

Application of Gene Therapy towards Treatment of Cancer: Potentials and Future Developments

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ABSTRACT

Gene therapy could be a field of medication that is developing new within the world and letting medical procedures that may target cancer un-wellness that is current issue, significantly in low socio economic countries, and deadly diseases that have an effect on the key population within the world. Thus, an additional selective technique of targeting growth cells is required. Specifically, factor medical care encounter nice capability to ward destroying of cancer cells. This techniques involve factor transfer treatments provide the insertion of foreign polymer into growth cells, leading to repaired macromolecule expression or altered operate. Therapy are often served as factor medical care just in case of cancer medical care by mistreatment Mesenchymal stem cells, engineering science for cancer treatment in addition, oncolytic virotherapy uses categories of genetically manipulated viruses that may simply target and interfere with growth cells. The innovation of CRISPR/Cas9 factor writing tool have promise in future therapeutic applications, with the tool being capable of removing cancer-causing cells. Till grasp there square measure several questions on safety, efficacy, and industrial accessibility that stay to be resolved with several factor medical care procedures. There's conjointly compliance on the moral, legal, and ethical implications that up and dynamic the genetic capability of masses .with improvement of this, factor medical care is components of the answer for any cancer un-wellness.

KEYWORDS

Gene therapy; Cancer; Metastasis; Oncolytic virotherapy

INTRODUCTION

This day's cancer represents a big health burden, particularly in accumulation, and is that the most deadly diseases and have an effect on the main population with annually the frequency is increasing. Therefore it's the major reason behind death in worldwide, which causes one in seven deaths worldwide. One amongst the priorities of the medical sciences is to search out new and

a lot of targeted therapies for cancers, more or less simple fraction of the clinical trials in sequence medical care are aimed toward the treatment of assorted kinds of cancers. Current cancer therapies, are chemotherapy and radiation therapy, have severe aspect effects and infrequently prove ineffective at utterly eradicating malignant cells. Thus, a lot of selective methodology of targeting neoplasm cells is required. Particularly, sequence medical care holds nice

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potential to by selection target cancer cells, destroying the cancer [1].

Gene medical care method embrace the alteration, insertion, or removal of genes among a personality's cells or biological tissues to treat sickness. It's a way for correcting defective genes that promote sickness [2]. The common variety of sequence medical care involves the insertion of purposeful sequences into associate degree some genomic location in to recover a defective gene or directly dynamic the change one. The technology remains young, however, developed world area unit victimization with some success. Know day, sequence medical care studies area unit centered at cancer and hereditary congenital disease that difficult world of biotechnology these days [3].

In this regard, it's designed to correct specific molecular defects that contribute to the cause or progression of cancer or to introduce a replacement purposeful sequence that activate or inactivate of others could inhibit or suppress tumors growth that may whereas respecting traditional tissue [4]. Gene medical care has blossomed within the past few decades and is at the same time investigated as a treatment choice for various kinds of cancers. Sequence medical care is employed for the subsequent cancer kind brain, lung, breast, pancreatic, liver, colorectal, prostate, bladder, head and neck, skin, ovarian, and urinary organ cancer [5].

LITERATURE REVIEW

Cancer as a Basic Medical Drawback

Cancer cells have ability to divide increasingly that isn't restricted by telomeres on polymer. This might type of enormous lots of tissue and promote disruption of bodily functions because of harm of organs or important structure. Cancer known as a second major reason behind death globally and therefore the most public issue. Here one factor necessary to notice is that it isn't one sickness

with one style of treatment. There are a unit over a hundred totally different sorts of cancer, every with a minimum of one treatment. However, enhancements in cancer detection and treatment have exaggerated the survival rate for several kinds of cancer [6].

Not all tumours are unit cancerous; they will be either benign or malignant. Benign tumours don't seem to be cancerous. They will usually be removed and, in most cases, they are doing not re-emerge. Benign tumours don't seem to be transmit to different components of the body. And most significantly, benign tumours are unit seldom critical. Malignant tumours are unit cancerous Cells that are abnormal and proliferate faster than traditional cells, then the body at a selected website begin to grow out of management and become cancers that influence the organic process, nervous, and circulatory systems, and that they could secrete hormones that amendment body work as a full [7]. Cancer cells will apart from a malignant neoplasm and goes to the blood or vascular system. By moving through the blood or vascular system, it will unfold from the first (original) cancer to new tumours in different organs by primary site of origin. Once a cancer utterly transmit to different body components and grows, damaging and infecting different healthy tissues, it's aforesaid to own metastasized. This method itself is termed metastasis [8]. Based on the tissue varieties, cancer could classified into: Carcinoma that found in animal tissue that covers or lines surfaces of organs and glands. They have an effect on organs or glands that area unit concerned within the production of secretion, like breasts. Malignant neoplastic disease could be a malignant neoplasm growing from animal tissue, like animal tissue, fat, muscle, tendons, and bones. T malignant neoplastic disease: Lymphoma refers to a cancer that originates within the nodes or glands of the vascular system (spleen, bone marrow), that manufacture white blood cells and clean body fluids, and invades organs like brain and breast [9].

