



**INTERNATIONAL JOURNAL OF
PHARMACEUTICAL SCIENCES**
[ISSN: 0975-4725; CODEN(USA): IJPS00]
Journal Homepage: <https://www.ijpsjournal.com>



Review Article

CRISPR-Cas9 Genome Editing: Mechanisms, Applications, Challenges, and Future Horizons

Jiya Goswami^{*1}, Vani Varia¹, Yagnesh Modi², Satyajit Sahoo³, D.B. Meshram⁴

¹. Student, Pioneer Pharmacy College, At & Post: Sayajipura, Ajwa-Nimeta Road, Vadodara, Gujarat, India.

². Assistant Professor, Pioneer Pharmacy College, At & Post: Sayajipura, Ajwa-Nimeta Road, Vadodara, Gujarat, India.

³. Associate Professor, Pioneer Pharmacy College, At & Post: Sayajipura, Ajwa-Nimeta Road, Vadodara, Gujarat, India.

⁴. Principal, Pioneer Pharmacy College, At & Post: Sayajipura, Ajwa-Nimeta Road, Vadodara, Gujarat, India

ARTICLE INFO

Published: 26 Sept. 2026

Keywords:

CRISPR-Cas9, Genome Editing, Single Guide RNA (sgRNA), Gene Therapy, Non-Homologous End Joining (NHEJ), Homology-Directed Repair (HDR).

DOI:

10.5281/zenodo.22967571

ABSTRACT

The Clustered Regularly Interspaced Short Palindromic Repeats (CRISPR) and CRISPR-associated protein 9 (Cas9) technology has revolutionized the process of genome editing, making the protein engineering process much more simplified and focused on RNA-directed modification. Initially described as an adaptive immune response in bacteria, CRISPR-Cas9 technology makes possible targeted therapies, plant genome modification, and model organism generation. This review article will describe how Cas9 causes double-stranded DNA breaks, delivery methods of engineered Cas9 and guide RNAs to host cells using viral and non-viral vector systems, as well as new approaches to non-replicating cell genome editing and regulation without DNA breakage. Possible safety limitations such as off-target cleavage, unexpected rearrangement of genome, presence of existing immunity to the vectors and ethical concerns about germline and zygotic editing will be addressed.

INTRODUCTION

Genome editing technology allows for accurate modifications of genome DNA sequences in living beings [1, 2]. Prior to the appearance of CRISPR technology, genome editing was achieved using tools such as zinc finger nucleases (ZFNs) and transcription activator-like effector nucleases

(TALENs). However, ZFNs and TALENs technologies were limited by their cost, difficulty of protein design, and technical complexity [2, 12]. The emergence of the CRISPR-Cas9 technology has greatly reduced these obstacles, as it provides for the introduction of a highly modifiable sgRNA

***Corresponding Author:** Jiya Goswami

Address: Pioneer Pharmacy College, At & Post: Sayajipura, Ajwa-Nimeta Road, Vadodara, Gujarat, India

Email ✉: jiyavpgoswami1@gmail.com

Relevant conflicts of interest/financial disclosures: The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.



that targets the endonuclease to a specific locus in the genome [3, 13].

2. Objectives & Scope

2.1 Objectives

- Outline the history of CRISPR-Cas9 development starting from bacterial immune system to current gene-editing platforms [3, 13].
- Describe CRISPR-Cas9 applications in human therapeutics, crops modification, and model organism generation (*M. musculus*, *D. melanogaster*, *A. thaliana*) [4, 5, 14, 15].
- Analyze delivery systems (e.g., AAV vectors, liposomes), as well as new editing techniques (epigenetic editing, non-proliferating cells' editing) [6, 7, 16].
- Discuss issues of ethics, legality, and safety of clinical studies involving human patients and zygote editing [9-11, 17].

2.2 Scope

This review highlights the main experimental results, technical achievements, and clinical achievements described in 52 key literature sources [1-52].

3. Historical Overview & Evolution

- **Bacterial Origin of CRISPR System: Found as an adaptive prokaryotic immune system** protecting bacteria from viruses via cleavage of foreign nucleic acid molecules [3].

- **Development of Genome Editing Technique:** Conversion of the dual-RNA guiding structure into the artificial single guide RNA (sgRNA) cleaving eukaryotic DNA targets [13].
- **Expanding Model Systems:** Efficient use in genetic model organisms such as *Drosophila*, rodent models, and *Arabidopsis thaliana* [4, 5, 14, 15].

