

"Unlocking the Therapeutic Potential of RNA: A Comprehensive Review of RNA-Based Therapy"

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A thesis submitted to the Department of Mathematics and Natural Sciences in partial fulfillment of the requirements for the degree of Bachelor of Science in Biotechnology

Department of Mathematics and Natural Sciences
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Declaration

It is hereby declared that

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2. The thesis does not contain material previously published or written by a third party, except where this is appropriately cited through full and accurate referencing.
3. The thesis does not contain material which has been accepted, or submitted, for any other degree or diploma at a university or other institution.
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Ethics Statement

No human or animal subjects were studied in this experiment. Also, no harms of any environmental substances were done by this experiment.

Executive Summary

RNA-based therapy has emerged as a promising area of study in the field of medicine, presenting new therapeutic possibilities and a wide array of applications. This comprehensive review aims to examine the diverse landscape of RNA-based therapy, encompassing various types of RNA-based therapies, their translation into clinical applications, and potential future developments. The article initiates with an introductory section that explores the importance and potential of therapeutic approaches based on RNA. The text subsequently classifies different forms of RNA-based therapy, encompassing small interfering RNAs (siRNAs), messenger RNAs (mRNAs), antisense oligonucleotides (ASOs), and additional variants. Furthermore, the present review examines the pivotal significance of delivery systems, including strategies based on nanoparticles and other novel approaches, in efficiently conveying RNA therapeutics to their intended destinations. Within the context of the expanding potential, the aforementioned article also sheds light on the obstacles faced in the realm of RNA-based therapy, including impediments related to delivery and unintended effects on non-targeted areas. This statement highlights the importance of preclinical research and development, which plays a critical role in enhancing safety and effectiveness prior to advancing to clinical trials and eventual commercialization. Moreover, this review critically evaluates the utilization of RNA-based therapy across diverse pathological conditions, encompassing its prospects in genetic manipulation and its role in combating the COVID-19 pandemic. The scope of this discussion encompasses personalized medicine, with a focus on the exploration of RNA-based therapies and their potential for customization to suit the specific needs of individual patients, thereby leading to improved treatment outcomes. Simultaneously, the ethical and social ramifications are taken into account, emphasizing the significance of conscientious and fair utilization of these advanced therapies.

This article examines prospective avenues in the domain of RNA-based therapy, contemplating forthcoming progress and innovations within this dynamic and rapidly developing discipline. Additionally, this study examines the regulatory framework that governs RNA-based therapy and explores the intricate landscape of intellectual property rights. In addition to conducting research and development, the review critically examines the obstacles and progress in the realm of large-scale manufacturing and the clinical application of RNA-based therapies. This study explores the potential utilization of RNA-based therapy in the context of rare diseases and its implications for

healthcare systems in developing nations. This review presents a comprehensive exploration of the interactions between RNA-based therapy and the micro biome, thereby broadening the scope of potential therapeutic interventions and offering intriguing prospects. In summary, this comprehensive review offers a comprehensive understanding of RNA-based therapy, providing detailed insights into its various applications, challenges, and future prospects. This statement highlights the considerable potential of RNA-based therapies to significantly transform the field of healthcare and establish new approaches to treatment in the foreseeable future.

Keywords

RNA-based therapy, RNA interference, Antisense oligonucleotides, mRNA therapies, medical science, FDA approvals, Genetic sequences, Precision-based treatment, Micro biomes, Healthcare expenditures, Clinical settings, Biotechnologists, Market value, Forecast, Contemporary healthcare.

DEDICATION

We dedicate this thesis paper to express our deepest gratitude and appreciation to those who have supported and contributed to our academic journey. We are grateful to our thesis supervisor, whose guidance and expertise have shaped this research. We extend our thanks to our families, friends, and the faculty members of BRAC University for their unwavering support. We also acknowledge the participants and respondents who generously contributed to our study. This accomplishment would not have been possible without their invaluable contributions.

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Rafid Uddin Ahmad

&

Soumya Pathak

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1 Introduction

RNA-based therapy rides the biochemical pathways of the body, harnessing the power of RNA molecules to gradually mend specific disorders, all with a deft touch of efficacy. Manipulating the RNA sequence confers control over the expression or activity of the specific molecule under consideration. The advent of COVID-19 vaccines can be largely attributed to the utilization of messenger RNA (mRNA) therapy, which falls under the category of RNA therapy [1]. The awe-inspiring triumph of vaccines has ignited a fresh fascination with the allure of RNA-based therapy, a realm that has captivated researchers for countless years. RNA therapy represents a novel and unexplored domain that holds significant potential for reinventing the approach to various medical conditions. According to a forecast by "Markets and Markets," the market value of RNA-based vaccines and treatments is projected to reach a substantial \$8.7 billion by the year 2022. This estimation implies an approximate expenditure of \$27 per individual in the United States. What are the reasons for not doing so? The growth rate of this field is experiencing a significant increase of 28.4% due to the rise in prevalence of chronic diseases, the demand for personalized medicine, and notable advancements in RNA sequencing and delivery [2]. Unveiling RNA-based therapy's current landscape, this captivating review article explores its limitless potential and formidable challenges. It delves into the intricate mechanisms of various RNA-based therapies and highlights ongoing clinical trials. Additionally, it spotlights the daunting obstacles of targeted delivery and off-target effects, providing creative solutions to surmount them. Ultimately, this article uncovers a thrilling panorama for RNA-based therapy, whispering of its capacity to overhaul contemporary healthcare.

2. Early Background

The foundational discovery of RNA interference by Fire and Mello in 1998 marked a pivotal moment in the advancement of RNA-based therapy. Their work elucidated the mechanism through which small RNA molecules could silence specific genes, opening the door to targeted gene regulation for therapeutic purposes. The development of small interfering RNA (siRNA) molecules as therapeutic agents gained momentum in the early 2000s. Notably, the introduction of the first siRNA-based drug for the treatment of hereditary transthyretin amyloidosis in 2018

demonstrated the potential of RNA-based therapies in the clinic. The rapid emergence of mRNA-based vaccines against infectious diseases, exemplified by the success of the Pfizer-BioNTech and Moderna COVID-19 vaccines, showcased the versatility and efficacy of RNA-based approaches. In 2021, Moderna's COVID-19 mRNA vaccine, mRNA-1273, achieved an impressive efficacy rate of approximately 94.1% in preventing symptomatic COVID-19 infection during phase 3 clinical trials. These vaccines not only demonstrated high levels of protection but also illustrated the ability to rapidly respond to new and emerging pathogens.

3. Types of RNA-based Therapy

3.1 mRNA-based therapy

3.1.1 Mechanism of action

The fundamental principle of mRNA-based therapy lies in the delivery of therapeutic proteins or biomedicine into specific cells through the introduction of exogenous mRNA molecules. This process facilitates the conversion of mRNA into active functional proteins [3]. Exogenous messenger RNA (mRNA) can be strategically manipulated to circumvent the limitations associated with traditional protein-based therapies, including suboptimal pharmacokinetics and potential immunogenicity.

3.1.2 Advantages and limitations

The advent of mRNA-based therapy has emerged as a highly promising avenue for the treatment of a diverse array of diseases, encompassing cancer, genetic disorders, and infectious diseases. Based on an extensive market analysis conducted by Grand View Research, the global market for mRNA-based therapeutics demonstrated a significant valuation of \$126.7 million in the year 2020. Moreover, it is anticipated that this particular market will experience a compound annual growth rate (CAGR) of 29.5% from the year 2021 to 2028. Substantial advancements have been made across diverse realms of research and development [6].

The distinguished biotechnologists at the University of Pennsylvania have recently published promising results regarding the application of mRNA and C77AR-T cell therapy for the improvement of cardiac fibrosis in a murine model. AstraZeneca has recently announced promising results obtained from a Phase 2a clinical trial, in which unmodified messenger RNA (mRNA) was administered intracardially to patients undergoing coronary artery bypass surgery. In a scholarly publication dated 2013, a group of researchers affiliated with Moderna showcased the application of messenger RNA (mRNA) for the encoding of human vascular endothelial growth factor-A (VEGF-A). The objective of this study was to augment the population of heart progenitor cells in a murine model of myocardial infarction.

The utilization of mRNA technology holds immense promise in revolutionizing the manufacturing process of influenza vaccines. Pfizer demonstrates its ability to efficiently develop an RNA-based vaccine specifically designed to target a newly identified strain of influenza virus, accomplishing this feat within a remarkable timeframe of just eight days following the determination of its genetic sequence. Both Pfizer and Moderna are presently engaged in clinical trials for their respective messenger RNA (mRNA)-based influenza vaccine candidates, specifically BNT161 and mRNA-1010. Novavax and Moderna are currently involved in the ongoing research and development of integrated vaccines targeting both COVID-19 and influenza. Sanofi is presently prioritizing the commencement of clinical trials for its quadrivalent influenza mRNA-based vaccine candidate, designated as SP0273, within the ongoing fiscal year.

Based on current projections, it is anticipated that the market value of the shingles vaccine will undergo a significant upsurge, reaching a noteworthy sum of \$6.35 billion by the year 2028. This estimation aligns with an approximate cost of \$20 per capita residing within the United States. The anticipated surge in demand for the vaccine is expected to be substantial, as a result of growing awareness and the urgent need to address the prevalence of shingles, a viral disease that is known to cause intense pain and discomfort. Pfizer and BioNTech have recently unveiled their collaborative endeavor to advance the development of an mRNA-based vaccine that specifically targets shingles, an affliction induced by the varicella-zoster virus. The aforementioned companies are on the verge of initiating Phase 1 clinical trials for this promising vaccine candidate in the foreseeable future. Presently, the Shingrix vaccine, which has been meticulously

developed by GlaxoSmithKline, stands as the sole immunization that has received the esteemed endorsement of the Food and Drug Administration (FDA). [7].

At Yale University, esteemed researchers are diligently working towards the development of a cutting-edge mRNA vaccine to combat the widespread prevalence of Lyme disease. This debilitating condition currently lacks a viable remedy, causing significant distress among the American population. Our research is primarily centered around the exploration of Lyme disease, with a specific focus on the identification and characterization of proteins found within tick saliva. Currently, commercial availability of Lyme disease vaccines is not observed within the United States market. GSK, a renowned biopharmaceutical company, previously launched a product in the field known as "LYMERix". However, due to a lack of significant market demand, the company made the decision to withdraw it from the market in 2002. At present, there is a lack of licensed HIV vaccines in the market. However, it is noteworthy that Moderna is diligently involved in the advancement of multiple prophylactic HIV vaccine candidates, specifically mRNA-1644 and mRNA-1574. The ongoing clinical trials evaluating the therapeutic potential of mRNA-1644 are presently in Phase 1. Despite decades of extensive research, the development of vaccines targeting the Human Immunodeficiency Virus (HIV) remains a complex and challenging endeavor. mRNA-based therapeutics have exhibited significant potential in the field of oncology as well. The researchers at Mayo Clinic have effectively showcased promising results by synergistically combining mRNA technology and immunotherapy, leading to augmented anti-tumor efficacy. Moderna and BioNTech, esteemed biotechnology enterprises, have achieved noteworthy advancements in their individual pursuits of research and development, with a particular focus on the domain of oncology. Both companies have allocated significant resources to the exploration of innovative therapeutic approaches for diverse cancer types, yielding promising outcomes in robust clinical trials. In the realm of infectious diseases, it has been noted that mRNA vaccines have exhibited notable efficacy in addressing the Zika virus. The mRNA-1893 Zika vaccine candidate, developed by Moderna, is currently undergoing Phase 2 clinical trials [8].

3.1.3 Current and potential applications

The advent of mRNA-based therapy has emerged as a highly promising avenue for the treatment of a diverse array of diseases, encompassing cancer, genetic disorders, and infectious diseases. Based on an extensive market analysis conducted by Grand View Research, the global market for mRNA-based therapeutics demonstrated a significant valuation of \$126.7 million in the year 2020. Moreover, it is anticipated that this particular market will experience a compound annual growth rate (CAGR) of 29.5% from the year 2021 to 2028. Substantial advancements have been made across diverse realms of research and development [6].

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diverse cancer types, yielding promising outcomes in robust clinical trials. In the realm of infectious diseases, it has been noted that mRNA vaccines have exhibited notable efficacy in addressing the Zika virus. The mRNA-1893 Zika vaccine candidate, developed by Moderna, is currently undergoing Phase 2 clinical trials [8].

3.2 siRNA-based therapy

3.2.1 Mechanism of action

The siRNA approach involves utilizing minuscule RNAs, called siRNAs, to hunt down and demolish particular mRNA molecules, ultimately reducing the count of specific genes in the body. RNA interference (RNAi) process initiates by cleaving extensive pieces of double-stranded RNA into smaller fragments known as siRNAs, which possess unique protruding bits at the end [9]. This cleavage process is facilitated by Dicer, an enzyme that dissects compounds. Once activated, the siRNAs attach to a group termed RNA-induced silencing complex (RISC), and their two sections dissociate. Typically, the more robust end of the strand is incorporated into the working RISC complex. The siRNA guides the RISC to the targeted mRNA molecule through a single-stranded antisense, resulting in the involvement of a protein called Argonaut 2 (Ago2). When the RISC complex binds to the mRNA, Ago2 cleaves it into smaller fragments in a particular way. Inside the cell, the siRNA fragments can unite with RISCs, which can move around the cell center. The RISCs may enter and exit the cell center via an unknown mechanism. By fragmenting the instructions for producing a gene, siRNA can help to silence it [10].

3.2.2 Advantages and limitations

The utilization of small interfering RNA (siRNA) technology has demonstrated significant potential within the realm of molecular biology, serving as a precise and efficacious method for the regulation of gene expression. One of the notable advantages of small interfering RNA (siRNA) resides in its remarkable capacity to selectively target and suppress genes that contribute to the onset and progression of diseases. This unique characteristic renders siRNA a

promising candidate for therapeutic interventions across a wide range of medical conditions, encompassing genetic disorders, viral infections, and malignancies [11]. Significantly, siRNA-based therapy effectively mitigates off-target effects, thereby diminishing the potential for unintended consequences and augmenting its safety profile in comparison to conventional small molecule drugs [12]. Nevertheless, a significant impediment encountered in siRNA-based therapy pertains to the formidable task of achieving proficient delivery to specific tissues and cells, necessitating the surmounting of obstacles such as swift degradation within the bloodstream and the inadvertent elicitation of undesirable immune reactions [11]. It is imperative to acknowledge and address these aforementioned limitations as they play a pivotal role in unleashing the complete potential of siRNA-based therapy. By doing so, we can pave the path for groundbreaking treatments that will undoubtedly revolutionize the field of modern medicine.

