

RECENT PERSPECTIVES IN THE TREATMENT OF OVARIAN CANCER AND MODERN MEDICINES IN CONCERN WITH NOVEL DRUG DELIVERY SYSTEM

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Abstract: Ovarian cancer is one of the most aggressive and life-threatening gynecological malignancies, accounting for a significant number of cancer-related deaths among women worldwide. The high mortality rate is mainly attributed to late diagnosis, non-specific symptoms, and limitations associated with conventional treatment approaches such as surgery, chemotherapy, and radiotherapy. To overcome these challenges, novel drug delivery systems (NDDS) have emerged as an advanced and promising approach for improving the therapeutic efficacy and safety of anticancer drugs. NDDS such as nanoparticles, liposomes, dendrimers, polymeric micelles, hydrogels, and nanostructured lipid carriers provide targeted and controlled drug release, enhance drug stability, and improve accumulation at the tumor site while minimizing adverse effects on healthy tissues. Furthermore, modern medicines including liposomal formulations, nanoparticle-based chemotherapeutics, and oligonucleotide-based therapies have demonstrated significant potential in enhancing treatment outcomes in ovarian cancer. This review improving the therapeutic efficiency, reducing toxicity, and enhancing overall patient outcomes.

Keyword- Ovarian cancer, Novel drug delivery system (NDDS), Nanoparticles, Liposomes, Targeted drug delivery , oligonucleotide-based therapies, Chemotherapy, Controlled drug release, Modern medicines.

1.INTRODUCTION-

Cancer is a disease characterized by the uncontrolled growth and spread of abnormal cells, which can affect various organs of the body. It is caused by genetic mutations, environmental factors, and lifestyle changes. Among different types of cancer, ovarian cancer is one of the most serious and life-threatening gynecological malignancies affecting women. It develops in the ovaries and is often diagnosed at an advanced stage due to non-specific symptoms such as abdominal pain, bloating, and pelvic discomfort.

The conventional treatment of ovarian cancer includes surgery, chemotherapy, and radiotherapy. However, these treatments have several limitations, including systemic toxicity, poor drug targeting, and drug resistance. To overcome these problems, novel drug delivery systems (NDDS) such as nanoparticles, liposomes, and polymeric micelles have been developed to improve drug targeting, enhance therapeutic efficacy, and reduce side effects.

Causes-

The exact cause of ovarian cancer is not fully understood, but several risk factors increase its likelihood, including: Genetic mutations such as BRCA1 and BRCA2, family history of ovarian or breast cancer, hormonal imbalance, increasing age, obesity, unhealthy lifestyle, late pregnancy or no pregnancy, and long-term hormone replacement therapy are the major causes and risk factors of ovarian cancer.

Symptoms-Ovarian cancer symptoms are often mild and non-specific in early stages, which makes early detection difficult. Common symptoms include: Abdominal pain, abdominal bloating, pelvic discomfort, frequent urination, loss of appetite, unexplained weight loss, fatigue, and feeling of fullness are common symptoms of ovarian cancer.

Pathophysiology-Ovarian cancer develops due to genetic mutations that cause uncontrolled cell growth in ovarian tissues. These abnormal cells multiply rapidly and form a tumor. Over time, the cancer cells can invade nearby tissues and spread to other organs such as the uterus, fallopian tubes, and abdominal cavity. The progression of ovarian cancer involves abnormal cell proliferation, resistance to apoptosis (programmed cell death), and increased angiogenesis (formation of new blood vessels), which supports tumor growth and metastasis.