4. Key Topics & Technological Developments

4.1 Mechanisms of Action & Engineering

- **Targeted Guide RNA Delivery & DNA Cleavage:** Engineered guide RNA directs Cas9 enzyme to desired genomic sites [13]. Cas9 enzyme recognizes PAM sequence and creates a double-strand break (DSB) [3, 13].
- **Genomic DNA Repair: Double-stranded breaks undergo repair** through Non-Homologous End Joining (NHEJ), which results in random insertions of nucleotides at a target site and produces gene knockouts, and through Homology-Directed Repair (HDR), which involves insertion of a sequence via donor DNA [1, 2].
- **Increasing Efficiency:** The introduction of cloning-free CRISPR procedures and rapid construction of endogenous transcriptional reporters [18, 19].
- **Genetic Modifications:** Protocols enabling large fragment deletion and site-specific insertions [8].



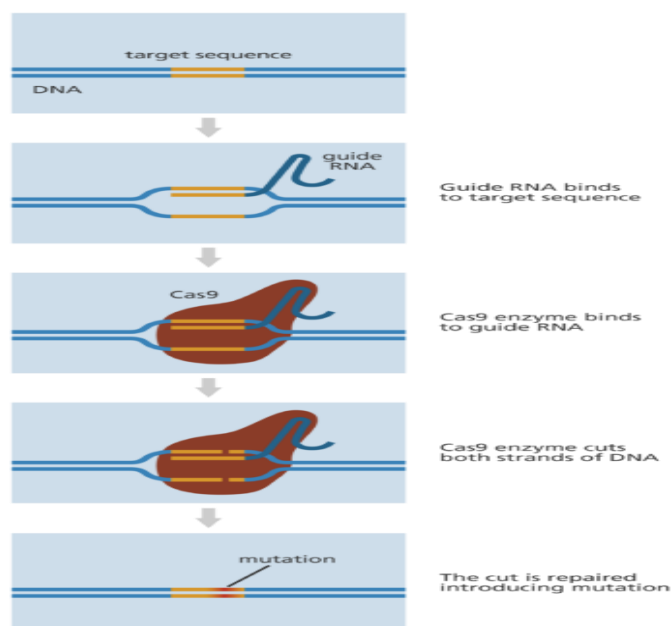


Figure 1: CRISPR-Cas9 Working Principle

4.2 Delivery Methods & Vector Systems

- **Viral-Based:** Pre-established AAV delivery system designed for delivery of Cas9 and guide RNAs on a tissue-specific basis [6, 16].

- **In Zygote:** Delivery in one step by injecting the zygote/embryo to produce knock-in and transgenic animals [5, 20].

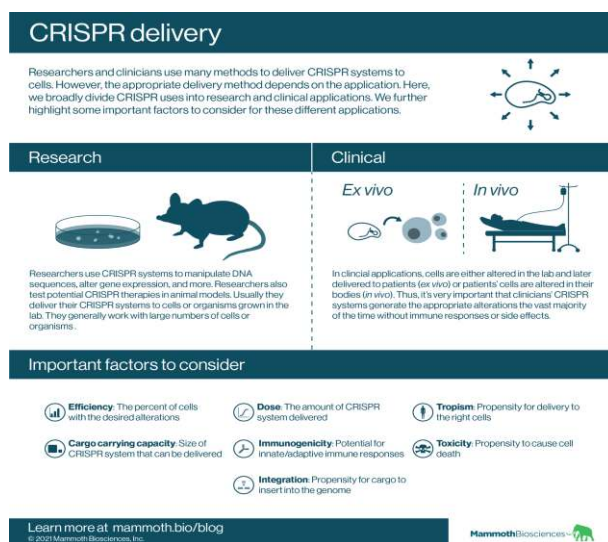


Figure 2: CRISPR Delivery Protocols

4.3 Therapeutic & Agricultural Applications

- **Organ Transplant Therapy:** Preserving the donor organs in an ex vivo fashion before the transplant surgery [21].