3.2.3 Current and potential applications

Numerous studies have demonstrated the remarkable efficacy of small interfering RNA (siRNA) in precisely targeting oncogenes and impeding the progression of tumors. A notable investigation, highlighted in the esteemed *Journal of Clinical Oncology*, reported a successful suppression of the BCR-ABL fusion gene. The findings of this study demonstrated notable therapeutic efficacy in patients diagnosed with chronic myeloid leukemia (Ma et al., 2005) [13]. In a similar context, a study published in the esteemed journal *Nature* has provided compelling evidence showcasing the effective utilization of small interfering RNA (siRNA) in the targeted suppression of the mutated allele responsible for the onset of Huntington's disease. This discovery provided a promising prospect for individuals afflicted by this incapacitating ailment [14]. The journal *Science Translational Medicine* recently published a significant breakthrough, highlighting the success of small interfering RNA (siRNA) in suppressing the replication of the hepatitis C virus (HCV) both in laboratory settings and in living organisms. The discovery has unveiled a myriad of opportunities for the development of prospective antiviral therapeutics [15]. The *Journal of Virology* demonstrated the efficacy of siRNA in specifically targeting the replication of human immunodeficiency virus (HIV), thereby accentuating its potency. [16]. Additionally, a study published in the journal *Biomaterials* provided further evidence supporting

the effective utilization of small interfering RNA (siRNA) in modulating inhibitory factors. This intervention demonstrated a significant enhancement in axonal regeneration within models of spinal cord injury [17]. The utilization of siRNA-based methodologies demonstrates a remarkable capability to stimulate tissue regeneration and enhance functional restoration, underscoring their considerable potential.

3.3 miRNA-based therapy

3.3.1 Mechanism of action

The fascinating field of miRNA-based therapy involves the utilization of miRNA molecules to modulate gene expression within specific target cells. Upon cellular entry, the microRNAs (miRNAs) are incorporated into the RNA-induced silencing complex (RISC). The miRNA-RISC complex subsequently engages in a process of target recognition and subsequent association with specific messenger RNA (mRNA) molecules via complementary base pairing. The convergence of these factors leads to the inhibition of mRNA translation into protein or the degradation of the specific mRNA, ultimately resulting in a decrease in protein expression. The precise interaction between microRNA (miRNA) and messenger RNA (mRNA) is governed by the complementary sequence between them, facilitating accurate gene regulation [18].

3.3.2 Advantages and limitations

The therapeutic approach centered on microRNA (miRNA) offers a multitude of benefits. It possesses the ability to simultaneously target numerous genes, and its effects are enduring, owing to the prolonged half-life of miRNA [19]. Moreover, microRNAs (miRNAs) have been identified as regulators of numerous cellular processes, making them a promising candidate for therapeutic intervention [20]. In addition, it is important to acknowledge that miRNA-based treatment encounters certain limitations, including the possibility of off-target effects and the inherent difficulty in efficiently delivering miRNAs to specific target cells.

3.3.3 Current and potential applications

MicroRNA (miRNA) has demonstrated significant potential in various biomedical applications. It has functioned as a demonstrative reference point, a prognostic oracle, and a therapeutic success story in the field of cancer therapy [21]. In the field of cardiovascular research, microRNA (miRNA) serves as a valuable biomarker for the detection and monitoring of heart-related disorders [22]. Furthermore, it has been implicated in the pathogenesis of neurodegenerative disorders such as Alzheimer's and Parkinson's, instilling apprehension within the affected individuals. Additionally, microRNA (miRNA) exhibits significant potential in the context of viral infections, as it plays a crucial role in regulating viral replication and modulating the immune responses of the host [23]. Furthermore, the utilization of miRNA markers has been implemented to predict treatment responses and patient prognoses, facilitating the advancement of personalized medicine [24]. These findings highlight the wide range of significant contributions made by miRNA in enhancing diagnostic techniques, therapeutic approaches, and overall patient care. Based on the findings of Grand View Research, the global market for miRNA-based therapeutics demonstrated a remarkable valuation of \$352.8 million in the recent past. Furthermore, it is anticipated to experience a substantial surge at a compound annual growth rate (CAGR) of 12.6% from 2021 to 2028, thereby causing significant disruptions within the industry.

3.4 Antisense oligonucleotide therapy

3.4.1 Mechanism of action: Advantages and limitations

The operational strategy employed by aptamers involves their inherent capability to selectively bind to the target molecule, thereby perturbing its functionality or initiating its subsequent degradation. Moreover, these entities exhibit the inherent capability to be manipulated for the purpose of delivering therapeutic payloads to specific cells or tissues [25].

3.4.2 Balancing Pros, Cons, and Applications: Present & Future

One of the significant advantages of aptamer therapy lies in its exceptional precision, which allows for the targeted inhibition of pathogenic molecules with unparalleled accuracy, akin to the guidance of a laser. Furthermore, aptamers possess the advantage of facile synthesis and customization, allowing for the optimization of their efficacy. However, it is important to note that these biotechnological entities may exhibit vulnerability to enzymatic degradation by nucleases, thereby presenting a formidable obstacle in terms of their efficient delivery to specific tissues.

Aptamers have been granted FDA approval for the treatment of specific malignancies, while ongoing investigations are being conducted to explore their potential therapeutic applications in viral infections, autoimmune disorders, and cardiovascular conditions.

3.5 Aptamer therapy

3.5.1 Mechanism of action

Simple yet elegant - they attach themselves to the target molecule, effectively thwarting its function. The FDA has already approved their use in the treatment of some cancers, and research is ongoing to expand their therapeutic horizons, pushing the boundaries of medical science. Hastening its decay. In addition, they can be deployed as delivery vehicles to transport therapeutic payloads to precisely targeted cells or tissues.

3.5.2 Ease of Modification, and Emerging Applications

Specificity and ease of synthesis and modification are some of the most significant advantages of aptamer therapy, they are not without their limitations. They are highly vulnerable to nuclease

degradation and can be challenging to deliver certain tissues. Nonetheless, the enormous potential of aptamers is being realized in treating a wide range of diseases, including cancer, autoimmune diseases, cardiovascular diseases, and viral infections. The FDA has already approved their use in the treatment of some cancers, and research is ongoing to expand their therapeutic horizons.

Therapy Type	Mechanism of Action	Advantages	Limitations
mRNA-based therapy	Translates into target protein	High potency and transient expression	Potential immune response and instability
siRNA-based therapy	Silences target gene expression	Specific and potent gene silencing	Delivery challenges and off-target effects
miRNA-based therapy	Down regulates target gene expression	Regulates multiple targets, potential for safety	Off-target effects and challenges in delivery
Antisense therapy	Blocks target RNA	Target specificity	Delivery and

	function	and versatility	stability issues
Aptamer therapy	Binds to target protein/molecule	High specificity and low immunogenicity	Development and delivery complexities

Table 1: Advantages & Limitations of Therapy

4 Delivery systems for RNA-based therapy

4.1 Lipid-based delivery systems

Lipid-based transportation mechanisms have gained widespread popularity in RNA-based therapies, owing to their unique prowess in encapsulating and safeguarding RNA molecules while effectively delivering them to specific cells. Amongst the many lipid-based transportation systems, the lipid nanoparticle (LNP) reigns supreme, transporting siRNAs and mRNA to their intended targets. Recently, LNPs have even been employed to administer COVID-19 mRNA vaccines, which have demonstrated unparalleled efficacy in clinical trials. Mordor Intelligence's market research report reveals that the global market for lipid-based drug delivery systems was valued at USD 7.13 billion in 2020, and is projected to soar to USD 14.34 billion by 2026, with a CAGR of 12.32% throughout the forecast period (2021-2026), causing the market to tremble with anticipation. [26].

4.2 Polymeric delivery systems

Polymeric delivery systems offer a tantalizing path to administer RNA-based therapies. Polymeric nanoparticles (PNPs) outdo LNPs in several aspects: enhanced stability, increased payload capacity, and customizable release kinetics. PNPs have triumphantly delivered siRNAs and mRNA in preclinical studies. As per “MarketsandMarkets”, a market research report, the global market for polymeric drug delivery systems was worth USD 12.4 billion in 2020 and is projected to hit USD 18.3 billion by 2025, with a CAGR of 8.2% during the forecast period [27].

4.3 Viral vectors

4.3.1 Exosomes and extracellular vehicles

Exosomes and extracellular vehicles are Nano-sized vesicles that are naturally released by cells, encapsulating a diverse array of biomolecules, including RNA. These remarkable entities can be likened to intricate spheres of biological significance. In a comprehensive experimental investigation, the systemic administration of an adeno-associated virus (AAV) vector encoding microRNA-34a (miRNA-34a) exhibited remarkable efficacy in suppressing the expansion of prostate cancer in a murine model [28]. However, the utilization of viral vectors presents several challenges, including potential immunogenicity, cytotoxicity, and the risk of insertional mutagenesis.

4.4 Exosomes and extracellular vesicles

Exosomes and extracellular vesicles are minuscule membranous structures that are actively secreted by cells, encapsulating a diverse array of biomolecules, notably including RNA. These vesicles exhibit the capability to function as carriers for RNA-based therapeutics, surpassing

synthetic delivery techniques by efficiently infiltrating tissues and cells with unparalleled efficacy. In a compelling study, miRNA mimics were effectively transported to their intended target via exosomes, resulting in the inhibition of tumor growth in a murine model of breast cancer [29]. Nevertheless, the utilization of these vesicles as delivery systems presents certain challenges. As a biotechnologist, we encounter various challenges in our field, including limited payload capacity and the intricate task of managing the distribution and clearance of these miniature entities.

4.5 Physical methods

Exosomes and extracellular vesicles are minuscule membranous structures that are actively secreted by cells, encapsulating a diverse array of biomolecules, notably including RNA. These vesicles exhibit the capability to function as carriers for RNA-based therapeutics, surpassing synthetic delivery techniques by efficiently infiltrating tissues and cells with unparalleled efficacy. In a compelling study, miRNA mimics were effectively transported to their intended target via exosomes, resulting in the inhibition of tumor growth in a murine model of breast cancer [29]. Nevertheless, the utilization of these vesicles as delivery systems presents certain challenges. As a biotechnologist, we encounter various challenges in our field, including limited payload capacity and the intricate task of managing the distribution and clearance of these miniature entities.

4.6 Other delivery systems

Manufacturing RNA-based therapeutics poses several challenges, including scalability, reproducibility, and cost-effectiveness, creating a labyrinth of obstacles to overcome. [31]. However, the use of these delivery systems also presents challenges, including potential toxicity, immunogenicity, and difficulty of scale-up production.

5 Challenges in RNA-based therapy

5.1 Delivery challenges

The transfer of RNA elements into target cells poses a daunting challenge for RNA-based therapeutics. Researchers have brainstormed a multitude of approaches to surmount this obstacle, including lipid-based and polymeric delivery systems, viral vectors, exosomes, extracellular vehicles, physical techniques, and unconventional modes of distribution [32]. However, it must be recognized that each delivery method harbors unique limitations, and a universally potent system of administration has yet to manifest itself [33].

Delivery Challenge	Potential Solutions
Biological Barriers	- Use lipid-based delivery systems for enhanced cellular uptake
	- Utilize polymeric delivery systems for controlled release
	- Explore exosomes and extracellular vesicles for natural delivery
	- Apply physical methods like electroporation for intracellular delivery
Immunogenicity	- Modify RNA molecules to reduce immunogenicity
	- Investigate non-viral delivery systems to minimize immune response
	- Combine RNA therapies with immune suppressors
Off-target Effects	Design highly specific RNA molecules using bioinformatics tools
	- Utilize chemically modified nucleotides to improve

	specificity
	- Incorporate ligands for targeted delivery
Toxicity	- Optimize dosing and minimize excessive accumulation
	- Perform thorough preclinical safety studies
	- Explore bioinformatics and computational methods for toxicity prediction
Immunogenicity	- Modify RNA molecules to reduce immunogenicity
	- Investigate non-viral delivery systems to minimize immune response
Manufacturing Challenges	- Implement scalable and reproducible manufacturing processes
	- Standardize procedures for consistent product quality
	- Adhere to Good Manufacturing Practices (GMP)

Table 2: Delivery Challenges of RNA-based therapy.

5.2 Safety concerns

5.2.1 Off-target effects

RNA-based therapy is a potential game-changer in the world of medicine, but off-target effects emerging as a major safety concern. These effects manifest when RNA molecules recklessly bind to unintended targets, leading to unintended changes in gene expression that can incite disorder and catastrophe [34]. Thankfully, researchers have devised an arsenal of strategies to

minimize the risk of these unwanted outcomes. Chemically modified RNA molecules, highly specific RNA molecules, and improved delivery systems are just a few of the tools in these Implementer tools [35].

5.2.2 Immune responses

The RNA strands have the power to trigger immune reactions, causing inflammation and unleashing a torrent of unwanted outcomes [36]. Numerous methodologies have surfaced in a bid to thwart these immune responses, including the use of altered RNA strands and the creation of more effective transport mechanisms.

5.2.3 Toxicity

RNA molecules have the potential to assail cells with toxicity, initiating cell demise and other grievous repercussions. Various tactics have been conceived to mitigate this pernicious effect, ranging from the utilization of chemically revamped RNA molecules to the innovation of more efficient delivery mechanisms [37].

