



Original Article

ISSN : 2277-3657  
CODEN(USA) : IJPRPM

## ***The Biological Identity Ledger for Tracing Protein Corona Formation, Immune Recognition, Tissue Distribution, and Nanocarrier Fate***

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### **ABSTRACT**

Nanocarriers are commonly defined by properties measured before administration, yet their biologically operative identity changes as they encounter proteins, lipids, antibodies, cells, extracellular matrices, and intracellular environments. Fragmented reporting of manufactured attributes, acquired coronas, recognition events, tissue exposure, degradation, and clearance prevents these transformations from being traced as one evidence chain. This Original Evidence Architecture Article proposes the Biological Identity Ledger, a non-empirical scientific traceability architecture that links batch-resolved synthetic identity and manufacturing provenance to biological exposure events, acquired corona states, immune-recognition states, and fate states. Its central principle is that nanocarrier identity is neither a single static descriptor nor equivalent to efficacy: it is a versioned, compartment- and time-indexed record whose interpretation depends on measurement method, biological context, and uncertainty. The architecture introduces eight linked constructs: the Synthetic Identity Record, Manufacturing Provenance Record, Biological Exposure Event, Acquired Corona State, Recognition State, Fate State, Temporal-Compartment Key, and Evidence Provenance and Uncertainty Layer. Temporal updating is used to represent corona exchange, barrier transitions, intracellular remodeling, payload release, degradation, and clearance without presuming a universal causal sequence. Evidence provenance separates observation from inference and records analytical recovery limits, biological variability, and transferability constraints. Validation would require schema testing, longitudinal and multi-compartment experiments, batch-linked manufacturing studies, human-matrix and species-aware comparisons, interlaboratory reproducibility, and prospective assessment before decision use. The proposed ledger is an original conceptual synthesis for organizing testable relationships and reporting requirements; it is not a validated predictive model, clinical recommendation, regulatory standard, or deployment-ready system.

**Key words:** Nocarrier, Nanomedicin, Targeted drug delivery, Biological barriers, Intracellular release, Biodistribution

**Received:** 10 February 2025; **Revised:** 30 April 2025; **Accepted:** 03 May 2025

### **INTRODUCTION**

Current nanomedicine development faces a coupled design-barrier-reproducibility problem: material engineering is multivariate, tumor entry routes are not reducible to passive accumulation, and experimental transparency remains uneven [1-3]. Consequently, apparently similar carriers may encounter different transport constraints, cellular interfaces, or analytical interpretations, while a favorable physicochemical profile alone cannot establish in vivo targeting, intracellular delivery, or therapeutic performance.

The prevailing record of a nanocarrier is usually distributed across formulation files, batch characterization, corona analyses, cell studies, biodistribution measurements, and safety observations. Inconsistent disclosure of material, biological, and methodological conditions weakens traceability between these records [3]. What was manufactured, what biological identity was acquired, where that identity changed, and which fate followed are therefore seldom represented as a continuous evidentiary object.

This article addresses that gap by proposing the Biological Identity Ledger: a directed, versioned architecture that connects synthetic identity, manufacturing provenance, exposure context, acquired biological identity, recognition, and fate. The purpose is not to replace mechanistic experiments, pharmacokinetic analysis, toxicology, or quality systems, but to specify how their outputs may be linked without collapsing association into causation or analytical similarity into biological equivalence.

The contribution is an Original Evidence Architecture Article and therefore develops a proposed ontology, relationship structure, testable propositions, validation requirements, and decision boundaries rather than reporting a new dataset. It integrates nanomedicine, targeted drug delivery, protein-corona science, biological barriers, biodistribution, immune recognition, intracellular release, degradation, and clearance while retaining system-, host-, compartment-, and method-specific uncertainty.

#### *Synthetic identity versus acquired biological identity*

Synthetic identity is defined here as the pre-exposure description of a nanocarrier derived from composition, architecture, dimensions, morphology, surface chemistry, charge, payload state, and other measured attributes. Acquired biological identity begins when environmental biomolecules reorganize the interface presented to receptors; corona-mediated receptor binding demonstrates that receptor-facing identity can differ from the pristine surface specified during design [4].

Acquired identity should not be reduced to an inventory of tightly retained proteins. Lipids and other non-protein constituents can contribute to the biological response of nanocarriers, making the broader term biomolecular corona more appropriate when evidence extends beyond proteins [5]. The ledger therefore separates measured molecular composition from inferred interfacial function and avoids assigning universal importance to any constituent class.

Host context is an identity-forming variable rather than background noise. A human proof-of-concept study showed that PEGylated liposomes acquire an in vivo biomolecule corona, supporting direct recording of the host, administration context, sampling compartment, and recovery method [6]. This evidence establishes the feasibility of observing a human in vivo state, not population-wide generalizability or predictive clinical validity.

