

CRISPR-Cas9 in Personalized Medicine: Advances and Challenges

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ABSTRACT

CRISPR-Cas9 technology has changed genetic engineering by making it possible to fix the DNA of living things with a level of accuracy that has never been seen before. It has huge promise for healing genetic diseases, improving treatment plans, and moving precise medicine forward when used in personalized medicine. Personalized medicine is the practice of adapting hospital therapy to every person's genes, environment, and lifestyle, which could substantially enhance the effectiveness of treatment. CRISPR-Cas9 is a robust device for changing the genome. It permits for tailor-made gene remedy, cutting genes to avoid contamination, and making models for customized treatment plans. New trends in CRISPR-Cas9 generation have made it more correct, faster, and better at handing over genetic fabric. As a result of those new discoveries, there at the moment are extra approaches to treat many genetic diseases, along with sickle cell anaemia, cystic fibrosis, and a few kinds of cancer. Moreover, CRISPR may be used for greater than just gene therapy. It can additionally be used to locate new pills by means of targeting specific genetic adjustments which are unique to someone's situation. But there are nonetheless problems with getting CRISPR-Cas9-based medicines into realistic use. Concerns about ethics related to genome enhancing, feasible surprising consequences of genetic adjustments and the need for robust regulatory systems are large troubles that hold this era from being extensively utilized in scientific settings. worries approximately proper get entry to CRISPR-based totally treatments in one-of-a-kind companies additionally want to be addressed to ensure that those revolutionary drugs are given to all people who desires them. As research moves forward, geneticists, ethicists, doctors, and lawmakers will need to work together across different fields to make the most of CRISPR-Cas9's potential while minimizing its risks. Personalized medicine based on CRISPR has a bright future ahead of it, but it needs to be handled with care and responsibility to make sure that treatment options are safe, efficient, and fair for everyone.

KEYWORDS: CRISPR-Cas9, personalized medicine, gene therapy, genetic disorders, precision medicine.

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INTRODUCTION

In the world of genetic engineering, the emergence of CRISPR-Cas9 technology marks a turning point as it allows one to precisely alter genes unlike previously imaginable. Inspired by the defensive mechanism of bacteria, which targets and alters specific DNA areas using RNA-guided nucleases, this ground-breaking technique is based on over the last 10 years, the gene editing technology CRISPR-Cas9 has transformed molecular biology and genetics. It has also made tailored medicine feasible using innovative approaches. Personalised medicine has fast evolved into a version that fits the particular developments of every impacted individual with the inclusion of CRISPR-Cas9, thus guiding healthcare treatments and practices. This promises more targeted treatment, improved healing results, and a better understanding of hereditary predispositions. Customised medicine is predicated entirely on the idea that a person's genes, behaviour, environment, and background all contribute uniquely to determine how well they approach their fitness. Customised medicine seeks to find the great strategies to avoid, detect, and treat diseases by means of these variants among persons under consideration. Historically, healthcare has sometimes been predicated on a "one size fits all" approach wherein therapies are administered to every patient in the same manner. This method isn't perfect, though, because it doesn't take into account the genetic and chemical differences that make people react differently to different treatments. CRISPR-Cas9 is a big step forward in this paradigm shift because it lets precise changes be made to the genome.

This means that each person can get personalized medicines based on their own unique genetic background. Gene therapy is probably one in all the most important ways that CRISPR-Cas9 can be used to trade customized medicinal drug. Genetic illnesses like cystic fibrosis, sickle cellular anaemia, and Duchenne muscular dystrophy that are brought on by single-gene mutations are terrific alternatives for treatments based on CRISPR. Targeted gene enhancing may now be able to help deal with those diseases that have been tough or impossible to treat for a long term. Scientists may be able to fix these flaws on the molecular stage with CRISPR-Cas9. This gives human beings hope for therapies wherein none existed earlier than. CRISPR could also be used to change somatic cells while they're alive, which would make treatments for genetic sicknesses extra effective and much less invasive. Similarly to supporting deal with genetic sicknesses, CRISPR-Cas9 has massive outcomes on most cancers care, an area in which personalized medication is already having a massive effect. Some genetic adjustments that make most cancers worse are regularly found in tumour cells. Scientists are using CRISPR to find and attach those flaws or trade pathways which might be special to tumours. This enables them apprehend most cancers on the molecular stage and also create remedies which are very precise and personalized. As an instance, CRISPR-primarily based techniques is probably used to create cell-primarily based treatments, like modified T-cells, for vaccination methods which are especially tuned to absolutely everyone's tumour genetic make-up. Even though CRISPR-Cas9 has a lot of promise in personalized medicine, it's going to take quite a few works to make it absolutely useful in the area. One huge problem is making sure that gene editing is carried out exactly and efficiently [1]. CRISPR-Cas9 has been very good at making specific cuts in DNA, however there is nonetheless a large trouble with off-goal results, which happen whilst the technology adjustments parts of the genome that were not intended to be modified. Those side outcomes could purpose DNA modifications that aren't supposed to occur, which might be risky. This suggests how important it's far to improve CRISPR transport techniques and get higher at decreasing those risks.

There are also social and felony problems that want to be idea approximately when the usage of CRISPR-Cas9, particularly on the subject of germline modifying, which adjustments the DNA of eggs or reproductive cells. Even as somatic gene enhancing (changing genes in cells that are not reproducing) is seen as less of an ethical hassle, germline editing brings up worries about possible accidental consequences, effects that remaining throughout generations, and the ethical problems that arise while converting human genes for non-medical motives, like improving bodily or intellectual traits. Putting clean ethical requirements and rules for the use of CRISPR technology is important to make sure it's miles used responsibly and to ease human beings's issues approximately genetic modifying. Additionally, as CRISPR-Cas9-primarily based redress move in the direction of being used in people, honest access to these treatment plans will need to be looked at [2]. Gene-enhancing technology is very high priced, and many components of the arena don't have access to trendy hospital treatment. Figure 1 indicates how CRISPR-Cas9 era can be used to exchange unique genes to make medical treatments and drugs more powerful for everybody.

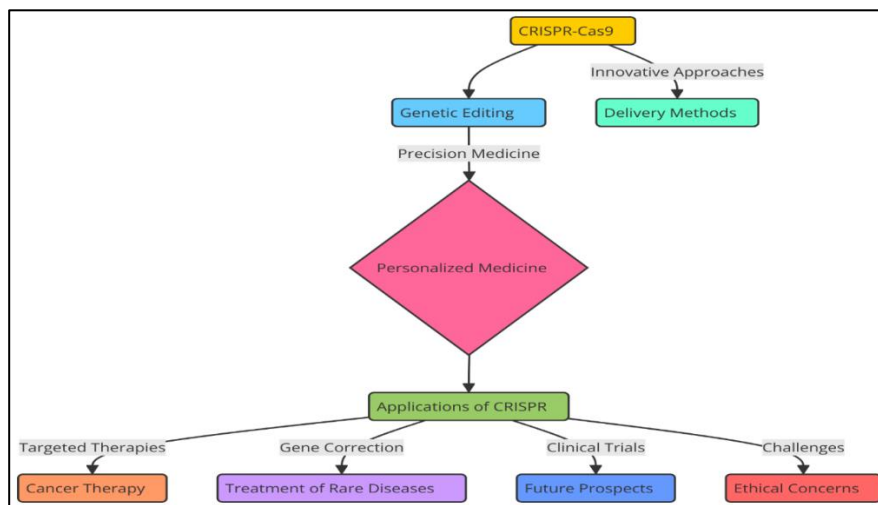


Figure 1: Illustrating CRISPR-Cas9 in Personalized Medicine

This could make it very unfair for some people to gain from these new technologies. Making sure that all patients, no matter their income, can get CRISPR-based treatments is a big problem that needs to be fixed if personalized medicine is to really live up to its promise.

A. Overview of CRISPR-Cas9 technology

A revolutionary technique for altering DNA, Crispen-Cas9 has drastically altered biotechnology and genetic research. Originally discovered in bacteria, this technique employs DNA searching and cutting to defend against viruses. Known as "Clustered Regularly Interspaced Short Palindromic Repeats," these collections of DNA sequences discovered in the genomes of bacteria [3] are Working with CRISpen, the enzyme Cas9—also known as "CRISpen-related protein 9"—cuts the intended DNA precisely. This approach makes it feasible to specifically alter the DNA of an organism by employing inclusion, disposal of, or modification of exact genes. Working with a manual RNA (gRNA) that guides the Cas9 protein to a positive location inside the DNA, the CRISpen-Cas9 machine

Once the target sequence is discovered, Cas9 slices the DNA on the correct location. While DNA is broken, the mobile tries to fix it. This system may be used to add new genetic fabric or reason changes. This approach of changing genes has created lots of latest opportunities in genetics, from mastering how sicknesses work to making genetically changed animals (GMOs). CRISPR-Cas9 is easier to apply, greater powerful, and lots cheaper than older genome-enhancing strategies like zinc-finger nucleases and TALENs [4]. Due to the fact it is so easy to trade genes, it is being used quickly in many areas, along with remedy, agriculture, and engineering. In science, CRISPR-Cas9 is being checked out for gene treatments, which could target and fix unique genes that cause genetic illnesses. CRISPR-Cas9 is an easy, accurate, and less expensive device that shows promise for each examine and realistic use. It could help cure sicknesses that were previously impossible to treat and make customized medicine higher.