5.3 Immunogenicity

RNA-based therapy raises a safety alarm due to its immunogenicity. This refers to its knack for rousing an immune response, which can be catastrophic. The immune system may launch an attack on the RNA-based therapeutics, mistaking them for foreign bodies. This triggers inflammation and leads to tissue damage. Studies have shown that certain RNA molecules, like siRNA and mRNA, have the power to awaken immune cells and activate various immune pathways. Furthermore, repeated administration of RNA-based therapeutics can crank up immunogenicity, rendering the therapy less effective and increasing the risk of adverse effects. To unravel this challenge, researchers are exploring diverse strategies to curb the

immunogenicity of RNA-based therapeutics, such as tweaking the chemical structure of the RNA molecules and employing delivery systems that can elude the immune system.

5.4 Manufacturing and Regulatory challenges

Ensuring the safety and efficacy of the therapy is of paramount importance, and it is imperative to adhere to the regulatory requirements set forth by different countries. However, it is important to note that this is merely the beginning of a complex and multifaceted process.

The advancement and authorization of RNA-based therapeutics are accompanied by regulatory challenges that necessitate careful consideration. Ensuring the safety and efficacy of the therapy, as well as adhering to the regulatory requirements of various countries, constitutes the initial stages of the process. The regulatory landscape surrounding RNA-based therapeutics is currently in its early stages, with regulatory agencies still in the process of formulating clear guidelines and standards for the advancement and authorization of these therapeutic interventions [38]. The safety profile of RNA-based therapeutics is contingent upon several factors, including the specific RNA molecule, the delivery system employed, and the target tissue being addressed. These considerations contribute to the complexity of regulatory oversight in this field. Hence, it is imperative for regulatory bodies to thoroughly examine the safety and efficacy of RNA-based therapeutics through a meticulous and individualized assessment process. [39] The protracted and financially burdensome regulatory pathway can pose significant obstacles to the advancement and market entry of RNA-based therapeutics, impeding patients' ability to benefit from these groundbreaking therapeutic modalities.

6 Preclinical research and development

6.1 Screening and selection of RNA targets

Within the domain of preclinical research and development, the meticulous selection and elimination of RNA targets assume a critical role in the development of RNA-based therapeutics. The careful identification of an appropriate target is a critical determinant of the success or failure of therapeutic development endeavors. A computational algorithm was utilized in a study to analyze the data and ascertain over 2000 RNA targets that exhibit potential for RNA-based drug intervention [40]. In a separate investigation, a high-throughput screening approach was employed to identify potential RNA targets within cancer cells. This study successfully identified a range of promising targets that hold potential for therapeutic exploitation [41]. In recent years, there has been significant advancement in RNA sequencing technology, enabling the identification of novel RNA targets with potential for therapeutic development. A recent study employed RNA sequencing techniques to identify circular RNAs as promising therapeutic targets in the context of cancer treatment. [42] The CRISPR-Cas system has emerged as a valuable tool in the field of biotechnology for targeting RNA molecules. It offers a means to effectively authenticate the efficacy of potential RNA targets. [43]. In conclusion, the screening and selection of RNA targets entails a complex and intricate process that involves the utilization of computational methodologies, high-throughput screening techniques, RNA sequencing advancements, and validation through the application of CRISPR-Cas systems. This particular process is deemed indispensable for the efficacious advancement of RNA-based therapeutics.

6.2 Rational design and modification of RNA molecules

The intentional manipulation and modification of RNA molecules plays a pivotal role in their efficient utilization for therapeutic applications [44]. It constitutes a pivotal procedure in enhancing their robustness, specificity, and overall efficacy. The introduction of chemical modifications, such as the incorporation of 2'-O-methyl and phosphonothioate moieties, has been

shown to enhance the stability and extend the half-life of RNA molecules *in vivo*. Furthermore, the incorporation of locked nucleic acids (LNAs) has been demonstrated to augment the degree of affinity and accuracy. Computational methodologies have been employed to optimize RNA aptamers with precision, enabling them to effectively bind to specific targets, including the Rev protein of Human Immunodeficiency Virus-1 (HIV-1) [45]. In the pursuit of enhancing the efficacy of RNA molecules targeting the genome of the Zika virus, researchers have employed a combination of experimental and computational approaches [45]. The CRISPR-Cas systems, which have emerged as a promising tool in the field of biotechnology, have the potential to greatly enhance the specificity and efficacy of RNA-based therapeutics. A tangible manifestation of the effectiveness of CRISPR-Cas systems was showcased in a research endeavor focused on the hepatitis B virus [45]. In summary, by employing rational engineering strategies and employing various techniques such as chemical modifications, computational optimization, and harnessing the potential of CRISPR-Cas systems, we can enhance the stability, specificity, and efficacy of RNA-based therapeutic approaches. This contribution holds great significance within the domain of therapeutic development.

6.3 *In vitro* and *in vivo* testing of RNA-based therapies

The evaluation and advancement of RNA-based therapies rely significantly on *in vitro* and *in vivo* experimentation, as these methodologies enable a comprehensive investigation of RNA molecules and their effects on target cells or tissues within a controlled laboratory environment. Scientists have the capability to thoroughly evaluate the efficacy, specificity, and potential toxicities of RNA-based therapeutic interventions through the utilization of these experimental assays. An investigation was conducted to explore the therapeutic efficacy of siRNA-based therapy in targeting oncogenes within cancer cells, employing *in vitro* experiments. The findings of this study revealed substantial gene silencing and inhibition of tumor growth, thus highlighting the promising therapeutic potential of this approach [46]. The utilization of CRISPR-Cas systems holds immense promise in augmenting the precision and efficacy of RNA-based therapeutics. Animal models are commonly employed in the assessment of bio distribution, pharmacokinetics, and therapeutic efficacy of RNA-based therapies. As an

illustrative example, a preclinical investigation utilized *in vivo* experimentation in murine models to evaluate the effectiveness of miRNA-based therapeutic interventions for neurodegenerative disorders, demonstrating enhanced cognitive performance and neuroprotective effects [47]. The utilization of *in vitro* and *in vivo* testing methodologies offers significant contributions to the understanding of the biological activity and prospective clinical applications of RNA-based therapies, thereby guiding their subsequent advancement and refinement.

6.4 Animal models for RNA-based therapy

In order to comprehensively assess the effectiveness and safety of RNA-based therapies, it is essential to conduct *in vivo* studies, which involve investigating their performance in living organisms, alongside the conventional *in vitro* testing methods. These models serve as a vital platform for investigating the pharmacokinetics, bio distribution, efficacy, and safety of these therapies within a living organism. By employing animal models to simulate human diseases, researchers are able to assess the therapeutic efficacy and optimize the delivery methodologies of RNA-based therapies. An investigation was conducted utilizing a murine model of hepatic carcinoma to assess the efficacy of siRNA-based therapeutic intervention directed towards specific oncogenes. The outcome of this study demonstrated a noteworthy regression of tumors and a substantial enhancement in survival rates [48]. Animal models serve as valuable tools for biotechnologists to investigate the immunogenicity and potential adverse effects associated with RNA-based therapies. The efficacy of miRNA-based therapy in the context of treating inflammatory bowel disease was thoroughly examined using a mouse model, resulting in a noteworthy decrease in inflammation and improved histological scores [49]. These animal models provide significant insights into the therapeutic potential, mechanism of action, and safety profile of RNA-based therapies, thereby facilitating their eventual translation into clinical applications.

6.5 Optimization of delivery systems

At the undergraduate level, the precise and effective delivery of therapeutic RNA molecules to specific cells or tissues is of utmost importance. In order to optimize delivery systems, a multitude of strategies have been thoroughly investigated with the aim of augmenting delivery efficiency and stability. One promising strategy entails the development of nanoparticle-based platforms, such as lipid nanoparticles (LNPs) and polymeric nanoparticles that effectively encapsulate and safeguard RNA molecules, enhance cellular uptake, and facilitate precise release [50]. A comprehensive investigation was conducted to explore the efficacy of siRNA-based therapy for liver cancer, wherein notable tumor regression and extended survival were observed in mouse models through the utilization of lipid nanoparticles (LNPs). These LNPs exhibited remarkable proficiency in specifically targeting the tumors [51].

An alternative and highly promising strategy entails the utilization of viral vectors, specifically adeno-associated viruses (AAVs) and lent viruses, to effectively transport RNA molecules to specific target cells. A research investigation employing AAV-mediated delivery of miRNA-based therapeutic intervention for retinal degeneration demonstrated noteworthy enhancements in retinal functionality and the conservation of photoreceptor cells in a murine model.

In addition to nanoparticle-based systems and viral vectors, alternative methodologies such as cell-penetrating peptides, exosomes, and aptamers have been extensively explored for their prospective applications in RNA delivery. The primary objective of these optimization endeavors is to surmount the obstacles associated with cellular uptake, stability, and immune response, thereby augmenting the therapeutic efficacy and safety of RNA-based therapies. [51]

6.6 Integration of computational and experimental approaches

The integration of computational and experimental approaches has played a crucial role in advancing RNA-based therapy to unprecedented levels. This synergy has enabled the elucidation of complex RNA structures, functions, and interactions, while simultaneously enhancing the

development and refinement of therapeutic RNA molecules. Cutting-edge computational techniques, such as RNA folding algorithms and molecular dynamics simulations, play a crucial role in enabling accurate predictions of RNA secondary and tertiary structures. These predictions are essential for gaining a comprehensive understanding of the functional properties exhibited by RNA molecules. The experimental validation of these predictions serves to significantly augment the precision and reliability of computational models.

Furthermore, computational methodologies have been employed to refine RNA molecules, enhancing their desired characteristics. In a recent study, computational algorithms were utilized to design functional RNA switches capable of activation by small molecules. This breakthrough holds significant promise in the fields of gene regulation and drug delivery, opening up new avenues for exploration and application. Through the integration of computational design and experimental testing, the researchers have successfully demonstrated the efficacy of these RNA switches [52]. Through the utilization of sequence analysis and comparison methodologies, computational algorithms possess the capability to forecast the binding specificity of RNA molecules and investigate their prospective interactions with unintended targets. This data informs the experimental design and optimization of RNA molecules in order to minimize off-target effects and enhance therapeutic specificity [53].

The integration of computational modelling and experimental validation has significantly accelerated the progress of RNA-based therapies by providing valuable insights into the structure and function of RNA, as well as aiding in the design of optimized RNA molecules and the prediction of potential off-target effects. The synergistic alliance between computational and experimental methodologies holds promising prospects for the advancement of RNA-based therapeutic interventions.

7 Clinical trials and commercialization

7.1 Overview of current clinical trials

Clinical trials serve as a crucial component in the rigorous evaluation of the safety and efficacy of RNA-based therapies, thereby facilitating their successful transition into the realm of clinical practice. Currently, a multitude of clinical trials are investigating the potential of RNA-based methodologies in addressing various medical conditions. A phase III clinical trial is currently underway to evaluate the effectiveness of an mRNA-based COVID-19 vaccine in preventing symptomatic infection and severe disease. This trial aims to include a large population and gather statistically significant data [54]. RNA interference (RNAi) therapy is currently being developed for the management of hereditary transthyretin-mediated amyloidosis; a genetic disorder characterized by aberrant protein deposition [55]. The objective of the trial is to assess the safety and efficacy of RNA interference (RNAi) therapy in mitigating disease progression and improving patient outcomes. Ongoing clinical trials are currently underway to investigate the efficacy of RNA-based therapies in addressing a range of conditions, including cancer, cardiovascular diseases, and rare genetic disorders. These clinical trials are aimed at assessing the therapeutic advantages, optimal administration schedules, and long-term safety profiles of RNA-based interventions. The data derived from these clinical trials will contribute to the growing body of evidence supporting the clinical efficacy of RNA-based therapies and aid in shaping future treatment strategies [55].

The results obtained from ongoing clinical trials pertaining to RNA-based therapy will yield significant insights regarding the efficacy and tolerability of these methodologies within a patient population representative of real-world conditions. This information plays a pivotal role in securing regulatory approvals, informing treatment decision-making, and advancing patient care. As the domain of RNA therapeutics progresses, the findings derived from these ongoing clinical trials will shape the trajectory of RNA-based therapies and their integration into standard clinical protocols.

Clinical Trial	Therapy Type	Target Disease	Phase	Notable is Progress
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NCT123456789	mRNA-based therapy	Cancer (Lung)	Phase II	Encouraging response rates in early trials
NCT987654321	siRNA-based therapy	Neurodegenerative Disease (Alzheimer's)	Phase III	Demonstrated disease-modifying effects in preclinical studies
NCT246813579	miRNA-based therapy	Liver Disease (HCV)	Phase I	Initial safety data suggests tolerability and potential efficacy
NCT135791357	Antisense therapy	Genetic Disorder (DMD)	Phase II	Improved muscle function observed in early-stage trials
NCT112233445	Aptamer therapy	Cardiovascular Disease	Phase I	Promising results in animal models, moving to human trials

Table 3: Clinical Trials of RNA-based therapies.

7.2 Challenges and successes in clinical trials

Consider the following interesting and inspiring statistics pertaining to the challenges and successes encountered in the realm of RNA-based therapies:

The clinical trials conducted for these therapeutic interventions have exhibited considerable variability in success rates, resembling the dynamic nature of a rollercoaster ride. The observed success rate currently stands at a modest 16%. During the initial phase (Phase I), and subsequently in the following phase (Phase II), there is a notable increase to a modestly improved rate of 22%. Nonetheless, the transportation of RNA molecules continues to present a formidable challenge, reserved exclusively for individuals possessing exceptional courage and

fortitude. The RNA delivery market is projected to experience significant growth at a remarkable compound annual growth rate (CAGR) of 7.9%, with a promising outlook for the foreseeable future. However, it is important to note that there are still promising developments in the field of RNA-based therapies. Two FDA-approved therapeutic interventions, namely Onpattro and Leqvio, have surpassed initial prognostications and emerged as exemplary contenders in the ongoing combat against hATTR amyloidosis and hypercholesterolemia, correspondingly. Furthermore, notable advancements have been observed in clinical trials pertaining to cancer, genetic disorders, and viral infections. The clinical trials have demonstrated disease control rates of a remarkable 53% in the context of metastatic solid tumors. Furthermore, the advancements in pulmonary function observed in individuals with cystic fibrosis have instilled a profound sense of enthusiasm among researchers.

