

NOVEL DRUG DELIVERY TECHNOLOGIES AND THEIR CLINICAL IMPLICATIONS IN KIDNEY DISEASES

Meshari Alabdullatif^{1*}, Karthika Padmavathy², Tanzeer Ahmad Dar³

¹Department of Pathology, College of Medicine, Imam Mohammad Ibn Saud Islamic University (IMSIU), Riyadh, Saudi Arabia. Email ID: Meshari1897@gmail.com ORCID ID : <https://orcid.org/0000-0003-3354-6221>

²Professor, Department of Pathology, Sri Lalithambigai Medical College and Hospital, Dr M.G.R. Educational and Research Institute, Chennai, Tamilnadu Email ID: karthika.path@drmgrdu.ac.in ORCID ID:- 0009-0000-4588-7168

³Department of Chemistry, Audisankara (Deemed to be university), Gudur-524101, Andhra Pradesh India E-mail ID: Tanzeerchem21@gmail.com ORCID ID:-0000-0002-3350-2600

ABSTRACT

Kidney diseases constitute a significant global health burden and are frequently associated with high morbidity, mortality, and complex comorbidities. Conventional pharmacotherapy for renal disorders is often limited by anatomical barriers, rapid renal clearance, altered pharmacokinetics, and substantial off-target toxicity, resulting in suboptimal therapeutic outcomes. These limitations have driven growing interest in advanced drug delivery technologies tailored to renal pathophysiology. A comprehensive narrative review was conducted to synthesise current evidence on novel drug delivery technologies and their clinical implications in kidney diseases. Peer-reviewed literature focusing on renal drug delivery systems, kidney-specific targeting strategies, disease-specific applications, and translational considerations was systematically analysed and thematically organised. The review identifies nanotechnology-based platforms, including nanoparticles, polymeric carriers, hydrogels, liposomes, and exosome-based systems, as promising approaches to enhance renal targeting and therapeutic precision. Kidney-specific delivery strategies, such as ligand-mediated and transporter-based targeting, improve drug localization within distinct renal compartments while minimizing systemic exposure. These technologies demonstrate potential benefits across a range of renal disorders, including chronic kidney disease, diabetic kidney disease, autoimmune nephropathies, and genetic kidney conditions. Emerging trends highlight the integration of biologically derived carriers and genomics-informed delivery designs to support precision medicine. Novel drug delivery technologies represent a transformative advancement in renal therapeutics, offering improved efficacy, reduced toxicity, and greater potential for personalized treatment. Continued translational research and clinical validation are essential to facilitate their integration into routine nephrology practice.

KEYWORDS: Kidney diseases; Drug delivery systems; Nanotechnology; Renal targeting; Precision medicine

1. INTRODUCTION

Kidney diseases represent one of the largest and most rapidly growing global public health issues that impact millions of people of different populations and healthcare systems. High morbidity and mortality, as well as healthcare spending are linked to chronic kidney disease (CKD) alone, and this is attributed to its progressive form and close relation to cardiovascular complications. Interconnection between kidney dysfunction and systemic illnesses, especially cardiovascular disease, plays a significant role in the deterioration of clinical outcomes as well as in the complications of the management tactics over the long run.¹ In addition to chronic conditions, acute kidney diseases and involvement of kidneys in systemic diseases also increase the global burden, so there is a strong necessity of more effective and specific therapeutic approaches. The growing rates of renal diseases are also followed by metabolically, inflammatory, and oxidative stress-associated changes, which also contribute to worsening of the disease progression and treatment resistance.²

Although healthcare has improved in terms of providing pharmacological therapies, management plans for kidney disorders remain insufficient in their capacity to stop the disease or undo the consequences it has caused. Conventional systemic pharmacotherapy may not be effective in attaining sufficient drug levels in the renal tissues at the same time predisposing the body to overall side effects. Kidney disease is often accompanied by such clinical complications as anemia, dehydration, and inflammatory dysregulation, which affect drug response, safety, and tolerability.^{3,4} Furthermore, management models based on guidelines, including those provided on diabetic kidney disease, focus on the reduction of risk factors and subsequent slowing of the disease and not prevention, which is a limitation of the existing therapeutic options.⁵ These restrictions highlight a severe deficit in the therapeutic intent to clinical efficacy in the renal care.

