

The Importance of Antibiotic Sensitivity to the Gene in Medical Practice and the Relevance of Combating Them

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Annotation: Since their discovery in the early 1900s, antibiotics have transformed medicine and saved countless lives. However, the worrying increase in antibiotic resistance has eclipsed the history of antibiotics. The unrelenting adaptability of microbes, which is fueled by antibiotic abuse and overuse, is the cause of this global issue. The history of antibiotics and the following rise of antibiotic resistance are examined in this article. It explores the methods bacteria use to become resistant, emphasizing the grave repercussions of medication resistance, such as worse patient care, higher death rates, and rising medical expenses. The article describes the most recent tactics for combating drug-resistant microbes, including cutting-edge methods like phage treatment, CRISPR-Cas9 technology, and the investigation of natural substances. Additionally, it looks at how antibiotic resistance significantly affects medication development, making the search for new antibiotics financially difficult. The restrictions and difficulties in creating new antibiotics are examined, as well as regulatory roadblocks that impede advancement in this vital area. There are suggestions for altering the

regulatory procedure to speed up the creation of antibiotics. Major pharmaceutical companies' departure from antibiotic research is discussed, as well as possible ways to pique their interest again. The article highlights global alliances and collaborations while outlining efforts to address economic obstacles and encourage the development of antibiotics. Lastly, the essay discusses government-led efforts to combat antibiotic resistance, with a particular emphasis on the Middle East. It talks on the proactive steps regional governments, like those in the more countries, have made to counter this worldwide menace. A diversified strategy is essential in the face of antibiotic resistance. This article offers insightful information about the intricate world of antibiotic development, the difficulties with regulations, and the teamwork needed to guarantee that antibiotics continue to be useful instruments for preserving public health in the future.

Keywords: Antibiotic research, antibiotic resistance, medication resistance, horizontal gene transfer, drug designing, medical expenses.

Introduction. The discovery of antibiotics was one of humanity's greatest achievements in the 20th century. The success of antibacterial therapy transformed modern biomedicine and aims to expand its possibilities and boundaries. Unfortunately, the efficacy of any treatment drug is limited by the potential for resistance to develop. Antibiotic efficacy (therapeutic impact) is compromised by resistance, hence the next generation of antibiotics must be created. Tolerance to an antibacterial agent, in this case an antibiotic, is the term used to describe a pathogen's increased resistance to the recommended standard therapy to which it was previously susceptible. Since ancient civilizations used a variety of natural extracts for their therapeutic qualities, antimicrobial compounds have been used to fight infections. Even before the name "antibiotics" was created, some of these extracts, which came from plants and molds, had antibacterial qualities [1,2,3]. American microbiologist Selman Waksman and his colleagues' groundbreaking work, which involved effectively isolating chemicals from microorganisms that could stop the growth of other microbes, led to the coining of the word "antibiotics." Although the idea of utilizing microbes to treat diseases has been around since antiquity, modern antibiotic therapy began with Alexander Fleming's accidental 1928 discovery of penicillin. Fleming's finding helped to close the knowledge gap between the antimicrobial age and ancient understanding, such as the Egyptians' use of moldy bread to treat infections. Many antibiotic classes that are still in use today were discovered during the post-World War II era, which is sometimes called the "golden era" of antibiotic research. Although the first antimicrobials were sulfonamides, which had limits because of resistance mechanisms that still exist today, the introduction of penicillin quickly spread the idea that illnesses could be efficiently managed with antibiotics. It's interesting to note that the penicillin discovery team discovered penicillinase, a

