution of fluorescent probes named as Quantum Dots (QDs). Modified QD can be used as strong immunological probes to detect cancer markers such as Her2 and as other cell targets in putative tumor cells (38). Due to stability of the particles, long-term records of investigations on cells for fluorescent information are possible (39). Nanowires can be used as extremely small biological and chemical sensors (40, 41). Other achievements of researchers in this field are tool manufacturing for diagnosis of antigen specific for prostate cancer, PSA-α1antichymorypsin, carcinoembryonic antigen, and mucine in serum samples (42). Another application in detecting the presence of telomerase is siliceous nanowires. For this purpose, the siliceous nanowires were bound to telomerase using oligonucleotide supplement, and at the time of diagnosis, the cells, which have telomerase ,connect to them and change the conductivity of the nanowires, so that the presence of telomerase is recognized (43-45). The other nano devices in determining biomarkers are carbon nanotubes (CNTs) (46). Specific sequences of DNA can be detected from sequences with a single mistake using single-wall carbon Nanotubes (SWCNTs) as tip of Atomic Force Microscope (AFM) (47). The researchers synthesized nanoparticles that are able to detect blood clots and cancer cells. They cover

nanoparticles surface with peptides. These peptides were digested by protease produced by cancer cells. Injected into the body, the particles are deliverd to tumors through blood vessels. When reached to the tumors, particles are digested quickly by proteases. These small particles entered into the blood stream and eventually excreted from the body through urine. Urine samples are tested for the detection of particles and peptide' components. The cancer is identified through the amount and type of peptides in the urine. Nanosensors are very delicate and sensitive tools that able to identify and respond to physical stimuli. There are several nanobiosensoers such as nanowires, nanocantilevers and quantum dots were developed (48). The most famous example of nanosensors that use in medicine is cadmium selenide (CdSe). This nanosensor can detect cancerous tumors using fluorescence characteristics.

Nanotechnology in Cancer Treatment
Since the existing chemotherapy treatments do not distinguish between cancerous and healthy tissue, designing nanoparticles that can distinguish such difference is important. Nano-materials are recently used to bind specific ligands to cancer cells. Due to the increasing rate of drug resistance in cancer patients, the use of nanoparticles as drug carriers to improve anticancer drug delivery is recently proposed. Nanotechnology can target delivery of drugs, genes, and proteins in the tumor tissue; therefore, it reduces toxicity of anti-cancer agents for normal tissues (49-51). Inactivation of drugs in biological environments would be prevented by importing pharmaceutical components into the nano-capsule. Lectins, ligands, and cell-specific antibodies can also be used to target tumor cells (52, 53). Using metal nanoparticles such as zinc oxide in the treatment of cancer optical dynamics is another treatment based on nanoparticles (54-57).

Types of Nanostructures in Cancer Therapy
Liposomes

Liposomes can use as delivery vehicle for delivering agents to target cells (58-60). Up to the present time different liposome-based drugs were developed and approved for cancer therapy (61, 62). Using liposome in drug delivery raises specificity of drug actions on tissues; in addition it reduces side effects of drugs on other tissues resulted in greater safety and specificity of drugs (63). The most important of these liposomal systems were summarized in Table I. All of these delivery systems have exhausted the clinical trials stages and some of them were approved by FDA.

Micelles

Drug delivery based on micelles was acquired by two different methods: passive and active drug deliverys (87, 88). Two important applications of micelles are delivery of contrast agents to target cells for imaging and drug delivery, especially in cancer therapy (89, 90). Now, polymeric micelles loaded with anticancer drugs are being investigated in pre-clinical studies for treatment of cancer and enhancement of drug effect (91, 92). The results show that polymeric micelles are also good candidate for gene delivery (93-95). The most important of polymeric micelles that are used for drug delivery and are being investigated in pre-clinical studies are summarized in Table II.

Magnetic Nanoparticles

Magnetic nanoparticles gain high practical importance in the diagnosis and treatment of cancer because of possessing special magnetic properties. Through investigating sources and multiple studies conducted in this field, it can be concluded that the load of anticancer drugs on the magnetic nanoparticles plays an important role in enhancing drug performance and eliminating the cancer cells. The results showed that the magnetic nanoparticles reinforce the performance of anticancer drugs such as doxorubicin to kill cancer cells by strengthening the production of reactive oxygen species or other unknown mechanisms (100). In other words, the magnetic nanoparticles enhance the cytotoxic anticancer drug, and also play an important role in drug delivery to tumor cells (101, 102). Among magnetic materials, nanoparticles of iron oxide are only the magnetic materials which pose suitable characteristics for being used in the medical environment. The articles showed that iron oxide nanoparticles have no immediate or long-term in vivo toxic effect (103, 104). These magnetic nanoparticles are very important for medical diagnosis applications such as increasing the contrast of magnetic resonance imaging (105, 106).

Carbon Nanotubes

So far, various research groups applied carbon nanotubes for the development of targeted anticancer drugs. The scientists have shown that carbon nanotubes can transfer proteins and anti-cancer drugs into cells. CNTs can be used as a therapeutic agent. For example, carbon nanotubes can act as nano-bombs and lead to disintegration of cancer cells. It is possible to use nano-bombs carbon as effective therapeutic factors for killing cancer cells. According to different articles, the waves emitted from the explosion of these bombs not only eradicate cancer cells, but also all of the small vessels feeding. As soon as the bomb exploded in situ and cancer cells were destroyed, immune cells (macrophages) effectively digest and eliminate cellular debris and exploded nanotubes with circulatory system (107, 108). CNTs were also used for detection of tumor markers such as PSA, CEA, AFP and etc (109, 110).

Quantum Dots

Bioconjugated Quantum Dots (QDs) fluorescent probes are able to present a promising and powerful image for cancer detection and diagnosis (111, 112). Many new techniques have been immerged during the past decade in order to apply the unique photophysical properties of QDs, for the in vitro biomolecular profiling of cancer biomarkers, in vivo tumor imaging, and dual – functionality tumor - targeted imaging and drug delivery. Currently some of these emerging technologies are being

improved and integrated into clinical practice in oncology which can lead to important implications for the diagnosis, prognosis, and therapeutic management of cancer patients in the near future (38, 113-115).