B. Importance of personalized medicine

Traditional medicine often takes a "one-size-fits-all" method. Personalized medicine, on the other hand, looks at a patient's genes, surroundings, and way of life to figure out the best way to help them. This method tries to get the most treatment benefits with the fewest possible side effects. This should lead to better, more personalized care. Personalized medicine is important because it could change the way healthcare is provided by moving away from broad treatments and towards more specific, focused ones [5]. Clinicians can find specific genetic mutations, susceptibilities, and predispositions that may affect how illnesses start and grow by looking at a person's genetic makeup. This helps with earlier detection, more accurate predictions of how the disease will get worse, and, most importantly, better medicines that are tailored to each person's specific needs. When treating cancer, for example, personalized medicine can help find mutations in a patient's tumour. This lets doctors choose drugs that directly target those mutations instead of using a standard treatment plan. One more important thing about personalized medicine is that it might help make drug research better and lower the number of bad drug effects. Traditional drug tests often use big, varied groups of people, which can lead to different results because people have different genes [6]. With personalized medicine, drugs can be made to fit the genetic background of a patient or a group of patients, which can improve results and lower the risk of side effects. This method can also improve preventative care by finding DNA risks early on, which lets doctors start treating people with chronic diseases sooner and better control them.

UNDERSTANDING CRISPR-CAS9

A. Discovery and development of CRISPR-Cas9

Researchers first found strange patterns in the DNA of bacteria in the early 1990s. This is how CRISPR-Cas9 was found. These patterns, which were later named CRISPR (Clustered Regularly Interspaced Short Palindromic Repeats), seemed to have short stretches of virus DNA mixed in with them. Not until 2005 did scientists figure out what these sequences were used for. Scientists found that the CRISPR sequences were part of a system in bacteria called an adaptive immune system. This system helped protect bacteria from viruses by "remembering" when they had been infected with viruses in the past. This knowledge helped bacteria find and target virus DNA when they came across it again. In 2012, Jennifer Doudna and Emmanuelle Charpentier, along with their teams, made a big step forward in the development of CRISPR-Cas9 as a tool for editing genomes [7]. They determined that the Cas9 protein might be programmed with a selected RNA sequence to goal and cut specific DNA sequences. It modified the whole thing because it showed that the CRISPR-Cas9 system could be used as an exact, managed device to trade the genomes of now not solely microorganism but also humans and other better species. Humans were inquisitive about the generation right away because it was once less difficult to use, extra effective, and cheaper than other gene-editing gear like zinc-finger nucleases and TALENs. CRISPR-Cas9 used to be progressed and made higher, and it became clearer the way it could be utilized in gene remedy, gene editing, and clinical studies. Because it used to be discovered, CRISPR-Cas9 has been used in quite a few distinct kinds of observe, from remedy to agriculture. It has emerged as a really beneficial tool for converting genes [8]. The ease of use and flexibility of CRISPR-Cas9 has brought about progress in genome studies, and its uses are developing, opening up new ways to treat illnesses, make genes better, and do healing interventions.

Step 1. CRISPR-Cas9 Recognition of DNA

CRISPR systems identify foreign DNA sequences (e.g., viral DNA) using a sequence of RNA that corresponds to the invading DNA.

gRNA = complementary sequence of target DNA (D)

Where gRNA (guide RNA) binds to the complementary target DNA sequence.

Step 2. Binding of Guide RNA to Target DNA

The gRNA binds specifically to a target DNA sequence within the genome.

Target DNA Sequence (T) = gRNA (matching sequence)

Step 3. Cas9 Activation

Cas9 protein is activated and guided to the DNA location by the gRNA.

Cas9 Protein → gRNA → Target DNA Sequence

Step 4. DNA Cleavage

Cas9 causes a double-strand break at the target DNA sequence.

DNA Break = Cas9 + DNA Sequence (Double-Strand Break)

This breaks the DNA into two strands.

Step 5. DNA Repair Mechanisms

The cell attempts to repair the break, either through non-homologous end joining (NHEJ) or homology-directed repair (HDR).

Repair Process = NHEJ or HDR

Step 6. Gene Editing Outcome

After repair, the gene is either knocked out (via NHEJ) or corrected/modified (via HDR).

Gene Editing Outcome = Repaired DNA (Corrected/Knocked-out)

B. Mechanism of action

The CRISPR-Cas9 device is a complex molecular device that lets stay cells makes particular modifications to their DNA. To begin the manner, a manual RNA (gRNA) is introduced. This is a brief RNA collection that suits a specific goal DNA collection. This gRNA acts as a "molecular GPS," guiding the Cas9 protein to the precise spot in the genome where the cut desires to be made. The molecular scissors-like Cas9 protein reveals the goal DNA sequence with the help of the gRNA and cuts each strands of the DNA double helix at that genuine spot. When DNA is reduce, the cell's very own DNA restore systems start operating [9]. The mobile can fix things in 2 major approaches: non-homologous stop becoming a member of (NHEJ) or homology-directed restore (HDR). When NHEJ happens, the DNA's broken ends are joined together. This can cause small changes, called indels, that can stop genes from working properly or even completely delete them. In HDR, an outside repair template is used to add or change a certain pattern of DNA at the break spot. This allows for precise gene editing, like fixing defects or adding a new gene. CRISPR-Cas9 is very useful because it can change the genome very accurately by making gRNAs that can target almost any pattern in a DNA strand. This makes CRISPR-Cas9 a useful tool that can be used for many things, such as editing genes, deleting genes, and even turning genes on or off. The technology has also been changed so that it can be used on plants, animals, and people. It gives an amazing amount of control over genetic changes in both somatic and germline cells [10].

Step 1. Guide RNA (gRNA) Design and Binding

gRNA is designed to be complementary to the target DNA sequence.

gRNA = Complementary Sequence of Target DNA (T)

gRNA + Target DNA Sequence (T) → gRNA-DNA Complex

Step 2. Cas9 Protein Binding

The Cas9 protein binds to the gRNA, forming a complex that will recognize and bind to the DNA target.

Cas9 + gRNA → Cas9-gRNA Complex

Cas9-gRNA Complex → Target DNA Sequence (T)

Step 3. Target DNA Recognition

Cas9-gRNA complex recognizes and binds to the target DNA at the matching sequence.

Cas9-gRNA Complex + Target DNA (T) → Recognition of Target Sequence (R)

Step 4. DNA Strand Cleavage

Cas9 introduces a double-strand break at the target DNA site, creating a break in both strands.

Cas9 + Target DNA (T) → Double-Strand Break (DSB)

Step 5. DNA Repair Mechanisms

The cell attempts to repair the break via non-homologous end joining (NHEJ) or homology-directed repair (HDR).

DNA Repair = NHEJ or HDR

DSB + Repair Template (for HDR) → Modified DNA

Step 6. Gene Editing Outcome

Depending on the repair mechanism, the gene is either knocked out (via NHEJ) or corrected/modified (via HDR).

Gene Editing Outcome = Corrected DNA (HDR) or Knocked-out DNA (NHEJ)

C. Applications in gene editing

CRISPR-Cas9 technology has made gene editing possible in ways that have never been possible before. It allows for exact, efficient, and focused changes to the genome. Gene remedy is one of the important makes use of CRISPR-Cas9. That is particularly proper for treating genetic ailments that are caused by single-gene flaws. problems which have been tough to treat for a long term, like sickle cell anaemia, cystic fibrosis, and muscle dystrophy, are actually being checked out as possible targets for CRISPR-primarily based remedies [11]. CRISPR should offer an enduring treatment for these ailments via immediately solving the issues at the genetic degree. This might put off the reason in preference to just treating the signs. along with gene remedy, CRISPR-Cas9 has modified the sector of cancer have a look at by using making it feasible to exactly exchange genes interior most cancers cells. Researchers are searching into new approaches to make personalized most cancers redress by using changing genes that motive tumours to grow or that make cancer cells more likely to respond to treatment.

