

## BIBLIOGRAPHIC INFORMATION SYSTEM

**Journal Full Title:** [Journal of Biomedical Research & Environmental Sciences](#)

**Journal NLM Abbreviation:** J Biomed Res Environ Sci

**Journal Website Link:** <https://www.jelsciences.com>

**Journal ISSN:** 2766-2276

**Category:** Multidisciplinary

**Subject Areas:** [Medicine Group](#), [Biology Group](#), [General](#), [Environmental Sciences](#)

**Topics Summation:** 133

**Issue Regularity:** [Monthly](#)

**Review Process:** [Double Blind](#)

**Time to Publication:** 21 Days

**Indexing catalog:** [IndexCopernicus ICV 2020: 53.77](#) | [GoogleScholar](#) | [View more](#)

**Publication fee catalog:** [Visit here](#)

**DOI:** 10.37871 ([CrossRef](#))

**Plagiarism detection software:** [iThenticate](#)

**Managing entity:** USA

**Language:** English

**Research work collecting capability:** Worldwide

**Organized by:** [SciRes Literature LLC](#)


**License:** Open Access by Journal of Biomedical Research & Environmental Sciences is licensed under a Creative Commons Attribution 4.0 International License. Based on a work at SciRes Literature LLC.

Manuscript should be submitted in Word Document (.doc or .docx) through

**Online Submission**

form or can be mailed to [support@jelsciences.com](mailto:support@jelsciences.com)

**IndexCopernicus  
ICV 2020:  
53.77**

 **Vision:** Journal of Biomedical Research & Environmental Sciences main aim is to enhance the importance of science and technology to the scientific community and also to provide an equal opportunity to seek and share ideas to all our researchers and scientists without any barriers to develop their career and helping in their development of discovering the world.

REVIEW ARTICLE

# The Art of Nanoimmunobiotechnomedicine in Stem Cells and Gene Editing

Dito Anurogo<sup>1,2\*</sup>

<sup>1</sup>Faculty of Medicine and Health Sciences, Universitas Muhammadiyah Makassar, Indonesia

<sup>2</sup>International PhD Program for Cell Therapy and Regenerative Medicine, College of Medicine, Taipei Medical University, Taiwan

## Abstract

This comprehensive review provides an exploration of Nanoimmunobiotechnomedicine (NIBTM) within the arenas of stem cells and gene editing. Encompassing the interdisciplinary amalgamation of nanotechnology, immunology, biotechnology, and medicine, the study accentuates the transformative potential of NIBTM in therapeutic innovations. By delving deep into stem cell biology, gene editing intricacies, and nanotechnology applications, the study sheds light on the tools and methodologies that leverage nanoparticles for both stem cell research and gene editing. Real-world case studies are employed to underscore the pragmatic applications and the ensuing benefits. Additionally, the study addresses the ethical, safety, and regulatory aspects tied to this novel approach, offering a balanced view of its promise and challenges. Ultimately, the narrative charts the imminent evolution of NIBTM, underscoring the indispensable role of interdisciplinary collaborations in driving holistic solutions in contemporary medicine.

## Introduction

- Defining Nanoimmunobiotechnomedicine: Integrating nanotechnology, immunology, biotechnology, and medicine.
- Significance in the context of stem cells and gene editing.

The integration of various scientific disciplines often leads to groundbreaking innovations, changing the landscape of research and treatment [1]. One such burgeoning domain is Nanoimmunobiotechnomedicine (NIBTM), which intricately weaves nanotechnology, immunology, biotechnology, and medicine into a coherent and multifaceted tapestry. This relatively nascent field holds promise that is only beginning to be fathomed, especially when juxtaposed with the realms of stem cells and gene editing.

At the heart of Nanoimmunobiotechnomedicine lies the convergence of intricate, yet vast domains [2]. Nanotechnology, known for manipulating matter on an atomic or molecular scale, has already reshaped medicine by introducing more efficient drug delivery systems and enhanced imaging techniques [3]. Meanwhile, immunology, the study of our body's defense mechanisms, works in tandem with biotechnology, a domain harnessing cellular and biomolecular processes for technological applications.

### \*Corresponding author(s)

**Dito Anurogo**, Faculty of Medicine and Health Sciences, Universitas Muhammadiyah Makassar, Indonesia

**ORCID:** 0000-0002-3292-3139

**Email:** dito.anurogo@med.unismuh.ac.id; d151109004@tmu.edu.tw

**DOI:** 10.37871/jbres1804

**Submitted:** 11 August 2023

**Accepted:** 28 September 2023

**Published:** 30 September 2023

**Copyright:** © 2023 Anurogo D. Distributed under Creative Commons CC-BY 4.0 ©

### OPEN ACCESS

### Keywords

- Nanoimmunobiotechnomedicine
- Stem cells
- Gene editing
- Nanotechnology
- Immunology
- Biotechnology
- Therapeutic innovations
- Nanoparticles
- CRISPR-Cas9
- Interdisciplinary collaboration

### BIOLOGY GROUP

GENOMICS

GENETICS

BIOLOGY

VOLUME: 4 ISSUE: 9 - SEPTEMBER, 2023



**How to cite this article:** Anurogo D. The Art of Nanoimmunobiotechnomedicine in Stem Cells and Gene Editing. J Biomed Res Environ Sci. 2023 Sep 30; 4(9): 1348-1369. doi: 10.37871/jbres1804, Article ID: JBRES1804, Available at: <https://www.jelsciences.com/articles/jbres1804.pdf>

Together, they unlock numerous therapeutic avenues, marrying the minuscule with the macroscopic, and the cellular with the systemic [4].

In the grander narrative of medical science, stem cells and gene editing stand as two of the most promising and rapidly evolving areas. Stem cells, with their unparalleled regenerative capabilities, offer hopes of repairing damaged tissues, curing degenerative diseases, and even reversing aging [5]. Gene editing, on the other hand, wields the power to rewrite the very genetic code, potentially rectifying congenital disorders and combating persistent ailments. The significance of NIBTM in these contexts is paramount. By facilitating enhanced delivery mechanisms for gene-editing tools, or by providing nanoscale scaffolds to guide stem cell growth, NIBTM not only amplifies the potential of these treatments but also ensures their precision and safety [6].

The fusion of these disciplines marks a revolutionary stride in medical science, reminiscent of a symphony where each note, while distinct, contributes to an unparalleled harmony. As research furthers, the art of Nanoimmunobiotechnomedicine is set to rewrite medical paradigms, integrating the complex wonders of the nanoscale with the vast potential of cellular biology.

## Background Knowledge

### Brief overview of stem cells:

- Types and differentiation.
- Potential in regenerative medicine.

In the vast and intricate world of biomedical research, the emergence of Nanoimmunobiotechnomedicine represents a symphony of several disciplines, combining to herald a new age of therapeutic interventions. To truly appreciate its depth, one must first understand the core components of this convergence, especially the domain of stem cells [7].

Stem cells, as the name implies, are the foundational cells from which a myriad of other cell types sprout, each differentiated and tailored to specific tasks within an organism. The nature and potential of these cells have been subjects of intense research, especially since their discovery threw open the doors to understanding cellular differentiation and regeneration [8]. Broadly speaking, stem cells can be categorized based on their differentiation potential and source. Embryonic stem cells, derived from the

early developmental stages, possess the capability to differentiate into virtually any cell type in the body, hence termed "pluripotent." In contrast, adult stem cells, which can be found in established tissues like bone marrow, skin, or the liver, are "multipotent," meaning their differentiation is limited to specific lineages. In recent years, a third type, termed induced Pluripotent Stem Cells (iPSCs), has been synthesized by reprogramming specialized adult cells to assume a pluripotent state, resembling embryonic stem cells [9].

The potential of stem cells in regenerative medicine is profound. Imagine a world where damaged cardiac tissue post a heart attack is replaced seamlessly, or where degenerative neural diseases become a thing of the past. With stem cells, this isn't a flight of fancy but an achievable reality. Their inherent ability to replace damaged tissues has propelled them to the forefront of therapeutic research. From spinal cord injuries to Parkinson's disease, the regenerative capabilities of stem cells offer a ray of hope, promising treatments and cures previously deemed impossible. They not only hold the key to organ regeneration but also to modeling diseases, drug testing, and potentially, longevity [10].

In the light of Nanoimmunobiotechnomedicine, the application and understanding of stem cells are augmented, offering more precise, efficient, and diversified approaches. By bridging the microscopic nuances of stem cells with the expansive domain of nanotechnology and immunobiology, we are on the precipice of medical revolutions that could redefine life as we know it.

## Introduction to Gene Editing

- CRISPR-Cas9 and other techniques.

At the nexus of modern medical research, the art and science of Nanoimmunobiotechnomedicine is taking center stage. It holds the promise of merging intricacies from various domains into a cohesive force aimed at revolutionizing therapies and interventions. Among the many tools and methodologies under this vast umbrella, gene editing, especially techniques like CRISPR-Cas9, emerges as a beacon of transformative potential [11].

Gene editing, at its core, is the targeted modification of DNA sequences within living organisms. Think of it as the meticulous hand of a skilled editor going through the pages of the complex book of life, making

precise corrections, deletions, or additions. Over the decades, numerous techniques have been developed to achieve this, but none have garnered as much attention or shown as much promise as CRISPR-Cas9, including as a replacement for cancer treatment [12].

CRISPR-Cas9, or Clustered Regularly Interspaced Short Palindromic Repeats and CRISPR-associated protein 9, is borrowed from a naturally occurring defense mechanism in bacteria. These microorganisms use CRISPR sequences to retain fragments of viral DNA, allowing them to recognize and counter future viral invasions using the Cas9 protein to precisely cut the viral DNA. Scientists have ingeniously harnessed this system for genome editing in various organisms, including humans. What sets CRISPR-Cas9 apart from its predecessors is its precision, affordability, and versatility. It has transformed gene editing from a laborious, time-consuming process into something almost as simple as cutting and pasting text in a document [13].

Beyond CRISPR-Cas9, there are other noteworthy gene editing techniques such as Zinc-Finger Nucleases (ZFNs) [14] and Transcription Activator-Like Effector Nucleases (TALENs) [15]. Both ZFNs and TALENs function by fusing DNA-cleaving domains to DNA-binding domains, thereby allowing specific targeting and modification of genomes. While effective, they are generally considered to be more cumbersome and less versatile than CRISPR.

As the world of Nanoimmunobiotechnomedicine expands, the synergy between nanotechnology and gene editing techniques like CRISPR-Cas9 is set to break new ground. Imagine nanoparticles designed to deliver gene-editing tools to specific cells or tissues, or nano-scaffolds that provide the perfect environment for edited cells to grow and differentiate. Such integrations will not only amplify the potential of gene therapies but will also ensure their precision, safety, and efficacy in ways previously deemed implausible [16,17].

Concisely, the fusion of gene editing with the principles of Nanoimmunobiotechnomedicine promises a future where genetic ailments might be history, and the very blueprint of life can be crafted to eliminate vulnerabilities. It's an exciting testament to human ingenuity and the ever-evolving art of medical science.

## Nanotechnology in Medicine

- Nanoparticles, nano-robots, and nanoscale structures.
- Applications in diagnostics, drug delivery, and imaging.

A synthesis of diverse scientific realms often leads to radical innovations that redefine our understanding of what's possible. Within the sprawling landscape of biomedical research, Nanoimmunobiotechnomedicine emerges as a confluence of advanced disciplines, promising a new age of medical interventions. A pivotal element of this amalgamation is the role of nanotechnology, especially its expanding influence in medicine [18].

Nanotechnology, which can be loosely described as the science of the incredibly small, dives into the manipulation of matter on the atomic or molecular scale. Within the medical spectrum, this translates to a fascinating array of tools and structures, from nanoparticles and nano-robots to intricate nanoscale structures. These aren't just miniature versions of things we know; at the nanoscale, materials can exhibit different physical, chemical, and biological properties, opening up a Pandora's box of potential applications [19].

Nanoparticles are perhaps the most widely recognized facet of nanomedicine. Made of materials that can range from lipids to metals, these particles can be engineered to interact with biological systems in very specific ways. Given their minuscule size, they can easily traverse the body, infiltrate cells, or cross barriers like the blood-brain barrier that larger entities can't. This has made them exceptionally valuable in drug delivery, where they can be tailored to ferry therapeutic agents directly to diseased sites, minimizing side effects on healthy tissues [20].

Then we have nano-robots, a concept that sounds like it's straight out of science fiction. While still in nascent stages, the idea is to have tiny, programmable entities that can perform tasks within the body, such as identifying and neutralizing cancer cells, repairing tissues, or even delivering drugs with unparalleled precision [21].

Nanoscale structures, which include nanotubes, nanowires, and nanoshells, further expand the toolkit of nanomedicine. These structures can be used as scaffolds to support cell growth, as conduits

for drug delivery, or even as enhancers in imaging techniques by improving signal clarity or enabling new visualization modalities [22].

Speaking of imaging, nanotechnology has left an indelible mark on diagnostic procedures. Nanoparticles can be engineered to home in on specific markers, lighting up cancers in their earliest stages or illuminating the nuances of neurological diseases. Additionally, in drug delivery, nanoparticles can ensure that medications are released at controlled rates over extended periods, or are activated only under specific conditions, thus elevating the efficiency of treatments [23].