Dendrimers

Dendrimers can be applied to a variety of cancer therapies to improve their safety and efficacy. These nanostructures also use in photodynamic therapy and gene therapy for cancer treatment (116, 117). These fundamental advances can present highly versatile and potentially powerful technologies for drug delivery when coupled with practical methods to covalently conjugate a wide range of bioactive molecules to the surface of a dendrimer or encapsulate them as guest molecules within void spaces (118). Dendrimers can also use as contrast agents for cancer diagnosis by imaging techniques such as MRI (119).

Nanotechnology and Pediatric Oncology
Nanotherapy of Pediatric Leukemias

Two major forms of blood cancer are acute lymphoblastic leukemia (ALL) and acute myeloid leukemia (AML). Despite the marked successes in ALL and AML treatment, the prognosis and treatment of patients with ALL and AML is big challenge regarding of target toxicity and residual effects of chemotherapy (120, 121). Recently, application of nanostructures such as dendrimers, gold particles, liposomes, micelles, and polymers has been investigated and described (122). These agents can improve the availability and therapeutic efficacy of conventional drugs (123, 124). The one example of this delivery system is Marqibo. Marqibo is a liposomal formulation of vincristine that approved by FDA in 2012 for certain Philadelphia chromosome-negative (Ph)-ALL patients (125, 126).

Nanotherapy of Pediatric Bone Cancer

Osteosarcoma is the most important bone cancer that occurs in children and usually affects the large bones of the arm or leg (127). Chemotherapic agents and surgery have been improved the treatment of patients with osteosarcoma so that the 5-year survival rate was increased from 15% to 65% (128). But, the metastatic diseases remain the most challenging and effects on overall survival rate (129). Nanotechnology has the highest opportunity to deliver high doses of cytotoxic agents to osteosarcoma cells and decrease side effects on normal tissues.

Nanotechnology and Immune Deficiencies Treatment

Chemotherapy drugs cause immune deficiency following cancer treatment that lead to development of infectious diseases, especially in children. Indiscriminate use of antibiotics for treatment of these infections leads to development of resistant microbial strains (130, 131). This status is more than important for children's infections. Nanostructures are suitable candidates for prevention of infections in children with immunodeficiency (132). The best strategy for prevention of infection is coating of surfaces by antimicrobial agents, especially nanostructures. Nanomodified surfaces reduce bacterial growth. Different nanostructures can be coated on the surface of medical devices, window, wall etc., especially for isolation room in pediatric section (133, 134).

Toxicity of Nanostructures

Recently, there is a rise in the number of publications about toxicity of nanostructures. Human tissues such as skin, lungs, and the gastro-intestinal tract are mostly exposed to environmental agents (135). While the skin is generally an effective barrier to foreign substances, the lungs and gastro-intestinal tract are more vulnerable (136, 137). The toxicity of nanostructures depends on size, aggregation, composition, crystallinity, surface functionalization and etc. Nanostructures enter the circulatory system and lead to arteriosclerosis, blood clots, arrhythmia, heart diseases, and ultimately cardiac death (138, 139). The most application of nanotechnology in pediatric cancer is use of nanostructures as

delivery system in injection method. So, a further concern is related to these particles that use in injection systems. Thus, the blood structures, clearance of nanostructures and vessel coat can be important factors in the biodistribution of nanostructures (140-142).

Toxicity for Normal Tissues

The penetration of large and small molecules to healthy tissue was done through small holes in the epithelial cells of vascular tissue with a size of about 45-250 Å. Some tissues especially liver and spleen have larger pore size and more phagocytic cells. They lead to accumulation of nanoparticles in these tissues. So, nanoparticles exerted more toxicity on these tissues.

Blood Toxicity

Different studies have shown that nanostructures cause hemolysis and blood clotting (143). Nanoparticle uptake by red blood cells and platelets is related to size and nanoparticle charge respectively (144). Thrombosis occurs during the first hour after exposure to different nanostructures (145). Cationic particles have more toxicity in comparison with anionic particles. The researchers indicated that nanoparticles can gain access to the blood following inhalation or instillation and then, they can enhance thrombosis, inflammation, and particles translocated to the blood (146). Campen et al showed that exposures to nanoparticles through inhalation can altered heart rate in hypertensive rats (147). Nanostructures inhibit thrombi formation and enhance platelet aggregation and thrombosis. Nanostructures interact with platelets and reduce their surface charge and lead to aggregation (148, 149). Zare Zardini et al

showed that MWCNTs have lower blood toxicity than Ag nanoparticles.

These researchers and other scientists also revealed that functionalization of MWCNTs reduce toxicity on blood cells (150). According to studies, the functionalization of nanostructures by different compounds, especially biological agents, can enhance biocompatibilty of these nanostructures, in particular, blood compatibility (151-153).

Conclusion

Prevention, diagnosis, and treatment of cancer are one of the major scientific challenges. This incurable disease continues to be a big problem in recent century. In recent years, many drugs and techniques have been developed for prevention, diagnosis and treatment of cancer including chemotherapy, radiotherapy, surgical removal, hyperthermia, and etc. Recently, it's recognized that nanotechnology has potent properties for management of some problems in cancer therapy. Nanotechnology can be used in prevention, diagnosis, and treatment of cancer especially for early detection and effective drug delivery. Besides all the positive properties, nanostructures cause cytotoxicity and blood toxicity on normal cells and tissues such as thrombosis, inflammation, and etc. Different approaches especially functionalization provide the possibility for decreasing toxicity and enhancing properties of nanostructures. According to the findings of articles reviewed in this paper, nanotechnology and engineered nanostructures are suggested as effective cures for cancer in the near future.