The weakness of traditional pharmacotherapy is also increased when speaking about systemic and inflammatory diseases in which the role of kidneys is secondary and clinically important. An example is that dysregulated immune reactions and cytokine-induced damage may cause renal dysfunction in severe systemic diseases that complicate the delivery of drugs and therapeutic targeting.⁶ In a similar fashion, myocardial injury and cardiorenal interactions evidenced on acute systemic conditions demonstrate the possibility of renal impairment to affect pharmacokinetic and therapeutic effects.⁷ These complications underscore the importance of the treatment strategies that take into consideration the renal-specific-pathophysiology as opposed to adopting the generalized systemic-drug-delivery.

To address these issues, the development and evaluation of sophisticated and focused drug delivery systems have become an avenue of hope in promoting the effectiveness of the therapeutic system and reducing systemic toxicity. Targeted delivery methods seek to enhance localization of drugs in renal tissues, enhance pharmacokinetic characteristics and minimize off-target effects. The recent study indicates that kidney-specific delivery systems have the potential to break the barriers of physiology and deliver therapeutic action at disease location with precision.⁸ These kinds of strategies mark a paradigm shift in the traditional dosing methods to a more sophisticated, mechanism-focused therapeutic design which is made custom to renal structure and functioning.

Among the mentioned innovations, drug delivery systems using nanotechnology have attracted a lot of attention because of the tunable physicochemical characteristics and the capability to entrap a large variety of therapeutic agents. Nanoparticles provide a superior stability, targeted release and tissue penetration and are, therefore, especially appropriate in the renal targeting applications.⁹ The wider use of nanotechnology in kidney disease treatment has shown encouraging results in preclinical and translation studies that supports the future application of nanotechnology in overcoming the historic shortcomings of renal pharmacotherapy.¹⁰ These advancements can be regarded as an indication of an increased awareness of nanomedicine as a foundation of the new generation of renal therapeutics.

Simultaneously, biologically-based delivery platforms (especially extracellular vesicles and exosomes) have become the new vehicles of renal drug delivery. Exosomes inherently have biocompatibility, low immunogenicity, and can carry bioactive molecules, and so they can be used as a promising tool in targeted and gene-based therapies.¹¹ Personalized renal medicine is further broadened with the incorporation of such delivery systems alongside the innovations in molecular diagnostic and genomics. The genetic data on other complex diseases highlight the potential revolution of precision diagnostics in combined with specific treatment approaches.^{12,13}

The current review will explore new technologies of drug delivery comprehensively and its clinical implications in kidney diseases. The context of this review covers the weaknesses of traditional pharmacotherapy, emerging delivery systems, kidney targeted delivery methods, and how they could be used in various renal diseases. This review aims to give a combined picture of the recent developments in translationally relevant challenges in how novel drug delivery systems can redefine renal therapeutics and enhance patient outcomes in the dynamic context of nephrology through synthesizing recent developments and identification of translational challenges.

2. METHODOLOGY

The current study utilizes a comprehensive review research design as it aims to synthesise the existing scientific findings on new drug delivery technologies and their clinical outcomes in kidney diseases. The peer-reviewed journals, authoritative review articles, and other reputable academic sources listed in databases like Google Scholar, DOAJ and ScienceDirect were systematically searched to identify the relevant literature. Original research articles, systematic reviews and translational studies that addressed kidney-specific targeting, renal drug delivery systems and clinical applications were prioritized in the review and non peer-reviewed reports, editorials and other studies that could not be linked to the disease of the kidneys were excluded. Using a systematic keyword search strategy was conducted with a combination of terms consisting of kidney diseases, renal drug delivery, targeted therapy, nanotechnology, nanoparticles, exosomes and clinical translation. Records that were retrieved were first filtered by the titles and abstracts after which full text assessment occurred to authenticate the eligibility. The identified research papers were then arranged into thematic groups that included traditional delivery issues, innovative delivery solutions, kidney-targeted delivery solutions, disease-targeted delivery solutions, clinical implication, and emerging trends. Synthesis was done through comparative analysis between themes to find consistent results, technological changes, and gaps in translations of renal drug delivery studies. The general review process is described in Figure 1, with literature identification, screening, thematic classification, and synthesis being included.



