

# Nanosensors for early stage detection of Circulating Tumour Cell biomarkers in Prostate Cancer Diagnosis: : A Systematic Review of Published Evidence

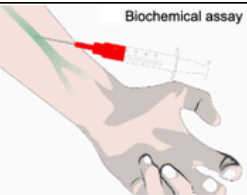
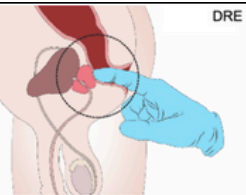
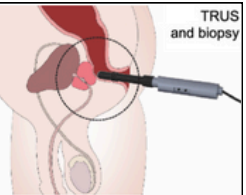
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### Background

- Prostate Cancer: Most common cause of cancer-associated mortality in men.
- Stage IV Metastatic Prostate Cancer: 5-year survival rate of **27%**.
- Tissue-specific and cancer-specific biomarkers: **PSA**.

### Current Diagnostic Flow

			
<b>PCa Test</b>	<b>PSA Assay</b>	<b>DRE</b>	<b>TRUS + Biopsy</b>
<b>Disadvantages</b>	High percentage of: <b>False Positives (67%)</b> <b>False Negatives (15%)</b>  Main cause of redundant biopsies (2/3 <sup>rd</sup> )	Unpleasant procedure  Variation of examiners  Biased diagnosis leads to inaccuracies	Non-Patient-Friendly  Exhaustive  Unwanted side effects (Infections, Erectile dysfunction)

### Liquid biopsies: Circulating Tumour Cells (CTC's)

Prognostic biomarker for metastatic assessment

### Current Challenges with PCa Diagnosis

Need for **Modern Technology**

- Non- invasive
- Patient-friendly
- High sensitivity and specificity
- Safe

Application for **Nanosensors in CTC Diagnosis**

### Nanoparticals

- Gold (AuNPs)
- Quantum Dots (QD)
- Magnetic (MNP's)
- Graphene

### Methodology

Systematic Search: Filters: Last 10 years (2014-2024), Language: English, Titles and Abstracts, Relevant Keywords

Pubmed Search Criteria

((Prostate Cancer) AND (CTC) AND (Biomarkers))

((Prostate Cancer) AND (CTC) AND (Biomarkers) AND (Nanosenor))

((Prostate Cancer) AND (CTC) AND (Biomarkers) AND (Nanosenor) AND (Nanotechnology) AND Early Diagnosis))

Primary Research papers n= 4

Systematic Review n= 10

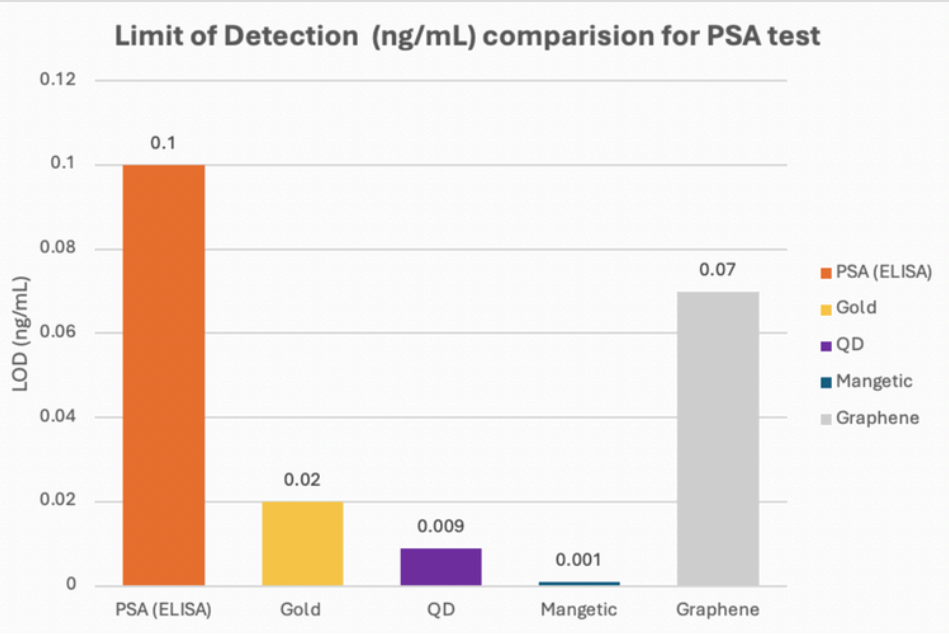
### Hypothesis

Nanosensors will **enhance** the detection of CTC biomarkers in prostate cancer, leading to increased early diagnosis and metastatic risk assessment **compared** to existing technologies

### Results

Nano sensor	Biomarker	Detection Method	Feature	LOD (ng/mL)	Efficacy %
Standard PSA (ELISA) test	PSA	Blood Serum	Standard Assay	0.1	70–90
Gold (AuNPs)	PSA	Serum of healthy prostate	Linear range: 0-0.8 ug/L	0.02	Not reported (-)
Quantum Dot	f-PSA and c-PSA	Two human serum	Assay time: 60 minutes; detects f-PSA and c-PSA	0.009	86, 70-80
Magnetic (MNP's)	PSA	Human Plasma	Linear range 0.001-1 ug/L	0.001 (1 nG/L)	>94, >75, 90
Graphene	PSA	Blood	Not reported (-)	0.2 (total PSA) 0.07 (free PSA)	73
Carbon Nanotube	miR-21	Human serum	miR-21 (0.01 fmol/L to 1 μmol/L)	0.01 fmol/L Not applicable for PSA	>40

#### Limit of Detection (ng/mL) comparision for PSA test



Lower LOD aligned with higher sensitivity to clinically relevant concentrations

Magnetic nanoparticles showed the strongest performance; LOD = 0.001 ng/mL

### Conclusion


Nanosensor	LOD (ng/mL)	Interpretation	Advantages	Disadvantages
Gold (AuNPs)	0.02	Moderate sensitivity	Simple synthesis Ease of surface modification Unique spectral properties Biocompatibility	Signal to noise ratio High Cost Toxicity Poor Stability and reproducibility
Quantum Dot	0.009	High sensitivity, but less compared to MNPs.  Detects both f-PSA and c-PSA within short assay time	Inherent fluorescence Controllable size Long fluorescence lifetime Tunable emission wavelengths	Cytotoxicity Non- Biodegradable Photochemical disturbances Synthesis complexity
Magnetic (MNP's)	0.001 (1 nG/L)	Most sensitive amongst all.  Detects extremely low concentrations of PSA.	Ease of surface modification Controllable size Superparamagnetic High stability of surface chemistry Biocompatibility	Toxicity Non-specific binding to WBC's Aggregation in biological fluid Rapid clearance by immune system with no surface modification.
Graphene	0.2 (total PSA) 0.07 (free PSA)	Good sensitivity	High SA:Vol ratio Ease of surface modification Miniaturisation Wide detection range Biocompatibility	Scalability Signal-to-Noise Ratio Poor Stability and Durability High Cost

### Future Work

- Integrating biomaterials
- Reducing cytotoxicity
- Surface Modification

- Enhanced sensitivity
- Processing and durability

### References



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