

Review

Epigenetic Alterations in Carcinogenesis: Role of DNA Methylation and Histone Modifications

Shivanand Kolageri*Assistant Professor, BLDEA's Shri Sanganasava Mahaswamiji College of Pharmacy and Research Centre, Vijayapura-586103***Corresponding Author:***Dr. Shivanand Kolageri***Email:***shivanandkolageri1996@gmail.com***Conflict of interest:** NIL**Article History**

Received: 03/09/2025

Accepted: 22/09/2025

Published: 28/10/2025

Abstract:

Epigenetic alterations, particularly DNA methylation and histone modifications, play a crucial role in the initiation, progression, and metastasis of cancer. Unlike genetic mutations, which involve changes in the DNA sequence, epigenetic modifications are reversible and can be influenced by environmental factors, lifestyle, and age. DNA methylation, the addition of a methyl group to the 5' position of cytosine residues, typically leads to gene silencing and has been associated with the inactivation of tumor suppressor genes. On the other hand, histone modifications, including acetylation, methylation, and phosphorylation, influence chromatin structure and gene expression. These modifications can either promote or inhibit the expression of oncogenes and tumor suppressor genes, depending on the specific modification and context. This paper reviews the roles of DNA methylation and histone modifications in carcinogenesis, exploring their impact on gene expression regulation, tumor progression, and potential for therapeutic intervention. A comprehensive understanding of these epigenetic mechanisms may open new avenues for early detection, targeted therapy, and the development of epigenetic drugs in cancer treatment.

KEYWORDS: Epigenetics, Carcinogenesis, DNA Methylation, Histone Modifications, Gene Expression, Tumor Suppressor Genes, Oncogenes, Chromatin, Cancer Therapy

This is an Open Access article that uses a funding model which does not charge readers or their institutions for access and distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>) and the Budapest Open Access Initiative (<http://www.budapestopenaccessinitiative.org/read>), which permit unrestricted use, distribution, and reproduction in any medium, provided original work is properly credited.

1.1 Introduction:

Carcinogenesis, the process by which normal cells transform into cancerous cells, is a complex and multi-step phenomenon influenced by both genetic and epigenetic factors. While genetic mutations in oncogenes and tumor suppressor genes have long been recognized as key drivers of cancer, recent research has highlighted the crucial role of epigenetic alterations in shaping tumor development. Epigenetic modifications, which include DNA methylation and histone modifications, do not alter the underlying DNA sequence but instead regulate gene expression by modifying chromatin structure and accessibility.(1) DNA methylation, primarily occurring at the CpG dinucleotides in gene promoter regions, typically leads to gene silencing. Aberrant DNA methylation

patterns are frequently observed in cancer, where hypermethylation can silence tumor suppressor genes, while hypomethylation can lead to the activation of oncogenes or genomic instability. Similarly, histone modifications, which involve the addition or removal of chemical groups such as acetyl, methyl, and phosphate to histone proteins, play a vital role in regulating chromatin structure. These modifications can either condense or relax the chromatin, thereby controlling the accessibility of transcription factors and RNA polymerase to the DNA, which in turn influences gene expression. Epigenetic alterations are dynamic and reversible, making them attractive targets for therapeutic intervention. Importantly, these modifications can be influenced by environmental factors such as diet, smoking, and exposure to carcinogens, making them

a critical link between genetics and the environment in cancer development. This growing understanding of epigenetic regulation offers potential strategies for early detection, personalized treatment, and the development of novel epigenetic therapies aimed at reversing aberrant gene expression patterns in cancer.(2)

This paper aims to explore the intricate role of DNA methylation and histone modifications in carcinogenesis, examining their contributions to tumor initiation, progression, and metastasis, and discussing the potential for epigenetic therapies in cancer management.

