



Advancements in biosensors for cancer detection: revolutionizing diagnostics

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Abstract

Cancer stands as the reigning champion of life-threatening diseases, casting a shadow with the highest global mortality rate. Unleashing the power of early cancer treatment is a vital weapon in the battle for efficient and positive outcomes. Yet, conventional screening procedures wield limitations of exorbitant costs, time-consuming endeavors, and impracticality for repeated testing. Enter bio-marker-based cancer diagnostics, which emerge as a formidable force in the realm of early detection, disease progression assessment, and ultimate cancer therapy. These remarkable devices boast a reputation for their exceptional sensitivity, streamlined setup requirements, and lightning fast response times. In this study, we embark on a captivating exploration of the most recent advancements and enhancements in the field of electrochemical marvels, targeting the detection of numerous cancer biomarkers. With each breakthrough, we inch closer to a future where cancer's grip on humanity weakens, guided by the promise of personalized treatment and improved patient outcomes. Together, we unravel the mysteries that cancer conceals and illuminate a path toward triumph against this daunting adversary. This study celebrates the relentless pursuit of progress, where electrochemical innovations take center stage in the quest for a world free from the clutches of carcinoma.

Keywords Electrochemical biosensors · Cancer · Biomarkers · Diagnostics

Abbreviations

AFP: alpha-fetoprotein
 CA125: cancer antigen 125
 CA15-3: cancer antigen 15–3
 CEA: carcinoembryonic antigen
 PSA: prostate-specific antigen

WHO: world health organization
 EBs: electrochemical biosensors
 PCR: polymerase chain reaction
 RIA: radioimmunoassay
 ELISA: enzyme-linked immunosorbent assay
 HPLC: high-performance liquid chromatography
 PSA: prostate-specific antigen
 RF: radio frequency
 MW: microwave
 mmW: millimeter wave
 THz: terahertz
 EIS: electrochemical impedance spectroscopy
 DDPpy: DNA dendrimers and polypyrrole
 ITO: indium-tin oxide
 DNA: deoxyribonucleic acid
 CV: cyclic voltammogram
 EIS: electrochemical impedance spectroscopy
 GLC: gas liquid chromatography VI
 ROS: reactive oxygen species
 LPO: lipid per oxidation
 H₂O₂: hydrogen peroxide
 dsDNA: double-strand DNA
 ssDNA: single-strand DNA

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SPGEs:	screen-printed gold electrodes
BESs:	bio-electrochemical systems
HPLC:	high-performance liquid chromatography
GC–MS:	gas chromatography–mass spectrometry
LC–MS:	liquid chromatography–mass spectrometry
AFM:	atomic force microscopy
SEM:	scanning electron microscopy
TEM:	transmission electron microscopy
US EPA:	U.S. environmental protection agency
IARC:	international agency for research on cancer
SAW:	surface acoustic wave

Introduction

After heart diseases, different cancer diseases come in the second largest position for causing mortality around the globe, as far as non-communicable diseases are concerned [1]. Cancer is difficult to diagnose and treat on time, especially in low-income countries. Only 26% of low-income countries can provide entire pathology administrations to public non-communicable diseases [2, 3]. The Global Burden of Disease 2015 study published that the prevailing categories in males and females are prostate and breast cancer, respectively. However, lung and colorectal cancer prevail in all adult humans. For persons around the age of 15 to 39 years, the most frequent category is cervical as well as breast cancer. The mortality rates are common in leukemia and liver patients of cancer. The situation is more dire in low-income countries [4].

Diagnostic analysis refers to the process of converting diagnostic findings into a structured, categorized prescription of the illnesses given. The prompt and timely identification of many diseases is critical not only for patient life but also for reducing the cost-effectiveness and time in the proper assessment of the diseases. Locating therapeutic neoplastic biomarkers is significant for early cancer detection, tailoring specific therapy, and identifying basic principles implicated in the disease [5]. As a result, detecting cancer indicators is extremely important in clinical management and improves overall patient outcomes in the fight against cancer [6].

The common available approaches for biomarker screening include varied techniques, which have technical constraints, viz. immunohistochemistry usage [7], PCR-based biomarkers [8]; Western-Blot analysis [9]; RIA blood test [10]; HPLC techniques [11]; and ELISA for cancer biomarker detection [12]. The current approaches can be described as difficult, lengthy, and frequently requiring costly equipment and close attention to detail. A more accurate and quick technological system is desperately needed to satisfy the demands of biomarker recognition for fast diagnostics, especially in the initial phases of the disorder

[13]. As a result, new, cost-effective techniques for identifying cancer biomarkers are desperately required and various types of biosensors for detecting cancer biomarkers have been described during the last decade [14].

The biosensors hold promise as alternative technologies showcasing the potential to provide rapid, accurate, and sensitive early detection, monitor the progression of carcinogenesis, and evaluate the effectiveness of cytotoxic treatments in a non-invasive manner [15]. Among various biosensor technologies [16, 17], the advantages of electrochemical biosensing tools encompass affordability, ability to miniaturize, and scalability for large-scale production. Moreover, they can be deployed in healthcare facilities and at home as point-of-care (POC) systems. Consequently, the development of extremely specific and targeted electrochemical biosensors for the identification of antigens unique to cancer has therefore received a great deal of interest and effort [18, 19].

Cancer-based biomarker

Cancer biomarkers are quantitatively measurable biological materials or traits used to analyze certain cellular structures or biomacromolecules, defining an organism's healthy or pathological physiological condition. The definitions, status, and uses of biomarker have evolved over time. The World Health Organization (WHO) defines a biomarker as “any substance, structure, or process that can be measured in the body or its products and influence or predict the incidence of outcome or disease” [20, 21]. The Biomarkers Definitions Working Group of the National Institutes of Health defined a biomarker as “a trait that is accurately analyzed and evaluated as an index of normal biochemical functions, pathogenic processes, or pharmacological reactions to a therapeutic strategy” in 1998 [22, 23].