The proposed distinction is consequently relational: synthetic identity describes the administered material state, whereas acquired biological identity describes a measured or inferred interface after a specified exposure. Neither is synonymous with targeting success, safety, efficacy, or fate. Their value lies in enabling discrepancies between intended design and observed biological presentation to be documented, compared, and tested.

#### *Components of the biological identity ledger*

A biological identity architecture must distinguish soft-corona composition, barrier-specific corona evolution, and intracellular corona remodeling [7-9]. Treating these observations as one undifferentiated “protein corona” would erase differences in recoverability, compartment, time, and cellular processing. The ledger therefore represents them as related but non-interchangeable states rather than as repeated measurements of a single stable identity.

Eight proposed constructs form the architecture. The Synthetic Identity Record stores the measured pre-exposure carrier; the Manufacturing Provenance Record stores batch materials, unit operations, storage, and analytical lineage; the Biological Exposure Event specifies the encountered environment; and the Acquired Corona State records composition, conformation, and method-dependent soft components [7]. The Recognition State and Fate State record subsequent biological interactions and disposition observations.

The Temporal-Compartment Key links every observation to time, anatomical or intracellular location, biological matrix, and transition history, because corona composition can change across a biological barrier [8]. The Evidence Provenance and Uncertainty Layer records whether an entry is directly observed, analytically derived, mechanistically interpreted, or proposed, together with method limits, variability, missingness, and transferability conditions.

“Ledger” denotes scientific traceability, not blockchain, immutability, or automatic causal inference. Records may be revised when improved measurements become available, and directed links identify hypotheses or evidence-supported dependencies rather than guaranteed pathways. The constructs are an original conceptual synthesis

requiring computational, experimental, manufacturing, and implementation validation before they could support predictive or decision-oriented use.

#### *Material attributes and manufacturing provenance*

Material identity begins upstream of final characterization. Raw-material specifications, formulation sequence, mixing regime, microfluidic conditions, purification, sterilization, filling, storage, and scale can shape critical quality attributes; Quality by Design approaches consequently connect process understanding with nanomedicine manufacture [10]. The Manufacturing Provenance Record is proposed to preserve these controllable inputs alongside the resulting batch measurements.

Traceability also depends on sufficient reporting. Minimum-information frameworks for bio-nano experiments show why material descriptors, biological conditions, protocols, and analytical details must accompany reported outcomes [11]. Within the ledger, completeness is treated as an evidentiary property: an entry lacking essential context can remain visible but should carry an explicit limitation rather than be silently treated as comparable.

Characterization must span levels relevant to the claim, because physicochemical measurements alone do not resolve biological identity, and biological assays cannot retrospectively specify an inadequately documented material state. Translation-oriented interpretation therefore requires connected characterization of the carrier, payload, interface, exposure medium, and biological response [12]. Analytical provenance must additionally identify instruments, preparation steps, normalization choices, and detection limitations.

The proposed provenance architecture distinguishes critical material attributes, critical process parameters, batch provenance, analytical provenance, and biological exposure. It does not assume that a particular process parameter guarantees a corona, distribution, release, degradation, or clearance outcome. Instead, it creates a batch-resolved basis for testing whether reproducible manufacturing differences are associated with subsequent identity transitions and fate states.

#### *Protein corona evolution across biological environments*

The corona encountered in vivo cannot be assumed from pre-injection characterization or a single static incubation. Circulating leukocyte-like carriers acquired an in vivo protein corona, showing that even biohybrid surfaces remain subject to host-derived interfacial remodeling [13]. The ledger therefore records each corona observation as an exposure-specific state linked to the carrier batch, biological matrix, recovery method, and sampling point.

Corona evolution can alter pharmaceutical function rather than merely conceal the manufactured surface. In temperature-sensitive liposomes, in vivo corona formation affected drug release, supporting separate records for carrier identity, acquired interface, triggering conditions, and payload behavior [14]. The proposed architecture does not presume the direction or magnitude of this effect for other materials, release mechanisms, or biological environments.

Immune history can redirect corona composition and downstream fate. Anti-polyethylene-glycol antibodies changed the corona deposited on nanoparticles and altered physiological pathways governing their in vivo disposition [15]. Accordingly, the Biological Exposure Event includes prior exposure, antibody status where relevant, co-medications, disease state, and donor or species context rather than treating plasma as a universally interchangeable medium.

Protein-corona evolution is therefore represented as a sequence of measured states, not as a universal hard-corona endpoint. Composition, conformation, exchange kinetics, and particle-level heterogeneity may change independently. These studies justify recording context-dependent transitions, but they do not establish a single corona signature that predicts intracellular release, biodistribution, therapeutic effect, or safety across platforms.