bacterium that can break down penicillin, before the antibiotic was widely available [4,5,6]. Given the steady increase in antibiotic resistance prevalence over the previous few decades, the global situation surrounding antibiotic resistance continues to be a critical public health concern. Many antibiotics become less efficient or completely useless against infections as a result of this phenomenon, which spreads to a wide range of microorganisms. As a result, common illnesses that were previously manageable have grown more dangerous enemies, leading to longer hospital stays, more medical costs, and higher death rates. The slow rate of new antibiotic discovery is one of the biggest problems related to antibiotic resistance. Because antibiotics are not very profitable, several pharmaceutical companies have stopped researching and developing them. The lengthy and expensive process of creating a new antibiotic has reduced interest in innovation in this crucial area of medicine. The inappropriate and unnecessary use of antibiotics is still a major factor in the emergence of resistance. Both in medical settings and for common ailments in the community, antibiotics are often recommended when they are not needed [7,8,9]. Additionally, the use of antibiotics in animal husbandry and agriculture worsens the spread of resistance, especially when used as growth promoters in animals, which may spread resistance to people via the food chain. The World Health Organization (WHO) and other international initiatives have helped to accelerate efforts to tackle antibiotic resistance. These organizations put in a lot of effort to promote appropriate antibiotic usage, raise awareness of antibiotic resistance, and support creative antibiotic research. Recognizing the interdependence of environmental, animal, and human health, the One Health approach has gained popularity as a comprehensive method to combating antibiotic resistance. This method acknowledges that the use of antibiotics in one area may potentially impact resistance in other areas. As a result of disparate healthcare practices, antibiotic consumption patterns, and regulatory frameworks, there are notable geographical differences in antibiotic resistance rates and trends [10,11,12,13]. In conclusion, antibiotic resistance is still a serious global public health issue. Even though there has been a lot of progress in increasing knowledge and encouraging the safe use of antibiotics, the unstoppable rise in antibiotic resistance and the lack of new antibiotic development highlight the necessity of ongoing efforts to address this pressing problem. In order to lessen the negative effects of antibiotic resistance on world health, cooperation between medical experts, researchers, legislators, and the general public is still essential. This thorough review article's main goals are to address the worldwide problem of antibiotic resistance, investigate novel approaches to combat drug-resistant microbes, look at the financial difficulties associated with developing new antibiotics, and suggest ways to get pharmaceutical companies back into the market. It highlights how crucial government-led programs and international cooperation are in the fight against antibiotic resistance [14,15,16].

The main purpose of this review is to conduct a brief analysis based on the results of reputable scientific studies on the importance of antibiotic gene sensitivity in medical practice and the relevance of combating them.

The cause of antibiotic resistance. Antibiotic resistance is the ability of microorganisms to withstand exposure to the administration of antibiotics that could either kill them or limit their ability to proliferate. The degree of resistance expression of the bacterial strain and its capacity to survive through resistance mechanisms are two of the many elements that contribute to the expression of antibiotic resistance against antibiotics or antimicrobial agents. Cross-resistance can be caused by changes in cell genes (chromatin instability) or by microbial strains that are naturally resistant to or react strongly to transgene expression from one bacterium to another via plasmids, transgenes, genetic elements, and phages. If plasmids contain resistance factors, resistant microbes may multiply quickly. The resistance is based on biochemical processes that shield the bacterial cell wall from different substances that cause target modification, enzymatic breakdown, and either increased or decreased absorption of efflux pump proteins [1-5]. Therefore, due to natural processes, first-generation antibiotics have been dealing with antibiotic resistance in a variety of therapeutic settings. Since antibiotic resistance is associated with high

rates of illness and mortality, it has emerged as a worldwide health concern. Traditional antibiotics were no longer effective in treating infections caused by Gram-positive and Gram-negative bacteria because of multidrug resistance. Antibiotic resistance has significantly impacted the effectiveness of antibiotics in clinical settings both before and after the invention of antibiotics. Since pharmacological agents can work to inactivate their cell walls, antibiotic resistance has become widespread and resistant, making it as old as the therapeutic use of antibiotics. According to research, antibiotics can be chemically modified to reduce or restrict the cleavage by penicillinases (β -lactamases). However, according to several research findings, the identification and deactivation of bacterial penicillinase can improve the effectiveness of antibiotics. These genes or parts of other beneficial microbes are involved. Prior to human intervention, the biological process of antibiotic resistance was influenced by genes for antibiotic resistance, genetic alteration in bacterial strains, and increased usage of antibiotics [6-11]. Additionally, they were released from natural genetic sources and quickly spread to commensal and infectious bacteria of various taxonomy. The development of innovative treatment strategies and broad-spectrum antimicrobial treatments would then be required due to the complete lack of effective preventative measures, the challenge of treating bacterial infections and the diseases they cause, and the limited number of new antibacterial medications currently being tested in clinical settings. Rapid identification of pathogenic microorganisms and their trends in antibiotic susceptibility is absent in patients with bacteremia and other severe diseases. The researchers claim that a better understanding of the biochemical processes and particular virulence tactics that cause infectious diseases presents new ways to target and interact with important pathogenicity factors or infectivity traits of bacteria without putting them under evolutionary pressure to develop resistance [1,3,7,14].