Biomarkers can be obtained from tissues and bodily fluids associated with the progression of hematological malignancies [24, 25]. These materials may be present either within cancer cells or in the extracellular space. When located within the tumor, collecting and concentrating them is necessary, often requiring cell lysis to release the biomarkers for analysis, particularly when their concentration is low. Various forms of cancer biomarkers include protein cancer markers, embryonic/carbohydrate antigens, enzyme-induced tumor-indicators, isozyme-tumor markers, and oncogenic/hormones-concerned cancerous biomarkers [26]. Table 1 lists some of the most important tumor or cancer markers [27–33].

Quantifying specific cancer biomarkers in a patient's bodily fluids may be used to detect malignancy in its initial phase, identify tumor regrowth, determine the risk of developing additional cancers, and track the effectiveness of therapy during treatment. However, obstacles to initial phase

Table 1 List of tumor or cancer markers that oncologists like to keep track of

Cancer markers	Type	Description	Sign	Threshold Level	Reference
Alpha-fetoprotein (AFP)	Liver	Adults typically have an AFP level of less than 10 ng/mL, and a blood level of more than 500 ng/mL is considered abnormally high	Liver tumors	< 20 ng/dL	[26]
Cancer antigen 125 (CA125)	Ovarian	It gauges the blood's concentration of the protein CA 125 The CA 125 test is effective for regulate some cancers prior to and after therapy, as well as to search for early indicators of ovarian cancer	Ovarian cancer	< 35 U/mL	[27]
Cancer antigen 15–3 (CA15-3)	Breast	Assessment is made possible by the release of CA15-3, a protein that is generated by different cells, most notably breast cancer cells, into the bloodstream It is usual for women whose breast cancer has spread to other parts of their body to have elevated CA15-3 levels	Metastatic breast cancer	< 30 U/mL	[28]
Carbohydrate antigen 19–9 (CA19-9)	Gastro-intestine	Patients with gastrointestinal cancers may have higher levels of CA 19–9 It is 0–37 units per milliliter in a healthy individual	Cholangio-carcinoma, Pancreatic cancer, Colon cancer	< 37 U/mL	[29]
Carcinoembryonic antigen (CEA)	Intestine and Rectum	CEA test is used especially for cancers of the large intestine and rectum	Large Intestine and Rectum cancer	< 2.5 ng/mL in nonsmokers; < 5 ng/mL in smokers	[30]
Human chorionic gonadotropin (hCG or beta-hCG)	Testicular, ovarian, liver, stomach, and lung	Pregnancy causes the placenta to produce the hormone known as hCG or b-hCG. Some cancer cells, though, have the ability to survive	Testicular cancer, ovarian cancer, liver cancer, Stomach cancer and Lung cancer	< 5–10 IU/mL in men	[31]
Prostate-specific antigen (PSA)	Prostrate	Both benign and cancerous prostate gland cells can produce the protein PSA. The PSA test determines how much PSA is present in a man's blood. Zero to 2.5 ng/mL is regarded as the safe range. For most males, 2.6 to 4 ng/mL is safe	Enlarged prostate or prostate cancer	Aged based: 40–49 years: < 2.5 ng/mL; 50–59 years: < 3.5 ng/mL; 60–69 years: < 4.5 ng/mL; 70–79 years < 6.5 ng/mL	[32]

cancer diagnosis exist, such as reduced amounts of blood markers in the earliest days of the disorder, patient heterogeneity in the onset plus concentration of such biomarkers, and difficulties in carrying out prospective research [34].

Biosensor

The origin of biosensors dates back to the start of the 1950s [35]. L.C. Clark Jr., the original oxygen electrode innovator and father of biosensors [36], outlined the various parts of a biosensor in his book in 1956. Table 2 depicts the initial breakthroughs of biosensors, and with the start of the twenty-first century, numerous studies have been reported advancements in the field [37–90]. A good biosensor should be extremely specific; sensitive; reproducible; stable; pH and temperature independent; biocompatible; cost-efficient; and precise in addition to being effective [91, 92]. The different types of cancer-related biosensors reported are electrochemical biosensors (EBs); optical biosensors; thermal biosensors; nano-biosensors; piezo-electric biosensors; acoustic biosensors, etc. [93]. However, other types of biosensors viz. radio signal frequencies, RF; microwave radiations, MW; millimeter wave (mmW), and tetrahertz (THz) biosensors are also utilized for the identification of cancerous cells/fibroblast cells/other biomolecules [94].

Biosensors are tools that combine certain molecular reactions with biological elements to detect a target molecule with high sensitivity. Such tiny sensors are capable of measuring biological responses and producing an electrical impulse per the amount of analyte present. Biosensors as shown in Fig. 1 usually comprise.

Analyte: a target molecule which is intended to be detected,

Bio-receptor: a biomolecule that identifies analytes,

Transducer: a device that converts energy into a recognizable output,

Electronic setup: uses a sophisticated network of circuitry to process transduced signals, which are then amplified and converted into digital form,

Display: to offer a picture, chart, or other visual aid.

Typically, biosensors are classified according to the type of transducing signals and the biorecognition components employed. The signal transduction mechanisms include electrochemical, optical, mass detection, and enthalpic principles. Conversely, the categorization of bio-recognition components depends on the utilization of bio-components with catalytic properties, such as enzymes, cells, tissues, or microorganisms, and affinitive properties, such as antibodies, nucleic acids, or aptamers [23, 25]. Regardless of the source of the bioreceptor component and the signaling

principle, a desirable biosensor should possess analytical properties such as enhanced sensitiveness and selectiveness, increased precision and accuracy, a broad spectrum of linearity, a rapid reaction time, as well as improved reproducibility and stability [24, 95]. Figure 2 illustrates working procedure of biosensors concerning carcinogenic diagnostics [96].