CRISPR has also been used to create immunotherapies, including by converting immune cells to cause them to better capable of find and kill most cancers cells. CRISPR-Cas9 also has a large effect on finding new drugs and making better ones. Scientists can use CRISPR to make models of cells which have certain genetic modifications connected to sicknesses. This makes it possible to find and check drugs which can be specifically made to target certain genetic differences. This hastens the manner of creating greater powerful, personalized medicines [12]. Apart from its use in medicine, CRISPR has additionally been utilized in agriculture to make genetically edited meals with favored functions, like making them more immune to insects or better for you. Humans use CRISPR to make animals extra resistant to sickness and greater efficient. This makes it a very useful tool in the bioengineering field. CRISPR-Cas9 has a lot of possible uses. It can be used to protect the environment by changing genes to bring back threatened species. It can also be used to advance bioengineering by making industrial production processes more efficient. Table 1 summarizes CRISPR-Cas9 applications, key findings, challenges, and its potential scope in medicine.

Table 1: Summary of Understanding CRISPR-Cas9

Application	Key Finding	Challenges	Scope
Gene Therapy (Sickle Cell Anemia)	Significant improvement in gene correction efficiency.	Delivery to target cells and immune response issues.	Highly applicable for treating blood-related disorders.
Gene Therapy (Cystic Fibrosis)	Effective gene correction but challenges in delivery.	Off-target effects and high cost of treatment.	Promising for chronic genetic conditions; requires optimization.
Gene Therapy (Duchenne Muscular Dystrophy)	Limited success, higher challenges in delivery and long-term results.	Long-term safety and gene therapy delivery complications.	Further research needed for full therapeutic benefits.
Cancer Immunotherapy (Solid Tumors)	Promising results in enhancing tumor response.	Off-target edits, immune system challenges.	Could revolutionize personalized cancer treatment.
Cancer Immunotherapy (Blood Cancers) [13]	Highly effective in blood cancers with personalized treatments.	Limited patient access and high treatment costs.	Improves treatment for blood cancers through personalized therapy.
Cancer Immunotherapy (Personalized)	Enhanced immune system response with personalized T-cell modifications.	Safety concerns in off-target effects and immunological risks.	Can lead to more effective immunotherapies.
Gene Editing for Hereditary Disorders	Potential to prevent genetic disorders at the embryo stage.	Ethical concerns surrounding embryo editing.	Could eliminate genetic disorders before birth.
Gene Editing for Rare Genetic Diseases	Potential to cure rare genetic diseases via direct gene editing.	High complexity and precision issues in rare diseases.	Great potential in curing diseases with no current treatments.
CRISPR-based Vaccines [14]	Prototypes for effective vaccines against infectious diseases.	Vaccine development challenges for rapid deployment.	Could aid in responding to pandemics and infections quickly.
Gene Editing for Viral Infections	Promising results in treating viral diseases by editing viral RNA.	Delivery efficiency and off-target risks.	Could become a major tool in treating viral infections globally.
CRISPR in Agricultural Biotechnology	Successful applications in creating genetically modified crops.	Regulatory concerns and public acceptance.	Huge potential to improve food security and agricultural sustainability.
CRISPR in Animal Models for Research	Efficient for studying genetic diseases in animal models.	Ethical concerns in modifying animals for research.	Offers insights into genetic diseases and medical advancements.
Gene Editing for Age-Related Diseases [15]	Potential for reversing age-related genetic changes.	Risks in unintended genetic effects over time.	Could revolutionize treatments for aging and degenerative conditions.

ADVANCES IN CRISPR-CAS9 FOR PERSONALIZED MEDICINE

A. Gene therapy for genetic disorders

CRISPR-Cas9 makes gene therapy possible, which has a lot of potential for treating genetic diseases, especially those caused by single-gene flaws. Some of these conditions, like sickle cell anaemia, cystic fibrosis, Duchenne muscular dystrophy, and haemophilia, have been very hard to treat and control for a long time. Symptom control or dangerous, invasive treatments like bone marrow transfers are common parts of traditional therapies. However, CRISPR-Cas9 is a more accurate and might even be therapeutic method because it targets and fixes the underlying DNA flaws [16]. When CRISPR-Cas9 is used for gene therapy, the patient's DNA is usually changed to fix or replace the faulty gene that causes the sickness. For example, researchers are using CRISPR to change the genes of sickle cell anaemia patients' haematopoietic stem cells to fix the mutation or start making haemoglobin again during pregnancy. Sickle cell anaemia is caused by a change in the haemoglobin gene. After the genetic change is made, the changed cells are put back into the patient's body. This could provide a long-lasting or permanent fix. CRISPR can be used for more than just somatic gene therapy. It can also be used for germline gene editing, which changes the DNA of eggs or reproductive cells. This method is still very controversial and morally questionable, but it might be able to stop genetic

diseases from being passed down before they even show up. Even though these are all very exciting options, there are some problems that need to be fixed before gene treatments become widely used [17].

Step 1. Identification of the Genetic Disorder

The genetic disorder is identified by determining the mutation responsible for the disease.

Mutation (M) = Sequence of DNA responsible for the genetic disorder (D)

Step 2. Design of Guide RNA (gRNA)

A guide RNA (gRNA) is designed to match the specific mutation site in the DNA.

gRNA = Complementary sequence of mutated DNA (M)

Step 3. Delivery of CRISPR-Cas9 Components

The CRISPR-Cas9 system (gRNA + Cas9 protein) is delivered to the patient's cells to target the mutated gene.

CRISPR-Cas9 = Delivery System + gRNA + Cas9 protein

Delivery System + CRISPR-Cas9 → Target Cells

Step 4. Binding of gRNA to Target DNA

The gRNA binds to the target sequence on the mutated gene, guiding Cas9 to the DNA.

gRNA + Target DNA Sequence (T) → gRNA-DNA Complex

Step 5. DNA Cleavage by Cas9

Cas9 introduces a double-strand break at the mutation site on the DNA.

Cas9 + gRNA + Target DNA Sequence (T) → Double-Strand Break (DSB) at Mutation Site (M)

Step 6. DNA Repair Mechanisms

The cell repairs the double-strand break either by non-homologous end joining (NHEJ) or homology-directed repair (HDR).

DNA Repair = NHEJ or HDR

DSB + Repair Template (for HDR) → Modified DNA

7. Correction of the Mutation

The mutation is corrected via HDR or disrupted via NHEJ.

Corrected DNA = Corrected Sequence (via HDR) or Knocked-Out DNA (via NHEJ)

8. Gene Therapy Outcome

The target gene is either corrected or knocked out, leading to therapeutic benefits.

Gene Therapy Outcome = Corrected Gene (for functional gene) or Knocked-Out Gene (for disruption)

B. Cancer treatment and immunotherapy

Cancer is the most common cause of death in the world, and standard treatments like chemotherapy and radiation often have serious side effects and aren't always helpful. CRISPR-Cas9 has become a very useful tool for treating cancer, providing a new way to target specific cells. Cancer is caused by changes and mutations in the DNA of tumour cells. CRISPR-Cas9 makes it possible to precisely target and fix these changes [18]. CRISPR-Cas9 can change the genetic material of tumour cells directly, which might stop cancer from spreading or make tumours more likely to respond to current treatments. Personalised immunotherapies are one of the most exciting ways that CRISPR could be used in cancer treatment. In immunotherapy, the immune system is boosted so that it can find and fight cancer cells. CRISPR can be used to change immunity cells, like T-cells, so they attack specific antigens found on tumours. One thing that researchers can do with CRISPR is delete the gene that causes T-cell fatigue, which makes defensive reactions less effective. CRISPR can also be used to add chimeric antigen receptors (CARs) to T-cells. This makes it possible to make CAR T-cell treatments that are specifically designed for each patient's cancer. CRISPR-Cas9 can also be used to target and change the surroundings of a tumour, which is very important for tumour growth and immune system escape. Figure 2 shows how immunotherapy is used to treat cancer, showing how the immune system attacks cancer cells.

