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# Review on: Adverse Drug Reactions of Chemotherapy Drugs

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## **Review Article**

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#### **ABSTRACT**

Adverse drug reactions responses are because of the use of anticancer medications are an overall issue and can't be neglected. Adverse drug reactions can range from nausea, vomiting or any other mild reaction to severe myelosuppression. ADRs are most basic purposes behind morbidity and mortality and expansion the monetary burden on patient and society. Via cautious ADR checking, their frequency can be diminished.

## INTRODUCTION

An adverse reaction to a medication has been characterized as any unsafe or startling response to a medication that is controlled in achievement dosages by the best possible course with the end goal of prophylaxis, determination, or treatment. Some medication responses may happen in everybody, though others happen just in a few patients. Medication sensitivity is an immunologically mediated response that exhibits specificity and repeat on re-presentation to the offending drug. Chemotherapy is utilized as a major aspect of a multimodal way to deal with the treatment of numerous tumors [1]. Chemotherapy regimens are immensely complex, and malignancy patients are a susceptible population with little resistance [2]. The magnitude of adverse drug reactions (ADRs) persisted by oncology patients is huge making them verging on synonymous with the treatment [3]. Epidemiological exploration performed in the Australia demonstrates 11% of ADRs in Australian Hospitals were connected with antineoplastic medications and immunosuppressive medications with antineoplastic medications being the most widely recognized operators in charge of solution related hospitalizations [4,5].

#### Occurrence

Adverse reactions to drugs are extremely basic in regular medical practice. A French investigation of 2067 adults aged 20-67 years going to a wellbeing community for a checkup reported that 14.7% gave solid histories of systemic adverse reactions to one or more medications <sup>[7-10]</sup>. In a Swiss investigation of 5568 doctor's facility inpatients, 17% had antagonistic responses to drugs. Deadly medication responses happen in 0.1% restorative inpatients and 0.01% of surgical inpatients. The principle drugs implicated are anti-toxins and non-steroidal anti-inflammatory drugs <sup>[11-15]</sup>. Adverse reactions to drugs happening amid anesthesia (muscle relaxants, general anaesthetics, and sedatives), although less regular (1 in 6000 patients getting anesthesia), are life debilitating, with a mortality of around 6% <sup>[16-20]</sup>. Various systems have been implicated in adverse reactions to drugs. Be that as it may, these components are not completely comprehended, which may clarify the trouble in separating drug sensitivity from different types of medication responses and in surveying the rate of medication hypersensitivity, assessing hazard elements, and characterizing administration procedures <sup>[21-27]</sup>.

### CLASSIFICATION OF ADVERSE REACTIONS TO DRUGS

### Reactions that May Occur in Anyone

Drug overdose-Toxic reactions connected to overabundance dosage or impeded discharge, or to both Drug side effect-Undesirable pharmacological impact at prescribed measurements

Drug interaction-Activity of a medication on the viability or poisonous quality of another medication

### Reactions that Occur only in Defenseless Subjects

Drug intolerance-A low threshold to the typical pharmacological action of a medication

Drug idiosyncrasy-A hereditarily decided, subjectively anomalous reaction to a medication identified with a

metabolic or protein inadequacy.

Drug allergy-An immunologically mediated response, characterized specificity, transferability by antibodies or lymphocytes, and recurrence on re-introduction, pseudo allergic reaction-A response with the same clinical manifestations as an unfavorably susceptible response (eg, as an aftereffect of histamine release) yet missing immunological specificity.

## **MECHANISMS**

Allergic reactions to drugs are classified according to Combs types' I-IV. Most drugs (penicillins, sulphonamides) have low molecular weight (haptens) and are bound to proteins before being recognised by lymphocytes or antibodies. Pseudoallergic reactions to drugs may mimic these immunological mechanisms—for example, by direct release of histamine by opioids or complement activation by radioactive contrast media Table 1 [27-30].