In the context of Nanoimmunobiotechnomedicine and its union with stem cells and gene editing, the possibilities are vast. Imagine nanoparticles delivering gene-editing tools to specific cell types, or nano-scaffolds providing the ideal environments for stem cells to grow and differentiate post-editing. It's an intricate dance of scales and disciplines, demonstrating that the future of medicine isn't just about thinking big but also diving deep into the minuscule [24].

## Immunobiology

- The immune system's interaction with foreign materials, including nanoparticles.

The vast panorama of Nanoimmunobiotechnomedicine stretches across multiple terrains of scientific inquiry. As we delve deeper into this interdisciplinary realm, it becomes evident that understanding the nuances of immunobiology is foundational, especially in the context of the body's interactions with foreign materials like nanoparticles [25].

Immunobiology, at its essence, studies the intricate workings of the immune system that formidable sentinel network that defends our bodies against external threats. From bacterial invasions to viral onslaughts, the immune system is primed to recognize, confront, and neutralize adversaries. However, the introduction of foreign materials, especially on the nanoscale, presents a unique challenge. The body has evolved to deal with macroscopic intruders, but nanoparticles, with their peculiar size and properties, often tread uncharted territories within our physiological landscape [26].

Nanoparticles, owing to their minuscule dimensions, can interact with the body's cellular and pro-

tein structures in ways that larger particles cannot. This can sometimes trigger unexpected immune responses. For instance, certain nanoparticles can be perceived by the immune system as threats, prompting an inflammatory response [27]. Alternatively, some nanoparticles might evade immune detection entirely, thanks to their size, and linger within the body for prolonged periods. However, this very interaction between the immune system and nanoparticles can be harnessed in beneficial ways. By coating nanoparticles with specific biological markers, scientists can "fool" the immune system into accepting these foreign entities, or even direct the immune response in specific, therapeutically beneficial directions. This is where the 'immuno' in Nanoimmunobiotechnomedicine becomes particularly salient. By understanding how the immune system perceives and interacts with nanoscale materials, researchers can design nanoparticles that augment immune responses against diseases, deliver drugs to specific tissues without evoking an immune backlash, or even recalibrate the immune system in cases of autoimmune disorders [28].

When combined with the possibilities of stem cells and gene editing, the canvas becomes even more vibrant. Imagine leveraging the immune system to enhance the engraftment of edited stem cells, or using nanoparticles to modulate immune responses in tissue regeneration. The intertwining of immunobiology with nanotechnology and genetic interventions presents a frontier rife with challenges, but also shimmering with therapeutic promise [29].

In essence, the dance between the immune system and foreign nanomaterials underscores the importance of an integrative approach. The synthesis of knowledge from immunobiology, nanotechnology, stem cell research, and gene editing promises not only groundbreaking medical interventions but also a deeper understanding of our own physiological intricacies [30].

## Nanotechnological Tools in Stem Cells Research and Application

- Nanoparticle-enhanced imaging for stem cell tracking.
- Nanoscale scaffolds for stem cell growth and differentiation.
- Nanocarrier-mediated delivery of stem cells.

- Protecting stem cells from immune rejection using nanotechnological innovations.
- The Role of Nanodiamonds in stem cells and gene editing.

The innovative realm of Nanoimmunobiotechnology offers an exhilarating fusion of advanced disciplines, unlocking potential avenues previously deemed unattainable. As we navigate this vast interdisciplinary ocean, the application of nanotechnological tools in stem cell research emerges as a pivotal landmark. These tools, with their nanoscale precision and adaptability, offer a unique vantage point, augmenting our capability to manipulate, understand, and apply stem cell science [31].

One of the most profound utilities of nanotechnology in stem cell research is the enhancement of imaging for stem cell tracking. Traditional imaging techniques, although effective, sometimes lack the precision and resolution to monitor stem cells, especially once they are introduced into the body. Nanoparticles, engineered to emit specific signals detectable by imaging modalities such as MRI, can be integrated with stem cells. This results in a clear, precise 'tagging' system, enabling researchers and clinicians to monitor the migration, integration, and behavior of these cells in real-time within a living organism. Such enhanced tracking is crucial for ensuring the safety and efficacy of stem cell-based therapies [32].

The cellular realm is one of intricate architecture and dynamic interactions, and for stem cells to truly realize their potential, the environment is key. Nanoscale scaffolds are stepping in to bridge this need. Mimicking the extracellular matrix, these nano-structures provide an optimal environment for stem cell adhesion, growth, and differentiation. By offering physical support and biochemical cues, these scaffolds can guide stem cells to differentiate into desired cell types or even aid in the formation of tissue-like structures. The adaptability of nanoscale scaffolds means they can be tailor-made for specific tissues, be it cardiac, neural, or bone, enhancing the prospects of regenerative medicine [33].

Translating the potential of stem cells from the petri dish to the patient requires precision in delivery. Nanocarriers are at the forefront of this challenge. These are nanosized vehicles, often made from lipids, polymers, or proteins, designed to ferry stem cells to specific sites within the body. By encapsulating stem

cells, these carriers not only ensure targeted delivery but also provide a protective environment, shielding the cells from potential adverse conditions during transit [34].

Yet, the introduction of stem cells into a body isn't without challenges. The ever-vigilant immune system, designed to fend off foreign invaders, can sometimes view transplanted stem cells as threats, leading to immune rejection. Nanotechnological innovations offer a shield against this. By cloaking stem cells with nanoparticles that either mimic 'self' signals or modulate immune responses, one can effectively 'camouflage' the stem cells, allowing them to integrate without eliciting an adverse immune reaction [35].

For aeons, the intrinsic allure of diamonds, ubiquitously revered for their luminescence and aesthetic magnificence, has transitioned from merely ornamental reverence to a profound scientific intrigue. This transition is notably underscored by the exploration of their nano-structured avatars — nanodiamonds. These carbonaceous nano-constructs, encapsulated within a nanometric scale, are characterized not merely by their intriguing attributes like biocompatibility and physicochemical stability, but have also catalyzed cutting-edge biomedical innovations, chiefly in the ambit of stem cell research and genomic editing [36,37]. Conventional impediments associated with stem cell cultivation, such as unwarranted differentiation trajectories or cellular apoptosis, are currently being mitigated by the strategic deployment of nanodiamonds. Their efficacy in enhancing cellular adhesion and proliferation, coupled with their astute capability to modulate stem cell differentiation through the nuanced orchestration of the cellular microenvironment, is noteworthy [38,39]. Furthermore, within the stringent confines of genomic manipulation where surgical precision is quintessential, nanodiamonds have ascended as pivotal catalysts. Their intrinsic propensity to function as proficient vectors — facilitating the intracellular conveyance of genome-modifying apparatuses like CRISPR/Cas9 whilst concurrently safeguarding the genetic payload from enzymatic degradation — accentuates their therapeutic indispensability [40,41]. This confluence of nanodiamond technology with stem cell biology and gene editing intimates a prospective therapeutic epoch, embodying solutions for hereditary maladies and the bespoke fabrication of transplantable organs. Nonetheless,

this trajectory, whilst promising, is interspersed with multifaceted challenges, from refining nanodiamond homogeneity to optimizing their cellular interactions and perfecting in vivo integrations [42,43]. Yet, as the scientific community traverses these intricacies, preliminary insights within this incipient domain forecast an epochal metamorphosis in regenerative therapeutics, underscoring an imperative for intensified investigation into the latent capabilities of nanodiamonds for an invigorated biomedical future.

Ultimately, the convergence of nanotechnology with stem cell research under the banner of Nanoimmunobiotechnomedicine is nothing short of transformative. By equipping us with tools of unparalleled precision and adaptability, it's expanding the horizons of stem cell applications, promising therapies that are safer, more efficient, and tailored to individual needs [44,45].

## Nanoimmunobiotechnomedicine in Gene Editing

- Nanoparticle-mediated delivery of gene editing tools.
- Enhanced delivery to target cells.
- Protecting gene editing tools from degradation.
- Immune responses to CRISPR and ways to mitigate using nanotechnology.
- Nanoscale carriers for precision gene therapy applications.
- CRISPR/Cas9 in the era of nanogenetics.

Unfurling the intricate tapestry of Nanoimmunobiotechnomedicine reveals a captivating blend of nano-scale precision, biological intricacies, and the cutting-edge power of gene editing. Each thread, each intersection, speaks of potential revolutions in medical science and patient care. Let's delve deeper into the entwining of Nanoimmunobiotechnomedicine with the potent realm of gene editing.

The true magic of gene editing, from correcting genetic anomalies to introducing beneficial traits, can only be realized when the editing tools precisely reach their intended targets. Nanotechnology offers a game-changing strategy in this pursuit [46].

Crafting nanoscale vehicles, scientists are poised to deliver gene editing tools, such as the famous

CRISPR-Cas9 system, directly into cells, overcoming barriers that have long impeded genetic interventions [47].

By tagging nanoparticles with specific biomolecules or receptors, it's possible to target them to specific cell types or tissues. This ensures that the gene editing machinery is delivered exactly where needed, maximizing efficiency while minimizing potential off-target effects [48].

The journey within the body is perilous. Enzymes, pH changes, and other factors can degrade or inactivate therapeutic agents. Encapsulating gene editing tools within nanoparticles shields them from these threats, ensuring they reach their target in an active state, ready to work their molecular magic [49].

Our body's defense mechanisms, ever alert, sometimes recognize the foreign CRISPR machinery as a threat, triggering immune responses that can hinder gene editing outcomes. However, by leveraging the principles of Nanoimmunobiotechnomedicine, it's possible to cloak the CRISPR tools, making them invisible or palatable to the immune system. By utilizing nanoparticles that either evade immune detection or actively suppress immune reactions, the efficacy of CRISPR-based therapies can be significantly enhanced [50].

Beyond mere delivery, nanoscale carriers are evolving into multifunctional platforms for precision gene therapy. These carriers can be designed to release their genetic payload in response to specific triggers, be it a particular pH, enzyme, or other molecular signals. Such responsiveness ensures that gene editing occurs precisely when and where needed, harmonizing the intervention with the body's own rhythms [51-53].

In weaving these threads together, what emerges is a transformative vision of medicine's future. By unifying the precision of nanotechnology with the power of gene editing, and harmonizing the two with an understanding of biological responses, Nanoimmunobiotechnomedicine stands at the forefront of a new era of therapeutic possibilities.

## CRISPR/Cas9 in the Era of Nanogenetics

In the 21st century, as the epoch of scientific synthesis unveils, the intricate confluence of the genomic editing prowess of CRISPR/Cas9—a

groundbreaking tool sourced from bacterial immune systems for precise genomic sequence targeting—and the precision-laden realm of nanogenetics, emblematically epitomizing the sophisticated merger of nanotechnological principles with genetics, heralds a transformative era in genetic intervention [54,55]. The dance between nanoscale phenomena and genetic editing expands the frontiers of intervention and challenges traditional vectorial constraints. Nano-carriers tailored for specific CRISPR/Cas9 conveyance pave the way for efficient delivery dynamics, circumventing immunogenicity, fortifying intracellular longevity, and enhancing specificity [56-58]. Concurrently, innovations like nanosensors facilitate real-time validation of edits, auguring a revolution in therapeutic landscapes, from addressing monogenic disorders like cystic fibrosis to tantalizing potentials like bespoke stem cell tailoring and whole organ regeneration [59,60]. Yet, amidst these promising advancements, shadowy challenges linger: the specters of unintended edits, immunogenic reactions, and the ethereal boundaries of genomic manipulation. Furthermore, the very potency of this sophisticated amalgamation raises profound ethical considerations, especially in germline editing, necessitating nuanced dialogues across scientific spectrums [61,62]. As we stand at this transformative juncture, with the vision of a democratized genomic renaissance crystallizing, the scientific community is entrusted with judiciously navigating this harmonized orchestration, striking a delicate balance between the sanctity of life and its continuous betterment, while ensuring the ethical and responsible application of these avant-garde technologies.

## Integrating Nanoimmunobiotechnology: Case Studies

### Stem Cell Therapies:

- Nanotechnology-enhanced stem cell therapy for myocardial infarction.
- Immunoprotection of stem cells in neurodegenerative diseases.

In the sprawling web of modern medicine, where disciplines intersect and innovations emerge, nanoimmunobiotechnology has emerged as a promising field. This amalgamation of nanotechnology, immunology, and biomedicine is not only pushing the boundaries of conventional treatments but also breathing new life into areas that once seemed stagnant. And what stands at the

forefront of this integration? Stem cell therapies. But not just any stem cell therapy. Below, we delve into the complexities and promises of two specific case studies [63].

## Nanotechnology-enhanced Stem Cell Therapy for Myocardial Infarction

Heart attacks, scientifically known as myocardial infarctions, have long been the nemesis of the medical world. Despite advancements, their aftermath often leads to irreversible tissue damage. But what if there was a way to rejuvenate the heart tissue? This is where nanotechnology comes in. Researchers are working with nanoparticles designed specifically to house stem cells. These nanoparticles serve a dual purpose. First, they protect the stem cells as they journey to the damaged heart tissue. Second, they release these cells in a controlled manner, ensuring the heart tissue receives consistent support [64,65].

Moreover, it isn't just about delivery. These nanoparticles are engineered to attract to the damaged site, enhancing the precision of treatment. Early results? Astounding. While it's still in nascent stages, patients have reported improved heart function, reduced scar tissue, and, most importantly, a glimmer of hope [66,67].