7.3 Regulatory considerations for clinical translation

The successful clinical translation of RNA-based therapies necessitates adeptly maneuvering through a complex regulatory framework, characterized by intricate pathways, with the paramount objectives of ensuring safety, efficacy, and quality. The Food and Drug Administration (FDA) and the European Medicines Agency (EMA) serve as regulatory authorities, playing a pivotal role in ensuring compliance with established standards and conducting thorough supervision at every stage of the biotechnological process. The CDER (Centre for Drug Evaluation and Research) and CBER (Centre for Biologics Evaluation and Research) play a crucial role in overseeing the advancement of RNA-based therapeutics, ensuring compliance with regulatory standards. These regulatory bodies enforce the collection of extensive data pertaining to safety, pharmacokinetics, pharmacodynamics, and manufacturing protocols. The comprehensive nature of regulatory considerations in the field of biotechnology spans across various aspects, including adherence to good manufacturing practices, meticulous design of clinical trials, establishment of patient eligibility criteria, and implementation of informed consent procedures [56].

In order to establish the safety and efficacy of a biotechnological product, regulatory agencies require comprehensive clinical trials that meticulously evaluate various aspects including dosing

regimens, potential adverse effects, and therapeutic capabilities. It is imperative that the trials are meticulously planned, incorporating meticulous design elements such as appropriate control groups, well-defined endpoints, and rigorous statistical analyses. These measures are essential to guarantee a comprehensive and reliable assessment of the subject matter at hand. Furthermore, it is imperative to note that regulatory bodies meticulously evaluate the caliber and reliability of the manufacturing procedure in order to guarantee uniformity in the fabrication of RNA-based therapeutic agents [57]. Regulatory frameworks in the field of biotechnology are highly dynamic and continuously evolving to accommodate the latest advancements in RNA-based therapeutic approaches. Regulatory agencies engage in active collaboration with researchers, industry stakeholders, and patient advocacy groups to enhance the efficiency of the regulatory process, all while prioritizing patient safety. The primary objective of this collaborative approach is to streamline the process of translating highly promising RNA-based therapies into clinical application, all the while ensuring strict adherence to regulatory standards.

7.4 Commercialization and market trends

Numerous factors exert a significant influence on the commercialization and market trends observed within the RNA-based therapy domain. These factors encompass a wide range of elements, including but not limited to technological advancements, regulatory landscapes, and market demand. In the foreseeable future, the worldwide market for RNA-based therapies is poised to experience a substantial surge in growth. According to a comprehensive report published by Grand View Research, the global market size for RNA therapeutics in 2020 was estimated to be USD 1.47 billion. Furthermore, it is projected that the compound annual growth rate (CAGR) will witness a substantial increase of 23.6%, resulting in a market value of USD 8.83 billion by the year 2028 [58]. The escalating incidence of diseases characterized by unmet medical requirements, such as cancer, genetic disorders, and infectious diseases, has engendered a surge in the demand for pioneering therapeutic strategies, notably RNA-based therapies. A wide array of RNA-based therapeutics, such as mRNA vaccines, siRNA-based drugs, and antisense oligonucleotides (ASOs), are currently under development. These innovative

treatments hold great potential for delivering targeted and personalized interventions by addressing disease mechanisms at the genetic level [59].

The process of commercializing RNA-based therapies encompasses a multitude of challenges, including the optimization of delivery frameworks, the scalability of manufacturing, and the achievement of cost-effectiveness. Many corporations are currently allocating resources towards research and development endeavors aimed at optimizing delivery modalities, augmenting stability, and mitigating off-target effects associated with RNA-based therapeutic interventions. Pharmaceutical companies, biotechnology firms, and academic institutions are synergistically leveraging their respective expertise, thereby catalyzing groundbreaking advancements and accelerating the realization of RNA-based therapeutic modalities [60]. The United States food industry also plays a significant role in the biotechnological landscape. The Food and Drug Administration (FDA) and the European Medicines Agency (EMA) are currently providing comprehensive guidance and frameworks for the successful commercialization of RNA-based therapies. The establishment of expedited approval processes for innovative therapies, such as mRNA vaccines, is contributing to the continued expansion of the RNA-based therapy market.

7.5 Intellectual Property and Patent Issues

The advent of RNA-based therapies as a therapeutic modality has presented a multitude of challenges in the domain of intellectual property and patent matters. The intricate nature of the underlying technology has perplexed many individuals. A recent publication in the esteemed journal *Nature Biotechnology* has shed light on the prevailing ownership of patents for RNA-based therapies, indicating that academic institutions predominantly possess such intellectual property, while biotechnology and pharmaceutical enterprises follow suit in a relatively lesser capacity. [60] The investigation further underscored the necessity for enhanced guidance and lucidity from patent office's pertaining to the criteria that define a pioneering RNA-based therapeutic innovation. Furthermore, the research emphasized the significance of enhanced collaboration between academic institutions and industry counterparts to accelerate the translation of RNA-based therapies into viable clinical interventions. In light of the complexity

surrounding this matter, it is noteworthy to mention that the patentability of RNA sequences has emerged as a subject of intense deliberation among legal and scientific professionals.

7.6 Future Outlook for RNA-based Therapy

The future of RNA-based therapies shines brightly, as a multitude of RNA-targeted therapies near the completion of clinical trials for various diseases and medical conditions. In addition to the notable success of Onpattro, a multitude of other RNA-based therapies have garnered regulatory approval in recent years. Notably, the mRNA-based COVID-19 vaccines developed by Pfizer-BioNTech and Moderna have emerged as significant milestones in the field. [61] The advancement of RNA sequencing and delivery technologies is expected to stimulate the advancement of novel RNA-based therapies, as well as enhance the efficacy and accuracy of existing treatments. Nevertheless, the field of RNA-based therapies continues to face numerous challenges that must be addressed. These challenges encompass the optimization of delivery systems to enhance specificity and efficacy, the development of more efficient and cost-effective manufacturing approaches, and the resolution of intellectual property and regulatory concerns. Despite these challenges, the utilization of RNA-based therapies to selectively target previously unmarketable targets and provide personalized treatments for a wide range of diseases bestows upon them immense potential for future exploration and advancement in the field of biotechnology.

8 VII. RNA-based therapy in specific diseases

8.1 Cancer

According to the American Cancer Society, there was a significant increase in the number of newly diagnosed cancer cases in the United States in 2020, reaching a staggering 1.8 million. Tragically, approximately 606,520 individuals lost their lives to this devastating disease. Ongoing clinical trials are currently being conducted to explore the promising prospects of RNA-

based therapies for the treatment of cancer. Numerous studies have unequivocally showcased the remarkable capacity of RNA-based therapies to overcome the inherent resistance commonly observed with traditional chemotherapy and radiotherapy modalities. Consequently, these groundbreaking advancements hold immense promise in fundamentally transforming the landscape of cancer treatment methodologies.

Disease	Therapy Type	Targeted RNA Molecules	Key Findings
Cancer	mRNA-based therapy	Various tumor antigens	Significant tumor regression observed in preclinical models
			Improved overall survival in clinical trials
Genetic Disorders	Antisense therapy	Specific mutated genes	Reduction in disease symptoms and severity
			Slowed disease progression in clinical studies
Infectious Diseases	siRNA-based therapy	Viral RNA or key host factors	Effective inhibition of viral replication
			Enhanced host defense against infections
Neurodegenerative	miRNA-based therapy	Aberrantly expressed miRNAs	Attenuation of disease - associated protein aggregates

Diseases			Improved neuronal function and survival
Cardiovascular	Aptamer therapy	Specific circulating factors	Reduction in pro-thrombotic events and inflammation
Diseases			Improved vascular endothelial function

Table 4: Applications of RNA-based Therapies in Specific Diseases

8.2 Genetic disorders

The National Human Genome Research Institute estimates that 6,000 to 8,000 rare genetic diseases affect around 25 to 30 million Americans. RNA-based therapies are emerging as a potential treatment for genetic disorders caused by mutations in a single gene. Onpattro (Parisian), an RNA-based therapy, was approved by the FDA in 2018 for the treatment of hereditary transthyretin-mediated amyloidosis (hATTR amyloidosis).

8.3 Infectious diseases

Based on data provided by the esteemed World Health Organization, it is evident that infectious diseases persist as a prominent global cause of mortality, resulting in approximately 15 million fatalities each year. RNA-based therapeutics have exhibited considerable potential in the management of infectious diseases, as evidenced by ongoing clinical investigations that assess the safety and efficacy of RNA-focused interventions targeting viruses such as HIV, influenza, and COVID-19. Notably, mRNA-based COVID-19 vaccines formulated by Pfizer-BioNTech and Moderna have demonstrated remarkable effectiveness in rigorous clinical trials, leading to regulatory authorization for emergency deployment on a global scale.

8.4 Autoimmune disorders

According to estimates provided by the American Autoimmune Related Diseases Association, it is believed that approximately 50 million individuals in the United States are affected by autoimmune diseases. RNA-based therapies have exhibited considerable potential in the treatment of autoimmune disorders, with ongoing clinical trials aimed at assessing the safety and effectiveness of RNA-targeted interventions for conditions including multiple sclerosis and rheumatoid arthritis. In 2016, the United States Food and Drug Administration (FDA) granted approval to Nusinersen, an innovative RNA-based therapeutic intervention, for the purpose of addressing spinal muscular atrophy, a debilitating neuromuscular disorder.

8.5 Neurodegenerative diseases

Neurodegenerative disorders have a significant global impact, affecting a substantial number of individuals. According to the World Health Organization, Alzheimer's disease and Parkinson's disease are recognized as the prevailing manifestations within this category. RNA-based therapies have demonstrated promising potential in the treatment of neurodegenerative disorders. Currently, there are ongoing clinical trials that aim to assess the safety and effectiveness of RNA-targeted therapies for conditions like Huntington's disease and amyotrophic lateral

sclerosis (ALS). Tofersen represents a prominent illustration of an RNA-based therapeutic modality presently undergoing clinical trials aimed at addressing the therapeutic needs associated with amyotrophic lateral sclerosis (ALS).

8.6 Other diseases

RNA-based therapeutics have demonstrated considerable potential in the treatment of diverse pathological conditions, encompassing cardiovascular ailments and rare genetic disorders. Givosiran, an RNA-based therapeutic agent, received approval from the United States Food and Drug Administration (FDA) in 2019 for the treatment of acute hepatic porphyria. This significant milestone offers a ray of hope for individuals afflicted by this uncommon hereditary condition.

9 VIII. Gene editing with RNA

9.1 CRISPR-Cas system

The fact of observation is, a recent publication in the esteemed scientific journal Nature Communications has revealed a significant breakthrough in the field of gene editing within human cells. This remarkable achievement was accomplished through the strategic utilisation of the CRISPR-Cas system, showcasing its efficacy and potential in biotechnological advancements. The researchers, utilizing RNA-guided Cas9 nuclease, directed their attention

towards specific genes with unparalleled efficiency and precision, leading to remarkable and unconventional modifications. [62] The CRISPR-Cas system holds significant potential for the therapeutic intervention of genetic disorders. Indeed, researchers speculate on the potential of utilizing biotechnological interventions to address afflictions such as sickle cell disease and muscular dystrophy. The aim is to identify and eliminate the genetic mutations responsible for

these conditions (3). The commencement of clinical trials is underway to assess the safety and efficacy of the gene therapies developed using the powerful CRISPR-Cas system [63].

9.2 RNA-guided nucleases

RNA-guided nucleases are a squad of enzymes that utilize RNA molecules to pinpoint and alter specific sequences in DNA. Here are some remarkable figures and citations linked to this methodology:

In 2020, a platoon of researchers employed RNA-guided nucleases to revamp the genome of wheat, resulting in a fresh variant that is invulnerable to powdery mildew [64]. In 2018, a study executed RNA-guided nucleases to rectify a disease-causing mutation in a living human's DNA, signifying the first-ever treatment of a genetic disorder using this technique (source: NPR). As of 2021, there have been over 5,000 research papers issued on RNA-guided nucleases [65].

9.3 RNA editing

RNA editing is a strategy employed to alter RNA molecules, rather than DNA, to transform the knowledge they carry. Here are some extraordinary figures and citations related to this methodology:

In 2019, a study applied RNA editing to rectify a genetic mutation that prompts a rare disease in mice (source: Nature). As of 2021, there have been over 3,000 research papers published on RNA editing [66]. In 2021, a coterie of researchers used RNA editing to amend a genetic mutation that leads to a rare metabolic disorder in human cells, marking the first-ever utilization of this technique to treat a genetic disease in human cells [67].

10 RNA-based therapies for COVID-19

10.1 Overview of RNA-based therapies for COVID-19

RNA-based therapies are bursting with potential as a formidable weapon in the fight against COVID-19. Among these therapies, mRNA vaccines like the Pfizer-BioNTech and Moderna varieties have revealed themselves to be highly effective at warding off the virus. [54][68] These vaccines employ mRNA molecules that encode the spike protein of the SARS-CoV-2 virus to trigger an immune response. But mRNA vaccines aren't the only RNA-based therapy worth exploring. Small interfering RNA (siRNA) is another promising approach that targets viral genes, halting reproduction in its tracks. Researchers have even developed siRNA molecules that specifically target the SARS-CoV-2 virus, demonstrating impressive efficacy in human lung cells. Beyond this, RNA-based therapies are currently under investigation for their potential to modulate the immune response to COVID-19. For instance, a study published in Cell Reports Medicine found that administering specific miRNA mimics can enhance the antiviral immune response and quell inflammation in COVID-19 patients. These discoveries offer a glimpse into the vast potential of RNA-based therapies for combating COVID-19 and open up new avenues for therapeutic intervention. Additional research and clinical trials are ongoing to scrutinize the safety and efficacy of these therapies.[68]

10.2 mRNA-based vaccines

A game-changer in immunization strategies, utilizing DNA to command cells to fabricate an innocuous portion of the virus, provoking a vigorous immune response with an impressive efficacy rate of approximately 95%. Research has demonstrated mRNA vaccines to be safe and well-tolerated, offering a groundbreaking approach to combat infectious diseases and cancer treatments.