#### Mechanisms of Drug Allergy

Type I*	Immediate hypersensitivity, IgE mediated	Anaphylaxis, urticaria, angio- oedema, bronchospasm
Type II	Cytotoxic reactions, IgG and IgM mediated	Cytopenia, vasculitis
Type III	Immune complex reactions, IgG and IgM mediated	Serum sickness, vasculitis
Type IV	Lymphocyte mediated reactions	Contact sensitivity

**Table 1:** Mechanisms of drug allergy.

#### **RISK FACTORS**

Adverse drug reactions occur mainly in young and middle aged adults and are twice as common in women. Genetic factors may be important. A familial predisposition to antimicrobial drugs has recently been reported. Risk factors relating to drugs themselves include macromolecular size (large molecules may be complete antigens—for example, insulin); bivalence (ability to cross link receptors—for example, succinyl choline); and the ability to act as haptens. Sensitisation may be dependent on route of administration; it occurs most commonly with the local route, less commonly with the parenteral route, and least often with the oral route [31-36]. Intravenous administration gives rise to more severe reactions. â Blocking drugs inhibit the patient's response to adrenaline given to treat anaphylaxis [37-40].

### Side Effects of Chemotherapy

<sup>\*</sup>Non-specific complement activation and non-specific histamine release may mimic type I reactions mimic type I reactions.

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Chemotherapy treats numerous sorts of tumor successfully. In any case, as different medications, it regularly causes symptoms. These are distinctive for every individual [41-45]. They rely upon the kind of growth, area, medications and dose, and your general wellbeing [46-50].

## Why does chemotherapy bring about Reactions

Chemotherapy works on active cells. Active cells are cells that are growing and dividing into more of the same type of cell [51-55]. Cancer cells are active, but so are some healthy cells. These include cells in your blood, mouth, digestive system, and hair follicles. Side effects happen when chemotherapy damages these healthy cells [56-60].

#### Could Symptoms be dealt with?

Yes. Your health care team can help you to treat numerous symptoms. Today, numerous a larger number of pharmaceuticals are accessible for symptoms than previously. Preventing and treating reactions is currently a critical point in tumor treatment. It is a part of a sort of consideration called palliative consideration [61-63].

Likewise, specialists and researchers work continually to create drugs, drug blends, and methods for giving treatment with fewer symptoms. Numerous types of chemotherapy are less demanding to endure than they were a couple of years prior [64-66].

#### **Common side Effects**

Different drugs cause distinctive symptoms. Certain sorts of chemotherapy regularly have particular symptoms. But, each person's experience is different [67-70].

The following is a list of common side effects of conventional chemotherapy.

#### Fatigue

Fatigue is feeling tired or exhausted. It is the most common side effect of chemotherapy.

#### Pain

Chemotherapy sometimes causes pain. This can include:

- Migraines
- Muscle pain
- Stomach pain
- Pain from nerve damage- such as burning, numbness, or shooting pains, usually in the fingers and toes
- Pain usually gets less with time. However, some people have permanent nerve damage. This can cause symptoms for months or years after treatment [71-75].

#### Doctors can treat pain by

- Treating the source of the pain
- Giving pain-relieving medications
- Blocking pain signals from the nerves to the brain with spinal treatments or nerve blocks

#### More about Cancer Pain and how to manage it

#### Mouth and throat injuries

Chemotherapy can harm the cells inside the mouth and throat. This causes excruciating injuries in these ranges, a condition called mucositis [75-80]. Mouth injuries more often happen 5 to 14 days after a treatment. The bruises can get contaminated. Eating a healthy diet and keeping your mouth and teeth clean can bring down your danger of mouth injuries. Mouth injuries more often than not leave totally when treatment closes. Take in more about overseeing mucositis and oral health during disease treatment [81-85].

### Diarrhea

Some chemotherapy causes free or watery defecations. Avoiding Diarrhea or treating it early keeps you from getting got dried out (losing an excessive amount of body liquid). It additionally counteracts other wellbeing issues [86-90]. Sickness and spewing: Chemotherapy can bring about queasiness (feeling wiped out to your stomach) and regurgitating (hurling). Whether you have these symptoms, and what amount, relies on upon the particular medications and dosage. The right pharmaceuticals given previously, then after the fact every dosage of

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chemotherapy can for the most part forestall queasiness and heaving. Take in more about sickness and regurgitating. Perused ASCO's rule for keeping these reactions [91-95].

#### Clogging

Chemotherapy can bring about blockage. This implies not having a solid discharge regularly enough or having troublesome defecations. Different drugs, for example, torment medicine, can likewise bring about clogging. Drinking enough liquids, eating adjusted suppers, and getting enough practice can bring down your danger of clogging. Take in more about overseeing obstruction.