Figure 1. Overview of the Comprehensive Review Process

3. RESULTS

3.1 Conventional Drug Delivery Challenges in Kidney Diseases

The characteristics of the difficult anatomy of the kidney, easy filtration of drug and the physiological changes with the disease limit the conventional method of drug delivery in kidney disease. Glomerular filtration barrier limits the penetration of drugs, whereas rapid renal clearance limits therapeutic exposure and residence time of drugs. Also, the disturbed pharmacokinetics of chronic and diabetic kidney diseases amplify off-target (or toxicity) and dose optimization complications. Table 1 summarizes the major challenges related to the traditional renal drug delivery.

Table 1. Major Challenges Associated with Conventional Drug Delivery in Kidney Diseases

Challenge	Description	Reference
Anatomical barriers	Restricted drug penetration through glomerulus	Chade & Bidwell ¹⁴
Rapid clearance	Short drug residence time	Huang et al. ¹⁵
Off-target toxicity	Systemic adverse effects	Alallam et al. ¹⁶
Altered pharmacokinetics	Reduced GFR affects dosing	Levey et al. ¹⁷
Diabetic hyperfiltration	Altered bioavailability	Tonneijck et al. ¹⁸

3.2 Novel Drug Delivery Technologies for Renal Targeting

The recent progress in the sphere of drug delivery technologies made it possible to develop new platforms that could break the barrier of renal physiology and enhance the precision of the treatment. Nanoparticles, carrier systems based on polymers, hydrogel, liposomes and exosome-based systems prolong the stability of drugs, accumulation at the renal level, controlled release, and reduce systemic exposure. These technologies symbolise a significant change in the direction of effective and kidney-oriented treatment approaches, as described in Table 2.

Table 2. Novel Drug Delivery Technologies Applied in Kidney Diseases

Technology	Key Advantage	Primary Therapeutic Benefit	Reference
Nanoparticles	Enhanced renal accumulation	Improved drug bioavailability	Singh et al. ¹⁹
Polymer carriers	Sustained release	Long-term disease control	Alallam et al. ¹⁶
Hydrogels	Localized delivery	Reduced systemic exposure	Singh et al. ¹⁹
Liposomes/micelles	Reduced toxicity	Safer systemic administration	Ezike et al. ²⁰
Exosomes	High biocompatibility	Gene and biomolecule delivery	Kumar et al. ²¹

3.3 Kidney-Specific Targeting Strategies

Special targeting- Typically, kidney-specific targeting approaches are directed to specific renal compartments with the goal of increasing treatment selectivity and efficacy. These are size-dependent and charge-dependent filtration to target glomeruli, transporter-dependent uptake to target tubules, and ligand-dependent and antibody-dependent solutions to maximize cellular specificity. These approaches lessen off-target exposure by a wide margin and enhance treatment effects as indicated in Table 3.

Table 3. Kidney-Specific Drug Targeting Strategies

Strategy	Target Site	Therapeutic Rationale	Reference
Size-selective filtration	Glomerulus	Exploits filtration properties	Huang et al. ¹⁵
Transporter-mediated uptake	Proximal tubules	Utilizes nephron-specific transporters	Huang et al. ¹⁵
Podocyte targeting	Podocyte slit diaphragm	Prevents proteinuria progression	Chade & Bidwell ¹⁴
Ligand-mediated delivery	Renal receptors	Enhances cellular specificity	Zhao et al. ²²
Antibody-based targeting	Disease antigens	Precision immunomodulation	Roointan et al. ²³

3.4 Applications in Specific Kidney Diseases

The novel drug delivery systems are finding wide application in various kidney diseases to optimize the therapeutic effects and minimize the systemic toxicity. In chronic kidney disease the targeted delivery reduces uremic toxicity and inflammation and in diabetic kidney disease the targeted delivery enhances localization of disease-modifying agents. Autoimmune and genetic kidney diseases are especially susceptible to the premises of precision delivery that maintain efficacy and reduce the side effects. Table 4 presents disease specific applications.