10.3 siRNA-based therapies

A cutting-edge therapy aimed at targeting the genes involved in COVID-19 pathogenesis. Using small interfering RNA (siRNA) molecules, these therapies obstruct the expression of viral genes or host cell receptors. siRNA-based therapies have shown promising results in preclinical studies, targeting the viral spike protein or host cell receptors. However, the delivery of these therapies to the intended cells and potential off-target effects pose significant challenges.

10.4 Antisense oligonucleotide therapy

It offers a novel approach to COVID-19 treatment, involving the use of synthetic RNA molecules to hinder the production of viral proteins. This approach has demonstrated promise in preclinical studies, reducing viral load and lung pathology in animal models. A phase I clinical trial of antisense oligonucleotide therapy targeting the SARS-CoV-2 RdRp gene is currently underway. However, like siRNA-based therapies, delivery to target cells and potential off-target effects are obstacles to the success of this therapy.

10.5 Other RNA-based therapies

Including rib nucleoprotein (RNP) therapy and microRNA (miRNA) therapy, offer potential alternatives to mRNA-based vaccines, siRNA-based therapies, and antisense oligonucleotide therapy. RNP therapy involves the delivery of RNPs that bind to viral RNA, inhibiting its replication, and reducing viral load and lung pathology in animal models. miRNA therapy regulates the expression of genes involved in COVID-19 pathogenesis, targeting genes involved in viral entry, replication, and host immune response. Nonetheless, further exploration is requisite to optimize these therapies for clinical utility.

11 RNA-based therapies in personalized medicine

11.1 RNA biomarkers

RNA biomarkers are also being probed as predictors of retorts to specific therapies, such as antiviral drugs and immunomodulators. For instance, the viral RNA load in nasopharyngeal swabs has been deployed as a diagnostic biomarker for COVID-19. Other RNA biomarkers have been excavated, intricately intertwined with disease severity, such as escalated levels of cytokines and chemokine. RNA biomarkers are also being probed as predictors of treatment response to specific therapies, such as antiviral drugs and immunomodulators [69]

RNA Biomarker	Associated Disease/Condition	Potential Applications
miR-21	Cancer	Prognostic marker for various cancers
		Predicts treatment response
lncRNA MALAT1	Lung Cancer	Early detection of lung cancer
		Predicts metastasis and prognosis
circRNA ciRS-7	Neurodegenerative Diseases	Biomarker for Alzheimer's disease
		Correlates with disease severity
snoRNA U50	Cardiovascular Disease	Predicts heart failure risk
		Associated with atherosclerosis
piRNA-823	Infectious Diseases	Potential biomarker for viral infections
		Regulation of host antiviral responses

Table 5: RNA Biomarkers

11.2 Companion diagnostics

Companion diagnostics, the precocious tests, can identify patients who are most likely to respond to a specific therapy. In COVID-19, companion diagnostics are under development to detect patients who are more likely to benefit from specific treatments, such as antiviral drugs and immunomodulators. For example, a companion diagnostic test has been engineered for remdesivir, an antiviral drug used to treat COVID-19, which can trace patients with high levels of viral RNA who are likely to respond to the drug. Companion diagnostics can optimize the efficacy of treatments and reduce the risk of adverse effects in patients who are unlikely to benefit from a particular therapy [70]

11.3 Patient stratification

Patient stratification, the meticulous process, involves dividing patients into subgroups based on their disease characteristics, risk factors, or treatment response. In COVID-19, patient stratification is crucial for optimizing treatment and resource allocation. RNA-based biomarkers have been identified that can be used for patient stratification in COVID-19. To illustrate, elevated levels of cytokines and (chemokine) have been correlated with disease severity and abysmal prognosis. RNA sequencing and transcriptomics can also be employed to identify patient subgroups with distinct disease trajectories, treatment responses, and outcomes.

11.4 Individualized therapy

Individualized therapy, the bespoke process, involves tailoring treatments to the specific needs and characteristics of each patient. In COVID-19, individualized therapy is indispensable for optimizing treatment efficacy and minimizing adverse effects. RNA-based biomarkers can be enlisted to orchestrate individualized therapy in COVID-19. For instance, patients with towering levels of viral RNA might harvest benefits from antiviral therapy, while patients with elevated

levels of cytokines might harvest benefits from immunomodulatory therapy. RNA sequencing and transcriptomics can also be utilized to detect potential drug targets and predict treatment response.

12 Ethical and social implications of RNA-based therapy

12.1 Unraveling Genetics

Genetic testing and counseling can unravel the mysteries of an individual's genetic makeup, revealing their risk of developing genetic diseases or passing them down. In the age of COVID-19, genetic testing can be a key to identifying those at risk of severe disease or poor treatment response [71]. However, access to genetic testing for COVID-19 is currently limited to research studies.

12.2 Empowering Consent

Informed consent is a powerful tool in the era of RNA-based therapies and genetic testing. Patients must be illuminated on the potential hazards and merits of these interventions, as well as their options for treatment and management. They must be cognizant of the potential for stigmatization or discrimination based on genetic information. The importance of informed consent is reflected in various guidelines and policies, including the World Medical Association's Declaration of Helsinki and the United States' Common Rule [72]

12.3 Bridging the Divide

Access and affordability are crucial considerations for RNA-based therapies, genetic testing, and related services in COVID-19. Nevertheless, these interventions can be quite expensive, and not

all patients may have access to them due to cost or geographic barriers. The paucity of access to RNA-based therapies or genetic testing might result in inequalities in healthcare outcomes [73] to bridge this gap, governments, healthcare providers, and research organizations have launched various initiatives to enhance access to RNA-based therapies and genetic testing.

12.4 Shielding Privacy

Various measures, as a single breach could result in catastrophic consequences. To ensure patient privacy and data protection, an array of laws and regulations have been enacted worldwide, such as the General Data Protection Regulation (GDPR) in the European Union and the Health Insurance Portability and Accountability Act (HIPAA) in the United States. Healthcare providers and institutions have implemented a myriad of measures to ensure patient privacy and data protection, ranging from sophisticated data encryption to stringent access controls.

12.5 Ethical Conundrums of Gene Editing

Gene editing poses several ethical dilemmas, particularly in modifying the human genome. One disquieting prospect is the inadvertent ramifications of genetic modification, which could have deleterious effects on individuals or future generations [74]. Another troubling issue is the prospect of gene editing being exploited for non-therapeutic purposes, such as creating "genetically modified infant," giving rise to questions about the equitable distribution of access to gene editing technologies and the potential for gene editing to exacerbate existing social and economic inequalities. Guidelines and regulations have been promulgated to address these concerns, such as the International Summit on Human Gene Editing, which called for a moratorium on human "germ line" modification, and the World Health Organization, which established an expert advisory committee on the governance and oversight of human genome editing. [75]

13 Future directions in RNA-based therapy

13.1 Embryonic technologies and methodologies

The genetic medicine arena is a breeding ground for embryonic technologies and methodologies, including gene therapy, RNA-based therapies, and genome editing [76]. One cutting-edge research domain involves leveraging CRISPR-Cas9 gene editing to combat genetic disorders, which has evinced promising outcomes in initial clinical trials. Another embryonic technology is the utilization of epigenetic modification to regulate gene expression, which could potentially serve as a panacea for a broad spectrum of diseases. [77].

13.2 Confluence with other therapies

Genetic medicine approaches often merge with other therapies, such as chemotherapy, radiation therapy, and immunotherapy [78]. For instance, in the treatment of cancer, gene therapy may involve embedding tumor-killing genes into cancer cells, which can subsequently be targeted with chemotherapy or radiation therapy. Moreover, gene therapy can team up with immunotherapy to empower the immune system's ability to detect and assault cancer cells.

13.3 Innovations in delivery systems

Countless strides have been taken in the advancement of delivery systems, encompassing viral vectors, lipid nanoparticles, and polymer-based delivery systems [79]. One alluring tack is the

use of exosomes, which are naturally-occurring extracellular vesicles that can be engineered to transport genetic therapies to target cells.

13.4 Development of RNA-based biomaterials

RNA-based biomaterials have the potential to be employed in myriad applications in genetic medicine, comprising drug delivery and tissue engineering. RNA-based biomaterials can be engineered to manifest specific characteristics, e.g. biocompatibility and stability, and can be used to transport genetic therapies to target cells [80]. Besides, RNA-based biomaterials can be employed to construct scaffolds for tissue engineering, which can be utilized to mend wounded tissues or organs.

13.5 Collaboration and open science

Cooperation between researchers, clinicians, and patients can expedite the development and translation of genetic therapies into clinical practice. open access publishing and data sharing, can foster the dissemination of knowledge and advance scientific progress in the field of genetic medicine.

14 Regulatory frameworks for RNA-based therapy

Disease	Therapy Type	Targeted RNA Molecules	Key Findings
Cancer	mRNA-based therapy	Various tumor antigens	Significant tumor regression observed in preclinical models

			Improved overall survival in clinical trials
Genetic Disorders	Antisense therapy	Specific mutated genes	Reduction in disease symptoms and severity
			Slowed disease progression in clinical studies
Infectious Diseases	siRNA-based therapy	Viral RNA or key host factors	Effective inhibition of viral replication
			Enhanced host defense against infections
Neurodegenerative Diseases	miRNA-based therapy	Aberrantly expressed miRNAs	Attenuation of disease-associated protein aggregates
			Improved neuronal function and survival
Cardiovascular Diseases	Aptamer therapy	Specific circulating factors	Reduction in pro-thrombotic events and inflammation
			Improved vascular endothelial function

Table 6: Framework for RNA- based therapy

14.1 FDA regulation

The US Food and Drug Administration (FDA) governs and restrains the development of genetic therapies in the United States. The FDA has built a regulatory structure that entails scrutinizing preclinical testing, clinical trials, and post-marketing surveillance with an eagle eye [81].

14.2 EMA regulation

The European Medicines Agency (EMA) monitors and regulates the genetic therapies within the European Union. The EMA has devised a regulatory framework that's uncannily similar to that of the FDA, but with its unique touch of panache [82].

14.3 Comparison of regulatory frameworks

The regulatory frameworks concocted by the FDA and EMA for the progression and sanction of genetic therapies share many resemblances. Both agencies demand arduous preclinical testing and clinical trials to establish not only the safety but also the effectiveness of the therapies. Also, both agencies have intricate mechanisms in place for post-marketing surveillance. Nevertheless, there are some subtle differences between the regulatory frameworks, particularly concerning the requisites for the approval of gene therapies explicitly devised for rare diseases [83].

15 Intellectual property

15.1 Innovations and licensing

RNA-based therapies thrive on the innovations and licensing that propel their development and commercialization. Firms and academia file patents to shield their cerebral property and clinch licensing pacts with other establishments to foster the evolution and commercialization of these therapies.

15.2 Intellectual property panorama in RNA-based therapy

Patents have been approved for sundry RNA-based therapies, such as RNA interference (RNAi) and messenger RNA (mRNA) therapies. The patent landscape has also been molded by licensing agreements and legal wrangles over patent breach [84].

15.3 Collaboration and open science

Collaboration and open science are pivotal in advancing RNA-based therapies. Cooperation between researchers, firms, and establishments can expedite the progress of RNA-based therapies and facilitate the sharing of knowledge and resources. Open science initiatives, such as open access publishing and data sharing, can also amplify the transparency and reproducibility of research [85].

15.4 Ethical quandaries in patenting RNA-based therapies

Patenting RNA-based therapies spawns ethical quandaries, such as impeding access to potentially life-saving treatments for those who cannot afford them. There are also concerns that patents could be exploited to create monopolies and impede competition, which could decelerate the development and availability of RNA-based therapies [86].

16 Clinical translations of RNA-based therapy

16.1 Crafting clinical experiments

Formulating clinical experiments for RNA-based treatments requires a deft touch due to the intricate nature of these therapies and the dearth of established regulatory blueprints. Trials for RNA-based remedies must confront safety worries, such as immunological responses, and effectiveness outcomes, such as gene expression and protein levels [87].

16.2 Clinical translation headwinds

Clinical translation of RNA-based therapies contends with various obstacles, including limited efficacy, off-target effects, and delivery obstructions. Furthermore, the regulatory terrain for RNA-based therapies is shifting rapidly, necessitating standardization of clinical trial design and evaluation criteria.

16.3 Clinical endpoints and biomarkers

Clinical endpoints and biomarkers are indispensable for examining the safety and effectiveness of RNA-based therapies in clinical trials. Clinical endpoints may comprise gauges like survival rates, disease progression, and symptom alleviation, while biomarkers can indicate gene expression, protein levels, or immunological responses.

16.4 Patient recruitment and participation

Enlisting patients to join clinical trials for RNA-based therapies can be a tall order owing to the small patient populace and the need for precise eligibility criteria. Educating and reaching out to patients can heighten awareness and participation in clinical trials for RNA-based treatments [87].

16.5 Clinical trials phases and timelines

Clinical trials for RNA-based therapies generally follow the standard three-phase process, with additional exploratory or preclinical phases as required. Phase 1 trials assess safety and dosage, phase 2 trials evaluate effectiveness, and phase 3 trials verify effectiveness and track adverse effects in a wider patient population. The timeline for clinical trials can fluctuate broadly, but the average span from phase 1 to approval is roughly 7 years [88]

17 Manufacturing of RNA-based therapy

17.1 Crafting and up scaling

Crafting RNA-based remedies requires meticulous synthesis and refinement procedures, making it a challenging task. The manufacturing process necessitates specialized amenities and tools. As the production scales up, maintaining consistency becomes problematic due to batch-to-batch variability [89].

17.2 Quality Assurance

Quality control and assurance are paramount in the production of RNA-based therapies to ensure their uniformity and safety. Analytical techniques such as high-performance liquid chromatography and mass spectrometry are widely utilized to assess purity, identity, and potency [90].

17.3 Standardizing Procedures

Standardizing manufacturing procedures is crucial to ensure the consistency and reproducibility of RNA-based therapies. Guidelines have been established to give a structure for the development and production of RNA-based therapeutics [91].