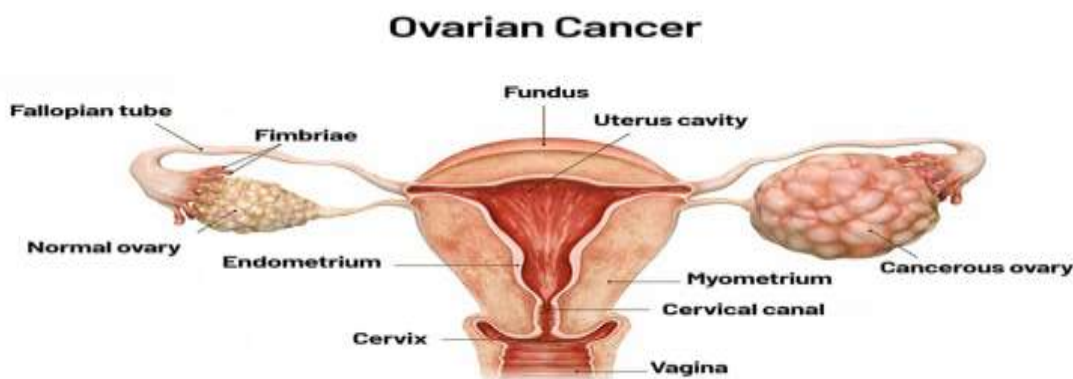


diagram of ovarian cancer

2. CONVENTIONAL TREATMENT OF OVARIAN CANCER-

The conventional treatment of ovarian cancer mainly includes surgery, chemotherapy, and radiotherapy. These treatments aim to remove or destroy cancer cells, reduce tumor size, and prevent the spread of cancer.

1. **Surgery**-Surgery is the primary treatment for ovarian cancer, especially in the early stages. The main objective is to remove the tumor and affected tissues. Common surgical procedures include removal of one or both ovaries (oophorectomy), fallopian tubes (salpingectomy), uterus (hysterectomy), and surrounding tissues if cancer has spread. Surgery helps in reducing tumor burden and improving treatment effectiveness.
2. **Chemotherapy**-Chemotherapy is the most commonly used treatment for ovarian cancer, especially in advanced stages. It involves the use of anticancer drugs to kill cancer cells or stop their growth. Commonly used drugs include paclitaxel, carboplatin, cisplatin, and doxorubicin. Chemotherapy can be given before surgery (neoadjuvant therapy) to shrink the tumor or after surgery (adjuvant therapy) to destroy remaining cancer cells.
3. **Radiotherapy**-Radiotherapy uses high-energy radiation to destroy cancer cells and reduce tumor size. It is less commonly used in ovarian cancer compared to surgery and chemotherapy but may be used in certain cases to control localized cancer or relieve symptoms.
4. **Hormone Therapy**-Hormone therapy is used in some cases to block hormones that promote cancer growth. It helps in slowing down the growth and spread of cancer cells.
5. **Targeted Therapy**-Targeted therapy uses specific drugs that target cancer cells without affecting normal cells. These therapies improve treatment effectiveness and reduce side effects compared to conventional chemotherapy.

Despite these treatments, conventional therapies have limitations such as systemic toxicity, drug resistance, and poor targeting, which has led to the development of novel drug delivery systems for improved ovarian cancer treatment.

3. LIMITATIONS OF CONVENTIONAL THERAPY-

Conventional therapies such as surgery, chemotherapy, and radiotherapy have several limitations that reduce their effectiveness in the treatment of ovarian cancer. Chemotherapy drugs are distributed throughout the body and do not specifically target cancer cells, which leads to damage to normal healthy tissues and causes severe side effects such as nausea, hair loss, fatigue, and organ toxicity. Another major limitation is poor drug targeting and low bioavailability, which reduces the concentration of the drug at the tumor site and decreases therapeutic efficacy. Additionally, repeated use of chemotherapeutic agents can lead to drug resistance, making cancer cells less responsive to treatment. Radiotherapy may also damage surrounding normal tissues and cause complications. Furthermore, conventional drug delivery systems do not provide controlled or sustained drug release, resulting in frequent dosing and increased toxicity. These limitations highlight the need for novel drug delivery systems to improve targeted delivery, enhance therapeutic effectiveness, and reduce side effects in ovarian cancer treatment.

4. NOVEL DRUG DELIVERY SYSTEM (NDDS)-

Novel Drug Delivery System (NDDS) refers to advanced techniques used to deliver drugs in a controlled, targeted, and efficient manner to achieve maximum therapeutic effect with minimum side effects. NDDS improves the delivery of anticancer drugs by enhancing drug stability, bioavailability, and accumulation at the tumor site while reducing toxicity to healthy tissues.

In the treatment of ovarian cancer, conventional drug delivery systems often result in poor targeting and systemic toxicity. NDDS overcomes these limitations by providing controlled and site-specific drug release. These systems use carriers such as nanoparticles,

liposomes, dendrimers, polymeric micelles, and hydrogels to deliver drugs directly to cancer cells. This targeted approach increases drug concentration at the tumor site and improves therapeutic efficacy.

NDDS also enhances drug solubility, protects the drug from degradation, and allows sustained and controlled release of the drug over a longer period. As a result, it reduces dosing frequency and minimizes adverse effects. Therefore, novel drug delivery systems represent a promising and effective approach for improving the treatment and management of ovarian cancer.