Antibiotic Resistance Mechanism. Antibiotics primarily target the microbial cells' biology and physiology in an effort to slow or stop their growth. While some antibiotics target the protein synthesizing machinery by interacting with ribosomal units, which limits the antibacterial activity of certain germs, others break down the β -lactam and glycopeptide components of bacterial cells to destroy their cell walls or cell membranes. These antibiotics that target the cell wall include macrolides, tetracycline, linezolid, aminoglycosides, and chloramphenicol. The other antibiotics that target cells and interfere with the synthesis of nucleic acids include fluoroquinolones (FQ) and rifampin. The remaining antibiotics, such as folic acid analogs, daptomycin, polymyxins, and sulfonamides, disrupt metabolic processes and degrade the membrane matrix [6-9]. According to research findings, when other antibiotic-sensitive counterparts are exposed to antibiotics, the evolution of antibiotic resistance determinants causes changes in them. Rather than antibiotics, quaternary ammonium compounds, the anionic detergent sodium dodecyl sulfate, ethidium bromide, the DNA-intercalating mutagen acridine, and uncouplers are among the chemically unrelated substances that bacterial strains become resistant to due to multidrug resistance or related determinants. Therefore, the physiology of bacteria is more affected by multidrug resistance. They also offer resistance to bile acids and other metabolic products produced by the body. Antibiotic resistance is thought to result from certain biological processes in these bacteria that have not yet been determined [13-17].

The negative consequences of antibiotic resistance. Since bacteria are becoming more resistant to conventional antibiotics, antibiotic resistance has become a global public health concern that necessitates the development of new medications. Resistance to new antibiotics is thought to be likely to develop and may shorten the time that these drugs are effective. Based on their clinical relevance and degree of resistance, the World Health Organization (WHO) has designated the following diseases as "ESKAPE": (A: *Acinetobacter baumannii*, P: *Pseudomonas aeruginosa*, K: *Klebsiella pneumoniae* or C: *Clostridium difficile*, E: *Enterococcus fecium*, S: *Staphylococcus aureus* or *Stenotrophomonas maltophilia*, and E: *Enterobacteriaceae*) [1,4,5,8]. Humanity as a whole is impacted by antibiotic resistance, which affects all facets of health, including wildlife, humans, and the environment. In fact, antimicrobials are often advised to treat

viral infections in humans and animals and to increase meat consumption in the food industry. Antibiotics are released into the soil and water in large quantities by animal dung, industrial effluent, treatment plants, and organic wastes used for fertilization and irrigation of agricultural areas. When antimicrobial medications are discharged into the soil and aquatic environments, they encourage the development of bacteria that take antifungal medications and the spread of genes that are resistant to antibiotics. When antibiotics fail to treat infectious diseases, a number of human-related factors (such as the therapeutic and non-therapeutic use of antibiotics and the disposal of antibiotic formulations into the natural ecosystem) cause resistance in the natural microbial flora, which in turn has an impact on human health. Since traditional antibiotics were unable to control the increasing number of bacterial infections in the human population, antibiotic resistance has become a serious health concern [7,8, 9,10]. Additionally, dose-related problems, inaccurate clinical disposal, and ignorance of the quantity of antibiotics required to treat illness have all contributed to the emergence of antibiotic resistance. More financial benefits are provided by this approach, which guarantees their survival during lean economic times. As a result, the antibiotic pathway might be stopped, leaving behind a few potent molecules that could limit the range of antibiotics available to treat specific illnesses. Antibiotic-resistant organisms' emergence and spread pose a new threat to public health, calling for global action and a multipronged approach to address the underlying challenges of lowering drug resistance and to perfect the path forward [13,14,17].