## Immunoprotection of Stem Cells in Neurodegenerative Diseases

The human brain, intricate and enigmatic, has always posed a challenge to medicine. Neurodegenerative diseases, such as Alzheimer's and Parkinson's, slowly chip away at a person's identity, with limited options for reprieve. But nanoimmunobiotechnology offers a glimpse into a brighter future [68].

The challenge? When stem cells are introduced to combat neurodegenerative diseases, the body's immune system, in its bid to protect, often attacks these foreign entities. Enter immunoprotection.

Using nanostructures, scientists have created a protective shield around stem cells. This "armour" ensures that these cells can perform their restorative duties without the looming threat of immune attacks. The implications are profound. Patients with these conditions, once resigned to progressive decline, now have potential avenues for treatment, slowing disease progression or even halting it in its tracks.



## Gene Editing Applications

- Targeted gene editing for hematopoietic stem cell disorders using nanoparticles.
- Immune considerations when editing T cells for cancer immunotherapy.

### Revolutionizing hematopoietic stem cell therapies with nanoparticles

In the realm of medical science, gene editing stands as one of the most transformative technologies of the 21<sup>st</sup> century. It promises not just the treatment but potentially the cure for a myriad of genetic disorders. One such promising avenue is the targeted gene editing for Hematopoietic Stem Cell (HSC) disorders using nanoparticles. Delving into this, we find a synthesis of precision, potential, and promise [69,70].

### Understanding hematopoietic stem cell disorders

Hematopoietic stem cells are the progenitors of all blood cells in the body. Disorders associated with these cells can manifest as various conditions, ranging from anemias and leukemias to other blood-related abnormalities. Traditional treatments have revolved around bone marrow transplants or lifelong supportive care, both of which come with inherent challenges [71].

### The power of targeted gene editing

Gene editing, especially with technologies like CRISPR-Cas9, allows for precise alterations to DNA sequences. By targeting the specific mutations or abnormalities in hematopoietic stem cells, there is the potential to correct the genetic errors at their source, thereby addressing the root cause of the disorder [72,73].

### Nanoparticles: The precision delivery system

Nanoparticles act as the perfect vehicles for delivering gene editing tools into cells. Their tiny size allows them to traverse biological barriers and reach specific cell types. Moreover, their surfaces can be modified to enhance targeting, ensuring that the gene editing machinery is delivered precisely to hematopoietic stem cells [74, 75].

### Benefits of the Approach

As the horizon of medical science expands, the confluence of nanotechnology and gene editing

presents a revolutionary avenue in therapeutic interventions. These combined approaches, while nascent, signal a promising shift from mere symptomatic treatments to potentially curative ones. Drawing on the sophistication of nanotechnology and the transformative power of gene editing, the methodology holds potential not just in the granularity of its interventions, but also in the longevity of its effects. Delving deeper into the merits of this groundbreaking approach reveals a spectrum of benefits that could redefine the future landscape of medicine [47, 76-78].

- **Enhanced precision:** By combining nanoparticles with gene editing, the chances of off-target effects reduce, ensuring that only the intended genetic sequences are modified.
- **Reduced immune responses:** Traditional gene editing delivery methods, like viral vectors, can sometimes elicit immune responses. Nanoparticles, especially those designed to be biocompatible, can mitigate such reactions, making the therapy safer.
- **Potential for cure:** Unlike treatments that only manage symptoms, this approach holds the promise of a definitive cure by rectifying the underlying genetic anomaly.
- **Single treatment regimen:** Given the potential permanence of genetic corrections, patients might require just a single treatment, as opposed to ongoing therapies.

## Challenges Ahead

While the potential is vast, the road to widespread clinical application isn't without hurdles. Ensuring the long-term safety of gene edits, perfecting nanoparticle delivery to maximize efficiency, and understanding the broader implications of genetic modifications are among the challenges researchers must navigate [79,80].

The fusion of gene editing with nanotechnology for addressing hematopoietic stem cell disorders encapsulates the spirit of modern medical innovation. It's an embodiment of science's persistent quest to merge precision with healing, offering hope to countless individuals awaiting transformative treatments. As research progresses, this approach could very well redefine the paradigms of hematological care [81].

## Gene Editing Applications: Navigating Immune Considerations in T cell Editing for Cancer Immunotherapy

The emergence of cancer immunotherapy represents a seismic shift in oncological treatments. By harnessing the body's own immune system to recognize and combat malignant cells, the approach has delivered remarkable clinical successes, particularly with T cell-based therapies like CAR-T. However, as we integrate gene editing into this therapeutic landscape, the interplay between the engineered T cells and the immune system becomes paramount. Let's navigate through the immune considerations of editing T cells for cancer immunotherapy [82].

### The premise of T cell editing

T cells, vital components of the adaptive immune system, have the natural ability to detect and destroy cancer cells. But tumors are crafty, often developing mechanisms to evade this detection. Gene editing tools, like CRISPR-Cas9, can be employed to engineer T cells, enhancing their specificity and potency against tumors by introducing specialized receptors, such as Chimeric Antigen Receptors (CARs) [83,84].

### Immune reactions to engineered T cells

**Recognition as foreign:** One of the primary concerns with introducing edited T cells is the immune system recognizing them as foreign, which could lead to their rapid elimination from the body. This reaction would negate the therapeutic benefits of the engineered cells [85].

**Cytokine Release Syndrome (CRS):** As engineered T cells actively engage with tumor cells, there's a release of a flurry of immune-signaling molecules, or cytokines. While some cytokine activity is beneficial, an excessive release can lead to CRS—a potentially life-threatening inflammatory condition [86,87].

### Off-target effects and immune consequences

Gene editing tools, while powerful, can sometimes target unintended genetic sites. Such off-target edits in T cells might lead to [76,88-90]:

**Autoimmunity:** If T cells mistakenly target healthy cells, it can result in autoimmune reactions, where the immune system turns against the body's own tissues.

**Uncontrolled proliferation:** Unintended edits

might inadvertently give T cells a growth advantage, risking their uncontrolled proliferation—a scenario reminiscent of leukemic conditions.

### Immunogenicity of the editing tools

The introduction of gene editing components, like the CRISPR-Cas9 system, might itself be recognized as foreign by the immune system. This could lead to [91-94]:

**Immediate clearance:** The immune system might swiftly eliminate the editing tools before they've had a chance to act.

**Reduced efficiency:** Immune reactions could compromise the efficiency of T cell editing, reducing the therapeutic potency of the resultant cells.

### Strategies to Navigate Immune Considerations

**Autologous T-cell therapies:** Using the patient's own T cells for engineering can reduce the risk of immune rejection.

**Transient editing:** Deploying methods that allow temporary presence of the editing tools can minimize prolonged immune recognition and potential off-target effects.

**Immune modulation:** Concurrent therapies that modulate the immune response can be used to control potential adverse reactions like CRS.

While the integration of gene editing into T cell-based cancer immunotherapy holds immense potential, it treads a delicate balance with the immune system. The journey is akin to fine-tuning an orchestra, ensuring harmony between the edited T cells and the broader immune milieu. As research delves deeper, refining techniques and enhancing safety profiles, the hope is to sculpt a future where the body's own defenses, empowered by precise genetic edits, become the vanguard against cancer [95,96].

## Ethical, Safety, and Efficacy Considerations

- Biocompatibility and potential toxicity of nanoparticles.
- Ethical considerations of enhanced gene editing and stem cell treatments.
- Regulatory landscape for nanoimmunobiotechnology.

## Ethical, safety, and efficacy considerations in nanoimmunobiotechnomedicine

The integration of nanotechnology, immunology, and biomedicine—termed as nanoimmunobiotechnomedicine—is forging paths to new medical horizons. However, as with all groundbreaking innovations, there's a trove of ethical, safety, and efficacy considerations that warrant rigorous exploration. In this discussion, we'll delve into the multi-faceted considerations surrounding this burgeoning field [97].

### Biocompatibility and potential toxicity of nanoparticles

Nanoparticles, due to their minuscule size, can interact with biological systems at a cellular or even molecular level. This intimate interaction begets concerns:

**Biocompatibility:** Will the body recognize these nanoparticles as foreign entities, inducing an inflammatory or immune response? The material and surface chemistry of nanoparticles can influence their acceptance or rejection within the body [98].

**Toxicity:** While nanoparticles can target specific cells or tissues, there's potential for off-target effects. Accumulation in non-target tissues can lead to unexpected side effects or long-term health issues. The degradability of these nanoparticles also plays a pivotal role—non-degradable nanoparticles might accumulate and pose chronic health risks [99].

### Ethical considerations of enhanced gene editing and stem cell treatments

In the evolving realm of biomedical science, the intersection of gene editing and stem cell treatments holds unparalleled promise for addressing a myriad of medical challenges. Yet, as we stand on the precipice of this new frontier, the profound implications of tampering with life's fundamental codes demand thoughtful scrutiny. As with all monumental scientific advancements, the ethical landscape must be navigated with caution, ensuring that the power to alter the very essence of life is wielded responsibly. The ensuing exploration delves into the myriad ethical dimensions inherent to this domain [100,101].

Delving into the blueprint of life (DNA) and modifying it evokes profound ethical debates [102-105]:

**Consent:** Especially for germline modifications, the changes are heritable. Future generations, unable to provide consent, would inherit these edits.

**Unintended consequences:** Off-target effects or unanticipated genetic interactions can lead to new health issues, posing ethical dilemmas about the responsibility and consequences of introducing such edits.

**Enhancement vs. treatment:** If we can edit genes to treat disorders, could we also enhance human abilities? Where do we draw the line between therapeutic intervention and 'designer' enhancements?

### Regulatory landscape for nanoimmunobiotechnomedicine

As the vanguard of science propels forward, marrying disciplines and uncovering innovations, the intricate tapestry of Nanoimmunobiotechnomedicine emerges. But with groundbreaking advancements come novel challenges—chiefly, how to shepherd such interdisciplinary ventures through the labyrinthine corridors of regulatory oversight. While the promise of such innovations is immense, the responsibility to frame them within a regulated, safe, and standardized paradigm is paramount. The ensuing discourse sheds light on the convoluted regulatory maze that these pioneering endeavors must navigate.

The convergence of multiple scientific domains creates a complex regulatory landscape. The challenges include [106]:

**Classification:** How should regulatory bodies classify these treatments? As drugs, devices, biologics, or a new category altogether?

**Standardization:** Defining standardized tests for safety, efficacy, and quality for such multi-domain products can be challenging.

**Post-market surveillance:** Long-term effects, especially for gene edits and nanoparticles, may not manifest immediately. Robust post-market monitoring systems need to be in place to identify and address delayed adverse events or complications.

## Challenges and Limitations

- Overcoming off-target effects and improving specificity.
- Challenges in scaling up nanotechnological applications.

- Immune system evasion and potential long-term consequences.

## Challenges and limitations in nanoimmunobiotechnomedicine

While the constellation of nanotechnology, immunology, and biomedicine presents a realm of tantalizing possibilities, it is essential to temper our enthusiasm by acknowledging the challenges and limitations inherent to this pioneering field. Delving deeper, we identify three pivotal areas of concern and their potential implications.

### Overcoming off-target effects and improving specificity

One of the most profound challenges in gene editing and nanoparticle delivery is ensuring that these treatments act solely on their intended targets.

**Off-target effects in gene editing:** Tools like CRISPR-Cas9, while revolutionary, aren't infallible. They can occasionally edit regions of the genome other than the intended target, potentially leading to mutations and undesired biological consequences [107].

**Nanoparticle specificity:** Ensuring nanoparticles reach only the intended cells or tissues is paramount. Inaccurate delivery can reduce therapeutic efficacy and might harm healthy tissues [108].

**Solutions:** Refinements in gene-editing technologies, improved guide RNA design, and real-time monitoring can reduce off-target effects. For nanoparticles, surface modifications, targeting ligands, and controlled release mechanisms can improve specificity [109].

### Challenges in scaling up nanotechnological applications

As the realm of nanotechnology burgeons, forging paths into groundbreaking applications, its scalability emerges as a critical juncture. Scaling from laboratory innovations to real-world, widespread applications isn't merely a question of multiplying outputs—it's a complex dance of maintaining consistency, managing costs, and preserving functionality. While the vision of nanotechnology's potential is clear, the terrain of its large-scale application is laden with hurdles. The following exposition delves into these very intricacies, elucidating the challenges and positing potential solutions in the vast expanse of nanotechnological

applications [110].

**Production consistency:** Nanoparticles must be consistent in size, shape, and function. Achieving this uniformity on a large scale remains challenging [111].

**Cost implications:** Advanced nanotechnological applications can be resource-intensive, potentially leading to costly treatments [112].

**Stability and storage:** Ensuring nanoparticles retain their functionality during storage and transportation can be a significant hurdle [113].

**Solutions:** Continued research into scalable production methods, stabilization techniques, and cost-effective material sourcing can help mitigate these challenges [114].