Table I. Liposome-based drug delivery systems for cancer therapy

Liposomal system	Application type	Refs
Liposomal doxorubicin	Recurrent Ovarian Cancer, Metastatic Breast Cancer and Multiple Myeloma	(64-67)
Non-pegylated liposomal doxorubicin	Metastatic Breast Cancer	(68, 69)
Thermally sensitive liposomal doxorubicin	Hepatocellular Carcinoma	(70-72)
	Breast Cancer	
	Hepatocellular Carcinoma	
Liposomal paclitaxel	Solid tumours	(73-75)
	Breast Cancer	
	Pancreatic Cancer	
	Liver Cancer	
Liposomal vincristine	ALL	(76-78)
Liposomal cisplatin	Advanced or refractory solid tumours Pancreatic cancer, non-small-cell lung cancer, head and neck cancer and breast cancers Ovarian cancer	(79-83)
Liposomal irinotecan	Colorectal carcinoma Colorectal cancer Metastatic pancreatic cancer	(70, 84, 85)
Liposomal vinorelbine	Hodgkin's disease, non-Hodgkin's lymphoma	(86)

These date have aquierd from http://www.nano.ir/.

Table III: Developed polymeric micelles for chemotropic drug delivery in pre-clinical stage

(http://www.nano.ir/)

Micelles	Block	Used drug	Refs
NK012	PEG-Pglu (SN38)	SN-38	(96)
NK105	PEG-P (Asparatate)	Paclitaxel	(97)
SP1049C	F127,L61, Pluronic L61and F127	Doxorobicin	(87, 88)
NC6004	PEG-Pglu (cisplatin)	Cisplatin	(98, 99)

References

1.Allen NS, Zeynalov EB, Taylor K, Birkett P. Antioxidant capacity of novel amine derivatives of buckminsterfullerene: Determination of inhibition rate constants in a model oxidation system. Polymer Degradation and Stability. 2009; 94(11):1932-40.

2.Wudl F, Thompson JD. Buckminsterfullerene C60 and organic ferromagnetism. Journal of Physics and Chemistry of Solids. 1992;53(11):1449-55.

3.Yang SH, Pettiette CL, Conceicao J, Cheshnovsky O, Smalley RE. Ups of

buckminsterfullerene and other large clusters of carbon. Chemical Physics Letters. 1987;139(3–4):233-8.

4.Haaheim J, Eby R, Nelson M, Fragala J, Rosner B, Zhang H, et al. Dip Pen Nanolithography (DPN): process and instrument performance with NanoInk's Nscriptor system. Ultramicroscopy. 2005;103(2):117-32.

5.Bullen D, Liu C. Electrostatically actuated dip pen nanolithography probe arrays. Sensors and Actuators A: Physical. 2006;125(2):504-11.

6.Jorfi S, Ansa-Addo EA, Kholia S, Stratton D, Valley S, Lange S, et al. Inhibition of microvesiculation sensitizes prostate cancer cells to chemotherapy and reduces docetaxel dose required to limit tumor growth in vivo. Scientific Reports 2015; 5:13006.

7.Morgan G, Ward R, Barton M. The contribution of cytotoxic chemotherapy to 5-year survival in adult malignancies. Clin Oncol. 2004; 16(8):549-60.

8.Tao JJ, Visvanathan K, Wolff AC. Long term side effects of adjuvant chemotherapy in patients with early breast cancer. The Breast.

9.Protic M, Stojadinovic A, Nissan A, Wainberg Z, Steele SR, Chen DC, et al. Prognostic Effect of Ultra-Staging Node-Negative Colon Cancer Without Adjuvant Chemotherapy: A Prospective National Cancer Institute-Sponsored Clinical Trial. Journal of the American College of Surgeons. 2015;221(3):643-51.

10.Alagizy HA, Shehata MA, Hashem TA, Abdelaziz KK, Swiha MM. Metronomic capecitabine as extended adjuvant chemotherapy in women with triple negative breast cancer. Hematology/Oncology and Stem Cell Therapy. 2015;8(1):22-7.

11.Wolff AC. PG 12.04 Long term side effects of adjuvant chemotherapy in patients with early breast cancer. The Breast. 2015;24, Supplement 1:S23-S4.

12.Keith D, Cui H. Chapter 5 - Fabrication of Drug Delivery Systems Using Self-Assembled Peptide Nanostructures. In: Svendsen JC-LE, editor. Micro and Nanofabrication Using Self-Assembled Biological Nanostructures. Oxford: William Andrew Publishing; 2015. p. 91-115.

13.Lin R, Cui H. Supramolecular nanostructures as drug carriers. Current Opinion in Chemical Engineering. 2015;7:75-83.

14.Chandra S, Barick KC, Bahadur D. Oxide and hybrid nanostructures for therapeutic applications. Advanced Drug Delivery Reviews. 2011;63(14–15):1267-81.

15.Arachchige MCM, Reshetnyak YK, Andreev OA. Advanced targeted nanomedicine. Journal of Biotechnology. 2015; 202:88-97.

16.Kumar N, Kumar R. Chapter 4 - Nanomedicine for Cancer Treatment. In: Kumar N, Kumar R, editors. Nanotechnology and Nanomaterials in the Treatment of Life-Threatening Diseases. Oxford: William Andrew Publishing; 2014. p. 177-246.

17.Markman JL, Rekechenetskiy A, Holler E, Ljubimova JY. Nanomedicine therapeutic approaches to overcome cancer drug resistance. Advanced Drug Delivery Reviews. 2013;65(13–14):1866-79.

18. Walmsley GG, McArdle A, Tevlin R, Momeni A, Atashroo D, Hu MS, et al. Nanotechnology in bone tissue engineering. Nanomedicine: Nanotechnology, Biology and Medicine. 2015;11(5):1253-63.

19. Shajkumar A. Chapter 17 - Future of Nanotechnology in Tissue Engineering. In: Ninan STG, editor. Nanotechnology Applications for Tissue Engineering. Oxford: William Andrew Publishing; 2015. p. 289-306.

20. Danie Kingsley J, Ranjan S, Dasgupta N, Saha P. Nanotechnology for tissue engineering: Need, techniques and applications. Journal of Pharmacy Research. 2013;7(2):200-4.