Antibiotic Resistance's Impact on Drug Development: The Difficulties. Current scientific and clinical developments in drug development address various therapeutic issues and are linked to therapeutic success. In order to address the public health emergency and the problem of antibiotic resistance in the population, numerous discoveries and advancements in antibiotics are in the works. The primary targets of significant antibiotic-based treatment approaches are both biofilm and planktonic infections. Antibiotics work to prevent bacteria from surviving or growing, including by preventing the production of vital proteins, DNA, and RNA, as well as the formation and upkeep of the cell wall. Many drugs are derived from compounds that microorganisms have been using for thousands of years to combat one another [8,9,10]. The assault tools that germs develop in this battle have sparked defense reactions because bacteria have evolved the innate ability to adapt and avoid the harmful effects of many conventional medications. To get rid of multidrug-resistant (MDR) bacteria, antibiotics may be required as a "last resort" or in large or numerous dosages. Microbe resistance makes treating microorganisms that live in biofilms more difficult and often calls for intensive physical removal of the biofilm, such as via vigorous exfoliation, in addition to high dosages of antibacterial medication. Cost issues for medication research and treatment have arisen as a result of the elevated risks of side effects, antibiotic resistance, and outcome failure. Therefore, a business that has invested heavily in the development of antibacterial drugs may find that its profits are suddenly lowered when resistance to a new antibiotic emerges. The impact of the Great Recession on the economy have also limited antibiotic end users. Although the public now has access to affordable and typically effective drugs, many consumers expect that all antibiotics, particularly new treatments that target multidrug-resistant (MDR) diseases, will be priced equally [1-7].

Antibiotic Resistance from a Geographic Perspective. Crucial elements of the intricate worldwide problem of antibiotic resistance are variations in antibiotic resistance patterns and the efficacy of therapies. Numerous factors, such as geographic location, healthcare practices, socioeconomic circumstances, and the use of intervention measures, contribute to these variances. The paper could provide insight into the various obstacles and achievements encountered by various healthcare systems by analyzing antibiotic resistance patterns in certain areas or nations. One of the most obvious elements affecting resistance patterns is geographic variance. Due to differences in antibiotic use, healthcare facilities, and the prevalence of regional strains of resistant bacteria, different nations or areas may have different resistance profiles [2,3,5,7]. In a similar vein, resistance outcomes are typically better in healthcare systems that

place a high priority on infection control and antibiotic stewardship. Socioeconomic considerations are important. High poverty areas might have trouble getting access to healthcare and might be more likely to use antibiotics for self-medication. The availability of healthcare services and antibiotic usage education can be influenced by socioeconomic position. Patients and the general public are more likely to use antibiotics responsibly in areas where public awareness initiatives are effectively executed. By influencing patient expectations and actions, effective educational programs can lower the number of needless antibiotic prescriptions [13-17].

Discussion. The history of antibiotics has been a complicated one, with significant changes in both the historical and global evolutionary contexts. A medical revolution was ushered in with the discovery of antibiotics, which gave doctors powerful instruments to fight bacterial infections. However, as bacteria evolved defenses against the medications' effects, the extensive and frequently careless use of antibiotics sparked a rapid and alarming increase in antibiotic resistance. Reducing the overuse of antibiotics and looking for more focused methods to precisely target infections are urgent challenges in our day and age. To maintain the effectiveness of antibiotics, research must be focused on determining the possible causes of antibiotic resistance so that early warning systems and preventative measures can be developed [1-4]. A significant change in drug development tactics was required due to the impending antibiotic resistance issue, which called for the investigation of new compounds, creative medication combinations, and alternative therapeutic approaches. The serious consequences of antibiotic resistance highlight how urgent it is to create novel treatments that can combat illnesses that are resistant to many drugs. The concepts of precision medicine will be included into future drug development trends, which will customize therapies based on the unique characteristics of each patient. Scientists are in a position to create antibiotics that work better by utilizing cutting-edge technology like artificial intelligence and genetics. In order to combat antibiotic resistance, find long-term solutions for managing infectious diseases, and change the direction of drug development for years to come, cooperation between scientists, medical experts, legislators, and the pharmaceutical sector is essential [5-11]. Important lessons learned from the current state of antibiotic resistance and development highlight how urgent it is to solve this worldwide public health issue. Immediate action is required due to the declining antibiotic pipeline, the increase of multidrug-resistant bacteria, and the financial pressures that pharmaceutical companies face. Diversifying funding sources, such as government incentives, is one of the tactics used to promote investment in antibiotic research. The effective development and approval of novel antibiotics continues to depend on cooperation between academic institutions, business, and regulatory bodies [16-20]. Furthermore, maximizing antibiotic use and reducing the emergence of resistance depend on efficient stewardship initiatives. Innovative medication design, alternative antimicrobial strategies like phage therapy, and an investigation of the environmental factors contributing to antibiotic resistance must be the main priorities of future research projects. To address antibiotic resistance holistically, the One Health approach—which recognizes the interdependence of environmental, animal, and human health—will be essential. Lastly, by utilizing AI to its fullest and integrating the most recent advancements, the healthcare industry is better prepared to fight antibiotic resistance while guaranteeing appropriate antibiotic use. Since antibiotic resistance is a serious concern, international collaboration and creative thinking are necessary to guarantee that antibiotics continue to be effective in protecting public health [12-15].