Causes and Risk Factors of Cancer

Cancer diseases might not happened by one factors rather, various factors are accountable which incorporates age, genetics, environmental poison, chronic infections, ultraviolet (UV), ionizing radiation, work exposure to chemical carcinogens, folks with drinking alcohol and smoking tobacco, environmental pollution, dietary and nutritionary factors, genetic status in types of transmitted mutation are answerable for changes in traditional cellular polymer [10]. Mutagens are answerable for DNA mutations and cause carcinogens. 90% of cancer illness might cause by the most typical risk factors like environmental and lifestyle [11]. Tobacco use is that the single most significant risk issue for cancer and causes an outsized form of cancer sorts like respiratory organ, larynx, esophagus, stomach, bladder, oral fissure, accounting for about half-hour of all cancer cases. For instance, 90% of respiratory organ cancers are caused by tobacco smoking, and 10% percent of cancers in males and 3% in females are due to alcohol consumption [12]. Fat conjointly a compound dietary risk factors as well as the composition of the diet like lack of fruit and vegetables and high salt intake. Lack of physical activity features a distinct role as a risk issue for cancer [13]. primarily based on the precise sort of cancer from that a patient encountered , the common sort of treatments are used alone or together, comprise typical treatments like surgery, therapy and/or radiation therapy. New target, questionable targeted therapies are desperately required to beat the progression of cancer cells or the processes of metastasis to alternative elements of the body and survival. Thus advanced cellular and molecular targets ought to use at the initial stages and through unfold of cancer. Complexity within the networks of varied cellular and molecular pathways cause difficulties in treating of this illness. For this reason, analysis findings in new treatment therapies have opened vital new windows of chance within the treatment of cancer. Sequence therapies

significantly represent a replacement horizon in cancer medical care, thanks to its effectiveness in treating cancer [1].

Thought of Gene Medical Care and its Approach

Thought of gene medical care

The objective of gene medical care is to interchange the defective sequence with new genetic material into target (cancerous) cells while not inflicting any aspect result to encompassing healthy cells and tissue. this outlined because the gene improvement of unhealthy cells of so as to beat the result and confirm however its well or forestall the progression of a cancer by exchange a traditional or useful copy of a sequence into a cell within which that gene is flawed and eventually eliminate cancerous cells by victimization the therapeutic data encoded within the polymer sequences. The term sequence medical care broadly speaking refers to the transfer of genetic material into human cells and therefore the expression of that material in these cells for a therapeutic purpose [14].

The most common variety of recombinant DNA technology involves the insertion of a useful sequence at associate degree any old location within the host ordination. this could done by analytic and repeating the sequence of interest or constructing the genetic parts containing for proper expression, and so inserting this construct into a random location within the host organism. Inserted sequence might not be useful. Instead, a carrier referred to as a vector is genetically designed to deliver the gene or polymer molecule that's capable of replication in a host organism. The specific and economical delivery of genetic materials to unhealthy sites or to particular cell populations is that the main necessary and being self-addressed by employing a form of infectious agent and non-viral delivery systems [15].

The wide applicable delivery technique is unnaturally designed virus that is a vector for the transfer of this

polymer through the cells and ultimately integrate chromosome. For the delivery of the genetic material within the cell organ, infectious agent integration technique has been used. This method might or might not alter the host cell's genetic material [16]. these days common procedure used in gene medical care are the following: (i) identification, isolation and amplification of the gene to be utilized in the treatment; (ii) extraction and in vitro culture of tissue cells from the patient to be

treated; (iii) transfer of the therapeutic sequence/gene into these cells via a vector employing a sequence containing a promoting sequence that facilitate its expression and a marker to specify cells into that it's incorporated; and (iv) transfer into the cells of patient that containing elite sequence. The speculation is that once the sequence exerts its traditional physiological functions starts and the illness are going to be eliminated (Figure 1) [17].