### Immune system evasion and potential long-term consequences

As the dawn of Nanoimmunobiotechnomedicine unfolds, its interplay with the human immune system stands as both a challenge and an enigma. The marvel of introducing foreign entities into the body is often met with the body's innate defense mechanisms, raising pivotal questions about efficacy and safety. While the immediate effects may be apparent, the shadow of long-term consequences lingers, teasing out the complexities of interactions at a cellular level and beyond. The forthcoming discussion probes these multifaceted challenges, diving deep into the intricacies of immune system evasion and the profound uncertainties that lie ahead.

**Evasion challenges:** Introducing foreign entities, whether they're nanoparticles or edited cells, runs the risk of eliciting an immune response. This can reduce therapeutic efficacy and might even pose direct risks to the patient.

**Long-term uncertainties:** The long-term effects of evading the immune system, or of introducing nanoparticles or edited cells into the body, are not fully known. There's potential for chronic health issues or unforeseen complications.

**Solutions:** Research into biocompatible materials and immune camouflage techniques can aid in immune evasion. Rigorous long-term clinical studies are necessary to understand and mitigate potential long-term consequences.

## The Future of Nanoimmunobiotech-

## nomedicine

- Innovations on the horizon: Smart nanoparticles, AI-driven designs, and more.
- Potential new diseases and conditions to be addressed.
- Interdisciplinary collaboration: Merging nanotech, immunology, stem cell research, and gene editing.

### A glimpse into tomorrow's medicine

The synthesis of nanotechnology, immunology, and biomedicine has given birth to a field teeming with potential: nanoimmunobiotechnomedicine. As we stand on the cusp of medical revolutions, we find ourselves eagerly peering into the horizon, anticipating the next wave of innovations. And what we see is both exciting and transformative [115].

### Smart nanoparticles

The term 'smart' is no longer confined to the digital realm. Imagine nanoparticles that respond to the body's environment. These are not just passive carriers but active participants in the therapeutic process [116].

**Responsive Action:** Future nanoparticles could be engineered to release their therapeutic cargo only in response to specific biological triggers, such as the pH level of a tumor microenvironment or the presence of a particular enzyme [117].

**Self-Regulating Mechanisms:** Taking inspiration from biological systems, these particles might have built-in feedback loops to adjust their therapeutic delivery based on the body's needs, ensuring optimal dosing without human intervention [118].

### AI-driven designs

Artificial Intelligence, with its vast computational prowess, is set to be a game-changer in the nanoimmunobiotechnomedicine arena [119].

**Personalized therapies:** By analyzing a patient's genetic makeup, health history, and other parameters, AI algorithms can suggest personalized nanoparticle designs or gene editing strategies tailored to the individual [120].

**Predictive analysis:** Before even administering a treatment, AI can simulate its effects and potential

complications in a virtual environment. This predictive analysis can help in refining therapeutic strategies, increasing their success rates [121].

**Automated research:** Machine learning models can sift through vast troves of biomedical data, identifying patterns and insights far beyond human capacity. This can fast-track research, pinpointing promising avenues that might have otherwise been overlooked [122].

### More than medicine: Integration with other technologies

The future will likely see nanoimmunobiotechnomedicine not just as a standalone field but integrated with other technologies.

**Wearable monitors:** Wearable devices could monitor the activity and effectiveness of nanoparticles in real-time, giving both patients and healthcare providers immediate feedback [123,124].

**Augmented Reality (AR) & Virtual Reality (VR):** These technologies can help in visualizing the behavior and interaction of nanoparticles within the body, aiding in medical education, research and patient education [125,126].

### Addressing the futuristic diseases

Nanoimmunobiotechnomedicine stands as a powerful testament to human ingenuity, forging a new frontier in the quest to address various health challenges. While the present focus is undoubtedly on existing diseases, the ever-evolving nature of pathogens, the mutation of genetic disorders, and our changing environment hint at new diseases and conditions that might emerge. Let's explore how NIBTM could be poised to tackle these futuristic health challenges [127,128].

## Neurodegenerative Disorders Linked to Modern Lifestyles

As our lifestyles change, we're beginning to see an uptick in neurodegenerative disorders, some of which may be linked to increased screen time, altered sleep cycles, or even chronic stress. NIBTM can potentially target the neural pathways affected by these modern triggers, delivering tailored treatments to rejuvenate or protect nerve cells [129,130].

## Autoimmune Disorders from

## Environmental Changes

The changing environment, be it due to pollution, global warming, or altered microbiomes, could lead to the rise of new autoimmune conditions. Nanoparticles can be designed to modulate immune responses, delivering immunosuppressive agents or even reprogramming immune cells to reduce unwarranted attacks on the body's own tissues [131-133].

## Pathogens Resistant to Current Therapies

The emergence of superbugs—bacteria resistant to multiple antibiotics—foretells a future where novel pathogens could defy current therapeutic strategies. Nanoimmunobiotechnology could potentially be tailored to target these pathogens at a molecular or cellular level, bypassing traditional resistance mechanisms [134,135].

## Genetic Disorders from Population Bottlenecks

Certain population groups might face genetic bottlenecks due to isolated reproduction, leading to the emergence of unique genetic disorders. NIBTM can provide precision gene-editing solutions, tailored to address these specific genetic anomalies [136,137].

## Health Challenges from Space Exploration

As humanity sets its sights on exploring other planets, the challenges of long-duration space travel and extraterrestrial environments will undoubtedly impact health. From radiation-induced disorders to musculoskeletal issues in low gravity, NIBTM could offer targeted solutions for these space-specific health challenges [138,139].

## Metabolic Disorders from Altered Diets

As the global diet shifts with the introduction of lab-grown meats, alternative proteins, and Genetically Modified Organisms (GMOs), there might arise new metabolic challenges. NIBTM can help in modulating metabolic pathways, ensuring the body efficiently processes these new food sources without adverse effects [140-142].

## The Power of Interdisciplinary

## Collaboration

Nanoimmunobiotechnology (NIBTM) stands at the confluence of several cutting-edge disciplines, marking a new era in medical advancement. Its strength lies not just in the individual merits of each domain but in the synergetic potential they unlock when intertwined. This interdisciplinary collaboration heralds profound implications for the future of medicine. Let's dive deeper into this mosaic of merged disciplines and the potential they promise [143].

## Nanotechnology: The Precision Tool

Nanotechnology, by virtue of its scale, offers unprecedented precision in medical applications. From targeted drug delivery to real-time monitoring of cellular activity, nanotech acts as the delivery mechanism in this collaborative setup [22].

Future potential: Imagine nanoparticles acting as scouts, patrolling the body to detect early signs of diseases or cellular anomalies and relaying this data for preventive intervention [144].

## Immunology: The Body's Defense Strategist

Immunology, the study of the body's defense mechanisms, can guide how nanoparticles and treatments are designed to interact with, modulate, or harness the immune system [145].

Future potential: Nanoparticles could be engineered to "train" the immune system, helping it recognize and combat elusive pathogens or even malignant tumor cells more effectively [146].

## Stem Cell Research: The Regenerative Blueprint

Stem cells, with their potential to differentiate into various cell types, offer a world of regenerative possibilities. When combined with nanotech, their delivery and integration can be optimized [147].

Future potential: Stem cells, carried by nanoparticles, could be directed to damaged tissues (like the heart post-myocardial infarction) for targeted repair. Coupled with gene editing, these cells can be optimized to fit specific therapeutic goals [148,149].

## Gene Editing: The Genetic Sculptor

Gene editing technologies, like CRISPR-Cas9, offer the potential to modify, repair, or even replace genes. When guided by nanoparticles and informed by immunology, the precision and safety of these edits can be significantly enhanced [150,151].

**Future potential:** Using nanotech, specific cells could be isolated, edited in situ without extraction, and then reintroduced to the body with minimal invasiveness [152].

## The Synergy of Collaboration

Navigating the transformative realm of Nanoimmunobiotechnomedicine (NIBTM), the significance of collaboration takes center stage. While each discipline within NIBTM offers its unique strengths and perspectives, it is their orchestrated union that magnifies their individual potential. This intricate dance of knowledge, techniques, and innovation shapes a future of medicine where boundaries are seamlessly blurred, giving rise to an era of unparalleled therapeutic possibilities. As we transition into this new paradigm, let's explore the profound impact of such interdisciplinary synergy.

The true marvel of NIBTM lies in the convergence of these disciplines. Here's a glimpse into what such collaboration could entail:

### Personalized treatment paradigms

By combining insights from all these fields, treatments can be tailored to an individual's genetic makeup, immune profile, and specific health needs [153,154].

### Integrated healing

A single treatment regimen could combine immune modulation, targeted drug delivery, cellular repair, and genetic modification, offering a holistic approach to healing [32,155].

### Adaptive therapeutics

As our understanding of diseases evolves, these collaborative tools can adapt, ensuring that we remain ahead in the therapeutic curve [156].

### Shared knowledge platforms

Interdisciplinary hubs could emerge, where experts from each field share insights, challenge

dogmas, and co-create groundbreaking solutions [157].

## Conclusion

- Reflection on the promise and challenges of this integrative approach.
- Emphasis on the art of merging disparate scientific disciplines for holistic solutions.

### The dual faces of nanoimmunobiotechnomedicine

As we gaze upon the horizon of medical advancement, Nanoimmunobiotechnomedicine (NIBTM) emerges as a beacon of promise, a testament to human ingenuity and the power of collaborative science. This integrative approach, born from the confluence of nanotechnology, immunology, stem cell research, and gene editing, has the potential to revolutionize healthcare. Yet, like all pioneering endeavors, it is accompanied by a set of challenges that remind us of the intricate dance between innovation and responsibility.

### The bright promise

**Holistic healing:** NIBTM offers a multifaceted approach to disease management, addressing the root cause at a genetic level, modulating the body's defenses, delivering precision treatments, and harnessing the regenerative potential of stem cells. This comprehensive approach heralds a new era where treatment is not just about managing symptoms but restoring health.

**Tailored therapies:** The integrative nature of NIBTM ensures that every treatment can be tailored to an individual's unique genetic, immunological, and physiological profile. Personalized medicine isn't just a concept but a tangible reality.

**Preventive and predictive health:** The blend of these disciplines provides tools not just for treatment but for early detection and prevention. By anticipating health challenges, we move from a reactive to a proactive healthcare model.

### The inherent challenges

**Safety and ethical concerns:** As we tread into the realm of genetic editing and cellular manipulation, questions about long-term safety, unforeseen consequences, and the ethical implications of altering the very fabric of life come to the forefront.

**Technological limitations:** While the potential is vast, current technologies aren't without limitations. Off-target effects, unintended immune responses, and the scalability of nanotechnological applications pose challenges that require meticulous research and refinement.

**Interdisciplinary integration:** While the collaboration of diverse disciplines is a strength, it also demands a shared language, the bridging of knowledge gaps, and a synchronized approach to research and application.

In reflection, nanoimmunobiotechnomedicine stands as both a symbol of hope and a reminder of humility. The journey ahead is not just about harnessing technological prowess but balancing it with ethical deliberation, patient safety, and a commitment to long-term well-being. As we embark on this exciting path, it's crucial to remember that the essence of medicine is, and always will be, the holistic well-being of the individual and the broader tapestry of humanity.

### The artful convergence of science for holistic solutions

In the vast tapestry of human knowledge, every scientific discipline stands as a unique thread, each with its own hue, texture, and narrative. However, the future of medicine—particularly as epitomized by nanoimmunobiotechnomedicine (NIBTM)—isn't about these threads in isolation but the intricate patterns they weave together. The art of merging seemingly disparate disciplines heralds a renaissance in medical science, where the sum becomes greater than its individual parts.

### The symphony of convergence

**Diverse dialogues:** Bringing together nanotechnology, immunology, stem cell research, and gene editing is akin to a gathering of diverse minds, each speaking its own language. Yet, in this diversity lies the potential for novel dialogues, fresh perspectives, and groundbreaking solutions.

**Creativity in collaboration:** The intersection of disciplines demands not just knowledge sharing, but creative thinking. It's about asking questions that were previously unthinkable and challenging the established norms of each field. The art lies in reimagining what's possible when boundaries blur.

**Harmony in holism:** Just as a musical chord is

more resonant than a single note, the integrative approach of NIBTM ensures that treatments are not just addressing isolated symptoms or processes. Instead, they harmoniously interact with the entire biological system, offering a more holistic healing approach.

### The masterpiece of merged medicine

As we stand on the cusp of this new era, we're not just witnessing the convergence of sciences but the crafting of a masterpiece. The challenges, while real, are akin to the meticulous brush strokes an artist employs, refining and perfecting with each iteration.

In reflection, the art of merging disciplines isn't just about the technological advancements it begets, but the broader vision it embodies. It's a vision of unity, where the vast expanse of human knowledge converges for a singular purpose: the holistic betterment of human health and well-being. The future, thus, is not just about scientific rigor but the artful application of this collective wisdom.