21. Safari J, Zarnegar Z. Advanced drug delivery systems: Nanotechnology of health design A review. Journal of Saudi Chemical Society. 2014;18(2):85-99.

22. Zare-Zardini H, Amiri A, Shanbedi M, Memarpoor-Yazdi M, Asoodeh A. Studying of antifungal activity of functionalized multiwalled carbon nanotubes by microwave-assisted technique. Surface and Interface Analysis. 2013;45(3):751-5.

23. Amiri A, Zare-Zardini H, Shanbedi M, Maghrebi M, Baniadam M. Efficient method for functionalization of carbon nanotubes by lysine and improved antimicrobial activity and water-dispersion. Materials Letters. 2012.

24. Gupta A, Avci P, Sadasivam M, Chandran R, Parizotto N, Vecchio D, et al. Shining light on nanotechnology to help repair and regeneration. Biotechnology Advances. 2013;31(5):607-31.

25. Gabizon AA. Liposome circulation time and tumor targeting: implications for cancer chemotherapy. Advanced Drug Delivery Reviews. 1995;16(2–3):285-94.

26. Yang F, Jin C, Jiang Y, Li J, Di Y, Ni Q, et al. Liposome based delivery systems in pancreatic cancer treatment: From bench to bedside. Cancer Treatment Reviews. 2011;37(8):633-42.

27. Gabizon A, Shmeeda H, Horowitz AT, Zalipsky S. Tumor cell targeting of liposome-entrapped drugs with phospholipid-anchored folic acid–PEG conjugates. Advanced Drug Delivery Reviews. 2004;56(8):1177-92.

28. Franckena M, Fatehi D, Bruijne Md, Canters RAM, Norden Yv, Mens JW, et al. Hyperthermia dose-effect relationship in 420 patients with cervical cancer treated with combined radiotherapy and hyperthermia. European Journal of Cancer. 2009;45(11):1969-78.

29. Chicheł A, Skowronek J, Kubaszewska M, Kanikowski M. Hyperthermia – description of a method and a review of clinical applications. Reports of Practical Oncology & Radiotherapy. 2007;12(5):267-75.

30. Kawasaki ES, Player A. Nanotechnology, nanomedicine, and the development of new, effective therapies for cancer. Nanomedicine: Nanotechnology, Biology and Medicine. 2005;1(2):101-9.

31. Kensler TW, Qian G-S, Chen J-G, Groopman JD. Translational strategies for cancer prevention in liver. Nat Rev Cancer. 2003;3(5):321-9.

32. De Bont R, van Larebeke N. Endogenous DNA damage in humans: a review of quantitative data. Mutagenesis. 2004;19(3):169-85.

33. Klaunig JE, Kamendulis LM, Hocevar BA. Oxidative Stress and Oxidative Damage in Carcinogenesis. Toxicologic Pathology. 2010;38(1):96-109.

34. Mansoori GA, Mohazzabi P, McCormack P, Jabbari S. Nanotechnology in cancer prevention, detection and treatment: bright future lies ahead. World Review of Science, Technology and Sustainable Development. 2007;4(2-3):226-57.

35.Heath JR, Davis ME. Nanotechnology and Cancer. Annual review of medicine. 2008;59:251-65.

36.Ferrari M. Cancer nanotechnology: opportunities and challenges. Nat Rev Cancer 2005;5(3):161-71.

37.Srinivas PR, Barker P, Srivastava S. Nanotechnology in Early Detection of Cancer. Lab Invest 82(5):657-62.

38.Zhang H, Yee D, Wang C. Quantum dots for cancer diagnosis and therapy: biological and clinical perspectives. Nanomedicine. 2008;3(1):83-91.

39.Pericleous P, Gazouli M, Lyberopoulou A, Rizos S, Nikiteas N, Efstathopoulos EP. Quantum dots hold promise for early cancer imaging and detection. International Journal of Cancer. 2012;131(3):519-28.

40.Zhang G-J, Ning Y. Silicon nanowire biosensor and its applications in disease diagnostics: A review. Analytica Chimica Acta. 2012;749:1-15.

41.Abdul Rashid JI, Abdullah J, Yusof NA, Hajian R. The Development of Silicon Nanowire as Sensing Material and Its Applications. Journal of Nanomaterials. 2013;2013:16.

42.Zheng G, Lieber CM. Nanowire Biosensors for Label-Free, Real-Time, Ultrasensitive Protein Detection. Methods in molecular biology (Clifton, NJ). 2011;790:223-37.

43.Skvortsov DA, Zvereva ME, Shpanchenko OV, Dontsova OA. Assays for Detection of Telomerase Activity. Acta Naturae. 2011; 3(1):48-68.

44.Kulla E, Katz E. Biosensor Techniques Used for Determination of Telomerase Activity in Cancer Cells. Sensors (Basel, Switzerland). 2008;8(1):347-69.

45.Xiao Y, Pavlov V, Niazov T, Dishon A, Kotler M, Willner I. Catalytic Beacons for the Detection of DNA and Telomerase Activity. Journal of the American Chemical Society. 2004; 126(24):7430-1.

46.Sanchez S, Fabregas E, Pumera M. Detection of biomarkers with carbon nanotube-based immunosensors. Methods Mol Biol. 2010; 625:227-37.

47.Münzer AM, Michael ZP, Star A. Carbon Nanotubes for the Label-Free Detection of Biomarkers. ACS Nano. 2013 2013/09/24;7(9):7448-53.

48.Ngoepe M, Choonara YE, Tyagi C, Tomar LK, du Toit LC, Kumar P, et al. Integration of Biosensors and Drug Delivery Technologies for Early Detection and Chronic Management of Illness. Sensors (Basel, Switzerland). 2013;13(6):7680-713.

49.Roy D, Munz M, Colombi P, Bhattacharyya S, Salvetat J-P, Cumpson PJ, et al. Directly writing with nanoparticles at the nanoscale using dip-pen nanolithography. Applied Surface Science. 2007;254(5):1394-8.

50.Thompson DG, McKenna EO, Pitt A, Graham D. Microscale mesoarrays created by dip-pen nanolithography for screening of protein–protein interactions. Biosensors and Bioelectronics. 2011;26(12):4667-73.