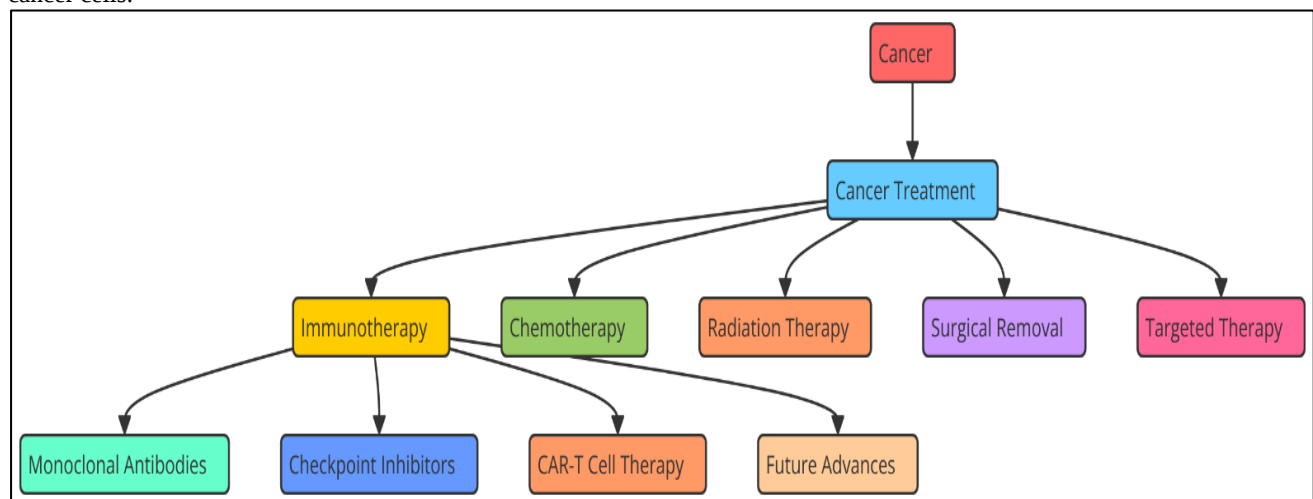


Figure 2: Illustrating Cancer Treatment and Immunotherapy

By changing genes around the tumour, CRISPR may boost the body's immune system, which could make cancer medicines work better. CRISPR-based cancer treatments are still in their early stages of development, even though they show a lot of potential. Concerns about safety must be carefully looked at in clinical studies. These include effects that aren't meant to happen and the long-term effects of editing genes. Still, CRISPR-Cas9 is about to change the way cancer is treated by allowing for new highly personalised and targeted treatments for cancer patients.

C. Advancements in precision medicine through CRISPR

Precision medicine has come a long way since CRISPR-Cas9 technology was introduced. Now, doctors can give treatments that are specifically designed for each patient based on their DNA background. Precision medicine is all about tailoring health care to each person by looking at their genes, habits, and surroundings. This makes treatment plans and ways to avoid getting sick more effective. CRISPR is a very useful tool for progressing this area because it lets scientists change genetic material very precisely to treat genetic diseases, cancer, and other conditions. CRISPR-Cas9 is used in precision medicine to make genetic models that are unique to each patient. These models really assist one understand how genetic variations lead to illness. Using CRISPR, scientists may alter certain genes in animal models or cell lines to replicate human behaviour with particular genetic disorders.

D. CRISPR in drug discovery and development

In drug searching and development, CRISPR-Cas9 is now a new technology. It enables more realistic simulations of human illnesses, quicker discovery of novel medicinal targets, and test of medication efficacy. a greater knowledge of molecular level functioning of medications. Since it allows physicians to test medications on models that are particular to every patient, CRISPR is thus rather vital for the advancement of precision medicine. Personalised drug screening made available by CRISPR enables clinicians to determine, based on DNA background, which medications will be most effective for every patient. This lowers the possibility of negative pharmacological effects and increases the possibility of therapy working.

Step 1. Identification of Disease-Related Genes

The first step is identifying the genes associated with a particular disease.

Disease Gene (DG) = Gene(s) associated with disease (D)

Step 2. Design of Guide RNA (gRNA)

A guide RNA (gRNA) is designed to target and modify the specific disease-related gene.

gRNA = Complementary sequence of disease gene (DG)

Step 3. CRISPR-Cas9 Delivery to Target Cells

The CRISPR-Cas9 system (gRNA + Cas9 protein) is delivered to the target cells, such as cell lines or animal models.

CRISPR-Cas9 = Delivery System + gRNA + Cas9 protein

Delivery System + CRISPR-Cas9 → Target Cells (TC)

Step 4. Target DNA Recognition and Binding

The gRNA binds specifically to the disease-related gene within the target DNA sequence, guiding the Cas9 protein.

gRNA + Target DNA Sequence (T) → gRNA-DNA Complex

Step 5. Cas9-Induced DNA Cleavage

Cas9 introduces a double-strand break at the target gene's location.

Cas9 + gRNA + Target DNA Sequence (T) → Double-Strand Break (DSB)

Step 6. Gene Editing for Validation of Drug Targets

The genome is edited, and the effects of these changes are observed in the target cells to validate the drug target.

Genome Editing = DSB + Repair Mechanism (NHEJ/HDR)

Validation of Drug Target = Modified Cells + Drug Screening

Step 7. Drug Screening in Modified Models

After editing the genome, drugs are tested on genetically modified cell models or organisms to evaluate their effectiveness.

Drug Screening = Modified Cells + Drug Compounds (C) → Efficacy Test (E)

Step 8. Identification of Effective Drug Candidates

Based on the screening results, the most promising drug candidates are identified and optimized.

Effective Drug Candidate (EDC) = Maximum Efficacy (E) + Desired Effect (D)

EDC → Candidate Drug for Clinical Trials

CHALLENGES IN CRISPR-CAS9 APPLICATION

A. Ethical concerns and societal implications

Concerns about ethics have been made by the fast growth and use of CRISPR-Cas9 technology, especially when it comes to how gene editing could be abused. One of the most problematic ethical problems is germline editing, which changes the DNA of eggs or reproductive cells in a way that could affect the DNA of future generations. While germline editing addresses hereditary disorders that run in families, it also causes some to worry about unintended genetic modifications, the birth of "designer babies," and long-term consequences on the human gene pool. Whether it is moral to alter human DNA in ways that could be passed on to next generations remains a very significant issue. Issues about the consequences of CRISPR technology on society at large have also been expressed. Changing genes in humans and other living entities creates genetic disparity wherein socioeconomic level could make it more difficult for certain individuals to get access to more advanced genetic alterations. For some individuals, this might make healthcare even less equal; for others who can afford genetic modifications, it may be very different. Non-medical uses for gene editing—such as enhancing physical or mental qualities—could potentially abound. Moral debates about

human progress and the possibility of genetic discrimination might follow from this. Issues of ethics also involve the matter of consent. Particularly when minors or those unable of providing consent are involved, there is substantial debate over who has the authority to decide upon genetic modifications in gene therapy and genetic treatments. Making sure individuals completely grasp the risks, benefits, and long-term consequences of CRISPR-based therapies will help to maintain ethical standards in genetic studies and healthcare. These moral concerns will require careful consideration when CRISPR technology is used. To strike a balance between the prospective advantages and the hazards and ensure that CRISPR technology is used fairly and responsibly, international guidelines, public debates, and moral frameworks will be developed.

B. Technical challenges in gene editing accuracy

Though CRISPR-Cas9 technology has the power to transform the globe, it is not without technical issues. For instance, it is not simple to ensure proper execution of gene editing. One of the key concerns is how precisely CRISPR-Cas9 finds and alters the genome. Although the system is not flawless and errors may occur, it is really decent in terms of change implementation. If the edits aren't done correctly, they could cause genetic changes that weren't meant to happen and could be dangerous. These mistakes could be anything from small mutations to bigger changes in the genome, which could have bad affects or lead to new diseases. How well CRISPR-Cas9 works depends on how exact the guide RNA (gRNA) is that points the Cas9 protein at the target DNA sequence. But cuts can go in the wrong place if the gRNA and the target DNA don't match up. Even one difference can change something else in the genome without meaning to. Even though progress has been made to make CRISPR more specific, like creating high-fidelity Cas9 versions, side effects are still a big problem for medical uses. Getting the CRISPR parts to the target cells is another difficult technical part of changing genes. Gene editing only works if it can be delivered effectively, especially in medical situations. Virus vectors, nanoparticles, and electroporation are some of the current transport methods, but they are not always effective, safe, or immune-boosting. It's not always easy to edit genes accurately and effectively in living things because the transport method might not reach the right cells or might set off defensive reactions. To get around these technology problems, scientists are working hard to make CRISPR more accurate and useful.