5. TYPES OF NOVEL DRUG DELIVERY SYSTEM (NDDS) IN OVARIAN CANCER -

Various novel drug delivery systems have been developed to improve the treatment of ovarian cancer by enhancing drug targeting, bioavailability, and therapeutic efficacy while reducing toxicity.

1. **Nanoparticles**-Nanoparticles are small carrier systems ranging from 1 to 1000 nm in size that are used to deliver anticancer drugs directly to tumor cells. They improve drug stability, enhance targeted delivery, and provide controlled drug release. Nanoparticles help increase drug concentration at the tumor site and reduce side effects on healthy tissues.
2. **Liposomes**-Liposomes are spherical vesicles composed of lipid bilayers that can carry both hydrophilic and hydrophobic drugs. They improve drug solubility, protect drugs from degradation, and enhance targeted drug delivery. Liposomal drug formulations such as liposomal doxorubicin are widely used in ovarian cancer treatment.
3. **Polymeric Micelles**-Polymeric micelles are nanosized carriers formed by amphiphilic polymers. They improve the solubility of poorly water-soluble drugs and provide controlled drug release. These systems enhance drug accumulation at the tumor site and improve therapeutic effectiveness.
4. **Dendrimers**-Dendrimers are highly branched, tree-like polymer structures that can carry large amounts of drugs. They provide precise drug targeting, controlled release, and improved drug stability, making them useful in cancer therapy.
5. **Hydrogels**-Hydrogels are three-dimensional polymer networks that can absorb large amounts of water and release drugs in a controlled manner. They provide sustained drug release and improve drug retention at the target site.
6. **Nanostructured Lipid Carriers (NLC)**-Nanostructured lipid carriers are advanced lipid-based drug delivery systems that improve drug stability, bioavailability, and controlled release. They are especially useful for delivering anticancer drugs with improved targeting and reduced toxicity.

6. MODERN MEDICINES USED IN NOVEL DRUG DELIVERY SYSTEM (NDDS)-

Modern medicines used in combination with Novel Drug Delivery Systems (NDDS) have significantly improved the treatment of ovarian cancer by enhancing drug targeting, reducing toxicity, and increasing therapeutic efficacy. NDDS helps in delivering anticancer drugs directly to the tumor site in a controlled and sustained manner.

1. **Paclitaxel**-Paclitaxel is a widely used chemotherapeutic drug for ovarian cancer treatment. When delivered through nanoparticles or liposomes, it improves drug solubility, enhances tumor targeting, and reduces systemic side effects.
2. **Doxorubicin**-Doxorubicin is an effective anticancer drug used in ovarian cancer therapy. Liposomal doxorubicin formulations improve drug stability, prolong circulation time, and reduce toxicity to normal tissues while enhancing drug accumulation at the tumor site.
3. **Carboplatin**-Carboplatin is commonly used in chemotherapy for ovarian cancer. NDDS such as nanoparticles improve its bioavailability, provide controlled drug release, and enhance therapeutic effectiveness while minimizing adverse effects.
4. **Cisplatin**-Cisplatin is a platinum-based anticancer drug. Delivery through novel carriers like liposomes and polymeric nanoparticles reduces toxicity and improves drug targeting and therapeutic efficiency.
5. **Temozolomide**-Temozolomide is an alkylating agent used in cancer treatment. NDDS such as nanoparticle and matrix-based systems improve drug stability, provide sustained release, and enhance anticancer activity.
6. **Oligonucleotide-based therapies**-Oligonucleotides such as siRNA and antisense molecules are used for targeted gene therapy in ovarian cancer. NDDS carriers like lipid nanoparticles and polymeric systems improve their stability, cellular uptake, and gene-targeting efficiency.

These modern medicines, when delivered using novel drug delivery systems, enhance drug targeting, reduce toxicity, improve bioavailability, and increase overall treatment effectiveness in ovarian cancer therapy.

7. RECENT ADVANCES IN OVARIAN CANCER TREATING USING NOVEL DRUG DELIVERY SYSTEM (NDDS) -

Recent advances in novel drug delivery systems (NDDS) have significantly improved the treatment and management of ovarian cancer by enhancing drug targeting, improving therapeutic efficacy, and reducing systemic toxicity. Nanotechnology-based drug delivery systems such as nanoparticles, liposomes, and nanostructured lipid carriers have shown promising results in delivering anticancer drugs directly to tumor cells. These systems improve drug stability, increase bioavailability, and provide controlled and sustained drug release.