Table 4. Disease-Specific Applications of Novel Drug Delivery Systems

Disease	Application	Clinical Objective	Reference
Chronic kidney disease	Uremic toxin reduction	Slow disease progression	Vanholder et al. ²⁴
Diabetic kidney disease	Targeted anti-fibrotic therapy	Preserve renal function	Chen et al. ²⁵
Lupus nephritis	Local immunosuppression	Minimize systemic toxicity	Yu et al. ²⁶
Glomerulonephritis	Inflammation control	Reduce immune-mediated damage	Floege et al. ²⁷
Genetic kidney diseases	Nanomedicine-based therapy	Precision molecular correction	Trac et al. ²⁸

3.5 Clinical Implications and Translational Potential

There is strong clinical value in the clinical integration of new drug delivery systems, as the delivery systems can enhance the effectiveness of therapy and reduce the adverse systemic effects, especially in patients with renal failure of advanced stages and those having several comorbidities. The technologies facilitate personalized and precision medicine, since they allow customization of therapy depending on the disease characteristics and patient profiles. Nevertheless, the issues that may cause concern are the long-term safety, safety, and scale of manufacturing. The most important clinical implications are summarized in Table 5.

Table 5. Clinical Implications of Novel Renal Drug Delivery Systems

Aspect	Clinical Impact	Clinical Relevance	Reference
Therapeutic efficacy	Improved renal targeting	Better treatment outcomes	Chade & Bidwell ¹⁴
Adverse effects	Reduced systemic toxicity	Improved patient safety	Wastesson et al. ²⁹
Precision medicine	Personalized therapy	Tailored interventions	Groopman et al. ³⁰
Translational feasibility	Clinical integration	Bench-to-bedside translation	Roointan et al. ²³
Regulatory challenges	Safety and scalability	Approval and adoption	Kelly et al. ³¹

3.6 Emerging Trends and Evolving Patterns in Renal Drug Delivery

The current trends in kidney drug delivery indicate a change to precision nanomedicine, biologically-based carriers, and genomics-based prescriptive medicines. The nanoplatforms with multifunctional traits are becoming more active in merging diagnostic and therapeutic capabilities, and exosomes provide greater biocompatibility and immune protection. The future of clinical adoption of renal drug delivery technologies is being influenced more by greater focus on translational preparedness and regulatory alignment. A summary of these changing trends is provided in Table 6.

Table 6. Emerging Trends in Novel Drug Delivery for Kidney Diseases

Emerging Trend	Description	Future Direction	Reference
Precision nanomedicine	Integrated diagnosis and therapy	Theranostic platforms	Roointan et al. ²³
Exosome-based delivery	Natural targeting systems	Gene and RNA therapies	Kumar et al. ²¹
Ligand-guided systems	Enhanced specificity	Receptor-based precision	Zhao et al. ²²
Genomics-driven delivery	Personalized renal therapy	Gene-informed treatment design	Groopman et al. ³⁰
Translational focus	Clinical scalability	Regulatory-ready nanomedicine	Kelly et al. ³¹