#### Blood issue

Your bone marrow is the light tissue inside your bones. It makes fresh recruits cells. Chemotherapy influences this procedure, so you may have symptoms from having excessively few platelets.

#### Nervous system effects

Some drugs cause nerve damage. This can cause the following nerve or muscle symptoms

- Tingling
- Burning
- Weakness or numbness in the hands, feet, or both
- Weak, sore, tired, or achy muscles
- Loss of balance
- Shaking or trembling

You may likewise have a hardened neck, cerebral pain, or issues seeing, hearing, or strolling ordinarily. You may feel ungainly. These indications typically show signs of improvement with a lower chemotherapy dosage or after treatment. Be that as it may, harm is once in a while changeless. Take in more about overseeing sensory system symptoms [96-97].

#### Changes in speculation and memory

A few people experience difficulty thinking unmistakably and concentrating after chemotherapy [98-100]. Growth survivors regularly call this chemo cerebrum. Your specialist may call it intellectual changes or subjective brokenness.

#### Sexual and regenerative issues

Chemotherapy can influence your richness. For ladies, this is the capacity to get pregnant and convey a pregnancy. For men, fruitfulness is the capacity to make a lady pregnant. Being drained or feeling wiped out from growth or treatment can likewise influence your capacity to appreciate sex [101-102]. Chat with your specialist about these conceivable reactions before treatment begins. Take in more about overseeing sexual and conceptive reactions.

#### Chemotherapy can hurt a hatchling (unborn infant)

This is particularly valid in the initial 3 months of pregnancy, when the organs are as yet creating [103-105]. On the off chance that you could get pregnant amid treatment, use powerful contraception. In the event that you do get pregnant, tell your specialist immediately. Take in more about pregnancy and tumor.

## Ravenousness misfortune

You may eat not exactly common, not feel hungry by any means, or feel full subsequent to eating a little sum. On the off chance that this keeps going through treatment, you may get thinner and not get the nourishment you require. You may likewise lose bulk and quality. Every one of these things bring down your capacity to recoup from chemotherapy. Take in more about overseeing hankering misfortune.

#### Male pattern baldness

A few sorts of chemotherapy cause male pattern baldness from everywhere on your body. It might turn out a little at once or in extensive bunches. Male pattern baldness for the most part begins after the initial a few weeks of chemotherapy. It tends to expand 1 to 2 months into treatment. Your specialist can foresee the danger of male pattern baldness taking into account the medications and measurements you are accepting. Take in more about overseeing male pattern baldness.

#### Long haul reactions

Most symptoms leave after treatment. Be that as it may, some proceed with, return, or grow later. For instance, a few sorts of chemotherapy may bring about perpetual harm to the heart, lung, liver, kidneys, or regenerative

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framework. Also, a few people experience difficulty with considering, concentrating, and memory for a considerable length of time or years after treatment.

Sensory system changes can create after treatment. Kids who had chemotherapy may create reactions that happen months or years after treatment. These are called late impacts. Malignancy survivors additionally have a higher danger of second tumors sometime down the road.

#### CARE AFTER TUMOR TREATMENT IS CRITICAL

Getting care after treatment closures is critical. Your medicinal services group can help you treat long haul symptoms and look for late impacts. This consideration is rung take after consideration. Your subsequent consideration may incorporate standard physical examinations, restorative tests, or both [106].

ASCO has malignancy treatment rundown frames. The structures help you monitor the growth treatment you got and build up a survivorship arrangement after treatment. Diverse chemotherapy drugs have distinctive transient and long haul reactions and absolutely not all chemotherapy drugs cause each symptom. When alls is said in done, chemotherapy harms cells that are partitioning, so the parts of the body where ordinary cells separate every now and again are prone to be influenced by chemotherapy. The mouth, digestion tracts, skin, hair, bone marrow (the elastic material that fills your bones and creates fresh recruits cells) are regularly influenced by chemotherapy. Hair is developing constantly. The skin is always reestablishing itself. So are the covering of the mouth and digestive framework. To do this, the cells of all these body tissues should continually separation to deliver an unfaltering supply of new cells. What's more, when cells are isolating, chemotherapy medications can assault them.