#### *Complement, innate immunity, and cellular recognition*

Complement belongs in a distinct Recognition State because adsorption, opsonization, activation, and clinical reaction are not equivalent outcomes. Complement activation has been identified as a safety-relevant concern for PEG-coated nanomedicines [16]. The ledger records the complement pathway, assay conditions, biological matrix, activation products, and interpretation separately rather than converting them into one universal immune-risk value.

Species context is a major transferability boundary. Complement opsonization of nanoparticles differs between humans and preclinical species, so an animal result cannot automatically validate a human recognition state [17].

Comparative entries must preserve species, donor, anticoagulant, disease context, assay format, and nanoparticle state, with uncertainty attached to any cross-species inference.

Cellular recognition is jointly conditioned by the acquired corona and immune-cell environment. Corona-immune-cell interplay has been shown to influence liposome blood residency [18]. The proposed ledger consequently separates soluble recognition, cellular association, uptake, and residence from downstream distribution or safety because a longer or shorter circulation time does not by itself establish efficacy, tolerability, or target engagement.

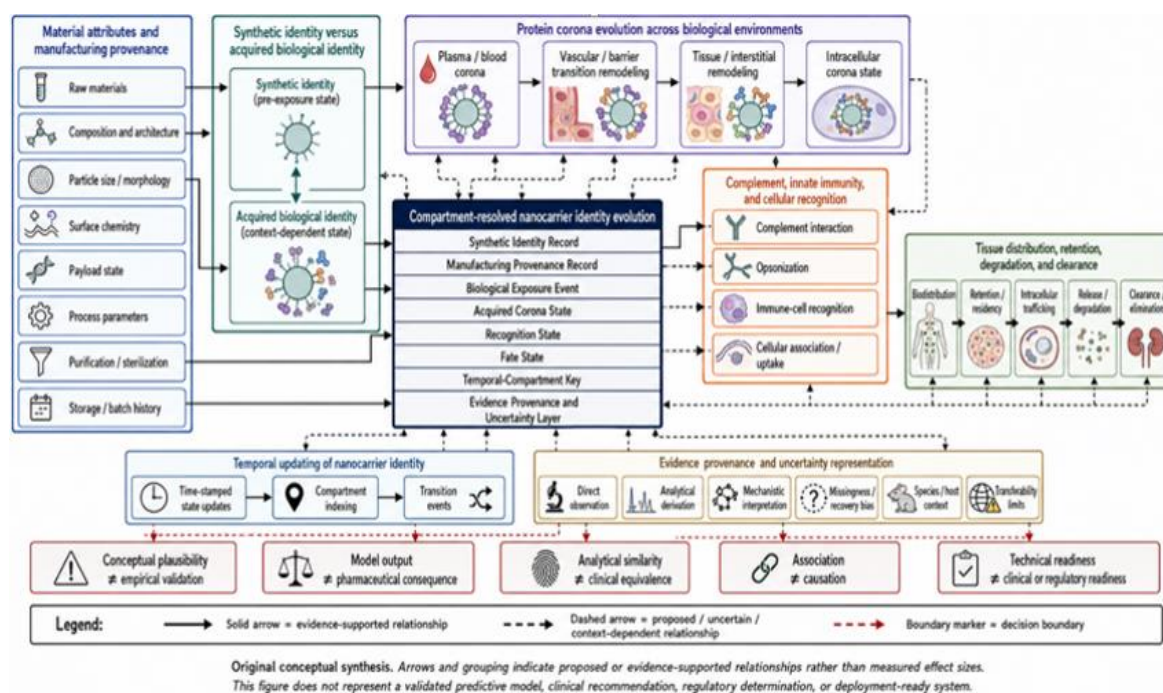
Recognition States are interpreted as context-bound evidence nodes connecting synthetic and acquired identity to later fate observations. Alternative explanations include assay artifacts, selective particle recovery, host heterogeneity, and correlations between corona features and unmeasured material variables. No universal complement threshold, immune-risk score, or clinical recommendation is proposed.

**Table 1** organizes the evidence, constructs, relationships, uncertainties, and boundary conditions required for definitions, components, relationships, and intended uses in the biological identity ledger for tracing protein corona formation, immune..