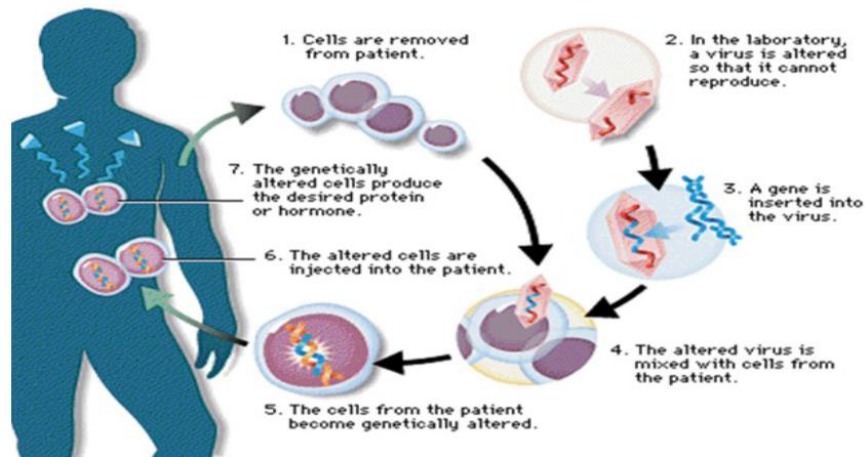


Figure 1: Flow chart shows gene therapy.

Approaches for gene medical care

The most typical approach in cistron/gene medical care is insertion of corrected cistron into a nonspecific location inside the ordering to exchange a nonfunctional cistron/gene. The defected cistron can be swapped for corrected cistron through homologous recombination.

There are two approaches to realize cistron therapy:

1) Somatic medical care: Is one in all the best and smart strategies as a result of it influence solely the targeted cells within the patient and isn't passed on to future generations; but, vegetative cell medical care is temporary as a result of the cells of most tissues ultimately die and are replaced by new cells .somatic cell cistron medical care is acceptable and appreciable for several disorders [18].

2) Germ line gene therapy: An acceptable genes are introduced into germ cells (sperm or egg). Thus the changes because of medical care would be passed to generation. Though this approach is extremely effective in counteracting genetic and hereditary diseases, except for safety, moral and technical reasons, germ-line cistron/Gene medical care isn't being tried at this time [19]. The genetic amendment in somatic cells aren't passed to succeeding generations. Therefore, somatic cistron/gene medical care is most popular and extensively studied with a final objective of correcting defective cistron [18].

There are various approaches and protocols. Some strategies target cancer cells so as to destroy them or against their growth, alternative techniques target healthy cells to extend their ability to against cancer. The foremost common strategies at this time day is a

traditional purposeful cistron may be inserted into the ordering to vary a defect cistron or cancer-causing cistron. Alternative cistron therapies decide to stimulate the body's aptitude to attack cancer cells; some involve the event of enzymes that destroy infectious agent or cancerous genetic material inside cells. In some studies, genes were injected into cancer cells to form them a lot of sensitive therapy or alternative treatments. In alternative protocols, genes are incorporated into healthy blood-forming stem cells to form these a lot of immune to the facet effects of high doses of anti-cancer medicine. An additional approach, cancer cells are injected with genes that may be accustomed destroy them. During this techniques, "suicide genes" are transferred into cancer cells whereas, a pro-drug is given to the patient. The pro-drug is then triggered solely within the cancer cells containing the "suicide genes," that enhance the destruction of the cancer cells [20]. Although, they'll effectively kill or take away cancer cells, the utilization of those treatments usually is proscribed as a result of variety of health cells conjointly tend to be destroyed [21]. Therefore, there's associate in nursing imperative would like for therapeutic ways avoiding curative surgical operation since every patient and every cancer is completely different, treatment should be personalized,

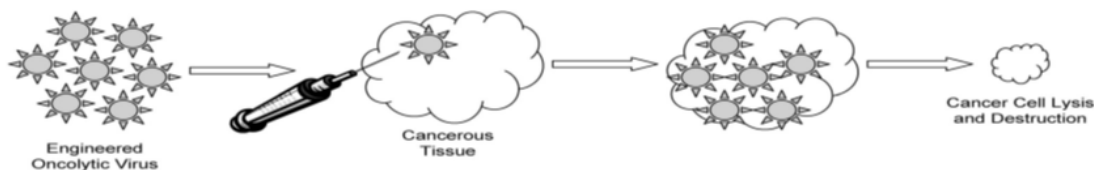


Figure 2: Schematic diagram of oncolytic virotherapy.