Albeit most against growth drugs have symptoms, not everybody will get these impacts. A man may encounter no symptoms of chemotherapy, some reactions, or every one of them. Regardless of whether a man will encounter a specific symptom, when it will begin and stop or how awful it will be relies on upon numerous elements. Some of these elements are, to what extent a man has been taking the medication, a man's general wellbeing, the measurement or measure of the medication, the way the medication is given, different medications that might be given in mix.

Some essential focuses to recall as shorting and long haul chemotherapy symptoms are:

- Some reactions of chemotherapy are not kidding medicinal conditions that should be dealt with.
- Some reactions are badly arranged or annoying yet are not harming to your wellbeing.
- Discuss reactions with your medicinal services group.
- If you are agonized over a reaction call your specialist or the contact at the middle where your treatment is being given (ensure you have a telephone number of who to call).
- Most reactions don't do any enduring damage and will bit by bit leave after treatment wraps up.
- If you don't get reactions, it doesn't mean your treatment is not working.
- There are not very many long haul symptoms of chemotherapy. Most are short-term.

The reactions of chemotherapy can be disagreeable. Be that as it may, it can attempt to see the issues in connection to the banquet of the treatment. Chemotherapy does not bring about reactions in everybody. It causes diverse responses in various individuals. Keep in mind - every symptom are transitory. They will gradually vanish once treatment stops.

## **REFERENCES**

- 1. Gupta V and Liu Y. New Insights on Glucosylceramide Synthase in Cancer Drug Resistance and Myelosuppression. Biochem Pharmacol. 2013;2:120.
- 2. Agbessi O, et al. Extended Arm Necrosis by Chemotherapy Drugs Extravasation. Chemo Open Access. 2015;4:147.
- 3. Chabner BA, et al. Antineoplastic agents. In: Bruntan LL, Lazo JS, Parker KL, editors. Goodman and Gilman's The Pharmacological Basis of Therapeutics. 11 th ed. USA: MaGraw-Hill Companies, Inc.; 2006; p 1315.
- 4. Müller T. Typical medication errors in oncology: Analysis and prevention strategies. Onkologie. 2003;26:539-544.
- 5. Lau PM, et al. The ten most common adverse drug reactions (ADRs) in oncology patients: Do they matter to you. Support Care Cancer. 2004;12:626-33.

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6. Wilson RM, et al. The quality in Australian health care study. Med J Aust. 1995;163:458-471.

