

# Self-Signal-Activated Drug Delivery for Tumor Therapy: Investigating Cancer Cell Membrane-Coated $Mn_3O_4$ Nanocomposites

Kei La Toriah\*

Department of Pharmacy Practice, Universitas Airlangga, Surabaya, Indonesia

## DESCRIPTION

Self-Signal-Activated Drug Delivery for tumor therapy represents a novel approach by employing cancer cell membrane-coated  $Mn_3O_4$  nanocomposites. These nanocomposites are engineered to respond to signals emitted by cancer cells, enabling precise drug delivery to malignant tissues while minimizing harm to healthy cells. Through this innovative mechanism, the system optimizes therapeutic efficacy and reduces off-target effects. The development of self-signal-triggered drug delivery systems, which respond to specific signals emitted by cancer cells to release therapeutic agents precisely at the site of the tumor. Among the latest advancements in this field is the use of cancer cell membrane-coated biocompatible  $Mn_3O_4$  nanocomposites, offering remarkable potential for targeted tumor therapy [1].

### Self-signal-triggered drug delivery

Self-signal-triggered drug delivery systems rely on the distinctive characteristics of cancer cells to activate the release of therapeutic payloads. These systems are designed to detect specific signals or biomarkers that are overexpressed or unique to cancer cells, such as enzymes, receptors, or pH levels in the tumor microenvironment [2].

### Cancer cell membrane-coated nanocomposites

One innovative approach to constructing self-signal-triggered drug delivery systems involves the use of cancer cell membrane-coated nanoparticles. By cloaking biocompatible nanocomposites with the membrane of cancer cells, these nanoparticles acquire the surface properties and targeting abilities of the original cancer cells. This biomimetic camouflage enables precise homing to tumor sites, enhancing the specificity and efficacy of drug delivery while minimizing off-target effects [3].

### $Mn_3O_4$ nanocomposites as therapeutic platforms

$Mn_3O_4$  nanocomposites play a major role in drug delivery due to their biocompatibility, facile synthesis, and tunable

physicochemical properties. These nanocomposites possess inherent magnetic properties, allowing for facile manipulation and targeting using external magnetic fields. Moreover,  $Mn_3O_4$  exhibits excellent biodegradability and low toxicity, making it an ideal platform for biomedical applications.

### Mechanism of action

The cancer cell membrane-coated  $Mn_3O_4$  nanocomposites exploit the overexpressed receptors on cancer cells to facilitate targeted drug delivery. Upon encountering cancer cells, the nanocomposites interact with specific receptors present on the cell membrane, triggering internalization through receptor-mediated endocytosis [4,5]. Once inside the cancer cells, the acidic tumor microenvironment induces the degradation of the lipid bilayer coating, leading to the release of therapeutic payloads encapsulated within the  $Mn_3O_4$  nanoparticles. This spatiotemporal control over drug release ensures maximum efficacy while minimizing systemic toxicity.

### Therapeutic potential

The versatility of the cancer cell membrane-coated  $Mn_3O_4$  nanocomposites allows for the delivery of various therapeutic agents, including chemotherapeutic drugs, nucleic acids, or imaging agents. By exploiting the inherent properties of manganese oxide nanoparticles, such as their ability to generate Reactive Oxygen Species (ROS) under magnetic stimulation, the nanocomposites exhibit synergistic therapeutic effects against cancer cells. Additionally, the integration of cancer cell membranes enhances the biocompatibility and stealth capabilities of the nanocomposites, enabling prolonged circulation in the bloodstream and improved tumor accumulation [6].

### Advantages of self-signal-triggered drug delivery with $Mn_3O_4$ nanocomposites

**Enhanced targeting:** The cancer cell membrane coating enables

**Correspondence to:** Kei La Toriah, Department of Pharmacy Practice, Universitas Airlangga, Surabaya, Indonesia, E-mail: toriah45@ui.ac.id

**Received:** 23-Feb-2024, Manuscript No. CDB-23-30785; **Editor assigned:** 27-Feb-2024, PreQC No. CDB-23-30785 (PQ); **Reviewed:** 12-Mar-2024, QC No. CDB-23-30785; **Revised:** 19-Mar-2024, Manuscript No. CDB-23-30785 (R); **Published:** 26-Mar-2024, DOI: 10.35248/2168-9296.24.13.338.

**Citation:** Toriah KL (2024) Self-Signal-Activated Drug Delivery for Tumor Therapy: Investigating Cancer Cell Membrane-Coated  $Mn_3O_4$  Nanocomposites. Cell Dev Biol. 13:338.

**Copyright:** © 2024 Toriah KL. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution and reproduction in any medium, provided the original author and source are credited.

specific recognition and binding to tumor cells, facilitating targeted drug delivery and minimizing systemic toxicity.

**Synergistic therapeutic effects:**  $Mn_3O_4$  nanocomposites can serve as multifunctional platforms, allowing for the co-delivery of therapeutic agents, imaging contrast agents, or photothermal agents to achieve synergistic therapeutic effects.