CRISPR/CAS9 system

CRISPR/CAS9 is inherited and a part of the adaptive system in microorganism and archaea generating response against offensive phages and plasmids. Clustered frequently interspaced short palindromic repeats (CRISPRs) and CRISPR-associated (CAS) super molecule locus encodes CAS proteins and a repeat-spacer array consisting of interspersed identical repeat sequences

however the cistron medical care treatment that are used today are the following: Immune-gene therapy; oncolytic virotherapy, cancer cistron medical care victimization mesenchymal stem cells, CRISPR/Cas9 Systems, and engineering science for cancer treatment [22].

Cistron (Gene) Medical Care Presently being used

Oncolytic virus medical care

Oncolytic virus medical care is the method that genetically built viruses, that will be induce removing of pathological growth cells and generating reaction, higher than alternative therapies [23]. In these strategies selective replication is often accomplished by the deletion of infectious agent genes whose merchandise usually suppress cellular sentinels of the cell cycle, or of anti-viral responses. Organic process is then expedited in neoplasm cells with inactivation of those pathways; if such checkpoints are dormant, the necessity for an infectious agent suppressor is removed. Optionally, silencing infectious agent super molecule expression in traditional cells via guiding tumour-specific expression of an equivalent infectious agent cistrons victimization cancer-specific gene promoter parts achieves equally restricted replication profiles [24] (Figure 2).

and distinctive trespasser targeting spacer sequences. It is a molecular tool for sequence medical aid to focus on ordination and epigenome within the treatment of cancer [25].

Stem cells primarily based gene medical aid

MSCs are a unit illustrious to own an inclination to accumulate at the positioning of tumors, and thus are often utilized as a platform for targeted delivery of anti-

cancer agents. The MSC-based cancer sequence medical aid can enhance the therapeutic efficaciousness, as a result of MSCs are unit thought-about to achieve tumors together with pathologic process lesions and to deliver therapeutic molecules in a very targeted fashion. This directed medical aid may also decrease general aspect effects, because of the anti-cancer agents act specifically at the positioning of tumors while not growing their general concentrations. Recent studies have shown the capability of MSCs to maneuver and incorporate inside the animal tissue stroma of tumors. This property of MSCs are often accustomed win targeting Anti-tumor agents to tumour cells and their micro-metastases with an improvement in murine tumour models of brain tumour, skin cancer and breast. The power of MSCs to migrate toward gliomas has been assessed each *in vitro* and *in vivo*. MSCs derived from human bone marrow (hMSCs) have the potential of migration towards gliomas. What is more, the response of those hMSCs for gliomas is also mediate by specific growth factors/chemokines [26]. MSCs have the intrinsic ability to self-renew and differentiate into multiple lineages together with osteoblasts, chondrocytes, and adipocytes. A lot of significantly, many teams have in contestable that these stem cells have the innate ability to migrate to tumors together with sex gland tumors/metastases, even following general administration. whereas the precise mechanism continues to be being elucidated, this tumour response has prompted the event of stem cell-based sequence therapies, whereby MSCs are unit genetically built to precise therapeutic molecules and thus, act as targeted delivery vehicles to boost our ability to treat pathologic process cancers [27]. The human induced pluripotent stem cells (hiPSCs) are unit generated from an instantaneous preplanning of human bodily cells to a pluripotent stage at attitude expression of specific transcription factors. Such cells have two vital characteristics, that are unit the self-generating capability

and also the ability to differentiate into any cell variety of the build. So, the hiPSCs technology will offer a live human cell model of early carcinoma and disease progression [28].

Delivery Methods of Gene Medical Care

Gene transfer are often performed *in vitro* or *in vivo*. Totally different vectors exist for gene delivery into cancerous cells. Viruses (such as retroviruses) function an ideal tool for gene transfer. Gene therapies for cancer treatment are unit evolving and are unit for the most part still undergoing studies. Recently, gene medical aid has been attracting a lot of attention, and is currently thought-about as a potent approach to treating numerous cancers and inherent genetic disorders. Owing to the poor stability and low transfection potency of naked deoxyribonucleic acid *in vitro* and *in vivo*, applicable vectors are unit needed to safeguard genetic materials throughout gene delivery, together with transport within the vessel and across the cell wall, unleash from the delivery vectors, and entry into the nucleus. Historically, gene delivery vectors, which condense, shield and deliver genes are often divided into infectious agent and non-infectious agent ones [29]. Infectious agent capsids represent engaging vectors because of their high transfection potency, however, the additional application of infectious agent vectors is restricted because of fatal drawbacks like immunogenicity, potential infectivity, and complex production and oncogenic effects. But, owing to their simply controlled size, structure and practicality, also as their scalable production, cationic polymers, like polyethylenimine (PEI), polyamidoamine (PAMAM) dendrimers, poly-L-lysine (PLL) and poly(2-(dimethylamino)ethyl methacrylate) (PDMAEMA), have emerged as promising different non-viral vectors for gene delivery. However, non-infectious agent sequence delivery still suffers from lower transfection potency compared to infectious agent capsids, also as high toxicity

owing to its polycationic options (Table 1) (Figure 3) [30].