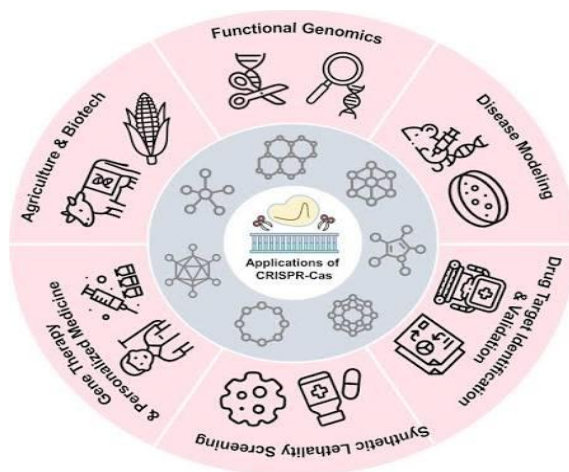
- **Non-Dividing Cells:** Targeted integration methods for gene editing in non-dividing cells without resorting to cell division (homology-independent targeted integration) [7].
- **Plant Biotechnology:** Homozygous mutant plants (crops) developed through the use of *Arabidopsis* egg cell-specific promoters in one generation [15, 22].
- **Epigenetic Editing:** Fusion of inactive Cas9 protein (dCas9) to transcription factors, thus enabling locus-specific regulation of gene expression without changes in DNA sequence [23, 24].

4.4 Ethical, Safety, & Regulatory Considerations

- **Genome Integrity:** Assessment of off-targets cutting events, chromosomal rearrangements, and large-scale structural deletions [9, 25].
- **Human Germline Modification:** Ethical considerations of human triprounuclei zygote and germline modifications [11, 17, 26].
- **Regulation of Clinical Trials:** Regulatory control over therapy dosages, safety regulations, and intellectual property rights in clinical human trials [10, 27, 28].

5. Future Aspects & Clinical Directions

- **Epigenetic Editing:** Development of dCas9-based gene expression regulators that regulate gene expression without producing DNA double-strand breakage [23, 24].
- **Improvement of Non-viral Vectors:** Modification of lipid nanoparticles (LNPs) to reduce immunogenicity and increase tissue-specificity outside liver cells [29, 30].
- **Clinical Trials in Humans:** Expansion of human trials of treatments for blood diseases, transthyretin amyloidosis, and immunotherapy for cancer [31-33].
- **International Guidelines:** Establishment of international regulatory guidelines for ethics and access to gene therapies [10, 27].



(Figure 3: CRISPR-Cas Applications)

5.1 Extended Clinical & Tool Categories

5.1.1 Human Therapeutics & Clinical Care

- **Genetic Disorders of Blood:** Genetic modification of stem cells outside the body for Sickle Cell Anemia and β -thalassemia by disabling the enhancer of *BCL11A* gene [31].



- **In Vivo Therapy:** Genetic editing directly into the liver to treat diseases like transthyretin amyloidosis [32].
- **Donor Organs:** Ex vivo organ perfusion followed by CRISPR targeting to prevent organ rejection [21].
- **Post-mitotic Tissue Treatment:** Targeted integration techniques for post-mitotic tissues [7].
- **Transport Obstacles:** Encapsulation of Cas9 system elements in nontoxic organ-specific vehicles is a significant obstacle; AAVs are burdened by capacity issues, whereas LNPs have difficulty with targeting extrahepatically [6, 29, 30].
- **Reaction of the Immune System:** The prior presence of antibodies and T cells to Cas9 proteins from *S. aureus* and *S. pyogenes* can be detrimental for treatment clearance and immune reactions [37, 38].

5.1.2 Agriculture & Model Organism Engineering

- **Plant Tolerance & Productivity:** Fast one-generation mutants generated through germline-specific promoter systems [15, 22].
- **Animal Model Development:** Embryonic microinjection in *Drosophila* and mouse models to establish transgenic models [4, 5, 14, 20].
- **Inefficiency in Post-Mitotic Cell Types:** Repair of DSB through HDR takes place mostly in dividing cells, hindering the replacement of genes in non-dividing post-mitotic tissues such as neurons [7].
- **Ethical and Accessibility Issues:** Financial costs restrict global availability, while the germline and embryonic edition have long-term ethical consequences [10, 11, 17, 26, 27].

5.1.3 Advanced Genetic & Molecular Tools

- **Epigenetic Modulation:** Catalytically dead dCas9 conjugated with transcription activators/repressors for transcriptional induction/silencing [23, 24].
- **Base & Prime Editing:** Single-base changes and replacement editing without causing double-strand breaks [34-36].