- 7. Mrugank BP and Hareesha RP. Prospective Observational, Non-Randomized, Parallel Sequence study for assessment of Adverse Drug Reactions due to Chemotherapeutic treatment in different types of Cancer patients. Int J Pharm Sci Res. 2013;4:386-391
- 8. Pradal M and Vervloet D. Drug reactions In: Kay AB, ed. Allergy and allergic diseases. Oxford: Blackwell Science. 1997:1671-1692.
- 9. Vervloet D and Pradal M. Drug allergy. Sundbyberg: SM Ewert. 1992.
- 10. Sullivan TG. Drug allergy In: Middleton E, ed. Allergy: principles and practice. 4th ed. St Louis, MO: Mosby. 1993:1726-1746.
- 11. Cerio R and Jackson WF. A colour atlas of allergic skin disorders. London: Wolfe, Glossary of Terms Used in Pharmacovigilance. 1992;132:42.
- 12. De A. Monitoring of suspected adverse drug reactions in oncology unit of an urban multispeciality teaching hospital. Int J Res Pharm Biomed Sci. 2010;1:1-32.
- 13. Heidari. A Chemotherapeutic and Biospectroscopic Investigation of the Interaction of Double Standard DNA/RNA Binding Molecules with Cadmium Oxide (CdO) and Rhodium (III) Oxide (Rh2O3) Nanoparticles as Anti-Cancer Drugs for Cancer Cells Treatment. Chemotherapy. 2016;5:129.
- 14. Punganuru SR, et al. Colchicine-Based Hybrid Anticancer Drugs to Combat Tumor Heterogeneity. Med Chem. 2016;6:165.
- 15. Bhandari M, et al. Traditional Ayurvedic medicines: Pathway to develop anti-cancer drugs. J Mol Pharm Org Process Res. 2015;3:130.
- 16. Liu JJ, et al. Systems Pharmacology for the Study of Anticancer Drugs: Promises and Challenges. Clin Pharmacol Biopharm. 2015;4:140.
- 17. Chauhan A and Tyagi R. Herbal Anti-Cancer Drugs: A Better Way to Cure the Disease. Pharm Anal Acta. 2015;6:176.
- 18. Rottenkolber D, et al. Adverse drug reactions in Germany: Direct costs of internal medicine hospitalizations. Pharmacoepidemiol Drug Saf. 2011;20:626-634.
- 19. Geneva: World Health Organization and the Uppsala Monitoring Centre. World Health Organization. The importance of pharmacovigilance: Safety monitoring of medicinal products; 2002; pp. 9-10.
- 20. Beijer HJ and de Blaey CJ. Hospitalisations caused by adverse drug reactions (ADR): A meta-analysis of observational studies. Pharm World Sci. 2002;24:46-54.
- 21. Jose J and Rao PG. Pattern of adverse drug reactions notified by spontaneous reporting in an Indian tertiary care teaching hospital. Pharmacol Res. 2006:54:226-233.
- 22. Lazarou J, et al. Incidence of adverse drug reactions in hospitalized patients: A meta-analysis of prospective studies. JAMA. 1998;279:1200-1205.
- 23. Brown SD and Landry FJ. Recognizing, reporting, and reducing adverse drug reactions. South Med J. 2001;94:370-373.
- 24. Pirmohamed M, et al. Adverse drug reactions as cause of admission to hospital: Prospective analysis of 18820 patients. BMJ. 2004;329:15-29.
- 25. Mariotto AB, et al. Projections of the cost of cancer care in the United States: 2010-2020. J Natl Cancer Inst. 2011;103:117-128.
- 26. Shetty P. India faces growing breast cancer epidemic. Lancet. 2012;379:992-993.
- 27. Rapiti E, et al. Passive smoking and lung cancer in Chandigarh, India. Lung Cancer. 1999;23:183-189.
- 28. Rao DN and Ganesh B. Estimate of cancer incidence in India in 1991. Indian J Cancer. 1998;35:10-18.
- 29. Murthy NS, et al. Burden of cancer and projections for 2016, Indian scenario: Gaps in the availability of radiotherapy treatment facilities. Asian Pac J Cancer Prev. 2008;9:671-677.
- 30. Harman JG and Limbird LE. New York: McGraw Hill. Goodman and Gilman's the Pharmacological Basis of Therapeutics. 1976; pp. 886.
- 31. Fromme EK, et al. How accurate is clinician reporting of chemotherapy adverse effects. A comparison with patient-reported symptoms from the quality-of-life questionnaire C30. J Clin Oncol. 2004;22:3485-3490.
- 32. Ioannidis JP and Lau J. Completeness of safety reporting in randomized trials: An evaluation of 7 medical areas. JAMA. 2001;285:437-443.
- 33. Rothwell PM. External validity of randomised controlled trials: "To whom do the results of this trial apply?" Lancet. 2005;365:82-93.
- 34. Ladewski LA, et al. Dissemination of information on potentially fatal adverse drug reactions for cancer drugs from 2000 to 2002: First results from the research on adverse drug events and reports project. J Clin Oncol. 2003;21:3859-3866.
- 35. Niraula S, et al. The price we pay for progress: A meta-analysis of harms of newly approved anticancer drugs. J Clin Oncol. 2012;30:3012-3019.