4. DISCUSSION

The results of this review show that the traditional pharmacotherapeutic method is inadequate to tackle the complex pathophysiology of kidney disorders. The findings confirm that the presence of anatomical barriers, rapid renal excretion, and pathophysiology-related changes in pharmacokinetic properties of drugs are major constraints to the efficacy of systemic drug delivery, which typically results in suboptimal renal targeting and systemic toxicity. Such difficulties are especially noticeable in chronic and diabetic kidney diseases, where progressive structural injury and functional impairment complicate the further provision of therapeutic assistance. The analyzed evidence supports the idea that new drug delivery systems signify a valuable improvement since they enhance target specificity, increase drugs retention at the targets, and reduce the off-target exposure. The findings supports the premise that the transition toward nanotechnology-based and biologically extracted delivery systems can be seen as an essential development in renal therapeutic systems. Nanoparticles, hydrogel and polymeric carriers have shown themselves to be able to control drug release kinetics and bio-distribution and exosome-based systems provide a biologically compatible method of transporting therapeutic molecules. This approach can be further narrowed down through kidney-specific targeted therapy methods such as ligand-mediated and transporter-mediated therapeutic approaches, which match the therapeutic action to renal microanatomy. The combination of these advances is indicative of the shift of the generalized pharmacotherapy to precision-based renal treatment paradigms.

The results of this review, when compared to other studies, are consistent with the general findings in nanomedicine and targeted therapy investigations. Previous research on nano-based drug delivery systems has focused on their flexibility, the possibility to customize their surface, and the possibility to bypass biological barriers, arguing in favor of using these types of platforms in renal practice.³² Likewise, the progress in the design of smart nanoparticles has illuminated the possibility of a multifunctional carrier with controllable release and targeted delivery, which promotes the mechanistic premise of their use in kidney diseases.³³ The same clinical translation studies have also revealed that although nanoparticles are highly promising, scalability, reproducibility, and regulatory approval issues are also important concerns.³⁴ The findings presented in the review align with the previous knowledge about diabetic kidney disease, which highlights the necessity to implement treatment options that go beyond glycemic regulation to direct renal injury pathway modulation.³⁵ Use of specific delivery systems in these environments presents a chance of localizing the anti-fibrotic and anti-inflammatory agents to the affected renal compartments and this may have better outcomes. Also, the applicability of the targeted therapies in the diseases related to the abnormal protein deposition and dysregulations of the immune systems are in line with the new ideas that alter disease pathogenesis and priorities in renal pathology.³⁶ The wider systemic reactions, such as inflammatory signaling and dysfunction of barriers, also substantiate the reasoning behind the approaches of precision delivery capable of the selective regulation of pathogenic pathways.^{37,38}

Clinically and translationally, clinical implications of the findings are enormous. The enhanced targeting of the kidneys should result in a better treatment outcome and fewer side effects, which is especially necessary in patients with a high

stage of kidney disease and other comorbidities. Individualized treatment approaches can also be supported with the help of precision drug delivery systems that can take into consideration the disease subtype, disease severity, and characteristics of a patient. In addition, the implementation of sophisticated delivery systems and the introduction of new diagnostic and molecular profiling technologies would help to speed up the implementation of personalized renal medicine and enhance both immediate and time-dependent clinical outcomes.

Although these implications are promising, there are a number of limitations that need to be taken into consideration. Most of the technologies described in the novel drug delivery are either at the preclinical or early translational phase and have not been proven on a large scale. The extrapolation of findings to the everyday clinical practice is limited by variability in experimental models, the absence of standardized measures of evaluation, and unanswered questions regarding the comprehensive safety information over time. Also, the cost and regulatory issues associated with the complexity of developing sophisticated systems of delivering care create challenges to the mass adoption, especially in healthcare environments with limited resources.

These translational gaps need to be filled in future studies with properly designed clinical trials that evaluate the efficacy, as well as, safety, scalability and cost-effectiveness of new renal drug delivery system. It will be necessary to pay more attention to long-term outcome studies and real-world evidence to facilitate regulatory acceptance and clinical adoption. Moreover, an interdisciplinary team of nephrologists, material scientists and regulatory agencies will play a crucial role to optimise delivery platforms and streamline them to clinical requirements. Even more powerful tooling of targeting strategies and adaptive and patient-specific therapeutic design may be achieved by further development of biomarker discovery, systems biology, and computational modeling.