1.2 Overview of Carcinogenesis:

Carcinogenesis is the process by which normal cells undergo genetic and molecular changes, leading to uncontrolled cell growth and the development of cancer. This transformation occurs in several stages, starting with the initiation phase, where genetic alterations or mutations cause cells to gain the ability to proliferate uncontrollably.(3) In the promotion phase, additional genetic changes and environmental factors further enhance the growth of these abnormal cells. The progression phase follows, where the tumor continues to grow and acquire additional mutations, eventually resulting in metastasis, or the spread of cancer cells to other parts of the body. Carcinogenesis is a complex and multistep process that involves both genetic and epigenetic changes, influencing the expression of key regulatory genes that control cell cycle, apoptosis, and DNA repair.(4)

1.3 The Role of Epigenetics in Cancer Development:

Epigenetics refers to changes in gene expression or cellular phenotype that do not involve alterations in the DNA sequence itself. These changes are typically mediated by DNA methylation, histone modifications, and non-coding RNA molecules. Epigenetic modifications play a critical role in regulating the activation or silencing of genes involved in cancer progression.(5) In cancer, abnormal epigenetic changes can lead to the silencing of tumor suppressor genes or the activation of oncogenes, contributing to uncontrolled cell division, evasion of apoptosis, and other hallmark traits of cancer cells. These alterations are reversible and influenced by both intrinsic genetic factors and extrinsic environmental factors such as diet, toxins, and lifestyle. As a result, epigenetics represents a promising area of research for developing novel

therapeutic approaches for cancer prevention and treatment.(6)

1.4 Genetic vs. Epigenetic Changes in Cancer:

Genetic changes in cancer refer to mutations or alterations in the DNA sequence of genes that can result in the activation of oncogenes or inactivation of tumor suppressor genes. These mutations are stable and passed down during cell division, contributing to the malignant transformation of cells.(7) In contrast, epigenetic changes do not alter the underlying DNA sequence but instead involve reversible modifications that regulate gene expression. These modifications include DNA methylation and histone modifications that can silence tumor suppressor genes or activate oncogenes, creating a favorable environment for cancer progression. While genetic changes are permanent and often irreversible, epigenetic changes can be influenced by environmental factors and are reversible, providing potential therapeutic opportunities for cancer intervention. Both genetic and epigenetic alterations work together in a synergistic manner to drive carcinogenesis and cancer progression.(8)

1.5 Understanding DNA Methylation in Carcinogenesis:

DNA methylation is a key epigenetic modification in which a methyl group is added to the 5' carbon of the cytosine ring in CpG dinucleotides, typically in the promoter region of genes. This modification usually leads to gene silencing, as the methylation of promoter regions inhibits the binding of transcription factors and the initiation of gene transcription. In normal cells, DNA methylation helps regulate the expression of genes involved in processes such as development, genomic stability, and tissue differentiation. However, in cancer cells, aberrant DNA methylation patterns are commonly observed.(9) Hypermethylation of tumor suppressor gene promoters can lead to their silencing, while hypomethylation of oncogenes or repetitive sequences can contribute to genomic instability. The dysregulation of DNA methylation in cancer is a key mechanism in tumorigenesis, influencing cell cycle regulation, apoptosis, and metastasis. Understanding the patterns and mechanisms of DNA methylation in carcinogenesis opens the door to potential diagnostic and therapeutic strategies, including the use of demethylating agents to reverse abnormal epigenetic silencing.(10)

1.6 Mechanisms of DNA Methylation and Gene Expression:

DNA methylation plays a critical role in the regulation of gene expression, primarily through the addition of a methyl group to the 5' position of cytosine residues, predominantly in CpG dinucleotides within gene promoter regions. When DNA is methylated, the structural conformation of the chromatin changes, making it more compact and less accessible to the transcriptional machinery.(11) This methylation leads to transcriptional repression of the affected gene. In addition to the direct inhibition of transcription factors' binding to the promoter region, methylated DNA can recruit methyl-binding proteins, such as MeCP2, which further recruit histone deacetylases and other repressive chromatin modifiers. This results in the formation of a closed chromatin structure, reducing the likelihood of gene activation. On the other hand, the removal of DNA methylation (via DNA demethylation mechanisms) can restore gene expression. The dynamic nature of DNA methylation allows it to function as a key regulator in normal cellular processes and plays an important role in diseases like cancer.(12)