**Table 1.** Definitions, components, relationships, and intended uses in The Biological Identity Ledger for Tracing Protein Corona Formation, Immune.

| Component or scientific dimension                | Problem addressed                | Inputs or determinants                         | Proposed mechanism or relationship                     | Expected contribution           | Evidence required                 | Failure or uncertainty risk  | Boundary statement                 |
|--------------------------------------------------|----------------------------------|------------------------------------------------|--------------------------------------------------------|---------------------------------|-----------------------------------|------------------------------|------------------------------------|
| <b>Synthetic Identity Record</b>                 | Ambiguous starting material      | Composition, dimensions, surface, payload      | Defines the pre-exposure state [10].                   | Batch comparison                | Orthogonal characterization       | Hidden heterogeneity         | Not a biological-performance claim |
| <b>Manufacturing Provenance Record</b>           | Untraceable batch variation      | Materials, process, scale, storage             | Links controllable history to synthetic identity [11]. | Source attribution              | Batch-resolved records            | Missing process variables    | Completeness is not causality      |
| <b>Biological Exposure Event</b>                 | Non-equivalent environments      | Host, matrix, dose, time, flow                 | Conditions acquisition of biological identity [6].     | Context preservation            | Defined exposure metadata         | Donor and sampling bias      | No universal plasma surrogate      |
| <b>Acquired Corona State</b>                     | Static protein-list framing      | Proteins, lipids, antibodies, kinetics         | Records the measured interfacial state [7].            | Corona-state comparison         | Recovery-aware assays             | Soft-corona loss             | Composition is not function        |
| <b>Recognition State</b>                         | Conflated immune outcomes        | Receptors, complement, immune cells            | Connects the current interface to recognition [18].    | Mechanistic traceability        | Matched interaction assays        | Species and assay dependence | Recognition is not clinical risk   |
| <b>Fate State</b>                                | Accumulation treated as delivery | Location, integrity, release, degradation      | Records downstream disposition [14].                   | Carrier-payload tracing         | Integrity and localization assays | Label dissociation           | Distribution is not efficacy       |
| <b>Temporal-Compartment Key</b>                  | Static identity labels           | Time, compartment, prior state                 | Versions identity across transitions [8].              | Longitudinal linkage            | Linked sampling                   | Missing transitions          | Sequence does not prove causation  |
| <b>Evidence Provenance and Uncertainty Layer</b> | Unsupported comparability        | Method, replication, variance, transferability | Qualifies every field and relationship [11].           | Evidence-bounded interpretation | Auditable metadata                | False precision              | Not calibrated decision risk       |

Barrier-specific corona evolution demonstrates why identity must be traced across compartment transitions rather than inferred from a single exposure [8]. **Figure 1** presents the original conceptual synthesis for evolution of nanocarrier identity across biological compartments, showing how the article's principal components, evidence relationships, uncertainties, and decision boundaries are connected.



**Figure 1.** Evolution of Nanocarrier Identity across Biological Compartments

The figure is an original conceptual synthesis developed for “The Biological Identity Ledger for Tracing Protein Corona Formation, Immune Recognition, Tissue Distribution, and Nanocarrier Fate.” Arrows and grouping indicate proposed or evidence-supported relationships rather than measured effect sizes. The figure does not represent a validated predictive model, clinical recommendation, regulatory determination, or deployment-ready system.

#### *Tissue distribution, retention, degradation, and clearance*

Nanocarrier elimination is not one endpoint but a sequence involving cellular processing, organ distribution, degradation, and excretion pathways [19]. The Fate State therefore records anatomical compartment, cell type, carrier integrity, degradation products, sampling route, and terminal or censored status. Tissue accumulation is treated as an observation, not proof of productive delivery or target engagement.

Long-term fate can depend on surface chemistry and the associated corona. In vivo biodegradation of iron oxide nanoparticles varied with these interfacial conditions [20]. This platform-specific evidence supports linking Synthetic Identity Records and Acquired Corona States to degradation observations while precluding the assumption that the same relation applies to all inorganic, polymeric, lipid, or biohybrid carriers.

Carrier and payload trajectories must remain separable because corona formation can modify release behavior [14]. Dual labels, integrity assays, colocalization, and metabolite-sensitive measurements are therefore preferable where feasible. A tissue signal from a label cannot establish the presence of intact carrier, active payload, or released degradation products unless label stability and molecular identity have been demonstrated.

The proposed Fate State integrates distribution, retention, intracellular trafficking, release, degradation, and clearance without collapsing them into a readiness score. Its principal value is traceability across linked states. It does not supply dosing recommendations, universal clearance classifications, clinical safety judgments, or an assumption that greater target-tissue exposure is necessarily beneficial.

#### *Temporal updating of nanocarrier identity*

Ensemble averages can conceal coexisting particle states. Super-resolution microscopy has revealed dynamic heterogeneity in nanoparticle protein coronas [21]. A valid ledger must therefore allow distributions,

subpopulations, and state uncertainty rather than assigning every particle in a batch one uniform identity at each nominal time point.

In situ analysis of the soft corona further supports time-stamped observation of dynamic exchange while reducing disruption introduced by isolation [22]. Such methods strengthen longitudinal inference but do not establish one mandatory analytical platform or sampling cadence. Measurement choice must remain appropriate to carrier chemistry, biological matrix, compartment, and the distinction being tested.