Electrochemical biosensors for biomarker detection

While various methods exist for biomarker identification, electrochemical approaches are commonly employed in cancer biomarker detection due to their advantageous attributes. These include moderate cost, quick reaction time, user-friendly operation, quantifiability, excellent accuracy and vulnerability, speedy and non-intrusive target identification, and low detection limits (LOD) [97–99]. Furthermore, electrochemical methods offer the possibility of downsizing and constructing portable/disposable biosensors [100]. Electrochemical-based biosensors comprise 3 essential elements: a (bio)-recognition component, a signal-transducing element, and a 3-electrode-based electrochemical system. The working principle is that the recognition components (chemically selective layer) identify and interact with a target biomolecule in a real-time, leading to transducers generating measurable electrochemical signals that are subsequently recorded [101]. The analytical signal can manifest as a change in redox potential, current, conductivities, or resistance of the biosensing surface [24, 95, 102]. In electrochemical sensing, the generated impulse correlates proportionally with the amount of the marker being measured. This relationship allows for a quantitative assessment of the biomarker based on the observed electrochemical impulse.

The critical phase in constructing electrochemical biosensors is the design of (bio)-recognition elements. The effectiveness of the sensing or biosensing strategy relies on achieving a specific interaction between the analyte and the recognition component, while also minimizing non-specific interactions. This precision is crucial for accurate and selective detection, ensuring the distinction of the targeted analytes from the other potential interfering substances. The meticulous design of these layers is fundamental to the overall performance and dependability of the electrochemical sensor or biosensor [23, 103]. The efficacy of these biosensing approaches depends on the inherent nature and distinctive characteristics of the monitored species, as well as the sensitivity/specificity of the chosen biorecognition component. Electrochemical biosensors, categorized as immunosensors and apta-sensors, are distinguished based on the nature and design of these employed (bio)-recognition components.

Table 2 Developmental Timeline of Biosensors: From nothing to something

S. No	Developmental timeline of bio-sensors	Year	Reference
1	<i>M. Cramer</i> found an electric potential between fluid parts	1906	[37]
2	<i>Soren Sorensen</i> came up with the concept of pH and the pH scale	1909	[38]
3	Griffin and Nelson showed that invertase could be rendered immobile using charcoal as well as aluminum hydroxide	1909–1922	[39, 40]
4	The first glass pH electrode was found by W.S. Hughes	1922	[41, 42]
5	The first O ₂ electrode was invented by <i>Leland C. Clark, Jr</i>	1956	[43]
6	<i>Leland C. Clark, Jr</i> and colleagues conducted experiments to develop an amperometric enzyme electrode for glucose sensing	1962	[44]
7	Using glucose oxidase coupled to an oxygen sensor, Updike and Hicks were the first to create a functional enzyme electrode	1967	[45]
8	Guilbault and Montalvo demonstrated and published the first potentiometric enzyme electrode-based urea sensor	1969	[46]
9	The ion-sensitive field-effect transistor (ISFET) was discovered by Bergveld	1970	[47]
10	Guilbault and Lubrano described glucose and lactate enzyme sensors based on H ₂ O ₂ detection at a Pt electrode	1973	[48]
11	Enzyme thermistor was improved by K. Mosbach and B. Danielsson	1974	[49]
12	D.W. Lubbers and N. Opitz demonstrated a fiber-optic biosensor for the detection of CO ₂ & O ₂	1975	[50]
13	The earliest commercialized biosensor for detecting glucose was created by Yellow Springs Instrument Company (YSI)	1975	[51, 52]
14	An immunosensor based on microbes was initially demonstrated by <i>Suzuki</i> et al	1975	[53]
15	<i>Clemens</i> et al. were the first to demonstrate a bedside artificial pancreas	1976	[54]
16	Peterson demonstrated the initially developed fiber-optic pH sensor for in vivo blood gases	1980	[55]
17	Schultz developed a fiber-optic biosensor for determination of glucose	1982	[56]
18	Liedberg discovered surface plasmon resonance (SPR) immunosensors	1983	[57]
19	The initially developed piezoelectric detection-based immunosensor was created by Roederer and Bastiaans	1983	[58]
20	Ferrocene and a glucose oxidase were employed in the first mediated amperometric biosensor for detecting glucose	1984	[59]
21	Introduction of the disposable MediSense ExacTech™ blood glucose biosensor pen & strips	1987	[55]
22	1990 witnessed the introduction of <i>Pharmacia Biacore's</i> SPR-based biosensor technology and its SPR-based biosensor	1990	[60]
23	i-STAT's portable blood biosensor	1992	[60]
24	Introduction of LifeScan FastTake a blood glucose biosensor	1998	[51]
25	The first nanobiosensor was demonstrated by <i>Poncharal</i> et al	1999	[61]
26	Quantum dots, nanoparticles, nanowire, nanotube, nanocantilever, and BioNMES	1999 to Till Date	[62–66]
27	Biosensors based on acetylcholinesterase inhibition: Comprehending the effects of pesticides	2012	[67]
28	Quartz crystal biosensor: Toward the development of incredibly sensitive liquid-protein detection	2013	[68]
29	Biosensors built around the nanomaterials: For a variety of uses, such as biomedicine, such as diagnostic instruments	2012–2015	[69]
30	Utilizing uric acid as a biosensor to identify diseases or clinical anomalies	2013–2015	[70]
31	Microfabricated biosensor: For drug development	2013	[71]
32	Hydrogel-based biosensor: biomolecular immobilization utilizing polyacrylamide	2013	[72]
33	Silicon biosensor: Bioimaging, biosensing, and cancer therapy	2014	[73]
34	HbA1c biosensor: Sturdy analytical technique for glycated hemoglobin measurement	2014	[74]
35	Biosensors that are fluorescently tagged or genetically encoded: For comprehending biological processes, including different molecular systems inside the cell	2014–2015	[75–78]
36	Microbial fuel cell-based biosensors: To track environmental toxicity and biochemical oxygen demand, as well as pesticide and heavy metal toxicity	2015	[79]
37	Nerve-on-chip biosensor to evaluate the transmission of nerve impulses	2018	[80]
38	Wearable biosensors in order to monitor health	2019	[81]
39	Biosensors for Virus Detection	2019	[82]
40	Graphene biosensors	2020	[83]