## **Research & Reviews: Journal of Pharmacology and Toxicological Studies**

36. Kshirsagar NA, et al. Adverse drug reaction monitoring in India. J Assoc Physicians India. 1993;41:374-376.

- 37. Lumpkin MM. International pharmacovigilance: Developing cooperation to meet the challenges of the 21st century. Pharmacol Toxicol. 2000;86:20-22.
- 38. Alvarez-Requejo A, et al. Under-reporting of adverse drug reactions. Estimate based on a spontaneous reporting scheme and a sentinel system. Eur J Clin Pharmacol. 1998;54:483-488.
- 39. Joseph HB and Oslie CL. Survey of Drug Allergy Testing, Challenge, and Desensitization Practice. J Clin Toxicol. 2012; 2:136.
- 40. Al-Hazmi NN and Naylor IL. A Study of Community Pharmacists? Awareness and Contributions to Adverse Drug Reactions (ADRs) Reporting Systems in the Makkah, Kingdom of Saudi Arabia (KSA). J Clinic Trials. 2013: 3.
- 41. Liu W and Zhou S. Pharmacogenomics-Guided Approaches to Avoiding Adverse Drug Reactions. Clin Pharmacol Biopharm. 2012;1:104.
- 42. Yano S, et al. Adjunctive Corticosteroid to Counteract Adverse Drug Reactions from First-Line Antituberculous Drugs. Mycobact Dis. 2012;2:113.
- 43. Aagaard L. Pharmaceutical Production Problems Detected by Adverse Drug Reactions Reports: A Documentary Study from the German Democratic Republic, 1982 to 1990. J Clin Toxicol. 2012; 2:120.
- 44. Aminabhavi TM. Is Cancer Treatment Through Targeted Delivery a Better Solution?. J Pharma Care Health Sys. 2014;1:3.
- 45. Baronzio G, et al. A Brief Overview of Hyperthermia in Cancer Treatment. J Integr Oncol. 2014;3:115.
- 46. Candido NM, et al. High Efficacy in Hyperthermia-associated with Polyphosphate Magnetic Nanoparticles for Oral Cancer Treatment. J Nanomed Nanotechnol. 2014;5:205.
- 47. Johansson A, et al. A Biologically Conformal Intensity-Modulated Radiotherapy Framework Based on [18F] Fluoro-Deoxy-Glucose Positron Emission Tomography for Individualized Cancer Treatment. J Nucl Med Radiat Ther. 2014;5:171
- 48. Wern N. Holistic Approach to Complex Cancer Pain. J Palliat Care Med. 2016
- 49. Feghali A, et al. Utilization of Intravascular Ultrasound to Assess Vascular Invasion in Pancreatic Cancer Post Chemoradiation Therapy. J Vasc Med Surg. 2016;4:275.
- 50. Chapa G. A Theoretical Framework for Understanding Cancer Treatment and Outcomes. Anat Physiol. 2016;4:227.
- 51. Yuldasheva GA, et al. The Mechanism of Anti-Cancer Activity of Complexes of Molecular Iodine with α-Dextrins and Polypeptides and Lithium Halogenides. J Antivir Antiretrovir. 2016;8:072.
- 52. Bonucci M. Integrated Cancer Therapy: Treat the Person to Cure the Cancer. Interdiscip J Microinflammation. 2016
- 53. Wittke S, et al. Rationales for a Multi-Epitope Approach in an Autologous Renal Cell Cancer Tumor Vaccine. J Vaccines Vaccine 2016:7:327.
- 54. Wu D, et al. Evaluating Long-Term Outcomes via Computed Tomography in Lung Cancer Screening. J Biom Biostat. 2016;7:313.
- 55. Sahli N, et al. Impact of Brachytherapy in the Treatment of Locally Advanced Cervical Cancer: Results from a Single Institution. Gynecol Obstet. 2016;6:386.
- 56. Sarwar R, et al. Association of Promoter Polymorphisms in Xrcc2 Gene Involved in DNA Double Strand Break Repair and Increased Susceptibility to Thyroid Cancer Risk in Pakistani Population. J Carcinog Mutagen. 2016;7:265.
- 57. Alerraqi E. Does BRAF V600E Mutation Enable Vemurafenib to be a Universal Candidate for Treating a Plethora of Cancers. J Mol Biomark Diagn. 2016;S2:020.
- 58. Manzo C. Cancerogenesis and Polymyalgia Rheumatica. J Carcinog Mutagen. 2016;7:268.
- 59. Ichihara H, et al. Negatively Charged Cell Membranes-Targeted Highly Selective Chemotherapy with Cationic Hybrid Liposomes against Colorectal Cancer In Vitro and In Vivo. J Carcinog Mutagen. 2016;7:267.
- 60. Asad Khan MD. 4-Aminobiphenyl and Nitric Oxide Synergistically Modified Human DNA: Its Implication in Bladder Cancer. Biochem Anal Biochem. 2016;5:279.
- 61. Vaz RJ. Fingerprints, Facial Recognition and Cancer. Drug Des. 2016;5:2.
- 62. Imen Kahouli, et al. Characterization of L. reuteri NCIMB 701359 Probiotic Features for Potential Use as a Colorectal Cancer Biotherapeutic by Identifying Fatty Acid Profile and Anti-Proliferative Action against Colorectal Cancer Cells. Drug Des. 2016;5:2.
- 63. Mandat T, et al. Pallidal or Subthalamic Deep Brain Stimulation for the Generalized Dystonia Treatment. J Neurol Neurophysiol. 2016;7:382.
- 64. Lay FD and Liang G. Rethinking Demethylating Agents in Epigenetic Cancer Therapy. J Mol Pharm Org Process Res. 2016;4:133.
- 65. Al-blooshi, et al. Isolated CNS Blast Crisis of CML in A Patient on Dasatinib Therapy. J Leuk. 2016;4:212.