C. Off-target effects and unintended consequences

Off-target effects, in which the Cas9 enzyme cuts DNA at places in the genome that weren't meant to be cut, are one of the biggest problems with using CRISPR-Cas9 technology. CRISPR-Cas9 is deduced to make unique modifications to a goal sequence, but it does not always paintings that method. The Cas9 protein might also bind to and reduce DNA at locations with comparable sequences, which can motive mutations that are not purported to appear. Those sudden changes to genes may have horrific outcomes, consisting of messing up essential genes or in all likelihood growing new sicknesses or raising the danger of having cancer. It's mainly frightening while things move incorrect in clinic settings, because the unexpected results ought to have long-lasting effects on health. In gene remedies, as an instance, editing genes that aren't presupposed to be modified could by accident exchange important genes that can result in immune responses, risky mutations, or the activation of oncogenes. Even small errors in modifying may want to motive new sicknesses or conditions to appear, which would make CRISPR-based redress less safe and efficient. To reduce off-goal influences as much as feasible, researchers have come up with a number of ideas, consisting of making manual RNAs higher designed and the usage of more specific Cas9 kinds which can be greater precise for the goal series. Researchers are also the use of high-tech strategies, like complete-genome sequencing, to maintain an eye on pastime that is not imagined to be there and find changes that were not meant to manifest. In spite of those improvements, off-goal impacts are nonetheless a big hassle that wishes to be fixed inside the CRISPR-Cas9 device all of the time. It's important to keep making CRISPR extra correct so that it is able to be used thoroughly and responsibly for changing genes.

CRISPR-CAS9 AND PERSONALIZED DRUG DEVELOPMENT

A. Targeting specific genetic mutations

This new technology called CRISPR-Cas9 has changed how we make drugs because it lets us target specific genetic changes that cause disease. Certain changes in a person's DNA are the cause of many illnesses, especially genetic problems and some types of cancer. Most traditional treatments focus on making symptoms better or using broad-spectrum medicines. They may not, however, reach the underlying source of the illness. More efficient and tailored medications might result from our direct targeting and fixing of these genomic modifications made possible by the CRISPR-Cas9 technology. Changes in a single gene produce the hereditary disorders cystic fibrosis, sickle cell anaemia, and Duchenne muscular dystrophy. With CRISPR, researchers can identify these defects and alter the gene so that it functions properly once again. Using CRISPR, one may modify the gene causing malfunction in haemoglobin in sickle cell anaemia. Either immediately correcting the mutation or beginning the creation of foetal haemoglobin once again may help to offset the adult haemoglobin that isn't functioning as it should. This approach not only addresses the DNA variant but also the core cause of the sickness, so it is conceivable to identify a permanent solution. In the same vein, certain genetic modifications inside cancerous cells are usually what drive the disease to expand and flourish. Targeting these modifications using CRISPR-Cas9 allows one to either directly correct them or tamper with the genes driving cancer growth. Highly customised cancer treatments—in which treatments are tailored to meet the particular genetic makeup of every individual—are made feasible by this approach. This lowers the negative effects typical of conventional treatments like as radiation and chemotherapy while raising the possibilities of therapeutic success. Table 2 lists methods for aiming at genetic mutations, their drawbacks, advantages, and future directions in therapy.

B. Role in precision drug design

Because technology allows researchers to create therapies unique to every individual's genetic background, CRISPR-Cas9 is essential for the development of precision medicines. Historically, drug development has been a one-size-fits-all procedure wherein medicines are developed for large populations depending on shared illness characteristics. This paradigm ignores,

however, the reality that individuals have very varied DNA, which results in pharmaceuticals not working the same way for everyone and maybe negative side effects. With each patient's genetic makeup taken under close attention, CRISpen technology may alter the production of precise medications. Using CRISpen to create genetically modified cell models resembling the condition in a patient allows researchers to investigate how specific modifications impact medication response. This helps one to identify the optimum medications for every patient's particular genetic background, therefore reducing the time-consuming procedure of experimenting and observing results. Cell lines or animal models unique to a patient with the same genetic modifications seen in the patient may be created by use of crispeners. These models may then be used to test several therapeutic molecules to identify those most effective in addressing the genetic defect. This approach guarantees that treatments are more likely to work for the particular genetic features that a patient possesses in addition to accelerating the search for novel medications. This increases the individualised and effective nature of therapies. Furthermore, by preventing certain genes from functioning and seeing how the illness becomes worse, CRISpen may identify fresh medication targets. This enables the discovery of fresh avenues for therapeutic applications, therefore guiding the development of new kinds of medications tailored especially for individuals possessing certain genetic features. Using CRISpen in drug development will enable us to create safer, more individualised medications according on each person's unique genetic make-up. This will be a huge step forward in the future of drug creation.

C. Case studies and examples

Several interesting case studies show how CRISPR-Cas9 is changing the way personalized drugs are made and how treatments are given. The use of CRISPR to treat sickle cell anaemia is one of the most well-known cases. An alternate inside the hemoglobin gene reasons this genetic trait. It makes red blood cells that are made in a different way, which could block blood float and motive pain, organ damage, and different problems. Blood transfusions and painkillers are not unusual methods to deal with sickle mobile anaemia, but they do not get to the basis of the hassle. That being said, researchers have been capable of fix the gene that reasons sickle cellular anaemia by way of changing the hematopoietic stem cells of an ill man or woman. While the changed cells are positioned lower back into the affected person, they need to make wholesome red blood cells, which can assist treatment the sickness. The usage of CRISPR in most cancers remedy is some other case examine. T-cells are a kind of immunity mobile that is being changed by CRISPR to goal precise cancer cells primarily based at the genetic changes discovered within the tumour.

The usage of CRISPR to enhance vehicle T-mobile remedy is one of the maximum hopeful examples. That is a form of medicine that modifications T-cells to produce chimeric antigen receptors (vehicles) that apprehend cancer cells. Researchers are making more powerful and customized most cancers redress through using CRISPR to remove genes that prevent T-cells from operating or to feature cars which might be special to positive cancer mutations. CRISPR is likewise being used to make focused drug treatments for genetic sicknesses like Duchenne muscular dystrophy (DMD), which is added on by way of changes in the dystrophin gene. Scientists are searching into CRISPR as a probable thanks to fix the gene in muscle cells, which can lead to a remedy for DMD. Early experimental research has shown capability in getting muscle cells to make running dystrophin again. This makes gene modifying a more likely thanks to treat this horrible sickness. The case research shows how CRISPR can absolutely exchange the procedure of making personalized pills. CRISPR is making it possible for extra accurate, powerful, and personalized redress for lots sicknesses, from genetic ailments to cancer, with the aid of that specialize in specific genetic flaws and making remedies suit every affected person. As generation improves, CRISPR's ability to change how tablets are made and how people are handled keeps growing. This gives people with diseases that were once thought to be incurable hope.

FUTURE DIRECTIONS AND POTENTIAL

A. Emerging technologies in gene editing

The area of editing genes is changing quickly. New technologies are being developed that build on the CRISPR-Cas9 system. It changes one pair of DNA bases into another pair without breaking the double-stranded DNA. Base editing is a better way to edit genes because it reduces the chance of making changes that weren't meant to happen and is a very accurate way to fix point mutations, which cause many genetic diseases. Prime editing, which is sometimes called "the search-and-replace" method of gene editing, is another new tool. Prime editing makes it possible to precisely add, remove, or change DNA strands with few mistakes and side effects. People think this is a big step forward because it is more accurate and faster than earlier CRISPR-based methods. This means it could be used for more effective medicinal purposes, especially for genetic diseases that need precise DNA changes. Researchers can directly fix flaws at the level of the gene code with prime editing. This could help treat genetic diseases that scientists thought were out of reach for gene-editing technologies before. CRISPR/Cas systems are also being improved so that they can target RNA. This new version is called CRISPR/Cas13. The CRISPR/Cas13 tool lets scientists edit RNA instead of DNA, which is better because changes can be undone without changing the genetic code. This RNA-targeting CRISPR technology could be used to control gene expression or treat diseases that are caused by changes in RNA, like some viruses or neurological diseases like Huntington's and ALS. More progress needs to be made on these new technologies so that they can completely change gene editing and make it more useful in clinical settings.

B. Potential integration with other therapeutic approaches

As gene editing tools like CRISPR-Cas9, base editing, and prime editing get better, they could be combined with other therapy methods to make treatments for many diseases even more effective. The use of gene editing and immunotherapy together, especially in the treatment of cancer, is a potential area for integration. Scientists have been able to enhance CAR T-cell therapy, for instance, by altering immune cells to better target cancers. Combining gene editing with immunotherapy might make cancer

therapies more efficient and provide those without many options before the opportunity for long-lasting responses. Gene editing may also be used with regenerative medicine such as stem cell therapy.