Conclusions. The history of antibiotics has been a complicated one, with significant changes in both the historical and global evolutionary contexts. A medical revolution was ushered in with the discovery of antibiotics, which gave doctors powerful instruments to fight bacterial infections. However, as bacteria evolved defenses against the medications' effects, the extensive and frequently careless use of antibiotics sparked a rapid and alarming increase in antibiotic resistance. Reducing the overuse of antibiotics and looking for more focused methods to

precisely target infections are urgent challenges in our day and age. To maintain the effectiveness of antibiotics, research must be focused on determining the possible causes of antibiotic resistance so that early warning systems and preventative measures can be developed.

Future studies must focus on developing novel drugs, investigating other antimicrobial strategies such as phage therapy, and investigating the environmental factors that contribute to antibiotic resistance. A key component of addressing antibiotic resistance holistically will be the implementation of the One Health concept, which recognizes the interdependence of environmental, animal, and human health. Lastly, the healthcare industry is better prepared to fight antibiotic resistance while guaranteeing ethical antibiotic use by utilizing AI to its fullest potential and integrating the most recent advancements. Global collaboration and creative solutions are crucial to ensuring that antibiotics continue to be effective in protecting public health in the face of the growing threat of antibiotic resistance.

References.

1. Muteeb G, Rehman MT, Shahwan M, Aatif M. Origin of Antibiotics and Antibiotic Resistance, and Their Impacts on Drug Development: A Narrative Review. *Pharmaceuticals (Basel)*. 2023 Nov 15;16(11):1615. doi: 10.3390/ph16111615.
2. Habboush Y, Guzman N. Antibiotic Resistance. [Updated 2023 Jun 20]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK513277/>
3. Zhao X, Wang J, Zhu L, Wang J. Field-based evidence for enrichment of antibiotic resistance genes and mobile genetic elements in manure-amended vegetable soils. *Sci Total Environ*. 2019 Mar 01;654:906-913.
4. Ghaddar N, Hashemidahaj M, Findlay BL. Access to high-impact mutations constrains the evolution of antibiotic resistance in soft agar. *Sci Rep*. 2018 Nov 19;8(1):17023.
5. Ragheb MN, Thomason MK, Hsu C, Nugent P, Gage J, Samadpour AN, Kariisa A, Merrih CN, Miller SI, Sherman DR, Merrih H. Inhibiting the Evolution of Antibiotic Resistance. *Mol Cell*. 2019 Jan 03;73(1):157-165.e5.
6. Prasetyoputri A, Jarrad AM, Cooper MA, Blaskovich MAT. The Eagle Effect and Antibiotic-Induced Persistence: Two Sides of the Same Coin? *Trends Microbiol*. 2019 Apr;27(4):339-354.
7. Eggermont D, Smit MAM, Kwestroo GA, Verheij RA, Hek K, Kunst AE. The influence of gender concordance between general practitioner and patient on antibiotic prescribing for sore throat symptoms: a retrospective study. *BMC Fam Pract*. 2018 Nov 17;19(1):175.
8. Bender JK, Cattoir V, Hegstad K, Sadowy E, Coque TM, Westh H, Hammerum AM, Schaffer K, Burns K, Murchan S, Novais C, Freitas AR, Peixe L, Del Grosso M, Pantosti A, Werner G. Update on prevalence and mechanisms of resistance to linezolid, tigecycline and daptomycin in enterococci in Europe: Towards a common nomenclature. *Drug Resist Updat*. 2018 Sep;40:25-39.
9. Serio AW, Keepers T, Andrews L, Krause KM. Aminoglycoside Revival: Review of a Historically Important Class of Antimicrobials Undergoing Rejuvenation. *EcoSal Plus*. 2018 Nov;8(1).
10. Dellit TH, Owens RC, McGowan JE, Gerding DN, Weinstein RA, Burke JP, Huskins WC, Paterson DL, Fishman NO, Carpenter CF, Brennan PJ, Billeter M, Hooton TM., Infectious Diseases Society of America. Society for Healthcare Epidemiology of America. Infectious Diseases Society of America and the Society for Healthcare Epidemiology of America guidelines for developing an institutional program to enhance antimicrobial stewardship. *Clin Infect Dis*. 2007 Jan 15;44(2):159-77.