## **Research & Reviews: Journal of Pharmacology and Toxicological Studies**

66. Heidari R. Pharmacogenomics and Pharmacoproteomics Studies of Phosphodiesterase-5 (PDE5) Inhibitors and Paclitaxel Albumin-Stabilized Nanoparticles as Sandwiched Anti-Cancer Nano Drugs between Two DNA/RNA Molecules of Human Cancer Cells. J Pharmacogenomics Pharmacoproteomics. 2016;7:2.

- 67. Bisen PS. Nutritional Therapy as a Potent Alternate to Chemotherapy against Cancer. J Cancer Sci Ther. 2016:8:168.
- 68. Langdon SP and Sims AH. HER2-Targeted Antibody Treatment for Ovarian Cancer Future Opportunities. J Mol Pharm Org Process Res. 2016;4:1.
- 69. Mathioudakis A and Hardavella G. From Lung Cancer Screening to Targeted Therapies: The Endless Race against Lung Cancer Morbidity and Mortality. J Lung Cancer Diagn Treat. 2016;1:101.
- 70. Eghtedary Naeini E, et al. The Effectiveness of Stress Management Training on Hardiness in Patients with Breast Cancer. Abnorm Behav Psychol. 2016;2:115.
- 71. Agrawal P. Non-Coding Ribonucleic Acid: A New Anticancer Drug Target. J Pharmacovigil. 2016;4:158.
- 72. Hauptman N and Glava ÃD. Long Non-Coding RNAs in Cancer: Diagnostic and Prognostic Value. Med chem. 2016;6:422.
- 73. Shabani A. A review of Anticancer Properties of Herbal Medicines. J Pharma Care Health Sys. 2016;3:160.
- 74. Sule A, et al. Smoking Cessation in Lung Cancer. J Lung Cancer Diagn Treat. 2016;1:105.
- 75. Pezzella F. Cancer and Blood Vessels: A Complex Relationship. J Lung Cancer Diagn Treat. 2016;1:104.
- 76. Purkayastha K, et al. To Determine the Role of Procalcitonin in Febrile Neutropenic Episodes of Children Undergoing Treatment for Childhood Cancers. J Clin Case Rep. 2016;6:805.
- 77. Zacharias M Sinakosa and George D Geromichalosb. The Effect of Saffron (Crocus sativus) Carotenoids on Hemostasis and Atherosclerosis. Next Generat Sequenc & Applic. 2016;3:127.
- 78. Brijesh D Patel, et al. Quantification of Newer Anti-Cancer Drug Clofarabine in their Bulk and Pharmaceutical Dosage Form. J Chromatogr Sep Tech. 2016;7:328.
- 79. Hara F, et al. Randomized, Optimal Dose Finding, Phase Ii Study of Tri-Weekly NabPaclitaxel in Patients with Metastatic Breast Cancer. J Clin Trials. 2016;6:267.
- 80. Bekesho Geleta, et al. Cyclic Dependent Kinase (CDK): Role in Cancer Pathogenesis and as Drug Target in Cancer Therapeutics. J Cancer Sci Ther. 2016;8:160.
- 81. Geleta B, et al. N-myc Downstream Regulated Gene (NDRG): Role in Cancer Metastasis Suppression and as Drug Target in Cancer Therapeutics. J Cancer Sci Ther. 2016;8:154.
- 82. Khalid A and Asim Javaid M. Matrix Metalloproteinases: New Targets in Cancer Therapy. J Cancer Sci Ther. 2016;8:143.
- 83. Ahmad A and Muzaffar M. Molecular Chaperones and Co-chaperones as Therapeutic Targets for Cancer. J Mol Pharm Org Process Res. 2016;4:124.
- 84. Okechukwu Nna E, et al. Allelic Variants of KLK2 Gene Predict Presence of Prostate Cancer at Biopsy. J Cancer Diagn. 2016;1:105
- 85. Shibata M, et al. A Case of Inconspicuous Pancreatic Cancer with Invasion of the Celiac Axis and Superior Mesenteric Artery. J Clin Case Rep. 2016:6:783.
- 86. Fenghai D. The Use of Molecular and Imaging Biomarkers in Lung Cancer Risk Prediction. J Biom Biostat. 2016;7:299.
- 87. Liu X, et al. Patient Specific Characteristics Are an Important Factor That Determines the Risk of Acute Grade 2 Rectal Toxicity in Patients Treated for Prostate Cancer with IMRT and Daily Image Guidance Based on Implanted Gold Markers. OMICS J Radiol. 2016;5:225.
- 88. Karataa G, et al. Colorectal Cancer Risk Associated with Reproductive Factors among Turkish Women. Reprod Syst Sex Disord. 2016;5:174.
- 89. Kaur A, et al. Recognizing Diagnostic Gap in Colorectal Cancer. Intern Med 2016; 6:219.
- 90. Bulent Kargi A, et al. Vitamin D Deficiency as a Risk Factor in Non-Squamous Lung Cancer Subgroups A Preliminary Study. J Clin Respir Dis Care. 2016;2:113.
- 91. Lejeune F. Triple Effect of Nonsense-Mediated mRNA Decay Inhibition as a Therapeutic Approach for Cancer. Single Cell Biol. 2015;4:136.
- 92. Samadder A, et al. tRN-A-RS Acts As Biomarker for Cancer and Other Diseases. J Mol Biomark Diagn. 2016;S2:019.
- 93. Zhang J, et al. CIC-3 is Involved in NPPB-Induced Apoptosis in DU145 Prostate Cancer Cells. J Mol Biomark Diagn. 2016;S2:018.
- 94. Vadakedath S and Kandi V. DNA Methylation and Its Effect on Various Cancers: An Overview. J Mol Biomark Diagn. 2016;S2:017.
- 95. Barden JA, et al. Therapeutic Targeting of the Cancer-Specific Cell Surface Biomarker nfP2X7. J Clin Cell Immunol. 2016;7:432.