1.7 Impact of Aberrant DNA Methylation in Cancer:

In cancer, DNA methylation patterns are frequently altered, contributing to the dysregulation of gene expression that drives tumorigenesis. Aberrant DNA methylation typically manifests as hypermethylation of tumor suppressor gene promoters and hypomethylation of oncogenes or repetitive elements.(13) Hypermethylation of tumor suppressor genes can silence critical genes involved in DNA repair, apoptosis, and cell cycle regulation, giving cancer cells an unchecked proliferative advantage. Conversely, hypomethylation of oncogenes or transposable elements can lead to their inappropriate activation or genomic instability. Additionally, hypomethylation of repetitive sequences can cause chromosomal instability, which promotes tumor progression. The abnormal DNA methylation landscape of cancer cells is not only a hallmark of the disease but also offers potential for early detection through the identification of unique methylation signatures. Targeting DNA methylation to reverse these aberrant patterns presents a promising therapeutic avenue, including the use of DNA methyltransferase inhibitors.(14)

1.8 Histone Modifications and Their Role in Gene Regulation:

Histone modifications refer to the covalent attachment of various chemical groups to histone proteins around which DNA is wrapped, affecting the structure of chromatin and consequently gene expression. These modifications include acetylation, methylation, phosphorylation, and ubiquitination, among others. The addition or removal of these chemical groups can alter the accessibility of the DNA to the transcriptional machinery.(15) For example, histone acetylation generally leads to gene activation by neutralizing the positive charge of histones, thereby loosening the chromatin structure and promoting transcription. Conversely, histone methylation can either activate or repress gene expression depending on the specific location and type of methylation. These modifications serve as a regulatory code that controls gene expression, chromatin compaction, and DNA repair processes. In the context of cancer, dysregulated histone modifications can contribute to the silencing of tumor suppressor genes or the activation of oncogenes, making them key players in cancer progression and metastasis.(16)

1.9 Interaction Between DNA Methylation and Histone Modifications:

DNA methylation and histone modifications are intricately linked and work together to regulate chromatin structure and gene expression. In many cases, DNA methylation and histone modifications are mutually reinforcing. For example, DNA methylation can recruit histone deacetylases (HDACs) and methyltransferases, leading to histone deacetylation and histone methylation, which further compact the chromatin and repress gene expression.(17) On the other hand, histone modifications can influence DNA methylation patterns. For instance, certain histone modifications, such as H3K4me3, can recruit DNA demethylases to promote the removal of DNA methylation marks, leading to gene activation. The coordinated interaction between these two layers of epigenetic regulation is critical for maintaining cellular homeostasis, and disruptions in their interplay can lead to cancer. The interplay between DNA methylation and histone modifications in cancer provides opportunities for therapeutic strategies aimed at restoring normal epigenetic patterns, potentially reversing the effects of aberrant gene silencing or activation.(18)

1.10 Epigenetic Alterations in Tumor Suppressor Genes:

Tumor suppressor genes play a pivotal role in maintaining normal cell function by regulating processes such as cell cycle arrest, apoptosis, and DNA repair. When these genes are inactivated, either by mutations or epigenetic alterations, the result is the loss of control over cell proliferation and survival, contributing to carcinogenesis. Epigenetic alterations, particularly DNA methylation and histone modifications, are frequently observed in the silencing of tumor suppressor genes in cancer.(19) Hypermethylation of the promoter regions of these genes can lead to their transcriptional repression, preventing the expression of key protective functions. In addition, histone modifications such as deacetylation or the addition of repressive methylation marks (e.g., H3K27me3) can further reinforce the silencing of tumor suppressor genes. Reversing these epigenetic alterations through targeted therapies, such as DNA demethylating agents or histone deacetylase inhibitors, has shown promise in restoring the function of tumor suppressor genes and reactivating their protective roles in cancer therapy.(20)

1.11 Epigenetic Control of Oncogenes:

Oncogenes are genes that, when activated or overexpressed, promote cell proliferation, survival, and metastasis, often contributing to the development of cancer. Normally, these genes are tightly regulated to prevent uncontrolled cellular growth. However, epigenetic modifications can lead to their inappropriate activation.(21) DNA hypomethylation, for instance, can cause the activation of oncogenes by exposing their promoters to transcription factors, resulting in their overexpression. Additionally, histone modifications such as acetylation and phosphorylation can alter chromatin structure, making it more accessible to the transcriptional machinery, further driving oncogene expression. In cancer, these epigenetic changes often disrupt the normal regulatory mechanisms controlling oncogenes, leading to tumorigenesis. The epigenetic control of oncogenes is a crucial aspect of cancer biology, and understanding these mechanisms could help in identifying novel therapeutic targets to inhibit oncogene activation and prevent cancer progression.(22)