The proposed Temporal-Compartment Key binds each record to absolute or relative time, anatomical or intracellular location, prior state, transition event, sampling route, and missingness. Barrier-dependent corona evolution provides evidence for the need to version identity across compartments [8]. The key is an original organizing mechanism; it does not establish that an observed sequence is causal.

Update rules should be event-triggered when a carrier crosses a barrier, enters a cell, releases payload, degrades, or encounters a materially different biological environment. Scheduled observations may complement event-triggered records, but no universal interval is proposed. Sampling cadence and state granularity require platform-specific validation.

**Table 2** organizes the evidence, constructs, relationships, uncertainties, and boundary conditions required for testable propositions, evidence requirements, and validation criteria for the biological identity ledger for tracing protein corona formation, immune.

**Table 2.** Testable propositions, evidence requirements, and validation criteria for The Biological Identity Ledger for Tracing Protein Corona Formation, Immune.

| Architecture layer or process stage   | Core function                     | Information or material flow       | Interaction with other components | Validation criterion                             | Potential failure mode    | Human or experimental responsibility  | Readiness boundary               |
|---------------------------------------|-----------------------------------|------------------------------------|-----------------------------------|--------------------------------------------------|---------------------------|---------------------------------------|----------------------------------|
| <b>Time-compartment indexing</b>      | Version identity                  | State plus time and location       | Links all ledger records          | Reproducible transition-linked differences [22]. | Perturbative sampling     | Predefine cadence and censoring       | No universal interval            |
| <b>Manufacturing-to-identity link</b> | Trace controllable variation      | Process to synthetic attributes    | MPR to SIR                        | Designed batch comparison [10].                  | Unmeasured lot effects    | Control process and storage           | Association is platform-specific |
| <b>Exposure-to-corona link</b>        | Record acquisition context        | SIR plus matrix to ACS             | BEE conditions ACS                | Matched exposure experiments [13].               | Selective recovery        | Preserve host and method metadata     | No universal corona              |
| <b>Corona-to-recognition link</b>     | Test interfacial function         | ACS features to RS                 | Receptors, complement, cells      | Orthogonal confirmation [4].                     | Collinearity or leakage   | Include negative controls             | Prediction is not utility        |
| <b>Recognition-to-fate link</b>       | Trace downstream disposition      | RS to localization and residence   | RS connects to FS                 | Linked immune and fate measurements [18].        | Unmeasured host factors   | Separate association and causation    | No clinical-risk inference       |
| <b>Carrier-payload linkage</b>        | Distinguish material trajectories | Carrier, payload, fragments        | Multiple FS records               | Validated integrity and label stability [14].    | Label dissociation        | Use orthogonal tracking               | Distribution is not efficacy     |
| <b>Provenance and uncertainty</b>     | Qualify evidence                  | Method and variance metadata       | Cross-cuts all layers             | Reproducible metadata capture [11].              | False precision           | Audit missingness and transferability | Completeness is not correctness  |
| <b>Decision-use gate</b>              | Prevent premature application     | Validated evidence to intended use | Follows all prior layers          | Independent, use-specific assessment [12].       | Dataset or workflow shift | Predeclare acceptance criteria        | Not deployment-ready             |

*Evidence provenance and uncertainty representation*

Corona composition, molecular conformation, exchange kinetics, and biological function are distinct signatures and should not be treated as interchangeable measurements [23]. The Evidence Provenance and Uncertainty Layer therefore tags what was measured, how it was measured, and which inference was drawn, preventing compositional abundance from being presented automatically as receptor activity, immune consequence, or fate prediction.

The protein-corona literature is uneven in its coverage and characterization of relevant variables [24]. Ledger completeness must consequently be reported field by field rather than implied by the existence of a record. Missing host context, recovery conditions, material details, or analytical calibration should remain visible as limitations that restrict comparison and transferability.

Analytical procedures can preferentially retain stable constituents while losing dynamic soft-corona components [7]. Recovery uncertainty, detection limits, normalization, batch effects, particle loss, and contamination therefore belong beside each observation. These entries should distinguish known absence from non-detection, unmeasured variables, censored transitions, and method-dependent missingness.

The proposed evidence classes are direct observation, analytically derived result, mechanistic interpretation, model-based inference, and original proposed relationship. Uncertainty is separated into analytical uncertainty, biological variability, model uncertainty, bias, missingness, and transferability. These qualitative classes organize evidence limitations but must not be converted into calibrated probabilities or decision-risk estimates without use-specific validation.

#### *Experimental validation and reporting requirements*

Validation requires both analytical reproducibility across proteomics workflows and standardized reporting of biocorona experiments [25, 26]. Initial schema validation should test field definitions, interoperability, version control, and auditability. Analytical validation should then examine recovery, sensitivity, selectivity, calibration, stability, and interfacility reproducibility using shared materials and prespecified metadata.