Targeted drug delivery is another important advancement, where drugs are designed to specifically target cancer cells without affecting normal tissues. Ligand-based targeting, antibody-mediated delivery, and receptor-specific systems enhance drug accumulation at the tumor site and improve treatment outcomes. Liposomal formulations of anticancer drugs such as doxorubicin and paclitaxel have demonstrated improved safety and effectiveness in ovarian cancer therapy.

Gene therapy and oligonucleotide-based delivery systems are also emerging as advanced approaches for ovarian cancer treatment. These systems regulate gene expression and inhibit cancer cell growth. Additionally, polymeric micelles and hydrogels have been developed to improve drug solubility and provide controlled drug release.

Overall, recent advances in NDDS have provided new opportunities for targeted, effective, and safer ovarian cancer treatment, offering promising future perspectives in cancer therapy.

8. ADVANTAGES OF NOVEL DRUG DELIVERY SYSTEM (NDDS)-

Novel Drug Delivery Systems (NDDS) offer several advantages over conventional drug delivery methods, especially in the treatment of ovarian cancer. These systems improve the effectiveness and safety of anticancer therapy.

1. Targeted drug delivery: NDDS delivers drugs directly to the tumor site, reducing damage to healthy tissues.
2. Reduced toxicity: It minimizes systemic side effects and improves patient safety.
3. Improved bioavailability: NDDS enhances drug absorption and increases drug concentration at the target site.
4. Controlled and sustained drug release: It provides controlled release of drugs over a longer period, improving therapeutic efficacy.
5. Enhanced drug stability: NDDS protects drugs from degradation and improves their stability in the body.
6. Improved therapeutic efficacy: It increases the effectiveness of anticancer drugs.
7. Reduced dosing frequency: Controlled release reduces the need for frequent dosing.
8. Better patient compliance: Reduced side effects and dosing frequency improve patient compliance.

9. FUTURE PERSPECTIVE-

Novel drug delivery systems (NDDS) have shown great potential in improving the treatment of ovarian cancer, and future research is focused on developing more advanced and targeted delivery systems. Nanotechnology-based drug delivery systems such as nanoparticles, liposomes, and nanostructured lipid carriers are expected to play a major role in providing precise and effective drug targeting. These systems can improve drug stability, enhance therapeutic efficacy, and reduce toxicity.

Gene therapy and oligonucleotide-based drug delivery are emerging as promising approaches for the treatment of ovarian cancer. These therapies can target specific genes responsible for cancer growth and improve treatment outcomes. In addition, the development of targeted drug delivery systems using ligands, antibodies, and receptor-specific carriers will further enhance the selectivity and effectiveness of anticancer drugs.

Personalized medicine is another important future direction, where treatment is tailored according to the patient's genetic profile to achieve better therapeutic results. Furthermore, advanced delivery systems such as smart drug delivery systems and controlled release formulations are expected to improve drug delivery efficiency and patient safety.

Overall, future advancements in NDDS and modern medicines are expected to provide safer, more effective, and targeted treatment options, improving survival rates and quality of life in patients with ovarian cancer.

CONCLUSION-

Ovarian cancer is a serious and life-threatening gynecological malignancy with high mortality due to late diagnosis and limitations of conventional treatment methods such as surgery, chemotherapy, and radiotherapy. These conventional therapies often result in poor drug targeting, systemic toxicity, and drug resistance, which reduce their overall effectiveness. Novel Drug Delivery Systems (NDDS) have emerged as a promising approach to overcome these limitations by providing targeted, controlled, and sustained drug delivery to the tumor site. NDDS such as nanoparticles, liposomes, polymeric micelles, dendrimers, and hydrogels improve drug stability, bioavailability, and therapeutic efficacy while minimizing side effects. Modern medicines including paclitaxel, doxorubicin, carboplatin, temozolomide, and oligonucleotide-based therapies show enhanced effectiveness when delivered through NDDS. Recent advances in nanotechnology and targeted drug delivery systems offer new opportunities for safer and more efficient ovarian cancer treatment. Therefore, NDDS represents a promising strategy for improving therapeutic outcomes and future management of ovarian cancer.

REFERENCES-

- [1] Siegel RL, Miller KD, Jemal A. Cancer statistics, 2024. *CA Cancer J Clin.* 2024;74(1):17–48.
- [2] Torre LA, Trabert B, DeSantis CE, et al. Ovarian cancer statistics, 2018. *CA Cancer J Clin.* 2018;68(4):284–296.
- [3] Reid BM, Permuth JB, Sellers TA. Epidemiology of ovarian cancer: a review. *Cancer Biol Med.* 2017;14(1):9–32.