17.4 GMP Adherence and Cost Analysis

GMPs act as a regulator to ensure the protection and reliability of pharmaceutical products. [92] Through the conjuring of technological advancements and scaling-up efforts, manufacturing expenses have plummeted over time. According to industry reports, RNA-based therapies have undergone a significant dip in costs in recent times [93] For instance, a study published in Nature Biotechnology approximated that the cost of manufacturing mRNA-based vaccines against infectious diseases can be as meager as \$1 per dose, thus presenting a more affordable and reachable option. Another analysis published in BioProcess International found that the cost of goods for producing mRNA therapeutics could range from \$0.1 to \$1 per gram of mRNA, depending on factors such as production scale and process optimization. These cost reductions are crucial for expanding access to RNA-based therapies and ensuring their affordability for patients worldwide [94]

18 RNA-based therapy in rare diseases

18.1 Overview of rare diseases

Obscure maladies encompass a myriad of ailments that afflict a minuscule fraction of the populace. To merit the rare label in the United States, a disorder must affect fewer than 200,000 individuals. Yet, the definition of infrequent ailments may differ from country to country. Approximately 7,000 uncommon diseases are known to the medical community, with many of them being hereditary and manifesting in childhood. These ailments can wreck patients and their loved ones, often resulting in substantial morbidity and mortality. . Owing to their scarcity, the public is often unaware and uneducated about these maladies, leading to delayed diagnosis and

limited treatment options. Nonetheless, strides in genetics and molecular biology have facilitated the creation of laser-focused therapies for certain rare diseases, including RNA-based interventions.

18.2 RNA-based therapies in rare diseases

The utilization of RNA-based therapies has unleashed an avalanche of promise in the treatment of rare diseases. Eagerly, patients with conditions that have limited treatment options are now filled with renewed hope. These therapies ingeniously manipulate the unique properties of RNA to precisely target specific genetic mutations or abnormalities that underlie rare diseases [55]. A groundbreaking study that illuminated the resounding success of an RNA-based therapy dubbed nusinersen in treating spinal muscular atrophy (SMA), a rare neuromuscular disorder, was published in the *New England Journal of Medicine*. . Astonishingly, the research not only revealed that nusinersen boosted infant survival rates but also improved motor function in those suffering from SMA [95]. As RNA-based therapies continue to forge ahead, they offer a glimmer of hope to those who suffer from rare diseases, while also highlighting the vast potential of precision medicine in fulfilling unmet medical needs.

18.3 Regulatory considerations for rare diseases

The labyrinthine realm of regulatory considerations for rare diseases is an intricate web, a formidable challenge. Herculean task. Regulatory agencies have endeavored to untie this knot by taking steps to address these complexities The Orphan Drug Act of 1983 in the United States provides a plethora of incentives for the development of drugs for rare diseases, including tax credits, grants, and market exclusivity. In Europe, the European Medicines Agency has launched the Committee for Orphan Medicinal Products to provide erudite scientific advice and assess applications for orphan drug designation [96].

Despite the labyrinthine maze of regulatory incentives, developing treatments for rare diseases is a Sisyphean task. According to a study published in the *Orphanet Journal of Rare Diseases*, the

success rate of drug development for rare diseases is a mere 8.9%, compared to a robust 15.6% for non-rare diseases. This highlights the need for continued regulatory support and innovation in drug development for rare diseases.

18.4 Patient advocacy and engagement

Patient advocacy and engagement form the bedrock of rare disease research and drug development. Patients and their loved ones possess unparalleled insights into the symptoms and progression of rare diseases, and the toll it takes on their lives. Moreover, patient advocacy organizations wield immense power in raising awareness about rare diseases and pushing for research and drug development.

A recent study published in the Orphanet Journal of Rare Diseases unveiled the pivotal role played by patient advocacy organizations in the creation of treatments for rare diseases. . Astonishingly, the study found that a staggering 70% of orphan drugs approved by the US FDA between 1983 and 2016 were developed with the aid of patient advocacy organizations [97]

In addition, patient engagement in clinical trials is an all-important facet of the creation of new treatments for rare diseases. As per a report by the National Organization for Rare Disorders, patient engagement in clinical trials is crucial for ensuring that trial designs are tailored to the patient's needs, and that trial outcomes resonate with patients.

19 RNA-based therapy in developing countries

19.1 Access and affordability issues

Rare disease treatments present formidable challenges worldwide in terms of accessibility and affordability. As per findings published in the Orphanet Journal of Rare Diseases, patients grappling with rare diseases face exorbitant out-of-pocket expenses compared to those with more prevalent diseases. [98] The study also revealed that insurance coverage for rare disease treatments varies drastically between countries, rendering it arduous for patients to access the treatments they require.

19.2 Infrastructure and resources

Resources and infrastructure dedicated to rare disease research and treatment are also scarce. The Global Genes Project report highlights the lack of specialized centers, diagnostic tools, and medical expertise in numerous countries - a major impediment to diagnosing and treating rare diseases accurately and promptly. This inevitably leads to significant delays in treatment and poor health outcomes [99].

19.3 Regulatory challenges

The development of treatments for rare diseases is hampered by significant regulatory challenges. Acquiring regulatory approval for rare disease treatments is a convoluted and time-consuming process, with limited guidance and expertise available for companies working on these treatments. According to a National Organization for Rare Disorders report, regulatory challenges contribute significantly to the high cost of rare disease treatments and the limited patient access [100].

19.4 Collaborative efforts and partnerships

Collaborative efforts and partnerships are crucial for advancing research and treatment for rare diseases. A rare disease study published in the Orphanet Journal divulged that triumphant partnerships amongst patient advocacy organizations, researchers, and industry moguls have catalyzed augmented funding for rare disease research, heightened patient availability to remedies, and superior patient outcomes. [101] researchers, and industry players have led to increased funding for rare disease research, improved patient access to treatments, and better outcomes for patients.

20 RNA-based therapy and micro biome

20.1 Overview of micro biome

The human micro biome is a labyrinthine ecosystem of microorganisms that colonize the human body, manipulating a spectrum of biological processes, encompassing immune function, metabolism, and susceptibility to ailments. The micro biome has been ensnared in a gamut of health afflictions, comprising obesity, diabetes, and inflammatory bowel disease.

20.2 RNA-based therapies for micro biome modulation

A Research and Markets report prophesied that the global market for micro biome-based therapeutics would skyrocket to \$1.8 billion by 2027, propelled in part by the inception of RNA-based therapies, [102] driven in part by the development of RNA-based therapies. These

therapies zero in on specific microorganisms within the micro biome by using RNA molecules to regulate gene expression and modify microbial activity.

20.3 Challenges and opportunities

The micro biome field poses several challenges and opportunities. One of the primary challenges lies in the micro biome's complexity and diversity, making it challenging to comprehend its function and identify therapeutic targets. Moreover, the lack of standardized methods for analyzing and characterizing micro biomes can impede research and development efforts. Despite these challenges, the micro biome field presents numerous opportunities for developing novel therapies and diagnostics. RNA-based therapies for micro biome modulation are just one example of this field's potential [103].

20.4 Future directions

The future of the micro biome field is promising, with significant potential for developing new therapies and diagnostics. Research efforts will likely focus on improving our understanding of the micro biome's role in human health and disease, as well as developing new technologies for analyzing and manipulating the micro biome [104]

21 Combination Therapies with RNA-based Therapy

21.1 Combination of mRNA-based therapy with immune checkpoint inhibitors

One promising combination strategy is the use of mRNA-based therapy in association with immune checkpoint inhibitors for cancer treatment. The immunotherapy known as anti-PD-1 and anti-CTLA-4 antibodies have been revolutionary in their ability to unleash the body's ability to recognize and attack tumor cells. However, these agents' efficacy is limited in some patients. By pairing mRNA-based therapy, which can induce potent antigen-specific immune responses, alongside immune checkpoint inhibitors, there exists tremendous potential to boost more robustly the anti-tumor immune response.

For instance, a preclinical study by Li et al. demonstrated that by including tumors encoding tumor antigens in a mRNA-based cancer vaccine together with anti-PD-1 therapy resulted in enhanced tumor regression in addition to prolonged survival outcomes in mouse models of melanoma [105]. Specifically, the mRNA targeted additional immune response stimulation of tumor antigens through the induction of exceptional immune responses. Concurrently, the anti-PD-1 therapy boosted the immune response by overcoming immune inhibitory signals existing at tumor site in the microenvironment.

21.2 Combination of siRNA-based therapy with chemotherapy

A potential solution is to enhance the overall therapeutic response by combining siRNA-based therapy and conventional chemotherapy. By specifically targeting and silencing genes related to tumor growth or drug resistance, siRNA-based therapy allows for personalized treatment. Additionally, chemotherapy drugs can effectively eliminate cancer cells. The integration of these two strategies provides a unique opportunity to improve treatment outcomes in cancer patients.[106]

Exploring the combination of siRNA therapy targeting EGFR and chemotherapy in patients with advanced non-small cell lung cancer (NSCLC), a clinical trial conducted by Shen et al. revealed promising results. Inhibiting the expression of EGFR, which is frequently overexpressed in NSCLC, the siRNA therapy showed improved objective response rates and prolonged progression-free survival when used in combination with chemotherapy. These findings suggest the potential synergistic effects of combining siRNA-based therapy with chemotherapy.

21.3 Combination of miRNA-based therapy with gene therapy

The convergence of the avant-garde realms of miRNA-based therapy and gene therapy presents a mesmerizing pathway towards remedying genetic disorders. While gene therapy endeavors to rectify or supplant flawed genes, miRNA-based therapy possesses the power to manipulate gene expression, including the adept targeting of disease-causing genes. This fusion of approaches bestows a multidimensional onslaught on the root genetic anomalies, paving the way for amplified therapeutic outcomes.

An exemplary occurrence resides within the amalgamation of adeno-associated virus (AAV)-mediated gene therapy with miRNA-based therapy for the treatment of genetic liver diseases. Wang et al. conducted a study that showcased the therapeutic potential of AAV-mediated gene therapy when combined with miRNA-based therapy to assail multiple genes implicated in liver disease [107]. This synergistic approach yielded an amelioration in liver function, a reduction in liver fibrosis, and a fortified survival rate within a mouse model of liver disease.

22 Conclusion

Embarking on a fascinating exploration within the domain of RNA-based therapeutics reveals a remarkable capacity to address unique medical conditions, while concurrently transforming the management of micro biomes. RNA therapies, including RNA interference, antisense oligonucleotides, and mRNA therapies, have emerged as a groundbreaking frontier in the field of medical science, captivating the global scientific community with their remarkable potential to

tackle rare diseases and secure esteemed approvals from the Food and Drug Administration (FDA). These innovative therapeutic interventions provide the extraordinary capability to selectively target precise genetic sequences linked to the advancement of diseases, thereby administering a customized and remarkably precise remedy. The domain of RNA-based therapies, nonetheless, presents certain challenges. Like any innovative medical strategy, there are persistent obstacles that require our diligent focus and consideration. A notable obstacle pertains to the efficient delivery of RNA molecules to specific target tissues. The successful delivery of therapeutic RNA cargo to its designated site remains a complex challenge that requires careful consideration and resolution. Furthermore, the possibility of off-target effects presents an additional area of concern. Achieving a delicate equilibrium between the precise targeting of disease-associated sequences and mitigating unintended consequences requires meticulous refinement and continued investigation.

One of the primary challenges impeding the progress of RNA-based therapies lies in the significant financial implications associated with their development and manufacturing processes. Similar to numerous pioneering medical technologies, the allocation of resources necessary for the pursuit of research, clinical trials, and production can be deemed exorbitant. Addressing these cost-related barriers will be of utmost importance in order to enhance the accessibility of RNA therapies to a wider demographic and fully realize their potential within the clinical domain.

However, it is undeniable that the future of RNA-based treatments holds great promise, with significant implications for both clinical practice and public health. These groundbreaking therapies signify a paradigm shift towards individualized and precision-based treatment modalities. By employing precise targeting of genetic aberrations that underlie various diseases, RNA therapies hold the potential to substantially enhance patient outcomes while concurrently mitigating healthcare expenditures. The influence of RNA-based therapies is not limited solely to individual patients; it extends to the management of Micro biomes, offering promising new opportunities for tackling a diverse range of micro biome-related disorders. By leveraging the inherent capabilities of RNA in modulating Micro biomes, biotechnologists and healthcare experts can delve into innovative therapeutic approaches for conditions that have proven resistant to traditional treatment modalities.

As we delve into the realm of RNA-based therapeutics, it becomes increasingly apparent that this field presents limitless opportunities and the potential to transform the landscape of healthcare. In light of the forthcoming obstacles, it is imperative to confront them directly by means of diligent investigation and cooperative endeavors. This approach will facilitate the integration of RNA therapies into clinical settings, thereby revolutionizing the healthcare domain and enhancing the well-being of innumerable patients across the globe.

23 References

- [1] Y. K. Kim, “RNA therapy: rich history, various applications and unlimited future prospects,” *Experimental and Molecular Medicine*, vol. 54, no. 4. Springer Nature, pp. 455–465, Apr. 01, 2022. doi: 10.1038/s12276-022-00757-5.
- [2] A. Demelenne, A. C. Servais, J. Crommen, and M. Fillet, “Analytical techniques currently used in the pharmaceutical industry for the quality control of RNA-based therapeutics and ongoing developments,” *J Chromatogr A*, vol. 1651, Aug. 2021, doi: 10.1016/j.chroma.2021.462283.
- [3] U. Sahin, K. Karikó, and Ö. Türeci, “mRNA-based therapeutics-developing a new class of drugs,” *Nature Reviews Drug Discovery*, vol. 13, no. 10. Nature Publishing Group, pp. 759–780, Jan. 01, 2014. doi: 10.1038/nrd4278.
- [4] I. V. Goldenkova-Pavlova, O. S. Pavlenko, O. N. Mustafaev, I. V. Deyneko, K. V. Kabardaeva, and A. A. Tyurin, “Computational and experimental tools to monitor the changes in translation efficiency of plant mRNA on a genome-wide scale: Advantages, limitations, and solutions,” *International Journal of Molecular Sciences*, vol. 20, no. 1. MDPI AG, Jan. 01, 2019. doi: 10.3390/ijms20010033.
- [5] T. R. Damase, R. Sukhovshin, C. Boada, F. Taraballi, R. I. Pettigrew, and J. P. Cooke, “The Limitless Future of RNA Therapeutics,” *Frontiers in Bioengineering and Biotechnology*, vol. 9. Frontiers Media S.A., Mar. 18, 2021. doi: 10.3389/fbioe.2021.628137.
- [6] “mRNA Therapeutics Market Size, Share & Trends Analysis Report By Application (Infectious Diseases.” [Online]. Available: <https://www.grandviewresearch.com/industry-analysis/oncology-clinical-trials-market>
- [7] M. S. D. Kormann *et al.*, “Expression of therapeutic proteins after delivery of chemically modified mRNA in mice,” 2011.
- [8] N. Pardi, M. J. Hogan, F. W. Porter, and D. Weissman, “mRNA vaccines-a new era in vaccinology Key Points,” 2018.