To sum up, the review has shown that emerging technologies of drug delivery have a great potential to revolutionize the treatment of kidney diseases. These interventions present the possibility of a new approach to more effective, safer and personalized renal therapies by circumventing the inherent constraints of the traditional pharmacotherapy approach and adopting precision-based approaches. Ongoing translational research and clinical integration into clinical practice will play a critical role in achieving their complete treatment effect on nephrology.

5. CONCLUSION

As noted in this review, emerging technologies of drug delivery are becoming increasingly significant when it comes to the therapeutic issue of kidney diseases that has complexities in treatment. The results indicate that traditional pharmacotherapy is still constrained by anatomic restriction, rapid renal elimination, altered pharmacokinetics and high off-target toxicity, which are detrimental to therapeutic efficacy and patient outcomes. Conversely, more advanced drug delivery systems are better by providing better renal targeting, better drug bioavailability, and minimizing systemic exposure. One of the most important findings of this review is that nanotechnology-based systems, such as nanoparticles, polymeric vectors, hydrogels, liposomes, and exosome-based systems, are promising systems that can be used to deliver renal-specific therapy. These channels allow stimulated drug delivery, enhanced stability, and selective concentration in the renal tissues. Targeting strategies are further enhanced with kidney-specific targeting strategies (ligand-mediated and transporter-based targeting) that enhance therapeutic selectivity to align the targeting of drugs with the renal microanatomy and disease-specific pathways. Another point that the review supports is the widening use of these delivery systems in various kidney disease conditions, such as chronic kidney disease, diabetic kidney disease, autoimmune nephropathies, and genetic renal diseases. Notably, the clinical consequences of these advances go beyond efficacy, and they endorse personalized and precision medicine strategies and reduce their adverse effects. The future of more tailored renal therapies lies in the trends that are beginning to develop, specifically, the incorporation of biologically derived carriers with a more genomics-inspired design of the delivery, etc. Altogether, innovative technologies of drug delivery are a revolutionary change in nephrology, which provides an effective avenue to address the traditional limitations in therapeutic approaches. The innovations will take a long time to become a regular part of renal care, and further translational studies and clinical validation will be required.

REFERENCE

1. Jankowski J, Floege J, Fliser D, Böhm M, Marx N. Cardiovascular disease in chronic kidney disease: pathophysiological insights and therapeutic options. *Circulation*. 2021 Mar 16;143(11):1157-72.
2. Marrocco I, Altieri F, Peluso I. Measurement and clinical significance of biomarkers of oxidative stress in humans. *Oxidative medicine and cellular longevity*. 2017;2017(1):6501046.
3. Stauder R, Valent P, Theurl I. Anemia at older age: etiologies, clinical implications, and management. *Blood, The Journal of the American Society of Hematology*. 2018 Feb 1;131(5):505-14.
4. Lacey J, Corbett J, Forni L, Hooper L, Hughes F, Minto G, Moss C, Price S, Whyte G, Woodcock T, Mythen M. A multidisciplinary consensus on dehydration: definitions, diagnostic methods and clinical implications. *Annals of medicine*. 2019 May 19;51(3-4):232-51.
5. de Boer IH, Caramori ML, Chan JC, Heerspink HJ, Hurst C, Khunti K, Liew A, Michos ED, Navaneethan SD, Olowu WA, Sadusky T. KDIGO 2020 clinical practice guideline for diabetes management in chronic kidney disease. *Kidney international*. 2020 Oct 1;98(4):S1-15.
6. Bhaskar S, Sinha A, Banach M, Mittoo S, Weissert R, Kass JS, Rajagopal S, Pai AR, Kutty S. Cytokine storm in COVID-19—immunopathological mechanisms, clinical considerations, and therapeutic approaches: the REPROGRAM consortium position paper. *Frontiers in immunology*. 2020 Jul 10;11:1648.
7. Shi S, Qin M, Cai Y, Liu T, Shen B, Yang F, Cao S, Liu X, Xiang Y, Zhao Q, Huang H. Characteristics and clinical significance of myocardial injury in patients with severe coronavirus disease 2019. *European heart journal*. 2020 Jun 7;41(22):2070-9.