51.Son JY, Shin Y-S, Shin Y-H. Nanoscale resistive random access memory consisting of a NiO nanodot and Au nanowires formed by dip-pen nanolithography. Applied Surface Science. 2011;257(23):9885-7.

52.Tang MF, Lei L, Guo SR, Huang WL. Recent progress in nanotechnology for cancer therapy. Chinese journal of cancer. 2010;29(9):775-80.

53.Ali I, Rahis U, Salim K, Rather MA, Wani WA, Haque A. Advances in nano drugs for cancer chemotherapy. Current cancer drug targets. 2011;11(2):135-46.

54.Hariharan R, Senthilkumar S, Suganthi A, Rajarajan M. Synthesis and characterization of daunorubicin modified ZnO/PVP nanorods and its photodynamic action. Journal of Photochemistry and Photobiology A: Chemistry. 2013;252(0):107-15.

55. Ng KW, Khoo SPK, Heng BC, Setyawati MI, Tan EC, Zhao X, et al. The role of the tumor suppressor p53 pathway in the cellular DNA damage response to zinc oxide nanoparticles. Biomaterials. 2011;32(32):8218-25.

56. Hackenberg S, Scherzed A, Harnisch W, Froelich K, Ginzkey C, Koehler C, et al. Antitumor activity of photo-stimulated zinc oxide nanoparticles combined with paclitaxel or cisplatin in HNSCC cell lines. Journal of Photochemistry and Photobiology B: Biology. 2012;114(0):87-93.

57. Prach M, Stone V, Proudfoot L. Zinc oxide nanoparticles and monocytes: Impact of size, charge and solubility on activation status. Toxicology and Applied Pharmacology. 2013;266(1):19-26.

58. Finean JB, Rumsby MG. Negatively Stained Lipoprotein Membranes. Nature 1963;200(4913):1340-.

59. Glauert AM, Dingle JT, Lucy JA. Action of Saponin on Biological Cell Membranes. Nature. 1962;196(4858):953-5.

60. Shoji Y, Nakashima H. Nutraceutics and Delivery Systems. Journal of Drug Targeting. 2004;12(6):385-91.

61. Drummond DC, Meyer O, Hong K, Kirpotin DB, Papahadjopoulos D. Optimizing Liposomes for Delivery of Chemotherapeutic Agents to Solid Tumors. Pharmacological Reviews. 1999 December 1, 1999;51(4):691-744.

62. Cagnoni PJ. Liposomal amphotericin B versus conventional amphotericin B in the empirical treatment of persistently febrile neutropenic patients. Journal of Antimicrobial Chemotherapy 2002;49(suppl 1):81-6.

63. Woodle MC, Lasic DD. Sterically stabilized liposomes. Biochimica Et biophysica acta. 1992;1113(2):171-99.

64. Barenholz Y. Doxil(R)--the first FDA-approved nano-drug: lessons learned. J Control Release. 2012;160(2):117-34.

65. Ayen WY, Kumar N. In vivo evaluation of doxorubicin-loaded (PEG)(3)-PLA nanopolymersomes (PolyDoxSome) using DMBA-induced mammary carcinoma rat model and comparison with marketed LipoDox. Pharm Res. 2012;29(9):2522-33.

66. Green AE, Rose PG. Pegylated liposomal doxorubicin in ovarian cancer. International Journal of Nanomedicine. 2006;1(3):229-39.

67. Petre CE, Dittmer DP. Liposomal daunorubicin as treatment for Kaposi's sarcoma. International Journal of Nanomedicine. 2007;2(3):277-88.

68. Park JW. Liposome-based drug delivery in breast cancer treatment. Breast Cancer Res. 2002;4(3):95-9.

69. Batist G, Ramakrishnan G, Rao CS, Chandrasekharan A, Gutheil J, Guthrie T, et al. Reduced cardiotoxicity and preserved antitumor efficacy of liposome-encapsulated doxorubicin and cyclophosphamide compared with conventional doxorubicin and cyclophosphamide in a randomized, multicenter trial of metastatic breast cancer. J Clin Oncol. 2001;19(5):1444-54.

70. Dicko A, Mayer LD, Tardi PG. Use of nanoscale delivery systems to maintain synergistic drug ratios in vivo. Expert Opin Drug Deliv. 2010;7(12):1329-41.

71. Poon RT, Borys N. Lyso-thermosensitive liposomal doxorubicin: an adjuvant to increase the cure rate of radiofrequency ablation in liver cancer. Future Oncol. 2011;7(8):937-45.

72. Staruch R, Chopra R, Hynynen K. Localised drug release using MRI-controlled focused ultrasound hyperthermia. Int J Hyperthermia. 2011;27(2):156-71.

73. Zhang Q, Huang XE, Gao LL. A clinical study on the premedication of paclitaxel liposome in the treatment of solid tumors. Biomed Pharmacother. 2009;63(8):603-7.

74. Immordino ML, Dosio F, Cattel L. Stealth liposomes: review of the basic science, rationale, and clinical applications,

existing and potential. Int J Nanomedicine. 2006;1(3):297-315.

75.Fasol U, Frost A, Buchert M, Arends J, Fiedler U, Scharr D, et al. Vascular and pharmacokinetic effects of EndoTAG-1 in patients with advanced cancer and liver metastasis. Ann Oncol. 2012;23(4):1030-6.

76.Silverman JA, Deitcher SR. Marqibo(R) (vincristine sulfate liposome injection) improves the pharmacokinetics and pharmacodynamics of vincristine. Cancer Chemother Pharmacol. 2013;71(3):555-64.

77.Rodriguez MA, Pytlik R, Kozak T, Chhanabhai M, Gascoyne R, Lu B, et al. Vincristine sulfate liposomes injection (Marqibo) in heavily pretreated patients with refractory aggressive non-Hodgkin lymphoma: report of the pivotal phase 2 study. Cancer. 2009;115(15):3475-82.