1.12 Environmental Factors and Epigenetic Changes:

Environmental factors, including diet, lifestyle, exposure to carcinogens, and infections, play a significant role in influencing epigenetic modifications. Unlike genetic mutations, which are permanent alterations to the DNA sequence, epigenetic modifications can be reversible and influenced by external factors. Carcinogens, such as tobacco smoke and UV radiation, can induce DNA methylation changes and histone modifications that promote tumorigenesis. (23) Similarly, dietary factors, such as folate and other micronutrients, can influence DNA methylation patterns, while chronic stress and exposure to endocrine disruptors can affect gene expression through alterations in histone acetylation or methylation. These environmental influences contribute to the complex relationship between genetics, lifestyle, and cancer. As the epigenome is dynamic and responsive to the environment, understanding the role of environmental factors in epigenetic regulation is critical for developing preventive strategies and interventions for cancer.(24)

1.13 Reversibility of Epigenetic Modifications in Cancer:

One of the defining characteristics of epigenetic changes is their reversibility. Unlike genetic mutations, which are permanent alterations in the DNA sequence, epigenetic modifications can be modified or "reversed" by specific enzymatic actions. In the context of cancer, this reversibility presents significant opportunities for therapeutic intervention. (25) For example, DNA methylation can be reversed by DNA demethylases or by using pharmacological agents such as DNA methyltransferase inhibitors. Similarly, histone modifications can be modulated by using histone deacetylase inhibitors or histone methyltransferase inhibitors to alter the chromatin state. The reversible nature of epigenetic changes makes them attractive targets for cancer therapy, as the silenced tumor suppressor genes or overexpressed oncogenes in cancer cells may be reactivated or suppressed by targeting the enzymes responsible for these modifications. This reversibility offers hope for developing therapies that can restore normal gene expression patterns and reverse the aberrant epigenetic landscape associated with cancer.(26)

1.14 Therapeutic Potential of Targeting Epigenetic Alterations:

The ability to manipulate epigenetic modifications offers a novel approach to cancer therapy. As many

cancer-related epigenetic alterations are reversible, targeting these changes could restore normal gene expression patterns and potentially reverse tumorigenesis. DNA methylation inhibitors, such as 5-aza-2'-deoxycytidine, have shown promise in clinical trials by reversing hypermethylation of tumor suppressor genes, allowing their re-expression in cancer cells.(27) Similarly, histone deacetylase inhibitors (HDAC inhibitors) and histone methyltransferase inhibitors are being explored as potential treatments to alter histone modifications and reactivate silenced tumor suppressor genes or inhibit oncogene expression. Furthermore, the development of small molecules that target specific epigenetic enzymes, such as DNMTs (DNA methyltransferases) and HDACs, offers precision medicine approaches for patients with specific epigenetic alterations. Epigenetic therapies can be used alone or in combination with traditional treatments like chemotherapy or immunotherapy, providing a more tailored and effective treatment strategy. While epigenetic therapies are still under investigation, their potential to provide more personalized, less toxic, and more effective treatments for cancer is a promising area of research.(28)

1.15 The Future of Epigenetic Research in Cancer Therapy

The future of epigenetic research in cancer therapy holds significant promise as our understanding of epigenetic modifications continues to grow. Epigenetic alterations, such as DNA methylation

and histone modifications, have been identified as crucial drivers of cancer progression, making them attractive therapeutic targets.(29) One of the most exciting areas of research is the development of small molecule inhibitors targeting specific epigenetic enzymes, such as DNA methyltransferases and histone deacetylases, which regulate gene expression by adding or removing epigenetic marks. Inhibiting these enzymes could reverse the silencing of tumor suppressor genes or the activation of oncogenes, potentially offering a means to "reprogram" cancer cells back to a normal state. This approach is already being explored in clinical trials, with promising results from drugs like DNA methyltransferase inhibitors and histone deacetylase inhibitors.