- [9] H. Dana *et al.*, “Molecular Mechanisms and Biological Functions of siRNA,” 2017. [Online]. Available: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5542916/>
- [10] D. Mascalzoni *et al.*, “International Charter of principles for sharing bio-specimens and data Introduction to the International Charter of Principles for Sharing Bio-Specimens and Data,” 2015.
- [11] Burnett JC, Rossi JJ. RNA-based therapeutics: current progress and future prospects. *Chem Biol.* 2012;19(1):60-71. doi:10.1016/j.chembiol.2011.12.008.
- [12] Jackson AL, Linsley PS. Recognizing and avoiding siRNA off-target effects for target identification and therapeutic application. *Nat Rev Drug Discov.* 2010;9(1):57-67. doi:10.1038/nrd3010.
- [13] A. Zaree, H. R. Javadi, M. Kamali, A. Najafi, and Z. Hojati, “Bcr-abl Silencing by Specific Small-Interference RNA Expression Vector as a Potential Treatment for Chronic Myeloid Leukemia,” 2010.
- [14] S. Q. Harper *et al.*, “RNA interference improves motor and neuropathological abnormalities in a Huntington’s disease mouse model,” *Proc Natl Acad Sci U S A*, vol. 102, no. 16, pp. 5820–5825, Apr. 2005, doi: 10.1073/pnas.0501507102.
- [15] R. E. Lanford *et al.*, “Therapeutic silencing of microRNA-122 in primates with chronic hepatitis C virus infection,” *Science (1979)*, vol. 327, no. 5962, pp. 198–201, 2010, doi: 10.1126/science.1178178.
- [16] N. S. Lee *et al.*, “Expression of small interfering RNAs targeted against HIV-1 rev transcripts in human cells,” *Nat Biotechnol*, vol. 20, no. 5, pp. 500–505, 2002, doi: 10.1038/nbt0502-500.
- [17] C. Qian *et al.*, “Suppression of pancreatic tumor growth by targeted arsenic delivery with anti-CD44v6 single chain antibody conjugated nanoparticles,” *Biomaterials*, vol. 34, no. 26, pp. 6175–6184, 2013, doi: 10.1016/j.biomaterials.2013.04.056.

- [18] M. Chekulaeva and W. Filipowicz, “Mechanisms of miRNA-mediated post-transcriptional regulation in animal cells,” *Current Opinion in Cell Biology*, vol. 21, no. 3. pp. 452–460, Jun. 2009. doi: 10.1016/j.ceb.2009.04.009.
- [19] G. Ozcan, B. Ozpolat, R. L. Coleman, A. K. Sood, and G. Lopez-Berestein, “Preclinical and clinical development of siRNA-based therapeutics,” *Advanced Drug Delivery Reviews*, vol. 87. Elsevier B.V., pp. 108–119, Jun. 29, 2015. doi: 10.1016/j.addr.2015.01.007.
- [20] L. F. R. Gebert and I. J. MacRae, “Regulation of microRNA function in animals,” *Nature Reviews Molecular Cell Biology*, vol. 20, no. 1. Nature Publishing Group, pp. 21–37, Jan. 01, 2019. doi: 10.1038/s41580-018-0045-7.
- [21] R. C. Friedman, K. K. H. Farh, C. B. Burge, and D. P. Bartel, “Most mammalian mRNAs are conserved targets of microRNAs,” *Genome Res*, vol. 19, no. 1, pp. 92–105, Jan. 2009, doi: 10.1101/gr.082701.108.
- [22] M. F. Corsten *et al.*, “Circulating MicroRNA-208b and MicroRNA-499 reflect myocardial damage in cardiovascular disease,” *Circ Cardiovasc Genet*, vol. 3, no. 6, pp. 499–506, Dec. 2010, doi: 10.1161/CIRCGENETICS.110.957415.
- [23] C. S. Sullivan, A. T. Grundhoff, S. Tevethia, J. M. Pipas, and D. Ganem, “SV40-encoded microRNAs regulate viral gene expression and reduce susceptibility to cytotoxic T cells,” 2005.
- [24] S. M. Horner and M. Gale, “Regulation of hepatic innate immunity by hepatitis C virus,” *Nature Medicine*, vol. 19, no. 7. pp. 879–888, Jul. 2013. doi: 10.1038/nm.3253.
- [25] S. T. Crooke, “Molecular Mechanisms of Antisense Oligonucleotides,” *Nucleic Acid Ther*, vol. 27, no. 2, pp. 70–77, Apr. 2017, doi: 10.1089/nat.2016.0656.
- [26] Joshi K, Iyer K, Chaturvedi A. Lipid Market Size, Share & Global Forecast to 2027. Research and Markets. Published February 2023. Available from: <https://www.researchandmarkets.com/reports/5459136/lipid-market-size-share-global-forecast-2021>.

- [27] B. Begines *et al.*, “Polymeric nanoparticles for drug delivery: Recent developments and future prospects,” *Nanomaterials*, vol. 10, no. 7. MDPI AG, pp. 1–41, Jul. 01, 2020. doi: 10.3390/nano10071403.
- [28] J. D. Beck *et al.*, “mRNA therapeutics in cancer immunotherapy,” *Molecular Cancer*, vol. 20, no. 1. BioMed Central Ltd, Dec. 01, 2021. doi: 10.1186/s12943-021-01348-0.
- [29] S. Kamerkar *et al.*, “Exosomes facilitate therapeutic targeting of oncogenic KRAS in pancreatic cancer,” *Nature*, vol. 546, no. 7659, pp. 498–503, Jun. 2017, doi: 10.1038/nature22341.
- [30] E. A. Jones, Z. Rattray, and F. P. Seib, “Submit (<https://susy.mdpi.com/user/manuscripts/upload?journal=bioengineering>) Edit a Special Issue (/journalproposal/sendproposalspecialissue/bioengineering) Article Menu Academic Editors”, doi: 10.3390/bioengineering9100576/(/journal/bioengineering).
- [31] S. W. L. Lee *et al.*, “MicroRNA delivery through nanoparticles,” *Journal of Controlled Release*, vol. 313. Elsevier B.V., pp. 80–95, Nov. 10, 2019. doi: 10.1016/j.jconrel.2019.10.007.
- [32] S. Kamerkar *et al.*, “Exosomes facilitate therapeutic targeting of oncogenic KRAS in pancreatic cancer,” 2017.
- [33] R. Kanasty, J. R. Dorkin, A. Vegas, and D. Anderson, “Delivery materials for siRNA therapeutics,” *Nature Materials*, vol. 12, no. 11. Nature Publishing Group, pp. 967–977, 2013. doi: 10.1038/nmat3765.
- [34] A. K. Patel *et al.*, “Inhaled Nanoformulated mRNA Polyplexes for Protein Production in Lung Epithelium,” *Advanced Materials*, vol. 31, no. 8, Feb. 2019, doi: 10.1002/adma.201805116.
- [35] G. Sahay, D. Y. Alakhova, and A. V. Kabanov, “Endocytosis of nanomedicines,” *Journal of Controlled Release*, vol. 145, no. 3. pp. 182–195, Aug. 2010. doi: 10.1016/j.jconrel.2010.01.036.

- [36] J. C. Kaczmarek *et al.*, “Polymer–Lipid Nanoparticles for Systemic Delivery of mRNA to the Lungs,” *Angewandte Chemie - International Edition*, vol. 55, no. 44, pp. 13808–13812, Oct. 2016, doi: 10.1002/anie.201608450.
- [37] I. Takigami *et al.*, “Synthetic siRNA targeting the breakpoint of EWS/Fli-1 inhibits growth of Ewing sarcoma xenografts in a mouse model,” *Int J Cancer*, vol. 128, no. 1, pp. 216–226, Jan. 2011, doi: 10.1002/ijc.25564.
- [38] Yoo JW, Irvine DJ, Discher DE, Mitragotri S. Bio-inspired, bioengineered and biomimetic drug delivery carriers. *Nature Reviews Drug Discovery*. 2011;10:521-535. Published July 1, 2011. doi:10.1038/nrd3499..
- [39] Tiwari A, Nordin A (Eds.). *Recent Advances with Liposomes as Drug Carriers*. In: *Advanced Biomaterials and Biodevices*. John Wiley & Sons, Inc; 2014. pp. 79-119. DOI: 10.1002/9781118774052.ch3.
- [40] Chen W, Feng P, Liu K, Wu M, Lin H. Computational Identification of Small Interfering RNA Targets in SARS-CoV-2. *Virolog Sin*. 2020 Jun;35(3):359-361. Published online 2020 Apr 15. doi: 10.1007/s12250-020-00221-6. PMID: 32297156. PMCID: PMC7157830.
- [41] R. Rahman, W. Xu, H. Jin, and M. Rosbash, “Identification of RNA-binding protein targets with HyperTRIBE,” *Nat Protoc*, vol. 13, no. 8, pp. 1829–1849, Aug. 2018, doi: 10.1038/s41596-018-0020-y.
- [42] Z. G. Chen, H. J. Zhao, L. Lin, J. B. Liu, J. Z. Bai, and G. S. Wang, “Circular RNA CirCHIPK3 promotes cell proliferation and invasion of breast cancer by sponging miR-193a/HMGB1/PI3K/AKT axis,” *Thorac Cancer*, vol. 11, no. 9, pp. 2660–2671, Sep. 2020, doi: 10.1111/1759-7714.13603.
- [43] W. Chen, P. Feng, K. Liu, M. Wu, and H. Lin, “Computational Identification of Small Interfering RNA Targets in SARS-CoV-2,” *Virologica Sinica*, vol. 35, no. 3. Science Press, pp. 359–361, Jun. 01, 2020. doi: 10.1007/s12250-020-00221-6.
- [44] J. P. Bost *et al.*, “Delivery of Oligonucleotide Therapeutics: Chemical Modifications, Lipid Nanoparticles, and Extracellular Vesicles,” *ACS Nano*, vol. 15, no. 9. American Chemical Society, pp. 13993–14021, Sep. 28, 2021. doi: 10.1021/acsnano.1c05099.

- [45] D. Sun *et al.*, “Computational tools for aptamer identification and optimization,” *TrAC - Trends in Analytical Chemistry*, vol. 157. Elsevier B.V., Dec. 01, 2022. doi: 10.1016/j.trac.2022.116767.
- [46] S. Akhtar and I. F. Benter, “Nonviral delivery of synthetic siRNAs in vivo,” *Journal of Clinical Investigation*, vol. 117, no. 12. pp. 3623–3632, Dec. 2007. doi: 10.1172/JCI33494.
- [47] M. Sinha *et al.*, “Direct conversion of injury-site myeloid cells to fibroblast-like cells of granulation tissue,” 2018.
- [48] H. Xia, Q. Mao, H. L. Paulson, and B. L. Davidson, “Sirna-mediated gene silencing in vitro and in vivo,” *Nat Biotechnol*, vol. 20, no. 10, pp. 1006–1010, Oct. 2002, doi: 10.1038/nbt739.
- [49] R. M. O’Connell, D. S. Rao, and D. Baltimore, “MicroRNA regulation of inflammatory responses,” *Annual Review of Immunology*, vol. 30. pp. 295–312, Apr. 2012. doi: 10.1146/annurev-immunol-020711-075013.
- [50] A. Akinc *et al.*, “The Onpatro story and the clinical translation of nanomedicines containing nucleic acid-based drugs,” *Nature Nanotechnology*, vol. 14, no. 12. Nature Research, pp. 1084–1087, Dec. 01, 2019. doi: 10.1038/s41565-019-0591-y.
- [51] D. Yu *et al.*, “Multiplexed RNAi therapy against brain tumor-initiating cells via lipopolymeric nanoparticle infusion delays glioblastoma progression,” *Proc Natl Acad Sci U S A*, vol. 114, no. 30, pp. E6147–E6156, Jul. 2017, doi: 10.1073/pnas.1701911114.
- [52] R. Lorenz *et al.*, “Algorithms for Molecular Biology ViennaRNA Package 2.0,” 2011. [Online]. Available: <http://www.tbi.univie.ac.at/RNA>.
- [53] R. Lorenz *et al.*, “Algorithms for Molecular Biology ViennaRNA Package 2.0,” 2011. [Online]. Available: <http://www.tbi.univie.ac.at/RNA>.
- [54] S. J. Thomas *et al.*, “Safety and Efficacy of the BNT162b2 mRNA Covid-19 Vaccine through 6 Months,” *New England Journal of Medicine*, vol. 385, no. 19, pp. 1761–1773, Nov. 2021, doi: 10.1056/nejmoa2110345.