Table 2 (continued)

S. No	Developmental timeline of bio-sensors	Year	Reference
41	Microbes as biosensors	2020	[84]
42	Biosensors for infectious disease point-of-care testing	2021	[85]
43	Biosensors based on potentiometry for the detection of biomarkers	2021	[86]
44	MXenes for sensors and biosensors	2022	[87]
45	Optical biosensors for cancer detection	2022	[88]
46	Metal–organic framework electrochemical biosensors	2023	[89]
47	Immunosensors	2023	[90]

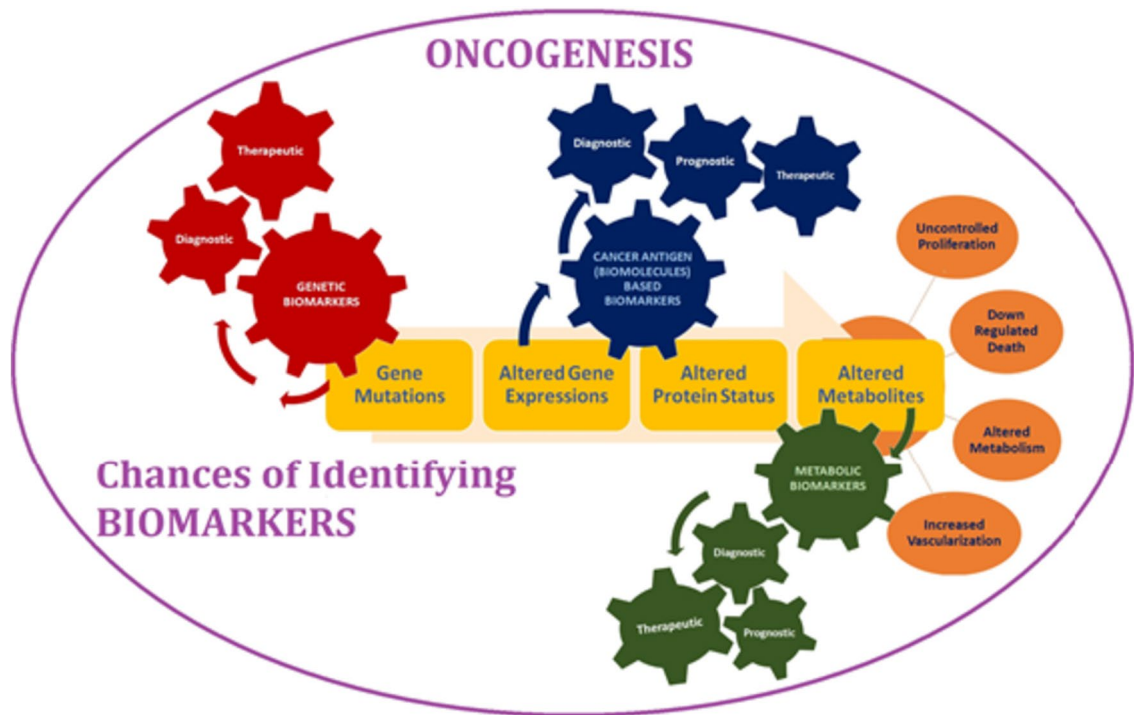


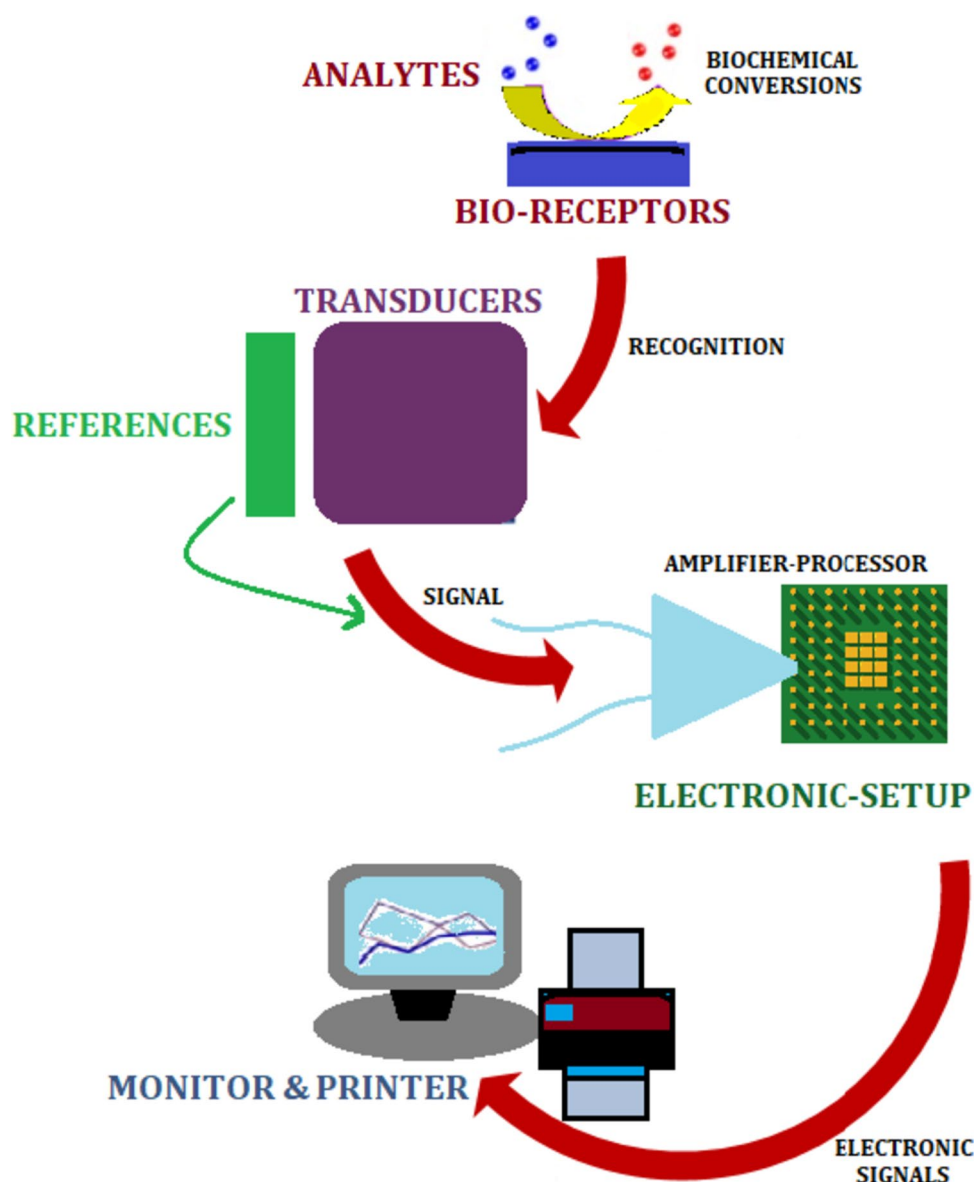
Fig. 1 Oncogenesis depicting chances of identifying the Biomarkers