Moreover, combining epigenetic therapies with traditional treatments, such as chemotherapy and immunotherapy, is likely to enhance therapeutic outcomes. For example, epigenetic therapies may increase tumor sensitivity to chemotherapy or help overcome immune evasion mechanisms, making cancer cells more susceptible to immune checkpoint inhibitors. Another exciting possibility is the development of personalized epigenetic therapies, where patients' tumors are analyzed for specific epigenetic alterations. This would allow for the tailoring of treatments that target these alterations, making the therapy more effective and minimizing side effects.(30)

Epigenetic Alteration	Mechanism	Effect on Cancer	Therapeutic Potential
DNA Methylation	Addition of a methyl group to cytosine residues, mainly at CpG islands in promoters.	Hypermethylation of tumor suppressor genes leads to their silencing; hypomethylation of oncogenes leads to their activation.	DNA methyltransferase inhibitors (e.g., 5-aza-2'-deoxycytidine) are being used to reverse methylation-induced gene silencing.
Histone Acetylation	Acetylation of histones leads to chromatin relaxation and gene activation.	Loss of histone acetylation can result in silencing of tumor suppressor genes.	Histone deacetylase inhibitors (e.g., vorinostat) are used to reactivate silenced genes and reduce tumor growth.
Histone Methylation	Addition of methyl groups to lysine or arginine residues on histones; can activate or repress gene expression depending on location.	Histone methylation alters gene expression, often silencing tumor suppressor genes or activating oncogenes.	Inhibition or modification of specific histone methyltransferases can potentially reverse oncogene expression or activate tumor suppressor genes.

Histone Phosphorylation	Phosphorylation of histones often occurs in response to DNA damage or stress, playing a role in DNA repair and gene regulation.	Phosphorylation of histones aids in DNA repair but can also contribute to genomic instability in cancer cells.	Targeting histone kinases could help prevent DNA damage accumulation and maintain chromosomal stability in cancer.
DNA Demethylation	Reversal of DNA methylation, potentially reactivating silenced tumor suppressor genes or restoring normal gene expression.	DNA demethylation can restore the expression of tumor suppressor genes silenced in cancer cells.	Using DNA demethylating agents to reactivate tumor suppressor genes is a promising area for cancer therapy.

CONCLUSION:

Epigenetic alterations, including changes in DNA methylation and histone modifications, play a pivotal role in the initiation and progression of cancer. These modifications regulate gene expression without altering the underlying DNA sequence, allowing cells to adapt to internal and external stimuli, including carcinogenic factors. Aberrant DNA methylation patterns and histone modifications are commonly observed in cancer, leading to the silencing of tumor suppressor genes, activation of oncogenes, and genomic instability. Understanding the intricate mechanisms behind these epigenetic alterations is crucial for deciphering cancer biology and identifying potential biomarkers for early diagnosis.

The reversibility of epigenetic modifications offers exciting therapeutic possibilities. Unlike genetic mutations, which are often irreversible, epigenetic changes can be targeted with pharmacological agents, such as DNA methyltransferase inhibitors and histone deacetylase inhibitors, to restore normal gene expression and potentially reverse the malignant phenotype. Furthermore, the role of environmental factors in modulating the epigenome highlights the dynamic nature of these alterations, offering opportunities for prevention and intervention at the environmental level.

In conclusion, the growing understanding of epigenetic regulation in cancer opens new avenues for research and therapeutic development. The ability to target epigenetic modifications offers promise for more personalized, targeted cancer therapies with fewer side effects compared to traditional treatments. Continued research into the molecular mechanisms of epigenetic changes and their relationship to cancer will be critical in

advancing our ability to diagnose, treat, and ultimately prevent cancer.