- [4] Lheureux S, Gourley C, Vergote I, Oza AM. Epithelial ovarian cancer. *Lancet*. 2019;393(10177):1240–1253.
- [5] Jain RK. Nanotechnology in cancer treatment: opportunities and challenges. *Nat Rev Cancer*. 2010;10(6):399–410.
- [6] Barenholz Y. Doxil®—the first FDA-approved nano-drug: lessons learned. *J Control Release*. 2012;160(2):117–134.
- [7] Peer D, Karp JM, Hong S, et al. Nanocarriers as emerging platforms for cancer therapy. *Nat Nanotechnol*. 2007;2(12):751–760.
- [8] Allen TM, Cullis PR. Liposomal drug delivery systems: from concept to clinical applications. *Adv Drug Deliv Rev*. 2013;65(1):36–48.
- [9] Duncan R. Polymer therapeutics as nanomedicines: new perspectives. *Nat Rev Cancer*. 2006;6(9):688–701.
- [10] Torchilin VP. Multifunctional nanocarriers for drug delivery in cancer therapy. *Nat Rev Drug Discov*. 2014;13(11):813–827.
- [11] Markman M. Pharmaceutical management of ovarian cancer. *Drugs*. 2019;79(12):1231–1239.
- [12] Colombo N, Ledermann JA. Updated treatment recommendations for ovarian cancer. *Ann Oncol*. 2021;32(11):1300–1303.
- [13] Wang AZ, Langer R, Farokhzad OC. Nanoparticle delivery of cancer drugs. *Annu Rev Med*. 2012;63:185–198.
- [14] Park K. Controlled drug delivery systems: past forward and future. *J Control Release*. 2014;190:3–8.
- [15] Kulkarni JA, Cullis PR, Van Der Meel R. Lipid nanoparticles enabling gene therapies. *Nat Rev Drug Discov*. 2018;17(12):873–885.
- [16] Sercombe L, Veerati T, Moheimani F, et al. Advances and challenges of liposome assisted drug delivery. *Front Pharmacol*. 2015;6:286.
- [17] Shi J, Kantoff PW, Wooster R, Farokhzad OC. Cancer nanomedicine: progress and future opportunities. *Nat Rev Cancer*. 2017;17(1):20–37.
- [18] Patra JK, Das G, Fraceto LF, et al. Nano based drug delivery systems in cancer therapy. *J Nanobiotechnology*. 2018;16:71.
- [19] Torre LA, Trabert B, DeSantis CE, et al. Ovarian cancer statistics, 2018. *CA Cancer J Clin*. 2018;68(4):284–296.
- [20] Chan JK, Tian C, Fleming GF, et al. The potential benefit of 6 vs. 3 cycles of chemotherapy in subsets of women with early-stage high-risk epithelial ovarian cancer: an exploratory analysis of a Gynecologic Oncology Group study. *Gynecol Oncol*. 2010;116(3):301–306.
- [21] Trimbos JB, Parmar M, Vergote I, et al. International collaborative ovarian neoplasm trial 1 and adjuvant chemotherapy in ovarian neoplasm trial: two parallel randomized phase III trials of adjuvant chemotherapy in patients with early-stage ovarian carcinoma. *J Natl Cancer Inst*. 2003;95(2):105–112.
- [22] Colombo N, Guthrie D, Chiari S, et al. International collaborative ovarian neoplasm trial 1: a randomized trial of adjuvant chemotherapy in women with early-stage ovarian cancer. *J Natl Cancer Inst*. 2003;95(2):125–132.
- [23] Trimbos JB, Vergote I, Bolis G, et al. Impact of adjuvant chemotherapy and surgical staging in early-stage ovarian carcinoma: European Organisation for Research and Treatment of Cancer-adjuvant chemotherapy in Ovarian Neoplasm-trial. *J Natl Cancer Inst*. 2003;95(2):113–125.
- [24] González-Martín A, Harter P, Leary A, et al. Newly diagnosed and relapsed epithelial ovarian cancer: ESMO Clinical Practice Guideline for diagnosis, treatment and follow-up. *Ann Oncol*. 2023;34(10):833–848.
- [25] Clapp AR, James EC, McNeish IA, et al. Weekly dose-dense chemotherapy in first-line epithelial ovarian, fallopian tube, or primary peritoneal carcinoma treatment (ICON8): primary progression-free survival analysis results from a GCIG phase 3 randomised controlled trial. *Lancet*. 2019;394(10214):2084–2095.

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