### References

1. Pretel-Wilson M. The unification of knowledge. *Utopics: The Unification of Human Science*; 2020. p.175-180.
2. Anurogo D. The art of nanoimmunobiotechnomedicine. *JKKI: Jurnal Kedokteran dan Kesehatan Indonesia*; 2021. p.206-207.
3. Sahu T, Yashwant Kumar R, Chauhan S, Bhaskar LVKS, Nair MP, Henu Kumar V. Nanotechnology based drug delivery system: Current strategies and emerging therapeutic potential for medical science. *Journal of Drug Delivery Science and Technology*. 2021;63:102487. doi: 10.1016/j.jddst.2021.102487.
4. Demidov VV. *DNA Beyond Genes*. Springer; 2020.
5. Jin Y, Li S, Yu Q, Chen T, Liu D. Application of stem cells in regeneration medicine. *MedComm (2020)*. 2023 Jun 17;4(4):e291. doi: 10.1002/mco2.291. PMID: 37337579; PMCID: PMC10276889.
6. Huang J, Zhou Y, Li J, Lu A, Liang C. CRISPR/Cas systems: Delivery and application in gene therapy. *Front Bioeng Biotechnol*. 2022 Nov 22;10:942325. doi: 10.3389/fbioe.2022.942325. PMID: 36483767; PMCID: PMC9723151.
7. Rahman MM, Ghoshal UC, Ragunath K, Jenkins G, Rahman M, Edwards C, Hasan M, Taylor-Robinson SD. Biomedical research in developing countries: Opportunities, methods, and challenges. *Indian J Gastroenterol*. 2020 Jun;39(3):292-302. doi: 10.1007/s12664-020-01056-5. Epub 2020 Jun 30. PMID: 32607962; PMCID: PMC7325473.
8. Vasanthan J, Gurusamy N, Rajasingh S, Sigamani V, Kirankumar S, Thomas EL, Rajasingh J. Role of Human Mesenchymal Stem Cells in Regenerative Therapy. *Cells*. 2020 Dec 31;10(1):54.



- doi: 10.3390/cells10010054. PMID: 33396426; PMCID: PMC7823630.
9. Omole AE, Fakoya AOJ. Ten years of progress and promise of induced pluripotent stem cells: historical origins, characteristics, mechanisms, limitations, and potential applications. *PeerJ*. 2018 May 11;6:e4370. doi: 10.7717/peerj.4370. PMID: 29770269; PMCID: PMC5951134.
  10. Ebrahimi A, Ahmadi H, Pourfraidon Ghasrodashti Z, Tanide N, Shahriarirad R, Erfani A, Ranjbar K, Ashkani-Esfahani S. Therapeutic effects of stem cells in different body systems, a novel method that is yet to gain trust: A comprehensive review. *Bosn J Basic Med Sci*. 2021 Dec 1;21(6):672-701. doi: 10.17305/bjbm.2021.5508. PMID: 34255619; PMCID: PMC8554700.
  11. Liu W, Li L, Jiang J, Wu M, Lin P. Applications and challenges of CRISPR-Cas gene-editing to disease treatment in clinics. *Precis Clin Med*. 2021 Jul 10;4(3):179-191. doi: 10.1093/pcmedi/pbab014. PMID: 34541453; PMCID: PMC8444435.
  12. Rasul MF, Hussen BM, Salihi A, Ismael BS, Jalal PJ, Zanichelli A, Jamali E, Baniahmad A, Ghafouri-Fard S, Basiri A, Taheri M. Strategies to overcome the main challenges of the use of CRISPR/Cas9 as a replacement for cancer therapy. *Mol Cancer*. 2022 Mar 3;21(1):64. doi: 10.1186/s12943-021-01487-4. PMID: 35241090; PMCID: PMC8892709.
  13. Doudna JA, Charpentier E. Genome editing. The new frontier of genome engineering with CRISPR-Cas9. *Science*. 2014 Nov 28;346(6213):1258096. doi: 10.1126/science.1258096. PMID: 25430774.
  14. Ochiai H, Yamamoto T. Construction and Evaluation of Zinc Finger Nucleases. *Methods Mol Biol*. 2023;2637:1-25. doi: 10.1007/978-1-0716-3016-7\_1. PMID: 36773134.
  15. Zhang Y, Zhang F, Li X, Baller JA, Qi Y, Starker CG, Bogdanove AJ, Voytas DF. Transcription activator-like effector nucleases enable efficient plant genome engineering. *Plant Physiol*. 2013 Jan;161(1):20-7. doi: 10.1104/pp.112.205179. Epub 2012 Nov 2. PMID: 23124327; PMCID: PMC3532252.
  16. Sharma P, Lew TTS. Principles of Nanoparticle Design for Genome Editing in Plants. *Front Genome Ed*. 2022 Mar 7;4:846624. doi: 10.3389/fged.2022.846624. PMID: 35330692; PMCID: PMC8940305.
  17. Duan L, Ouyang K, Xu X, Xu L, Wen C, Zhou X, Qin Z, Xu Z, Sun W, Liang Y. Nanoparticle Delivery of CRISPR/Cas9 for Genome Editing. *Front Genet*. 2021 May 12;12:673286. doi: 10.3389/fgene.2021.673286. PMID: 34054927; PMCID: PMC8149999.
  18. Suresh LG, Indhuprakash ST, Gandhi S, Diraviyam T. Amalgamation of nanotechnology with chicken IgY to enrich therapeutic and diagnostic applications: a systematic review. *Immunotherapy*. 2023 Aug;15(11):867-884. doi: 10.2217/imt-2022-0304. Epub 2023 May 24. PMID: 37222153.
  19. Joy B. Particular by the possibilities of the convergence of genetics, nanotechnology, and robotics. *Technology and Society: Building Our Sociotechnical Future*. 2021;67.
  20. Bae YH, Park K. Advanced drug delivery 2020 and beyond: Perspectives on the future. *Adv Drug Deliv Rev*. 2020;158:4-16. doi: 10.1016/j.addr.2020.06.018. Epub 2020 Jun 24. PMID: 32592727; PMCID: PMC7736191.
  21. Kong X, Gao P, Wang J, Fang Y, Hwang KC. Advances of medical nanorobots for future cancer treatments. *J Hematol Oncol*. 2023 Jul 14;16(1):74. doi: 10.1186/s13045-023-01463-z. PMID: 37452423; PMCID: PMC10347767.
  22. Sim S, Wong NK. Nanotechnology and its use in imaging and drug delivery (Review). *Biomed Rep*. 2021 May;14(5):42. doi: 10.3892/br.2021.1418. Epub 2021 Mar 5. PMID: 33728048; PMCID: PMC7953199.
  23. Afzal O, Altamimi ASA, Nadeem MS, Alzarea SI, Almalki WH, Tariq A, Mubeen B, Murtaza BN, Iftikhar S, Riaz N, Kazmi I. Nanoparticles in Drug Delivery: From History to Therapeutic Applications. *Nanomaterials (Basel)*. 2022 Dec 19;12(24):4494. doi: 10.3390/nano12244494. PMID: 36558344; PMCID: PMC9781272.
  24. El-Kharrag R, Berckmueller KE, Madhu R, Cui M, Campoy G, Mack HM, Wolf CB, Perez AM, Humbert O, Kiem HP, Radtke S. Efficient polymer nanoparticle-mediated delivery of gene editing reagents into human hematopoietic stem and progenitor cells. *Mol Ther*. 2022 Jun 1;30(6):2186-2198. doi: 10.1016/j.ymthe.2022.02.026. Epub 2022 Feb 28. PMID: 35240320; PMCID: PMC9171380.
  25. Keikha R, Daliri K, Jebali A. The Use of Nanobiotechnology in Immunology and Vaccination. *Vaccines (Basel)*. 2021 Jan 21;9(2):74. doi: 10.3390/vaccines9020074. PMID: 33494441; PMCID: PMC7910821.
  26. Janeway CA Jr., Travers P, Walport M, Shlomchik MJ. *Immunobiology: The immune system in health and disease*. 5<sup>th</sup> ed. New York: Garland Science; 2001.
  27. Ray P, Haideri N, Haque I, Mohammed O, Chakraborty S, Banerjee S, Quadir M, Brinker AE, Banerjee SK. The impact of nanoparticles on the immune system: A gray zone of nanomedicine. *Journal of Immunological Sciences*. 2021;5(1). doi: 10.29245/2578-3009/2021/1.1206.
  28. Liu J, Liu Z, Pang Y, Zhou H. The interaction between nanoparticles and immune system: application in the treatment of inflammatory diseases. *J Nanobiotechnology*. 2022 Mar 12;20(1):127. doi: 10.1186/s12951-022-01343-7. PMID: 35279135; PMCID: PMC8917374.
  29. Farkas DL. Biomedical Applications of Translational Optical Imaging: From Molecules to Humans. *Molecules*. 2021 Nov 2;26(21):6651. doi: 10.3390/molecules26216651. PMID: 34771060; PMCID: PMC8587670.
  30. Ponpandian S, Shenbagamoorthy S, Sudarmani DNP. Nanotechnology-based stem cell therapy: Current status and perspectives, in possibilities and limitations in current translational stem cell research. Diana K, editor. Rijeka: IntechOpen; 2023. p.5.
  31. Dong Y, Wu X, Chen X, Zhou P, Xu F, Liang W. Nanotechnology

- shaping stem cell therapy: Recent advances, application, challenges, and future outlook. *Biomed Pharmacother.* 2021 May;137:111236. doi: 10.1016/j.biopha.2021.111236. Epub 2021 Jan 21. PMID: 33486201.
32. Bashor CJ, Hilton IB, Bandukwala H, Smith DM, Veisheh O. Engineering the next generation of cell-based therapeutics. *Nat Rev Drug Discov.* 2022 Sep;21(9):655-675. doi: 10.1038/s41573-022-00476-6. Epub 2022 May 30. PMID: 35637318; PMCID: PMC9149674.
33. Liu S, Yu JM, Gan YC, Qiu XZ, Gao ZC, Wang H, Chen SX, Xiong Y, Liu GH, Lin SE, McCarthy A, John JV, Wei DX, Hou HH. Biomimetic natural biomaterials for tissue engineering and regenerative medicine: new biosynthesis methods, recent advances, and emerging applications. *Mil Med Res.* 2023 Mar 28;10(1):16. doi: 10.1186/s40779-023-00448-w. PMID: 36978167; PMCID: PMC10047482.
34. Khanmohammadi M. Encapsulation of Stem Cells. In: *Principles of Biomaterials Encapsulation.* Sefat F, Farzi G, Mozafari M, editors. Woodhead Publishing; 2023. p.481-524.
35. Chen BQ, Zhao Y, Zhang Y, Pan YJ, Xia HY, Kankala RK, Wang SB, Liu G, Chen AZ. Immune-regulating camouflaged nanoplateforms: A promising strategy to improve cancer nano-immunotherapy. *Bioact Mater.* 2022 Aug 10;21:1-19. doi: 10.1016/j.bioactmat.2022.07.023. PMID: 36017071; PMCID: PMC9382433.
36. Liu J, Li R, Yang B. Carbon Dots: A New Type of Carbon-Based Nanomaterial with Wide Applications. *ACS Cent Sci.* 2020 Dec 23;6(12):2179-2195. doi: 10.1021/acscentsci.0c01306. Epub 2020 Dec 14. PMID: 33376780; PMCID: PMC7760469.
37. Saleh HM, Hassan AI. Synthesis and characterization of nanomaterials for application in cost-effective electrochemical devices. *Sustainability.* 2023;15(14):10891. doi: 10.3390/su151410891.
38. Masaki H, Kato-Itoh M, Takahashi Y, Umino A, Sato H, Ito K, Yanagida A, Nishimura T, Yamaguchi T, Hirabayashi M, Era T, Loh KM, Wu SM, Weissman IL, Nakauchi H. Inhibition of Apoptosis Overcomes Stage-Related Compatibility Barriers to Chimera Formation in Mouse Embryos. *Cell Stem Cell.* 2016 Nov 3;19(5):587-592. doi: 10.1016/j.stem.2016.10.013. PMID: 27814480.
39. Taylor AC, González CH, Ferretti P, Jackman RB. Spontaneous Differentiation of Human Neural Stem Cells on Nanodiamonds. *Adv Biosyst.* 2019 Apr;3(4):e1800299. doi: 10.1002/adbi.201800299. Epub 2019 Mar 19. PMID: 32627432.
40. Yang TC, Chang CY, Yarmishyn AA, Mao YS, Yang YP, Wang ML, Hsu CC, Yang HY, Hwang DK, Chen SJ, Tsai ML, Lai YH, Tzeng Y, Chang CC, Chiou SH. Carboxylated nanodiamond-mediated CRISPR-Cas9 delivery of human retinoschisis mutation into human iPSCs and mouse retina. *Acta Biomater.* 2020 Jan 1;101:484-494. doi: 10.1016/j.actbio.2019.10.037. Epub 2019 Oct 28. PMID: 31672582.
41. Penewit K, Holmes EA, McLean K, Ren M, Waalkes A, Salipante SJ. Efficient and Scalable Precision Genome Editing in *Staphylococcus aureus* through Conditional Recombineering and CRISPR/Cas9-Mediated Counterselection. *mBio.* 2018 Feb 20;9(1):e00067-18. doi: 10.1128/mBio.00067-18. Erratum in: *mBio.* 2018 Oct 2;9(5): Erratum in: *mBio.* 2019 Jan 15;10(1): PMID: 29463653; PMCID: PMC5821094.
42. Kanaya N, Kitamura Y, Vazquez ML, Franco A, Chen KS, Van Schaik TA, Farzani TA, Borges P, Ichinose T, Seddiq W, Kuroda S, Boland G, Jahan N, Fisher D, Wakimoto H, Shah K. Gene-edited and -engineered stem cell platform drives immunotherapy for brain metastatic melanomas. *Sci Transl Med.* 2023;15(698). doi: 10.1126/scitranslmed.ade8732.
43. Zhou W, Yang J, Zhang Y, Hu X, Wang W. Current landscape of gene-editing technology in biomedicine: Applications, advantages, challenges, and perspectives. *MedComm (2020).* 2022 Jul 14;3(3):e155. doi: 10.1002/mco.2.155. PMID: 35845351; PMCID: PMC9283854.
44. Masoudi Asil S, Ahlawat J, Guillama Barroso G, Narayan M. Application of Nanotechnology in Stem-Cell-Based Therapy of Neurodegenerative Diseases. *Applied Sciences,* 2020;10(14): p. 4852.
45. Vissers C, Ming GL, Song H. Nanoparticle technology and stem cell therapy team up against neurodegenerative disorders. *Adv Drug Deliv Rev.* 2019 Aug;148:239-251. doi: 10.1016/j.addr.2019.02.007. Epub 2019 Feb 21. PMID: 30797953; PMCID: PMC6703981.
46. Duan L, Ouyang K, Xu X, Xu L, Wen C, Zhou X, Qin Z, Xu Z, Sun W, Liang Y. Nanoparticle Delivery of CRISPR/Cas9 for Genome Editing. *Front Genet.* 2021 May 12;12:673286. doi: 10.3389/fgene.2021.673286. PMID: 34054927; PMCID: PMC8149999.
47. Sioson VA, Kim M, Joo J. Challenges in delivery systems for CRISPR-based genome editing and opportunities of nanomedicine. *Biomed Eng Lett.* 2021 Jul 13;11(3):217-233. doi: 10.1007/s13534-021-00199-4. PMID: 34350049; PMCID: PMC8316527.
48. Mitchell MJ, Billingsley MM, Haley RM, Wechsler ME, Peppas NA, Langer R. Engineering precision nanoparticles for drug delivery. *Nat Rev Drug Discov.* 2021 Feb;20(2):101-124. doi: 10.1038/s41573-020-0090-8. Epub 2020 Dec 4. PMID: 33277608; PMCID: PMC7717100.
49. Joseph TM, Kar Mahapatra D, Esmaeili A, Piszczyk Ł, Hasanin MS, Kattali M, Haponiuk J, Thomas S. Nanoparticles: Taking a Unique Position in Medicine. *Nanomaterials (Basel).* 2023 Jan 31;13(3):574. doi: 10.3390/nano13030574. PMID: 36770535; PMCID: PMC9920911.
50. Dubey AK, Kumar Gupta V, Kujawska M, Orive G, Kim NY, Li CZ, Kumar Mishra Y, Kaushik A. Exploring nano-enabled CRISPR-Cas-powered strategies for efficient diagnostics and treatment of infectious diseases. *J Nanostructure Chem.* 2022;12(5):833-864. doi: 10.1007/s40097-022-00472-7. Epub 2022 Feb 14. PMID: 35194511; PMCID: PMC8853211.
51. Tenchov R, Bird R, Curtze AE, Zhou Q. Lipid Nanoparticles From