The categorization of electrochemical devices broadly depends on evaluating transport characteristics in ionized species and exploring electrochemical equilibrium, charge-transfer mechanisms, and interface components [104]. These procedures are also classified as voltammetry, potentiometry, amperometry, and electrochemical impedance spectroscopy (EIS) based on the observed electrical impulses related to potential, impedance, or time, in both static and dynamic situations [24, 104, 105]. Voltammetry and EIS play a significant role among electrochemical assays. The utilization of sophisticated voltammetric techniques has not only enhanced electrochemical signal amplification but has also provided insights into the mechanisms of electrochemical reactions [24]. Table 3 provides a summary of selected electrochemical biosensors and demonstrates their efficacy in identifying malignant biomarkers [99, 100, 106–134].

Voltammetry

Voltammetry, a subset of electrochemical systems, involves deriving statistics about the interaction between a biorecognition element and an analyte by altering the redox potential and calculating the resultant current. Given the various ways to manipulate potential, several forms of voltammetry exist, including cyclic voltammetry, CV; differential pulse voltammetry, DPV; linear sweep voltammetry, LSV; stripping voltammetry, SV; and square wave voltammetry, SWV. Among these, SWV as well as DPV are frequently employed due to their highly sensitive nature, especially in cancer-based biomarker detection across diverse matrices. These voltammetric techniques have proven effective in detecting numerous cancer biomarkers, including miRNAs, PSA, CEA, HER2, OPN,

Fig. 2 Conceptual illustration of a characteristic biosensor consisting of bioreceptor, transducers, and an electronic setup with monitor & printer



CA 15–3, HER2-ECD, p53, CYFRA21-1, and more [135, 136].

In their investigations, Zeng et al. revealed the efficacy of an electrochemical biosensor that employs a signal-amplification approach in identifying the lung cancer biomarkers CYFRA21-1. A composite of chitosan (CS), 3-D graphene, and glutaraldehyde was used in the created immuno-sensor on a glassy carbon electrode (GCE), guaranteeing a high surface area-to-volume ratio, sa/vol and superior conductivities. Using the $[Fe(CN)_6]^{4-/3-}$ redox technique, cyclic voltammetry, CV was used to measure the electrode response. The sensor's remarkable 43 pg per mL detection threshold was accompanied with a linear range of 0.1 to 150 ng mL⁻¹ [137]. Additionally, Heidari et al. demonstrated a glassy carbon electrode (GCE)-based graphene sensor for the sensitive identification and measurement of p53 cancerous

biomarkers. Square wave voltammetry, SWV as well as differential pulse voltammetry, DPV were used to track the electrode's electrochemical properties. GCE/CdS/p53-Ab1 as well as p53-Ab2-tGO-AuNPs were added in the sandwich assay that was designed, proving its usefulness in the accurate identification of p53 cancerous biomarkers [110]. In a different work, Freitas et al. used linear sweep voltammetry, LSV to build an immune sensor that used carboxylic acid-functionalized magnetic beads, COOH-MBs in order to identify HER2 in human serums over a broad concentration ranging from 5 to 100 ng/mL, with a limit of detection, LOD as low as 2.8 ng/mL [138].

An effective sensor for cancerous prevalent exosomal miRNA-21 detection in sera was developed by Boriachek et al. [139]. The miRNA was isolated utilizing magnetic beads containing functionalized complementary probes,

Table 3 List of some of the reported electrochemical biosensors with their performance to detect cancerous biomarkers