| Predominant action | Examples of vectors | Clinical trials, Phases I,II,III,IV | Advantage | Disadvantage | References |
|----------------------|--|-------------------------------------|--|--|------------|
| Gene transfer | | | | | [31,32] |
| Non-Viral | Electroporation, nanoparticles, hydrodynamics, cationic liposomes, transposon, synthetic viruses | 18,10 | less likely to produce immune response, no limitation on size and type of nucleic acid | Low efficiency | |
| Bacterial | <i>Escherichia coli</i> , <i>Salmonella</i> , <i>Clostridium</i> , <i>Listeria</i> | 600 | No size limitation Easy to produce, safety features | Low efficiency | |
| Viruses | | | | | |
| ssDNA | Adeno-Associated: Parvovirus | | Less likely to produce immune reactions, targets non dividing cells, Non-pathogenic in humans, efficient transfer, good in vivo delivery, integrates into genome | Small capacity, immunogenic, not well studied, risk of replication | |
| dsDNA viruses | Adenoviruses: Recombinant, Outless, Adenovirus | 11,3,0 | Highly efficient transfer, targets Non dividing cells, nontoxic to host cell, high transduction efficiency, immunogenicity | Possible host immune reaction risk of replication, carries small DNA Sequences only, low potential oncogenesis, no integration, transient expression | [31,32] |
| dsDNA viruses | Herpetic viruses: <i>Herpes simplex</i> | 42,10,0 | Large insert size | Tonicity | [31,32] |
| ssRNA | Viruses lentiviruses: HIV-1, HIV-2, Simian IV, Feline IV | 8,2,0 | Can infect dividing and non-dividing cells | Anti-vector immunity, toxicity | |
| dsRNA viruses | Reoviruses | 9,1,0 | Easy to produce, efficient transfer, small genome, biology well understood, nontoxic to host cells, high-efficiency genomic integration, stable expression | Targets only dividing cells, risk of replication, carries small DNA sequences only, low transduction efficiency, integration with potential oncogenesis, poor in vivo delivery | |

Table 1: Gene transfer in cancer therapy.

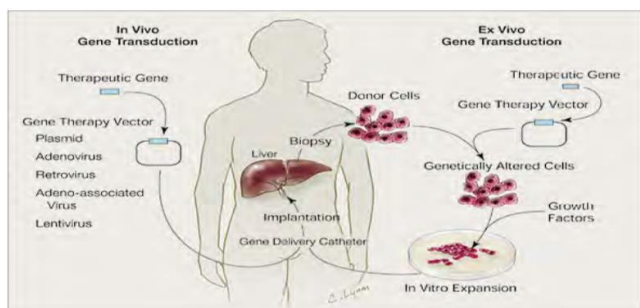


Figure 2: In vivo and Ex vivo gene transduction.

Applications of Cistron/Gene Medical Care for Cancers

Cistron medical care has two key purposes: i) introducing genetic material into the cells to regenerate the weird genes, and ii) to form a good and favorable macromolecule. It's a massive vary of applications not solely restricted to the transient relief by suppressing the symptoms of the malady as most typical medicine act. The procedure of activity malady by replacement of the defective cistron with operate has a great deal of

prospects as so much because the future therapeutic advantage cares. The cistron medical care and its uses in treatment of genetic causes of cancer connected issues while not the long repetitive drug application. Another application for cistron medical care is to permit the innate system to acknowledge and destroy the tumors via immunomodulation [33]. Usually cistron medical care use a lot of viable and probably less harmful methodology in native neoplasm management while not the consequences of the ionizing radiations. irradiation albeit being a really probable methodology, effects like distant metastasis, return will get play because of the inhibition of deoxyribonucleic acid repair mechanisms, regulation of cell cycle and apoptosis [16].