8. Huang LF, Ye QR, Chen XC, Huang XR, Zhang QF, Wu CY, Liu HF, Yang C. Research progress of drug delivery systems targeting the kidneys. *Pharmaceuticals*. 2024 May 13;17(5):625.
9. Yusuf A, Almotairy AR, Henidi H, Alshehri OY, Aldughaim MS. Nanoparticles as drug delivery systems: a review of the implication of nanoparticles' physicochemical properties on responses in biological systems. *Polymers*. 2023 Mar 23;15(7):1596.
10. Merlin JJ, Li X. Role of nanotechnology and their perspectives in the treatment of kidney diseases. *Frontiers in genetics*. 2022 Jan 5;12:817974.
11. Gurunathan S, Kang MH, Kim JH. A comprehensive review on factors influences biogenesis, functions, therapeutic and clinical implications of exosomes. *International journal of nanomedicine*. 2021 Feb 17:1281-312.
12. Chia R, Chiò A, Traynor BJ. Novel genes associated with amyotrophic lateral sclerosis: diagnostic and clinical implications. *The Lancet Neurology*. 2018 Jan 1;17(1):94-102.
13. Crawford K, Bracher-Smith M, Owen D, Kendall KM, Rees E, Pardiñas AF, Einon M, Escott-Price V, Walters JT, O'Donovan MC, Owen MJ. Medical consequences of pathogenic CNVs in adults: analysis of the UK Biobank. *Journal of Medical Genetics*. 2019 Mar 1;56(3):131-8.
14. Chade AR, Bidwell III GL. Novel drug delivery technologies and targets for renal disease. *Hypertension*. 2022 Sep;79(9):1937-48.
15. Huang X, Ma Y, Li Y, Han F, Lin W. Targeted drug delivery systems for kidney diseases. *Frontiers in Bioengineering and Biotechnology*. 2021 May 28;9:683247.
16. Alallam B, Choukaife H, Seyam S, Lim V, Alfatama M. Advanced drug delivery systems for renal disorders. *Gels*. 2023 Feb 1;9(2):115.
17. Levey, A.S., Gansevoort, R.T., Coresh, J., Inker, L.A., Heerspink, H.L., Grams, M.E., Greene, T., Tighiouart, H., Matsushita, K., Ballew, S.H. and Sang, Y., 2020. Change in albuminuria and GFR as end points for clinical trials in early stages of CKD: a scientific workshop sponsored by the National Kidney Foundation in collaboration with the US Food and Drug Administration and European Medicines Agency. *American journal of kidney diseases*, 75(1), pp.84-104.
18. Tonneijck L, Muskiet MH, Smits MM, Van Bommel EJ, Heerspink HJ, Van Raalte DH, Joles JA. Glomerular hyperfiltration in diabetes: mechanisms, clinical significance, and treatment. *Journal of the American Society of Nephrology*. 2017 Apr 1;28(4):1023-39.
19. Singh AP, Biswas A, Shukla A, Maiti P. Targeted therapy in chronic diseases using nanomaterial-based drug delivery vehicles. *Signal transduction and targeted therapy*. 2019 Aug 30;4(1):33.
20. Ezike TC, Okpala US, Onoja UL, Nwike CP, Ezeako EC, Okpara OJ, Okoroafor CC, Eze SC, Kalu OL, Odoh EC, Nwadike UG. Advances in drug delivery systems, challenges and future directions. *Heliyon*. 2023 Jun 1;9(6).
21. Kumar MA, Baba SK, Sadida HQ, Marzooqi SA, Jerobin J, Altemani FH, Algehainy N, Alanazi MA, Abou-Samra AB, Kumar R, Al-Shabeeb Akil AS. Extracellular vesicles as tools and targets in therapy for diseases. *Signal transduction and targeted therapy*. 2024 Feb 5;9(1):27.
22. Zhao Z, Ukidve A, Kim J, Mitragotri S. Targeting strategies for tissue-specific drug delivery. *Cell*. 2020 Apr 2;181(1):151-67.