Experimental validation should use batch-linked, longitudinal, and compartment-resolved designs. Human and preclinical studies must preserve species context because complement opsonization is not automatically transferable [17]. Longitudinal methods should minimize sampling-induced remodeling where feasible, while in situ approaches may help characterize dynamic soft-corona states [22]. No single method is mandated for every platform.

Manufacturing validation should establish whether controlled process variation changes the Synthetic Identity Record and whether any resulting Acquired Corona or Fate State difference is reproducible. Quality-by-Design principles provide a basis for connecting process understanding with nanomedicine attributes [10]. Mechanistic validation additionally requires perturbations, negative controls, transition verification, and alternative explanations rather than retrospective correlation alone.

Computational validation should compare ledger-informed models with simpler baselines, prevent batch or donor leakage, and use independent data. Prospective validation is required before development or clinical decision use. Interfacility heterogeneity in corona proteomics makes blinded replication and variance decomposition essential [25]. Reporting completeness, retrospective fit, or conceptual coherence alone cannot establish predictive validity, clinical utility, regulatory acceptance, or implementation readiness.

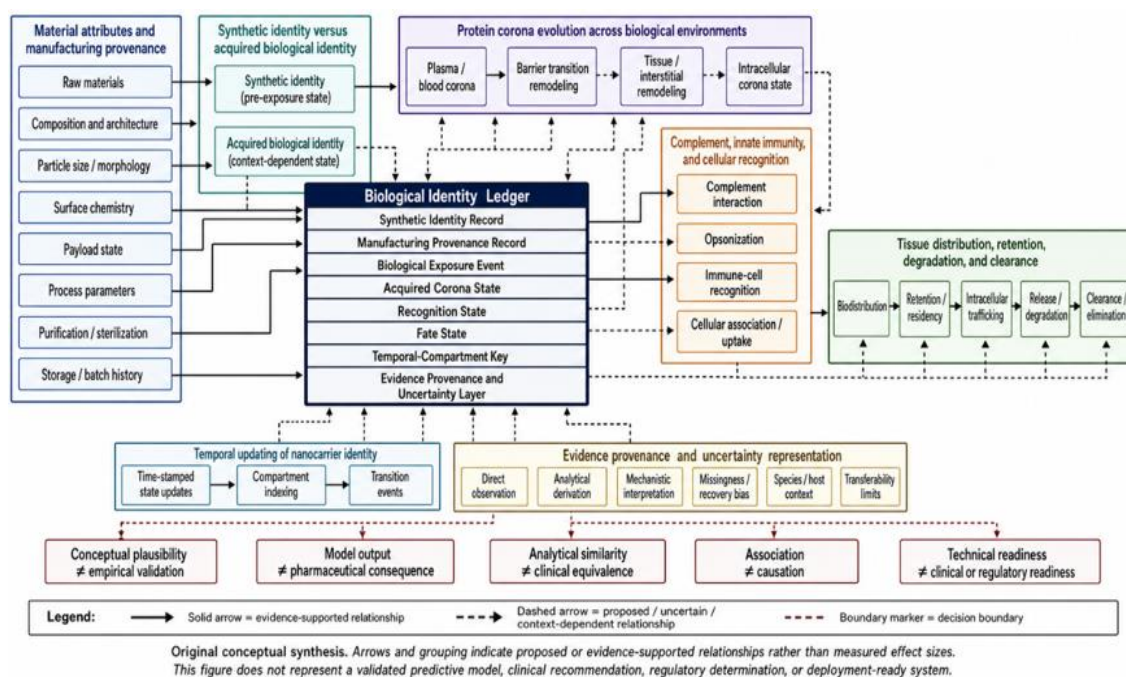
#### *Limitations and implementation priorities*

The architecture faces the same development constraints that affect nanomedicine more broadly, including scalable manufacture, sufficiently discriminating characterization, relevant biological models, and stage-appropriate development decisions [27]. A comprehensive ledger may increase documentation burden, and some states will remain inaccessible because sampling alters the interface or cannot be performed repeatedly in vivo.

Claims for smart or targeted nanomedicine remain conditional on biological context, delivery route, disease environment, payload, and intended utility [28]. The ledger cannot make an unsuitable carrier effective, infer causality from incomplete observations, resolve all label or recovery artifacts, or guarantee that a measured corona feature remains relevant across hosts, species, compartments, or time.

Implementation priorities are shared reference materials, longitudinal multi-compartment studies, human-matrix comparisons, batch-linked manufacturing experiments, interlaboratory exercises, machine-readable schemas, and prospective tests of intended decisions. Multisite evidence shows why analytical variance must be identified rather than absorbed into a nominal corona state [25]. Governance should preserve revision history, access control, provenance, and explicit responsibility for interpretations.