Researchers might create individualised therapies for heart disease, spinal cord injuries, and illnesses that harm nerve cells over time by altering stem cells using CRISpen to repair damaged organs or tissues. Stem cells might have genetic modifications corrected by gene editing prior to their being put into patients, for instance. This would allow one to create healthy tissues tailored to every patient's demands by means of genetic matching. Combining gene editing with regenerative medicine might allow therapies customised for every patient to reach the underlying causes of illness while also assisting tissues in healing and growth back-up. Figure 3 illustrates how alternative therapeutic approaches may be used with CRISpen-Cas9 to improve treatment outcomes.

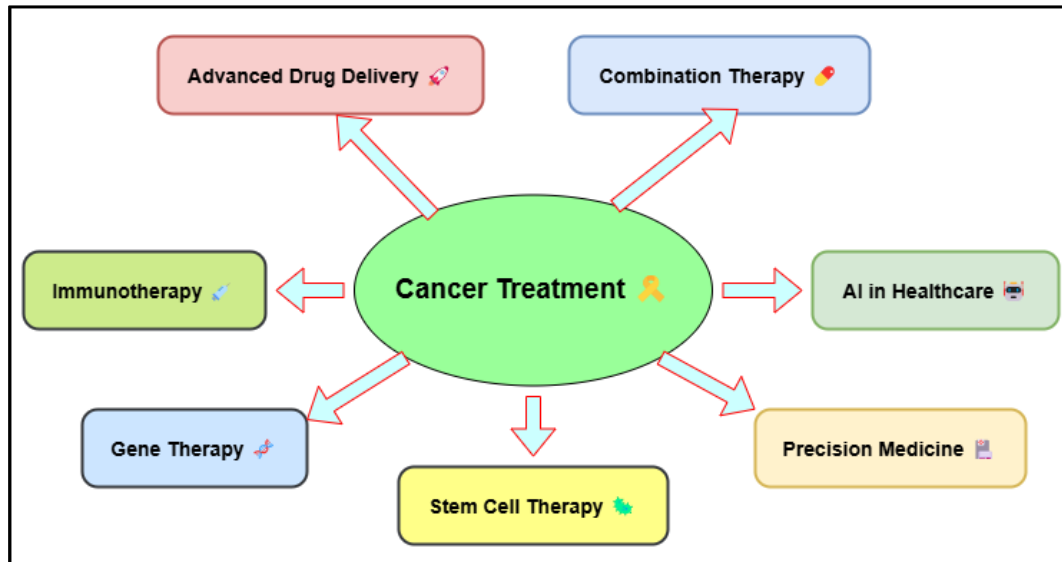


Figure 3: Potential Integration with Other Therapeutic Approaches

Another area that seems like it may be valuable is combining enhanced medication delivery techniques with gene editing. By tying CRISpen to nanoparticles or viral vectors, scientists can ensure that therapeutic medications reach the correct cells in the body and increase gene editing accuracy. This might increase the efficacy of gene therapies, reduce negative effects they generate, and result in improved approaches of treating hereditary diseases. Combining gene editing with these innovative therapeutic approaches might revolutionise the treatment of numerous disorders, including hereditary diseases, cancer, and disorders whose symptoms worsen over time.

C. Challenges to overcome for widespread clinical use

Technologies include gene-editing ones like CRISpen-Cas9 and others might fundamentally transform medicine. Before these technologies may be generally used in clinical environments, various issues must be resolved nonetheless. One of the main issues is ensuring that techniques of gene editing are precise and safe. Still a major concern is off-target effects wherein the CRISpen technique alters the genome without any purpose. These unanticipated developments run the risk of having negative consequences include oncogenes, immunological responses, or new genetic disorders developing. Scientists are labouring to make gene-editing tools more precise and particular. If these technologies are to be used in people, it is therefore rather crucial to ensure that they do not cause harmful effects. Another challenge is getting the CRISpen components into the target cells inside live entities. Particularly in deep-lying tissues or organs being employed to treat genetic diseases, gene therapy must have safe and efficient means of reaching the target cells. Though they carry hazards, gene transfer via viruses has been accomplished, such as unwanted immunological responses or reactions. Non-viral conveyance techniques such electroporation or nanoparticles are under investigation as possibilities. These techniques do, however, also suffer in terms of their efficacy, safety, and use limits. Creating safe, non-invasive transport systems that can precisely target the cells that need to be treated without triggering the defence system is crucial if gene-editing therapies are to be successful. One also has to address social and legal concerns. Germline gene editing is the process whereby genetic modifications are applied to eggs or reproductive cells. It raises grave ethical concerns about what long-term effects altering the human DNA will have. One should give much thought to the surprising consequences of genetic modifications, the prospect of creating "designer babies," and genetic injustice. Like the FDA, regulatory authorities will have to provide clear guidelines for gene-edited medicines that strike a mix between novel ideas and patient safety as well as societal issues. Furthermore, certain individuals may find it more difficult to get gene-editing equipment and medications due to their great cost, which would result in variations in who can access medical therapy. Finally, for their general use, it will be rather crucial to encourage people to embrace and educate about gene-editing technologies. It will be critical to be explicit about the prospective advantages, drawbacks, and ethical concerns of gene editing as it advances. This will assist to establish confidence and guarantee proper and fair use of these technologies. Dealing with these issues may let CRISpen and other gene-editing technologies approach becoming generally employed as medicines for illnesses unable of cure in past times.

RESULT AND DISCUSSION

With gene therapy, CRISPR-Cas9 might be utilised to cure hereditary illnesses such as sickle cell anaemia and cystic fibrosis, therefore making great advancements in tailored medicine. Its speed and precision have allowed it to be effectively employed to rectify genetic defects at the molecular level, therefore offering long-lasting remedies for illnesses formerly untenable for treatment. The application of CRISPR in cancer immunotherapy, particularly in the creation of T-cells for individualised cancer therapies, also demonstrates its possible for focused medications. Still, there are issues including moral concerns around genetic tinkering, delivery issues, and outcomes not intended for occurrence. These issues should be resolved by making CRISPR more accurate over time and using additional technologies that complement it. The future of CRISPR in personalised medicine looks very bright for personalised treatment approaches that change lives.

Table 2: Gene Therapy Evaluation for Genetic Disorders

Evaluation Parameters	Gene Therapy (Sickle Cell Anemia)	Gene Therapy (Cystic Fibrosis)	Gene Therapy (Duchenne Muscular Dystrophy)
Mutation Correction Efficiency (%)	90	85	75
Off-Target Effects (%)	5	7	10
Therapeutic Success Rate (%)	85	80	70
Patient Safety (Adverse Effects)	Minimal	Low	Low
Cost of Therapy (USD)	20,000	25,000	30,000

Looking into gene therapy for genetic diseases like sickle cell anaemia, cystic fibrosis, and Duchenne muscular dystrophy (DMD) shows some positive results but also some problems that need to be fixed. When it comes to how well mutation repair works, gene therapy for sickle cell anaemia has the best success rate (90%), which shows how far we've come in fixing the specific mutation that causes the disease. Figure 4 shows how the assessment criteria for gene therapy match across different diseases, focussing on safety, efficiency, and results.

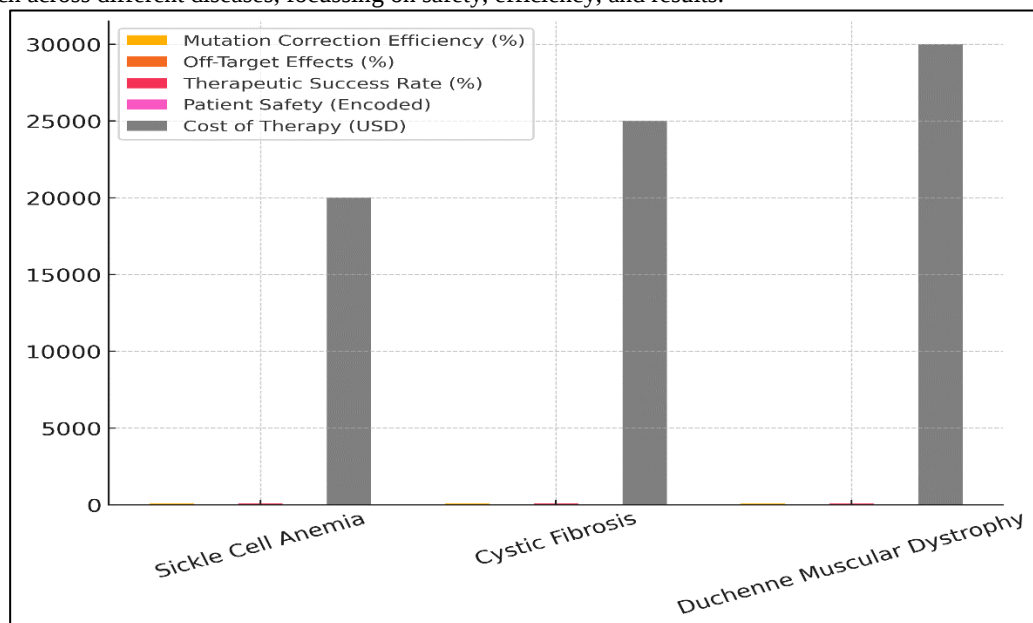


Figure 4: Comparison of Gene Therapy Evaluation Parameters Across Diseases

Following closely behind at 85% is cystic fibrosis. Gene treatments that target the CFTR gene have shown to significantly improve lung function and other symptoms. Duchenne muscular dystrophy, on the other hand, has a lower repair rate (75%). This may be because the problem is more complicated and it is harder to get the fixed gene to all the damaged muscle cells. All three treatments have side effects that aren't supposed to happen. Gene therapy for DMD has the highest rate of side effects at 10%. Figure 5 displays patterns in the measures used to judge gene therapy, comparing how well it works and what results happen across illnesses.

