



Design and Development of Biodegradable Drug Delivery Systems for Targeted Cancer Therapy

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DESCRIPTION

Targeted cancer therapy has emerged as an intriguing approach to treating cancer more effectively while minimizing adverse side effects. Conventional chemotherapy frequently exhibits poor selectivity, harming healthy cells and producing a host of adverse consequences that might lower a patient's quality of life. By delivering therapeutic chemicals precisely to the specific tumor location, biodegradable drug delivery systems provide a new option that minimizes harm to healthy tissues and enables precision therapy. These systems offer great potential for treating cancer and have been made possible by recent developments in material science, nanotechnology and biomedical engineering.

Due to its aggressive nature and resistance to therapy, cancer continues to be one of the top causes of mortality globally, despite the availability of several effective treatment options. The systemic nature of conventional chemotherapy medications can result in serious side effects, treatment resistance and recurrence since they impact both healthy and malignant cells. This has brought attention to the need for more focused strategies that might lessen harm to good cells, cut down on adverse effects and increase the effectiveness of treatments. The use of Biodegradable Drug Delivery Systems (BDDS) in targeted treatment is revolutionary. These systems are made especially to encapsulate medications and transport them to the intended location in the body. As the biodegradable material breaks down over time, the therapeutic agent is progressively released. This enhances therapeutic efficacy by enabling a controlled release of the medication at the site of action, minimizing the need for repeated dosages.

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A number of fundamental ideas underpin the design of BDDS, which guarantees the safe and efficient administration of therapeutic drugs. These systems are usually made of biodegradable polymers, which decompose into harmless byproducts that the body can naturally get rid of. Because of their good degradation profiles and biocompatibility, Polylactic Acid (PLA), Polyglycolic Acid (PGA) and their copolymer, Polylactic-co-Glycolic Acid (PLGA), are frequently used. These substances hydrolyze and break down, delivering the medication gradually and under control. The size, shape and surface characteristics of BDDS particles need to be carefully tuned in addition to the choice of material. The distribution and buildup of drug-loaded particles throughout the body are influenced by particle size. Larger particles are more likely to be detected and eliminated by the body's immune system, but smaller particles may circulate longer and more efficiently reach the tumor site. The specificity of BDDS can be further increased by surface modification with targeting ligands, such as peptides or antibodies, guaranteeing that the medication reaches the cancer cells directly while avoiding damage to healthy organs.

Mechanisms of targeted drug delivery

In cancer treatment, passive and active targeting are the main methods of targeted medication delivery. By taking advantage of the Enhanced Permeability and Retention (EPR) effect, which occurs when tumor tissue's leaky vasculature and inadequate lymphatic drainage cause nanoparticles to collect there, passive targeting works. This makes it possible for drug-loaded nanoparticles to settle in the tumor environment and deliver a greater amount of the therapeutic substance to the intended location. Since passive targeting depends on the physiological distinctions between tumor and healthy tissues, it is especially helpful for solid tumors. Conversely, active targeting entails altering the BDDS surface with certain ligands that are able to identify and attach to receptors that are overexpressed on cancer cells. For instance, because folate receptors are overexpressed in a variety of malignancies, folic acid may be utilized as a targeted ligand for certain cancers. Other ligands that can be used to improve the specificity of drug delivery systems include short peptides, aptamers and antibodies. Active targeting enhances the overall treatment success by facilitating cellular absorption and improving the drug's localization at the tumor location.

In conclusion, BDDS have a lot of promise to improve cancer treatment effectiveness while lowering side effects and raising patient satisfaction. These technologies open the door to more individualized and successful cancer therapies by facilitating the exact delivery of therapeutic chemicals to cancer cells. With further study and advancement, BDDS may be incorporated into targeted cancer treatment as a routine component, giving people fighting this difficult illness fresh hope.