## **Research & Reviews: Journal of Pharmacology and Toxicological Studies**

96. Koushik OS, et al. Nano Drug Delivery Systems to Overcome Cancer Drug Resistance - A Review. J Nanomed Nanotechnol. 2016;7:378.

- 97. Somashekhar SP, et al. Secondary Cytoreductive Surgery and Hyperthermic Intraperitoneal Chemotherapy (CRS+HIPEC) for Recurrent Epithelial Ovarian Cancer (EOC): Indian Experience. J Mol Genet Med. 2016;10:220.
- 98. Matrana MR, et al. A Case of Metastatic Papillary Renal Cell Carcinoma Responsive to Bevacizumab and Erlotinib. Med Surg Urol. 2016;5:166.
- 99. Johannes F Fahrmann and Samir M Hanash N1,N12-Diacetylspermine as a Blood Based Lung Cancer Biomarker. Biochem Anal Biochem 2016,5:268.
- 100. Lissoni P and Rovelli F. A Review on Cancer Progression Related Pineal Endocrine Deficiency: Possible Mechanisms and Clinical Implications. Endocrinol Metab Syndr. 2016;5:239.
- 101. Maria L, et al. Molecular Analysis of RASSF1 Gene Methylation and mRNA Expression in Sporadic Breast Cancer. Clin Med Biochemistry Open Access. 2016;2:118.
- 102. Mehmet Varol. Darwinian Principles toward Multidrug-Resistant Cancer Cells. J App Pharm. 2016;8:111.
- 103. Sabbar Dahham S, et al. In Vitro Anti-Cancer and Anti-Angiogenic Activity of Essential Oils Extracts from Agarwood (Aquilaria crassna). Med Aromat Plants. 2016;5:256.
- 104. Polo F and Toffoli G. Point-of-Care for Therapeutic Drug Monitoring of Antineoplastic Drugs. Med chem. 2016;6:108.
- 105. Jibowu T. The Formation of Doxorubicin Loaded Targeted Nanoparticles using Nanoprecipitation, Double Emulsion and Single Emulsion for Cancer Treatment. J Nanomed Nanotechnol. 2016;7:379.
- 106. Lai-Tiong F. Thrombosis and Cancer: About the Experience of a French Cancer Center. J Thrombo Cir. 2016;2:110.