Biomarker Targeted	Details of electrodes	Method	Limit of Detection	Linear Range	Reference
CEA	anti-CEA/PEDOT/Ag@BSA/rGO/CNTs-COOH/Au		1×10^{-4} ng/mL	0.002–50 ng/mL	[99]
	Ab1/rGO-AuNPs/GCE		5.3 pg/mL	50–650 pg/mL	[106]
	Anti-CEA/MWCNTs/GNPs/HNF/CPE	EIS	0.09 ng/mL	0.4–125 ng/mL	[107]
	SPCE/GNP-MnO ₂ /Fe ₃ O ₄ @Au-anti-CEA	LSV EIS	0.10 pg/mL, 0.30 pg/mL	0.001–100 ng/mL	[108]
PSA	Ab ₂ -QD(CdTe:Ni)/Fe ₃ O ₄ @TMU-10		0.45 pg mL ⁻¹	1 pg/mL–100 ng/mL	[109]
	GCE/CdS/p53-Ab1		3 pg/mL	0.005–10 ng/mL	[110]
	p53-Ab2-tGO-AuNPs				
	Nafion-rGO-CHO-MPGE/[Fe(CN) ₆] ^{3-/4-}	DPV	1.6 pg mL ⁻¹	5 pg/mL–90 ng/mL	[111]
CYFRA21-1	Aptamer/IDE/[Fe(CN) ₆] ^{3-/4-} Label free		0.51 ng mL ⁻¹	0.5 ng/mL–5000 ng/mL	[112]
	COOH-AgPtPd-NH ₂ -rGO/[Fe(CN) ₆] ^{3-/4-}	DPV	4 fg mL ⁻¹	4 fg/mL–300 ng/mL	[113]
	GCE/rGO/PPy/AgNPs/ssDNA		2.14 fM		[114]
	ssDNA-modified prob		1.0×10^{-14} M	10 fM–100 nM	[115]
AFP	BSA/Ab1/GA/3D-G@Au/GCE	DPV	100 pg/mL	0.25–800 ng/mL	[116]
	Isoorientin/anti-AFP modified GCE	DPV	0.0002 ng/mL	0.001–10 ng/mL	[117]
	Au-APTESMCS/[Fe(CN) ₆] ³⁻	DPV	0.13 pg mL ⁻¹	0.4 pg/mL–100 ng/mL	[118]
	Ab ₂ label/AFP/BSA/Ab1/D-Au NPs/GCE	Amperometry	6.7 fg/mL	20 fg/mL–100 ng/mL	[119]
NSE	GCE/Au@MOFs/Ab1/BSA/NSE/MnO ₂	DPV	4.7 fg/mL	10 fg/mL–100 ng/mL	[120]
	UNs/Au@Pd ⁰ Pt NCs-Ab ₂				
CA15-3	Dye labeled DNA probe		0.0039 U/mL	0.01–1 U/mL	[121]
	CoS ₂ -GR-AuNPs/Ab/SPE	DPV	0.03 µ/mL	0.1–150 u/mL	[122]
BRCA1	Self-assembled ferrocenecored poly (amidoamine) dendrimers		0.38 nM	1.3–20 nM	[123]
CA 125	Ab/CysA-AuNPs/Ag-DPA-GQDs/GCE	DPV	0.001 U/mL	0.001–400 U/mL	[124]
CD59	Anti-CD59/GrONPs/PG	CV	1 fg/mL	1 fg/mL–10 ng/mL	[125]
EpCAM	Anti-EpCAM/rGO@TiO ₂ /ITO	DPV	0.0065 ng/mL	0.01–60 ng/mL	[126]
MEG3	Primer probes		0.25 fM	1 fM–100 pM	[127]
UBE2C	Ab/GCE-PANI/[Fe(CN) ₆] ^{3-/4-}		7.907 pg mL ⁻¹	500 pg/mL–5 mg/mL	[128]
LAG-3	SiO ₂ -Ab2/LAG-3/BSA/bio-Ab1/streptavidin/rGO-SnO ₂ /HNMs/AuPt/GCE	Amperometry	1.1 pg/mL	0.01 ng/mL–1 µg/mL	[129]
MUC1	Screen-printed carbon electrode /PEI-AuNPs		0.21 U mL ⁻¹		[130]
CA15-3			0.53 ng mL ⁻¹		
HER2			0.50 ng mL ⁻¹		
IgG	GCE/G2Fc/Ab		2.0 ng/mL	5.0–50 ng/mL	[100]
EGFR exon 21	ssDNA λ-exo-modified prob		120 nM	0.1 µM–3 µM	[131]
	PPD-GR-AuNPs/Ab/SPE	DPV	0.3 ng/mL	1–1000 ng/mL	[132]
miRNA-141	Dual signal-labeled hairpin-structured DNA		0.89 fM	2.0 to 10 ⁵ fM	[133]
miRNA-21	(dhDNA)-based probes		1.24 fM		
miR-21	FTO/SWCNTs/den-Au/prob		0.01 fM L ⁻¹	01 fM/L–1 µM/L	[134]

which were directly immobilized upon elemental gold electrodes. The concentration of deposited miR was measured using the DPV response and [Fe(CN)₆]^{4-/3-} redox techniques, revealing a limit of detection, LOD of 1.0 pmol/L. This sensor offered multiple benefits, including improved capture, inexpensive production, shorter testing durations, and the matrix effect [139]. Similarly, Sabahi and colleagues developed an innovative electrochemical sensor for miR-21 detection seamlessly integrating electrochemical sensors and nanocomposites while harnessing the

selective nature of oligo-nucleotides. The fluorine-doped tin oxide (FTO)-based sensor containing probe-functionalized dendritic gold nanostructures (den-Au) immobilized onto a single-wall carbon nanotubes (SWCNTs) by an amide bond. The oxidation potential of Cd²⁺ acted as a quantifiable signal using the DPV technique, demonstrating a reproducibility and linearity ranging from 0.01 fmol.L⁻¹ toward 1 µmol.L⁻¹ concentration of miR-21 as well as a limit of detection, LOD of 0.01 fmol.L⁻¹ [134].