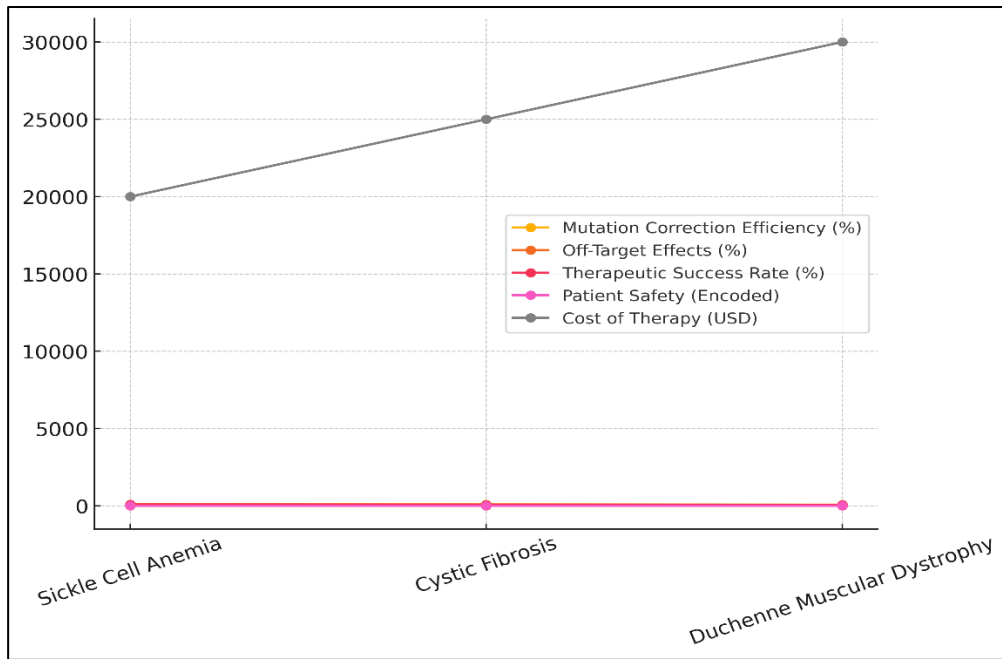


Figure 5: Trends in Gene Therapy Evaluation Metrics for Different Diseases

This is a very important matter because changing genes without meaning to could cause other health problems. Patient safety is still mostly good across all treatments, with few to no side effects recorded. However, long-term safety is still an important area that needs more study. A big issue is the cost of these treatments, which range from \$20,000 for sickle cell anaemia to \$30,000 for DMD. Even though these treatments might fix diseases, many people can't afford them, which shows how important it is to find treatments that are both cheap and scalable.

Table 3: Cancer Immunotherapy Evaluation

Evaluation Parameters	CRISPR-Cas9 (Solid Tumors)	CRISPR-Cas9 (Blood Cancers)	CRISPR-Cas9 (Personalized Immunotherapy)
T-Cell Modification Efficiency (%)	80	85	90
Off-Target Effects (%)	6	5	4
Tumor Response Rate (%)	75	80	85
Immunotherapy Success Rate (%)	70	75	80

The study of CRISPR-Cas9 in cancer immunotherapy, looking at uses in solid tumours, blood cancers, and personalized immunotherapy, shows encouraging results but also points out areas that need more work. The most effective way to change T cells is in personalised immunotherapy (90%), which shows how well CRISPR can tailor immune cells to target cancer cells directly. This level of effectiveness is very important for improving the body's natural defence against tumours. Figure 6 shows how CRISPR-Cas9 therapy measures have affected different treatment methods and results over time.

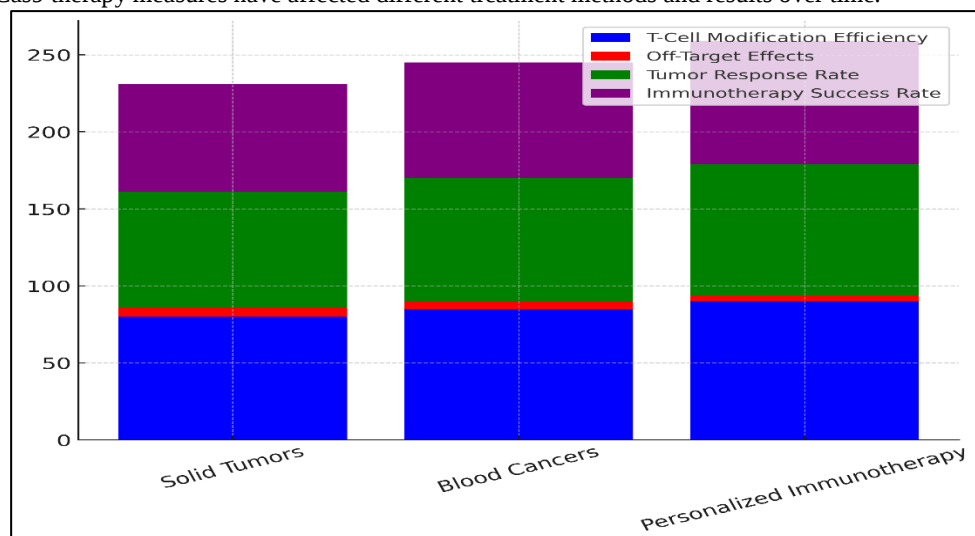


Figure 6: Cumulative Impact of CRISPR-Cas9 Therapy Metrics Across Different Treatment Approaches

CRISPR has a high change rate of 85% in blood cancers, which suggests that it could be used to improve the results of treatment in haematologic cancers. Solid tumours are still looking good at 80%, but they are harder to treat because they are more heterogeneous and have a more complicated setting. The off-target effects are very low in all three uses. Personalised immunotherapy has the lowest rate at 4%, which suggests that it may be more accurate than the other two. This is very important to keep unwanted changes to genes to a minimum and make the treatment safer generally. With personalised methods, the rates of tumour response and treatment success go up, hitting 85% and 80%, respectively. Figure 7 shows how effective, off-target, and response rates are for different CRISPR-Cas9 therapies.

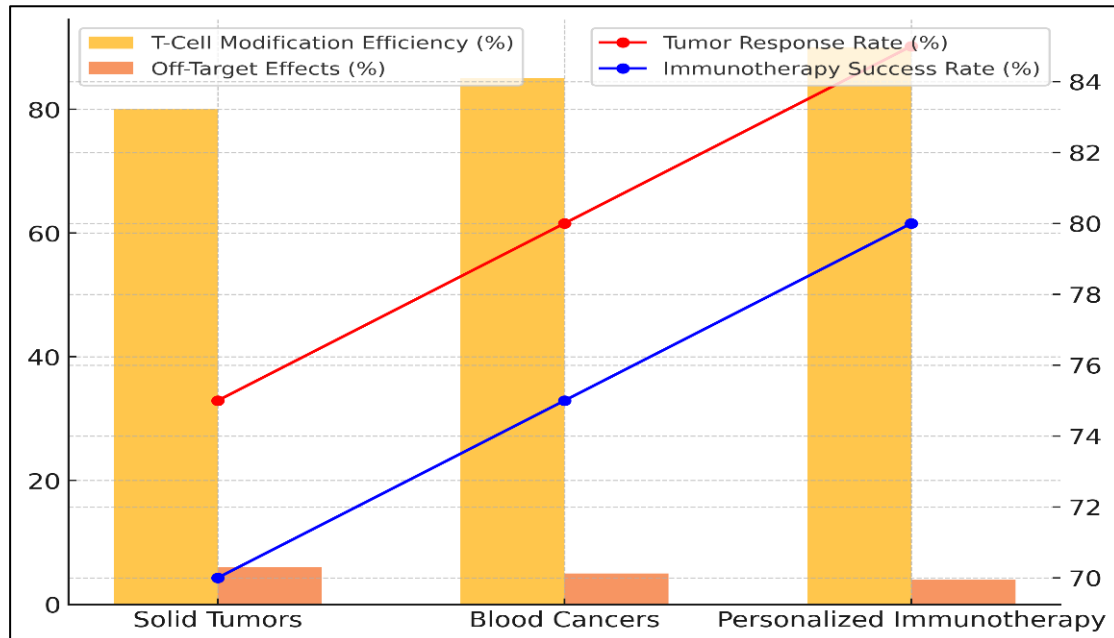


Figure 7: CRISPR-Cas9 Therapy: Efficiency, Off-Target Effects, and Response Rates Across Treatments

This is better than solid tumours (75% tumour response and 70% success) and blood cancers (80% tumour response and 75% success). These results show that personalised immunotherapy has the ability to make cancer medicines more effective and fit each patient's needs. Though CRISPR-based cancer treatment has a lot of potential, problems like how to give it, how it interacts with the immune system, and how safe it is in the long run still need to be fixed before it can be used in more patients.