Clinical Effectuality of Gene Medical Care

Cistron/gene medical care strategies uses completely different cistron transfer vectors that are studied for cancer cistron medical care that embody induction of cell death, oncolytic virotherapy, immune modulation, anti-angiogenic cistron medical care, myelo protecting cistron medical care, antisense and RNA interference (RNAi) based mostly ways, and pro-drug activation/suicide cistron medical care ,correction of cistron defects, inhibition of tumour invasion, cistron medical care to boost chemo- and irradiation however sadly, most of them don't seem to be applicable at clinical level and most area unit at laboratory stage [5]. Completely different technique of cistron delivery are offered in diagnosis studies, with deoxyribonucleic acid being a predominant genetic material. The potency of non-infective agent strategies is extremely cell-type-dependent, with the most effective results achieved in immortalized cells, which, because of a loss of therapeutic activity or to the danger of tumour development don't seem to be clinically relevant. The primary stem cells shows the high therapeutic potential however they immune to deoxyribonucleic acid based mostly gene-splicing. A vital implication for cistron medical care is that the period

of transgene expression, and, in this respect, there are a unit 2 ways for the introduction of transgenes in to therapeutic cells for either transient or future expression [34]. There are many early speculations on the effectuality of cistron medical care for various congenital disease and cancers. For instances, In 2002, French investigator Alain Fischer tried to cure kids affected by X-coupled immunodeficiency (also referred to as bubble boy) by inserting animal virus carrying traditional cistron into children's blood somatic cell. This test was questioned once 2 of them developed a leukemia-like condition. In 2003, person win that insertion of genes into brain victimization cyst coated in a very compound referred to as polythene glycol, because of that infective agent vectors area unit too huge to induce across the blood brain barrier. This methodology has potential for treatment for Parkinson's disease. Then students are effectively treat pathological process skin cancer in 2 patients victimization killer T cells genetically retargeted to attack the cancer cells. That constitutes one in all the primary demonstrations that cistron medical care may be effective in treating cancer. In alternative ways that Huntington's malady conjointly treat by cistron medical care. Short meddling RNAs (siRNAs) area unit designed to suit the RNA, traced from a faulty cistron and to provide abnormal macromolecule product of that cistron. This RNA interference or cistron silencing is also employed in cistron medical care to change off Huntington's malady in 2005, scientists were ready to repair hearing loss in guinea pig by victimization animal virus vector. Atoh1 gene (which stimulates hair cell's growth) was delivered to tube leading to re-growth of hair cells and then restitution eightieth of original hearing threshold. The productive use of cistron medical care introduced to treat 2 adult patients for a malady moving myeloid cells in 2006 (March) by international cluster of scientists. The world's initial cistron medical care trial to check a revolutionary cistron medical care for a sort of

genetic retinal disease by British doctors declared In 2007. In 2009 (March), London scholars conjointly tried nanotechnology based mostly cistron medical care (which delivers genes wrapped in nanoparticles) to focus on and destroy the troublesome cancer cells. In 2010, cistron medical care tried for complete visual disorder (achromatopsia) in dogs. It's given as idle model to develop cistron medical care directed to cone photoreceptor [19].

Future Application of Cistron Medical Care

Gene medical care has been developed to be a desired strategies for the treatment of genetically based mostly diseases, especially cancers. New reagents carrying multiple genes ought to be developed, and may be supported the cistron analysis of the target cells victimization this strategy, cancer toxicity may be obtained by replacement mutated cistrons with useful analogues or introducing a suicide gene into the malignant cells [21]. However, one in all the foremost challenges of cistron/gene based mostly cancer medical care is to attain specific, economical and safe general delivery of genes in vivo, completely different delivery strategies are developed to struggle the hurdles of in vivo cistron delivery and enhance the effectuality of cancer therapy: improved oligonucleotides, nanocarriers, and tumor-targeted nanocarriers [35]. The third-generation transferring system (tumor-targeting approach) has presently developed to feature surface modifications to the nanocarriers, which facilitate it binding to the target cancer cells and deliver the cistron into the cancer cells through receptor-mediated endocytosis. There are many varieties of promising cistron therapies, as well as corrective cistron medical care, cytoreductive cistron medical care, and immuno-modulatory cistron medical care. The longer term successes of cistron medical care conjointly rely on the advancements in alternative relevant fields, like medical devices, cell therapies, macromolecule therapies and nanotechnology [36].