- Liposomes to mRNA Vaccine Delivery, a Landscape of Research Diversity and Advancement. *ACS Nano*. 2021 Nov 23;15(11):16982-17015. doi: 10.1021/acsnano.1c04996. Epub 2021 Jun 28. PMID: 34181394.
52. Wang X, Li C, Wang Y, Chen H, Zhang X, Luo C, Zhou W, Li L, Teng L, Yu H, Wang J. Smart drug delivery systems for precise cancer therapy. *Acta Pharm Sin B*. 2022 Nov;12(11):4098-4121. doi: 10.1016/j.apsb.2022.08.013. Epub 2022 Aug 22. PMID: 36386470; PMCID: PMC9643298.
53. Jia R, Teng L, Gao L, Su T, Fu L, Qiu Z, Bi Y. Advances in Multiple Stimuli-Responsive Drug-Delivery Systems for Cancer Therapy. *Int J Nanomedicine*. 2021 Feb 25;16:1525-1551. doi: 10.2147/IJN.S293427. PMID: 33658782; PMCID: PMC7920594.
54. Kozovska Z, Rajcaniova S, Munteanu P, Dzacovska S, Demkova L. CRISPR: History and perspectives to the future. *Biomed Pharmacother*. 2021 Sep;141:111917. doi: 10.1016/j.biopha.2021.111917. Epub 2021 Jul 16. PMID: 34328110.
55. Ranganathan V, Wahlin K, Maruotti J, Zack DJ. Expansion of the CRISPR-Cas9 genome targeting space through the use of H1 promoter-expressed guide RNAs. *Nat Commun*. 2014 Aug 8;5:4516. doi: 10.1038/ncomms5516. PMID: 25105359; PMCID: PMC4133144.
56. Hejabi F, Abbaszadeh MS, Tajji S, O'Neill A, Farjadian F, Doroudian M. Nanocarriers: A novel strategy for the delivery of CRISPR/Cas systems. *Front Chem*. 2022 Jul 26;10:957572. doi: 10.3389/fchem.2022.957572. PMID: 36092658; PMCID: PMC9450496.
57. Duan L, Ouyang K, Xu X, Xu L, Wen C, Zhou X, Qin Z, Xu Z, Sun W, Liang Y. Nanoparticle Delivery of CRISPR/Cas9 for Genome Editing. *Front Genet*. 2021 May 12;12:673286. doi: 10.3389/fgene.2021.673286. PMID: 34054927; PMCID: PMC8149999.
58. Foley RA, Sims RA, Duggan EC, Olmedo JK, Ma R, Jonas SJ. Delivering the CRISPR/Cas9 system for engineering gene therapies: Recent cargo and delivery approaches for clinical translation. *Front Bioeng Biotechnol*. 2022 Sep 26;10:973326. doi: 10.3389/fbioe.2022.973326. PMID: 36225598; PMCID: PMC9549251.
59. Pranke I, Golec A, Hinzpeter A, Edelman A, Sermet-Gaudelus I. Emerging Therapeutic Approaches for Cystic Fibrosis. From Gene Editing to Personalized Medicine. *Front Pharmacol*. 2019 Feb 27;10:121. doi: 10.3389/fphar.2019.00121. PMID: 30873022; PMCID: PMC6400831.
60. Wei M, Yang Z, Li S, Le W. Nanotherapeutic and Stem Cell Therapeutic Strategies in Neurodegenerative Diseases: A Promising Therapeutic Approach. *Int J Nanomedicine*. 2023 Feb 3;18:611-626. doi: 10.2147/IJN.S395010. PMID: 36760756; PMCID: PMC9904216.
61. Turocy J, Adashi EY, Egli D. Heritable human genome editing: Research progress, ethical considerations, and hurdles to clinical practice. *Cell*. 2021 Mar 18;184(6):1561-1574. doi: 10.1016/j.cell.2021.02.036. PMID: 33740453.
62. Zhao Y, Li G, Chen Y, Lu Y. Challenges and Advances in Genome Editing Technologies in *Streptomyces*. *Biomolecules*. 2020 May 8;10(5):734. doi: 10.3390/biom10050734. PMID: 32397082; PMCID: PMC7278167.
63. Anjum S, Ishaque S, Fatima H, Farooq W, Hano C, Abbasi BH, Anjum I. Emerging Applications of Nanotechnology in Healthcare Systems: Grand Challenges and Perspectives. *Pharmaceuticals (Basel)*. 2021 Jul 21;14(8):707. doi: 10.3390/ph14080707. PMID: 34451803; PMCID: PMC8401281.
64. Ojha N, Dharamoon AS. Myocardial Infarction. [Updated 2023 Aug 8]. In: *StatPearls [Internet]*. Treasure Island (FL): StatPearls Publishing; 2023.
65. Pala R, Pattnaik S, Busi S, Nauli SM. Nanomaterials as Novel Cardiovascular Theranostics. *Pharmaceutics*. 2021 Mar 7;13(3):348. doi: 10.3390/pharmaceutics13030348. PMID: 33799932; PMCID: PMC7998597.
66. Anselmo AC, Mitragotri S. Nanoparticles in the clinic: An update. *Bioeng Transl Med*. 2019 Sep 5;4(3):e10143. doi: 10.1002/btm2.10143. PMID: 31572799; PMCID: PMC6764803.
67. Jain A, Behera M, Mahapatra C, Sundaresan NR, Chatterjee K. Nanostructured polymer scaffold decorated with cerium oxide nanoparticles toward engineering an antioxidant and anti-hypertrophic cardiac patch. *Mater Sci Eng C Mater Biol Appl*. 2021 Jan;118:111416. doi: 10.1016/j.msec.2020.111416. Epub 2020 Aug 24. PMID: 33255018.
68. Outeiro TF, Alcalay RN, Antonini A, Attems J, Bonifati V, Cardoso F, Chesselet MF, Hardy J, Madeo G, McKeith I, Mollenhauer B, Moore DJ, Rascol O, Schlossmacher MG, Soreq H, Stefanis L, Ferreira JJ. Defining the Riddle in Order to Solve It: There Is More Than One "Parkinson's Disease". *Mov Disord*. 2023 Jul;38(7):1127-1142. doi: 10.1002/mds.29419. Epub 2023 May 8. PMID: 37156737.
69. Ferrari S, Vavassori V, Canarutto D, Jacob A, Castiello MC, Javed AO, Genovese P. Gene Editing of Hematopoietic Stem Cells: Hopes and Hurdles Toward Clinical Translation. *Front Genome Ed*. 2021 Mar 31;3:618378. doi: 10.3389/fged.2021.618378. PMID: 34713250; PMCID: PMC8525369.
70. Anurogo D, Yuli Prasetyo Budi N, Thi Ngo MH, Huang YH, Pawitan JA. Cell and Gene Therapy for Anemia: Hematopoietic Stem Cells and Gene Editing. *Int J Mol Sci*. 2021 Jun 10;22(12):6275. doi: 10.3390/ijms22126275. PMID: 34200975; PMCID: PMC8230702.
71. Khaddour K, Hana CK, Mewawalla P. Hematopoietic Stem Cell Transplantation. [Updated 2023 May 6]. In: *StatPearls [Internet]*. Treasure Island (FL): StatPearls Publishing; 2023.
72. Abdelnour SA, Xie L, Hassanin AA, Zuo E, Lu Y. The Potential of CRISPR/Cas9 Gene Editing as a Treatment Strategy for Inherited Diseases. *Front Cell Dev Biol*. 2021 Dec 15;9:699597. doi: 10.3389/fcell.2021.699597. PMID: 34977000; PMCID: PMC8715006.
73. Li H, Yang Y, Hong W, Huang M, Wu M, Zhao X. Applications of genome editing technology in the targeted therapy of human