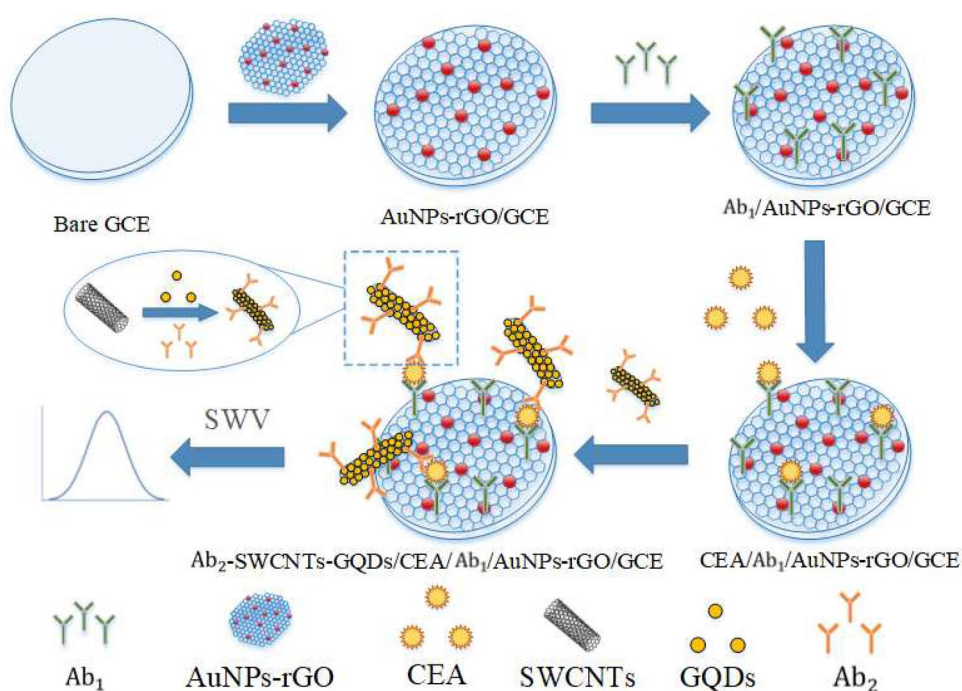
An ultrasensitive platform composed of a nanocomposite containing Ag@BSA nanoflower decorated with SWCNTs and rGO, referring to single-walled carbon nanotubes and reduced graphene oxide, with adsorbed PEDOT, was constructed to detect CEA, where Anti-CEA antibodies were fixed or attached. The electrochemical sensor demonstrated a linearity across concentration range 0.002–50 ng/mL with a limit of detection, LOD of 1×10^{-4} ng/mL. The performance assessment utilizing CV and LSV demonstrated the stability of the sensor, exhibiting good reproducibility, high selectivity, and an additional advantage of real-time measurement of analyte in patient serum specimens [25]. In an alternative approach, Luo et al. introduced an electrochemical sensor utilizing a composite platform of SWCNTs and GQDs, referring to single-walled carbon nanotubes and peroxidase-like graphene quantum dots as SWCNTs@GQDs, adorned alongside rGO-AuNPs, also referring to reduced graphene oxide with Gold nanoparticles, for detection of CEA [106]. With a limit of detection, LOD of 5.3 pg/mL, the voltammetric biosensor demonstrated linearity at analyte concentrations ranging from 50 pg/mL to 650 pg/mL (Fig. 3). In order to diagnose HER2-ECD [140] or CA 15–3 [141] in patient samples, Pacheco et al. demonstrated a molecular embossed polymeric instituted [140] or screen-printed Au-SPE-instituted [141] biosensor. This biosensor may be detected at low concentrations.

Electrochemical impedance spectroscopy

Impedimetric techniques have emerged as a viable method for the identification of neoplastic marker proteins associated with cancer due to their numerous benefits, including low activation current, quick response, and high sensitivity [142, 143]. Notably, these techniques offer the advantages of prolonged, instant, and on-location detection capabilities [144, 145]. Among impedimetric methods, electrochemical impedance spectroscopy (EIS) stands out as the most frequently employed. In contrast to voltammetric methods that necessitate excitation voltages in the range of –200 mV to 600 mV, EIS requires only minimal excitation current of 5 or 10 mV. This reduces damage to biological components caused by electrode heating, making it an effective instrument for detecting cancer biomarkers [146–148].

A non-amplification-based biosensor utilizing strand displacement reaction (LSDR) and locked nucleic acid (LNA) assistance was proposed by Luo et al. [149]. The sensing mechanism involves building a polylysine layer on the glassy carbon electrode, GCE to generate a PLLy/GCE nanocomposite. Electrochemical impedance spectroscopy (EIS) was utilized for confirmation. When miR-21 is present, the ‘Y’-shaped architecture rearranges itself into a hairpin-like loop, making the methylene blue (MB) pulse active while turning off the ferrocene (Fc) indicator (Fig. 4). With a LOD of 2.3 fM, the biosensor displayed excellent repeatability in identifying exosomal miR produced from cancer [149].

Fig. 3 Diagrammatic representation of the process for fabricating the immunosensor (Produced with permission from Luo et al. 2018 [106], <https://doi.org/10.1016/j.jaca.2018.08.023>, © 2018 Elsevier B.V.)



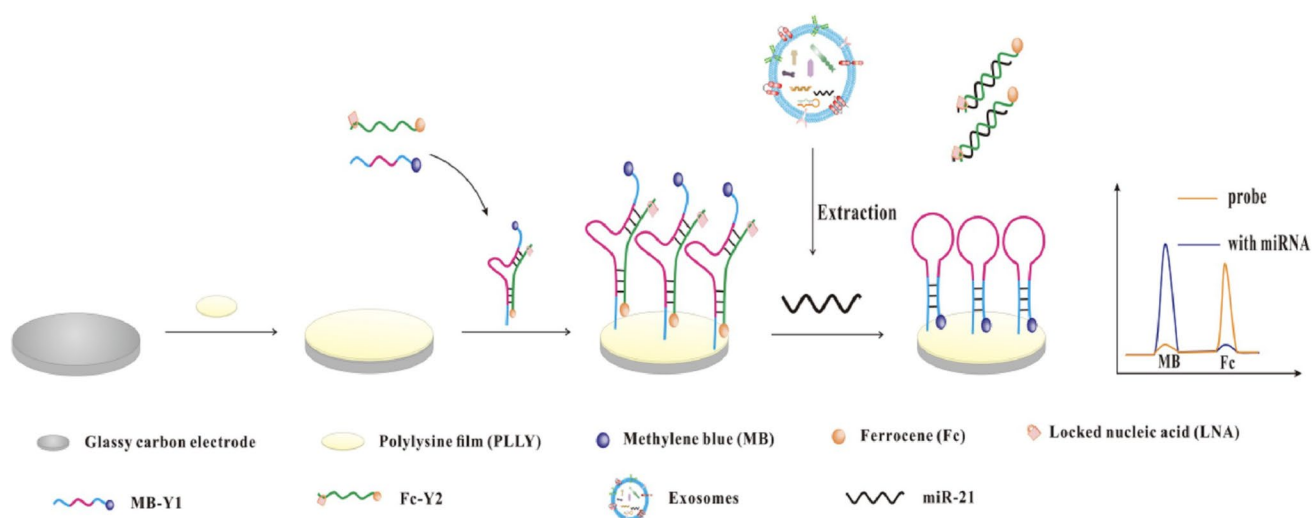


Fig. 4 Diagrammatic representation of the exosomal miR-21 detecting ratiometric electrochemical biosensor (Produced with permission from Luo et al. 2020 [149], <https://doi.org/10.1016/j.talanta.2019.120298>, © 2020 Elsevier B.V.)