Limitation of Gene Therapy

The following embrace a number of the restrictions of sequence therapy: problem to deliver sequences into some sites of cells; sequences would possibly integrate at sites wherever it will associate effect on the functioning of another gene; the requirement for identification of key target genes crucial for the un wellness pathology and progression; the requirement for characteristic the proper therapeutic gene to inhibit un wellness progression; conditions for best trans-gene expression for suppressing the target gene not understood; Delivery of therapeutic product to the target tissue at an efficacious dose required. Additionally, vectors could also be recognized as foreign by system triggering immune response; microorganism vector might cause toxicity, inflammatory response and would possibly recover their ability to cause un-wellness. Multi sequence disorders are tough to treat by sequence medical aid and sequence medical aid is pricey with the exception of the standard cancer therapies [37]. There are several genes that being coded by each traditional yet as cancer cells. The malignant formation isn't restricted to the activity of any single sequence. On the contrary several genes square measure concerned that ends up in the event of malignancy. The foremost limitation of the applying of sequence medical aid specificity to one sequence product as a result of sequence medical aid targets square measure concerned in multiple pathways of the metabolism, it becomes arduous to focus on all of those at the same time. Differently, cancer cells can against the sequence medical aid mechanisms identical as viruses and bacterium. This property of those cancer cells

to change the mechanisms is attributed to the “compensation” property of the cancer cells [16].

CONCLUSION

Gene aid medical therapy is an exciting new technology that may generate novel medical procedures capable of targeting diseases like cancer in innovative ways. The event of gene transfer treatments includes, immunotherapy, oncolytic virotherapy, and direct gene editing are emerging as strong therapeutic applications. They need incontestable power to enhance survival time and clinical profit in several cancers that respond poorly to plain treatment choices, whereas at identical time carrying fewer aspect of effects than radiation and chemotherapy. However, several of those modalities are in experimental stages, and there still some issues over their safety, efficacy, and industrial viability. Moreover, the speedy development of gene editing technologies, like CRISPR/CAS9, become controversies over the moral, legal, and ethical implications that human genome modification can wear society. These problems should thus be addressed through prudent solutions and regulatory/legal frameworks before sequence medical aid and genome modification will become wide on the market for the treatment of various cancer diseases.

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REFERENCES

1. Saadatpour Z, Rezaei A, Ebrahimnejad H, et al. (2017) Imaging techniques: New avenues in cancer gene and cell therapy. *Cancer Gene Therapy* 24(1): 1-5.
2. Nokisalmi P (2013) Experimental adenovirus gene therapy for cancer patients with advanced tumors cancer gene therapy group. Postdoctoral academic dissertation. University of Helsinki, Helsinki, Finland: 1-125.
3. Kumar VL (2014) Gene therapy: Principles and applications in dentistry. *Research and Reviews: Journal of Dental Sciences* 2(1): 5-12.

4. Mohammed BR, Malang SK, Mailafia S, et al. (2016) Application of biotechnology towards diagnosis and treatment in veterinary medicine in Africa: potentials and future developments. *Journal of Biotechnology and Biomaterials* 6(245): 1-5.
5. Wirth T, Ylä-Herttuala S (2014) Gene therapy used in cancer treatment *biomedicines* 2(2): 149-162.
6. Chen L, Ji F, Bao Y, et al. (2017) Biocompatible cationic pullulan-g-desoxycholic acid-g-PEI micelles used to co-deliver drug and gene for cancer therapy. *Materials Science and Engineering: C* 70: 418-429.
7. Barar J, Omidi Y (2013) Targeted gene therapy of cancer: Second amendment toward holistic therapy. *BioImpacts: BI* 3(2): 49-51.
8. Ji W, Sun B, Su C (2017) Targeting microRNAs in cancer gene therapy. *Genes* 8(1): 21.
9. van Schooneveld E, Wouters MC, Van der Auwera I, et al. (2012) Expression profiling of cancerous and normal breast tissues identifies microRNAs that are differentially expressed in serum from patients with (metastatic) breast cancer and healthy volunteers. *Breast Cancer Research* 14(1): 34-45.
10. Roviello G, Polom K, Petrioli R, et al. (2016) Monoclonal antibodies-based treatment in gastric cancer: Current status and future perspectives. *Tumor Biology* 37(1): 127-140.
11. Stewart BW, Kleihues P (2013) World cancer report. World Health Organization, International Agency for Research on Cancer: 5-6.
12. Zhang X, Pei Z, Chen J, et al. (2016) Exosomes for immunoregulation and therapeutic intervention in cancer. *Journal of Cancer* 7(9): 1081-1087.
13. Ottaiano A, De Divitiis C, Capozzi M, et al. (2018) Obesity and cancer: Biological links and treatment implications. *Current Cancer Drug Targets* 18(3): 231-238.
14. Patil PM, Chaudhari PD, Megha S, et al. (2012) Review Article on Gene Therapy. *International Journal of Genetics* 4(1): 74-79.
15. Marzbali MY, Khosroushahi AY (2017) Polymeric micelles as mighty nanocarriers for cancer gene therapy: A review. *Cancer Chemotherapy and Pharmacology* 79(4): 637-649.
16. Ahmad I, Shahin R (2014) Autologous gene therapy - A proactive approach to cancer critique. *Journal of Cancer Science & Therapy* 1: 1-6.
17. Barbellido SA, Trapero JC, Sánchez JC, et al. (2008) Gene therapy in the management of oral cancer: Review of the literature. *Oral Medicine Oral Pathology and Oral Surgery* 13(1): E15-E21.
18. Hasan N, Saini S (2014) Gene therapy: Current status and future perspectives. *International Journal of Pharmaceutical Sciences and Research* 3: 4.
19. Misra S (2013) Human gene therapy: A brief overview of the genetic revolution. *Journal of the Association of Physicians of India* 61(2): 127-133.
20. Durai R, Yang SY, Seifalian AM, et al. (2008) Principles and applications of gene therapy in colon cancer. *Journal of Gastrointestinal and Liver Diseases* 17(1): 59-67.
21. Li B, Gao N, Zhang Z, et al. (2017) Historical and clinical experiences of gene therapy for solid cancers in China. *Genes* 8(3): 85.
22. Nichols JW, Bae YH (2013) Nanotechnology for cancer treatment: Possibilities and limitations. In *Cancer Targeted Drug Delivery*: 37-56.