- diseases: mechanisms, advances and prospects. *Signal Transduct Target Ther.* 2020 Jan 3;5(1):1. doi: 10.1038/s41392-019-0089-y. PMID: 32296011; PMCID: PMC6946647.
74. Wei T, Cheng Q, Min YL, Olson EN, Siegwart DJ. Systemic nanoparticle delivery of CRISPR-Cas9 ribonucleoproteins for effective tissue specific genome editing. *Nat Commun.* 2020 Jun 26;11(1):3232. doi: 10.1038/s41467-020-17029-3. PMID: 32591530; PMCID: PMC7320157.
75. Yan J, Kang DD, Dong Y. Harnessing lipid nanoparticles for efficient CRISPR delivery. *Biomater Sci.* 2021 Sep 14;9(18):6001-6011. doi: 10.1039/d1bm00537e. PMID: 34115079; PMCID: PMC8440433.
76. Guo C, Ma X, Gao F, Guo Y. Off-target effects in CRISPR/Cas9 gene editing. *Front Bioeng Biotechnol.* 2023 Mar 9;11:1143157. doi: 10.3389/fbioe.2023.1143157. PMID: 36970624; PMCID: PMC10034092.
77. Li T, Yang Y, Qi H, Cui W, Zhang L, Fu X, He X, Liu M, Li PF, Yu T. CRISPR/Cas9 therapeutics: progress and prospects. *Signal Transduct Target Ther.* 2023 Jan 16;8(1):36. doi: 10.1038/s41392-023-01309-7. PMID: 36646687; PMCID: PMC9841506.
78. Huang J, Zhou Y, Li J, Lu A, Liang C. CRISPR/Cas systems: Delivery and application in gene therapy. *Front Bioeng Biotechnol.* 2022 Nov 22;10:942325. doi: 10.3389/fbioe.2022.942325. PMID: 36483767; PMCID: PMC9723151.
79. Lux CT, Scharenberg AM. Therapeutic Gene Editing Safety and Specificity. *Hematol Oncol Clin North Am.* 2017 Oct;31(5):787-795. doi: 10.1016/j.hoc.2017.05.002. Epub 2017 Jun 29. PMID: 28895847; PMCID: PMC5653273.
80. Kavanagh EW, Green JJ. Toward Gene Transfer Nanoparticles as Therapeutics. *Adv Healthc Mater.* 2022 Apr;11(7):e2102145. doi: 10.1002/adhm.202102145. Epub 2022 Jan 17. PMID: 35006646.
81. Betz, U.A.K, Arora L, Assal RA, Azevedo H, Baldwin J, Becker MS, Bostock S, Cheng V, Egle T, Ferrari N, Schneider-Futschik EK, Gerhardy S, Hammes A, Harzheim C, Herget T, Jauset C, Kretschmer S, Lammie C, Kloss N, Fernandes SM, Zhao G. Game changers in science and technology - now and beyond. *Technological Forecasting and Social Change.* 2023;193:122588. doi: 10.1016/j.techfore.2023.122588.
82. Riley RS, June CH, Langer R, Mitchell MJ. Delivery technologies for cancer immunotherapy. *Nat Rev Drug Discov.* 2019 Mar;18(3):175-196. doi: 10.1038/s41573-018-0006-z. PMID: 30622344; PMCID: PMC6410566.
83. Katti A, Diaz BJ, Caragine CM, Sanjana NE, Dow LE. CRISPR in cancer biology and therapy. *Nat Rev Cancer.* 2022 May;22(5):259-279. doi: 10.1038/s41568-022-00441-w. Epub 2022 Feb 22. PMID: 35194172.
84. Chandran SS, Klebanoff CA. T cell receptor-based cancer immunotherapy: Emerging efficacy and pathways of resistance. *Immunol Rev.* 2019 Jul;290(1):127-147. doi: 10.1111/imr.12772. PMID: 31355495; PMCID: PMC7027847.
85. Malachowski, T. and A. Hassel, Engineering nanoparticles to overcome immunological barriers for enhanced drug delivery. *Engineered Regeneration.* 2020;1:35-50. doi: 10.1016/j.engreg.2020.06.001.
86. Shah D, Soper B, Shopland L. Cytokine release syndrome and cancer immunotherapies - historical challenges and promising futures. *Front Immunol.* 2023 May 25;14:1190379. doi: 10.3389/fimmu.2023.1190379. PMID: 37304291; PMCID: PMC10248525.
87. Balagopal S, Sasaki K, Kaur P, Nikolaidi M, Ishihara J. Emerging approaches for preventing cytokine release syndrome in CAR-T cell therapy. *J Mater Chem B.* 2022 Sep 28;10(37):7491-7511. doi: 10.1039/d2tb00592a. PMID: 35912720; PMCID: PMC9518648.
88. Zhang XH, Tee LY, Wang XG, Huang QS, Yang SH. Off-target Effects in CRISPR/Cas9-mediated Genome Engineering. *Mol Ther Nucleic Acids.* 2015 Nov 17;4(11):e264. doi: 10.1038/mtna.2015.37. PMID: 26575098; PMCID: PMC4877446.
89. Naeem M, Majeed S, Hoque MZ, Ahmad I. Latest Developed Strategies to Minimize the Off-Target Effects in CRISPR-Cas-Mediated Genome Editing. *Cells.* 2020 Jul 2;9(7):1608. doi: 10.3390/cells9071608. PMID: 32630835; PMCID: PMC7407193.
90. Simeonov DR, Marson A. CRISPR-Based Tools in Immunity. *Annu Rev Immunol.* 2019 Apr 26;37:571-597. doi: 10.1146/annurev-immunol-042718-041522. Epub 2019 Jan 30. PMID: 30698999.
91. Zhang D, Hussain A, Manghwar H, Xie K, Xie S, Zhao S, Larkin RM, Qing P, Jin S, Ding F. Genome editing with the CRISPR-Cas system: an art, ethics and global regulatory perspective. *Plant Biotechnol J.* 2020 Aug;18(8):1651-1669. doi: 10.1111/pbi.13383. Epub 2020 Apr 30. PMID: 32271968; PMCID: PMC7336378.
92. Hryhorowicz M, Lipiński D, Zeyland J, Słomski R. CRISPR/Cas9 Immune System as a Tool for Genome Engineering. *Arch Immunol Ther Exp (Warsz).* 2017 Jun;65(3):233-240. doi: 10.1007/s00005-016-0427-5. Epub 2016 Oct 3. PMID: 27699445; PMCID: PMC5434172.
93. Chen S, Chen D, Liu B, Haisma HJ. Modulating CRISPR/Cas9 genome-editing activity by small molecules. *Drug Discov Today.* 2022 Apr;27(4):951-966. doi: 10.1016/j.drudis.2021.11.018. Epub 2021 Nov 22. PMID: 34823004.
94. Doerflinger M, Forsyth W, Ebert G, Pellegrini M, Herold MJ. CRISPR/Cas9-The ultimate weapon to battle infectious diseases? *Cell Microbiol.* 2017 Feb;19(2). doi: 10.1111/cmi.12693. Epub 2016 Dec 6. PMID: 27860197.
95. Cornel AM, van Til NP, Boelens JJ, Nierkens S. Strategies to Genetically Modulate Dendritic Cells to Potentiate Anti-Tumor Responses in Hematologic Malignancies. *Front Immunol.* 2018 May 18;9:982. doi: 10.3389/fimmu.2018.00982. PMID: 29867960; PMCID: PMC5968097.
96. Azangou-Khyavy M, Ghasemi M, Khanali J, Boroomand-Saboor M, Jamalkhah M, Soleimani M, Kiani J. CRISPR/Cas: From Tumor Gene Editing to T Cell-Based Immunotherapy of

- Cancer. *Front Immunol.* 2020 Sep 29;11:2062. doi: 10.3389/fimmu.2020.02062. PMID: 33117331; PMCID: PMC7553049.
97. Wasti S, Lee IH, Kim S, Lee JH, Kim H. Ethical and legal challenges in nanomedical innovations: a scoping review. *Front Genet.* 2023 May 12;14:1163392. doi: 10.3389/fgene.2023.1163392. PMID: 37252668; PMCID: PMC10213273.
98. Kyriakides TR, Raj A, Tseng TH, Xiao H, Nguyen R, Mohammed FS, Halder S, Xu M, Wu MJ, Bao S, Sheu WC. Biocompatibility of nanomaterials and their immunological properties. *Biomed Mater.* 2021 Mar 11;16(4):10.1088/1748-605X/abe5fa. doi: 10.1088/1748-605X/abe5fa. PMID: 33578402; PMCID: PMC8357854.
99. Egbuna C, Parmar VK, Jeevanandam J, Ezzat SM, Patrick-Iwuanyanwu KC, Adetunji CO, Khan J, Onyeike EN, Uche CZ, Akram M, Ibrahim MS, El Mahdy NM, Awuchi CG, Saravanan K, Tijjani H, Odoh UE, Messaoudi M, Ifemeje JC, Olisah MC, Ezeofor NJ, Chikwendu CJ, Ibeabuchi CG. Toxicity of Nanoparticles in Biomedical Application: Nanotoxicology. *J Toxicol.* 2021 Jul 30;2021:9954443. doi: 10.1155/2021/9954443. PMID: 34422042; PMCID: PMC8376461.
100. Soldner F, Jaenisch R. Stem Cells, Genome Editing, and the Path to Translational Medicine. *Cell.* 2018 Oct 18;175(3):615-632. doi: 10.1016/j.cell.2018.09.010. PMID: 30340033; PMCID: PMC6461399.
101. Li G, Li X, Zhuang S, Wang L, Zhu Y, Chen Y, Sun W, Wu Z, Zhou Z, Chen J, Huang X, Wang J, Li D, Li W, Wang H, Wei W. Gene editing and its applications in biomedicine. *Sci China Life Sci.* 2022 Apr;65(4):660-700. doi: 10.1007/s11427-021-2057-0. Epub 2022 Feb 18. PMID: 35235150; PMCID: PMC8889061.
102. Rothschild J. Ethical considerations of gene editing and genetic selection. *J Gen Fam Med.* 2020 May 29;21(3):37-47. doi: 10.1002/jgf2.321. PMID: 32489755; PMCID: PMC7260159.
103. Joseph AM, Karas M, Ramadan Y, Joubran E, Jacobs RJ. Ethical Perspectives of Therapeutic Human Genome Editing From Multiple and Diverse Viewpoints: A Scoping Review. *Cureus.* 2022 Nov 27;14(11):e31927. doi: 10.7759/cureus.31927. PMID: 36582559; PMCID: PMC9793437.
104. Moradi S, Mahdizadeh H, Šarić T, Kim J, Harati J, Shahsavarani H, Greber B, Moore JB 4th. Research and therapy with induced pluripotent stem cells (iPSCs): social, legal, and ethical considerations. *Stem Cell Res Ther.* 2019 Nov 21;10(1):341. doi: 10.1186/s13287-019-1455-y. PMID: 31753034; PMCID: PMC6873767.
105. Gyngell C, Douglas T, Savulescu J. The Ethics of Germline Gene Editing. *J Appl Philos.* 2017 Aug;34(4):498-513. doi: 10.1111/japp.12249. Epub 2016 Nov 9. PMID: 28919655; PMCID: PMC5573992.
106. Anklam E, Bahl MI, Ball R, Beger RD, Cohen J, Fitzpatrick S, Girard P, Halamoda-Kenzaoui B, Hinton D, Hirose A, Hoeveler A, Honma M, Hugas M, Ishida S, Kass GE, Kojima H, Krefting I, Liachenko S, Liu Y, Masters S, Marx U, McCarthy T, Mercer T, Patri A, Pelaez C, Pirmohamed M, Platz S, Ribeiro AJ, Rodricks JV, Rusyn I, Salek RM, Schoonjans R, Silva P, Svendsen CN, Sumner S, Sung K, Tagle D, Tong L, Tong W, Eijnden-van-Raaij JVD, Vary N, Wang T, Waterton J, Wang M, Wen H, Wishart D, Yuan Y, Slikker W Jr. Emerging technologies and their impact on regulatory science. *Exp Biol Med (Maywood).* 2022 Jan;247(1):1-75. doi: 10.1177/15353702211052280. Epub 2021 Nov 16. PMID: 34783606; PMCID: PMC8749227.
107. Atkins A, Chung CH, Allen AG, Dampier W, Gurrola TE, Sariyer IK, Nonnemacher MR, Wigdahl B. Off-Target Analysis in Gene Editing and Applications for Clinical Translation of CRISPR/Cas9 in HIV-1 Therapy. *Front Genome Ed.* 2021 Aug 17;3:673022. doi: 10.3389/fgene.2021.673022. PMID: 34713260; PMCID: PMC8525399.
108. Boateng F, Ngwa W. Delivery of Nanoparticle-Based Radiosensitizers for Radiotherapy Applications. *Int J Mol Sci.* 2019 Dec 31;21(1):273. doi: 10.3390/ijms21010273. PMID: 31906108; PMCID: PMC6981554.
109. Filippova J, Matveeva A, Zhuravlev E, Stepanov G. Guide RNA modification as a way to improve CRISPR/Cas9-based genome-editing systems. *Biochimie.* 2019 Dec;167:49-60. doi: 10.1016/j.biochi.2019.09.003. Epub 2019 Sep 4. PMID: 31493470.
110. Paliwal R, Babu RJ, Palakurthi S. Nanomedicine scale-up technologies: feasibilities and challenges. *AAPS PharmSciTech.* 2014 Dec;15(6):1527-34. doi: 10.1208/s12249-014-0177-9. Epub 2014 Jul 22. PMID: 25047256; PMCID: PMC4245446.
111. Robertson JD, Rizzello L, Avila-Olias M, Gaitzsch J, Contini C, Magoń MS, Renshaw SA, Battaglia G. Purification of Nanoparticles by Size and Shape. *Sci Rep.* 2016 Jun 8;6:27494. doi: 10.1038/srep27494. PMID: 27271538; PMCID: PMC4897710.
112. Aghababai Beni A, Jabbari H. Nanomaterials for environmental applications. *Results in Engineering.* 2022; 15:100467. doi: 10.1016/j.rineng.2022.100467.
113. Harish V, Tewari D, Gaur M, Yadav AB, Swaroop S, Bechelany M, Barhoum A. Review on Nanoparticles and Nanostructured Materials: Bioimaging, Biosensing, Drug Delivery, Tissue Engineering, Antimicrobial, and Agro-Food Applications. *Nanomaterials (Basel).* 2022 Jan 28;12(3):457. doi: 10.3390/nano12030457. PMID: 35159802; PMCID: PMC8839643.
114. Dobrowsky T, Gianni D, Pieracci J, Suh J. AAV manufacturing for clinical use: Insights on current challenges from the upstream process perspective. *Current Opinion in Biomedical Engineering.* 2021;20:100353. doi: 10.1016/j.cobme.2021.100353.
115. Lamb JR, Jennings LL, Gudmundsdottir V, Gudnason V, Emilsson V. It's in Our Blood: A Glimpse of Personalized Medicine. *Trends Mol Med.* 2021 Jan;27(1):20-30. doi: 10.1016/j.molmed.2020.09.003. Epub 2020 Sep 25. PMID: 32988739.
116. Shrestha B, Wang L, Brey EM, Uribe GR, Tang L. Smart