REFERENCES:

1. Mandal S, Mandal S. Topical Delivery of Sulfasalazine via Nanosponges-Loaded Hydrogels: A Novel Approach for Enhanced Psoriasis Management. *International Journal of Multidisciplinary Science and Innovation*. 2025 Apr 25:19-23.
2. Topi D, Dubey CK, Sharma S, Fasiha B, Mandal S. A Review of Plant-Based Natural Products for the Management of Diabetes: From Ethnobotany to Clinical Evidence. *International Journal of Natural Products and Alternative Medicine*. 2025 Mar 20:16-22.
3. Mandal S, Kumar M, Bhumika K, Ali S, Jahan I, Mandal S. Impact of Electronic Health Records and Automation on Pharmaceutical Management Efficiency: A Narrative Review. *International Journal of Health Sciences and Engineering*. 2025 Feb 17:21-36.
4. Kumar M, Manda S, Bhumika K, Ali S, Jahan I, Mandal S. Targeted Drug Delivery Systems in Oncology: A Review of Recent Patents and future directions. *International Journal of Health Sciences and Engineering*. 2025 Feb 17:37-57.
5. Mandal S. Advances and Future Prospects of Lipid-Based Nanocarriers in Targeted Cancer Therapy: A Comprehensive Review. *Current Cancer Drug Targets*. 2025 May 13.
6. Chatterjee S, Ahamed IN, Aggarwal M, Mandal S, Mandal S. Bioadhesive Self-

- Nanoemulsifying Drug Delivery Systems (BSNEDDS): A Novel Strategy to Enhance Mucosal Drug Absorption and Bioavailability. *International Journal of Multidisciplinary Science and Innovation*. 2025 Apr 25:24-7.
7. Velraj M, Bhyan B, Mishram R, Padhy RP, Mandal S. Recent Advances in the Isolation and Characterization of Antimicrobial Compounds. *International Journal of Natural Products and Alternative Medicine*. 2025 Mar 20:23-9.
 8. Kotnala M, Porwal P, Mandal S, Mandal S. The Role of Plant Metabolites in Enhancing Immunomodulatory Responses in Autoimmune Diseases. *International Journal of Natural Products and Alternative Medicine*. 2025 Mar 20:30-6.
 9. Monisha R, Jaquline RS, Yadav K, Mandal S, Mandal S. Psychological Well-Being and Oral Health: The Role of Dentistry in Comprehensive Healthcare. *International Journal of Integrative Dental and Medical Sciences*. 2025 Mar 17:22-9.
 10. Ismail A, KR PK, Mandal S. The Role of Oral Microbiota in Systemic Diseases: Bridging the gap between Dentistry and Medicine. *International Journal of Integrative Dental and Medical Sciences*. 2025 Mar 17:30-6.
 11. Chatterjee S, Ahamed IN, Aggarwal M, Mandal S, Mandal S. Advances in Dental Biomaterials: Bridging Dentistry and Medicine for Improved Patient Outcomes. *International Journal of Integrative Dental and Medical Sciences*. 2025 Mar 17:1-6.
 12. Kumar S, Mandal S, Bhyan B, Pandey A, Mishra R, Jain A. Digital Marketing Trends and Consumer Engagement: A Review. *The International Journal of Humanities, Social Sciences and Business Management*. 2025 Feb 27:6-10.
 13. Mandal S, Mandal S. Cryptocurrency and the Future of Financial Markets: A Mini Review. *The International Journal of Humanities, Social Sciences and Business Management*. 2025 Feb 27:21-7.
 14. Mandal S, Mandal S. Mesalamine Microemulsions for Crohn's Disease: A Review. *International Journal of Health Sciences and Engineering*. 2025 Feb 17:1-8.
 15. Bhumika K, Ali S, Jahan I, Kumar M, Mandal S, Mandal S. Enhanced Bioavailability and Targeted Delivery of Mesalamine for Crohn's Disease Using Microemulsion Formulations. *International Journal of Health Sciences and Engineering*. 2025 Feb 17:16-20.
 16. Mandal S, Mandal S. Design and Evaluation of Liposomal Carriers for Targeted Delivery of siRNA In Cancer Therapy. *Current Pharmaceutical Letters And Reviews*. 2024 Oct 3:53-63.
 17. Bhumika K, Mandal S. Exploring the Chemical Composition and Cardioprotective Properties of *Plumeria obtusa* Using Advanced LC-MS/MS and Computational Methods in a Rabbit Model of Adriamycin Induced Myocardial Injury. *Current Pharmaceutical Letters And Reviews*. 2024 Oct 3:64-70.
 18. Mandal S, Mandal S. Green Biomaterials from plants: Harnessing Nature for Sustainable Solutions. *Current Pharmaceutical Letters And Reviews*. 2024 Oct 3:11-24.
 19. Shiva K, Mandal S. Development and Characterization of Bioinspired Cationic Lipid Nanocarriers for Enhanced Anti-Cancer Vaccine Delivery and Tumor Inhibition: In Vitro and In Vivo Evaluation. *Current Pharmaceutical Letters And Reviews*. 2024 Oct 3:71-7.
 20. Mandal S, Mandal S. Strategic Design and Synthesis of Betulinic Acid Derivatives for Targeted Cancer Treatment. *Current Pharmaceutical Letters And Reviews*. 2024 Oct 3:88-94.
 21. Jahan I, Mandal S. Development of Multi-Functional Nanocarriers for Combined Chemo and Photothermal Cancer Therapy. *Current Pharmaceutical Letters And Reviews*. 2024 Oct 3:78-87.
 22. Mandal S, Singh AP. Development and In-Vitro Characterization of Gentamycin Sulphate Nanoemulgel for Ophthalmic Applications. *International Journal of Drug Delivery Technology*. 2024;14(4):2347-58. doi: 10.25258/ijddt.14.4.56