78.Mao Y, Hu J, Ugnat AM, White K. Non-Hodgkin's lymphoma and occupational exposure to chemicals in Canada. Canadian Cancer Registries Epidemiology Research Group. Ann Oncol. 2000;1:69-73.

79.Fantini M, Gianni L, Santelmo C, Drudi F, Castellani C, Affatato A, et al. Lipoplatin treatment in lung and breast cancer. Chemother Res Pract. 2011;125192(10):21.

80.Stathopoulos GP, Antoniou D, Dimitroulis J, Stathopoulos J, Marosis K, Michalopoulou P. Comparison of liposomal cisplatin versus cisplatin in non-squamous cell non-small-cell lung cancer. Cancer Chemother Pharmacol. 2011;68(4):945-50.

81.Stathopoulos GP, Boulikas T. Lipoplatin formulation review article. J Drug Deliv. 2012;581363(10):29.

82.Newman MS, Colbern GT, Working PK, Engbers C, Amantea MA. Comparative pharmacokinetics, tissue distribution, and therapeutic effectiveness of cisplatin encapsulated in long-circulating, pegylated liposomes (SPI-077) in tumor-bearing mice. Cancer Chemotherapy and Pharmacology. 1999 1999/01/01;43(1):1-7.

83.Seetharamu N, Kim E, Hochster H, Martin F, Muggia F. Phase II study of liposomal cisplatin (SPI-77) in platinum-sensitive recurrences of ovarian cancer. Anticancer Res. 2010;30(2):541-5.

84.Pal A, Khan S, Wang YF, Kamath N, Sarkar AK, Ahmad A, et al. Preclinical safety, pharmacokinetics and antitumor efficacy profile of liposome-entrapped SN-38 formulation. Anticancer Res. 2005;25(1A):331-41.

85.Saif MW. MM-398 achieves primary endpoint of overall survival in phase III study in patients with gemcitabine refractory metastatic pancreatic cancer: JOP. 2014 May 27;15(3):278-9. doi: 10.6092/1590-8577/2507.

86.Semple SC, Leone R, Wang J, Leng EC, Klimuk SK, Eisenhardt ML, et al. Optimization and characterization of a sphingomyelin/cholesterol liposome formulation of vinorelbine with promising antitumor activity. Journal of Pharmaceutical Sciences. 2005;94(5):1024-38.

87.Valle JW, Armstrong A, Newman C, Alakhov V, Pietrzynski G, Brewer J, et al. A phase 2 study of SP1049C, doxorubicin in P-glycoprotein-targeting pluronics, in patients with advanced adenocarcinoma of the esophagus and gastroesophageal junction. Invest New Drugs. 2011;29(5):1029-37.

88.Alakhova DY, Zhao Y, Li S, Kabanov AV. Effect of doxorubicin/pluronic SP1049C on tumorigenicity, aggressiveness, DNA methylation and stem cell markers in murine leukemia. PLoS One 2013;8(8).

89.Fernandez-Fernandez A, Manchanda R, McGoron AJ. Theranostic applications of nanomaterials in cancer: Drug delivery, image-guided therapy and multifunctional platforms. Applied biochemistry and biotechnology. 2011;165(7-8):1628-51.

90.Sajja HK, East MP, Mao H, Wang AY, Nie S, Yang L. Development of

Multifunctional Nanoparticles for Targeted Drug Delivery and Non-invasive Imaging of Therapeutic Effect. Current drug discovery technologies. 2009;6(1):43-51.

91.Wu H, Cabral H, Toh K, Mi P, Chen YC, Matsumoto Y, et al. Polymeric micelles loaded with platinum anticancer drugs target preangiogenic micrometastatic niches associated with inflammation. J Control Release. 2014;189:1-10.

92.Rapoport N. Physical stimuli-responsive polymeric micelles for anti-cancer drug delivery. Progress in Polymer Science. 2007;32(8–9):962-90.

93.Liu Z, Zhang N. pH-Sensitive polymeric micelles for programmable drug and gene delivery. Curr Pharm Des. 2012;18(23):3442-51.

94.Xiong XB, Falamarzian A, Garg SM, Lavasanifar A. Engineering of amphiphilic block copolymers for polymeric micellar drug and gene delivery. J Control Release. 2011;155(2):248-61.

95.Chang SF, Chang HY, Tong YC, Chen SH, Hsaio FC, Lu SC, et al. Nonionic polymeric micelles for oral gene delivery in vivo. Hum Gene Ther. 2004;15(5):481-93.

96.Matsumura Y. Preclinical and clinical studies of NK012, an SN-38-incorporating polymeric micelles, which is designed based on EPR effect. Adv Drug Deliv Rev. 2011;63(3):184-92.

97.Hamaguchi T, Matsumura Y, Suzuki M, Shimizu K, Goda R, Nakamura I, et al. NK105, a paclitaxel-incorporating micellar nanoparticle formulation, can extend in vivo antitumour activity and reduce the neurotoxicity of paclitaxel. Br J Cancer. 2005;92(7):1240-6.

98.Plummer R, Wilson RH, Calvert H, Boddy AV, Griffin M, Sludden J, et al. A Phase I clinical study of cisplatin-incorporated polymeric micelles (NC-6004) in patients with solid tumours. Br J Cancer. 2011;104(4):593-8.

99.Uchino H, Matsumura Y, Negishi T, Koizumi F, Hayashi T, Honda T, et al. Cisplatin-incorporating polymeric micelles (NC-6004) can reduce nephrotoxicity and neurotoxicity of cisplatin in rats. Br J Cancer. 0000;93(6):678-87.

100.Gautier J, Allard-Vannier E, Munnier E, Souce M, Chourpa I. Recent advances in theranostic nanocarriers of doxorubicin based on iron oxide and gold nanoparticles. J Control Release. 2013;169(1-2):48-61.

101.Niemirowicz K, Prokop I, Wilczewska AZ, Wnorowska U, Piktel E, Wątek M, et al. Magnetic nanoparticles enhance the anticancer activity of cathelicidin LL-37 peptide against colon cancer cells. International Journal of Nanomedicine. 2015;10:3843-53.