23. Roojintan A, Xu R, Corrie S, Hagemeyer CE, Alt K. Nanotherapeutics in kidney disease: innovations, challenges, and future directions. *Journal of the American Society of Nephrology*. 2024 Nov 4:10-681.
24. Vanholder R, Pletinck A, Schepers E, Glorieux G. Biochemical and clinical impact of organic uremic retention solutes: a comprehensive update. *Toxins*. 2018 Jan 8;10(1):33.
25. Chen X, Dai W, Li H, Yan Z, Liu Z, He L. Targeted drug delivery strategy: a bridge to the therapy of diabetic kidney disease. *Drug Delivery*. 2023 Dec 31;30(1):2160518.
26. Yu F, Haas M, Glassock R, Zhao MH. Redefining lupus nephritis: clinical implications of pathophysiologic subtypes. *Nature Reviews Nephrology*. 2017 Aug;13(8):483-95.
27. Floege J, Barbour SJ, Cattran DC, Hogan JJ, Nachman PH, Tang SC, Wetzels JF, Cheung M, Wheeler DC, Winkelmayer WC, Rovin BH. Management and treatment of glomerular diseases (part 1): conclusions from a Kidney Disease: Improving Global Outcomes (KDIGO) Controversies Conference. *Kidney international*. 2019 Feb 1;95(2):268-80.
28. Trac N, Ashraf A, Giblin J, Prakash S, Mitragotri S, Chung EJ. Spotlight on genetic kidney diseases: A call for drug delivery and nanomedicine solutions. *ACS nano*. 2023 Mar 29;17(7):6165-77.
29. Wastesson JW, Morin L, Tan EC, Johnell K. An update on the clinical consequences of polypharmacy in older adults: a narrative review. *Expert opinion on drug safety*. 2018 Dec 2;17(12):1185-96.
30. Groopman EE, Marasa M, Cameron-Christie S, Petrovski S, Aggarwal VS, Milo-Rasouly H, Li Y, Zhang J, Nestor J, Krithivasan P, Lam WY. Diagnostic utility of exome sequencing for kidney disease. *New England Journal of Medicine*. 2019 Jan 10;380(2):142-51.
31. Kelly CJ, Karthikesalingam A, Suleyman M, Corrado G, King D. Key challenges for delivering clinical impact with artificial intelligence. *BMC medicine*. 2019 Oct 29;17(1):195.
32. Patra JK, Das G, Fraceto LF, Campos EV, Rodriguez-Torres MD, Acosta-Torres LS, Diaz-Torres LA, Grillo R, Swamy MK, Sharma S, Habtemariam S. Nano based drug delivery systems: recent developments and future prospects. *Journal of nanobiotechnology*. 2018 Sep 19;16(1):71.
33. Lombardo D, Kiselev MA, Caccamo MT. Smart nanoparticles for drug delivery application: development of versatile nanocarrier platforms in biotechnology and nanomedicine. *Journal of nanomaterials*. 2019;2019(1):3702518.
34. Anselmo AC, Mitragotri S. Nanoparticles in the clinic: An update. *Bioengineering & translational medicine*. 2019 Sep;4(3):e10143.

35. Alicic RZ, Rooney MT, Tuttle KR. Diabetic kidney disease: challenges, progress, and possibilities. *Clinical journal of the American Society of Nephrology*. 2017 Dec 1;12(12):2032-45.
36. Ferman J, Bridoux F, Dispenzieri A, Jaccard A, Kyle RA, Leung N, Merlini G. Monoclonal gammopathy of clinical significance: a novel concept with therapeutic implications. *Blood, The Journal of the American Society of Hematology*. 2018 Oct 4;132(14):1478-85.
37. Camilleri M. Leaky gut: mechanisms, measurement and clinical implications in humans. *Gut*. 2019 Aug 1;68(8):1516-26.
38. Liu C, Chu D, Kalantar-Zadeh K, George J, Young HA, Liu G. Cytokines: from clinical significance to quantification. *Advanced Science*. 2021 Aug;8(15):2004433.