Manufacturing provenance is the upstream anchor needed to test whether controllable process history contributes to later biological differences [10]. **Figure 2** presents the original conceptual synthesis for biological identity ledger linking material provenance to in vivo fate, showing how the article's principal components, evidence relationships, uncertainties, and decision boundaries are connected



**Figure 2.** Biological Identity Ledger Linking Material Provenance to In Vivo Fate

The figure is an original conceptual synthesis developed for “The Biological Identity Ledger for Tracing Protein Corona Formation, Immune Recognition, Tissue Distribution, and Nanocarrier Fate.” Arrows and grouping indicate proposed or evidence-supported relationships rather than measured effect sizes. The figure does not represent a validated predictive model, clinical recommendation, regulatory determination, or deployment-ready system.

## CONCLUSION

The Biological Identity Ledger is proposed as an evidence architecture for tracing how a manufactured nanocarrier becomes a succession of context-dependent biological states. By linking synthetic identity and manufacturing provenance to exposure events, biomolecular coronas, recognition, distribution, intracellular processing, release, degradation, and clearance, it makes assumptions, missing transitions, and uncertainty visible. Its original contribution is not a new prediction of nanocarrier performance but a structured basis for formulating and falsifying claims across batches, compartments, hosts, and time. The architecture remains non-empirical and requires schema, analytical, mechanistic, manufacturing, translational, prospective, and implementation validation. It does not equate corona composition with function, accumulation with delivery, biodistribution with efficacy, reporting completeness with validity, or technical feasibility with clinical or regulatory readiness.

**ACKNOWLEDGMENTS:** None

**CONFLICT OF INTEREST:** None

**FINANCIAL SUPPORT:** None

**ETHICS STATEMENT:** None

## REFERENCES

- Mitchell MJ, Billingsley MM, Haley RM, Wechsler ME, Peppas NA, Langer R. Engineering precision nanoparticles for drug delivery. *Nat Rev Drug Discov.* 2021;20(2):101-24. doi:10.1038/s41573-020-0090-8
- Sindhvani S, Syed AM, Ngai J, Kingston BR, Maiorino L, Rothschild J, et al. The entry of nanoparticles into solid tumours. *Nat Mater.* 2020;19(5):566-75. doi:10.1038/s41563-019-0566-2
- Leong HS, Butler KS, Brinker CJ, Azzawi M, Conlan S, Dufès C, et al. On the issue of transparency and reproducibility in nanomedicine. *Nat Nanotechnol.* 2019;14(7):629-35. doi:10.1038/s41565-019-0496-9
- Lara S, Alnasser F, Polo E, Garry D, Lo Giudice MC, Hristov DR, et al. Identification of receptor binding to the biomolecular corona of nanoparticles. *ACS Nano.* 2017;11(2):1884-93. doi:10.1021/acsnano.6b07933
- Müller J, Prozeller D, Ghazaryan A, Kokkinopoulou M, Mailänder V, Morsbach S, et al. Beyond the protein corona - lipids matter for biological response of nanocarriers. *Acta Biomater.* 2018;71:420-31. doi:10.1016/j.actbio.2018.02.036
- Hadjidemetriou M, McAdam S, Garner G, Thackeray C, Knight D, Smith D, et al. The human in vivo biomolecule corona onto PEGylated liposomes: A proof-of-concept clinical study. *Adv Mater.* 2019;31(4):1803335. doi:10.1002/adma.201803335
- Mohammad-Beigi H, Hayashi Y, Zeuthen CM, Eskandari H, Scavenius C, Juul-Madsen K, et al. Mapping and identification of soft corona proteins at nanoparticles and their impact on cellular association. *Nat Commun.* 2020;11(1):4535. doi:10.1038/s41467-020-18237-7
- Cox A, Andreozzi P, Dal Magro R, Fiordaliso F, Corbelli A, Talamini L, et al. Evolution of nanoparticle protein corona across the blood-brain barrier. *ACS Nano.* 2018;12(7):7292-300. doi:10.1021/acsnano.8b03500
- Wang C, Chen B, He M, Hu B. Composition of intracellular protein corona around nanoparticles during internalization. *ACS Nano.* 2021;15(2):3108-22. doi:10.1021/acsnano.0c09649
- Colombo S, Beck-Broichsitter M, Bötter JP, Malmsten M, Rantanen J, Bohr A. Transforming nanomedicine manufacturing toward Quality by Design and microfluidics. *Adv Drug Deliv Rev.* 2018;128:115-31. doi:10.1016/j.addr.2018.04.004
- Faria M, Björnholm M, Thurecht KJ, Kent SJ, Parton RG, Kavallaris M, et al. Minimum information reporting in bio-nano experimental literature. *Nat Nanotechnol.* 2018;13(9):777-85. doi:10.1038/s41565-018-0246-4
- Coty JB, Vauthier C. Characterization of nanomedicines: A reflection on a field under construction needed for clinical translation success. *J Control Release.* 2018;275:254-68. doi:10.1016/j.jconrel.2018.02.013
- Corbo C, Molinaro R, Taraballi F, Toledano Furman NE, Hartman KA, Sherman MB, et al. Unveiling the in vivo protein corona of circulating leukocyte-like carriers. *ACS Nano.* 2017;11(3):3262-73. doi:10.1021/acsnano.7b00376
- Al-Ahmady ZS, Hadjidemetriou M, Gubbins J, Kostarelos K. Formation of protein corona in vivo affects drug release from temperature-sensitive liposomes. *J Control Release.* 2018;276:157-67. doi:10.1016/j.jconrel.2018.02.038
- Grenier P, Viana IMO, Lima EM, Bertrand N. Anti-polyethylene glycol antibodies alter the protein corona deposited on nanoparticles and the physiological pathways regulating their fate in vivo. *J Control Release.* 2018;287:121-31. doi:10.1016/j.jconrel.2018.08.022
- Gabizon A, Szebeni J. Complement activation: A potential threat on the safety of poly(ethylene glycol)-coated nanomedicines. *ACS Nano.* 2020;14(7):7682-8. doi:10.1021/acsnano.0c03648
- Li Y, Wang G, Griffin L, Banda NK, Saba LM, Groman EV, et al. Complement opsonization of nanoparticles: Differences between humans and preclinical species. *J Control Release.* 2021;338:548-56. doi:10.1016/j.jconrel.2021.08.048
- Giulimondi F, Digiacoimo L, Pozzi D, Palchetti S, Vulpis E, Capriotti AL, et al. Interplay of protein corona and immune cells controls blood residency of liposomes. *Nat Commun.* 2019;10(1):3686. doi:10.1038/s41467-019-11642-7
- Poon W, Zhang YN, Ouyang B, Kingston BR, Wu JLY, Wilhelm S, et al. Elimination pathways of nanoparticles. *ACS Nano.* 2019;13(5):5785-98. doi:10.1021/acsnano.9b01383
- Stepien G, Moros M, Pérez-Hernández M, Monge M, Gutiérrez L, Fratila RM, et al. Effect of surface chemistry and associated protein corona on the long-term biodegradation of iron oxide nanoparticles in vivo. *ACS Appl Mater Interfaces.* 2018;10(5):4548-60. doi:10.1021/acsmi.7b18648