23. Suraj Mandal, Murraya koenigii: A Source of Bioactive Compounds for Inflammation and Pain Management, *Current Bioactive Compounds*; Volume 21, Issue , Year 2025, e15734072348822. DOI: 10.2174/0115734072348822250324073439
24. Jiyaul Hak, Iram Jahan, Nasiruddin Ahmad Farooqui, Atul Pratap Singh, Himanchal Sharma, Smriti Gohri, Anshu Gujjar, Suraj Mandal, Nanochips in the Field of Oncology: Advancements and Potential for Enhanced Cancer Therapy, *Current Cancer Therapy Reviews*; Volume 21, Issue , Year 2025, e15733947343855. DOI: 10.2174/0115733947343855241230115820
25. Iram Jahan, Jiyaul Hak, Suraj Mandal, Shadab Ali, Sayad Ahad Ali, Nasiruddin Ahmad Farooqui, Isoquinoline Quaternary Alkaloid (IQA) Nano-dressings: A Comprehensive Review on Design Strategies, Therapeutic Applications, and Advancements in Transdermal Delivery for Chronic Wound Management, *Recent Advances in Drug Delivery and Formulation*; Volume 19, Issue , Year 2025, e26673878330005. DOI: 10.2174/0126673878330005250326060103
26. Mandal S, Vishvakarma P. Nanoemulgel: A Smarter Topical Lipidic Emulsion-based Nanocarrier. *Indian J of Pharmaceutical Education and Research*. 2023;57(3s):s481-s498.
27. Mritunjay Kumar Ojha, Nalluri Satish Kumar, Umesh Kumar Sharma, Prakash Gadipelli, Suraj Mandal, Farah Deeba, Monalisa Khuntia, Hariballav Mahapatra (2024) Exploring the Potential of Artificial Intelligence in Optimizing Clinical Trial Design for More Efficient Drug Development. *Library Progress International*, 44(3), 9498-9510.
28. Mandal S, Jaiswal DV, Shiva K. A review on marketed Carica papaya leaf extract (CPL) supplements for the treatment of dengue fever with thrombocytopenia and its drawback. *International Journal of Pharmaceutical Research*. 2020 Jul;12(3).
29. Mandal S, Bhumika K, Kumar M, Hak J, Vishvakarma P, Sharma UK. A Novel Approach on Micro Sponges Drug Delivery System: Method of Preparations, Application, and its Future Prospective. *Indian J of Pharmaceutical Education and Research*. 2024;58(1):45-63.
30. Mandal S, Vishvakarma P, Bhumika K. Developments in Emerging Topical Drug Delivery Systems for Ocular Disorders. *Curr Drug Res Rev*. 2023 Dec 29. doi: 10.2174/0125899775266634231213044704. Epub ahead of print. PMID: 38158868.