23. Grozescu T, Popa F (2017) Immunotherapy and gene therapy in prostate cancer treatment. *Journal of Medicine and Life* 10(1): 54-55.
24. Bilsland AE, Spiliopoulou P, Evans TJ (2016) Virotherapy: Cancer gene therapy at last?. *F1000Research*: 5.
25. Sachdeva M, Sachdeva N, Pal M, et al. (2015) CRISPR/Cas9: Molecular tool for gene therapy to target genome and epigenome in the treatment of lung cancer. *Cancer Gene Therapy* 22(11): 509-517.
26. Mahdi E, Fakhrisadat H, Majid R (2012) Application of stem cells in disease and gene therapy. *Der Pharmacia Lettre* 4(3): 734-740.
27. Yin PT, Shah S, Pasquale NJ, et al. (2016) Stem cell-based gene therapy activated using magnetic hyperthermia to enhance the treatment of cancer. *Biomaterials* 81: 46-57.
28. Fernandez TDS, de Souza Fernandez C, Mencialha AL (2013) Human induced pluripotent stem cells from basic research to potential clinical applications in cancer. *BioMed Research International* 56: 1-13.
29. Husain SR, Han J, Au P, et al. (2015) Gene therapy for cancer: Regulatory considerations for approval. *Cancer Gene Therapy* 22(12): 554-563.
30. Hu LZ, Wan N, Ma XX, et al. (2017) Enhanced gene transfection performance and biocompatibility of polyethylenimine through pseudopolyrotaxane formation with α -cyclodextrin. *Nanotechnology* 28(12): 125102.
31. Amer MH (2014) Gene therapy for cancer: Present status and future perspective. *Molecular and Cellular Therapies* 2(1): 27.
32. Touchefeu Y, Harrington KJ, Galmiche JP, et al. (2010) gene therapy, recent developments and future prospects in gastrointestinal oncology. *Alimentary Pharmacology & Therapeutics* 32(8): 953-968.
33. Hsu KT, Yu XM, Audhya AW, et al. (2014) Novel approaches in anaplastic thyroid cancer therapy. *The Oncologist* 19(11): 1148.
34. Nowakowski A, Andrzejewska A, Janowski M, et al. (2013) Genetic engineering of stem cells for enhanced therapy. *Acta Neurobiologiae Experimentalis* 73(1): 1-18.
35. Zhang B, Zhang Y, Yu D (2017) Lung cancer gene therapy: Transferrin and hyaluronic acid dual ligand-decorated novel lipid carriers for targeted gene delivery. *Oncology Reports* 37(2): 937-944.
36. McCarroll J, Teo J, Boyer C, et al. (2014) Potential applications of nanotechnology for the diagnosis and treatment of pancreatic cancer. *Frontiers in Physiology* 5: 2.
37. Jafarlou M, Baradaran B, Saedi TA, et al. (2016) An overview of the history, applications, advantages, disadvantages and prospects of gene therapy. *Journal of Biological Regulators and Homeostatic Agents* 30(2): 315-321.