21. Feiner-Gracia N, Beck M, Pujals S, Tosi S, Mandal T, Buske C, et al. Super-resolution microscopy unveils dynamic heterogeneities in nanoparticle protein corona. *Small*. 2017;13(41):1701631. doi:10.1002/sml.201701631
22. Baimanov D, Wang J, Zhang J, Liu K, Cong Y, Shi X, et al. In situ analysis of nanoparticle soft corona and dynamic evolution. *Nat Commun*. 2022;13(1):5389. doi:10.1038/s41467-022-33044-y
23. Ren J, Andrikopoulos N, Velonia K, Tang H, Cai R, Ding F, et al. Chemical and biophysical signatures of the protein corona in nanomedicine. *J Am Chem Soc*. 2022;144(21):9184-205. doi:10.1021/jacs.2c02277
24. Hajipour MJ, Safavi-Sohi R, Sharifi S, Mahmoud N, Ashkarran AA, Voke E, et al. An overview of nanoparticle protein corona literature. *Small*. 2023;19(36):2301838. doi:10.1002/sml.202301838
25. Ashkarran AA, Gharibi H, Voke E, Landry MP, Saei AA, Mahmoudi M. Measurements of heterogeneity in proteomics analysis of the nanoparticle protein corona across core facilities. *Nat Commun*. 2022;13(1):6610. doi:10.1038/s41467-022-34438-8
26. Chetwynd AJ, Wheeler KE, Lynch I. Best practice in reporting corona studies: Minimum information about nanomaterial biocorona experiments (MINBE). *Nano Today*. 2019;28:100758. doi:10.1016/j.nantod.2019.06.004
27. Hare JI, Lammers T, Ashford MB, Puri S, Storm G, Barry ST. Challenges and strategies in anti-cancer nanomedicine development: An industry perspective. *Adv Drug Deliv Rev*. 2017;108:25-38. doi:10.1016/j.addr.2016.04.025
28. van der Meel R, Sulheim E, Shi Y, Kiessling F, Mulder WJM, Lammers T. Smart cancer nanomedicine. *Nat Nanotechnol*. 2019;14(11):1007-17. doi:10.1038/s41565-019-0567-y