CONCLUSION

CRISPR-Cas9 technology has become a game-changer in personalized medicine. It allows for exact genetic changes that can be used to treat a wide range of illnesses, such as genetic problems, cancer, and other complicated conditions. CRISPR lets us fix genetic changes at their source by allowing specific gene editing. This means that we might be able to find lasting cures for diseases that were once thought to be fatal. This precise method is about to change the way we understand and treat diseases, leading to more successful treatments that are tailored to each patient's unique genetic make-up. Even though CRISPR-Cas9 has a lot of potential, there are still some problems that need to be solved. Technical issues like off-target effects have to be addressed if we are to ensure that gene-editing therapies are safe and consistent. These may bring to unintended genetic modifications. Also, getting CRISPR parts to specific cells in the body is still a big problem because effective and painless delivery methods are still being worked on. Along with these technical problems, social concerns, especially about changing germlines, make people wonder what the long-term effects of genetic changes will be and how they could be abused. Clear rules and public discussion about the technology's moral limits are needed to make sure that it is used in a responsible way. Even with these problems, CRISPR-based gene editing is getting better all the time, and new technologies like base editing and prime editing are being added.

REFERENCES

1. Lin, M.; Wang, X. Natural Biopolymer-Based Delivery of CRISPR/Cas9 for Cancer Treatment. *Pharmaceutics* 2024, 16, 62.
2. Jiang, Z.; Song, Z.; Cao, C.; Yan, M.; Liu, Z.; Cheng, X.; Wang, H.; Wang, Q.; Liu, H.; Chen, S. Multiple Natural Polymers in Drug and Gene Delivery Systems. *Curr. Med. Chem.* 2024, 31, 1691–1715.
3. Kalliola, S.; Repo, E.; Srivastava, V.; Zhao, F.; Heiskanen, J.P.; Sirviö, J.A.; Liimatainen, H.; Sillanpää, M. Carboxymethyl Chitosan and Its Hydrophobically Modified Derivative as pH-Switchable Emulsifiers. *Langmuir ACS J. Surf. Colloids* 2018, 34, 2800–2806.
4. Alallam, B.; Altahhan, S.; Taher, M.; Mohd Nasir, M.H.; Doolaanea, A.A. Electrosprayed Alginate Nanoparticles as CRISPR Plasmid DNA Delivery Carrier: Preparation, Optimization, and Characterization. *Pharmaceutics* 2020, 13, 158.

5. Wan, T.; Chen, Y.; Pan, Q.; Xu, X.; Kang, Y.; Gao, X.; Huang, F.; Wu, C.; Ping, Y. Genome editing of mutant KRAS through supramolecular polymer-mediated delivery of Cas9 ribonucleoprotein for colorectal cancer therapy. *J. Control. Release Off. J. Control. Release Soc.* 2020, 322, 236–247.
6. Zhang, Z.; Wan, T.; Chen, Y.; Chen, Y.; Sun, H.; Cao, T.; Songyang, Z.; Tang, G.; Wu, C.; Ping, Y.; et al. Cationic Polymer-Mediated CRISPR/Cas9 Plasmid Delivery for Genome Editing. *Macromol. Rapid Commun.* 2019, 40, e1800068.
7. Qiao, L.; Gao, M.; Yi, X.; Peng, H.; Zhang, R.; Yao, W.; Sun, G.; He, X. Biomimetic gene editing system for precise tumor cell reprogramming and augmented tumor therapy. *J. Control. Release Off. J. Control. Release Soc.* 2023, 356, 663–677.
8. Kang, Y.K.; Lee, J.; Im, S.H.; Lee, J.H.; Jeong, J.; Kim, D.K.; Yang, S.Y.; Jung, K.; Kim, S.-G.; Chung, H.J. Cas9 conjugate complex delivering donor DNA for efficient gene editing by homology-directed repair. *J. Ind. Eng. Chem.* 2021, 102, 241–250.
9. Alhazza, A.; Mahdipoor, P.; Hall, R.; Manda, A.; Lohan, S.; Parang, K.; Aliabadi, H.M. Modifying peptide/lipid-associated nucleic acids (PLANAs) for CRISPR/Cas9 ribonucleoprotein delivery. *Eur. J. Pharm. Sci. Off. J. Eur. Fed. Pharm. Sci.* 2024, 195, 106708.
10. Li, Y.; Li, C.; Yan, J.; Liao, Y.; Qin, C.; Wang, L.; Huang, Y.; Yang, C.; Wang, J.; Ding, X.; et al. Polymeric micellar nanoparticles for effective CRISPR/Cas9 genome editing in cancer. *Biomaterials* 2024, 309, 122573.
11. Abbasi, S.; Uchida, S.; Toh, K.; Tockary, T.A.; Dirisala, A.; Hayashi, K.; Fukushima, S.; Kataoka, K. Co-encapsulation of Cas9 mRNA and guide RNA in polyplex micelles enables genome editing in mouse brain. *J. Control. Release* 2021, 332, 260–268.
12. Karlsson, J.; Rhodes, K.R.; Green, J.J.; Tzeng, S.Y. Poly(beta-amino ester)s as gene delivery vehicles: Challenges and opportunities. *Expert. Opin. Drug Deliv.* 2020, 17, 1395–1410.
13. Rui, Y.; Varanasi, M.; Mendes, S.; Yamagata, H.M.; Wilson, D.R.; Green, J.J. Poly(Beta-Amino Ester) Nanoparticles Enable Nonviral Delivery of CRISPR-Cas9 Plasmids for Gene Knockout and Gene Deletion. *Mol. Ther. Nucleic Acids* 2020, 20, 661–672.
14. Chen, Q.; Su, L.; He, X.; Li, J.; Cao, Y.; Wu, Q.; Qin, J.; He, Z.; Huang, X.; Yang, H.; et al. Poly(beta-amino ester)-Based Nanoparticles Enable Nonviral Delivery of Base Editors for Targeted Tumor Gene Editing. *Biomacromolecules* 2022, 23, 2116–2125.
15. Rui, Y.; Wilson, D.R.; Choi, J.; Varanasi, M.; Sanders, K.; Karlsson, J.; Lim, M.; Green, J.J. Carboxylated branched poly(beta-amino ester) nanoparticles enable robust cytosolic protein delivery and CRISPR-Cas9 gene editing. *Sci. Adv.* 2019, 5, eaay3255.
16. Wang, X.; Li, Y.; Wang, X.; Sandoval, D.M.; He, Z.; Sáez, I.L.; Wang, W. Guanidyl-Rich Poly(beta Amino Ester)s for Universal Functional Cytosolic Protein Delivery and Clustered Regularly Interspaced Short Palindromic Repeats (CRISPR) Cas9 Ribonucleoprotein Based Gene Editing. *ACS Nano* 2023, 17, 17799–17810.
17. Wang, X.; Li, Y.; Sigen, A.; Lyu, J.; Wang, X.; He, Z.; Lara-Sáez, I.; Li, M.; Wang, W. Cyclization-enhanced poly(beta-amino ester)s vectors for efficient CRISPR gene editing therapy. *J. Control. Release Off. J. Control. Release Soc.* 2024, 368, 444–452.
18. Sadeqi Nezhad, M. Poly (beta-amino ester) as an in vivo nanocarrier for therapeutic nucleic acids. *Biotechnol. Bioeng.* 2023, 120, 95–113.