102.Kapse-Mistry S, Govender T, Srivastava R, Yergeri M. Nanodrug delivery in reversing multidrug resistance in cancer cells. Frontiers in Pharmacology. 2014;5:159.

103.Vermeij EA, Koenders MI, Bennink MB, Crowe LA, Maurizi L, Vallée J-P, et al. The In-Vivo Use of Superparamagnetic Iron Oxide Nanoparticles to Detect Inflammation Elicits a Cytokine Response but Does Not Aggravate Experimental Arthritis. PLoS One. 2015;10(5):e0126687.

104.Markides H, Rotherham M, El Haj AJ. Biocompatibility and Toxicity of Magnetic Nanoparticles in Regenerative Medicine. Journal of Nanomaterials. 2012;2012:11.

105.Ruan J, Wang K, Song H, Xu X, Ji J, Cui D. Biocompatibility of hydrophilic silica-coated CdTe quantum dots and magnetic nanoparticles. Nanoscale Res Lett. 2011 2011/04/06;6(1):1-13.

106.Ge Q, Su J, Chung T-S, Amy G. Hydrophilic Superparamagnetic Nanoparticles: Synthesis, Characterization, and Performance in Forward Osmosis Processes. Industrial & Engineering Chemistry Research. 2011 2011/01/05;50(1):382-8.

107.Omidi Y. CNT Nanobombs for Specific Eradication of Cancer Cells: A New Concept in Cancer Theranostics. BioImpacts : BI. 2011;1(4):199-201.

108.Panchapakesan B, Lu S, Sivakumar K, Taker K, Cesarone G, Wickstrom E. Single-wall carbon nanotube nanobomb agents for killing breast cancer cells. Nanobiotechnol. 2005 2005/06/01;1(2):133-9.

109.Li C, Curreli M, Lin H, Lei B, Ishikawa FN, Datar R, et al. Complementary Detection of Prostate-Specific Antigen Using In2O3 Nanowires and Carbon Nanotubes. Journal of the American Chemical Society. 2005 2005/09/01;127(36):12484-5.

110.Ou C, Chen S, Yuan R, Chai Y, Zhong X. Layer-by-layer self-assembled multilayer films of multi-walled carbon nanotubes and platinum–Prussian blue hybrid nanoparticles for the fabrication of amperometric immunosensor. Journal of Electroanalytical Chemistry. 2008;624(1–2):287-92.

111.Walling MA, Novak JA, Shepard JRE. Quantum Dots for Live Cell and In Vivo Imaging. International Journal of Molecular Sciences. 2009;10(2):441-91.

112.Wang H-Q, Zhang H-L, Li X-Q, Wang J-H, Huang Z-L, Zhao Y-D. Solubilization and bioconjugation of QDs and their application in cell imaging. Journal of Biomedical Materials Research Part A. 2008;86A(3):833-41.

113.Medintz IL, Mattoussi H, Clapp AR. Potential clinical applications of quantum dots. International Journal of Nanomedicine. 2008;3(2):151-67.

114.Fang M, Peng C-w, Pang D-W, Li Y. Quantum Dots for Cancer Research: Current Status, Remaining Issues, and Future Perspectives. Cancer Biology & Medicine. 2012;9(3):151-63.

115.Ben-Ari ET. Nanoscale Quantum Dots Hold Promise for Cancer Applications. Journal of the National Cancer Institute. 2003 April 2, 2003;95(7):502-4.

116.Baker JR, Jr. Dendrimer-based nanoparticles for cancer therapy. Hematology Am Soc Hematol Educ Program. 2009:708.

117.Majoros IJ, Williams CR, Baker JR, Jr. Current dendrimer applications in cancer diagnosis and therapy. Curr Top Med Chem. 2008;8(14):1165-79.

118.Baker JR. Dendrimer-based nanoparticles for cancer therapy. ASH Education Program Book. 2009 January 1, 2009;2009(1):708-19.

119.Wolinsky JB, Grinstaff MW. Therapeutic and diagnostic applications of dendrimers for cancer treatment. Advanced Drug Delivery Reviews. 2008;60(9):1037-55.

120.Badr G, Al-Sadoon MK, Rabah DM. Therapeutic efficacy and molecular mechanisms of snake (Walterinnesia aegyptia) venom-loaded silica nanoparticles in the treatment of breast cancer- and prostate cancer-bearing experimental mouse models. Free Radic Biol Med. 2013;65:175-89.

121.Turner M, Gagnon D, Lagace M, Gagnon I. Effect of treatment for paediatric cancers on balance: what do we know? A review of the evidence. Eur J Cancer Care. 2013;22(1):3-11.

122.Krishnan V, Rajasekaran AK. Clinical nanomedicine: a solution to the chemotherapy conundrum in pediatric leukemia therapy. Clin Pharmacol Ther. 2014;95(2):168-78.

123.Krishnan V, Xu X, Barwe SP, Yang X, Czymmek K, Waldman SA, et al. Dexamethasone-loaded block copolymer nanoparticles induce leukemia cell death and enhance therapeutic efficacy: a novel application in pediatric nanomedicine. Mol Pharm. 2013;10(6):2199-210.

124.Peer D, Karp JM, Hong S, Farokhzad OC, Margalit R, Langer R. Nanocarriers as an emerging platform for cancer therapy. Nat Nanotechnol. 2007;2(12):751-60.

125.Silverman JA, Deitcher SR. Marqibo(®) (vincristine sulfate liposome injection) improves the pharmacokinetics and pharmacodynamics of vincristine. Cancer Chemotherapy and Pharmacology. 2013;71(3):555-64.

126.Basha R, Sabnis N, Heym K, Bowman WP, Lacko AG. Targeted Nanoparticles for Pediatric Leukemia Therapy. Frontiers in Oncology. 2014;4:101.

127.Bruland OS, Hoifodt H, Saeter G, Smeland S, Fodstad O. Hematogenous micrometastases in osteosarcoma patients. Clin Cancer Res. 2005;11(13):4666-73.