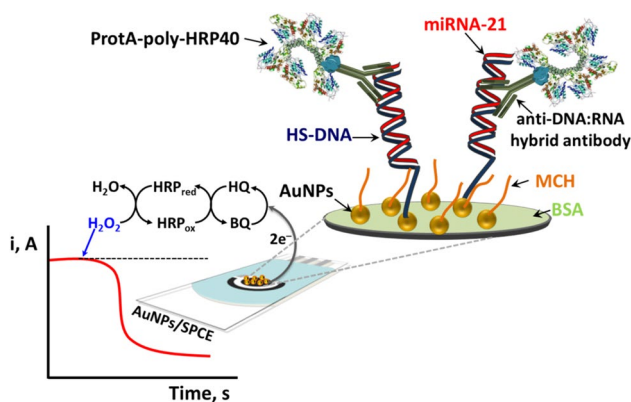


Fig. 5 Schematic Illustration of the biosensor architecture using AuNPs and Screen-Printed Carbon-Based Electrodes (SPCEs) for miRNA-21 amperometric measurement. Utilizing an anti-DNA-RNA antibody as a detection bioreceptor, further tagged with ProtA-Poly-HRP40, is one step in the procedure along with direct DNA/miRNA hybridization and a particular HS DNA probe (Adapted from Zouari et al. 2018 [150] under an ACS AuthorChoice License. © 2018 American Chemical Society)

Amperometry

For the production of a disposable sensor for the accurate measurement of miRNA-21, a thiolated capture probe was affixed onto an electrode platform treated with gold nanoparticles (AuNPs). A direct hybridization assay that involved a particular antibody's selective and specific identification of the generated DNA–miRNA-21 heteroduplex was made easier by this immobilization. Further binding of horseradish peroxidase (HRP) and Protein A (ProtA) bind this antibody further, resulting in the creation of a strong sensing mechanism (Fig. 5). This biosensor's incorporation of

amperometric amplification produced an astounding limit of detection (LOD) of 29 fM within a dynamic detection range of 0.1 to 25 pM [150]. Sarcosine oxidase (SOx) had been covalently immobilized onto a nanocomposite substrate made of chitosan with graphene nanoribbons (GNRs) and afterward electrically deposited atop a gold electrode, in a concurrent method to create second biosensor. With a low LOD of 0.001 μ M, this electrochemical system showed a linear association over an effective concentration that ranged from 0.001 to 100 μ M [151]. Both biosensors emphasize accuracy, preciseness, and variability in detecting procedures, adding to the growing repertoire of electrochemical sensing technologies for various biological molecules.

Challenges

Selective analysis in electrochemical sensors is obtained by means of specific chemical processes occurring on the functionalized sensor interface. Although achieving maximal selectivity is still a difficult task, it is essential for addressing the common problem of random interactions in the majority of sensing technologies. Non-specific interactions may hinder the usefulness of the sensor framework for specific applications by introducing issues, including distorted sensor outputs, inaccurate readings, and challenges to reproducibility.

In order to overcome these challenges, the sensor's chemical barrier needs to be carefully engineered to optimize sensitivities to the intended reaction and reduce intervention from non-specific interactions. This means that in order to achieve the best results in terms of selectivity and sensitivity, the chemical layer's arrangement and composition must be carefully balanced. Thus, developments

leading to absolute selectivity improve the stability and dependability of electrochemical sensors and increase their usefulness in a range of applications.

Conclusion

Cancer is widely recognized as one of the most perilous diseases, resulting in millions of deaths each year. Because of its catastrophic effects on humans, it has become a big concern for academics and experts. Researchers have been attempting to discover the most up-to-date and effective methods for detecting, analyzing, and treating cancer. Cancer therapy has grown in popularity as a means of battling the disease. It is critical to find a way to reliably diagnose cancer in its early stages. Nanoparticles have a significant role in modern approaches due to their widespread application in medicine. The particles can be utilized to diagnose cancer and treat it effectively. This method assesses targets such as bioluminescent enzymes, fluorescent proteins, and numerous nanoparticles to evaluate microRNA function. Nanoparticles have various advantages over conventional probes, including adjustable physical properties, ease of surface modification, and lengthy circulation time. They can also be combined in a variety of ways for multimodal imaging and therapy. Another advantage of employing nanoparticles in imaging technology is that these cancer locating agents can be used to provide precise and accurate medication and treatment of cancer disease as soon as possible. Nanoparticles have multifunctional properties, and scientists will be able to use them to detect tumor subtypes such as heterogeneous and epigynous markings in the near future. Nanomaterials have special properties that make them an excellent fit for our needs. Recent developments in the discipline of diagnosing cancer early through the use of diverse nanostructures as biosensors, which have a broad variety of applications, are revolutionary. All the four major biomarkers like CTCs, CtDNA, Exosome and circulating miRNA, CtDNA, and CTCs are comparatively superior investigated, they have to be identical. Fluid biopsy forecasters such as cell-free microRNA and exosomes should be explored and validated. These topics were not discussed. Finally, fluid biopsy might become a standard medical reimbursement for many cancer patients in the near future.

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Data availability All data is available in the script.

Declarations

Competing interests The authors declares no conflict of interest in this study.

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