11. Steffens E, Quintens C, Derdelinckx I, Peetermans WE, Van Eldere J, Spriet I, Schuermans A. Outpatient parenteral antimicrobial therapy and antibiotic stewardship: opponents or teammates? *Infection*. 2019 Apr;47(2):169-181.
12. Liu, T., Pan, S., Li, Y., Peng, N., She, Q. (2018). Type III CRISPR-cas system: introduction and its application for genetic manipulations. *Curr. Issues Mol. Biol.* 26 (1), 1–14. doi: 10.21775/cimb.026.001
13. Morgan, C. E., Glaza, P., Leus, I. V., Trinh, A., Su, C.-C., Cui, M., et al. (2021). Cryoelectron microscopy structures of adeB illuminate mechanisms of simultaneous binding and exporting of substrates. *MBio* 12, 10–1128. doi: 10.1128/mBio.03690-20
14. Mulani, M. S., Kamble, E. E., Kumkar, S. N., Tawre, M. S., Pardesi, K. R. (2019).). Emerging strategies to combat ESKAPE pathogens in the era of antimicrobial resistance: A review. *Front. Microbiol.* 10, 403107. doi: 10.3389/fmicb.2019.00539
15. Rodrigues, M., McBride, S. W., Hullahalli, K., Palmer, K. L., Duerkop, B. A. (2019). Conjugative delivery of CRISPR-cas9 for the selective depletion of antibiotic-resistant enterococci. *Antimicrobial Agents Chemotherapy* 63, 10–1128. doi: 10.1128/AAC.01454-19
16. Sun, Q., Wang, Y., Dong, N., Shen, L., Zhou, H., Hu, Y., et al. (2019). Application of CRISPR/cas9-based genome editing in studying the mechanism of pandrug resistance in *klebsiella pneumoniae*. *Antimicrobial Agents Chemotherapy* 63, e02071-21. doi: 10.1128/AAC.00113-19
17. Wang, P., He, D., Li, B., Guo, Y., Wang, W., Luo, X., et al. (2019). Eliminating mcr-1-harboring plasmids in clinical isolates using the CRISPR/Cas9 system. *J. Antimicrobial Chemotherapy* 74, 2559–2565. doi: 10.1093/jac/dkz246
18. Yao, R., Liu, D., Jia, X., Zheng, Y., Liu, W., Xiao, Y. (2018). CRISPR-Cas9/Cas12a biotechnology and application in bacteria. *Synthetic Syst. Biotechnol.* 3, 135–149. doi: 10.1016/j.synbio.2018.09.004
19. Zuberi, A., Misba, L., Khan, A. U. (2017b).). CRISPR Interference (CRISPRi) Inhibition of luxS Gene Expression in *E. coli*: An Approach to Inhibit Biofilm. *Front. Cell. Infection Microbiol.* 7. doi: 10.3389/fcimb.2017.00214
20. Zhang, H.-X., Zhang, Y., Yin, H. (2019). Genome editing with mRNA encoding ZFN, TALEN, and cas9. *Mol. Ther.* 27, 735–746. doi: 10.1016/j.ymthe.2019.01.014