- Nanoparticles for Chemo-Based Combinational Therapy. *Pharmaceutics*. 2021 Jun 8;13(6):853. doi: 10.3390/pharmaceutics13060853. PMID: 34201333; PMCID: PMC8227511.
117. Cook AB, Decuzzi P. Harnessing Endogenous Stimuli for Responsive Materials in Theranostics. *ACS Nano*. 2021 Feb 23;15(2):2068-2098. doi: 10.1021/acsnano.0c09115. Epub 2021 Feb 8. PMID: 33555171; PMCID: PMC7905878.
118. Yang J, Zhang X, Zhang X, Wang L, Feng W, Li Q. Beyond the Visible: Bioinspired Infrared Adaptive Materials. *Adv Mater*. 2021 Apr;33(14):e2004754. doi: 10.1002/adma.202004754. Epub 2021 Feb 24. PMID: 33624900.
119. Koh DM, Papanikolaou N, Bick U, Illing R, Kahn CE Jr, Kalpathi-Cramer J, Matos C, Martí-Bonmatí L, Miles A, Mun SK, Napel S, Rockall A, Sala E, Strickland N, Prior F. Artificial intelligence and machine learning in cancer imaging. *Commun Med (Lond)*. 2022 Oct 27;2:133. doi: 10.1038/s43856-022-00199-0. PMID: 36310650; PMCID: PMC9613681.
120. Sahu M, Gupta R, Ambasta RK, Kumar P. Artificial intelligence and machine learning in precision medicine: A paradigm shift in big data analysis. *Prog Mol Biol Transl Sci*. 2022;190(1):57-100. doi: 10.1016/bs.pmbts.2022.03.002. Epub 2022 Apr 8. PMID: 36008002.
121. Van Calster B, Wynants L, Timmerman D, Steyerberg EW, Collins GS. Predictive analytics in health care: how can we know it works? *J Am Med Inform Assoc*. 2019 Dec 1;26(12):1651-1654. doi: 10.1093/jamia/ocz130. PMID: 31373357; PMCID: PMC6857503.
122. Athanasopoulou K, Daneva NG, Adamopoulos PG, Scorilas A. Artificial intelligence: The milestone in modern biomedical research. *Bio Med Informatics*. 2022;2(4):727-744. doi: 10.3390/biomedinformatics2040049.
123. Deng Z, Guo L, Chen X, Wu W. Smart Wearable Systems for Health Monitoring. *Sensors (Basel)*. 2023 Feb 23;23(5):2479. doi: 10.3390/s23052479. PMID: 36904682; PMCID: PMC10007426.
124. Guk K, Han G, Lim J, Jeong K, Kang T, Lim EK, Jung J. Evolution of Wearable Devices with Real-Time Disease Monitoring for Personalized Healthcare. *Nanomaterials (Basel)*. 2019 May 29;9(6):813. doi: 10.3390/nano9060813. PMID: 31146479; PMCID: PMC6631918.
125. Venkatesan M, Mohan H, Ryan JR, Schürch CM, Nolan GP, Frakes DH, Coskun AF. Virtual and augmented reality for biomedical applications. *Cell Rep Med*. 2021 Jul 21;2(7):100348. doi: 10.1016/j.xcrm.2021.100348. PMID: 34337564; PMCID: PMC8324499.
126. Dhar P, Rocks T, Samarasinghe RM, Stephenson G, Smith C. Augmented reality in medical education: students' experiences and learning outcomes. *Med Educ Online*. 2021 Dec;26(1):1953953. doi: 10.1080/10872981.2021.1953953. PMID: 34259122; PMCID: PMC8281102.
127. Ellwanger JH, Chies JAB. Zoonotic spillover: Understanding basic aspects for better prevention. *Genet Mol Biol*. 2021 Jun 4;44(1 Suppl 1):e20200355. doi: 10.1590/1678-4685-GMB-2020-0355. PMID: 34096963; PMCID: PMC8182890.
128. Seal S, Dharmarajan G, Khan I. Evolution of pathogen tolerance and emerging infections: A missing experimental paradigm. *Elife*. 2021 Sep 21;10:e68874. doi: 10.7554/eLife.68874. PMID: 34544548; PMCID: PMC8455132.
129. Fifel K, Videnovic A. Circadian and Sleep Dysfunctions in Neurodegenerative Disorders-An Update. *Front Neurosci*. 2021 Jan 18;14:627330. doi: 10.3389/fnins.2020.627330. PMID: 33536872; PMCID: PMC7848154.
130. Malhotra RK. Neurodegenerative Disorders and Sleep. *Sleep Med Clin*. 2022 Jun;17(2):307-314. doi: 10.1016/j.jsmc.2022.02.009. Epub 2022 Apr 22. PMID: 35659082.
131. Khan MF, Wang H. Environmental Exposures and Autoimmune Diseases: Contribution of Gut Microbiome. *Front Immunol*. 2020 Jan 10;10:3094. doi: 10.3389/fimmu.2019.03094. PMID: 31998327; PMCID: PMC6970196.
132. Faenza I, Blalock WL. Innate Immunity: A Balance between Disease and Adaption to Stress. *Biomolecules*. 2022 May 23;12(5):737. doi: 10.3390/biom12050737. PMID: 35625664; PMCID: PMC9138980.
133. Hofer S, Hofstätter N, Punz B, Hasenkopf I, Johnson L, Himly M. Immunotoxicity of nanomaterials in health and disease: Current challenges and emerging approaches for identifying immune modifiers in susceptible populations. *Wiley Interdiscip Rev Nanomed Nanobiotechnol*. 2022 Nov;14(6):e1804. doi: 10.1002/wnan.1804. PMID: 36416020; PMCID: PMC9787548.
134. Baral B. Phages against killer superbugs: An enticing strategy against antibiotics-resistant pathogens. *Front Pharmacol*. 2023 Jan 24;14:1036051. doi: 10.3389/fphar.2023.1036051. PMID: 36762109; PMCID: PMC9902939.
135. Parmanik A, Das S, Kar B, Bose A, Dwivedi GR, Pandey MM. Current Treatment Strategies Against Multidrug-Resistant Bacteria: A Review. *Curr Microbiol*. 2022 Nov 3;79(12):388. doi: 10.1007/s00284-022-03061-7. PMID: 36329256; PMCID: PMC9633024.
136. Gyngell C. Gene editing and the health of future generations. *J R Soc Med*. 2017 Jul;110(7):276-279. doi: 10.1177/0141076817705616. Epub 2017 Apr 26. PMID: 28445654; PMCID: PMC5524257.
137. Sirisena ND, Dissanayake VHW. Genetics and genomic medicine in Sri Lanka. *Mol Genet Genomic Med*. 2019 Jun;7(6):e744. doi: 10.1002/mgg3.744. Epub 2019 May 20. PMID: 31106988; PMCID: PMC6565544.
138. Krittanawong C, Singh NK, Scheuring RA, Urquieta E, Bershad EM, Macaulay TR, Kaplin S, Dunn C, Kry SF, Russomano T, Shepanek M, Stowe RP, Kirkpatrick AW, Broderick TJ, Sibonga JD, Lee AG, Crucian BE. Human Health during Space Travel: State-of-the-Art Review. *Cells*. 2022 Dec 22;12(1):40.

- doi: 10.3390/cells12010040. PMID: 36611835; PMCID: PMC9818606.
139. Drago-Ferrante R, Di Fiore R, Karouia F, Subbannayya Y, Das S, Aydogan Mathyk B, Arif S, Guevara-Cerdán AP, Seylani A, Galsinh AS, Kukulska W, Borg J, Suleiman S, Porterfield DM, Camera A, Christenson LK, Ronca AE, Steller JG, Beheshti A, Calleja-Agius J. Extraterrestrial Gynecology: Could Spaceflight Increase the Risk of Developing Cancer in Female Astronauts? An Updated Review. *Int J Mol Sci.* 2022 Jul 5;23(13):7465. doi: 10.3390/ijms23137465. PMID: 35806469; PMCID: PMC9267413.
140. Chriki S, Hocquette JF. The Myth of Cultured Meat: A Review. *Front Nutr.* 2020 Feb 7;7:7. doi: 10.3389/fnut.2020.00007. PMID: 32118026; PMCID: PMC7020248.
141. Kumar P, Sharma N, Sharma S, Mehta N, Verma AK, Chemmalar S, Sazili AQ. In-vitro meat: a promising solution for sustainability of meat sector. *J Anim Sci Technol.* 2021 Jul;63(4):693-724. doi: 10.5187/jast.2021.e85. Epub 2021 Jul 31. PMID: 34447949; PMCID: PMC8367411.
142. Chriki S, Ellies-Oury MP, Hocquette JF. Is "cultured meat" a viable alternative to slaughtering animals and a good compromise between animal welfare and human expectations? *Anim Front.* 2022 Mar 17;12(1):35-42. doi: 10.1093/af/vfac002. PMID: 35311183; PMCID: PMC8929989.
143. Nancarrow SA, Booth A, Ariss S, Smith T, Enderby P, Roots A. Ten principles of good interdisciplinary team work. *Hum Resour Health.* 2013 May 10;11:19. doi: 10.1186/1478-4491-11-19. PMID: 23663329; PMCID: PMC3662612.
144. Yadav A, Yadav K, Ahmad R, Abd-Elsalam AK. Emerging frontiers in nanotechnology for precision agriculture: Advancements, hurdles and prospects. *Agrochemicals.* 2023;2(2):220-256. doi: 10.3390/agrochemicals2020016.
145. Liu Y, Hardie J, Zhang X, Rotello VM. Effects of engineered nanoparticles on the innate immune system. *Semin Immunol.* 2017 Dec;34:25-32. doi: 10.1016/j.smim.2017.09.011. Epub 2017 Oct 4. PMID: 28985993; PMCID: PMC5705289.
146. Chauhan DS, Dhasmana A, Laskar P, Prasad R, Jain NK, Srivastava R, Jaggi M, Chauhan SC, Yallapu MM. Nanotechnology synergized immunoengineering for cancer. *Eur J Pharm Biopharm.* 2021 Jun;163:72-101. doi: 10.1016/j.ejpb.2021.03.010. Epub 2021 Mar 24. PMID: 33774162; PMCID: PMC8170847.
147. Sarathkumar E, Victor M, Menon JA, Jibin K, Padmini S, Jayasree RS. Nanotechnology in cardiac stem cell therapy: cell modulation, imaging and gene delivery. *RSC Adv.* 2021 Oct 26;11(55):34572-34588. doi: 10.1039/d1ra06404e. PMID: 35494731; PMCID: PMC9043027.
148. Kyriakopoulou E, Monnikhof T, van Rooij E. Gene editing innovations and their applications in cardiomyopathy research. *Dis Model Mech.* 2023 May 1;16(5):dmm050088. doi: 10.1242/dmm.050088. Epub 2023 May 24. PMID: 37222281; PMCID: PMC10233723.
149. Li H, Yang Y, Hong W, Huang M, Wu M, Zhao X. Applications of genome editing technology in the targeted therapy of human diseases: mechanisms, advances and prospects. *Signal Transduct Target Ther.* 2020 Jan 3;5(1):1. doi: 10.1038/s41392-019-0089-y. PMID: 32296011; PMCID: PMC6946647.
150. Nie D, Guo T, Yue M, Li W, Zong X, Zhu Y, Huang J, Lin M. Research Progress on Nanoparticles-Based CRISPR/Cas9 System for Targeted Therapy of Tumors. *Biomolecules.* 2022 Sep 5;12(9):1239. doi: 10.3390/biom12091239. PMID: 36139078; PMCID: PMC9496048.
151. Johansen KH. How CRISPR/Cas9 Gene Editing Is Revolutionizing T Cell Research. *DNA Cell Biol.* 2022 Jan;41(1):53-57. doi: 10.1089/dna.2021.0579. Epub 2021 Dec 22. PMID: 34939826; PMCID: PMC8787706.
152. Patra JK, Das G, Fraceto LF, Campos EVR, Rodriguez-Torres MDP, Acosta-Torres LS, Diaz-Torres LA, Grillo R, Swamy MK, Sharma S, Habtemariam S, Shin HS. Nano based drug delivery systems: recent developments and future prospects. *J Nanobiotechnology.* 2018 Sep 19;16(1):71. doi: 10.1186/s12951-018-0392-8. PMID: 30231877; PMCID: PMC6145203.
153. Goetz LH, Schork NJ. Personalized medicine: motivation, challenges, and progress. *Fertil Steril.* 2018 Jun;109(6):952-963. doi: 10.1016/j.fertnstert.2018.05.006. PMID: 29935653; PMCID: PMC6366451.
154. Strianese O, Rizzo F, Ciccarelli M, Galasso G, D'Agostino Y, Salvati A, Del Giudice C, Tesorio P, Rusciano MR. Precision and Personalized Medicine: How Genomic Approach Improves the Management of Cardiovascular and Neurodegenerative Disease. *Genes (Basel).* 2020 Jul 6;11(7):747. doi: 10.3390/genes11070747. PMID: 32640513; PMCID: PMC7397223.
155. Debela DT, Muzazu SG, Heraro KD, Ndalama MT, Mesele BW, Haile DC, Kitui SK, Manyazewal T. New approaches and procedures for cancer treatment: Current perspectives. *SAGE Open Med.* 2021 Aug 12;9:20503121211034366. doi: 10.1177/20503121211034366. PMID: 34408877; PMCID: PMC8366192.
156. Samal L, Fu HN, Camara DS, Wang J, Bierman AS, Dorr DA. Health information technology to improve care for people with multiple chronic conditions. *Health Serv Res.* 2021 Oct;56 Suppl 1(Suppl 1):1006-1036. doi: 10.1111/1475-6773.13860. Epub 2021 Oct 5. PMID: 34363220; PMCID: PMC8515226.
157. Gibbs P, Beavis A. Contemporary thinking on transdisciplinary knowledge: What those who know, know. Springer Nature; 2020.