6. Challenges and Limitations of CRISPR-Cas9

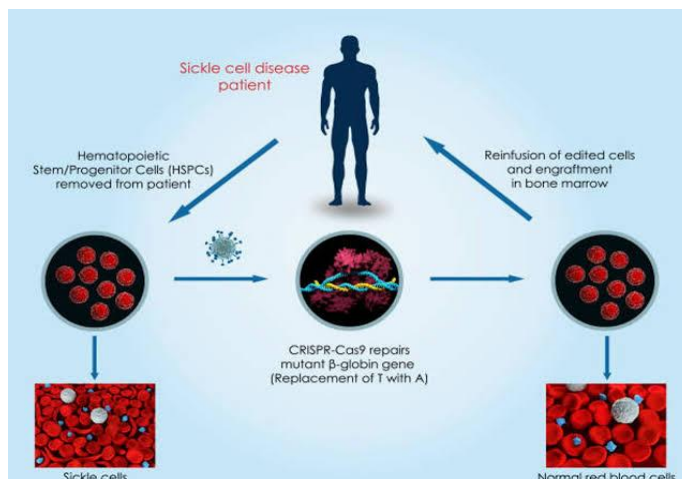
- **Off-Target Edits:** Off-target cutting may occur when there is a mismatch between the sgRNA and genomic DNA sequence [9, 25].
- **On-Target Structural Changes:** Double-strand breaks may result in big deletions, chromosomal changes, or translocations at the target locus [9].

7. Case Studies

7.1 Sickle Cell Disease & β -Thalassemia (Ex Vivo Stem Cell Therapy)

- **Approach for Treatment:** Ex vivo gene editing of the patient's own CD34+ hematopoietic stem and progenitor cells (HSPCs) [31].
- **Molecular Mechanism:** CRISPR-Cas9 is used to target the erythroid-specific enhancer domain of BCL11A [31]. The disruption of this enhancer prevents the transcription of BCL11A and activates the production of fetal hemoglobin *HbF* ($\alpha_2\gamma_2$) to prevent sickling of the red blood cells [31].
- **Clinical Evidence:** The patients showed increased levels of HbF, absence of vaso-occlusive crises, and independence of blood transfusion [31].





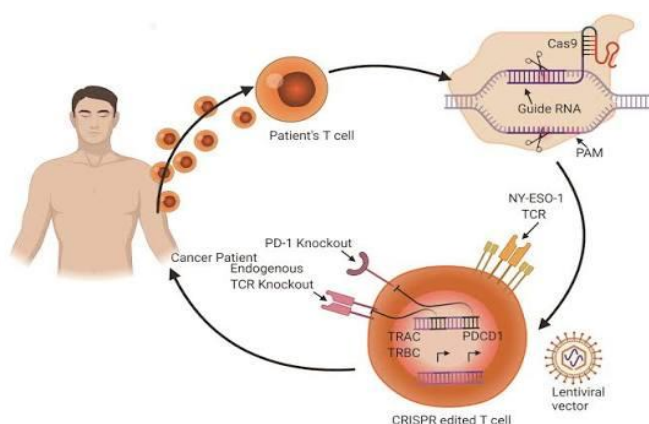
(Figure 4: Pathway for Ex Vivo Editing of HSPCs)

7.2 Cancer Immunotherapy (Engineered CAR-T Cells)

- Approach for Treatment: T-cells from the patient or donors are first subjected to multiple rounds of CRISPR-Cas9 editing ex vivo prior to re-infusion.
- **Molecular Mechanism:** Inactivation of the *PDCD1* gene, which is responsible for

producing PD-1, will hinder the development of exhaustion in T-cells due to the tumor [39]. Knockout of both endogenous T-cell receptor genes (*TRAC/TRBC*) and *HLA* genes allows for off-the-shelf allogeneic CAR-T cells to be used without GvHD [33, 39].

- **Clinical Evidence:** Gene editing for multiple genes has led to improvements in CAR-T persistence and antitumor effectiveness [33, 39].



(Insert Figure 5: Workflow of Engineered CAR-T Cells)

8. Declarations

- **Conflict of Interest:** Authors report no conflict of interest concerning the publication of this manuscript.

- **Financial Disclosure:** This manuscript did not receive any specific funding.

9. CONCLUSION



The CRISPR-Cas9 technology has marked a breakthrough in molecular biology and experimental medicine ^[1, 2]. The problems that need solving are those of off-target cleavage, delivery of targets, immunity, and bioethical issues ^[6, 9, 10, 37]. Improvements in base editing, prime editing, dCas9-based epigenetic control, and non-viral delivery systems will help increase the scope of use for gene-editing therapies ^[23, 29, 34, 35].

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HOW TO CITE: Jiya Goswami*, Vani Varia, Yagnesh Modi, Satyajit Sahoo, D.B. Meshram, CRISPR-Cas9 Genome Editing: Mechanisms, Applications, Challenges, and Future Horizons, *Int. J. of Pharm. Sci.*, 2026, Vol 4, Issue 9, 3393-3402. <https://doi.org/10.5281/zenodo.22967571>