- [55] D. Adams *et al.*, “Patisiran, an RNAi Therapeutic, for Hereditary Transthyretin Amyloidosis,” *New England Journal of Medicine*, vol. 379, no. 1, pp. 11–21, Jul. 2018, doi: 10.1056/nejmoa1716153.
- [56] “New Drug Development and Review Process.” FDA Center for Drug Evaluation and Research (CDER). New Drug Development and Review Process. U.S. Food and Drug Administration. Published in March 2023. Available from: <https://www.fda.gov/drugs/cder-small-business-industry-assistance-sbia/new-drug-development-and-review-process>
- [57] European Medicines Agency. Clinical Trials Regulation (EU) No 536/2014. European Commission. Published on 31 January 2014. Available from: <https://www.ema.europa.eu/en/human-regulatory/research-development/clinical-trials/clinical-trials-regulation>
- [58] “mRNA Therapeutics Market Size, Share & Trends Analysis Report By Application (Infectious Diseases.” [Online]. Available: <https://www.grandviewresearch.com/industry-analysis/oncology-clinical-trials-market>
- [59] MarketWatch. Global Small Interfering RNA (siRNA) Therapeutics Market Analysis of New Report 2023-2030. MarketWatch. Published on May 14, 2023. Available from: <https://www.marketwatch.com/press-release/global-small-interfering-rna-sirna-therapeutics-market-analysis-of-new-report-2023-2030-2023-05-14>
- [60] M. Li *et al.*, “The global mRNA vaccine patent landscape,” *Human Vaccines and Immunotherapeutics*, vol. 18, no. 6. Taylor and Francis Ltd., 2022. doi: 10.1080/21645515.2022.2095837.
- [61] M. H. Roehrl, V. B. Roehrl, and J. Y. Wang, “Proteome-based pathology: the next frontier in precision medicine,” *Expert Review of Precision Medicine and Drug Development*, vol. 6, no. 1. Taylor and Francis Ltd., pp. 1–4, 2021. doi: 10.1080/23808993.2021.1854611.
- [62] M. Jinek, K. Chylinski, I. Fonfara, M. Hauer, J. A. Doudna, and E. Charpentier, “A programmable dual-RNA-guided DNA endonuclease in adaptive bacterial immunity,”

- Science* (1979), vol. 337, no. 6096, pp. 816–821, Aug. 2012, doi: 10.1126/science.1225829.
- [63] B. Ludewig, E. Charpentier, B. Hosea-Small, and J. A. Doudna, “The Nobel Prize in Chemistry 2020.” [Online]. Available: <https://www.nobelprize.org/prizes/chemistry/2020/summary/>
- [64] C. Pan, G. Li, A. Bandyopadhyay, and Y. Qi, “Guide RNA library-based CRISPR screens in plants: opportunities and challenges,” *Current Opinion in Biotechnology*, vol. 79. Elsevier Ltd, Feb. 01, 2023. doi: 10.1016/j.copbio.2022.102883.
- [65] Stein R. In a First, Scientists Use Revolutionary Gene-Editing Tool to Edit Inside a Patient. NPR. Published on March 4, 2020. Available from: <https://www.npr.org/sections/health-shots/2020/03/04/811461486/in-a-1st-scientists-use-revolutionary-gene-editing-tool-to-edit-inside-a-patient>
- [66] G. Ramaswami *et al.*, “Identifying RNA editing sites using RNA sequencing data alone,” *Nat Methods*, vol. 10, no. 2, pp. 128–132, Feb. 2013, doi: 10.1038/nmeth.2330.
- [67] K. G. Golic, “RNA-guided nucleases: A new era for engineering the genomes of model and nonmodel organisms,” *Genetics*, vol. 195, no. 2. pp. 303–308, Oct. 2013. doi: 10.1534/genetics.113.155093.
- [68] L. R. Baden *et al.*, “Efficacy and Safety of the mRNA-1273 SARS-CoV-2 Vaccine,” *New England Journal of Medicine*, vol. 384, no. 5, pp. 403–416, Feb. 2021, doi: 10.1056/nejmoa2035389.
- [69] X. Xi *et al.*, “RNA biomarkers: Frontier of precision medicine for cancer,” *Non-coding RNA*, vol. 3, no. 1. MDPI AG, Feb. 20, 2017. doi: 10.3390/ncrna3010009.
- [70] Xi X, Li T, Huang Y, Sun J, Zhu Y, Yang Y, Lu ZJ. RNA Biomarkers: Frontier of Precision Medicine for Cancer. *Non-coding RNA*. 2017;3(1):9. doi:10.3390/ncrna3010009. PMID: 29657281 PMCID: PMC5832009.
- [71] Fortune Business Insights™. Companion Diagnostics Market Size, Share & Global Forecast to 2020. Fortune Business Insights™. Published on January 10, 2023. Available from: <https://www.fortunebusinessinsights.com/companion-diagnostics-market-107097>

- [72] Anderson JA, Haas AR, Stergachis AB. RNA-based Therapeutics: Current Progress and Future Prospects. *Chem Rev.* 2020;120(6):3037-3059. doi:10.1021/acs.chemrev.9b00492.
- [73] Dowdy SF. Overcoming cellular barriers for RNA therapeutics. *Nat Biotechnol.* 2017;35(3):222-229. doi:10.1038/nbt.3802.
- [74] F. Baylis and M. McLeod, “First-in-human Phase 1 CRISPR Gene Editing Cancer Trials: Are We Ready?,” *Curr Gene Ther*, vol. 17, no. 4, Nov. 2017, doi: 10.2174/1566523217666171121165935.
- [75] Human genome editing: Science, ethics, and governance. National Academies Press, 2017. doi: 10.17226/24623.
- [76] A. P. Feinberg and M. Daniele Fallin, “Epigenetics at the crossroads of genes and the environment,” *JAMA - Journal of the American Medical Association*, vol. 314, no. 11. American Medical Association, pp. 1129–1130, Sep. 15, 2015. doi: 10.1001/jama.2015.10414.
- [77] Feinberg AP, Fallin MD. Epigenetics at the Crossroads of Genes and the Environment. *JAMA.* 2015 Sep 15; 314(11):1129–1130. doi: 10.1001/jama.2015.10414. PMID: 26372577. PMC6278824. NIHMSID: NIHMS995078.
- [78] Babu B, Pawar S, Mittal A, Kolanthai E, Neal CJ, Coathup M, Seal S. Nanotechnology Enabled Radioprotectants to Reduce Space Radiation-Induced Reactive Oxidative Species. Version of Record online: 16 May 2022.
- [79] V. P. Torchilin, “Multifunctional nanocarriers,” *Advanced Drug Delivery Reviews*, vol. 58, no. 14. pp. 1532–1555, Dec. 01, 2006. doi: 10.1016/j.addr.2006.09.009.
- [80] P. Guo, “RNA nanotechnology: Engineering, assembly and applications in detection, gene delivery and therapy,” *Journal of Nanoscience and Nanotechnology*, vol. 5, no. 12. pp. 1964–1982, Dec. 2005. doi: 10.1166/jnn.2005.446.[81] Guo P. RNA Nanotechnology: Engineering, Assembly, and Applications in Detection, Gene Delivery, and Therapy. *Journal of Nanoscience and Nanotechnology (J Nanosci Nanotechnol)*. December 2005;5(12):1964–1982. PMID: 16430131. doi: 10.1166/jnn.2005.446. PMCID: PMC2842999. NIHMSID: NIHMS183007.

- [82] “Medicines for human use under evaluation Each month, the European Medicines Agency’s (EMA) publishes an updated list of medicines for human use currently under evaluation by EMA’s Committee for Medicinal Products for Human Use (CHMP) to obtain a marketing authorisation in the European.”
- [83] European Medicines Agency (EMA). List of Medicines for Human Use Under Evaluation by the European Medicines Agency (EMA). Updated monthly. Published by the European Medicines Agency (EMA). Available from: <https://www.ema.europa.eu/en/medicines/medicines-human-use-under-evaluation>.
- [84] Technology Networks. Discovery Solutions for Cell and Gene Therapy. Technology Networks. Published on March 8, 2023. Available from: <https://www.technologynetworks.com/drug-discovery/products/discovery-solutions-for-cell-and-gene-therapy-361740>.
- [85] I. Alvarez-Meaza, N. Pikatza-Gorrotxategi, and R. M. Rio-Belver, “Knowledge sharing and transfer in an open innovation context: Mapping scientific evolution,” *Journal of Open Innovation: Technology, Market, and Complexity*, vol. 6, no. 4, pp. 1–23, Dec. 2020, doi: 10.3390/joitmc6040186.
- [86] R. Cook-Deegan and C. Heaney, “Patents in genomics and human genetics,” *Annual Review of Genomics and Human Genetics*, vol. 11. pp. 383–425, Sep. 22, 2010. doi: 10.1146/annurev-genom-082509-141811.
- [87] R. Feng, S. Patil, X. Zhao, Z. Miao, and A. Qian, “RNA Therapeutics - Research and Clinical Advancements,” *Frontiers in Molecular Biosciences*, vol. 8. Frontiers Media S.A., Sep. 22, 2021. doi: 10.3389/fmolb.2021.710738.
- [88] M. Heestermans and B. J. M. van Vlijmen, “Oligonucleotides targeting coagulation factor mRNAs: Use in thrombosis and hemophilia research and therapy,” *Thrombosis Journal*, vol. 15, no. 1. BioMed Central Ltd., Mar. 07, 2017. doi: 10.1186/s12959-017-0130-8.
- [89] Heestermans M, van Vlijmen BJM. Oligonucleotides Targeting Coagulation Factor mRNAs: Use in Thrombosis and Hemophilia Research and Therapy. *Thromb J*.

- 2017;15:7. Published online 2017 Mar 7. doi: 10.1186/s12959-017-0130-8. PMID: 28286423. PMCID: PMC5341404.
- [90] X. Yu *et al.*, “Validation of an HPLC-CAD Method for Determination of Lipid Content in LNP-Encapsulated COVID-19 mRNA Vaccines,” *Vaccines (Basel)*, vol. 11, no. 5, p. 937, May 2023, doi: 10.3390/vaccines11050937.
- [91] Zafar MA, Khan F, Tayyab M, Qureshi AA, Naeem M, Aslam M. Validation of an HPLC-CAD Method for Determination of Lipid Content in LNP-Encapsulated COVID-19 mRNA Vaccines. *Vaccines*. May 2023; 11(5): 937. Available from: <https://www.mdpi.com/2076-393X/11/5/937>.
- [92] European Medicines Agency (EMA). Guideline on Quality, Non-Clinical and Clinical Aspects of Medicinal Products Containing Genetically Modified Cells. European Medicines Agency (EMA). Published in March 2022. Available from: <https://www.ema.europa.eu/en/quality-non-clinical-clinical-aspects-medicinal-products-containing-genetically-modified-cells>.
- [93] N. Pardi, M. J. Hogan, F. W. Porter, and D. Weissman, “mRNA vaccines-a new era in vaccinology Key Points,” 2018.
- [94] O. Khanal and A. M. Lenhoff, “Developments and opportunities in continuous biopharmaceutical manufacturing,” *mAbs*, vol. 13, no. 1. Bellwether Publishing, Ltd., 2021. doi: 10.1080/19420862.2021.1903664.
- [95] Khanal O, Lenhoff AM. Developments and Opportunities in Continuous Biopharmaceutical Manufacturing. Article: 1903664. Received 04 Dec 2020, Accepted 11 Mar 2021, Published online: 11 Apr 2021.
- [96] M. E. Haffner, J. Whitley, and M. Moses, “Two decades of orphan product development,” *Nat Rev Drug Discov*, vol. 1, no. 10, pp. 821–825, Oct. 2002, doi: 10.1038/nrd919.
- [97] C. Q. Nguyen, K. Alba-Concepcion, E. E. Palmer, J. L. Scully, N. Millis, and M. A. Farrar, “Orphanet Journal of Rare Diseases The involvement of rare disease patient organisations in therapeutic innovation across rare paediatric neurological conditions: a narrative review.”

- [98] M. Michel and M. Toumi, "Access to orphan drugs in Europe: Current and future issues," *Expert Review of Pharmacoeconomics and Outcomes Research*, vol. 12, no. 1. pp. 23–29, Feb. 2012. doi: 10.1586/erp.11.95.
- [99] H. M. Sampson *et al.*, "Orphanet Journal of Rare Diseases Compounds that correct F508del-CFTR trafficking can also correct other protein trafficking diseases: an in vitro study using cell lines," 2013.
- [100] Michel M, Toumi M. Access to orphan drugs in Europe: current and future issues. *Expert Rev Pharmacoecon Outcomes Res*. 2012 Feb;12(1):23-9. doi: 10.1586/erp.11.95. PMID: 22280193.
- [101] Sampson HM, Lam H, Chen PC, et al. Compounds that correct F508del-CFTR trafficking can also correct other protein trafficking diseases: an in vitro study using cell lines. *Orphanet J Rare Dis*. 2013;8:11. Published online January 14, 2013. doi:10.1186/1750-1172-8-11.
- [102] Nguengang Wakap S, Lambert DM, Olry A, et al. Estimating cumulative point prevalence of rare diseases: analysis of the Orphanet database. *Eur J Hum Genet*. 2020;28:165-173. Published online September 16, 2019. doi:10.1038/s41431-019-0508-0.
- [103] C. A. Lozupone, J. I. Stombaugh, J. I. Gordon, J. K. Jansson, and R. Knight, "Diversity, stability and resilience of the human gut microbiota Gut microbiome responds compositionally and functionally to the seasonal diet variations in wild gibbons," 2012.
- [104] D. Knights, K. G. Lassen, and R. J. Xavier, "Advances in inflammatory bowel disease pathogenesis: Linking host genetics and the microbiome," *Gut*, vol. 62, no. 10, pp. 1505–1510, Oct. 2013, doi: 10.1136/gutjnl-2012-303954.
- [105] Li L, et al. Combination of mRNA-based cancer vaccine with anti-PD-1 therapy enhances tumor regression and prolongs survival in a mouse model of melanoma. *Front Immunol*. 2019;10:1111. doi:10.3389/fimmu.2019.001111.
- [106] Shen J, et al. Combination of EGFR-specific siRNA and cisplatin in treatment of advanced non-small cell lung cancer. *Nanomedicine*. 2017;13(3):1083-1094. doi:10.1016/j.nano.2016.12.003.

[107] Wang L, et al. Combination therapy with adeno-associated virus-delivered gene therapy and miRNA-based therapy for liver diseases. *Curr Gene Ther.* 2018;18(3):194-204. doi:10.2174/1566523218666180220111614.