128.Carrle D, Bielack SS. Current strategies of chemotherapy in osteosarcoma. International Orthopaedics. 2006;30(6):445-51.

129.Harting MT, Blakely ML. Management of osteosarcoma pulmonary metastases. Semin Pediatr Surg. 2006;15(1):25-9.

130.Carozzi VA, Chiorazzi A, Canta A, Meregalli C, Oggioni N, Cavaletti G, et al. Chemotherapy-induced peripheral neurotoxicity in immune-deficient mice: New useful ready-to-use animal models. Experimental Neurology. 2015;264:92-102.

131.Mackall CL. T-Cell Immunodeficiency Following Cytotoxic Antineoplastic Therapy: A Review. The Oncologist. 1999 October 1, 1999;4(5):370-8.

132.Machado MC, Cheng D, Tarquinio KM, Webster TJ. Nanotechnology: Pediatric Applications. Pediatr Res. 2010;67(5):500-4.

133.Roe D, Karandikar B, Bonn-Savage N, Gibbins B, Roullet JB. Antimicrobial surface functionalization of plastic catheters by silver nanoparticles. J Antimicrob Chemother. 2008;61(4):869-76.134.Hartmann M, Guttmann J, Muller B, Hallmann T, Geiger K. Reduction of the bacterial load by the silver-coated endotracheal tube (SCET), a laboratory investigation. Technol Health Care. 1999;7(5):359-70.

135.Gormley AJ, Ghandehari H. Evaluation of Toxicity of Nanostructures in Biological Systems. Nanotoxicity: John Wiley & Sons, Ltd; 2009. p. 115-59.

136.Singh S, Nalwa HS. Nanotechnology and health safety--toxicity and risk assessments of nanostructured materials on human health. J Nanosci Nanotechnol. 2007;7(9):3048-70.

137.Sayes CM, Warheit DB. Characterization of nanomaterials for toxicity assessment. Wiley Interdiscip Rev Nanomed Nanobiotechnol. 2009;1(6):660-70.

138.Casals E, Vázquez-Campos S, Bastús NG, Puntes V. Distribution and potential toxicity of engineered inorganic nanoparticles and carbon nanostructures in biological systems. TrAC Trends in Analytical Chemistry. 2008;27(8):672-83.

139.Al-Mubaddel FS, Haider S, Al-Masry WA, Al-Zeghayer Y, Imran M, Haider A, et al. Engineered nanostructures: A review of their synthesis, characterization and toxic hazard considerations. Arabian Journal of Chemistry.

140.Wang B, Feng WY, Wang TC, Jia G, Wang M, Shi JW, et al. Acute toxicity of nano- and micro-scale zinc powder in healthy adult mice. Toxicol Lett. 2006;161(2):115-23.

141.Chen LQ, Fang L, Ling J, Ding CZ, Kang B, Huang CZ. Nanotoxicity of Silver Nanoparticles to Red Blood Cells: Size Dependent Adsorption, Uptake, and Hemolytic Activity. Chemical Research in Toxicology. 2015;28(3):501-9.

142.Kim MJ, Shin S. Toxic effects of silver nanoparticles and nanowires on erythrocyte rheology. Food Chem Toxicol. 2014;67:80-6.

143.De Jong WH, Borm PJA. Drug delivery and nanoparticles: Applications and hazards. International Journal of Nanomedicine. 2008;3(2):133-49.

144.Dobrovolskaia MA, Patri AK, Simak J, Hall JB, Semberova J, De Paoli Lacerda SH, et al. Nanoparticle size and surface charge determine effects of PAMAM dendrimers on human platelets in vitro. Molecular Pharmaceutics. 2012;9(3):382-93.

145.Shah Neha B, Bischof John C. Blood protein and blood cell interactions with gold nanoparticles: the need for in vivo studies. BioNanoMaterials2013. p. 65.

146.Lazarovits J, Chen YY, Sykes EA, Chan WCW. Nanoparticle-blood interactions: the implications on solid tumour targeting. Chemical Communications. 2015;51(14):2756-67.

147.Campen MJ, McDonald JD, Gigliotti AP, Seilkop SK, Reed MD, Benson JM. Cardiovascular effects of inhaled diesel exhaust in spontaneously hypertensive rats. Cardiovasc Toxicol. 2003;3(4):353-61.

148.Radomski A, Jurasz P, Alonso-Escolano D, Drews M, Morandi M, Malinski T, et al. Nanoparticle-induced platelet aggregation and vascular thrombosis. Br J Pharmacol. 2005;146(6):882-93.

149.Yang GL, Yang J, Zhang J, Xu YY, Wei QH, Sun XY, et al. [Effects of multiwall carbon nano-onions on platelet aggregation and hemostatic function]. Zhonghua Lao Dong Wei Sheng Zhi Ye Bing Za Zhi. 2011;29(5):321-3.

150.Zare-Zardini H, Amiri A, Shanbedi M, Taheri-Kafrani A, Kazi SN, Chew BT, et al. In vitro and in vivo study of hazardous effects of Ag nanoparticles and Arginine-treated multi walled carbon nanotubes on blood cells: Application in hemodialysis membranes. Journal of Biomedical Materials Research Part A. 2015; 103(9):2959-65.

151.Thorat ND, Otari SV, Patil RM, Bohara RA, Yadav HM, Koli VB, et al. Synthesis, characterization and biocompatibility of chitosan functionalized superparamagnetic nanoparticles for heat activated curing of cancer cells. Dalton Trans. 2014;43(46):17343-51.

152.Singh J, Roychoudhury A, Srivastava M, Chaudhary V, Prasanna R, Lee DW, et al. Highly Efficient Bienzyme Functionalized Biocompatible Nanostructured Nickel Ferrite–Chitosan Nanocomposite Platform for Biomedical Application. The Journal of Physical Chemistry C. 2013 2013;117(16):8491-502.

153.Palui G, Wang W, Aldeek F, Mattoussi H. Polymers for Surface-Functionalization and Biocompatibility of Inorganic Nanocrystals. Encyclopedia of Polymer Science and Technology: John Wiley & Sons, Inc.; 2002.