**Biocompatibility and degradability:**  $Mn_3O_4$  nanocomposites are biocompatible and biodegradable, minimizing the risk of adverse effects and enabling clearance from the body once therapeutic action is complete [7].

### Scope of self-signal-activated drug delivery system

**Targeted drug delivery:** Self-signal-activated drug delivery systems offer targeted delivery of therapeutic agents specifically to tumor cells, minimizing off-target effects on healthy tissues. By incorporating molecular recognition elements that respond to tumor-specific signals, such as overexpressed receptors or enzymes, nanocarriers can selectively deliver drugs to cancer cells while sparing normal cells. This targeted approach enhances treatment efficacy and reduces systemic toxicity associated with conventional chemotherapy.

**Therapeutic payloads:** Self-signal-activated drug delivery systems can deliver a wide range of therapeutic payloads, including chemotherapeutic drugs, nucleic acids (e.g., siRNA, miRNA), immunotherapeutic agents, and targeted inhibitors. These payloads can target various cellular processes involved in cancer progression, such as cell proliferation, angiogenesis, metastasis, and immune evasion. Additionally, the integration of imaging agents allows for real-time monitoring of drug distribution and therapeutic responses, enabling clinicians to adjust treatment protocols as needed.

**Tumor microenvironment modulation:** The tumor microenvironment plays a critical role in cancer progression and treatment resistance. Self-signal-activated drug delivery systems can be designed to modulate the tumor microenvironment to enhance treatment efficacy.

**Combination therapy:** Self-signal-activated drug delivery systems offer opportunities for combination therapy approaches, wherein multiple therapeutic agents are delivered simultaneously or sequentially to target different aspects of cancer biology. By integrating synergistic drug combinations within nanocarriers, researchers can enhance treatment efficacy, overcome drug resistance, and reduce the likelihood of tumor recurrence. Combination therapies may include chemotherapy, targeted therapy, immunotherapy, and photodynamic therapy, among others [8,9].

**Preclinical and clinical translation:** The scope of self-signal-activated drug delivery extends to preclinical and clinical translation, involving the development, optimization, and evaluation of nanomedicine-based treatment strategies for cancer. Preclinical studies assess the safety, efficacy, and pharmacokinetics of novel drug delivery systems using *in vitro*

and *in vivo* models of cancer. Successful preclinical outcomes pave the way for clinical trials to evaluate the feasibility, safety, and efficacy of these systems in human patients, ultimately leading to regulatory approval and clinical implementation.

### Future directions and challenges

While the development of self-signal-triggered drug delivery systems using cancer cell membrane-coated  $Mn_3O_4$  nanocomposites holds immense promise for advancing tumor therapy, several challenges remain to be addressed. These include optimizing the design of nanocomposites for enhanced stability, biocompatibility, and responsiveness to tumor-specific signals. Additionally, further preclinical and clinical studies are needed to evaluate the safety, efficacy, and long-term therapeutic outcomes of these innovative drug delivery platforms [10].

## CONCLUSION

The combination of nanotechnology, biomimicry, and targeted drug delivery holds great potential for revolutionizing cancer therapy. Self-signal-triggered drug delivery systems utilizing cancer cell membrane-coated biocompatible  $Mn_3O_4$  nanocomposites represent a highly promising approach to achieving precise and effective tumor targeting while minimizing off-target effects. Continued research and innovation in this field are essential for realizing the full therapeutic potential of these advanced drug delivery platforms in the fight against cancer.

## REFERENCES

1. Ryan AG, Zamvar V, Roberts SA. Iatrogenic candidal infection of a mediastinal foregut cyst following endoscopic ultrasound-guided fine-needle aspiration. *Endoscopy*. 2002;34(10):838-839.
2. Kramer H, Groen HJ. Current concepts in the mediastinal lymph node staging of nonsmall cell lung cancer. *Ann Surg*. 2003;238(2):180-188.
3. Nasuti JF, Gupta PK, Baloch ZW. Diagnostic value and cost-effectiveness of on-site evaluation of fine-needle aspiration specimens: Review of 5,688 cases. *Diagn Cytopathol*. 2002;27(1):1-4.
4. Brown LA, Coghill SB. Cost effectiveness of a fine needle aspiration clinic. *Cytopathology*. 1992;3(5):275-280.
5. Dajani YF, Kilani Z. Role of testicular fine needle aspiration in the diagnosis of azoospermia. *Int J Androl*. 1998;21(5):295-300.
6. Frable WJ. Fine-needle aspiration biopsy: A review. *Hum Pathol*. 1983;14(1):9-28.
7. Frable WJ. Integration of surgical and cytopathology: A historical perspective. *Diagn Cytopathol*. 1995;13(5):375-378.
8. Martin HE, Ellis EB. Biopsy by needle puncture and aspiration. *Ann Surg*. 1930;92(2):169-181.
9. Bousamra M, Clowry L. Thoracoscopic fine-needle aspiration of solitary pulmonary nodules. *Ann Thorac Surg*. 1997;64(4):1191-1193.
10. Bardales RH, Stanley MW. Subcutaneous masses of the scalp and forehead: Diagnosis by fine-needle aspiration. *Diagn Cytopathol*. 1995;12(2):131-134.